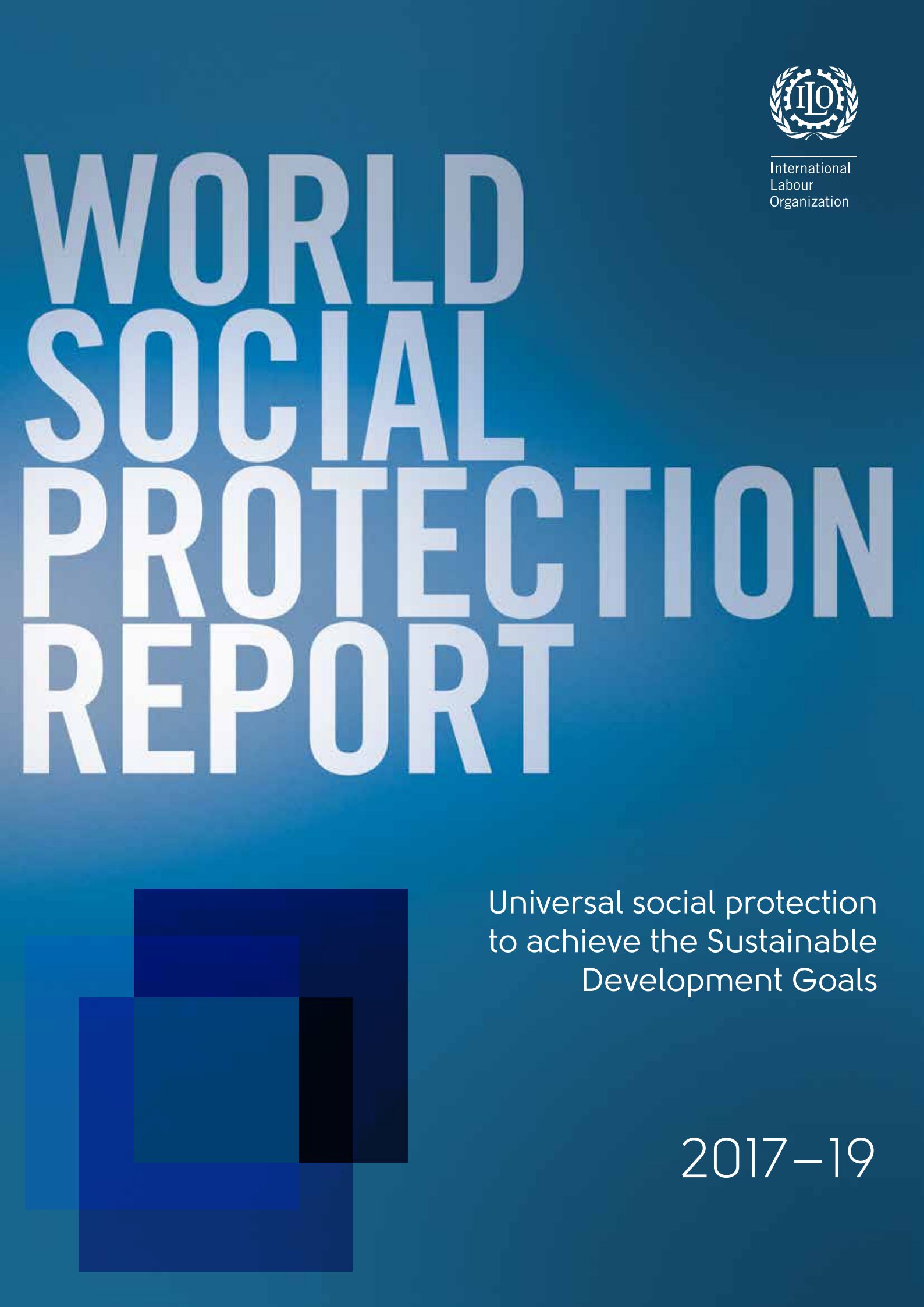
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REPORT
Universal social protection
to achieve the Sustainable
Development Goals
2017–19

World Social Protection Report 2017–19

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Preface

Social protection and the right to social security have been an integral element of the ILO's mandate since its creation in 1919. Since then, the ILO has supported its member States in progressively extending coverage and building their social protection systems, based on internationally agreed social security standards and good practice. While few countries had social protection systems in place a century ago, today virtually all countries do, and efforts to extend social protection coverage and benefits are continuing.

Over that period the ILO has developed and adopted a series of international standards which set out a normative framework for the right to social security. Complementing international human rights instruments, this normative framework today includes 16 up-to-date social security standards which guide national social protection policies. The most recently adopted standard, the ILO Social Protection Floors Recommendation, 2012 (No. 202), reflects the global tripartite commitment to guarantee at least a basic level of social security to all in the form of a nationally defined social protection floor, and to ensure progressively wider scope and higher levels of protection.

This commitment to building social security systems, including floors, is also reflected in the 2030 Agenda for Sustainable Development. Most prominently, SDG 1.3 calls upon countries to implement nationally appropriate social protection systems for all, including floors, for reducing and preventing poverty. Furthermore, the importance of social protection for sustainable development is reflected in several other goals, including universal health coverage (SDG 3.8), gender equality (SDG 5.4), decent work and economic growth (SDG 8.5) and greater equality (SDG 10.4). Social protection policies not only protect people from various shocks across the life cycle, but also play a key role in boosting domestic demand and productivity, supporting structural transformation of national economies, and promoting decent work.

In light of the ambitious goals to be achieved by 2030, this *World Social Protection Report* provides a comprehensive assessment of the current state of social protection systems around the globe, their coverage, benefits, and expenditures, following a life-cycle approach. It highlights progress in expanding social protection as well as remaining gaps that need to be closed, and discusses key challenges to the realization of the right to social security. Based on the comprehensive ILO World Social Protection Database and the ILO Social Security Inquiry, an administrative survey submitted to

countries, the report presents first estimates of disaggregated coverage indicators for the monitoring of SDG indicator 1.3.1. Providing extensive, in-depth country-level statistics on various dimensions of social security, it thus serves as an essential reference for policy-makers and anyone interested in social protection.

While social protection is at the centre of the 2030 Development Agenda, the right to social security is not yet a reality for some 71 per cent of the world's population that has no or has only partial access to comprehensive social protection systems. It is clear that countries need to step up measures towards realizing this right.

At the same time the world is facing a number of fundamental challenges, such as demographic change, low economic growth, migration, conflicts and environmental problems. Employment patterns are evolving fast, with new forms of employment on the rise, with limited job and income security, and without adequate social protection. Growing income insecurity, including among the middle class, as well as decent work deficits have weighed heavily on perceptions of social justice and challenged the implicit social contract in many societies, while in others fiscal consolidation policies have threatened the long-term progress achieved towards the realization of the human right to social security and of other human rights.

These challenges can and must be addressed. Extending social protection coverage to those previously excluded and adapting social protection systems to new forms of work and employment, are essential to tackling decent work deficits and reducing vulnerability and insecurity.

The case for social protection is compelling in our times. Social protection measures not only support the realization of the human right to social security, but are both an economic and a social necessity. Well-designed social protection systems contribute to reducing poverty and inequality, while enhancing social cohesion and political stability. The important role of social protection for inclusive economic growth is underlined by bold efforts in strengthening social protection systems in a number of low- and middle-income countries in Africa, Asia and Latin America and the Caribbean. Such progress in building social protection systems, including floors, demonstrates that our societies can afford to provide at least a basic level of social security to all, and to progressively extend the scope and level of social security coverage.

I hope that this report will be a valuable tool for practitioners and serve as an evidence-based resource for policy-makers in their pursuit to strengthen social protection, promote social justice and foster sustainable development.

Guy Ryder
Director-General
International Labour Office

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Contributions were also received from colleagues in ILO field offices (in alphabetical order): Pascal Annycke, Social Security Specialist, ILO Decent Work Team for North Africa, Cairo; Dramane Batchabi, Specialist Social Protection, ILO Decent Work Team for Central Africa, Yaoundé; Fabio Bertranou, Director, ILO Decent Work Team for the South Cone of Latin America, Santiago de Chile; Joana Borges Henriques, Technical Officer Social Protection, ILO Cabo Verde; Theopiste Butare, former Senior Social Security Technical Specialist, ILO Decent Work Team for West Africa, Dakar; Pablo Casalí, Specialist Social Protection and Economic Development, ILO Decent Work Team for the South Cone of Latin America, Santiago de Chile; Nuno Cunha, Senior Technical Specialist Social Protection, ILO Decent Work Team for East and South-East Asia and the Pacific, Bangkok; Hiba Dbaibo, ILO Regional Office for the Arab States, Beirut; Luis Frota, Specialist Social Security, ILO Decent Work Team for Eastern and Southern Africa, Pretoria; Kenichi Hirose, Senior Specialist Social Protection, ILO Decent Work Team for Central and Eastern Europe, Budapest; Ursula Kulke, Senior Specialist Social Security, ILO Regional Office for the Arab States, Beirut; Qingyi Li, National Programme Officer, ILO Country Office for China and Mongolia, Beijing; Hellen Magutu, National Project Coordinator, ILO Kenya Office; Patience Matandiko, National Project Officer, ILO Country Office for Zambia, Malawi and Mozambique, Lusaka; Dampu Ndenzako, National Project Officer, ILO Country Office for the United Republic of Tanzania, Kenya, Rwanda and Uganda, Dar es Salaam; Luca Pellerano, Chief Technical Advisor, ILO Country Office for Zambia, Malawi and Mozambique, Lusaka; Céline Peyron Bista, Chief Technical Advisor, ILO Regional Office for

Asia and the Pacific, Bangkok; Marielle Phe Goursat, Expert Social Health Protection, ILO Country Office for Zambia, Malawi and Mozambique, Lusaka; Ariel Pino, Specialist Social Protection and OSH, ILO Decent Work Team for the Caribbean, Port of Spain; Markus Ruck, Senior Specialist Social Security, ILO Decent Work Team for South Asia, New Delhi; Helmut Schwarzer, Specialist Social Protection and Economic Development, ILO Country Office for Mexico and Cuba, Mexico; Sergio Velasco, Specialist Social Security, ILO Decent Work Team for the Andean Countries, Lima; and Ruben Vicente Andres, Social Protection Expert, ILO Mozambique.

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Contents

ANNEXES

List of boxes

List of boxes (cont'd)

List of figures

List of figures (cont'd)

List of figures (cont'd)

List of figures (cont'd)

List of figures (cont'd)

List of figures (cont'd)

List of tables

List of abbreviations

ABND	assessment-based national dialogue
ADB	Asian Development Bank
ASEAN	Association of Southeast Asian Nations
AU (C)	African Union (Commission)
BCG	bacille Calmette Guerin vaccine
BPS	Social Security Institute (Uruguay)
BRICS	Brazil, Russian Federation, India, China, South Africa
CARICOM	Caribbean Community
CBHI	community-based health insurance
CCT	conditional cash transfer
CEACR	ILO Committee of Experts on the Application of Conventions and Recommendations
CESCR	UN Committee on Economic, Social and Cultural Rights
CFA	contributory family allowance
CMP	Child Money Programme (Mongolia)
CNPS	National Centre for Social Pensions (Cabo Verde)
CRPD	UN Convention on the Rights of Persons with Disabilities
CRC	UN Convention on the Rights of the Child
DB	defined benefit
DC	defined contribution
DiFD	Department for International Development (United Kingdom)
DPT	diphtheria vaccine
DRC	Democratic Republic of the Congo
EAC	East African Community
ECLAC	UN Economic Commission for Latin America and the Caribbean
ECOWAS	Economic Community of West African States
EII	employment injury insurance
EOBI	Employees' Old-age Benefits Institution (Pakistan)

ESCAP	UN Economic and Social Commission for Asia and the Pacific
ESCWA	UN Economic and Social Commission for West Asia
ESSPROS	European System of Integrated Social Protection Statistics
ETI	employment tax incentive
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FTE	full-time employee
GCC	Gulf Cooperation Council
GDP	gross domestic product
GHG	greenhouse gas
GNI	gross national income
IADB	Inter-American Development Bank
ICESCR	International Covenant on Economic, Social and Cultural Rights, 1966
ILO	International Labour Office/Organization
IMF	International Monetary Fund
ISSA	International Social Security Association
ITCILO	International Training Centre of the ILO
LAC	Latin America and the Caribbean
LEAP	Livelihood Employment against Poverty Programme (Ghana)
LTC	long-term care
MERCOSUR	Mercado Común del Sur (Common Market of the South)
MGNREGS	Mahatma Gandhi Regional Employment Guarantee Act, 2005 (India)
MISSOC	Mutual Information System on Social Protection (European Commission)
MMR	maternal mortality ratio
NGO	non-governmental organization
NSIS	National Social Insurance Scheme (Bangladesh)
OAP	old-age pension
ODA	official development assistance
ODI	Overseas Development Institute (United Kingdom)
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
OOP	out-of-pocket payments
OPT	Occupied Palestinian Territory
OPV	oral poliovirus vaccine
OVC	orphans and vulnerable children
PAYG	pay-as-you-go
PNBSF	Programme national de Bourses de Sécurité Familiale (Senegal)
PSSC	Palestinian Social Security Corporation
PSNP	Productive Safety Net Programme (Ethiopia)
SAARC	South Asian Association for Regional Cooperation
SADC	Southern African Development Community
SASSA	South Africa Social Security Agency
SDGs	Sustainable Development Goals

SESSI	Sindh Employees' Social Security Institution (Pakistan)
SI	social insurance
SOCR	Social Benefit Recipients Database (OECD)
SOCSO	Social Security Organisation (Malaysia)
SPF-I	One-UN Social Protection Floor Initiative
SPI	Social Protection Index
SPIAC-B	Social Protection Inter-Agency Cooperation Board
SSA	Social Security Administration (United States)
SSI	Social Security Inquiry (ILO)
THE	total health expenditure
UAE	United Arab Emirates
UBI	universal basic income
UCA	Universal Child Allowance (Argentina)
UDHR	Universal Declaration of Human Rights, 1948
UHC	universal health coverage
UISA	unemployment individual savings accounts
UN	United Nations
UNDAF	United Nations Development Agreement Framework
UNDG	United Nations Development Group
UNDOCO	United Nations Development Operations Coordination Office
UNDP	United Nations Development Programme
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples, 2007
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNRISD	United Nations Research Institute for Social Development
UNSSC	United Nations System Staff College
UNWPP	UN World Population Prospects
USAID	United States Agency for International Development
VAT	value added tax
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

Executive summary

Social protection, or social security, is a human right and is defined as the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Social protection includes benefits for children and families, maternity, unemployment, employment injury, sickness, old age, disability, survivors, as well as health protection. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits, including social assistance.

Social protection plays a key role in achieving sustainable development, promoting social justice and realizing the human right to social security for all. Thus, social protection policies are vital elements of national development strategies to reduce poverty and vulnerability across the life cycle and support inclusive and sustainable growth by raising household incomes, fostering productivity and human development, boosting domestic demand, facilitating structural transformation of the economy and promoting decent work.

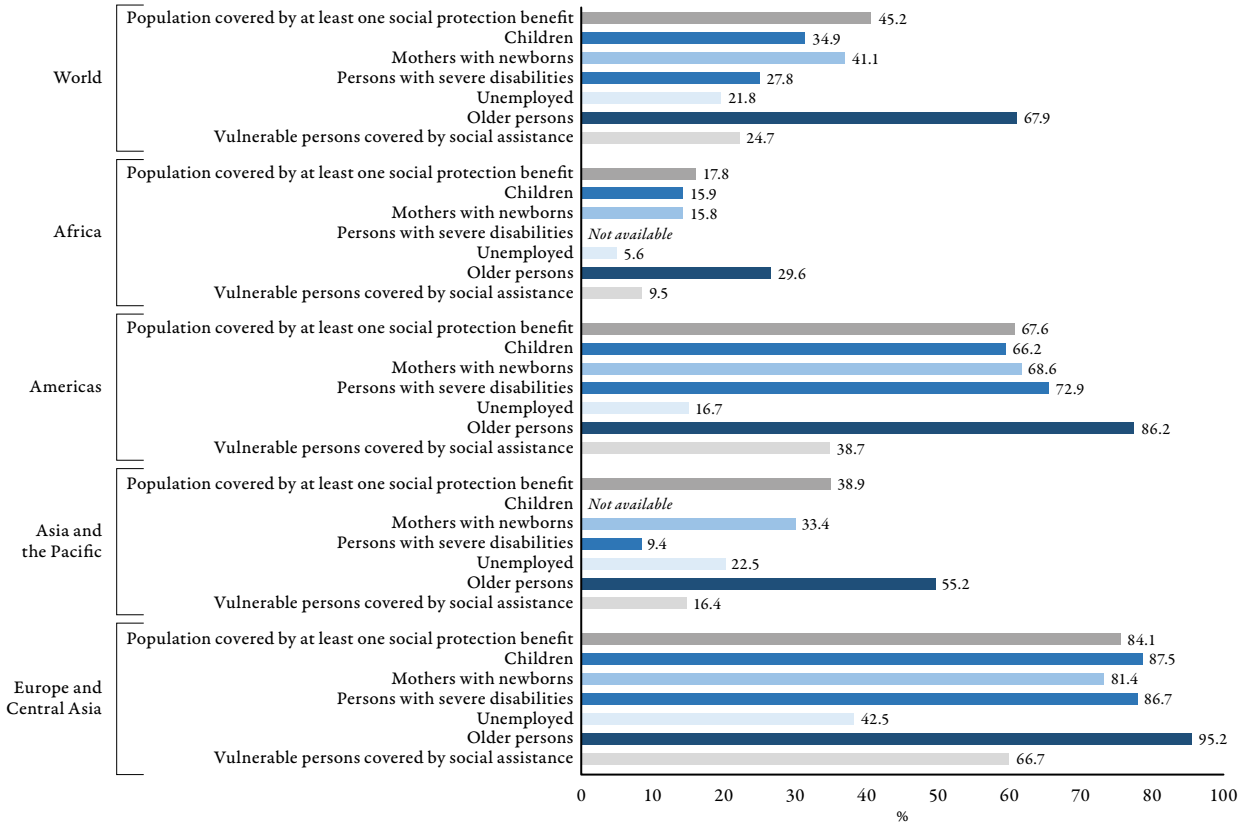
The Sustainable Development Goals (SDGs) adopted at the United Nations General Assembly in 2015 reflect the joint commitment of countries to "implement nationally appropriate social protection systems for all, including floors" for reducing and preventing poverty (SDG 1.3). This commitment to universalism reaffirms the global agreement on the extension of social security achieved by the Social Protection Floors Recommendation No. 202, adopted in 2012 by the governments and workers' and employers' organizations from all countries.

This ILO flagship report provides a global overview of recent trends in social protection systems, including social protection floors. It analyses the current state of social protection for children, for women and men of working age, and for older persons, following a life-cycle approach. Based on new data, the report offers a broad range of global, regional and country data on social protection coverage, benefits and public expenditures on social protection. It presents new estimates on effective social protection coverage for a comprehensive monitoring of social protection systems, including floors, thereby providing the 2015 baseline for the SDG indicator 1.3.1.

Highlights:

- Despite significant progress in the extension of social protection in many parts of the world, the human right to social security is not yet a reality for a majority of the world's population. Only 45 per cent of the global population are effectively covered by at least one social protection benefit, while the remaining 55 per cent – as many as 4 billion people – are left unprotected (figure 1).
- ILO estimates also show that only 29 per cent of the global population are covered by comprehensive social security systems that include the full range of benefits, from child and family benefits to old-age pensions. Yet the large majority – 71 per cent, or 5.2 billion people – are not, or are only partially, protected.
- Coverage gaps are associated with a significant underinvestment in social protection, particularly in Africa, Asia and the Arab States (figure 2).

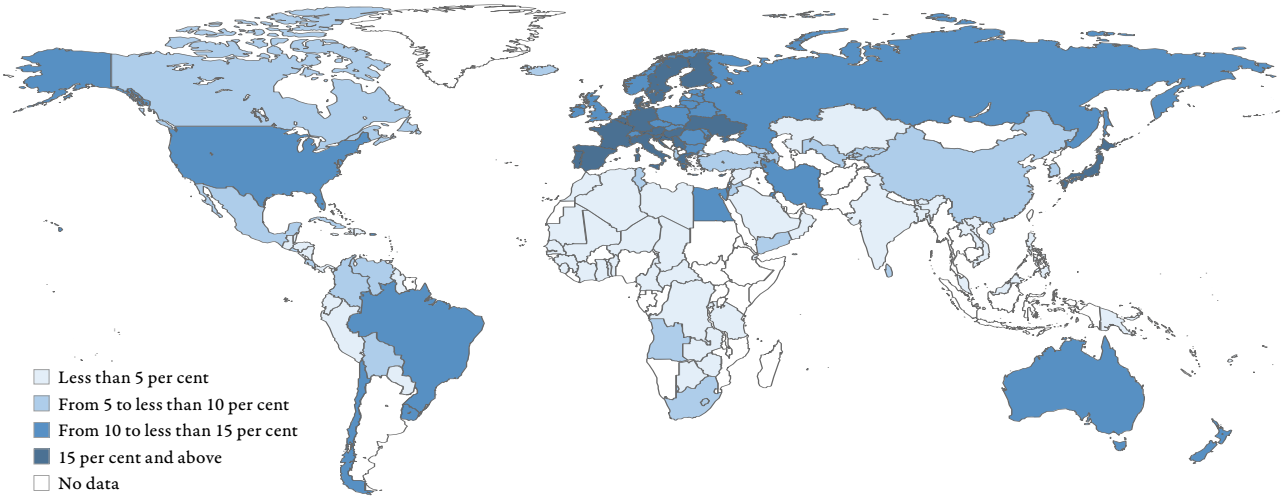
Figure 1. SDG indicator 1.3.1: Effective social protection coverage, global and regional estimates by population group (percentage)



Note: *Population covered by at least one social protection benefit (effective coverage):* Proportion of the total population receiving at least one contributory or non-contributory cash benefit, or actively contributing to at least one social security scheme.
Children: Ratio of children/households receiving child/family cash benefits to the total number of children/households with children.
Mothers with newborns: Ratio of women receiving maternity cash benefits to women giving birth in the same year.
Persons with severe disabilities: Ratio of persons receiving disability cash benefits to the number of persons with severe disabilities.
Unemployed: Ratio of recipients of unemployment cash benefits to the number of unemployed persons.
Older persons: Ratio of persons above statutory retirement age receiving an old-age pension to the number of persons above statutory retirement age (including contributory and non-contributory).
Vulnerable persons covered by social assistance: Ratio of social assistance recipients to the total number of vulnerable persons (defined as all children plus adults not covered by contributory benefits and persons above retirement age not receiving contributory benefits (pensions)).

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

Figure 2. Public social protection expenditure, excluding health, latest available year (percentage of GDP)



Source: ILO, World Social Protection Database, based on SSI.

- Lack of social protection leaves people vulnerable to poverty, inequality and social exclusion across the life cycle, thereby constituting a major obstacle to economic and social development.
- The SDGs call for universal social protection. In particular, countries have a responsibility to guarantee at least a basic level of social security – a social protection floor – for all, as part of their social protection systems. While many countries have already achieved universal protection, more efforts are needed to extend coverage and ensure adequate benefits.

Social protection for children

Transfers for children and families, in cash or in kind, are critical for realizing children's rights by preventing them from falling into poverty, preventing child mortality, contributing to their healthy development and well-being, improving their access to essential goods and services, and reducing child labour. Social protection thus ensures that children can realize their full potential and enjoy an adequate standard of living.

Highlights:

- Only 35 per cent of children worldwide enjoy effective access to social protection, albeit with significant regional disparities. Almost two-thirds of children globally – 1.3 billion children – are not covered, most of them living in Africa and Asia.
- On average, 1.1 per cent of GDP is spent on child and family benefits for children aged 0–14, pointing to a significant underinvestment in children, which affects not only the children's overall well-being and long-term development, but also the future economic and social development of the countries they live in.
- Cash transfers for children have expanded in low- and middle-income countries over the past decades, with a number of countries reaching universal social protection coverage of children (e.g. Argentina, Brazil, Chile and Mongolia). However, coverage and benefit levels remain insufficient in many countries.
- A number of countries reduce social protection for children in the wake of fiscal consolidation policies, often narrow-targeting child benefits to the poor and leaving many vulnerable children without adequate protection. Efforts are required to step up measures to adequately address the needs of children and families, extending coverage and benefits in accordance with SDG 1.3.

Social protection for women and men of working age: maternity and disability benefits, employment injury protection, unemployment support

Social protection plays a key role in ensuring income security for women and men of working age, in the form of maternity protection, unemployment support, employment injury protection, and disability benefits. These schemes contribute to smooth incomes and aggregate demand, enhance human capital, and promote decent and productive employment. Social protection also facilitates structural change within economies and labour markets, and contributes to inclusive and sustainable growth.

Highlights:

- Social protection coverage for persons of working age is still limited. Despite the positive developmental impacts of supporting childbearing women, only 41.1 per cent of mothers with newborns receive a maternity benefit, while 83 million new mothers remain uncovered.
- As only 21.8 per cent of unemployed workers are covered by unemployment benefits, 152 million unemployed workers remain without coverage.
- Only a minority of the global labour force have effective access to employment injury protection.
- New ILO data also show that only 27.8 per cent of persons with severe disabilities worldwide receive a disability benefit.
- Expenditure estimates show that worldwide only 3.2 per cent of GDP is spent on public social protection to ensure income security for persons of working age, although they constitute a large proportion of the global population.
- Effective universal maternity coverage has been achieved in Ukraine and Uruguay, and other developing countries such as Argentina, Colombia, Mongolia and South Africa have made significant progress. Additionally, Brazil, Chile and Mongolia have universal disability benefit programmes in place. However, significant coverage and adequacy gaps remain in many countries.

- A number of countries are scaling down protection for men and women of working age as part of fiscal consolidation or austerity policies, narrow-targeting benefits to the poor and leaving many persons unprotected, at a time when social protection is most needed.
- In light of the recent labour market and employment challenges, such as persistent unemployment and underemployment, the prevalence of precarious and informal employment as well as the rise of working poverty, social protection systems, including floors, are essential policies to ensure adequate income security and decent work, particularly where they are well coordinated with employment, wage and tax policies.

Social protection for older women and men

Pensions for older women and men are the most widespread form of social protection in the world, and a key element in SDG 1.3.

Highlights:

- Worldwide, 68 per cent of people above retirement age receive an old-age pension, which is associated with the expansion of both non-contributory and contributory pensions in many middle- and low-income countries.
- A number of countries have achieved universal pension coverage, including Argentina, Belarus, the Plurinational State of Bolivia, Botswana, Cabo Verde, China, Georgia, Kyrgyzstan, Lesotho, Maldives, Mauritius, Mongolia, Namibia, Seychelles, South Africa, Swaziland, Timor-Leste, Trinidad and Tobago, Ukraine, Uzbekistan and Zanzibar (United Republic of Tanzania). Other developing countries, such as Azerbaijan, Armenia, Brazil, Chile, Kazakhstan, Thailand and Uruguay are close to universal coverage.
- However, benefit levels are often low and not sufficient to push older persons out of poverty. The adequacy of pension benefits remains a challenge in many countries.
- Expenditures on pensions and other benefits for older persons account for 6.9 per cent of GDP on average, with large variations across regions.
- Fiscal consolidation or austerity pressures in many countries continue to jeopardize the long-term adequacy of pensions; it is necessary to maintain a good balance between sustainability and adequacy in the context of ageing populations.
- A noticeable trend is the reversal of pension privatizations: privatization policies did not deliver the expected results and countries like Argentina, the Plurinational State of Bolivia, Hungary, Kazakhstan and Poland are returning to public solidarity-based systems.

Towards universal health coverage

Universal health coverage, providing effective access to at least essential health care including long-term care, is key to achieving the SDGs, particularly SDG 3.

Highlights:

- ILO estimates show that the right to health is not yet a reality in many parts of the world, especially in rural areas where 56 per cent of the population lack health coverage as compared to 22 per cent in urban areas.
- An estimated 10 million health workers are needed to achieve universal health coverage and ensure human security, including from highly infectious diseases like Ebola. The shortfall of 7 million skilled health workers in rural areas as well as high deficits in per capita health spending add to these rural–urban inequities. Ensuring equity in access to quality care and solidarity in financing is central to extending health protection.
- Long-term care (LTC) is mostly needed by older persons with limited ability to care for themselves due to physical or mental conditions. Currently, more than 48 per cent of the world's population live in countries which do not provide any LTC protection to older persons, with women disproportionately affected. Another 46.3 per cent of the older global population are largely excluded from LTC due to narrow means-testing regulations that require older persons to be poor to become eligible for LTC services. Only 5.6 per cent of the global population live in countries that provide LTC coverage based on national legislation to the whole population.
- Given ageing populations, LTC needs to be properly addressed by public policies. Currently, an estimated global 57 million unpaid "voluntary" workers are filling in the LTC workforce gap and carry out the

bulk of this work; many of them are women who have to provide informal care for family members.

- Care services can generate millions of jobs to address the shortage of skilled care workers, estimated at 13.6 million globally. Efforts are needed to improve working conditions for many health and care workers, including labour rights and adequate compensation, to transform unpaid work into decent jobs and contribute to full employment and inclusive growth.

Monitoring progress in social protection: Regional trends

Observed trends in social protection coverage (SDG indicator 1.3.1) vary substantially across regions and even between countries within the same region.

- In Africa, despite significant progress in the extension of social protection coverage, only 17.8 per cent of the population receive at least one social protection cash benefit, with significant variation across countries. Owing to greater efforts towards extending old-age protection, 29.6 per cent of Africa's older population now receive a pension. Countries such as Botswana, Cabo Verde, Lesotho, Mauritius and Namibia have reached, or approached, universal pension coverage. However, significant coverage gaps remain with respect to children, mothers with newborns, unemployed workers, persons with disabilities as well as vulnerable populations. The development of social protection floors is therefore an urgent priority in Africa.
- In the Americas, 67.6 per cent of the population are effectively covered by at least one social protection cash benefit, primarily as a result of the extension of social protection systems over recent decades. More than two-thirds of children, pregnant women and mothers of newborns, as well as older persons, are covered by social protection cash benefits, yet larger gaps exist for disability and unemployment benefits. Some countries have successfully achieved universal or near-universal coverage of children (Argentina, Brazil, Chile), mothers with newborns (Canada, Uruguay), persons with disabilities (Brazil, Chile, Uruguay, United States) and older persons (Argentina, Plurinational State of Bolivia, Canada, Trinidad and Tobago, United States). However, countries in the region need to intensify efforts to close coverage gaps, reinforce social protection floors and enhance the adequacy of benefits.
- In the Arab States, the lack of data allows only a partial assessment of effective social protection coverage. Coverage for old-age pensions is limited, estimated at 27.4 per cent, and is expected to persist due to the low share (32.9 per cent) of active contributors in the total labour force. Positive achievements in the region include the introduction of a social insurance scheme for private sector workers in the Occupied Palestinian Territory, the establishment of unemployment insurance schemes in Bahrain, Kuwait and Saudi Arabia, and enhanced coverage for maternity protection in Jordan and Iraq. Extending social protection floors to vulnerable groups remains central in the region, especially in light of large social needs and high informal employment in some countries.
- In the Asia and Pacific region, only 38.9 per cent of the population are effectively covered by at least one social protection cash benefit, although significant progress has been made in strengthening social protection systems and building social protection floors. Large coverage gaps remain in the areas of child and family benefits, maternity protection, unemployment protection and disability benefits. It is however worth noting that some countries have achieved universal coverage of children (Australia, Mongolia); others have extended maternity protection coverage (Bangladesh, India, Mongolia), or introduced non-contributory pension schemes to achieve universal coverage for older persons (China, Mongolia, New Zealand, Timor-Leste); yet adequacy of benefits remains a concern.
- In Europe and Central Asia, given relatively comprehensive and mature social protection systems, including floors, 84.1 per cent of the region's population have access to at least one cash social protection benefit. Regional coverage estimates exceed 80 per cent for child and family benefits, maternity cash benefits, disability benefits and old-age pensions, with several countries reaching universal coverage. However, there are concerns regarding persistent coverage gaps in the areas of maternity and unemployment protection, as well as regarding the adequacy of pensions and other social protection benefits in the light of demographic change and short-term austerity fiscal pressures.

Global trends and outlook

Looking ahead to 2030, world governments have agreed to make significant progress towards implementing nationally appropriate social protection systems for all, including floors, as part of the SDG agenda.

- With nearly half of the world population covered by at least one social protection benefit in 2015 (SDG 1.3 baseline), many countries have come a long way in strengthening their social protection systems, including social protection floors to guarantee at least a basic level of social security to all. However, more efforts are necessary to ensure that the right to social security becomes a reality for all.
- The aggregate level of public expenditure on social protection needs to be increased to extend social protection coverage, particularly in African, Asian and Arab States' countries with marked underinvestment in social protection.
- While extending coverage is a primary objective, attention needs to be paid to benefit adequacy, as the levels of social protection benefits are often insufficient to bring people out of poverty and insecurity.
- The extension of social protection coverage to those in the informal economy and facilitating their transition to the formal economy are key to promoting decent work and preventing poverty. Coverage extension can be achieved in multiple ways, the most common being a mix of contributory and non-contributory schemes.
- Building inclusive social protection systems also requires the adaptation of social protection systems to demographic change, the evolving world of work, migration, fragile contexts and environmental challenges.
- Short-term austerity or fiscal consolidation reforms are undermining long-term development efforts. Reforms often have a fiscal objective to achieve cost savings, ignoring negative social impacts with regard to coverage and benefit adequacy and thus jeopardizing advances towards achieving the SDGs. Further efforts are needed to prevent fiscal consolidation policies from destabilizing the important progress achieved.
- Fiscal space exists even in the poorest countries. There is a wide variety of options to generate resources for social protection. It is imperative that countries become proactive in exploring all possible financing alternatives to promote the SDGs and national development through decent jobs and social protection.
- Universal social protection is supported through the joint efforts of the United Nations agencies "working as one", by the concerted joint efforts with relevant international, regional, subregional and national institutions and social partners, including through the Global Partnership for Universal Social Protection.

Introduction 1

KEY MESSAGES

- Social protection, or social security, is a human right and is defined as the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Social protection includes child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits and survivors' benefits. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits, including social assistance.
- World leaders adopted the Sustainable Development Goals (SDGs) in 2015. SDG 1.3 commits countries to implement nationally appropriate social protection systems for all, including floors, for reducing and preventing poverty. This commitment reaffirms the global agreement on the extension of social security achieved by the ILO Social Protection Floors Recommendation, 2012 (No. 202), adopted by representatives of workers, employers and governments from all countries.
- Social protection is at the forefront of the development agenda, given its positive social and economic impacts. It is a key element of national strategies to promote human development, political stability and inclusive growth; it ensures that people enjoy income security and have effective access to health and other social services, and are empowered to take advantage of economic opportunities. By raising household incomes, such policies play a key role in boosting domestic demand, supporting structural transformation of national economies, promoting decent work, and fostering inclusive and sustainable growth. They also create a conducive environment for the development of sustainable enterprises.
- But social protection is not yet a reality for a majority of the world's population, despite some progress over the last few years. As many low- and middle-income countries have established social protection systems and extended coverage, 45 per cent of the global population are now protected in at least one social protection policy area, yet the majority – 55 per cent – remain unprotected. Still today only 29 per cent of the global population enjoy access to comprehensive social security systems, whereas 71 per cent are covered partially or not at all.
- Exclusion from social protection is unacceptable, as the lack of protection leaves people vulnerable to the financial consequences of life-cycle shocks such as ill health, maternity or old age, or poverty and social exclusion. Such lack of social protection also constitutes a major obstacle to economic and social development, associated with high and persistent levels of poverty, inequality and economic insecurity.
- Looking ahead to 2030, governments have agreed to make significant progress towards implementing nationally appropriate social protection systems for all, including floors, as part of the SDG agenda. States have the legal obligation to protect and promote human rights, including the right to social protection or social security. Many countries have come a long way in strengthening their social protection systems and building nationally adapted social protection floors to guarantee at least a basic level of social security to all. In many countries, this process has been effective and inclusive through a broad national dialogue, which has brought together governments with social partners and other stakeholders to chart a way forward in extending social protection.
- This report provides latest data to monitor SDG 1.3. The report is based on the ILO World Social Protection Database, which provides in-depth country-level statistics and key indicators on various dimensions of social protection systems.

1.1 Leaving no one behind: Social protection in the 2030 Development Agenda

SDG Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

SDG Indicator 1.3.1: Proportion of population covered by social protection systems and floors, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women with newborns, work-injury victims and the poor and the vulnerable.

World leaders adopted the Sustainable Development Goals (SDGs) in September 2015 at the United Nations. The 2030 Agenda for Sustainable Development holds a powerful promise for the world's population: by 2030, the world will have made significant progress towards sustainable development and social, economic and environmental justice (UN, 2017a; UNRISD, 2016). The first global reports on progress towards reaching the SDGs show however that there is still a long way to go to achieve these goals, in particular reaching those who are at risk of being left behind (UN, 2017b, 2017c).

Social protection is fundamental to achieving the SDGs, to promoting social justice and to realizing the human right to social security for all.[1] Through its contribution to the social and economic pillars of sustainable development, it is reflected directly or indirectly in at least five of the 17 SDGs (see box 1.1). It also contributes to the environmental pillar through its role in facilitating the "just transition" toward greener economies and societies. Social protection therefore plays a key role in accelerating progress towards the SDGs (Kaltenborn, 2015; UN, 2017c; UNRISD, 2016).

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

Social protection systems are fundamental not only in reducing poverty, but also in preventing that people fall (back) into poverty across the life cycle (Bastagli et al., 2016; Chronic Poverty Advisory Network, 2014). This is one critical element of any policy framework aiming at leaving no one behind (SDG target 1.3). This target highlights in particular the global commitment to building social protection floors, as the fundamental element of each country's social protection system, to ensure at least a basic level of social security for all and to extend social protection coverage to those hitherto excluded. Such social protection floors are essential for alleviating and preventing poverty, vulnerability and social exclusion by guaranteeing at least a basic level of income security and effective access to health care throughout the life course, in line with the ILO Social Protection Floors Recommendation, 2012 (No. 202) (UN, 2014; UN, forthcoming).

Social protection systems also contribute to achieving health outcomes, in particular by contributing to realizing universal health coverage, including financial protection in health and ensuring access to quality essential health-care services as well as access to safe, effective, quality and affordable essential medicines and vaccines for all (SDG target 3.8). Investment to achieve universal health coverage is critical to the attainment of the SDGs (WHO, 2017), including with regard to reducing health inequalities (Deaton, 2013).

The contribution of social protection to gender equality is recognized in particular with regard to recognizing and valuing unpaid care and domestic work (SDG target 5.4). Along with the provision of public care services and infrastructure, social protection systems can play a major role in redistributing care responsibilities, and recognizing and valuing unpaid work. Social protection includes an array of care policies, starting from maternity protection, through paternity and parental leave provisions and early childhood care and education services, to care of adults in later life (ILO, 2016a; UN Women, 2015).

Social protection is also indispensable to the promotion of decent work and inclusive growth (SDG target 8.5). As one of the four pillars of decent work,

[1] Universal Declaration of Human Rights, 1948 (Arts 22 and 25); International Covenant of Economic, Social and Cultural Rights, 1966 (Arts 9 and 11); as well as 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); and the Convention on the Rights of Persons with Disabilities (Art. 28). See also CESCR, 2008.

Box 1.1 Sustainable Development Goals and targets with a direct or indirect reference to social protection

Target 1.3 – Implement nationally appropriate **social protection systems and measures for all**, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

Target 3.8 – Achieve **universal health coverage**, including **financial risk protection**, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Target 5.4 – **Recognize and value unpaid care and domestic work** through the provision of public services, infrastructure and **social protection policies** and the promotion of shared responsibility within the household and the family as nationally appropriate.

Target 8.5 – By 2030, **achieve full and productive employment and decent work for all women and men**, including for young people and persons with disabilities, and equal pay for work of equal value. *[Social protection is one of the four pillars of decent work.]*

Target 10.4 – **Adopt** policies, especially fiscal, wage and **social protection policies**, and **progressively achieve greater equality**.

social protection contributes to the promotion of employment, fosters higher labour productivity and investments in human capital and capabilities, and stabilizes aggregate demand during major economic crises (ILO, 2014a). As the world struggles with high levels of unemployment, underemployment and informality, social protection systems adapt to ensure the protection of incomes and to facilitate access to health, education and decent employment, including for those in precarious and informal employment (ILO, 2017a, 2016b, 2013a). By this token, social protection can also have a positive impact on productivity, local economic development and inclusive growth (Alderman and Yemtsov, 2013; Davis et al., 2016; Lee and Torm, 2015), as well as on aggregate demand (Atkinson, 1999), thus supporting inclusive economic growth and social progress.

Social protection policies are also an important component of policies to contain and reduce inequality, including income inequality (SDG target 10.4). Together with tax policies, social protection systems are among the channels for the redistribution of income, and they also play a significant role in addressing non-income inequality, such as reducing inequality in access to health and education. Recent studies have demonstrated the important contribution of social protection to the reduction of inequalities in Asia (ESCAP, 2015) and Latin America (López-Calva and Lustig, 2010; Ocampo and Gómez-Arteaga, 2016) and to promoting inclusive growth (IMF, 2014a; Ostry, Berg and Tsangarides, 2014).

In addition, social protection contributes to several other SDGs, including eliminating hunger by promoting food security and access to improved nutrition (SDG 2), facilitating access to quality education (SDG 4), clean water and sanitation (SDG 6) and affordable and clean energy (SDG 7). By contributing to investments in people, promoting productive employment and facilitating structural change of the economy, social protection systems also contribute to building resilient infrastructure, promoting inclusive and sustainable industrialization and fostering innovation (SDG 9). They also contribute to making cities and human settlements inclusive, safe, resilient and sustainable by providing income security and access to social services for residents (SDG 11, notably targets 11.1 and 11.5), ensuring more sustainable consumption and production patterns by allowing people to plan ahead and avoid environmentally harmful behaviour (SDG 12), fostering climate action by providing income support to households affected by climate-related hardship or by "green policies" leading to the phasing out of certain industries (SDG 13, notably target 13.3), and contributing to environmental conservation by offering offsetting income security measures to reduce exploitation of marine and land resources (SDGs 14 and 15). Social protection systems are also a key element of policies promoting peaceful and inclusive societies, in particular through their contribution to the development of effective, accountable and transparent institutions that manage and govern social protection schemes (SDG 16, particularly target 16.6) and by providing basic income security and facilitating access to job opportunities and training for unemployed workers and youth. Many of the indicators related to strengthening the means of implementation and revitalizing the global partnership for sustainable development (SDG 17) have been promoted through the development of social protection systems and floors, with the technical and financial support of external partners, South–South and Triangular cooperation to share and adapt innovations, the development

of multi-stakeholder partnerships and the development of national capacities to produce statistical data on social protection coverage.

Despite significant advances in the extension of social protection coverage in many parts of the world, progress in building social protection systems, including social protection floors, is still too slow. If the 2030 Agenda is to be achieved, the national and global efforts need to be stepped up to fully harness the pivotal role of social protection systems in promoting social and economic development (ILO, 2014a), more inclusive societies and more effective investments in human capital and human capabilities, and to promote transformative change (UNRISD, 2016).

1.2 Progress in building social protection systems

The growing attention to the importance of building social protection systems in middle- and low-income countries over the last two or three decades is the latest chapter of a century-long history of developing such systems. Since the beginning of the 20th century, significant progress has been made: from early steps taken in a number of pioneer countries, the world has seen social protection systems develop at an impressive pace. At present, most countries have in place social protection schemes anchored in national legislation covering all or most policy areas of social protection, although in some cases these cover only a minority of their populations (see figure 1.1). Despite laudable progress, large gaps remain in parts of Asia and Africa.

The development of national legislative frameworks and the extension of legal coverage are an essential aspect of the development of social protection systems grounded in human rights (CESCR, 2008; OHCHR, 2012a). However, the extension of legal coverage does not in itself ensure either the effective coverage of the population or improvements in the quality and level of benefits.[2] In fact, the extension of effective coverage has significantly lagged behind that of legal coverage, due to problems in implementation and enforcement, a lack of policy coordination, and weak institutional capacities for the effective delivery of benefits and services. It is therefore essential to monitor legal and effective coverage in parallel, as will be done throughout this report as far as the available data allow.

Building social protection systems usually follows the logic of progressive realization with regard to policy areas covered and population coverage. Countries tend to build their systems sequentially, depending on their national circumstances and priorities. In many cases, countries first addressed the area of employment injury, then introduced old-age pensions and disability and survivors' benefits, followed by sickness, health and maternity coverage. Benefits for children and families, and unemployment benefits, typically came last (see figure 1.2).

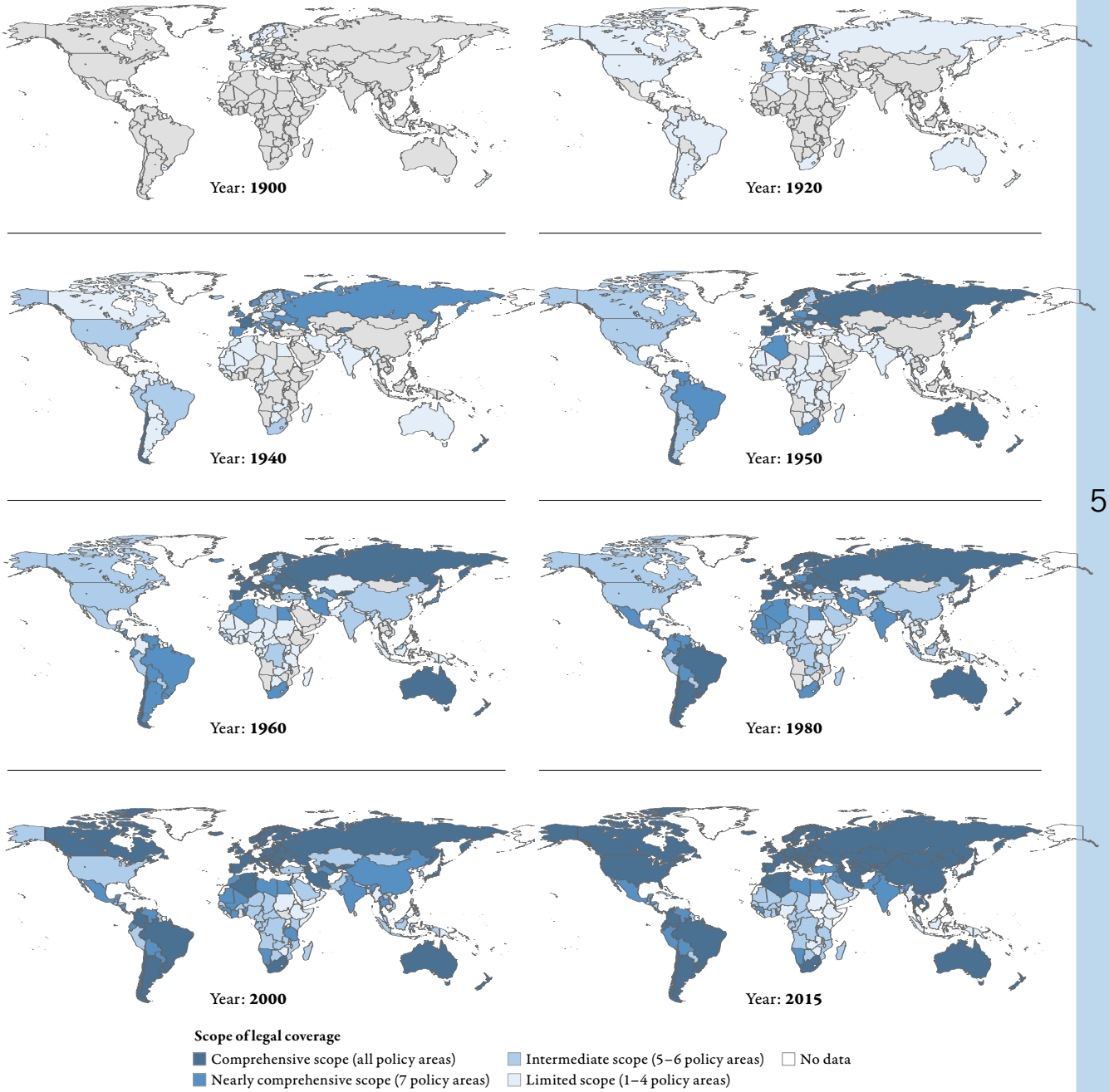
When it comes to population coverage, countries tend to prioritize two major groups at opposite ends of the income scale, through different mechanisms. On the one hand, the introduction of contributory mechanisms (namely social insurance) tends to start with employees in the public and private sectors, particularly those in stable full-time employment relationships,[3] with the understanding that they should be gradually extended to other groups of workers. Yet the extension to other groups of workers, especially to persons in more unstable forms of wage employment and the self-employed, is not automatic, as it requires the adaptation of those mechanisms to the needs and circumstances of these groups of workers, particularly workers with low and irregular earnings and limited contributory capacities.

On the other hand, countries focus on establishing non-contributory (mostly tax-financed) mechanisms in the form of social assistance to cover the needs of people living in poverty. In many cases, these mechanisms are targeted to individuals living in extreme poverty and the most vulnerable, yet often excluding a significant share of those who are targeted by the programme (Barrientos, 2013; Brown, Ravallion and Van de Walle, 2016; Kidd, Gelders and Bailey-Athias, 2017). In many cases, such programmes for the poor are short-term, often in the form of pilot programmes for limited geographic areas, and lack a stable legal and financial foundation, which negatively affects their ability to provide predictable and transparent benefits to persons who need them most and leads to significant coverage gaps. Still, they play an important role in improving the situation of those benefiting from them. Many

[2] For more detail on the concepts of legal and effective coverage and their measurement, see Annex II to this report.

[3] Such employment relationships are also referred to as "standard employment relationships", which are defined as "full time, indefinite, as well as part of a subordinate and bilateral employment relationship" (ILO, 2016b, p. 7). In contrast, non-standard forms of employment include fixed-term contracts and other forms of temporary work, temporary agency work and other contractual arrangements involving multiple parties, disguised employment relationships, dependent self-employment and part-time work (ILO, 2015a).

Figure 1.1 Towards comprehensive social security systems: Number of policy areas covered in social protection programmes anchored in national legislation, 1900–2015



Note: The following areas are taken into consideration: sickness benefits, unemployment benefits, old-age benefits, employment injury benefits, family/child benefits, maternity benefits, invalidity/disability benefits and survivors' benefits. Date of adoption of first law taken as a basis for the construction of the maps.

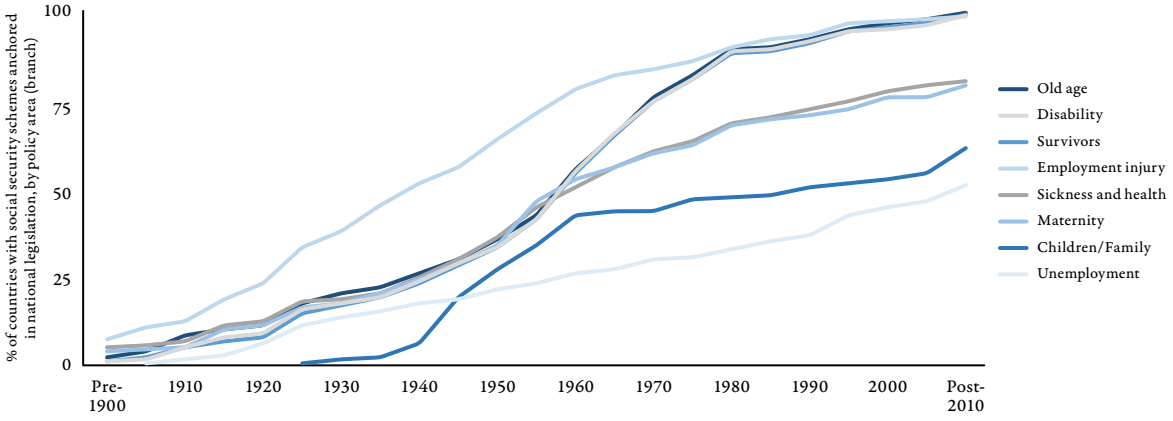
Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World. See also Annex IV, table B.2.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54616

governments recognize the importance of anchoring social security programmes in a sound framework of national legislation, thereby clarifying individuals' rights and obligations, enhancing the predictability and adequacy of benefits, strengthening institutional capacities, promoting transparency and accountability, providing safeguards against corruption and establishing a more stable and regular funding base.

With the extension of social protection starting at both ends of the income scale, there is often a significant lack of protection for those in the middle, which in many developing countries includes many of those

Figure 1.2 Development of social protection programmes anchored in national legislation by policy area, pre-1900 to post-2010 (percentage of countries)



Note: The following areas are taken into consideration: health care, sickness benefits, unemployment benefits, old-age benefits, employment injury benefits, family/child benefits, maternity benefits, disability/invalidity benefits and survivors' benefits, as defined in the Social Security (Minimum Standards) Convention, 1952 (No. 102).

Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54617

working in the informal economy, and in some cases some of those in the emerging middle class (Schlogl and Sumner, 2014). The lack of protection for the "missing middle" constitutes a major obstacle to economic and social development, as it can trap people in poverty and thwart their upward mobility. Extending coverage to everyone through appropriate mechanisms is therefore a key priority.

It is now widely recognized that social protection policies contribute to fostering both economic and social development in the short and the long term by ensuring that people enjoy income security, have effective access to health care and other social services, and are empowered to take advantage of economic opportunities. They play a key role in boosting domestic demand, supporting structural transformation of national economies, promoting decent work, and fostering inclusive and sustainable growth. While the contribution of social protection systems to economic stability and productivity has long been recognized in high-income countries, their role in fostering economic and social development was underestimated for a long time, but is now fully accepted. As a result, an emerging global consensus on the important role of coherent and effective social protection systems is reflected in the strategic frameworks of major international and multilateral organizations (e.g. FAO, 2017; ILO, 2012a; OECD, 2009a; UNICEF, 2012a; WHO, 2010; World Bank, 2012), aiming at building inclusive and sustainable social protection systems that are closely coordinated with other social and economic policies.

Sustainable and equitable growth cannot be achieved in the absence of strong social protection policies which guarantee at least a basic level of social security to all in need through a nationally defined social protection floor, and the progressive extension of the scope and level of social security coverage. The adoption of the ILO's Social Protection Floors Recommendation, 2012 (No. 202), constitutes a significant step forward in the realization of the human right to social security (UN, 2017a), as it recognizes the triple role of social security as a universal human right and an economic and social necessity.[4] The Recommendation reflects the ILO's two-dimensional extension strategy, which provides clear guidance on the future development of social security in its 187 member States, by:

- achieving universal protection of the population by ensuring at least basic levels of income security and access to essential health care (national social protection floors: horizontal dimension); and
- progressively ensuring wider scope and higher levels of protection, guided by ILO social security standards (vertical dimension).

[4] The joint UN web platform on Social Protection and Human Rights provides useful resources on this topic; see http://www.socialprotection-humanrights.org.

Together with other international standards, the ILO's normative framework on social security (see box 1.2) guides the development and continuous evolution of national social protection systems, including floors.

During recent years, many countries have significantly extended social protection coverage, reinforced their social protection systems and established effective social protection floors. Many countries have achieved universal or near-universal coverage in different areas through a combination of non-contributory and contributory schemes and programmes. For example, universal or near-universal coverage in old-age pensions with at least a basic level of protection has been achieved by more than 20 countries and territories in all regions, including, among others, the Plurinational State of Bolivia, Botswana, Brazil, Cabo Verde, China, Georgia, Kosovo, Lesotho, Maldives, Mongolia, Namibia, Nepal, South Africa, Thailand, Timor-Leste, Trinidad and Tobago, Ukraine and Zanzibar (United Republic of Tanzania). For child and maternity benefits, Argentina and Mongolia combine social insurance and social assistance benefits to achieve universal coverage.[5] The positive impact of the progressive extension of social security coverage on the well-being of the population has been well documented in multiple countries, such as Brazil, Cabo Verde, China, Ghana, India, Mexico, Mozambique, South Africa and Thailand, and has contributed, in conjunction with economic, labour market and employment policies, to fostering economic and social development and inclusive growth.

Yet, responding to fiscal pressures and a slow recovery after the global crisis, a number of governments have sought to reduce public spending, thereby curtailing coverage or benefit levels. Such fiscal consolidation[6] measures have slowed progress towards the realization of the human right to social security and other human rights (Ortiz et al., 2015; OHCHR, 2013) in many countries, and have constrained the ability of social protection systems to foster socio-economic recovery. Achieving the SDGs, especially those related to social protection, will require concerted efforts of national stakeholders, and social dialogue should have a key role in ensuring that viable and sustainable progress is made. Effective participation allows for greater transparency and accountability, the sharing of information and knowledge, and the exchange of opinions, and is thus one of the prerequisites for ensuring good governance of social protection schemes. Such participation also resonates with the 2030 Agenda, as reflected particularly in SDGs 16 and 17.

Today, despite important progress in the extension of social protection, the fundamental human right to social security remains unfulfilled for the large majority of the world's population. New ILO estimates presented in this report show that only 45 per cent of the world's population are effectively protected by a social protection system in at least one area, with significant variations across regions (see figure 1.3). Despite considerable progress in the extension of coverage, the majority of the global population, 55 per cent, remain unprotected.

An even more limited share of the global population has access to comprehensive social protection systems. The most recent data show that in 2015 only 29 per cent of the working-age population and their families had access to such systems. This implies that almost three-quarters of the global population, or 71 per cent, do not enjoy access to comprehensive social protection. Many of those not sufficiently protected live in poverty, which, despite significant progress, still affects 10.7 per cent of the global population, or 767 million people (World Bank, 2016a).[7] For many, such lack of protection is often both a cause and a consequence of a lack of decent employment and of working poverty. Working poverty affected 29.4 per cent of the global labour force, or 783 million people in 2016 (ILO, 2017a),[8] and many of those affected work in the informal economy.[9]

[5] More information is available on the website of the Global Partnership for Universal Social Protection, which brings together the World Bank and the ILO with the African Union, the European Commission, FAO, HelpAge International, IADB, OECD, Save the Children, UNDP-IPC, UNICEF and others, along with Belgian, Finnish, French and German cooperation. See http://www.social-protection.org/gimi/gess/NewYork.action?id=34#.

[6] In this report, fiscal consolidation refers to the wide array of adjustment measures adopted to reduce government deficits and debt accumulation. Fiscal consolidation policies are often referred to as austerity policies.

[7] This estimate is based on a poverty line of $1.90 (PPP) per capita.

[8] This estimate is based on a poverty line of $3.10 (PPP) per capita.

[9] The informal economy is understood as the set of all economic activities by workers and economic units that are – in law or in practice – not covered or insufficiently covered by formal arrangements. Workers in the informal economy are usually covered insufficiently or not at all by social protection; indeed, the lack of social protection coverage is sometimes used as a criterion by which to identify informal employment. At the same time, extending social protection coverage to workers in the informal economy helps to address some of the risks that trap workers in informality (such as the lack of health coverage) and support transitions to formalization, as set out in the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204) (ILO, 2013a, 2017b).

Box 1.2 The ILO's normative framework for building social protection systems, including floors

Since its establishment in 1919, the ILO has played a major role in developing an internationally defined normative framework guiding the establishment, development and maintenance of social security systems across the world, and has become the world's leading point of reference for efforts to this end.[1] Elaborated and adopted by the Organization's tripartite constituents – governments, employers' and workers' representatives – of all ILO member States, and stemming from the Organization's mandate, the Conventions and Recommendations that compose this framework are unique: they establish standards that States set for themselves, building on good practices and innovative ways of providing enhanced and extended social protection in countries from all regions of the world. At the same time, they are built on the notion that there is no single perfect model for social security; on the contrary, it is for each society to develop the best means of guaranteeing the protection required. Accordingly, they offer a range of options and flexible routes for their application, which can be achieved through a combination of contributory and non-contributory benefits, general and occupational schemes, compulsory and voluntary insurance, and different methods for the administration of benefits, all directed at ensuring an overall level of protection which best responds to each country's needs.

Complementing and giving specific form to the provisions regarding the right to social security in international human rights instruments, the ILO's normative social security framework consists of eight up-to-date Conventions and Recommendations. The most prominent instruments are the Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Social Protection Floors Recommendation, 2012 (No. 202).[2]

The long-standing Convention No. 102 brings together the nine classical social security contingencies (medical care, sickness, unemployment, old age, employment injury, family responsibilities, maternity, invalidity, survivorship) into a single comprehensive and legally binding instrument.

The recent Recommendation No. 202 provides guidance on closing social security gaps and achieving universal coverage through the progressive establishment and maintenance of comprehensive social security systems. It calls upon States to achieve universal coverage with at least minimum levels of protection through the implementation of social protection floors as a matter of priority; and to progressively ensure higher levels of protection. National social protection floors should comprise basic social security guarantees that ensure effective access to essential health care and basic income security at a level that allows people to live in dignity throughout the life cycle. These should include at least:

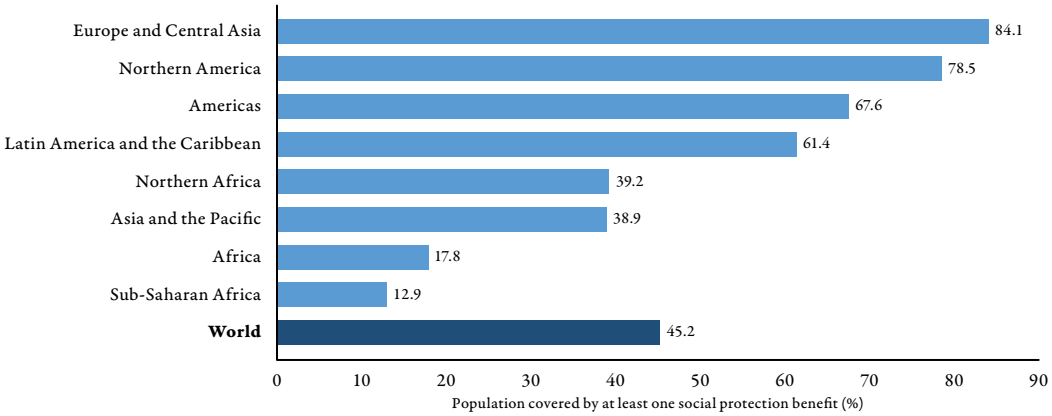
- access to essential health care, including maternity care;
- basic income security for children;
- basic income security for persons of working age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability;
- basic income security for older persons.

Complementing existing standards, Recommendation No. 202 sets forth an integrated and coherent approach to social protection across the life cycle, underscores the principle of universality of protection through nationally defined social protection floors, and embodies a commitment to their progressive realization in terms of benefits and people covered. It thereby aims at ensuring that all members of society enjoy at least a basic level of social security throughout their lives, ensuring their health and dignity. Poverty, vulnerability and social exclusion are established as priority areas of attention, with the clear objective of reducing poverty as soon as possible. The Recommendation calls for systems that are country-led, aligned to national circumstances, reviewed in the light of population needs, and include the participation of all stakeholders. In an innovative way, it contains guidance on monitoring to help countries assess their progress in moving towards enhanced protection and improving the performance of national social security systems.

In line with its mandate, under the framework of the ILO Declaration on Social Justice for a Fair Globalization (2008), and following the guidance provided in international labour (and particularly social security) standards, the ILO promotes effective social dialogue in the development and maintenance of social security systems, including social protection floors. This is usually developed through assessment-based national dialogue (ABND) processes.

[1] The up-to-date ILO social security standards, along with other relevant standards and human rights instruments, are included in a recently published compendium (ILO, 2017b). [2] Convention No. 102 has been ratified to date by 55 countries, most recently by Argentina (2016), Brazil (2009), Chad (2015), Dominican Republic (2016), Honduras (2012), Jordan (2014), Romania (2009), Saint Vincent and the Grenadines (2015), Ukraine (2016) and Uruguay (2010), and provides guidance for all 187 ILO member States. ILO Recommendations are not open for ratification.

Figure 1.3 SDG indicator 1.3.1: Percentage of the total population covered by at least one social protection benefit (effective coverage), 2015



Note: Coverage corresponds to the sum of persons protected by contributory schemes and recipients of contributory and non-contributory benefits expressed as a percentage of the total population. Regional and global estimates weighted by the number of people. Health protection is not included under SDG indicator 1.3.1. Data for other regions are not sufficient to allow for regional estimates. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, table B.3.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54618

1.3 Monitoring social protection in the SDGs: The ILO World Social Protection Database

This report is based on the ILO World Social Protection Database, which provides in-depth country-level statistics on various dimensions of social security or social protection systems, including key indicators for policy-makers, officials of international organizations and researchers, including the United Nations monitoring of the SDGs (UN, 2017b, 2017c).

Most of the data in the ILO World Social Protection Database are collected through the ILO *Social Security Inquiry* (SSI), an administrative survey regularly submitted to governments, complemented by existing international data. The 2016 edition of the SSI is an update of the earlier questionnaire, adapted to better reflect the newly adopted SDGs. The SSI questionnaires and manual are available online (ILO, 2016c).[10] The ILO SSI is the main source of global data on social protection.

Having published such data since the1940s in various forms, the ILO World Social Protection Database complements the data received from the SSI, as far as possible on a consistent basis, with a number of other international and regional data sources, notably the International Social Security Association's (ISSA) Social Security Observatory and Social Security Programs Throughout the World (ISSA Social Security Country Profiles)[11] as a main source of information for calculating the figures on legal coverage. Other sources are (in alphabetical order) the Asian Development Bank (ADB) Social Protection Index (SPI); the Economic Commission for Latin America and the Caribbean (ECLAC) and other regional commissions of the United Nations; the Statistical Office of the European Commission (Eurostat) including the Eurostat European System of Integrated Social Protection Statistics (ESPROSS) and European Commission Mutual Information System on Social Protection (MISSOC); the Organisation for Economic Co-operation and Development Social Expenditure (OECD SOCX); the World Bank pensions and the Atlas of Social Protection Indicators of Resilience and Equity (ASPIRE); and the World Health Organization (WHO) Global Health Observatory and National Health Accounts.[12]

The ILO World Social Protection Database also draws on national official reports and other sources, which are usually largely based on administrative data, and on survey data from a range of sources including national household income and expenditure surveys, labour force surveys and demographic and health surveys, to the extent that these include variables on social protection.

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

[11] Available at: https://www.issa.int/country-profiles [31 May 2017], and also as SSA and ISSA (2015; 2016; 2017a; 2017b).

[12] References can be found at the end of the bibliography.

Since its first edition,[13] the *World Social Protection Report* has been conceived as a tool to facilitate monitoring of the state of social protection in the world. As an extensive statistical resource in relation to social protection, it includes a set of detailed tables in the Statistical Annex (Annex IV)[14] to this report, and more on a dedicated website.[15] This report is also intended as a contribution to the joint efforts at national and international level[16] to ensure the availability of high-quality social security statistics, not least to support ILO member States in monitoring and reviewing their social protection floors and social security systems, so as to ensure their effectiveness and efficiency in meeting the social protection needs of their populations (UN, 2017c).

1.4 Objective and structure of the report

In view of the ambitious progress to be achieved by 2030, this report takes stock of the current state of social protection systems around the world with regard to the building of nationally defined social protection systems, including floors. It provides an assessment of social protection coverage around the world, highlights progress in enhancing social protection, identifying remaining coverage gaps, and discusses major challenges for further progress in realizing the right to social security for all. Accordingly, throughout the report, reference is made to the importance of a rights framework for social protection systems.

The report also provides a baseline for the monitoring of SDG targets related to social protection, especially SDG indicator 1.3.1. Like the previous edition (ILO, 2014a), it follows the approach set out in Recommendation No. 202, and is structured in a sequence of chapters following the life cycle for Chapters 2 to 4, with health protection being addressed separately in Chapter 5.[17] Chapter 2 focuses on social protection for children, in particular on child and family benefits, and addresses also the important complementarity between cash transfers and care services. Chapter 3 addresses schemes and programmes ensuring income security for people of working age, and zooms in on maternity protection (section 3.2), unemployment protection (section 3.3), employment injury protection (section 3.4) and disability benefits (section 3.5). Chapter 4 focuses on income security in old age, with a particular emphasis on old-age pensions.[18] Chapter 5 addresses the crucial role of universal health coverage for achieving the SDGs, with a strong focus on urban–rural inequalities, long-term care and the major employment potential of achieving universal health coverage. Chapter 6 is devoted to recent trends and developments in the different regions of the world, and Chapter 7 concludes with the monitoring of social protection at the global level, including an assessment of challenges and opportunities in extending social protection to all to achieve the SDGs.

The Annexes to this report include a short glossary of key terms used in the report (Annex I), a description of the methodologies applied (Annex II), a summary table regarding some of the main minimum requirements set out in ILO social security standards (Annex III), and the statistical tables (Annex IV).

[13] The first report in the series was published as the *World Social Security Report* (ILO, 2010a). The subsequent report was published as *World Social Protection Report* (ILO, 2014a) in order to reflect the greater interest in social protection issues in many parts of the world, and at the international level.

[14] The Statistical Annex (Annex IV) to this report includes two sets of tables: tables A.1–A.12 provide key demographic, economic and social indicators and are available online; tables B.1–B.17, which are more specifically concerned with social protection, are included also in the printed version. All material is available at http://www.social-protection.org/gimi/gess/ShowTheme.do?tid=3985.

[15] http://www.social-protection.org/gimi/gess/ShowTheme.action?id=4457

[16] Efforts are under way in the framework of the Social Protection Inter-Agency Coordination Board (SPIAC-B) to strengthen collaboration between international agencies in the field of social protection statistics and to develop integrated guidance material for national actors (Bonnet and Tessier, 2013; ILO et al., 2013). This work aims at carrying further the international community's earlier efforts to agree on a set of core indicators in the field of social security statistics, as set out in the Resolution concerning the development of social security statistics adopted by the International Conference of Labour Statisticians in 1957, which continues to provide relevant guidance for the further development of social security statistics at the national level.

[17] In doing so, both the horizontal and vertical dimensions of the extension of social security (ILO, 2012b) are addressed in an integrated way in each chapter.

[18] General social assistance is not treated under a separate heading but is referred to throughout the report.

Social protection for children

2

KEY MESSAGES

- Social protection systems, and in particular social protection floors, play an important role in lifting children out of poverty and improving their health and overall well-being; preventing child mortality and improving children's access to needed goods and services such as a nutritious diet, health, education, care services; and reducing child labour – thus ensuring that children can realize their full potential and breaking the vicious cycle of poverty and vulnerability. Additionally, social protection plays a key role in realizing children's rights to social security and an adequate standard of living.
- For a vast number of children, these needs are not met. Worldwide, an estimated 5.9 million children under the age of five die every year, most of them from preventable causes. Nearly half the deaths are attributable to malnutrition; more than 161 million children under the age of five are stunted. Falling into poverty in childhood can last a lifetime: even short periods of food deprivation can impact children's long-term development. Estimates show that almost half of the world's 900 million extremely poor population are children.
- Effective coverage figures for SDG indicator 1.3.1 show that 35 per cent of children globally receive social protection benefits, with significant regional disparities: while 87 per cent of children in Europe and Central Asia and 66 per cent in the Americas receive benefits, this is the case for only 28 per cent of children in Asia and 16 per cent in Africa.
- A positive trend is the expansion of cash transfers for children. Countries which have made great strides towards universal social protection coverage include Argentina, Brazil, Chile and Mongolia. Yet, in many countries, social protection programmes for children struggle with limited coverage, inadequate benefit levels, fragmentation and weak institutionalization.
- Data on social protection expenditure for children aged 0–14 in 139 countries show that, on average, 1.1 per cent of GDP is spent on child benefits; again there are large regional disparities, from 0.1 per cent in North Africa and the Arab States to 2.5 per cent in Europe.
- Despite this important progress, a number of countries undergoing fiscal consolidation policies are cutting allowances, often narrow-targeting child benefits to the poor, excluding vulnerable children from their legitimate right to social protection. Efforts need to be made so that short-term fiscal adjustment does not undermine progress.

2.1 Meeting children's needs through social protection and realizing child-related SDGs

Despite marked progress over the past decades, many families and children in particular still suffer from poverty, social exclusion and lack of access to necessary goods and services. For children, lack of access to adequate nutrition, education and healthy environments is particularly harmful, with the consequence of irreversible damage to their mental and physical development and well-being.

Poverty is multidimensional, and deprivations are often mutually reinforcing: poor health, malnutrition, stress, low educational attainment, violence, abuse, neglect, inadequate care, lack of adequate housing, sanitation and drinking water or learning opportunities, child labour and heavy unpaid care and household work often overlap (UN, forthcoming). Monetary measures of poverty do not fully reflect the complex picture of the multiple deprivations children may face even when living above a certain monetary threshold.

Children's rights and needs are addressed across the 2030 Development Agenda through several SDGs, including those on poverty (SDG 1), hunger (SDG 2), health (SDG 3), education (SDG 4), gender equality (SDG 5), decent work (SDG 8), inequality (SDG 10), sustainable cities (SDG 11) and peaceful and inclusive societies (SDG 16) (UNICEF, 2016a).

Social protection for children is essential for reducing and preventing child poverty, and contributing in particular to SDG targets 1.2 and 1.3, especially with regard to ensuring at least a basic level of protection for all as part of nationally defined social protection floors. Children make up a disproportionate number of the world's extremely poor population: while children under 18 represent 34 per cent of the total population in middle- and low-income countries, they constitute 46 per cent of the population living on less than US$1.90 per day (UNICEF, 2016b). Children growing up in poverty have fewer opportunities to realize their full potential, as their life chances are limited compared to those of their peers. Africa is the region most affected: if current trends continue, it is estimated that in 2030, nine out of ten children in extreme poverty will live in sub-Saharan Africa (ibid.). Already today, more than two-thirds of African children experience two or more deprivations of their basic needs (de Milliano and Plavgo, 2014). Worldwide, an estimated 5.9 million children under the age of five die every year, most of them from preventable causes.[1] Nearly half of these deaths are attributable to undernutrition. Despite some progress, malnutrition still affects millions of children: 155 million children under the age of five are stunted and begin their lives at a marked disadvantage (UNICEF, WHO and World Bank Group, 2017). Estimates for 2012 show that almost half of the world's 900 million extremely poor population are children (UNICEF, 2016b, p. 72). Poverty and vulnerability are also among the reasons for inadequate nutrition and food insecurity (SDG targets 2.1 and 2.2). Especially during the first 1,000 days of a child's life, that is, from conception until the age of two years, inadequate nutrition has irreversible devastating effects on physical and mental development and health. Wasting and stunting are certainly one of the major concerns in this respect.[2]

However, child poverty is also a concern in high-income countries. For example, 21.1 per cent of children in the European Union are at risk of poverty, compared to 16.3 per cent of adults (UNICEF, 2016b). Since the global financial and economic crisis, child poverty has been increasing in a number of European countries including Belgium, Bulgaria, Czech Republic, Estonia, France, Greece, Hungary, Luxembourg, Malta, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden (UNICEF, 2017) due to the compounding effects of low employment rates and austerity cuts (Cantillon et al., 2017; ILO, 2014a; Ortiz and Cummins, 2012). Children experience vulnerability, poverty and risks differently from adults. Especially in early childhood, when the impacts of deprivation are most severe, they are fully reliant on their carers and without any means to fend for themselves. Their dependence on adults also makes them more vulnerable to violence or other forms of abuse and exploitation such as child labour, trafficking, child marriage, teenage pregnancy, and other abusive traditional practices such as female genital mutilation. Even as teenagers, they are often voiceless, growing up in traditional legal and cultural institutions that do not place a high priority on children's rights and needs.

Social protection systems also play a key role in promoting gender equality and addressing the gendered division of unpaid care and household work

[1] UNICEF: Child Mortality Estimates, 2015. Available at: www.data.unicef.org/topic/child-survival/under-five-mortality.

[2] However, SDG target 2.2 includes both overweight and underweight, obesity being a serious concern in high-income countries, with an average share of 15.3 per cent of children aged 11–15 being overweight in 41 OECD countries (UNICEF, 2016a).

Box 2.1 International standards for child and family benefits

The UN legal framework on human rights contains a number of provisions spelling out various rights of children that form part of their right to social protection. These comprise the right to social security, taking into consideration the resources and the circumstances of the child and persons having responsibility for their maintenance;[1] the right to a standard of living adequate for their health and their well-being; and the right to special care and assistance.[2]

The UN Convention on the Rights of the Child (CRC) states that "The States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law" (Article 26). The ICESCR further requires States to give the widest possible protection and assistance to the family, particularly for the care and education of dependent children.[3]

ILO social security standards complement this framework and provide guidance to countries on how to give effect to the various rights that form part of the right of children to social protection. The ILO Social Security (Minimum Standards) Convention, 1952 (No. 102), Part VII, sets minimum standards for the provision of family (or child) benefits in the form of either a periodic cash benefit or benefits in kind (food, clothing, housing, holidays or domestic help) or a combination of both, allocated for the maintenance of children. The fundamental objective of family benefits should thus be to ensure the welfare of children and the economic stability of their families.

As specified by the ILO's Committee of Experts on the Application of Conventions and Recommendations, these standards require that family benefits be granted in respect of each child in the family and to all children, for so long as the child is receiving education or vocational training on a full-time basis and is not in receipt of an adequate income determined by national legislation. They should be set at a level which relates directly to the actual cost of providing for a child and should represent a substantial contribution to this cost. Family allowances at the minimum rate should be granted regardless of means. Benefits above the minimum rate may be subject to a means test. Furthermore, all benefits should be adjusted in order to take into account changes in the cost of providing for children or in the general cost of living (ILO, 2011a, paras 184–186).

ILO Recommendation No. 202 further refines and extends the normative framework, aiming at universal protection. Income security for children is one of the basic social security guarantees constituting a national social protection floor, and should ensure "access to nutrition, education, care and any other necessary goods and services" (Para. 5(b)). Although the guarantee should be nationally defined, the Recommendation provides clear guidance on its appropriate level: the minimum level of income security should allow for life in dignity and should be sufficient to provide for effective access to a set of necessary goods and services, such as may be set out through national poverty lines and other comparable thresholds (Para. 8(b)). Providing for universality of protection, the Recommendation sets out that the basic social security guarantee should apply to at least all residents, and all children, as defined in national laws and regulations and subject to existing international obligations (Para. 6), that is, to the respective provisions of the CRC, the ICESCR and other relevant instruments. Representing an approach strongly focused on outcomes, Recommendation No. 202 allows for a broad range of policy instruments to achieve income security for children, including child and family benefits (the focus of this chapter).

[1] Universal Declaration of Human Rights, 1948 (UDHR), Art. 22; International Covenant on Economic, Social and Cultural Rights, 1966 (ICESCR), Art. 9; UN Convention on the Rights of the Child (CRC), Art. 26. [2] UDHR, Art. 25(1) and (2). [3] ICESCR, Art. 10(1).

(SDG target 5.4), which is one of the root causes of gender inequalities in opportunities and outcomes. From a young age, girls perform the bulk of unpaid housework and unpaid care work (Munoz Boudet, Petesch and Turk, 2012). ILO surveys in 33 countries show that girls aged 7–14 are far more likely than boys to engage in household chores, which often include looking after younger siblings or adult household members in need of care (ILO, 2016a). This early gender division of labour follows women into their adult lives and firmly establishes the unequal division of household and care work (ibid.). Providing affordable childcare services of good quality would free many girls from the burden of taking care of their younger siblings. Realizing children's rights to social security, an adequate standard of living, health, education and care, and achieving the 2030 Agenda will not be possible without a conducive policy framework that prioritizes children's needs and requirements. International standards for child and family benefits (see box 2.1) are an important component of this policy framework.

In light of the alert regarding child well-being around the world, social protection policies are powerful tools to achieve immediate relief for poor children and their families. Social protection provisions can trigger virtuous cycles of improved income-generating

capacities of the parents, in cases where households are engaging in higher-risk, higher-return activities. By providing a steady, predictable source of income, social protection benefits enable households to avoid harmful coping strategies such as pulling children out of school, cutting spending on food or selling productive assets when facing a shock. Since children ultimately rely on their families for maintenance, the range of policies and policy instruments available to achieve improved income security and social protection for children is very broad.

2.2 Types of child and family social protection schemes

Within social protection systems, a broad range of interventions can benefit children and families. Interventions designed specifically to benefit children include:

- universal or targeted, conditional or unconditional, contributory or non-contributory/tax-financed child or family cash benefits;
- school feeding, vaccination or health programmes and other in-kind transfers such as free school uniforms or school books;
- exemptions of fees for certain services such as health care or childcare;
- social security benefits provided to mothers, fathers and other caregivers during leave of absence from employment in relation to a dependent child (parental and other childcare leave benefits in case of a sick child or a child with disabilities);
- childcare services, early childhood education and education until the minimum age for admission to employment according to national legislation; and
- tax rebates for families with children.

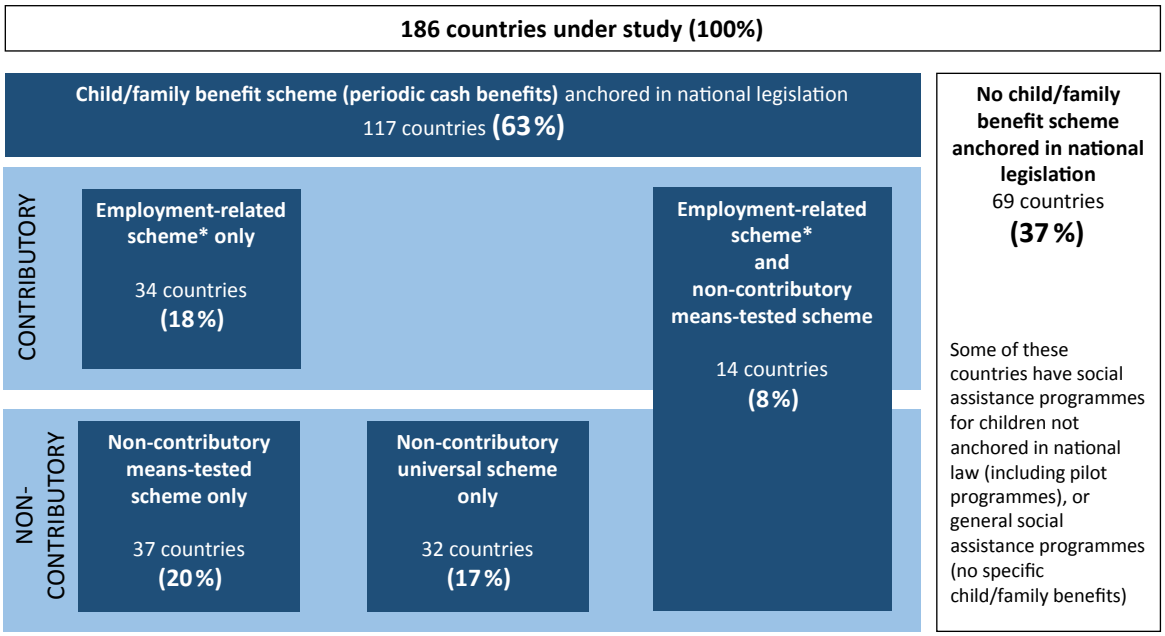
Focusing on cash benefit programmes for families and children, figures 2.1 and 2.2 provide an overview of the different types of periodic cash benefit programmes around the world. More than one-third (69 countries) of the 186 countries for which data were available do not have any child or family benefit anchored in national legislation (although social assistance programmes without legal basis, or other programmes contributing to income security for children, may still exist in these countries). Of the 117 countries with a child/family benefit scheme, 34 have statutory provisions only for those in formal employment. The majority of these countries are in Africa. However, schemes limited to workers in formal employment are unlikely to reach the most vulnerable children. A similar number of countries (37) provide only non-contributory, means-tested benefits. These schemes tend to cover only a small part of the population and research has shown that they suffer from large exclusion errors, typically failing to cover the families that are most in need (Kidd, Gelders and Bailey-Athias, 2017). Fourteen countries combine employment-related and means-tested non-contributory schemes, and only 32 countries (most of them in Europe) provide universal non-contributory child or family cash benefits. However, the achievement of the SDGs, in particular SDG 1 on poverty and SDG 2 on hunger, but also those on health and education (SDGs 3 and 4), depends on the extent to which schemes and programmes are able to reach poor and vulnerable households.

This chapter focuses (as do figures 2.1 and 2.2) on programmes anchored in national legislation, as these are usually more stable in terms of funding and institutional frameworks, guarantee coverage as a matter of right, and provide legal entitlements to eligible individuals and households. In addition to these schemes, many countries have a variety of programmes providing relief (in cash or in kind) to children in need which are not (yet) anchored in national legislation, including pilot or temporary programmes, often limited to certain regions or districts, provided through the government, donors, NGOs or charity organizations.

Figure 2.1 focuses mainly on cash transfers, although a substantial number of interventions consist of benefits in kind, such as school meals or access to services. School feeding programmes are the most common form of in-kind benefits: they are provided in 131 out of 157 countries for which data were available (World Bank, 2015). According to World Food Programme estimates, at least 368 million children are fed daily at school (WFP, 2013). School feeding programmes have a potential to contribute to several SDGs by improving nutrition (SDG 2), education (SDG 4), gender equality (SDG 5) and, by purchasing local foodstuffs, contributing to the economy (SDG 8) (WFP, 2017).

Social protection cash benefits and effective access to services are often directly linked and mutually reinforcing, particularly with regard to health care, childcare or education services. These are critical for overcoming inequalities and fostering social inclusion, particularly considering that children from low-income households are significantly less likely to have access to

Figure 2.1 Overview of child and family benefit schemes (periodic cash benefits), by type of scheme and benefit, 2015 or latest available year

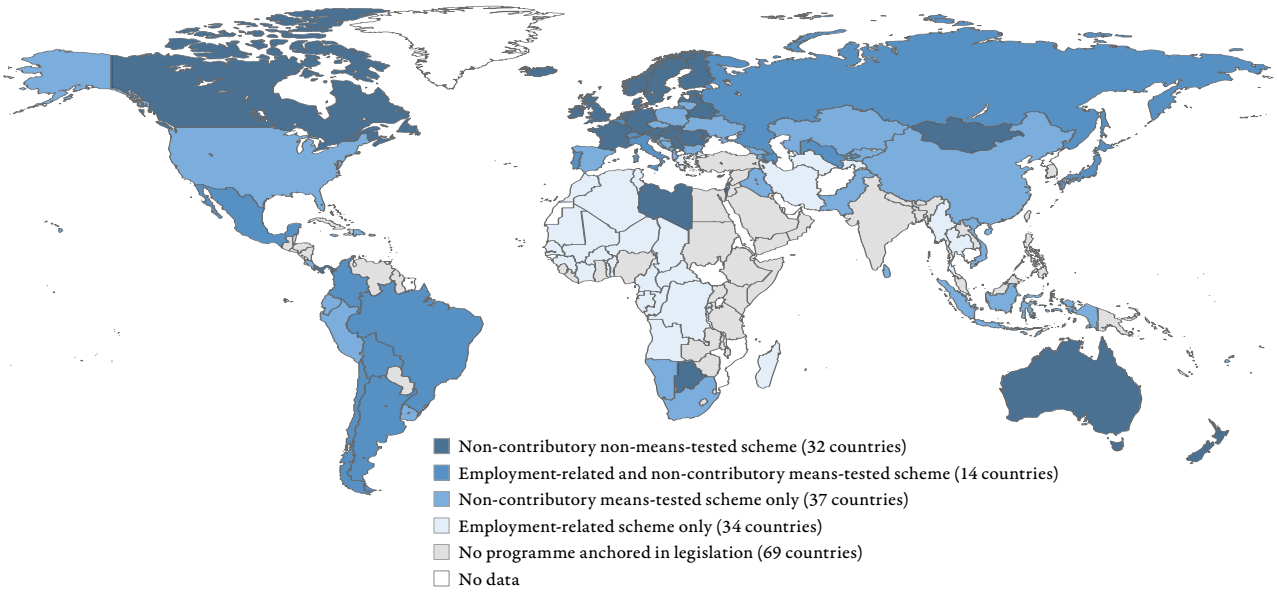


Note: * Employment-related schemes include those financed through contributions from employers and workers, as well as those financed exclusively by employers. Certain employment-related schemes are also means- or affluence-tested. The share is expressed as a percentage of the total number of countries for which data are available.

Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World; European Commission, Mutual Information System on Social Protection (MISSOC). See also Annex IV, table B.4.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54621

Figure 2.2 Child and family cash benefit schemes, by type of scheme, 2015 or latest available year



Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World; European Commission, Mutual Information System on Social Protection (MISSOC). See also Annex IV, table B.4.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54622

education and health services (ESCAP, 2015). Other services also play an important role. For example, birth registration is an essential service, not only in its own right but also because it is often a prerequisite to realizing other rights and accessing social protection benefits and services. For adolescents, access to reproductive health services is a key factor in determining their opportunities in life.

Section 2.5 of this chapter will discuss the complementarity of cash benefits and access to quality child-care services, which play an important role both in facilitating women's economic activity in quality employment, thus contributing to reducing child poverty, and in enabling child development and reducing child labour.

2.3 Effective coverage: Monitoring SDG indicator 1.3.1 for children

As elaborated above, a wide range of interventions can have a positive impact on child well-being, but the growth in non-contributory cash transfer programmes in low- and middle-income countries over the past two decades merits particular attention (Bastagli et al., 2016). Some 130 countries now have at least one non-contributory unconditional cash transfer programme. However, coverage and benefit levels often remain limited. For example, while 40 out of 48 African countries have adopted such programmes (Cirillo and Tebaldi, 2016), figure 2.3 illustrates that coverage of children receiving child cash benefit still remains low in sub-Saharan Africa – only an estimated 13.1 per cent are covered, substantially lower than the world average of 34.9 per cent. As the figure shows, coverage rates vary significantly across regions and subregions: high-income countries such as Australia, Canada and New Zealand, as well as countries in Northern and Western Europe, achieve high coverage rates (above 95 per cent). Some high- and middle-income countries in Eastern and Southern Europe cover more than 85 per cent of children, and Latin American countries on average more than 70 per cent, whereas this figure is only 29 per cent in Central America. Coverage in Asia varies between 10.8 per cent in Eastern Asia and 43.9 per cent in Central Asia. The average coverage rate of 65.5 per

Box 2.2 Universal child benefits in Mongolia

In 2005, the Government of Mongolia introduced the Child Money Programme (CMP), a conditional, poverty-targeted cash transfer with the aim of alleviating poverty in the wake of the economic and social transition. The conditions included social and health behaviour as well as schooling requirements. Implementation encountered targeting problems of leakage to the non-poor and exclusion of the poor (Hodges et al., 2007). In July 2006 the Government converted the programme into a universal scheme providing a benefit to all children under the age of 18 and at the same time introduced a new benefit for newborn children and increased the amount of the benefit. A study by Hodges et al. (2007) found that the initial targeted CMP reduced the child poverty headcount by almost 4 percentage points (from 42.2 to 38.5 per cent) and lowered the child poverty gap by about 2 percentage points, assuming that the child benefits received had raised actual household expenditure by an equivalent amount. The universal child benefit, and especially the increased amount of the benefit introduced in 2006, reduced the headcount by 10 percentage points (to 27.4 per cent) and cut the poverty gap by 5.5 percentage points (to 7.1 per cent).

In 2010 the CMP was discontinued following a reform of the social welfare system. In October 2012, the country's new parliament reintroduced the CMP following the adoption of the Government Action Plan (2012–2016) which highlighted the government's social welfare commitments. The benefit was universal and provided for all children until the age of 18. The 2014 Household Socio-Economic Survey found that the CMP contributed to a reduction of the poverty incidence by 12 per cent and the poverty gap by 21 per cent. It thus significantly reduced monetary poverty and even more so if only children were considered (ILO, 2016d).

In August 2016, the newly elected Government announced the reintroduction of targeting with respect to the CMP. As a consequence, only 60 per cent of children received the CMP in November 2016. The subsequently approved IMF three-year loan arrangement under the Extended Fund Facility imposes conditions with regard to fiscal consolidation which include "steps to strengthen and better target the social safety net" (IMF, 2017a). However, in July 2017, witnessing an improvement in the fiscal indicators, the Government re-established the universality feature of the CMP and integrated the programme in the Law on Social Welfare. In such a volatile context, the ratification of the Social Security (Minimum Standards) Convention, 1952 (No. 102), would provide the safeguard for sustaining Mongolia's social protection system, including the universal Child Money Programme.

Source: Based on Global Partnership for Universal Social Protection, 2016a.

cent for Oceania includes Australia and New Zealand with coverage rates of above 99 per cent and the remaining countries which cover only about 14 per cent of children.

Scheme design also varies considerably in terms of benefit levels, eligibility criteria, enrolment procedures and overall administrative efficiency. A key question is often whether programmes should be targeted to poor households or be universal; the human and poverty impacts are substantially larger for universal benefits, as targeted programmes typically suffer from substantial inclusion and exclusion errors (Kidd, Gelders and Bailey-Athias, 2017), a reason why Mongolia opted for universal child benefits (see box 2.2). Other countries, such as Argentina (see box 2.3), Brazil and Chile, combine different schemes to reach universal coverage.

Box 2.3 Reaching universal social protection for children through a combination of schemes: The case of Argentina

Argentina is progressing towards universal child benefit coverage through a combination of measures. In addition to the existing contributory family allowances (CFA) and tax deductions available for higher-income workers with children, in 2009 it introduced the Universal Child Allowance (UCA) in response to the effects of the global crisis, and with the aim of consolidating several non-contributory transfer programmes for families with children.

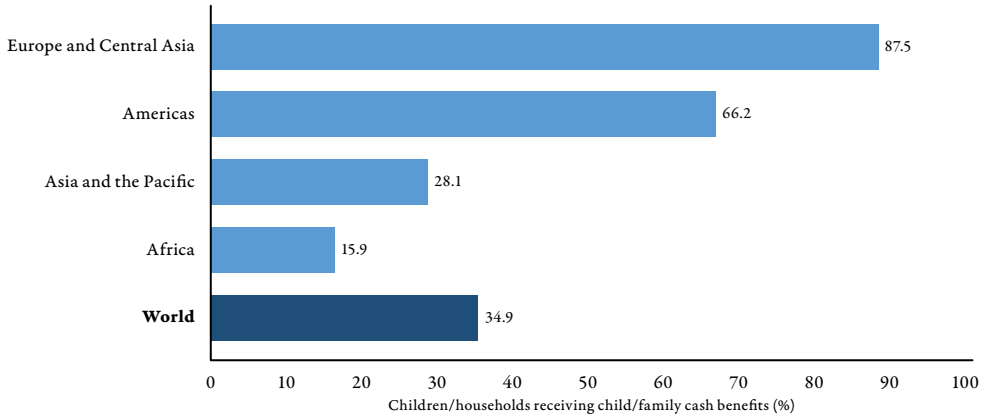
Through the UCA, child benefits were extended to families of unemployed workers, informal workers, domestic workers and self-employed workers participating in the simplified tax and contribution payment regime for small-scale contributors *(monotributo)*. The semi-conditional UCA scheme provides benefits for children up to the age of 18 (no age limit if disabled), and up to five children per family, provided that beneficiaries fulfil certain health (such as vaccination for children under the age of five years, etc.) and educational (school attendance) requirements.

The three components of the family benefit programme in 2014 reached 84.6 per cent of the children and adolescents under the age of 18. While the CFA and tax deduction scheme together benefited 53.3 per cent of this population, the UCA scheme provided benefits to 46.8 per cent of that same population. Together, these benefits accounted for about 1.04 per cent of GDP, with the UCA accounting for 0.50 per cent.

An assessment of the impact on indigence and poverty of the family transfers for children concluded that indigence would be reduced by approximately 65 per cent and overall poverty by 18 per cent (Bertranou and Maurizio, 2012). According to this study, the UCA covers 70 per cent of poor children and adolescents; together with the contributory and the non-contributory benefits approximately 80 per cent of children are pulled out of poverty.

Source: Based on Global Partnership for Universal Social Protection, 2016b.

Figure 2.3 SDG indicator 1.3.1 on effective coverage for children and families: Percentage of children and households receiving child and family benefits, by region, latest available year

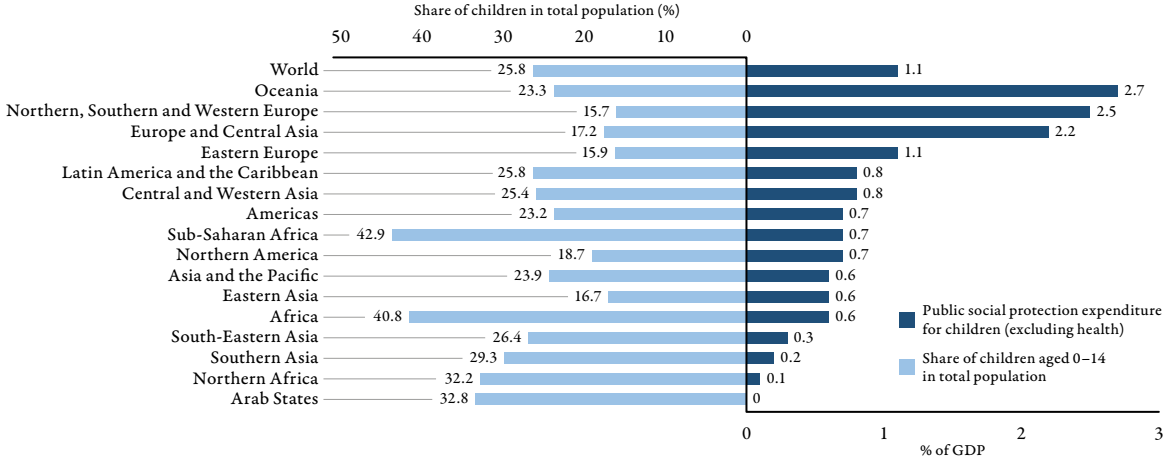


Note: Ratio of children/households receiving child benefits to the total number of children/households with children (see Annex II). Regional and global estimates weighted by the number of children. Data for other regions are not sufficient to allow for regional estimates.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.4.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54623

Figure 2.4 Public social protection expenditure (excluding health) on children (percentage of GDP) and share of children aged 0–14 in total population (percentage), latest available year



Source: ILO World Social Protection Database, based on SSI. See Annex IV, table B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54624

2.4 Expenditure on social protection for children

Ensuring adequate social protection requires allocating sufficient resources for children and families. Yet, at present, countries spend on average only 1.1 per cent of GDP on social protection for children (excluding health expenditure), and the amounts vary greatly across countries and regions, as shown in figure 2.4. While Europe and Central Asia, as well as Oceania, spend more than 2 per cent of GDP on child benefits, expenditure ratios remain well below 1 per cent of GDP in most other parts of the world. Regional estimates for Africa, the Arab States, and Southern and South-Eastern Asia show expenditure levels of less than 0.7 per cent of GDP, although children represent a greater share of their population. Expenditure levels in sub-Saharan Africa seem particularly low considering that 43 per cent of its population are children aged 0–14.

The high levels of child poverty and other pertinent indicators, including child mortality as well as undernutrition and malnutrition, discussed above, clearly indicate that the level of resources allocated to child social protection is insufficient. This is true even when considering that other public expenditures on education, health care or social protection measures other than child and family benefits also contribute to improving the situation of children. The low expenditure levels in low-income and lower-middle-income countries, with many countries not providing any benefits for children, are particularly worrisome as this jeopardizes future development potential. It is unlikely that the child-related SDGs discussed above can be met if the resources invested in the social protection of children are not stepped up.

2.5 The complementary role of cash benefits and childcare services

The availability to both women and men of adequate parental and childcare leave benefits (including in case of children with illnesses and disabilities), childcare services and early childhood education are essential in guaranteeing the income security and well-being of children. Measures adopted by employers to facilitate sharing work and family responsibilities for parents with children also play a key role (ILO, 2016a). This package of measures is particularly important with a view to facilitating the productive economic activity of women and simultaneously promoting an equal distribution of unpaid care work of children between women and men. Both aspects are essential in breaking the cycle of gender inequalities which trap women in informal, low-paid jobs without any social protection for themselves both in working and old age (Alfers, 2016; Moussié, 2016). Another important factor for children's and women's well-being is maternity benefits (see section 3.2). Currently, 134 countries invest public resources in childcare for children before they enter primary school. Companies have also realized

the benefits of providing childcare facilities, reporting reduced absenteeism, staff turnover and work injuries while increasing the daily outputs of female workers (ILO, 2016a; UN, 2016a).

Having to reconcile unpaid care work with the imperative to generate income often pushes women into the most vulnerable forms of non-standard employment and informal work. This is detrimental both for the women at work and for the children not being adequately taken care of – across 53 developing countries, an estimated 35.5 million children under five are left without adult supervision for at least one hour a day (Samman, Presler-Marshall and Jones, 2016). It is often the older siblings who take care of younger ones, which means that they are not able to attend school. In other cases, women workers, including street vendors, agricultural workers, waste pickers, domestic workers or porters take their children along while working, compromising their own income security and productivity as well as providing unsafe or suboptimal environments for the child. In general, heavy and unequal care responsibilities affect livelihood strategies, employment outcomes, economic growth, and sustainable poverty reduction, thus influencing progress on the SDGs related to poverty (SDG 1), inequality (SDG 10), gender equality (SDG 5) and decent work (SDG 8). By contrast, investing in quality childcare, early childhood education with feeding programmes, and adequate childcare leave benefits for both women and men, increases women's labour force participation, generates jobs, improves child development and educational attainments and enables older siblings to attend school (ILO, 2016a).

2.6 Universal social protection to promote well-being of children and families

The extension of both effective and legal coverage for children is a welcome global trend. While universality is generally a trait of high-income countries, several developing countries such as Argentina, Brazil, Chile and Mongolia have also achieved universal or near-universal social protection coverage for children, and many others are expanding coverage fast, such as the Plurinational State of Bolivia, South Africa and Uruguay (see Chapter 6). Year after year governments announce social protection cash transfers for children in all regions (table 2.1). However, despite this important progress, a number of countries undergoing fiscal consolidation policies are cutting allowances, often narrow-targeting child benefits to the poor, excluding vulnerable children from their legitimate right to social protection. A number of newly announced adjustment measures can also be found in table 2.1. Efforts need to be made so that short-term fiscal adjustment does not undermine progress.

Many short-term adjustment reforms have focused on expenditure cuts to non-contributory schemes and programmes, such as cash transfers for children and families. As a result, child poverty has increased in Europe (Cantillon et al., 2017; UNICEF, 2017), and unless these measures are reconsidered, child vulnerability is also likely to increase in developing countries. Ill-designed austerity or fiscal consolidation measures threaten not only children's right to social security (CRC, Article 26), but also the rights to food, health, education, and other essential goods and services (UN, 2011). It is important that short-term adjustments do not undermine long-term gains; there are alternatives (Ortiz et al., 2015) and policy options need to be considered to support children's well-being.

Because of the direct link between child well-being and the socio-economic condition of the household where they live, social protection mechanisms, even those not oriented explicitly towards children, such as an old-age pension or income from public works programmes, can improve a household's ability to care for its children and to access essential services (ILO, 2013b). Social protection interventions benefit children along several dimensions. Many studies have found that social protection schemes such as family allowances, social pensions, parental and childcare leave benefits (especially when both women and men take them up), school feeding programmes, childcare programmes and early childhood education, have positive impacts on poverty, child nutrition, school attendance, school performance, health status and child labour (Bastagli et al., 2016; ILO, 2016a, 2013b). Cash transfers also improve access to services, in particular health services. Research has also shown that design and implementation arrangements matter. In order to maximize the impact on children, all social protection interventions should respect the principles anchored in the Joint Statement on Advancing Child-sensitive Social Protection issued in 2009 by a coalition of UN agencies, bilateral donor agencies and international NGOs (see box 2.4).

Certain global trends exacerbate the vulnerable situation of children, sometimes reversing development gains of the past. This is the case, for example, in the Middle East and North Africa and other areas afflicted by conflict. Climate change, environmental degradation, natural disasters such as droughts or floods,

Table 2.1 Newly announced child and family social protection measures (selection), 2014–17

Country	Year	Measure (as published in media)
Expansion of social protection		
Fiji	2016	Increased budget allocation for the Ministry of Children in the 2016–17 budget.
Ghana	2016	The Ministry of Gender, Children and Social Protection (MoGCSP) and USAID signed a memorandum of understanding under which USAID will provide US$3 million to improve child adoption and fostering in Ghana.
India	2017	Nationwide extension of conditional cash transfer programme for pregnant and lactating women as part of the Maternity Benefit Programme: Cash transfer of INR 6,000 paid in three instalments: at the early registration of pregnancy, at the time of institutional delivery, and three months after delivery if the child is registered, has received BCG vaccination and has received OPV and DPT-1 & 2.
New Zealand	2016	Benefit rates for families with children will rise by NZD 25 a week after tax; increase in "Working for Families" payments; increase in Childcare Assistance.
Philippines	2016	Government gets a loan of US$450 million from the World Bank to sustain the 4Ps Project (Pantawid Pamilyang Pilipino Program).
Sweden	2016	Parents are entitled to 480 days of paid parental leave.
Contraction or adjustment measures		
Australia	2016	Federal Parliament approved an omnibus bill containing 20 cost-cutting measures, including cuts to baby bonuses.
India	2017	Government to limit Maternity Benefit Programme to one child only (instead of two, as it was previously announced in January 2017).
Ireland	2016	The One-Parent Family Payment introduced changes regarding eligibility and income thresholds, having the impact of cutting or ending payments to some recipients.
Mongolia	2016	Reintroduction of targeting of the Child Money Programme. As a consequence, 60 per cent of children received the CMP in November 2016 with payments to the remaining 40 per cent of children deferred until 1 January 2019 (see box 2.2).
Sweden	2016	Abolition of local authority childcare benefit.
Ukraine	2014	While Ukraine has traditionally provided relatively sizeable child and childbirth benefits to all families with children, as part of austerity measures the child benefit for children aged below three years is now available only to low-income families, and is no longer linked to the subsistence minimum.
United Kingdom	2016	The Welfare Reform and Work Act 2016 imposes a universal credit two-child benefit limit on households with at least two children, meaning that no extra support will go to children born after April 2017 in families making a new tax credit claim. In addition, it scraps the GBP545-a-year family element in universal credit and cuts the GBP17.45-a-week housing benefit family premium.

Sources: ILO Social Protection Monitor; Bradshaw and Hirose, 2016.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54783

urbanization and migration are additional factors that have an impact on child well-being and increase the need for social protection.

Currently, nearly 160 million children live in areas of high or extremely high drought severity, most of them in Africa and Asia, and more than half a billion children live in zones with extremely high flood occurrence, mainly in Asia (UNICEF, 2015a, p. 11). Climate change increases the frequency of crises such as floods, droughts, heatwaves and other extreme weather phenomena. Children are particularly vulnerable to the consequences of these crises, which include crop failure and loss of livelihoods, dysfunctional water systems and contaminated water reserves leading to outbreaks of vector-borne and food-borne diseases and food insecurity. The effects for children are detrimental: untreated undernutrition during the first two years of life can lead to irreversible stunting. Diarrhoeal diseases are a major cause of under-five mortality. Global warming may also affect the spread of temperature-sensitive diseases such as malaria, cholera, meningococcal meningitis, dengue fever or lyme disease (ibid.). Warmer temperatures may also allow malaria and other diseases to move into regions that were not previously affected by "tropical" diseases. Emergency relief operations as well as health systems and other infrastructure need to be strengthened and designed in such a way as to be able to cope with such emergency situations.

Poor families will be hit hardest by disasters, as their abilities to cope with these risks are more limited. The

Box 2.4 Child-sensitive social protection

The Joint Statement on Advancing Child-sensitive Social Protection (DfID et al., 2009) sets out that the design, implementation and evaluation of child-sensitive social protection programmes should aim to:

- avoid adverse impacts on children, and reduce or mitigate social and economic risks that directly affect children's lives;
- intervene as early as possible where children are at risk, in order to prevent irreversible impairment or harm;
- consider the age and gender-specific risks and vulnerabilities of children throughout the life cycle;
- mitigate the effects of shocks, exclusion and poverty on families, recognizing that families raising children need support to ensure equal opportunity;
- make special provision to reach children who are particularly vulnerable and excluded, including children without parental care, and those who are marginalized within their families or communities due to their gender, disability, ethnicity, HIV and AIDS, or other factors;
- consider the mechanisms and intra-household dynamics that may affect how children are reached, paying particular attention to the balance of power between men and women within the household and broader community; and
- include the voices and opinions of children, their care-givers and youth in the understanding and design of social protection systems and programmes.

The Joint Statement was issued by the UK Department for International Development (DfID), HelpAge International, Hope & Homes for Children, Institute of Development Studies, ILO, Overseas Development Institute (ODI), Save the Children UK, UNDP, UNICEF and the World Bank.

Source: DfID et al., 2009, as summarized in ILO, 2014a.

poor are often the first having to use to unsafe water sources and unsafe food, to skip meals or to pull children out of school. Children of indigenous peoples and those living in ethnic minority households are at even greater risk of suffering from poverty along multiple dimensions: they are less likely to attend school, and among indigenous children there are disproportionate instances of child labour as well as higher levels of income poverty (ILO, 2017c).

One coping strategy in the case of humanitarian crisis – whether arising from conflicts or natural disasters – is to migrate, either internally or to other countries. Over the past decades, both the number of disasters and the related population displacements and migration have grown continuously. Children are often particularly affected by displacements, due not only to the abovementioned physical health risks but also because family can be separated during the displacement and because migration can be dangerous, causing not only physical but also mental disorders such as post-traumatic stress disorder. While no data are available yet for the most recent wave of migration, research on earlier generations shows that children growing up in immigrant households in European countries are consistently at a higher risk of income poverty, interrupted school biographies and early dropout, which also negatively affect their entrance into the labour market (Bruckauf, Chzhen and Toczydlowska, 2016).

Social protection for women and men of working age

3

3.1 Introduction: The quest for income security

KEY MESSAGES

- Social protection plays a key role in ensuring income security for women and men of working age, which is an essential component of the well-being of individuals and families, and for the achievement of the SDGs, including SDG 1.3 and SDG 8 on decent work and economic growth.
- While the labour market serves as the primary source of income security during working life, social protection plays a major role in smoothing incomes and aggregate demand, as well as in protecting and enhancing human capital and human capabilities, thereby facilitating structural change within economies and contributing to inclusive growth.
- By ensuring income security in the event of unemployment, employment injury, disability, sickness and maternity, as well as insufficient earnings or other needs, social protection systems support women, men and their families in coping with the financial consequences of life events, to find and sustain decent and productive employment and facilitate effective access to health care and other services.
- Globally, 3.2 per cent of GDP is allocated to non-health public social protection expenditure ensuring income security during working age; regionally, levels vary widely, ranging from 0.6 per cent in South-Eastern Asia to 6.6 per cent in Western Europe.
- Worldwide, only 21.8 per cent of unemployed workers have access to unemployment benefits, and only a minority of the global labour force is protected in case of employment injury. New estimates also show that 27.8 per cent of persons with severe disabilities actually receive disability benefits and 41.1 per cent of childbearing women receive a maternity benefit, with large differences across regions.
- Trends reflect progress in the extension of social protection for women and men of working age, with a number of developing countries achieving universal effective coverage in maternity protection (Ukraine, Uruguay) and disability benefits (Brazil, Chile, Mongolia and Uruguay).
- Social protection systems, including floors, can operate in the most effective and sustainable way if well-coordinated with employment, labour market, wage and tax policies.

Social protection plays a key role in ensuring income security for women and men of working age,[1] which is an essential component of the well-being of individuals and families, and for the achievement of the SDGs, including SDG 8 on decent work and economic growth.

The majority of people of working age are economically active, and generally gain their livelihoods through income-generating activity, whether in formal or informal employment, and whether such activity can be categorized as decent work[2] or not. Whether currently economically active or not, persons of working age have specific social protection needs. Effective policies to meet these needs are key not only to realizing their right to social security, but also to ensure the efficient functioning of labour markets and broader economic and social development. Needs generally fall into three broad categories:

- the need to replace income lost temporarily or permanently as a result of unemployment, employment injury, disability, sickness or maternity;
- the need for income support or other social protection measures where income is insufficient to avoid poverty and/or social exclusion; and
- the need for support to restore earning capacity after any of the contingencies listed above and to facilitate participation in employment.

Most people seek income security during their working life in the first instance through participation in the labour market. Income security is strongly dependent on the level, distribution and stability of earnings and other income from work, and is therefore significantly influenced by policy choices and the adoption and enforcement of legislation in a number of areas. Policy areas particularly relevant to income security include labour market and employment policies, employment protection, wages (including minimum wages) and collective bargaining, and active labour market policies, as well as policies to support workers with family and care responsibilities and to promote gender equality in employment. Effective policy and legal frameworks in these areas are key to ensuring decent work. However, recent labour market and employment trends, such as higher unemployment, underemployment and more prevalent precarious and informal employment, as well as dwindling real wages and rising working poverty, have increased the pressure on social protection systems to ensure income security for persons of working age (ILO, 2016b, 2016e, 2017a; Berg, 2015a).

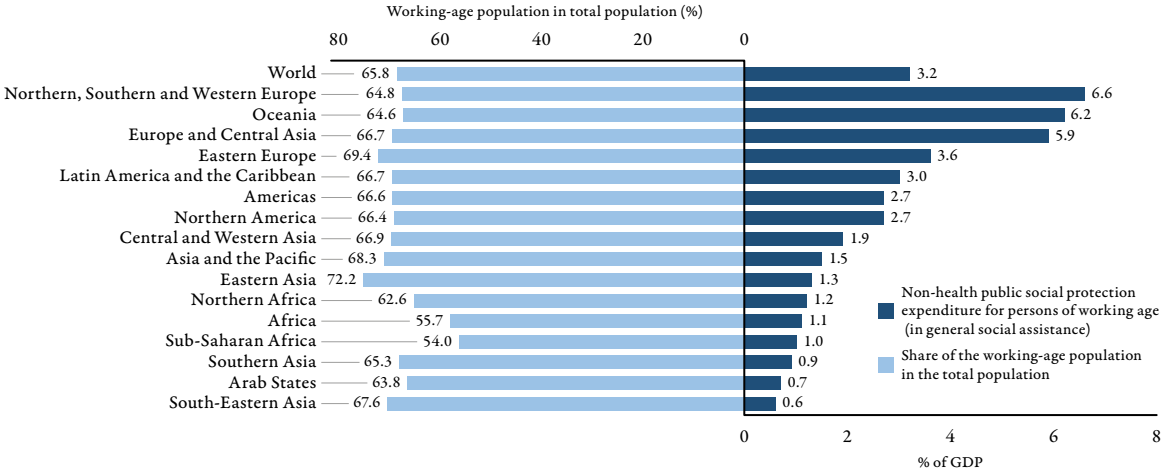
In light of these observations, it is very clear that income security cannot be achieved by social protection systems alone. Social protection policies need to be coordinated with well-designed policies to address these challenges in the fields of employment, labour market and wages, with a view to alleviating excessive burdens on national social protection systems and allowing them to work more efficiently and more effectively.

This is also the approach adopted in Recommendation No. 202, which insists that national social protection floors should guarantee, at a minimum, "basic income security, at least at a nationally defined minimum level, for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability" (Para. 5(c)). While highlighting links to other policy areas, it also emphasizes country responsibility to implement the most effective and efficient combination of benefits and schemes in the national context, which may include universal benefit schemes, social insurance schemes, social assistance schemes, negative income tax schemes, public employment schemes and employment support schemes. Most contributory schemes cover those people (and their dependants) who have been economically active in the past, but have lost their income from work either permanently or temporarily owing to loss of their current job (unemployment benefits), sickness, longer-term severe disability or death resulting from a work-related accident or disease (employment injury benefits), circumstances

[1] Working age is broadly defined here as the age range during which most people are, or seek to be, economically active, reflecting the life-cycle approach of the Social Protection Floors Recommendation, 2012 (No. 202), and being aware that in many contexts women and men continue to be economically active, out of choice or necessity, until well into old age (see Chapter 4). The upper and lower boundaries of "working age" are highly dependent on national contexts, as defined by national legislation and practice, and often depend on the length of time that people spend in education and statutory pensionable ages. For the purpose of the comparability of statistical indicators, this report follows established international practice in using an age range of 15–64 years, but this is not to imply that all individuals within this age range can or should conform to a specific notion of "work" or "activity".

[2] Decent work has been defined by the ILO and endorsed by the international community as productive work for women and men in conditions of freedom, equity, security and human dignity. Decent work involves opportunities for work that is productive and delivers a fair income; provides security in the workplace and social protection for workers and their families; offers better prospects for personal development and encourages social integration; gives people the freedom to express their concerns, to organize and to participate in decisions that affect their lives; and guarantees equal opportunities and equal treatment for all.

Figure 3.1 Public social protection expenditure (excluding health) on people of working age (percentage of GDP) and share of working-age population (15–64) in total population (percentage), latest available year



Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, table B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54625

not directly related to work (general sickness, disability and survivors' benefits) or pregnancy, childbirth and family responsibilities (maternity, paternity or parental benefits, child or family benefits).

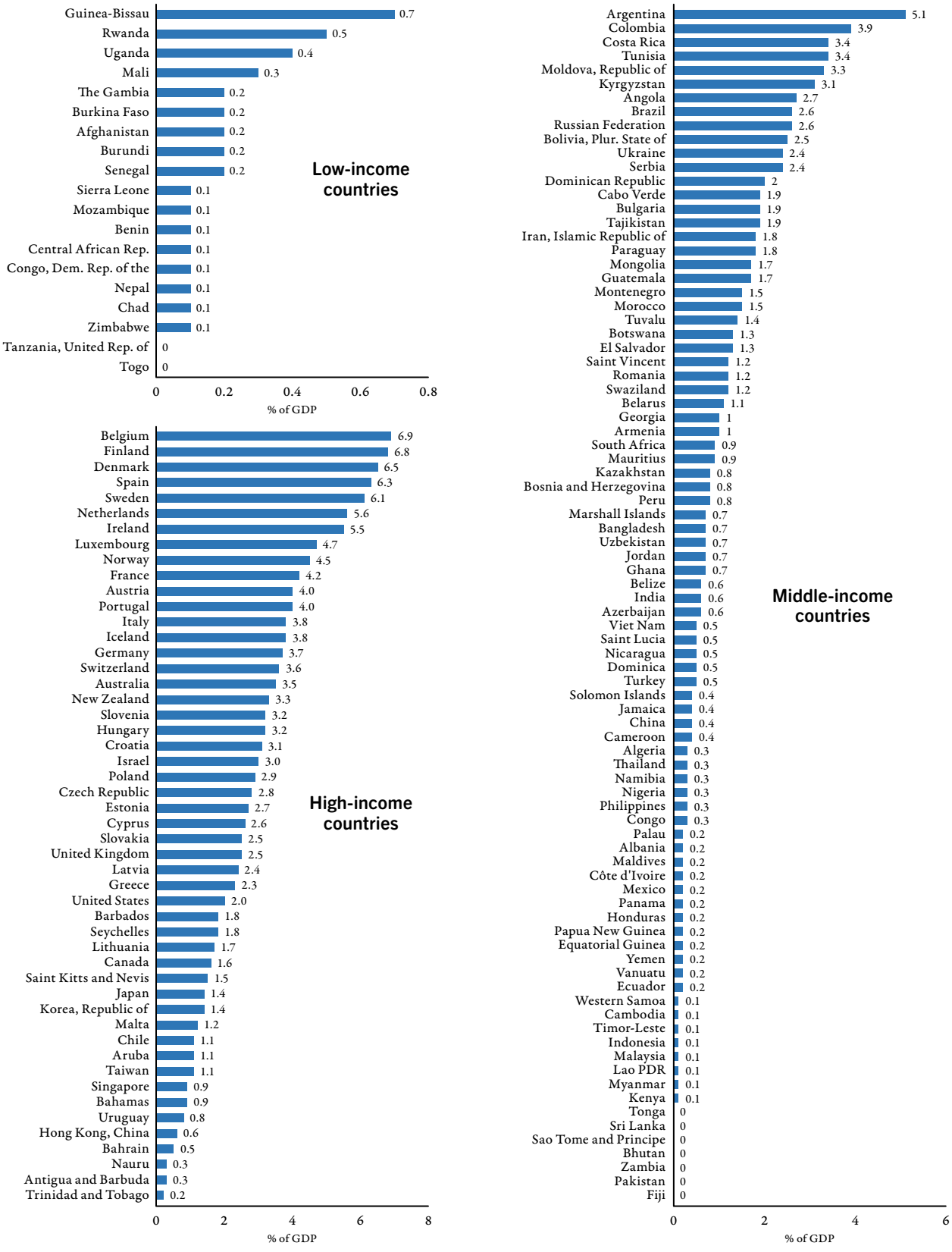
However, these types of programme often do not cover the situations and needs of people (and their dependants) who are economically active but not in formal employment, or are inadequately covered; whose income from employment is too low to prevent them and their families from falling into poverty (working poor); or who simply have no income at all, having been unemployed or underemployed for too long to qualify for benefits, with no prospect of such a situation coming to an end, even in the long term (ILO, 2016b, 2013a). For these groups especially, non-contributory schemes and programmes are essential to close gaps in coverage and to secure at least a basic level of protection; yet in many cases, particularly in low- and middle-income countries, the available programmes struggle with limited coverage, inadequate benefit levels and weak institutional capacities, as well as insufficient and unstable funding. As a result, the majority of people of working age in those countries lack social protection coverage that would protect their fragile livelihoods as workers and entrepreneurs, and enable them to move out of poverty and vulnerability in a sustainable way (Behrendt, 2017; ILO, 2011b).

While this chapter will focus mainly on cash benefits, it should be noted that benefits in kind, in particular health care and other social services, play a major role in ensuring income security for people of working age. The role of health-care provision (see Chapter 5 for more detail) is particularly important in this respect: people who enjoy effective access to quality public health services or are financially protected through affordable (social) health insurance will have higher income security than those at risk of having to pay high out-of-pocket costs for health care in times of need. The provision of other social services and related benefits in kind that have a monetary value, including education and care services, can also markedly reduce people's income needs. The provision of services such as employment services, skills development programmes, childcare facilities and long-term care services may also have an impact on people's ability to engage in paid employment, with significant implications for income security, particularly for women (Martinez Franzoni and Sánchez-Ancochea, 2015).

Worldwide, about one-third of total non-health public social protection expenditure, amounting to 3.2 per cent of GDP, is spent on benefits for people of working age (see figures 3.1 and 3.2).[3] These include maternity benefits, unemployment benefits, employment injury benefits, disability benefits, and general

[3] This also includes expenditure on general social assistance programmes, which accounts for 0.8 per cent of GDP worldwide (2.7 per cent in Latin America).

Figure 3.2 Public social protection expenditure (excluding health) on people of working age (percentage of GDP), by income level, latest available year



Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, table B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54626

social assistance. Within this overall figure regional variations are significant, ranging from 0.6 per cent in South-Eastern Asia and 0.7 per cent in Arab States to 6.6 per cent in Northern, Southern and Western Europe. While non-health public social protection expenditure for people of working age accounts for close to one-third of overall non-health social protection expenditure in Western Europe, it amounts to roughly half of this category of expenditure in Latin America and the Middle East. In Africa, such expenditure accounts for about one-quarter of total non-health social protection expenditure, a lower proportion which can only partly be explained by a smaller share of working-age population in total population, but is also associated with the relatively weak attention given to the development of social protection programmes for persons of working age.

The remainder of this chapter is divided into four sections, dealing respectively with the areas of social security that are most relevant to people of working age, namely:

- maternity protection (section 3.2);
- unemployment protection (section 3.3);
- employment injury protection (section 3.4); and
- disability benefits (section 3.5).

Under each of these sub-chapters, both contributory and non-contributory schemes are discussed, taking into account that universal coverage is often achieved through a combination of different types of schemes, so as to allow the extension of social protection coverage to those with no or weak contributory capacities. Access to health and sickness benefits, which also have important implications for income security during working age, is discussed in Chapter 5. Together, these schemes contribute to building national social protection systems, including floors.

3.2 Maternity protection

KEY MESSAGES

- Maternity protection is a key component of the transformative policies called for in the 2030 Agenda for Sustainable Development and is essential to the achievement of multiple Sustainable Development Goals, including Goals 1, 2, 3, 4, 5, 8 and 10.
- Maternity protection ensures income security for pregnant women and mothers of newborn children and their families, and also effective access to quality maternal and child health care. It also promotes equality in employment and occupation.
- Worldwide, 45 per cent of women in employment are covered by law under mandatory maternity cash benefit schemes, with large regional variation.
- New effective coverage estimates for SDG indicator 1.3.1 show that only 41.1 per cent of women with newborns worldwide receive a maternity benefit, and only 15.8 per cent of childbearing women in Africa. Such lack of income security during the final stages of pregnancy and after childbirth forces many women, especially those in the informal economy, to keep working into the very late stages of pregnancy and/or to return to work prematurely, thereby exposing themselves and their children to significant health risks.
- Extending paid maternity leave provisions and non-contributory maternity cash benefits is an important means of improving income security and access to maternal and child health care for pregnant women and new mothers, particularly for women living in poverty.
- Universal effective maternity coverage has been achieved in Ukraine and Uruguay, and other developing countries such as Argentina, Colombia, Mongolia and South Africa have made substantial progress. However, significant coverage and adequacy gaps remain in other parts of the world. Ensuring universal access to quality maternal health care should be a priority, especially in countries where the informal economy accounts for a large proportion of employment.
- Adequate maternity protection, as well as paid paternity and parental leave, recognize that both mothers and fathers have responsibilities as breadwinners and caregivers, and contribute to achieving a more equitable sharing of care responsibilities, in line with SDG target 5.4 on gender equality.

3.2.1 Maternity protection and the SDGs

Maternity protection is an essential ingredient of policies to prevent and reduce poverty and vulnerability, promote the health, nutrition and well-being of mothers and their children, achieve gender equality at work, and advance decent work for both women and men. While significant progress has been achieved, not least through the attention provided to maternal and child health under the Millennium Development Goals (4 and 5), it is estimated that in 2015 more than 830 women died every day due to complications during pregnancy or childbirth (WHO, 2017).

Given the significant existing gaps and challenges faced by women, including poverty, inequality and access to health of mothers and children, gender-responsive social protection commitments continue to be reflected in the 2030 Sustainable Development Goals, particularly with respect to ending poverty (SDG 1), improving nutrition and ending hunger (SDG 2), reducing maternal and infant mortality (SDG 3), ensuring access to education (SDG 4), achieving gender equality and empowering women (SDG 5), promoting inclusive growth and decent work (SDG 8) and reducing inequalities (SDG 10). From a social protection perspective, ensuring income security in the critical period before and after childbirth, and access to maternal health care, are essential (ILO, 2010b; 2014c).

Maternity cash benefits that fully or partially replace women's earnings during the final stages of pregnancy and after childbirth, or ensure at least a basic level of income, are of critical importance for the well-being of pregnant women, new mothers and their families. The absence of income security during the final stages of pregnancy and after childbirth forces many women, especially those in the informal economy, to keep working into the very late stages of pregnancy and/or to return to work prematurely, thereby exposing themselves and their children to significant health risks. Women in the informal economy are particularly vulnerable to the risks of income insecurity and ill health because of discrimination, unsafe and insecurity working conditions, often low and volatile incomes with limited access to freedom of association, and lack of representation in collective bargaining processes (ILO, 2016a).

Another fundamental component of maternity protection is maternal health care, namely effective access to adequate medical care and services during pregnancy and childbirth, and beyond, to ensure the health of both mothers and children. As with health care in general (see Chapter 5), a lack of effective access to maternal health-care coverage not only puts the health of women and children at risk, but also exposes families to significantly increased risk of poverty.

According to ILO standards (see box 3.1), maternity protection includes not only income security and access to health care, but also the right to interrupt work activities, rest and recover around childbirth. It ensures the protection of women's rights at work during maternity and beyond, through measures that prevent risks, protect women from unhealthy and unsafe working conditions and environments, safeguard employment, protect against discrimination and dismissals, and allow them to return to their jobs after maternity leave under conditions that take into account their specific circumstances, including breastfeeding (ILO, 2010b; 2014a; 2014b). Thus also from a perspective of equality of opportunity and treatment between women and men, maternity protection takes into account the particular circumstances and needs of women, enabling them to be productive members of society and at the same time to raise families (ILO, 2014c, 2016a). Adequate provision for paid paternity leave and parental leave is an important corollary to maternity protection policies, and contributes to a more equal sharing of family responsibilities (ILO, 2016a, 2014b).

3.2.2 Types of maternity protection schemes

Maternity cash benefits are provided through collectively financed mechanisms – social insurance, universal benefits or social assistance schemes – anchored in national social security legislation in 141 out of the 192 countries for which information was available (see figure 3.3). Social insurance schemes form the vast majority of these programmes, prevailing in 138 countries, of which seven also operate social assistance schemes.[4] Around 50 other countries – most of them in Africa or Asia – have provisions in their labour legislation setting out a mandatory period of maternity leave and establishing the employer's liability for the payment of the woman's salary (or a percentage thereof) during that period (see box 3.2). Three countries allow women to take unpaid maternity leave without providing in the law for the replacement of their earned income.

[4] For more detailed characteristics of the schemes in place, see also Annex IV, table B.5.

Box 3.1 International standards relevant to maternity protection

Maternity protection has long been regarded by the international community as an essential prerequisite for the achievement of women's rights and gender equality. Women's right to maternity protection is enshrined in a number of major human rights instruments. The Universal Declaration of Human Rights, 1948, notably states that motherhood and childhood are entitled to special care and assistance, as well as to social security. The International Covenant on Economic, Social and Cultural Rights, 1966, establishes the right of mothers to special protection during a reasonable period before and after childbirth, including paid leave or leave with adequate social security benefits. The Convention for the Elimination of All Forms of Discrimination Against Women, 1979, recommends that special measures be taken to ensure maternity protection, proclaimed as an essential right permeating all areas of the Convention.

The ILO has led the establishment of international standards on maternity protection, adopting the first international standard on this subject in the very year of its foundation: the Maternity Protection Convention, 1919 (No. 3). Since then, a number of more progressive instruments have been adopted in line with the steady increase in women's participation in the labour market in most countries worldwide. The current ILO maternity protection standards provide detailed guidance for national policy-making and action to enable women to successfully combine their reproductive and productive roles. To this end, the standards aim to ensure that women benefit from adequate maternity leave, income and health protection measures, that they do not suffer discrimination on maternity-related grounds, that they enjoy the right to nursing breaks and that they are not required to perform work prejudicial to their health or that of their child. In order to protect the situation of women in the labour market, ILO maternity protection standards specifically require that cash benefits be provided through schemes based on solidarity and risk-pooling, such as compulsory social insurance or public funds, while strictly circumscribing the potential liability of employers for the direct cost of benefits. At the same time, the relevant standards aim at ensuring that women have access to adequate maternal health care and services during pregnancy and childbirth, and beyond.

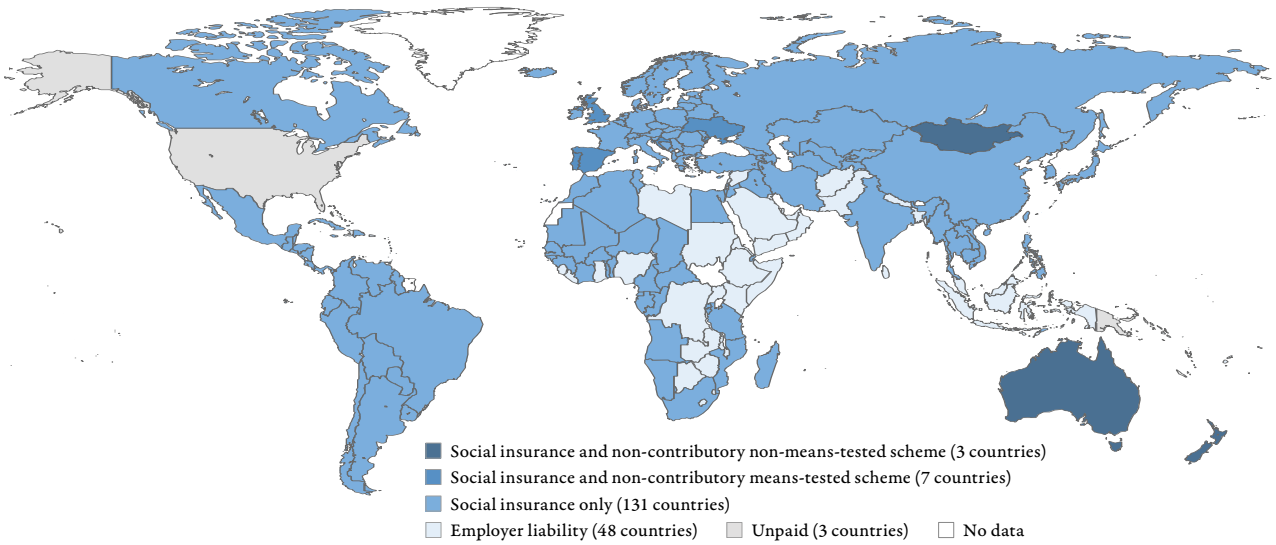
The Social Security (Minimum Standards) Convention, 1952 (No. 102), Part VIII, sets minimum standards as to the population coverage of maternity protection schemes and for the provision of cash benefits during maternity leave, to address the suspension of earnings during this time (see Annex III, table AIII.7). The Convention also defines the medical care that must be provided free of charge at all stages of maternity, as required to maintain, restore or improve the health of the women protected and their ability to work, and to attend their personal needs. Maternal health care must be available not only to the women participating in a maternity protection scheme, but also to the wives of men covered by such schemes, at no cost to either.

The Maternity Protection Convention, 2000 (No. 183), and its accompanying Recommendation (No. 191), are the most up-to-date ILO standards on maternity protection. They set higher and more comprehensive standards on population coverage, health protection, maternity leave and leave in case of illness or complications, cash benefits, employment protection and non-discrimination, as well as breastfeeding.

Recommendation No. 202 calls for such benefits to be provided as part of the basic social security guarantees that make up social protection floors. These include access to essential health care, including maternity care, comprising a set of necessary goods and services, and basic income security for persons of active age who are unable to earn sufficient income due, inter alia, to maternity. Maternity medical care should meet criteria of availability, accessibility, acceptability and quality (CESCR, 2000); it should be free for the most vulnerable; and conditions of access should not be such as to create hardship or increase the risk of poverty for people in need of health care. Cash benefits should be sufficient to allow women and their children a life in dignity, out of poverty. Maternity benefits should be granted at least to all residents, with the objective of achieving universal protection. The call to progressively extend maternity protection to all workers in the informal economy is further highlighted in the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204). A variety of schemes can be used to achieve such coverage, including universal schemes, social insurance, social assistance and other social transfers, and providing benefits in cash or in kind.

Most maternity cash benefit schemes and employer liability provisions cover only women in formal employment, in particular those complying with the qualifying conditions set out in contributory schemes. These criteria often place workers with discontinued contributions or low contributory capacity at a disadvantage, in particular self-employed, part-time workers and those in other non-standard forms of employment. For instance, in some countries social security contributions are set at a fixed rate (often around 20 per cent) of a reference basic wage, which is usually higher than the average income of self-employed workers (ILO, forthcoming a). As a result, many women in both the formal and informal economy who are not deemed eligible for these programmes, or are unable to comply with these conditions, find themselves without any support.

Figure 3.3 Maternity cash benefit schemes, by type of scheme, 2015–16

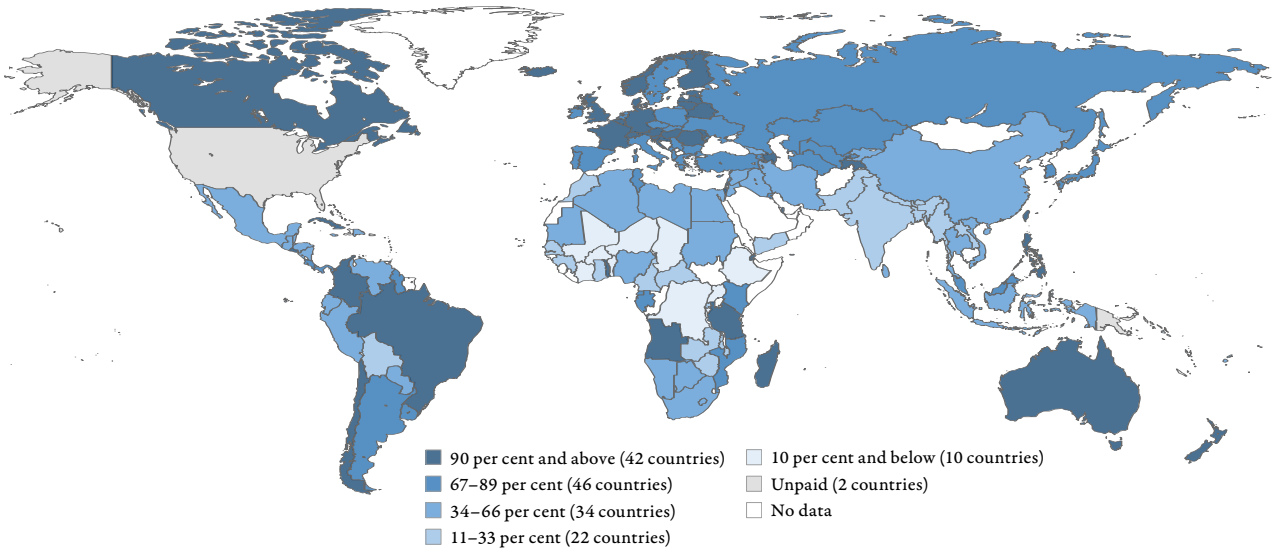


Note: In the United States there is no national programme. Under the Family and Medical Leave Act, 1993, maternity leave is unpaid as a general rule; however, subject to certain conditions accrued paid leave (such as vacation leave, personal leave, medical or sick leave, or paid medical leave) may be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

Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World. See also Annex IV, table B.5.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54627

Figure 3.4 Maternity protection, legal coverage: Percentage of women in employment protected by law in case of loss of income during maternity, 2015 or latest available year



Note: Legal coverage refers to social security legislation as well as labour law. Figures in brackets refer to the number of countries in each category.

Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World; European Commission, Mutual Information System on Social Protection (MISSOC). See also Annex IV, table B.5.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54628

Some women in informal employment can benefit from non-contributory benefits, such as cash transfer programmes aimed at enhancing nutrition and health outcomes for pregnant women, young mothers and their children. These benefits, however, tend to be targeted towards the most vulnerable and often come with strict behavioural conditions and tend to operate within the traditional division of paid work and unpaid household work and care responsibilities between women and men (ILO, 2016a, 2016f).

Box 3.2 Maternity protection: Collectively financed schemes vs employer's liability provisions

Maternity cash benefits can be provided by different types of schemes: contributory (e.g. social insurance), non-contributory, usually tax-financed (e.g. social assistance and universal schemes), employer's liability provisions, or a combination of these methods. Collectively financed schemes, funded from insurance contributions, taxation or both, are based on the principles of solidarity and risk-pooling, and therefore ensure a fairer distribution of the costs and responsibility of reproduction. Employer's liability provisions, on the other hand, oblige employers to bear the economic costs of maternity directly, which often results in a double burden (payment both of women's wages during maternity leave and costs of their replacement), although employers may be able to obtain commercial insurance to cover these liabilities. While some individual workers may obtain appropriate compensation under such provisions, employers may be tempted to adopt practices that deny women the income security to which they should be entitled in order to avoid the related costs and the financial hardship that they may entail for small businesses or in times of instability. Discrimination against women of childbearing age in hiring and in employment, and non-payment of due compensation by the employer, are more commonly evident in the absence of collective mechanisms to finance maternity protection. Pressure on women to resume work to the detriment of their health or that of their child may also be more prevalent where employers have to bear the costs of maternity leave.

In order to protect the situation of women in the labour market, the Maternity Protection Convention, 2000 (No. 183), states a preference for compulsory social insurance or publicly funded programmes as the vehicles for provision of cash benefits to women during maternity leave, confining individual employers' liability for the direct costs of benefits to a limited range of cases.[1] Where women do not meet qualifying conditions for entitlement to maternity cash benefits, Convention No. 183 requires the provision of adequate benefits financed by social assistance funds, on a means-tested basis.

Maternity cash benefits financed collectively have proved the more effective means of securing an income to women during maternity leave. In recent years, several countries have shifted from employer's liability provisions to collectively financed maternity benefits, a trend that represents an advance for the promotion of equal treatment for men and women in the labour market.

[1] According to Art. 6, para. 8, of Convention No. 183: "An employer shall not be individually liable for the direct cost of any such monetary benefit to a woman employed by him or her without that employer's specific agreement except where: (a) such is provided for in national law or practice in a member State prior to the date of adoption of this Convention by the International Labour Conference; or (b) it is subsequently agreed at the national level by the government and the representative organizations of employers and workers."

3.2.3 Legal coverage

Worldwide, the vast majority of women in employment are still not protected against loss of income in the event of maternity. Forty-five per cent of employed women benefit from mandatory coverage by law and thus are legally entitled to periodic cash benefits as income replacement during their maternity leave. Only 42 countries achieve close to universal coverage with more than 90 per cent of women in employment enjoying a legal right to maternity cash benefits on a mandatory basis (see figure 3.4). At the same time, in ten countries, most of them in sub-Saharan Africa, less than 10 per cent of women in employment are covered according to the law. Yet unless these legal provisions are not adequately implemented and enforced, women may find it difficult to access the benefits to which they are entitled.

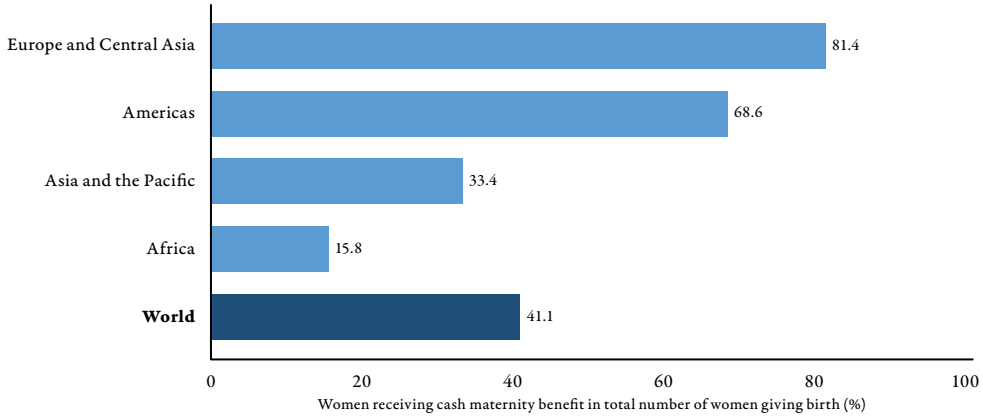
3.2.4 Effective coverage: Monitoring SDG indicator 1.3.1 for mothers with newborns

Concerning effective maternity benefit coverage, new ILO estimates for SDG indicator 1.3.1 show that only 41.1 per cent of mothers with newborns received a contributory or non-contributory benefit, with large variations across regions. While more than 80 per cent of women giving birth received a maternity benefit in Europe and Central Asia, this was the case for only 16 per cent of childbearing women in Africa (see figure 3.5).

The reasons for incomplete coverage largely relate to the prevalence of informal employment and the lack of appropriate mechanisms to cover women outside formal employment. As an additional indicator for effective coverage shows, only a minority of employed women contribute to social insurance or are protected thorough non-contributory cash benefits (see figure 3.6).

Universal maternity coverage is a trait of high-income countries. Effective universal maternity coverage has also

Figure 3.5 SDG indicator 1.3.1 on effective coverage for mothers with newborns: Percentage of women giving birth receiving maternity cash benefits, by region, 2015 or latest available year

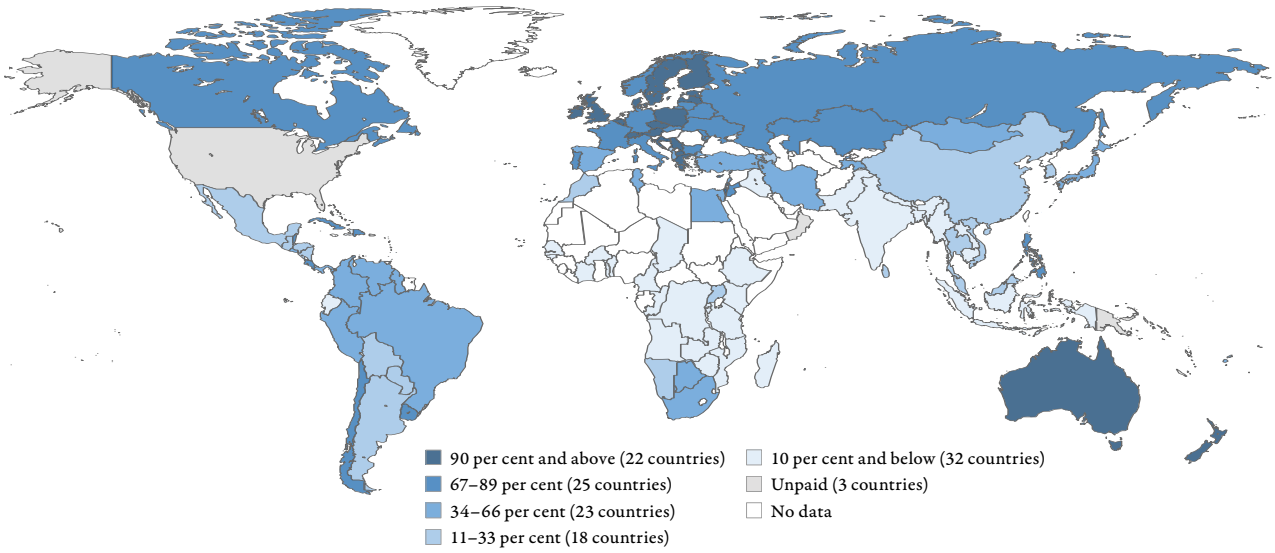


Note: Proportion of women giving birth covered by maternity benefits: ratio of women receiving maternity benefits to women giving birth in the same year (estimated based on age-specific fertility rates or on the number of live births corrected by the share of twin and triplet births). Regional and global estimates weighted by the number of women giving birth. Data for other regions are not sufficient to allow for regional estimates. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT, UN World Population Prospects; national sources. See also Annex IV, tables B.3 and B.5.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54629

Figure 3.6 Maternity protection, effective coverage: Percentage of women in employment contributing to maternity cash benefits schemes or otherwise entitled to such benefits, 2015 or latest available year



Note: Figures in brackets refer to the number of countries in each category.

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

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54630

been achieved in Mongolia, Ukraine and Uruguay, while other developing countries, including Argentina, Colombia and South Africa, have made significant progress. Among the 123 countries for which data are available, only 22 countries – mostly in Europe – provide close to universal effective coverage for more than 90 per cent of women in employment; 25 countries cover 67 to 89 per cent of women, 23 countries cover 33 to 66 per cent, 18 countries 11 to 33 per cent, 32 countries less than 10 per cent, and in three countries maternity leave is unpaid (figure 3.6). Chapter 6 presents country and regional data.

3.2.5 Adequacy of maternity benefits in ensuring income security during maternity leave

The adequacy of cash benefits provided during maternity leave to meet the needs of mothers and their babies can be assessed in terms of duration and amount. In order to allow women to recover fully after childbirth, 99 countries out of 192 provide at least 14 weeks' paid maternity leave, meeting the standards of Convention No. 183; of these, 37 countries provide 18–26 weeks, and 11 more than 26 weeks (see figure 3.7). In 49 countries, the length of paid maternity leave is 12–13 weeks, which still meets the minimum standard set out in Convention No. 102. In 30 countries, maternity leave with cash benefits is less than 12 weeks.

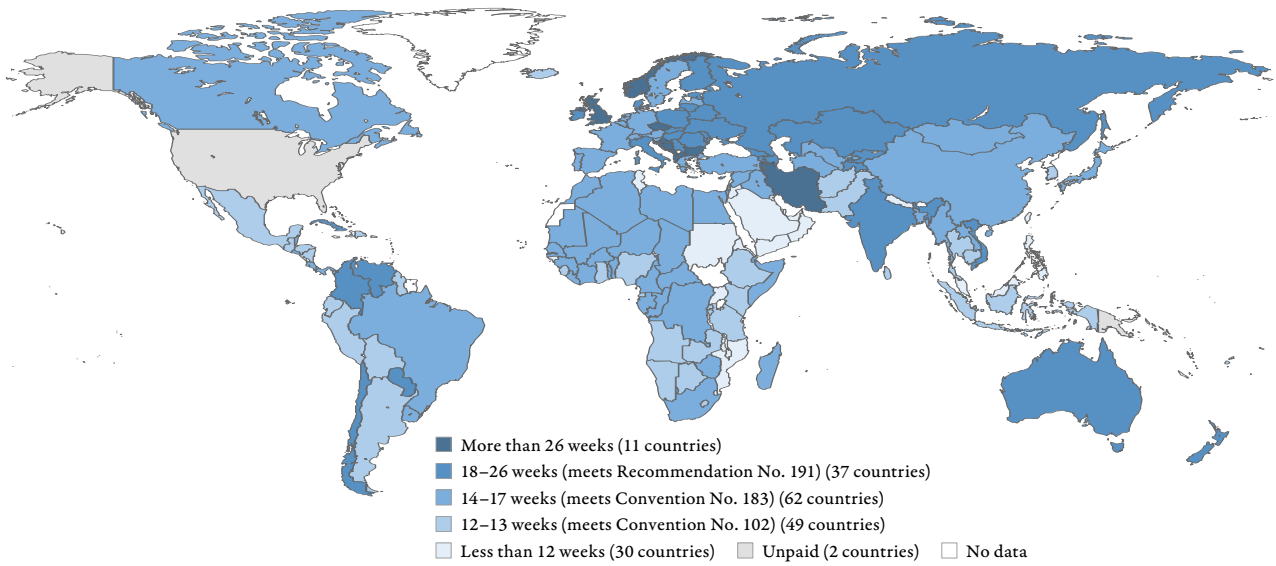
The level of the maternity cash benefit, calculated as a proportion of women's previous earnings for a minimum number of weeks of paid maternity leave, varies widely from country to country (figure 3.8). In 73 out of the 192 countries, women are entitled to paid maternity leave of at least two-thirds of their regular salary for a minimum period of 14 weeks, meeting the benchmark of Convention No. 183. In 26 countries, women are entitled to 100 per cent of their regular salary for at least 18 weeks, meeting the highest standard set out in Recommendation No. 191. An additional six countries provide benefit at a fixed level (for instance, the minimum wage). This leaves a large number of countries (52) in which women are entitled to benefit at a level lower than 67 per cent of previous earnings for a minimum of 12–13 weeks, which falls short of the benchmark of Convention No. 183, but is still in compliance with the minimum requirements of Convention No. 102. In 32 countries, the cash benefit corresponds to less than 45 per cent of the previous salary and/or the period of paid maternity leave is under 12 weeks.

Several countries have extended the duration of paid maternity leave in law, following the adoption of Convention No. 183 in 2000. Although they have not yet ratified it, China, Colombia and Malta now meet the minimum benefit level requirements set by this Convention, and several countries, including Bangladesh, Chile, India, the Bolivarian Republic of Venezuela and Viet Nam, have gone further. A number of other countries (including Finland and Ireland) have increased the minimum rate of benefit levels and indexation mechanisms.

3.2.6 Access to maternal health care

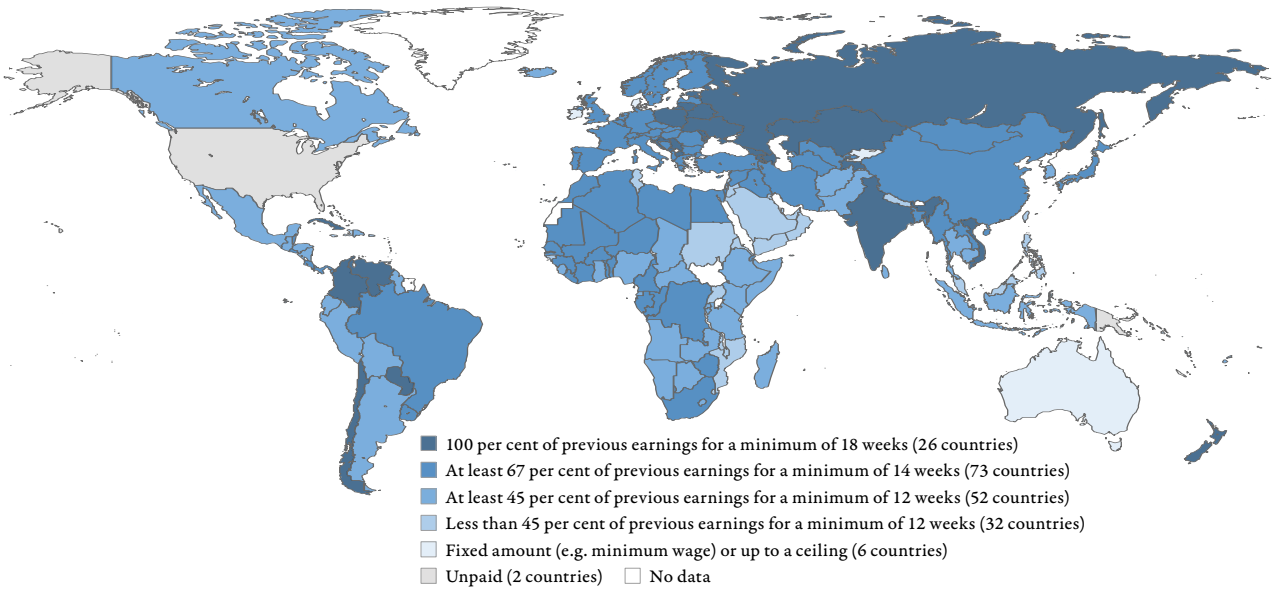
Effective access to free, or at least affordable, and appropriate antenatal and postnatal health care and services for pregnant women and mothers with newborns is an essential component of maternity protection. The reduction of maternal and child mortality is highlighted

Figure 3.7 Duration of paid maternity leave in national legislation, 2015 or latest available year (weeks)



Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World. See also Annex IV, table B.5.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54631

Figure 3.8 Level of maternity cash benefits as a percentage of previous earnings, 2015 or latest available year

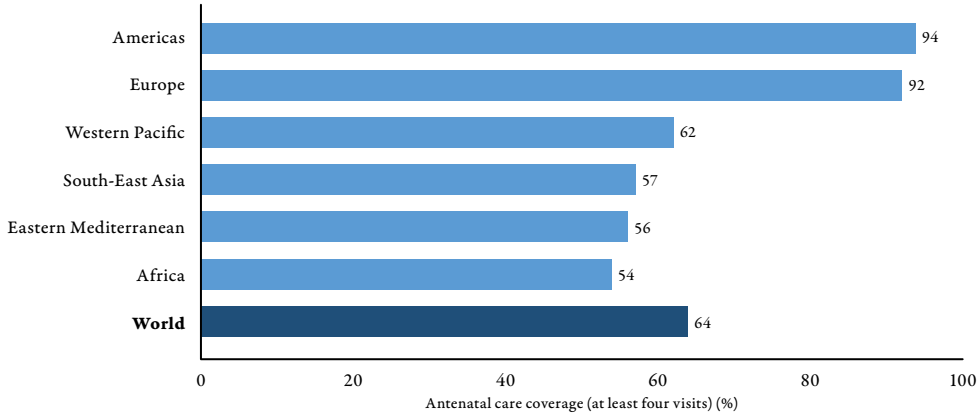


Note: Where the level of maternity benefits changes at some point during maternity leave (hypothetical example: 100 per cent of the previous earnings for the first four weeks and 80 per cent for weeks thereafter), the figure shows the average level over the entire maternity leave. Figures in brackets refer to the number of countries in each category.

Sources: ILO, World Social Protection Database; ISSA/SSA Social Security Programs Throughout the World. See also Annex IV, table B.5.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54632

Figure 3.9 Antenatal care coverage by region, latest available year (percentage of live births)



Note: Antenatal care is measured by the percentage of women aged 15–49 with a live birth in a given time period who received antenatal care provided by skilled health personnel (doctors, nurses or midwives) at least four times during pregnancy. The regional classification follows the WHO classification.

Source: WHO, *Global Health Observatory*, various years.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54633

in SDG targets 3.1 and 3.2, also linked to target 5.6.[5] Access to maternal health care is closely associated with access to health care in general, which is highlighted in SDG target 3.8 and discussed in Chapter 5.

Many countries have achieved remarkable progress in reducing maternal and child mortality, but others are still facing major challenges in this regard (WHO, 2017). Despite significant advances, effective access to

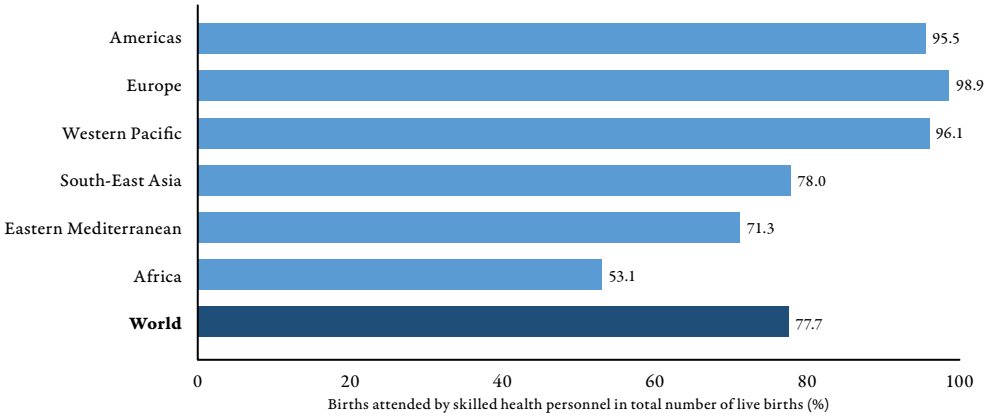
[5] A large share of maternal deaths is linked to unsafe abortions. Access to reproductive health and rights is a key component of postnatal health care for women, in order to guarantee spaced pregnancies, overall reduced fertility and therefore poverty reduction and gender equality at work.

antenatal care is still far from universal in many parts of the world (see figure 3.9). According to the latest available data, fewer than two-thirds of childbearing women receive the recommended four visits to a health facility prior to giving birth.

Globally, while the proportion of births attended by skilled health personnel has increased thanks to greater investments in health systems and greater political attention to maternal and child health, more than half of all births in Africa cannot rely on the necessary level of medical attention, contributing to still unacceptable levels of maternal and child mortality (see figure 3.10).

Health coverage is a key factor in facilitating access to maternal health care. Access to antenatal care is high where health protection is available to the majority of the population, but lower where a large proportion of the population is not protected (ILO, 2014a). Where effective access to health care is not universal, economic deprivation too often translates into health deprivation (see Chapter 5). Significant inequities persist in access to maternal health care between urban and rural areas, and between richer and poorer groups of the population (see e.g. Nawal, Sekher and Goli, 2013). For example, in Nepal or Senegal, more than 80 per cent of women in the highest wealth quintile give birth attended by skilled health personnel, yet less than one-third of women in the lowest wealth quintile do so (see figure 3.11). The lack of skilled health personnel with adequate working

Figure 3.10 Births attended by skilled health personnel, latest available year (percentage)

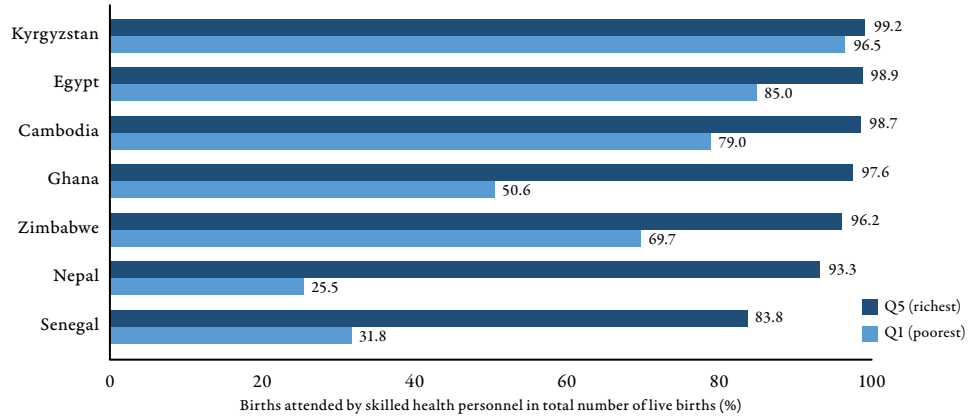


Note: The regional classification follows the WHO classification.

Sources: WHO, *Global Health Observatory*, various years; national sources.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54634

Figure 3.11 Inequities in access to maternal health-care services, by wealth quintile, selected countries, latest available year (percentage)

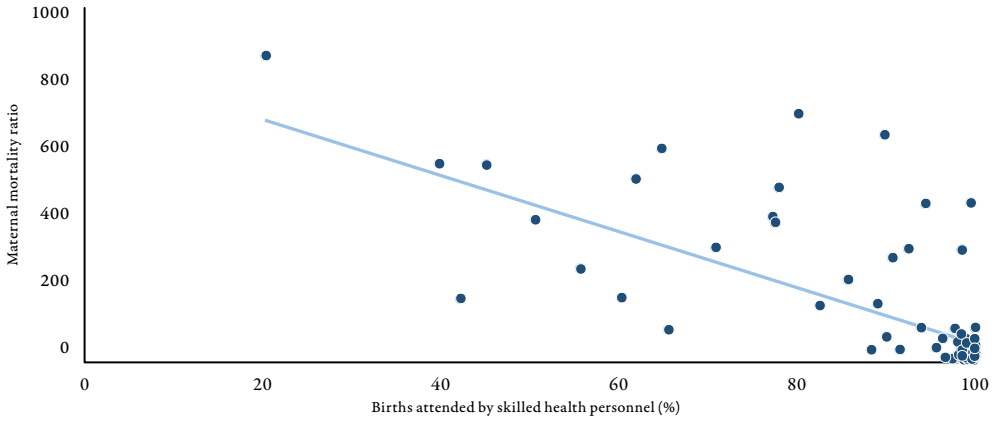


Note: Inequities in access to maternal health services are measured by births attended by skilled health personnel as a percentage of total live births in the same period, in the 2–3 years prior to the survey.

Source: ILO calculations based on WHO, *Global Health Observatory*.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54635

Figure 3.12 Maternal mortality ratio (per 100,000 live births) and percentage of live births attended by skilled health personnel, 2015



Note: Data available for 83 countries.

Source: Based on WHO, *Global Health Observatory* data.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54636

conditions plays a key role in the persistence of these coverage gaps. Such persistent inequalities have detrimental effects on both maternal and child health, with often harmful long-term consequences for poverty reduction, gender equality and women's economic empowerment.

The availability of quality maternal care services (using the percentage of births supervised by skilled birth attendants as a proxy) is associated with lower maternal mortality ratios (see figure 3.12). In addition, the available evidence suggests that income security also contributes to the well-being of pregnant women, new mothers and their children. Countries that have a higher level of coverage for maternity cash benefits also tend to achieve better results with respect to maternal mortality ratios (ILO, 2014a). These results call for a comprehensive approach to maternity protection, combining maternal health care and income security, complemented by occupational safety and health measures, as stipulated in ILO maternity protection standards.

3.2.7 Towards universal maternity protection: Opportunities and challenges

Effective maternity protection is one of the key social protection elements in improving the lives of mothers and their children as well as health and nutrition outcomes, and contributing to gender equality. Guaranteeing maternity protection to all women not only realizes women's and children's human rights, but is also an investment in each country's future human capital. Yet too many women worldwide still do not enjoy adequate levels of maternity protection, with regard to both access to maternal care and ensuring income security.

Extending maternity protection coverage to women who were previously unprotected contributes to enhancing income security at a critical period in people's lives. Such reforms can be achieved through a combination of different measures, as described below.

Replacing full or partial employer liability mechanisms by collectively financed social insurance mechanisms is key to increasing the effectiveness of maternity protection and removing disincentives for the employment of women (see box 3.3). Some countries, such as Jordan, are moving away from full employer liability (ILO, 2014a, 2016a). Others, such as South Africa, have extended the coverage of existing social insurance mechanisms to additional categories of workers.

The introduction or extension of non-contributory maternity benefits, funded by taxes or in some cases external grants, is an important means of ensuring maternity protection for those women outside formal employment or those in the formal economy who do not qualify for contributory benefits due to the forms and conditions of their employment relationship (ILO, 2014d; 2016a). Non-contributory benefits are usually not directly associated with an interruption of employment in the form of maternity leave, but pursue a broader objective of providing pregnant women and new mothers with a predictable cash benefit during the final stages of their pregnancy and after childbirth (see box 3.4). They therefore represent an important

Box 3.3 Extending maternity protection coverage through social insurance in Jordan, Lao PDR, the Occupied Palestinian Territory, Rwanda and South Africa

Several countries and territories have extended coverage of maternity benefits in recent years through social insurance:

- **Jordan**'s social insurance scheme has provided maternity coverage since 2011 for workers in the private sector, financed through employer contributions of 0.75 per cent of assessable earnings. The scheme gives insured women the right to paid maternity leave at 100 per cent of previous earnings for a maximum of ten weeks.
- In **South Africa**, maternity and unemployment protection was extended to domestic and seasonal workers in 2003. After five years, 633,000 domestic workers were registered, and 324,000 had received benefits.
- **Rwanda**'s maternity protection law (2016) extends paid maternity leave to 12 weeks on full salary, half of which is now provided by a new maternity insurance scheme managed by the Rwanda Social Security Board and financed by a contribution of 0.6 per cent of the salary, equally split between employee and employer (see box 6.5).
- In the **Occupied Palestinian Territory**, the Social Security Law adopted in 2016 will introduce a comprehensive social insurance scheme including maternity coverage.
- In **Lao People's Democratic Republic**, informal workers have the possibility to be covered under the 2014 Social Security Law on a voluntary basis, yet effective coverage has been limited so far.

Sources: ILO, 2014b, 2016a, 2016b; national sources.

Box 3.4 Extending maternity protection coverage through non-contributory social assistance programmes in Bangladesh, Ethiopia, India, Peru, Togo and the United Republic of Tanzania

A number of countries have introduced cash transfer programmes for pregnant women and new mothers.

- In **Bangladesh**, the Maternity Allowance Programme for Poor Lactating Mothers (MAP), introduced in 2008, provides poor women in rural areas aged 20 and over with one-time support during their first or second pregnancy to the amount of BDT 350 per month (approximately US$4.50) for a period of two years. The MAP programme covered 220,000 women in 2014–15 at a cost of 0.01 per cent of GDP. Furthermore, allowances for urban low-income lactating mothers covered some 100,000 women in 2014–15 at a cost of 0.0045 per cent of GDP.
- **Ethiopia**'s Productive Safety Net Programme (PSNP) provides pregnant women in food-insecure and poor households, regardless of their employment status, with cash benefits after six months of pregnancy and during the first ten months after delivery, exempting them from participating in public work. This could be considered as a form of paid maternity leave. However, in several field sites, women reported that they continued working throughout their pregnancy as they feared losing their entitlement to the benefits if they interrupted their work.
- In **India**, the Indira Gandhi Matritva Sahyog Yojana (IGMSY) Programme, launched in 2010 in 52 pilot districts, aims at improving the health and nutritional status of women and their children. Pregnant and breastfeeding women aged 19 and over, regardless of their employment status, receive maternity cash benefits for their first two pregnancies. A cash transfer equal to US$67.20 is paid to registered women in three instalments upon compliance with specific conditions, including medical check-ups for mother and child, exclusive breastfeeding, vaccinations and attendance at health counselling sessions. The cash transfers are equivalent to approximately 40 days of lost work under minimum wage conditions.
- In **Peru**, the conditional cash transfer programme JUNTOS, introduced in 2005, provides cash transfers to pregnant women, children and adolescents up to the age of 19 years who are living in extreme poverty. They receive PEN 200 every two months under certain conditions: pregnant women have to attend antenatal examinations, children have to attend medical examinations and school. In 2014, JUNTOS reached out to 753,638 households.
- The Cash Transfer Programme for Vulnerable Children in Northern **Togo** provides unconditional cash benefits on a monthly basis to vulnerable households to prevent and manage child malnutrition. Eligible for benefits are pregnant women (at least three months), children during the first 24 months of their lives and severely undernourished children until nearly the age of five years. Beneficiaries are encouraged to attend nutritional training sessions and to ensure education and health care of their children.
- In the **United Republic of Tanzania**, the Social Action Fund (TASAF) provides cash transfers to pregnant women equivalent to US$6, disbursed every two months on condition that they attend at least four antenatal medical exams, or health and nutrition sessions every two months, depending on availability of services, and present their children for regular medical routine checks.

Sources: ILO, forthcoming a; ILO, 2016a, based on ILO, 2014a, 2014b, 2014c; Cirillo and Tebaldi, 2016; Fultz and Francis, 2013.

Box 3.5 Paternity leave and parental leave: Promoting the involvement of fathers

While maternity protection is directly related to women's biological role, particularly with regard to recovery from childbirth and exclusive breastfeeding, much of the care work that a small infant needs can be divided between both parents. Both mothers and fathers have important roles in caregiving and interactions with the children. The greater involvement of fathers in child care not only has positive effects on children's health and parent–child interactions, but also contributes to gender equality in the home and at work.

Many countries, therefore, have reformed their leave policies to facilitate greater involvement of fathers in childcare through introducing or extending paternity leave, as well as providing incentives to increase men's take-up of parental leave. While in 1994 only 40 countries reported statutory paternity leave provisions, by 2015 leave entitlements for fathers were provided in at least 94 countries out of 170 for which data were available. For example, Myanmar and Uruguay extended paternity leave, paid by social insurance. The Islamic Republic of Iran introduced compulsory leave for fathers of two weeks' duration in 2013. Other countries that have recently introduced or extended paid paternity leave include the Plurinational State of Bolivia, Lao People's Democratic Republic, Mexico, Nicaragua, Paraguay and Portugal.

Source: Based on ILO, 2016a.

source of income security around childbirth in the absence of contributory benefits. Many programmes focus on improving health and nutrition outcomes from conception to the first stage of a child's life. These programmes typically target pregnant women and children up to the age of two years (the "first 1,000 days") in food-insecure households, and often combine cash benefits with antenatal and postnatal care visits, nutritional supplements and information sessions on breastfeeding and nutrition. Some programmes explicitly aim at increasing the acceptance of family planning methods and reducing the incidence of child marriage. Benefits are usually provided only to women above a certain minimum age, and only for a certain number of pregnancies. Many of these are targeted to low-income or food-insecure families, and are funded from the government budget, in some cases with external support. Moreover, many existing programmes are not (yet) anchored in national legislation and therefore do not ensure a stable legal and financial basis for the programme nor a clear definition of eligibility criteria and benefit packages.

While such nutrition-related programmes contribute to some extent to income security, in many cases the level and frequency of cash benefits is not sufficient to ensure adequate protection against economic and health-related hardships for women and their children over the entire critical period. In order to ensure at least a minimum level of income security, various needs have to be taken into account, such as the need for food, housing, health care, transport, clothing, childcare and other unpaid care work, as well as women's income loss around childbirth. There is evidence that food security and nutrition objectives can only be achieved if cash transfers are high enough to cover not only food needs but also essential non-food needs (Devereux, 2015). In other words, if nutrition-oriented cash transfer programmes for poor and food-insecure women are meant to also contribute to income security for themselves and their children during and after pregnancy, cash transfer levels have to be high enough to also cover essential non-food needs and to release women from the pressure to engage in both paid and unpaid work too far into pregnancy or to return too soon after childbirth.

Moreover, cash transfer schemes should be sensitive towards gender patterns with regard to the division of paid work and unpaid household work and care responsibilities (ILO, 2016a). By assigning to women the main responsibility for complying with the requirements of conditional cash transfer programmes, women are continuously perceived as the sole caregivers responsible for their children's health and education (Fultz and Francis, 2013; Molyneux, 2007). Conditional cash transfers aimed at improving children's health and nutritional status beyond the immediate period after delivery (ideally the maternity leave period in accordance with Convention No. 183), should therefore recognize that both mothers and fathers have responsibilities as breadwinners and caregivers (see box 3.5) and should include implementation modalities as well as services such as quality and affordable childcare, as well as awareness-raising that challenges the traditional division of paid work and unpaid care work and encourages its overall recognition, reduction and redistribution between women and men (ILO, 2016a). Finally, conditionalities should not induce extra burdens and costs in accessing often very low benefits, which risk limiting women's entitlements. Women may simply not be able to

Box 3.6 Achieving universal coverage through a combination of contribution and tax funding in Australia and Mongolia

In order to achieve universal coverage, some countries combine funding from contributions and taxation:

- In **Australia**, the National Paid Parental Leave scheme, introduced in 2011, established an entitlement to 18 weeks of government-funded parental leave pay at the rate of the national minimum wage for eligible working parents (mothers and fathers). The scheme is subject to a (relatively generous) means test. Together with the "baby bonus" that is also paid to non-working parents and is subject to a stricter means test, the parental leave scheme reaches close to universal coverage.
- In **Mongolia**, formal employees are covered by social insurance on a mandatory basis and receive a replacement rate of 100 per cent of their covered wage for four months. Herders, the self-employed and workers in the informal economy can join the scheme on a voluntary basis, and receive maternity cash benefits for four months at a replacement rate of 70 per cent of their selected reference wage after 12 months of contributions. In addition, maternity cash benefits under the Social Welfare Scheme are provided to all pregnant women and mothers of infants regardless of their contribution to the social insurance scheme, status in employment or nationality. The benefit, equivalent to approximately US$20 per month (2015) is paid from the fifth month of pregnancy for 12 months. Maternity care is provided through the universal (tax-funded) health-care system. A new law, passed in June 2017 (to enter into effect on 1 January 2018), extended the benefits for up to three years after the birth, for women who have suspended their work for childcare reasons.

Sources: Global Partnership for Universal Social Protection, 2016a; ILO, 2016a, 2016b; national sources.

afford transport costs or time spent in waiting wards if these are not offset by the transfer, and thus give up their benefits (Dasgupta, Sandhya and Mukherjee, 2012). These considerations are essential for achieving a more equitable sharing of care responsibilities, in line with SDG target 5.4 on gender equality. ILO research points to evidence that most gender-related interventions in the framework of cash transfer programmes have focused on breaking the intergenerational cycle of poverty, particularly for disadvantaged girl children, but have been weaker in promoting women's economic empowerment through employment or sustainable livelihoods. It also highlights the challenge of enhancing women's economic empowerment with targeted actions aimed at reducing women's time poverty and redistributing unpaid care responsibilities between women and men and between families and the State. The case of Mexico's Progresa/Oportunidades/Prospera Programme shows that employment-related services in combination with child care and other social services, either as part of the programme or articulated with other initiatives such as childcare centres *(estancias infantiles)*, hold potential to multiply the positive effects of the programme and increase women's labour force participation (Orozco Corona and Gammage, 2017).

In many cases, universal coverage and adequate benefit levels for maternity protection will be achieved by combining contributory and non-contributory mechanisms (see box 3.6). An effective coordination of these mechanisms within the social protection system is essential to guaranteeing at least a basic level of income security for women workers in case of maternity, and facilitating their access to maternal and child health care. These elements are key to building a social protection floor for all as part of each country's national social security system and comprehensive continuum of care policies, and contributing to the broader objectives of promoting the health and well-being of mothers and their children, achieving gender equality at work and advancing decent work for both women and men.

3.3 Unemployment protection

KEY MESSAGES

- Unemployment protection schemes provide income support over a determined period of time to unemployed workers and can be achieved through unemployment insurance or assistance and employment guarantee programmes, complemented by minimum income guarantee programmes. Such schemes are important for guaranteeing income security to unemployed and underemployed workers and their families, thereby contributing to preventing poverty, providing safeguards against informalization, and supporting structural change of the economy.
- Worldwide, only 38.6 per cent of the labour force is covered in law by unemployment protection benefits, largely due to high levels of informal employment and the lack of unemployment protection schemes.
- Effective coverage for SDG indicator 1.3.1 is even lower: only 21.8 per cent of unemployed workers worldwide actually receive unemployment benefits, and regional differences are large, with effective coverage ranging from 42.5 per cent of unemployed workers in Europe and Central Asia to just over 22 per cent in the Asia and Pacific region, 16.7 per cent in the Americas and only 5.6 per cent in Africa.
- While a number of high-income countries have increased unemployment protection coverage and benefit levels, others have scaled down protection, often as a result of austerity policies. In recent years, various middle- and low-income countries have made progress in strengthening their unemployment protection policies by introducing unemployment insurance schemes and expanding their scope, combining them with employment promotion measures and other labour market policies as part of an integrated package.
- In contexts of high informal employment, further efforts are required to introduce innovative measures that combine unemployment cash benefits with employment guarantee schemes, (re)training and/or support for entrepreneurship. Effective coordination with employment policies is necessary for unemployment benefits to fully achieve their potential.

3.3.1 Guaranteeing income security, supporting structural change in the economy and achieving the SDGs

The primary objective of unemployment protection schemes is to guarantee income security in case of job loss or the lack of a job; this can be achieved through unemployment insurance or assistance, employment guarantee programmes or other public employment programmes and/or minimum income guarantee programmes. In addition, unemployment protection measures are intended to facilitate return to employment and access to more decent and productive employment through employment promotion programmes, skills development and entrepreneurship support measures. This double objective of unemployment protection schemes is at the core of the ILO Promotion of Employment and Protection against Unemployment Convention, 1988 (No. 168) (see box 3.7). Most schemes provide or link with employment services such as job-matching, support, counselling and advice, as well as facilities for enhancing, updating and developing skills (ILO, 2014a; Peyron Bista and Carter, 2017).

By providing income replacement for the loss of earnings and cushioning the loss of incomes, unemployment protection schemes play a fundamental role in preventing individuals from falling into poverty once they become unemployed (Carter, Bédard and Peyron Bista, 2013), thereby helping to accelerate progress towards achieving the SDGs by 2030. Unemployment protection can effectively reduce household vulnerability by buffering the impact of the loss of employment. Because such schemes provide unemployed workers with temporary financial support, they can also play an important role in preventing unemployed workers from slipping into informality (Florez and Perales, 2016; ILO, 2014a).

Moreover, unemployment protection schemes that link income support with active labour market policies[6]

[6] Active labour market policies traditionally include different types of interventions: (i) matching jobseekers with current vacancies; (ii) upgrading and adapting jobseekers' skills; (iii) providing employment subsidies; and (iv) creating jobs either through public sector employment or the provision of subsidies for private sector work (ILO, 2016g).

Box 3.7 International standards on unemployment protection

Giving effect to the right to social security enshrined in various international human rights instruments requires that effective social protection be guaranteed in the event of unemployment. Unemployment is recognized in the 1948 Universal Declaration of Human Rights (UDHR) as one of the contingencies to be covered by national social security systems (Art. 25(1)). The rights to access and maintain benefits, in cash or in kind, without discrimination, and to secure protection from unemployment, among other things, are considered as forming part of the right to social security as laid down in the International Covenant on Economic, Social and Cultural Rights (ICESCR) of 1966 (Art. 9) (see also CESCR, 2008, paras 2 and 16).

ILO Conventions and Recommendations take a broad approach to unemployment protection by setting standards for the provision of cash benefits and services during periods of unemployment involving a suspension of earnings, thereby giving practical guidance for the implementation of the right to social security. Their objective is twofold: to ensure that individuals enjoy income security despite the loss of earnings suffered as a result of unemployment, and to support beneficiaries in finding productive and freely chosen employment.

The Social Security (Minimum Standards) Convention, 1952 (No. 102), requires the provision of cash benefits to unemployed persons capable of and available for work but unable to obtain suitable employment. It sets qualitative and quantitative benchmarks that must be met, at a minimum: (1) to ensure the coverage of a substantial part of the population; (2) to ensure that the level of cash benefits represents at least a certain percentage of beneficiaries' former earnings and is thus deemed sufficient to serve as income replacement, or that it is sufficient to allow beneficiaries and their families to enjoy decent standards of living and health (see Annex III); and (3) to ensure that cash benefits are provided for a period of time that is long enough for them to serve their purpose.

The Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168), increases the level and scope of protection that should be provided to the unemployed. In addition to full unemployment, it covers partial unemployment (i.e. temporary reduction in the number of working hours) and temporary suspension of work, as well as part-time work for those who are seeking full-time work. It also requires the provision of social benefits to certain categories of persons who have never been, or have ceased to be, recognized as unemployed or covered by unemployment protection schemes (e.g. new entrants to the labour market, those previously self-employed, etc.). Convention No. 168 further expands the scope of support that should be provided to the unemployed by advocating the combination of cash benefits with measures that promote job opportunities and employment assistance (e.g. employment services, vocational training and guidance), prioritizing support to disadvantaged persons. Its accompanying Recommendation, No. 176, provides guidance on how to assess the suitability of employment for those seeking it, taking into account the age of unemployed persons, their length of service in their former occupation, their acquired experience, the length of their unemployment and the state of the labour market.

The Social Protection Floors Recommendation, 2012 (No. 202), guides countries in defining and guaranteeing basic income security, at least at a nationally defined minimum level, to all persons of working age who are unable to earn sufficient income, for reasons including unemployment, as part of a national social protection floor. Such guarantee should be provided at least to all residents, and may be furnished through a variety of means including universal schemes, social insurance, social assistance, negative income tax, and/or public employment and employment support programmes. In a spirit similar to that of Convention No. 168, it recommends that the design and implementation of social protection floor guarantees combine preventative, promotional and active measures; that they advance productive economic activity and formal employment through labour market policies and policies that promote education, vocational training, productive skills and employability; and that they are well coordinated with other policies that enhance formal employment, income generation, education, literacy, vocational training, skills and employability, that reduce precariousness, and that promote secure work, entrepreneurship and sustainable enterprises within a decent work framework.

can also increase lifetime earning potential by improving human capital through the development of skills and capabilities (ILO, 2016g). Unemployment protection schemes facilitate job matching, which is associated with higher wages and longer job tenure, whose positive effects offset a marginal increase in the duration of unemployment (ILO, 2016b; Tatsiramos, 2014).[7] Employers are thus more likely to find candidates with the

[7] In Brazil, for instance, employment services are found to increase unemployed workers' probability of finding formal employment (Ramos, 2002). Similarly in Mexico, employment services are found to help unemployed men find jobs more quickly, with better pay and conditions (Flores Lima, 2010). A recent study on Colombia shows that participation in the Public Employment Service increases the probability of having a formal job (Pignatti, 2016).

Box 3.8 Malaysia's 1AZAM programme: An integrated approach to poverty reduction

In Malaysia, the Akhiri Zaman Miskin (1AZAM) programme aims at empowering low-income households and reducing poverty as part of the Government's efforts to achieve high-income economy status by 2020.

The programme provides: cash transfers for those most in need; job placement, training services, entrepreneurial support services; assistance in setting up small agricultural businesses through the provision of seeds, equipment and machinery; support to the setting up of small service-oriented businesses through the provision of loans, training and counselling, particularly by women entrepreneurs; and insurance services and housing facilities for low-income households. By 2012, 63,147 poor households were registered in the 1AZAM programme, and 3,100 women entrepreneurs were trained.

The programme follows an integrated approach of economic and social empowerment of low-income households, working closely with ministries in charge of implementing rural development, urban public transport and education policies, as well as non-governmental organizations (NGOs), communities and other stakeholders. Further efforts are needed, however, to improve the management and targeting of the programme.

Sources: based on Peyron Bista and Carter, 2017; national sources.

right skills and capabilities, which contributes to higher productivity (Acemoglu and Shimer, 2000). Furthermore, unemployment protection schemes allow employers to flexibly adjust to technological changes by making it easier for workers to accept employment termination (Peyron Bista and Carter, 2017). Unemployment protection is therefore beneficial for employers and the economy as a whole, and contributes to facilitating labour participation, promoting more productive and decent work and preventing and reducing poverty, both in the short and long run, as advanced by SDG targets 1.3 and 8.5.

By supporting workers' labour market mobility and reskilling, unemployment benefit schemes also support the structural transformation of the economy towards higher levels of productivity (Behrendt, 2013; Berg and Salerno, 2008; ILO, 2011b), including with regard to a just transition towards more environmentally sustainable economies (ILO, 2016b). Unemployment protection can facilitate the development and upgrading of people's productive capacities, and is therefore an effective tool in avoiding the deterioration of skills and safeguarding the nation's human capital, thereby enhancing macroeconomic performance. In addition, during major economic crises, such as the 2008–09 global crisis, income support can smooth not only individual incomes but also aggregate consumption, thereby contributing to the post-crisis recovery of the economy (ILO, 2014a).

Although unemployment protection is essential in providing income and employment support, a large number of countries still lack effective unemployment protection schemes. Many existing unemployment benefit programmes are contributory and better fitted to cover workers in formal employment. In countries with high levels of informality and vulnerability, particularly for the long-term unemployed, the underemployed,[8] the working poor and those outside formal wage employment, unemployment insurance schemes may not result in broad coverage and adequate protection. In such settings, social assistance and active labour market programmes funded by the State's budget can play an important role (Peyron Bista and Carter, 2017). Such policies include employment guarantee schemes and other public employment programmes, as well as programmes that combine cash transfers with support for skills development and the creation of employment and entrepreneurship opportunities (see boxes 3.8 and 3.9) (ILO, 2014a).

Measures may envisage the extension of the coverage of contributory social insurance schemes to a larger group of workers, including those in non-standard forms of employment (ILO, 2016b, forthcoming b). Such measures include adjusting thresholds to qualify for benefits; the extension of contributory periods to allow for breaks in labour market activity; allowing flexibility in the payment of contributions; introducing subsidies on the contributions; and the simplification

[8] Underemployment as defined by the ILO exists when employed persons have not attained their full employment level in the sense of the Employment Policy Convention, 1964 (No. 122). Underemployment refers to situations that do not fulfil the following objectives: (i) work is as productive as possible; and (ii) workers have the freedom to choose their employment and all workers have the opportunity to acquire the necessary skills to obtain the employment that most suits them, and to use in this employment such skills and other qualifications as they possess.

Box 3.9 Promoting women's empowerment through the Benazir Income Support Programme in Pakistan

The Government of Pakistan launched the Benazir Income Support Programme in 2008 to cushion the adverse effects of a food crisis and inflation. The programme targets impoverished households, especially in remote areas. Its objectives are to empower these households, improve their living standards and invest in long-term human capital formation, especially among women, through education, vocational training and self-employment.

A monthly cash transfer is provided along with an integrated package of services:

- provision of interest-free loans to women for starting their own businesses (Waseela-e-Haq).
- one year of free vocational training to female beneficiaries or their nominees, aiming at boosting their economic independence through capacity building and professional development (Waseela-e-Rozgar).
- health and life insurance that provides cash support in case of death of the breadwinner and to cover hospitalization expenses, pregnancy care, day-care treatment and diagnostic tests, aiming at providing access to health care and reducing the financial burden of marginalized groups (Waseela-e-Sehat).
- child allowance for children aged five to 12 (Waseela-e-Taleem).

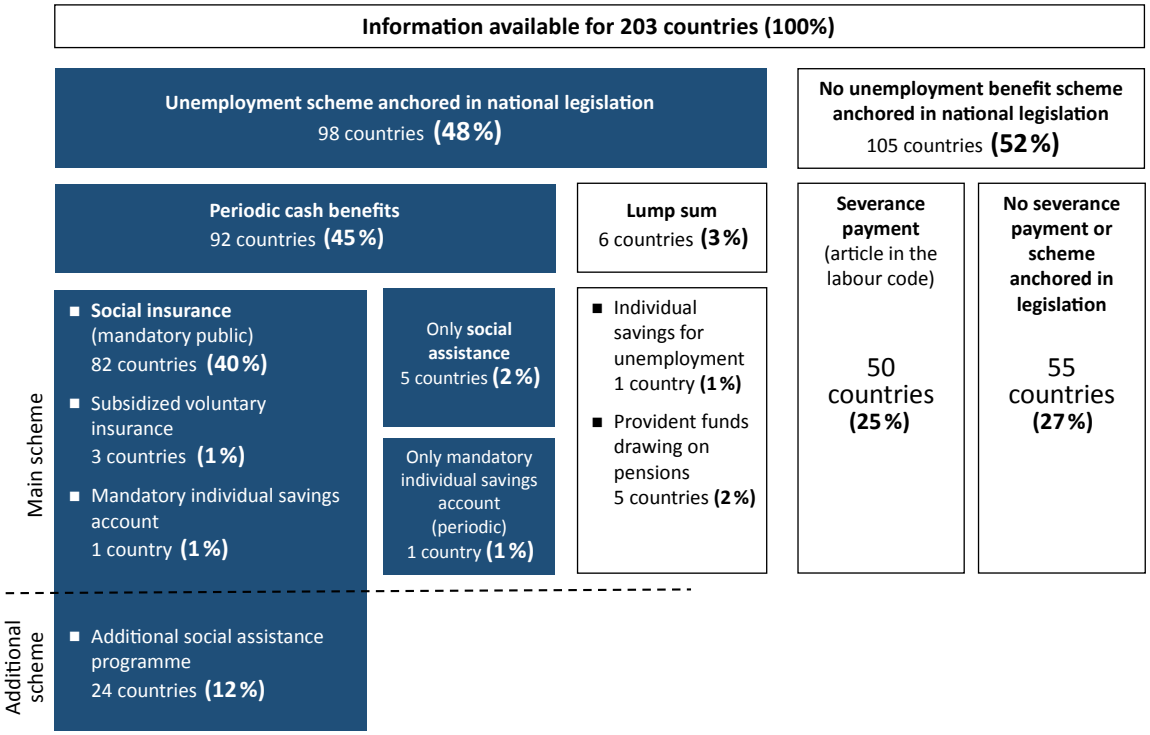
The Benazir Income Support Programme aims to contribute to the social and economic empowerment of women by making them the primary focus of the monthly cash transfers, and other benefits such as insurance, vocational training and microfinance. More than 15 million women have obtained a national identification card through the programme, including around 500,000 women in economically difficult regions. To encourage the financial inclusion of beneficiaries, the programme has introduced the Benazir debit card and mobile phone banking.

Sources: ADB, 2009; Peyron Bista and Carter, 2017; national sources.

of administrative procedures. In countries with a large portion of the workforce outside formal employment, complementing social insurance unemployment benefits with non-contributory schemes and active labour market policies financed from general taxation is crucial for filling the gaps and ensuring at least a basic level of income security in case of unemployment (ILO, 2016b). Non-contributory schemes may prevent the most vulnerable, including those who have exhausted their unemployment insurance, from falling into poverty, and thereby have the potential to progressively reduce inequalities and encourage the fair distribution of economic wealth as per SDG target 10.4. Furthermore, enhanced coordination of unemployment protection schemes with other social security policies and employment services, as well as improved delivery mechanisms, are highlighted as crucial tools to reach out to the poor and vulnerable (Peyron Bista and Carter, 2017).

The effectiveness of unemployment protection extends beyond protecting incomes and promoting employment. Well-designed unemployment protection schemes and policies also have the scope to promote gender equality and women's empowerment. Indeed, SDG target 5.4 highlights the role that social protection can play in recognizing and valuing unpaid care and domestic work through the provision of public services, infrastructure and social protection policies. In countries such as Thailand and Viet Nam, for instance, contributory unemployment insurance schemes cover proportionally more female than male workers, many being employed in the manufacturing industry. Unemployment insurance schemes in developing countries therefore have the potential to promote – for example – gender equality. Besides, well-designed public employment programmes have proven to have a significant impact on women (ILO, 2014d). India's Mahatma Gandhi National Rural Employment Guarantee Scheme has not only increased female labour participation, but in some cases also women's autonomy in intra-household situations by providing higher wages than other rural employment opportunities (Ehmke, 2015). Other programmes may include investments in the expansion of community social care services, which hold significant potential to create employment for women. If designed well, such programmes can also offer services, such as day care for children and crèche services. However, programmes need to be designed in a way that does not perpetuate gender inequalities. For example, evidence shows that in Peru, the public works programme Construyendo Perú has increased employment possibilities for women, but often at the cost of lower job quality (Escudero and Mourelo, 2016). In developing unemployment protection schemes, it is essential to address women's specific social protection needs as well as their specific life contingencies, such

Figure 3.13 Overview of unemployment protection schemes, by type of scheme and benefit, 2015 or latest available year



Note: The schemes presented are not mutually exclusive. In many countries, unemployment insurance coexists with unemployment assistance, severance payments and public employment programmes. Countries that were classified as having severance payment have no unemployment benefit programme anchored in national legislation. Also, it should be noted that severance pay does not include redundancy pay. The share is expressed as a percentage of the total number of countries (203 countries = 100 per cent).

Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World; European Commission Mutual Information System on Social Protection (MISSOC). See also Annex IV, table B.6.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54637

as maternity.[9] In this context, the extension of coverage to women through a combination of contributory and non-contributory programmes, including public employment programmes, can ensure their adequate protection, whilst the provision of high-quality public services and infrastructure is essential for increasing women's participation in the labour market (ILO, 2016a). However, public employment programmes need to be designed in such a way as to avoid unintended negative effects on women, such as further exacerbating women's time poverty and the unequal sharing of care responsibilities (Holmes, Sadana and Rath, 2010).

3.3.2 Types of unemployment protection schemes

Unemployment protection benefits are provided through different types of schemes, or combinations thereof (see figure 3.13 and box 3.10).

At present, fewer than half (98) of the 203 countries for which data are available have an unemployment protection scheme anchored in national law (figure 3.13). In 92 of them, unemployment protection benefits are provided through *periodic cash benefits* to unemployed persons meeting the prescribed qualifying conditions. Public social insurance is by far the most common mechanism used to provide such regular

[9] Given the formal and contributory nature of the majority of social protection programmes, women often face various difficulties in accessing adequate unemployment protection, for several reasons. First, much of the work undertaken by women is informal and self-employed work, providing them with limited or no access to unemployment insurance, depending on the national context. Second, where they are in formal employment, their benefit levels tend to be lower due to gaps in contribution periods, often related to maternity and care responsibilities for children or older persons. Third, wider public policies are often designed in such a way as to impose a double burden on women, perpetuating gender stereotyping (ILO, 2017d).

Box 3.10 Main types of unemployment protection schemes

Contributory unemployment benefit schemes. These most commonly take the form of social insurance *(unemployment insurance)*, based on collective financing and pooling of the unemployment risk. Benefits are a partial replacement of past earnings, provided in the form of periodic payments and for a determined duration. The scheme is financed by contributions paid by employers, or shared between employers and employees, or in some cases shared with the government. They usually cover workers in formal employment, on whose behalf regular contributions can be collected.[1] In most schemes, the conditions for receiving unemployment benefits are linked to involuntary job loss; however, in a few countries (and interestingly some developing countries where labour inspection systems have less capacity), unemployed workers are entitled to benefits even when leaving a job by their own decision, without just cause.[2] The nature and level of benefit, duration of entitlement and obligations with regard to jobseeking differ markedly.

Non-contributory unemployment benefit schemes. Often referred to as *unemployment assistance*, these schemes are usually funded at least partially through general taxation and tend to provide a lower level of benefits than insurance schemes to unemployed workers who either do not qualify for contributory benefits (e.g. because of a short contribution period) or have exhausted their entitlement to unemployment insurance benefits.

Employment guarantee schemes are in some ways similar to unemployment assistance. These schemes provide a legal entitlement to employment in public works to poor workers in rural settings, and are among the policy options that can be used to enhance income security and employability for the working poor. The largest and most closely studied scheme of this type is the Mahatma Gandhi National Rural Employment Guarantee Scheme in India. Ethiopia, too, has implemented a large-scale programme, the Productive Safety Nets Programme which, although not providing a legally guaranteed income, combines public works with food and cash benefits. South Africa's Expanded Public Works Programme aims at providing income security by offering temporary work in four sectors (public infrastructure, environment, non-state and social sectors) for the unemployed, thereby also addressing structural problems where markets do not create sufficient jobs.

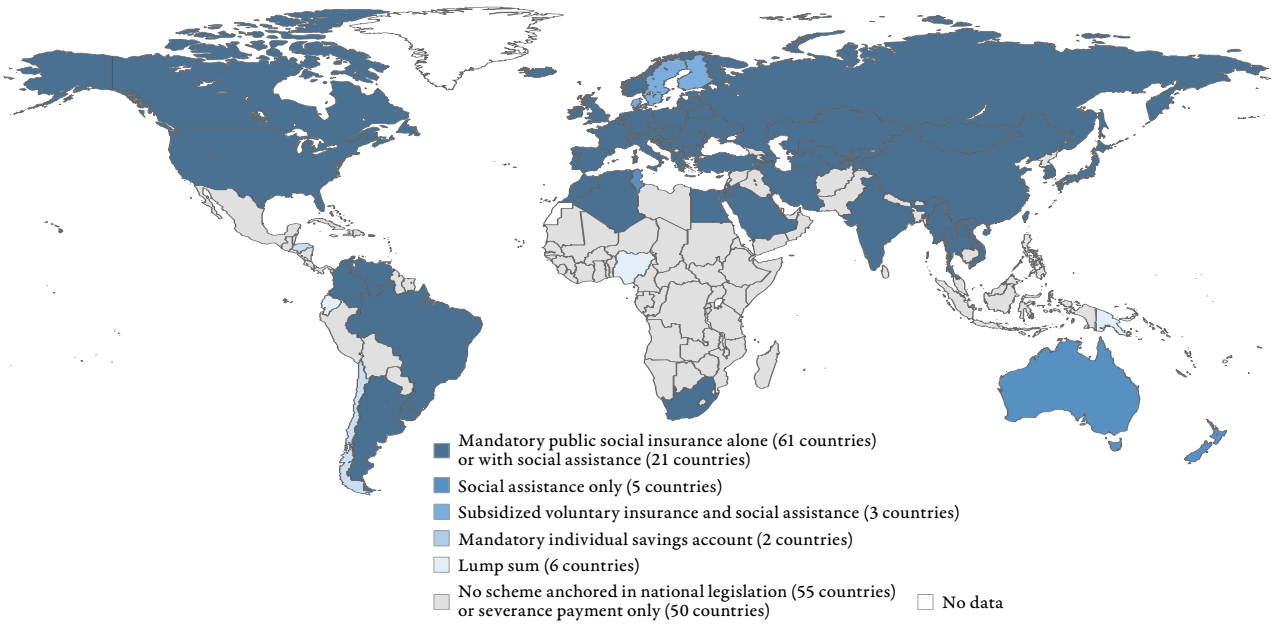
These three models of unemployment benefits are aligned with the principles embedded in ILO standards related to social security and unemployment protection, which stipulate that risk should be shared on a collective basis and contribution payments organized accordingly. Under such schemes, unemployment insurance schemes have strong merits in terms of solidarity-based risk-sharing and potential to act across national economies as automatic stabilizers. These benefits are also in nearly all cases combined with measures to facilitate a rapid return to employment and/or upgrading of skills, thereby embodying the combination of income replacement and employment promotion that lies at the core of Convention No. 168 and Recommendations Nos 176 and 202 (see box 3.7).

Some countries use other types of provision which are not fully in line with the principles embedded in ILO standards. **Unemployment individual savings accounts** (UISA, sometimes misleadingly called Unemployment insurance savings accounts) are considered by some as alternative instruments to contributory unemployment insurance schemes. They require individuals, mostly workers in formal employment, to accumulate savings in individual accounts which provide an income stream in case of unemployment. However, such savings schemes lack the key design element of risk-pooling; the savings need to be set at a sufficiently high level to build enough to compensate for lost earnings. They thus provide only limited protection for those who have difficulty in building up sufficiently high savings, if any, due to their work patterns – for example, temporary and seasonal workers, workers in declining economic sectors, young workers, among others. As unemployment is far more likely to be found among low-income individuals, UISA benefit and coverage levels are likely to be low (OECD, 2010; Peyron Bista and Carter, 2017).

In many countries, **severance pay** is the only form of income compensation available to workers voluntarily or involuntarily dismissed from certain forms of formal employment. This type of compensation is provided by the employer through lump-sum payments that are proportionate to the workers' prior job tenure, thus representing a form of deferred pay or enforced savings by workers rather than a form of social risk-sharing. It offers little help to the unemployed in terms of facilitating return to work, or to employers who may need to make structural changes to their businesses, in addition to creating a high financial burden on employers in times of economic difficulty.[3] While severance payments may lead to higher job stability because employers tend to reduce lay-offs during recessions so as to avoid such payments, they can also discourage new recruitment in times of economic expansion, which in turn leads to longer unemployment periods and difficulties for young people seeking a first job (Carter, 2016; Nagler, 2013). For this reason, unemployment benefits based on the principles of social insurance are considered more supportive of structural transformation in the economy than severance pay.

[1] While in most countries unemployment insurance is mandatory, voluntary unemployment protection schemes exist in several Scandinavian countries, where unemployment protection has traditionally been provided by trade unions and is supplemented by non-contributory schemes. [2] Involuntary unemployment excludes cases where an employee leaves a job of her or his own volition, without just cause (e.g. harassment, resignation under threat), or where the employee has deliberately contributed to her or his own dismissal (ILO, 2010a). [3] As a result, the provision of severance pay by the employer can be delayed or even not enforced in times of negative cash flow. Its actual payment often depends not only on the employer's financial situation, but also on the employee's capacity to enforce payment, which is often problematic due to lengthy and costly judicial processes (Kuddo, Robalino and Weber, 2015).

Figure 3.14 Unemployment protection schemes, by type of scheme, 2015 or latest available year



Note: Figures in brackets refer to the number of countries in each group. Information on the type of programme by country is available in Annex IV, table B.6.

Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World. See also Annex IV, table B.6.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54638

income replacement. In some countries, contributory mechanisms are complemented by social assistance. Elsewhere, for example in Tunisia and Hong Kong (China), non-contributory unemployment benefit schemes have been recently introduced. Among the 105 countries which have no unemployment benefit scheme anchored in national legislation, 50 countries provide severance payments for workers covered by the labour code, which provides a limited level of protection to some workers.

While most contributory or non-contributory unemployment benefit schemes are found in high-income countries, a growing number of middle-income countries, such as Cabo Verde, Jordan, Lao People's Democratic Republic and Morocco, have recently introduced such schemes (figure 3.14).

3.3.3 Legal coverage

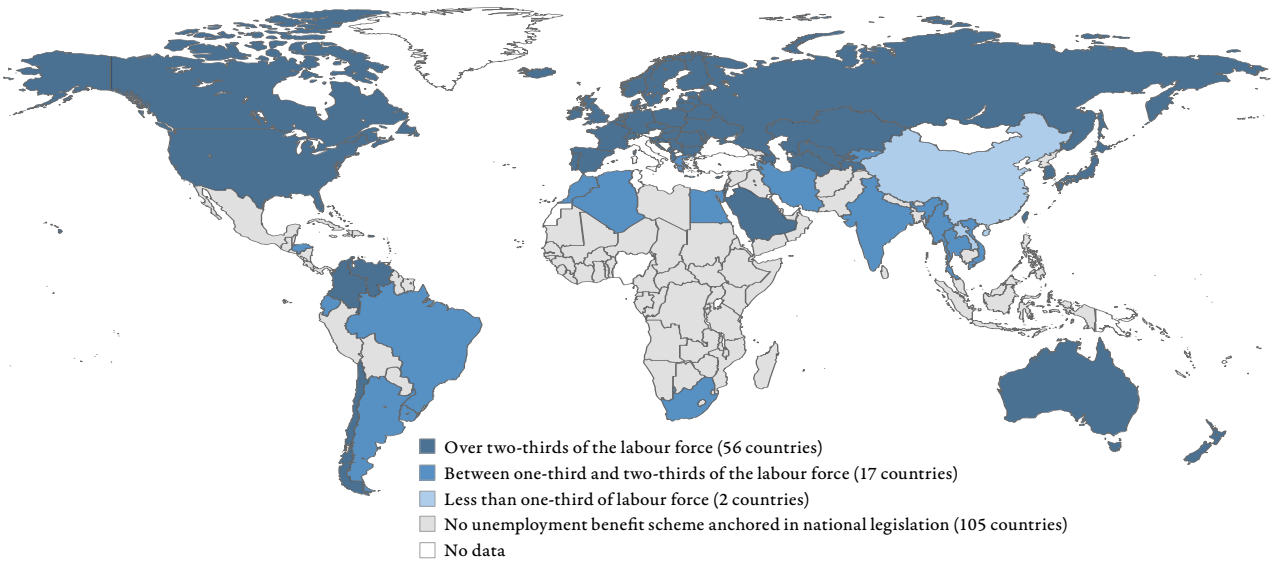
Around 38.6 per cent of the global labour force is covered for unemployment protection through mandatory contributory, non-contributory or employment guarantee schemes under national legislation (see figures 3.15 and 3.16). An additional 0.9 per cent of the global labour force is potentially covered by contributory voluntary schemes.[10] Legal coverage ranges from 4.2 per cent in sub-Saharan Africa, around 15.9 per cent in South-Eastern Asia, 24.8 per cent in Eastern Asia, 33.8 per cent in Latin America and the Caribbean, 38.4 per cent in Northern Africa and 39.7 per cent in Southern Asia[11] to 60.4 per cent in the Arab States, 77.6 per cent in Central and Western Asia and over 80 per cent in Europe, Oceania, and Northern America.

In some regions, women are less likely to be legally covered, due to their greater representation in part-time, temporary or informal employment (Bonnet, 2015; ILO, 2017d). For example, in Eastern Asia only 21 per cent of the female labour force is covered by law, compared to 24.8 per cent of the overall labour force, and in Northern Africa only 29.3 per cent of the female labour force is covered by law, compared to 38.4 per cent of the overall labour force.

[10] Voluntary coverage provided for in the legislation often does not result in actual coverage for various reasons.

[11] This includes an estimate of legal coverage for India's employment guarantee scheme, amounting to 24.4 per cent, which is based on an estimate of the proportion of working or unemployed adults in the total rural labour force.

Figure 3.15 Unemployment protection, legal coverage: Percentage of the labour force covered by unemployment protection schemes, latest available year

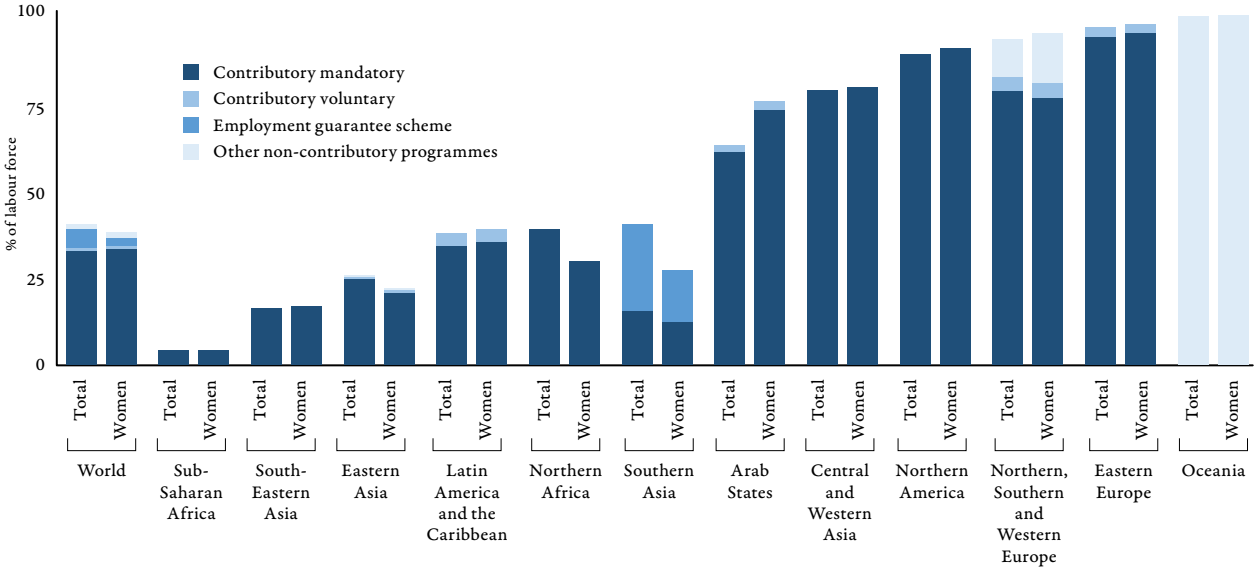


Note: Figures in brackets refer to the number of countries in each group.

Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT; national legislative texts and statistical sources.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54639

Figure 3.16 Unemployment benefits, legal coverage: Percentage of workers covered by unemployment protection schemes by region, latest available year



Note: Regional and global estimates are weighted by the labour force.

Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT, completed with national statistical data for the quantification of the groups legally covered.

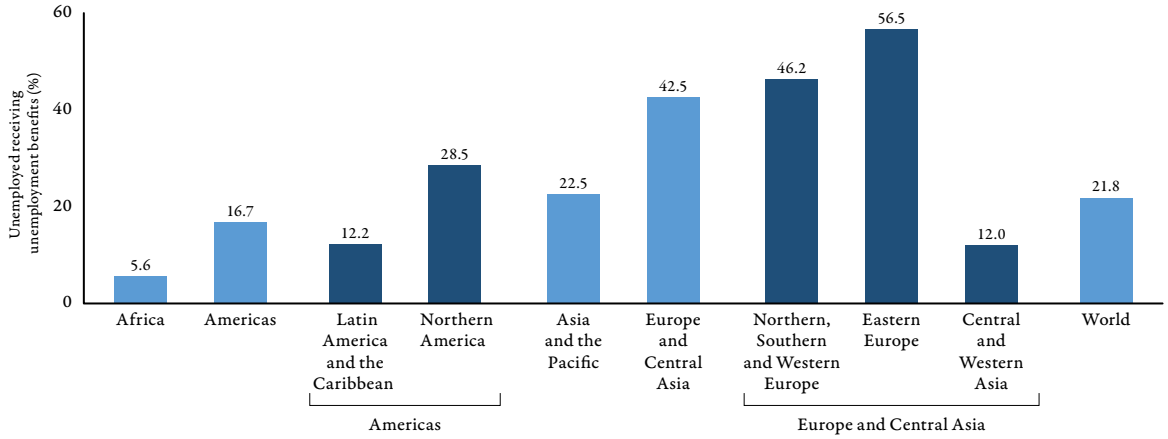
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54640

3.3.4 Effective coverage: Monitoring SDG indicator 1.3.1 for unemployment

Effective coverage for unemployment is critical in ensuring income security. The effective coverage indicator (SDG indicator 1.3.1) is measured by relating the number of actual recipients of unemployment benefits to the number of unemployed workers at a given point in time.[12]

Across the world, only 21.8 per cent of the unemployed receive unemployment benefits, while the

Figure 3.17 SDG indicator 1.3.1 on effective coverage for unemployed persons: Percentage of unemployed persons receiving unemployment cash benefits, latest available year

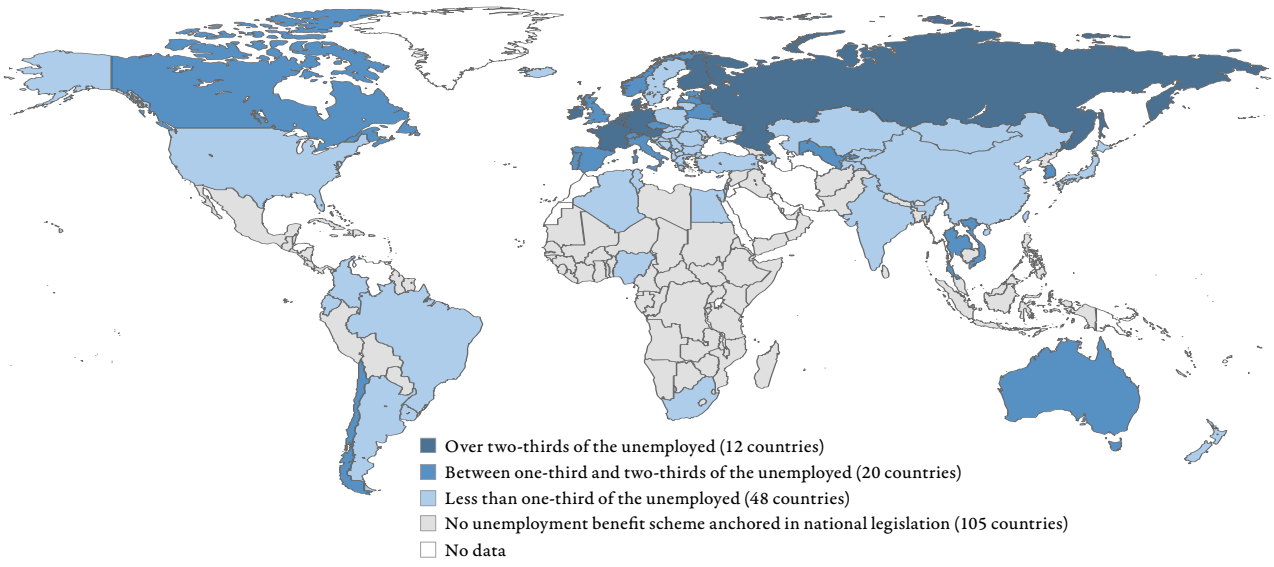


Notes: Numbers of unemployed receiving unemployment benefits were collected from national social security unemployment schemes. Regional and global estimates weighted by the number of unemployed. See also Annex II.

Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World; OECD SOCR; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.6.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54641

Figure 3.18 SDG indicator 1.3.1 on effective coverage for unemployed persons: Percentage of unemployed persons receiving unemployment cash benefits, latest available year



Notes: Data from 2012–15. Figures in brackets refer to the number of countries in each category. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.6.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54642

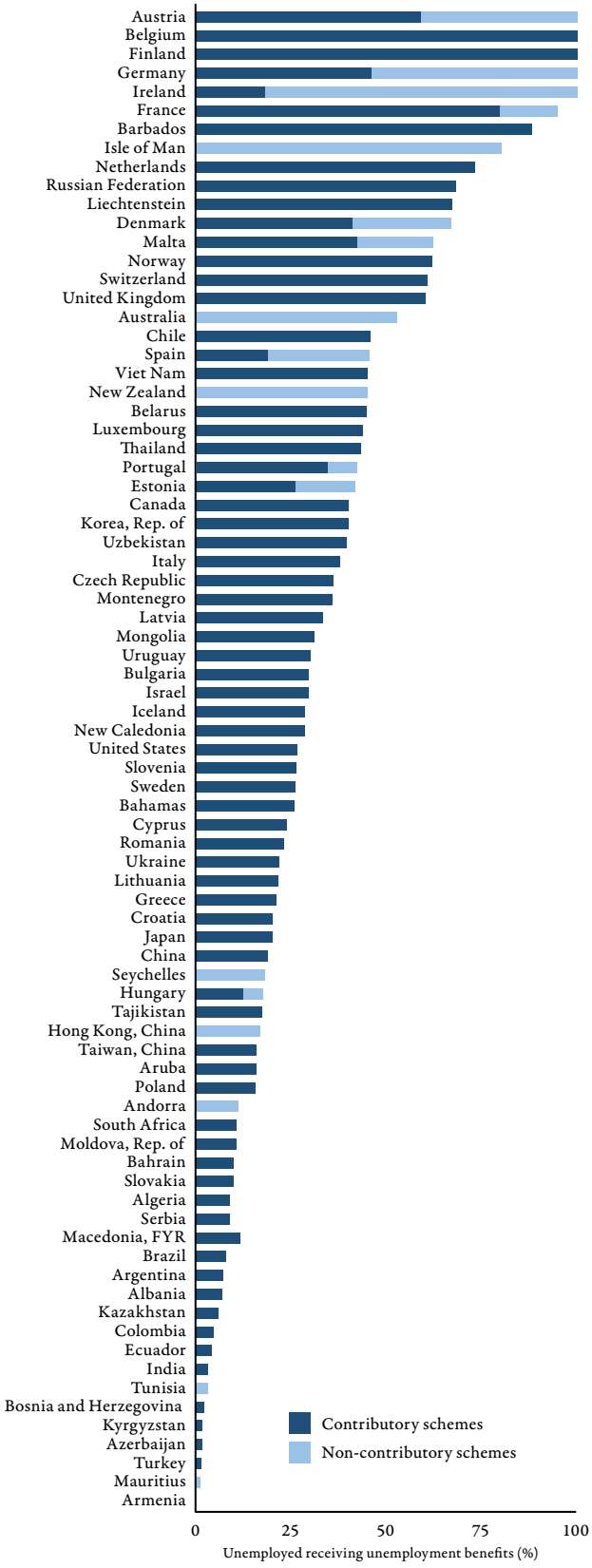
[12] It should be noted that indicators for legal and effective coverage are not strictly comparable, as they refer to two different dimensions of coverage and different reference populations (denominators). The legal coverage indicator refers to people eligible under legislation for unemployment benefits as a proportion of the total labour force. The effective coverage indicator refers to the proportion of those receiving unemployment benefits as a proportion of those currently unemployed.

remaining 78.2 per cent are left without income support. However, this varies widely across regions and countries (see figures 3.17 and 3.18). While 42.5 per cent of the unemployed receive unemployment benefits (including non-contributory benefits) in Europe and Central Asia, this is the case for 22.5 per cent of the unemployed in Asia and the Pacific, 16.7 per cent in the Americas and only 5.6 per cent in Africa. The lack of an unemployment protection scheme, particularly in countries with high levels of informal employment, is undoubtedly the major reason for the low coverage at the global level; other factors include long contribution periods[13] and a short maximum duration of payment.

In many countries that have unemployment benefit schemes in place, the number of unemployed workers actually receiving periodic cash benefits is still relatively low (see figures 3.17–3.19).[14] In only 11 out of the 96 countries with some type of scheme are more than two-thirds of the unemployed covered, whilst in 48 countries less than one-third actually receive unemployment benefits. Possible reasons for this low coverage ratio include the exclusion of certain groups of workers from legal coverage, such as domestic or part-time workers, a high proportion of long-term unemployed who have exhausted their benefit entitlements, or a high share of unemployed workers who do not meet the entitlement requirements. In some instances, unemployment benefits may not be claimed if for example benefit levels are too low or stigma is attached to the receipt of benefits. Another reason may be high informality, especially where it takes the form of undeclared work and workers informally receive wages in cash, commonly known as "envelope wages". In case of unemployment, such workers may be legally but not effectively covered.

High coverage is associated with higher income security for beneficiaries, provided that benefit levels are adequate. As can been seen in figure 3.20 for European countries, unemployment benefits are important in reducing poverty for the unemployed.

Figure 3.19 SDG indicator 1.3.1 on effective coverage for unemployed persons: Percentage of unemployed persons receiving cash benefits (contributory or non-contributory), latest available year



Note: Data from 2012–15. See also Annex II.

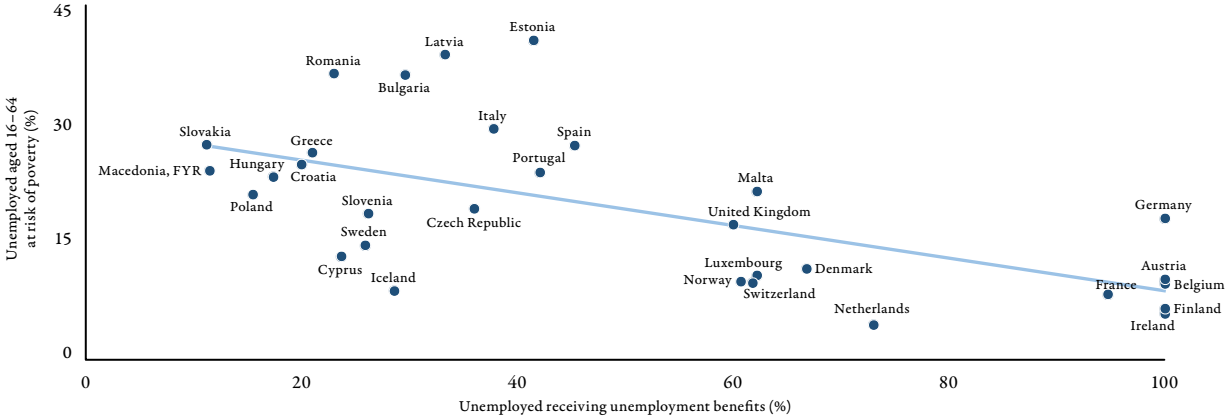
Sources: ILO, World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.6.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54643

[13] Conventions Nos 102 and 168 both require that the qualifying period be no longer than necessary to preclude abuse. Countries usually require either six or 12 months of contributions to qualify. Mongolia has the highest requirement, at 24 months of contributions, the last nine of which must be continuous, thereby excluding those with seasonal or temporary work contracts (Carter, Bédard and Peyron Bista, 2013).

[14] Some of those not covered by unemployment benefit schemes may, however, receive other benefits such as general social assistance benefits.

Figure 3.20 SDG indicator 1.3.1 on effective coverage for unemployed persons: Percentage of unemployed persons receiving unemployment cash benefits and share of unemployed aged 16–64 at risk of poverty, selected European countries, 2015



Note: Calculations based on a poverty line of 40 per cent of equivalized median household income, which is lower than the threshold used by the European Union to identify those at risk of poverty 60 per cent of median income).

Sources: EUROSTAT Survey on Income and Living Conditions; various sources. See Annex IV, table B.6.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54644

3.3.5 Expanding support for those without jobs: Global trends

In recent years many high-income countries have carried out a series of measures to extend unemployment benefits and to expand the scope of protection under unemployment benefit schemes by combining unemployment cash benefits with measures such as skills development, training and other active labour market policies. On the other hand, many countries have reduced the level of protection to unemployed workers, often as a result of fiscal consolidation (see box 3.11).

Despite the considerable challenges in implementing unemployment protection schemes, several middle- and low-income countries have recently introduced schemes to protect unemployed and underemployed workers against poverty and income insecurity and to prevent them from slipping into informal employment.

Box 3.11 Recent trends in unemployment protection: Selected examples

Many countries are continuing to reform their unemployment protection schemes. There are divergent trends: while some countries expand unemployment protection, others reform their systems, often as a result of fiscal consolidation. As reported in the media, the following measures have been considered (examples):

- Ireland plans to offer 500 additional places for the Rural Social Scheme, a public employment programme which provides supplementary income for low-income farmers and fishers who are unable to earn an adequate living (2017).
- Under the United Kingdom's Welfare Reform and Work Act 2016, benefits for people of working age will be frozen for four years, starting in April 2016.
- Brazil plans to introduce a compensatory fund for dismissal without due cause, based on employer contributions of 3.2 per cent of the monthly pay of the domestic worker. In addition, an unemployment insurance for rural workers who lose their jobs without a valid reason will be introduced.

Sources: ILO Social Protection Monitor; ISSA Observatory Country profiles, 2017.

Consolidating achievements in high-income countries

Increasing unemployment protection coverage, benefit levels and duration. Several high-income countries have extended access to existing or new unemployment benefits. Some, such as Austria,[15] extended coverage by relaxing the eligibility conditions for unemployment schemes with regard to qualifying periods; others, such as Canada, reduced the waiting periods for unemployment benefits. Most countries extended coverage to workers previously excluded, such as non-regular workers in Germany and Japan, the self-employed in Greece[16] and Italy, and young people in France.[17] Other countries (e.g. Denmark[18] and Italy[19]) extended coverage to include those who would otherwise be deemed to have exhausted their rights, or increased the generosity of benefits by allowing beneficiaries to retain their entitlement upon entering into short-term or temporary employment (e.g. Denmark, Portugal and Spain), or introduced financial incentives so as to support employability and return to work (e.g. France[20]), or increased the level of benefits or the maximum amount of allowance (e.g. France, Estonia[21] and Sweden). In the OECD countries, median net replacement rates increased between 2001 and 2014 for those who were unemployed for less than 12 months, but decreased for the long-term unemployed (OECD, 2017a). In Finland, a pilot experiment tests the possibility of replacing basic unemployment benefits by a basic income (see box 3.12).

Several countries (e.g. Greece and Hungary) initiated public employment programmes. By guaranteeing a temporary predictable income stream for unemployed and underemployed workers, these programmes can play a complementary role to life-cycle-based social protection instruments (OECD, 2009b).

In response to the unemployment challenges faced by young people, many countries (e.g. Denmark, Ireland, Sweden and the United Kingdom) continue to strengthen their efforts to provide support in finding employment, training and retraining, and measures to increase employability. These programmes, aimed at tackling youth unemployment, include measures to increase the quality of apprenticeship systems, vocational training and other school-to-work transition programmes, to provide counselling ranging from career guidance to mentoring, and to support the acquisition of work experience (e.g. the EU Youth Guarantee Programme). Some countries, such as the Czech Republic, Italy, Slovenia and Spain, have relaxed the qualifying conditions of unemployment benefits for young people or explicitly opened schemes to them.

Box 3.12 Experimenting with a basic income for unemployed jobseekers

In Finland, a two-year basic income pilot assesses the possibility of replacing some basic social security benefits, including the basic unemployment benefit and the sickness benefit, as well as some parental benefits and rehabilitation benefits, by a monthly basic income of EUR 560, paid to 2,000 randomly selected recipients of unemployment benefits between 25 and 58 years of age, without a means test.

The results of the experiment will provide insights into the effectiveness of basic income with respect to promoting labour market participation and simplifying the administration as compared to the existing system.

Source: Based on KELA, 2016.

[15] In Austria, the periods of payment of child allowances were recognized for entitlement to unemployment benefits.

[16] Greece is one of the first countries to extend coverage to self-employed workers. The unemployment allowance of EUR 360 per month will be provided for three to nine months. Those who have paid social contributions for three years, had an annual personal income of up to EUR 20,000 in each of the two years prior to unemployment or annual family income of up to EUR 30,000 are entitled to the allowance (ISSA and SSA, 2017b). In other countries, the main obstacles to the implementation of such schemes are concerns over a proper definition of activity, over-burdensome contributions and moral hazard.

[17] Unemployment protection is extended to young people between 18 and 25 years of age who were previously excluded from the Active Solidarity Income (RSA).

[18] The unemployment benefit reform in Denmark in 2015 envisaged increasing the duration of the unemployment benefit from two to a maximum of three years, largely financed by a reduction of benefits targeted at graduates (OECD, 2016).

[19] Italy increased coverage by providing means-tested income support for workers who have exhausted their entitlement to regular unemployment benefits, or who have children or are close to retirement age.

[20] To support return to employment, France introduced an activity allowance *(prime d'activité)*. This enables unemployed persons to keep their allowances when they find a new job within the duration of their benefit allowances. The target groups are seniors and low-skilled workers on short-term or interim contracts.

[21] The ceiling and minimum level of unemployment insurance benefits and the rate of unemployment assistance benefits were raised slightly.

Public employment programmes and temporary wage subsidies (e.g. in France, Estonia and Latvia) also serve as important instruments in the move from passive to active labour market policies targeted at young people.

Pressure to scale down unemployment protection. While many countries have increased unemployment protection coverage and levels in recent years, there have also been measures towards scaling down unemployment protection, often as a result of austerity policies (see box 3.13). These include the tightening of entitlement conditions for unemployment benefits (Belgium,[22] Czech Republic, Denmark, Estonia,[23] Greece and Hungary), increases in the contribution period to become eligible for unemployment benefits (France), the introduction of a higher earnings threshold for eligibility (Finland), reductions in the maximum period for which benefits could be paid (Finland[24] and the Netherlands[25]), and reductions in the level of benefits (Finland, Greece, Latvia and Spain).

In many countries there is a trend towards strengthening the link between income support and active labour market policies by tightening conditions and obligations of jobseekers. Under many schemes, notably in the Member States of the European Union, the requirements for unemployment benefit recipients with respect to their availability for work have increased (European Commission, 2015a). Some countries, such as Belgium, Finland and Latvia, have tightened job search requirements and the monitoring of unemployment benefit recipients. Other measures include tighter conditions related to the provision of benefits with respect to the obligatory acceptance of a job (e.g. in the Netherlands), occupational mobility (e.g. in Belgium and Latvia) and geographical mobility (e.g. in Canada, Finland, Latvia and New Zealand), as well as participation in public works or training (e.g. in Italy, Slovakia and the United Kingdom). Several countries have introduced or increased sanctions for refusing job offers or participation in active labour market interventions (e.g. United Kingdom) (European Commission, 2016; Langenbucher, 2015).

While these measures may facilitate quicker (re)integration into the labour market, some workers, especially those with short employment spells and less stable employment histories, may face challenges in qualifying for and actually receiving unemployment benefits, since entitlements often depend on previous work records and/or contributions paid. The tightening of entitlement conditions may thus lead to lower coverage and a lower stabilization impact (Esser et al., 2013; Langenbucher, 2015). Similarly, although tighter job search requirements can be effective in moving individuals off unemployment benefits, they do not support them in moving into stable or better jobs (Petrongolo, 2009).

Establishing unemployment protection schemes and extending coverage in developing countries

In recent years many developing countries have introduced significantly expanded unemployment benefit schemes or implemented measures to tackle underemployment. These policies are intended not only to provide income security to unemployed or underemployed workers, but also to protect them from slipping into the informal economy. The different schemes include various types of unemployment insurance and assistance as well as employment guarantee schemes, and provide different levels of protection. Under most schemes, the provision of cash benefits is linked to employment support and training measures aimed at (re)integrating unemployed workers into the labour market.

A number of countries, including Cabo Verde, Jordan, Kuwait, Lao People's Democratic Republic, Mauritius, Morocco, Saudi Arabia, South Africa and Viet Nam, have introduced unemployment protection schemes (see boxes 3.13 and 3.14). Indonesia, Malaysia, Oman, the Kurdistan Region of Iraq, Philippines and United Arab Emirates, among others, are in the process of assessing the feasibility of establishing their first unemployment insurance schemes (Kulke and Alaraimi, 2017; Peyron Bista and Carter, 2017). In addition, some countries have expanded coverage of their unemployment insurance schemes to

[22] Belgium has tightened the eligibility requirements for special unemployment benefit schemes for workers close to retirement, as well as for the unemployment allowance for young unemployed persons, by adjusting the age requirements.

[23] Members of a management board were prevented from access to benefits.

[24] The Finnish Government has decided to reduce the maximum duration of unemployment benefits from 500 to 400 days for those who have worked longer than three years before becoming unemployed, and to 300 days for those who have worked less than three years before becoming unemployed.

[25] In the Netherlands, the maximum duration of unemployment benefits has been reduced from 38 to 24 months. The duration of unemployment benefits as a function of the contributory period is also cut down.

Box 3.13 Expanding unemployment protection in Cabo Verde, Jordan, Kuwait, Lao People's Democratic Republic, Mauritius, Morocco, Saudi Arabia, South Africa and Viet Nam

In recent years, nine countries have introduced unemployment protection schemes:

- Cabo Verde introduced a contributory unemployment benefit scheme in 2016.
- In 2011 Jordan introduced unemployment benefits for jobseekers who have lost their jobs for a maximum period of three months on condition that they provide evidence of job search.
- Kuwait introduced an unemployment insurance scheme in 2013, covering unemployed workers between 18 and 60 years of age and those ineligible for an old-age pension.
- Lao People's Democratic Republic introduced an unemployment insurance scheme in 2015.
- Mauritius complemented its social assistance scheme with a social insurance scheme in 2009.
- Morocco in 2014 introduced an unemployment insurance scheme for private-sector salaried workers and apprentices in industry, commerce, agriculture as well as certain categories of workers in the fishing sector.
- Saudi Arabia implemented a new unemployment insurance scheme in 2014.
- South Africa's Unemployment Insurance Amendment Act, approved in 2017, foresees the extension of coverage to additional categories of workers, such as those in training and civil servants.
- Viet Nam initiated an employment insurance scheme in 2009 and reformed it in 2013 (see box 3.14).

Sources: ISSA Observatory Country profiles; ILO NATLEX.

Box 3.14 Unemployment protection in Viet Nam

Viet Nam introduced an employment insurance scheme in its Social Insurance Law of 2006. Contribution collection started in 2009, and the first benefits were disbursed in 2010.

In 2013, unemployment insurance provisions were transferred to the Law on Employment Promotion as part of a larger reform aiming to increase coverage, improve the efficiency of the scheme, and strengthen links between unemployment benefits and active labour market policies, in particular return-to-work programmes and employment-retention support. In addition to job counselling services and vocational training for up to six months, the new law includes reference to training and retraining programmes made available through employers to upgrade workers' qualifications and skills that will maintain their employment. The law also reinforces the role of the employment service centres and their capacity to provide job counselling and placement services. In this context, the Government has also intensified its efforts to integrate public employment policies into the country's national targeted programme for sustainable poverty reduction. By 2015, 10.2 million workers – about 20 per cent of the total labour force – were insured under the unemployment insurance scheme, Of the 527,576 persons who submitted a claim for the unemployment insurance allowance, 526,279 were entitled to the monthly benefit; of these, 57 per cent were women, 24,378 received vocational training and 473,791 persons received employment counselling services.

Sources: Peyron Bista and Carter, 2017; data from interview with the Bureau of Employment, Ministry of Labour, Invalids and Social Affairs, Hanoi, 2016, and other national sources.

encompass workers at the margins of the formal economy or workers who were previously excluded. Jordan, for example, has introduced measures to extend protection to self-employed workers, while the voluntary insurance scheme in Oman, which is subsidized for low-income earners, now covers self-employed workers too (Kulke and Alaraimi, 2017). Bahrain is one of the few countries that have included young workers with as yet an insufficient contributory period in the scope of unemployment protection benefits.

In some countries, particularly in Latin America and the Caribbean, unemployment savings schemes are considered as alternative instruments to contributory unemployment insurance schemes. Such schemes have been promoted in contexts with high levels of informal employment and with weak administrative capacities to check eligibility conditions, in order to monitor participation in job search and training programmes and limit moral hazard (Robalino, Vodopivec and Bodor, 2009). However, such schemes are unlikely to provide adequate protection, as it is especially those persons with a high risk of becoming unemployed who are unable to accumulate savings due to their work patterns; other workers exhaust their accounts too quickly and the scheme does not allow for risk pooling (Kuddo, Robalino and Weber, 2015; OECD, 2010;

Peyron Bista and Carter, 2017). The Chilean scheme partially addresses the inability of many workers to accumulate sufficiently high savings, through a tax-subsidized solidarity component which effectively makes it a mixed scheme (Paes de Barros, Corseuil and Foguel, 2001; Holzmann and Vodopivec, 2012; ILO, 2014a). However, where such schemes allow borrowing from pension accounts, the result may be seriously reduced income security in old age. Another shortcoming of such schemes is the potential incentive for workers to leave their jobs in order to withdraw part of their savings, especially in instances with restricted access to credit, which can result in higher turnover that may add a cost for employers (Kuddo, Robalino and Weber, 2015).

In countries without an unemployment insurance scheme or other statutory income support programmes, severance payments are used as a form of income support to provide workers with lump-sum payments once they become unemployed (Carter, Bédard and Peyron Bista, 2013; Kuddo, Robalino and Weber, 2015). These countries include El Salvador, Grenada and Guatemala, among others. However, as mentioned above, severance payments cannot be regarded as effective instruments to provide adequate protection for unemployed workers. Several countries, for example Malaysia, are therefore considering a reform of their severance pay regulations, taking into account the introduction of unemployment insurance schemes with integrated employment services (Kuddo, Robalino and Weber, 2015; Peyron Bista and Carter, 2017).

Some countries have also expanded social assistance programmes that provide a basic level of income security to vulnerable groups of the population. For example, Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam have focused on the large informal sector involved in agriculture under their cash transfer programmes (Carter, 2016). However, while these may be important instruments to fill existing gaps, because of limited public budgets they usually provide low benefit levels and, if not complemented by contributory social protection schemes, are less likely to reduce income inequalities (Berg, 2015a; Carter, 2016). Furthermore, such programmes, particularly those with behavioural conditions and complex targeting procedures, can have the unintended effect of excluding those who are most vulnerable (Berg, 2015b; Kidd, Gelders and Bailey-Athias, 2017).

In recent years a number of countries have initiated employment guarantee schemes and public works programmes. Their primary aim is to provide temporary employment and a certain level of income security to those unemployed workers who are excluded from unemployment insurance, notably the self-employed and rural workers during lean seasons when many are unemployed or underemployed. One of the most popular programmes, India's MGNREGS, introduced in 2005, provides a legally guaranteed right to a maximum of 100 days of employment a year to rural households. Many other countries, for example Cambodia, Indonesia, Malawi and the United Republic of Tanzania, have been using public employment programmes to provide poor people with some level of income security for at least a limited period of time, although this is usually not based on a legal entitlement. Moreover, many measures under these programmes have often been undertaken on an ad hoc basis and are not sufficiently linked to employability-enhancing measures in support of the working poor (Peyron Bista and Carter, 2017).

Public employment programmes can serve several development objectives (investment, employment and social protection), but their lack of a clearly defined main objective can limit their effectiveness in providing adequate social protection (ILO, 2014a). Taking into account that such programmes do not address those who are permanently or temporarily unable to work, or for whom work is not available, several countries (including Ethiopia and South Africa) have taken deliberate steps to emphasize social protection objectives in their programmes and have combined employment guarantee schemes with unconditional transfers for those groups (McCord, 2012). While such programmes may provide a source of social protection for people not covered by unemployment insurance, they can run into the danger of leaving workers unprotected once the programme ends. Complementary measures such as training can be effective in securing the return of participants to non-subsidized employment once the programme ends (ILO, 2016g). Public employment programmes will only reduce poverty and achieve greater equity in the long term if they are designed in such a way as to emphasize decent work components, including an adequate level of wages, an integral skills development component and full respect for the occupational safety and health of workers, while also guaranteeing beneficiaries access to social security benefits and health care (ILO, 2014a).

3.3.6 Strengthening the link between unemployment protection and active labour market and employment-generating macroeconomic policies

In light of the persistent high levels of unemployment as well as vulnerable employment and working poverty in many countries, strengthening the link between income support and active labour market policies has become a recent global trend. This stems from the recognition that providing isolated income support may not improve individuals' employment or social situation when labour markets are rapidly changing or when individuals face barriers to (re-)employment (ILO, 2017a; Martin, 2014). Such policies are considered effective in activating and motivating unemployed workers to find suitable employment quickly. Their initial objective to (re)integrate unemployed workers into the labour market has been widened to, for instance, include support in facilitating workers' transition from one sector to another, maintain workers' incomes in times of recession, or top up wages of vulnerable groups. In general, they consist of a combination of measures aimed at matching jobseekers, upgrading and adapting their skills and stimulating job creation; measures include direct job search assistance and career guidance, training and skills development, and employment and wage subsidies (ILO, 2016g; Peyron Bista and Carter, 2017).

Several countries have promoted strategies to provide jobseekers and recipients of unemployment benefits with better access to training, retraining, certification and job matching (e.g. Netherlands,[26] Portugal, Russian Federation, Saudi Arabia and Viet Nam); personalized support (e.g. Denmark, Latvia and the United Kingdom); and support in complying with job search and activity requirements (Spain). Other countries, for example Estonia, have expanded job assistance and job counselling services to support workers in retaining their employment. In other countries, such as Argentina, Brazil, Canada, Denmark, Finland, France, Japan, Republic of Korea, Russian Federation, Saudi Arabia, South Africa and the United States, subsidized employment as well as credit provision have been used to incentivize employers to hire unemployed workers and to create jobs.

In addition to supporting individuals in finding more decent and productive employment and enhancing job quality, such measures can also improve equity by targeting disadvantaged groups that face barriers to employment, due for example to vulnerabilities associated with lower income levels, lack of basic skills, or discrimination (ILO, 2016g). In this context, programmes have been directed toward specific groups, including older workers (Austria,[27] Lithuania and Singapore), persons with disabilities (Germany, Luxembourg and Poland), parents with young children (including in Bulgaria, Japan, Malta, Pakistan and Russian Federation), women (Spain and Poland[28]), and the long-term unemployed (Cyprus, Bulgaria,[29] France, Ireland, Latvia, Malta, Portugal, Spain and Slovakia). In many regions (e.g. Latin America and the Caribbean), the increased support for active labour market policies alongside the expansion of unemployment protection schemes, including non-contributory schemes, has played a major role in tackling poverty and inequality and improving employment outcomes (Escudero, 2015; ILO, 2016g; Martin, 2014).[30]

Active labour market policies have often been undertaken as part of efforts to strengthen the link between active and passive labour market policies and, more broadly, to offer integrated employment and social protection policies (e.g. in Argentina, Brazil, Germany, Japan, Republic of Korea and Viet Nam; see box 3.14). These measures are aimed at bringing recipients of unemployment benefits and other social assistance benefits under a common framework of activation policies and at improving the quality and outreach of services (ILO, 2014a; Peyron Bista and Carter, 2017). For example, Mongolia and Finland[31] have merged the administration of social protection and employment services into a "one-stop shop" through a single window

[26] The newly introduced Brug-WW programme offers retraining measures to facilitate the transition from shrinking to growing sectors of the economy (European Commission, 2015a).

[27] The measures include wage subsidies and retraining measures to update skills (European Commission, 2015a).

[28] New measures in Poland, in force since 2014, include vocational activation of women, such as the provision of an activation benefit for employers who hire unemployed workers who had breaks due to child-raising or care responsibilities (European Commission, 2015a).

[29] The newly approved programme for Training and Employment of Long-Term Unemployed provides training and job creation measures.

[30] The effect of active labour market policies on poverty can be stronger in emerging and developing economies, as the poverty-alleviation function of these policies is generally targeted more to the most vulnerable groups rather than strictly the unemployed, as in OECD countries (ILO, 2016g).

[31] Finland has set up a one-stop shop for young workers (European Commission, 2016).

service approach, thereby linking the delivery of social protection and employment services.

Such policies have proved to be instrumental in reducing long-term exclusion of unemployed workers from the labour market, taking into consideration that discouraged workers may cease to be registered with employment services (ILO, 2014b). While measures targeted at specific groups may have an important redistributive effect, some concerns have been expressed that in the absence of employability-enhancing components, for example, they may reinforce stigma and lead to lock-in effects during participation (ILO, 2016h).

Despite being intended to facilitate the return to work of unemployed workers, such policies may exclude or discriminate against certain groups of beneficiaries and restrict effective access to benefits, taking into account that a requirement to participate can also imply stricter control of the provision of benefits and a tightening of entitlement conditions. Careful design and implementation of activation measures are therefore necessary to ensure that these do not lead to unintended effects (ILO, 2014d).

Even activation policies may not have the expected impact on job creation where jobs are not available and the economy is demand-constrained, especially during a recession. For this reason, effective policies are needed to ensure at least a basic level of income security during periods of unemployment and underemployment, combined with effective labour market, employment and skills development policies, as well as macroeconomic policies that promote jobs to restore labour demand and lift countries out of the low growth and low employment trap (Ocampo and Jomo, 2007; Stiglitz, 2009; ILO, 2014c, 2017b).

3.4 Employment injury protection

KEY MESSAGES

- Extending the coverage on employment injury protection contributes to SDG 1.3. Effective coverage of workers under employment injury insurance (EII) is still significantly low in most low- and middle-income countries due to weak enforcement of schemes, where they exist.
- As a result, the large majority of workers in low- and middle-income countries are not protected in case of employment-related accidents and diseases. There is a wide array of workplace cultural practices for handling cases of employment injuries through discretionary approaches. Efforts are made to document and address such practices, guided by social insurance principles.
- Thirty-six countries still depend on direct employer liability compensation in case of injuries at work and in the absence of EII systems, especially in Africa and Asia and the Pacific.
- A growing number of countries are exploring reforms that move away from employer liability systems towards adopting and implementing EII systems following social security principles as contained in ILO Conventions Nos 102 and 121; this is expected to improve effective coverage in particular in sectors facing relatively more hazardous occupations and in small and medium enterprises, and to enhance levels of protection.
- The cost of employment injury benefits and safety and health at work, including prevention and rehabilitation of injured workers, is normally factored in as part of the overall cost of production.
- Safety and health at work can benefit from policy synergies integrated into the framework of employment injury benefits for all workers; the challenge of extending employment injury protection to workers in the informal economy remains of high importance, while innovative approaches are explored, such as through cooperative and associative intermediaries.
- Many low-income countries involved in global supply chains, such as those in the garment, textile and leather sectors, are keen to effectively implement the coverage of employment injury insurance but remain hesitant, considering the estimated cost too high at around 1 per cent of wages; this sheds light on the competitive context of global supply chains. Efforts are still needed for the acceptance of the cost of social security in general.

3.4.1 Protecting workers in case of employment injury

Employment injury benefit schemes, providing benefits in cash and in kind in cases of work-related accidents and diseases, constitute the oldest branch of social security in many countries. These schemes were established to address one of the key challenges in modern workplaces. Employers are responsible for securing the occupational safety and health of their workers and providing fair, equitable and effective compensation to workers and, in the event of their death, to their dependent survivors. This is intended to make good any loss of income as a consequence of employment-related accidents or diseases and to facilitate injured workers' access to the necessary health care, including medical and allied care services and goods, and physical as well as vocational rehabilitation services. Where such mechanisms are not in place, the only hope of redress for a person injured at work, or for his/her survivors, lies in action against the employer in the ordinary courts. Lawsuits of this type are generally lengthy, expensive and stressful for victims, and are therefore rarely efficient in providing effective compensation to injured workers and the family or other dependants of deceased workers.

Non-adversarial schemes were thus introduced in a number of countries at an early stage, with a view to ensuring the timely provision of benefits to injured workers and their dependants, the establishment of predictable and sustainable financing mechanisms, and the efficient administration of funds. The first generation of such schemes consisted in "workmen's compensation schemes", under which the compensation of a worker or his/her surviving family dependants is a legal liability placed upon the employer. Underpinning this approach is the principle that employers must provide their workers with a safe and healthy working environment, and that failure to do so renders them liable for the consequent losses suffered by workers or their family members. Given that the financial burden of meeting this obligation rests solely on employers, these schemes often require them to take out private insurance. Experience has shown, however, that even where such an obligation exists in law, the outcomes of these schemes are often sub-optimal. The need to submit an insurance claim, involving the need to obtain relevant information and undergo rigorous medical assessments, can cause serious delays in obtaining treatment and benefits. In addition, an employer may be reluctant to make a claim for fear of other legal implications. Since the employer may not continue his/her business and the private insurer does not want to provide benefits for a long time, benefits are in the form of a lump sum or, even in the case of periodic payments, are paid for a definite period without indexation. In recognition of these drawbacks, many countries have replaced employer liability provisions with social insurance, which in effect extends the no-fault principle to share the costs of employment injury among employers.

This shift in approach to employment injury protection has been reflected in the standards adopted by the ILO from its early days (see box 3.15).

The effectiveness of programmes in addressing employment injury relies on a specific set of principles:

1. "no fault", namely a worker who is injured, or his/her survivor(s) in case of death, should qualify for benefits without any necessity to prove "fault" of the employer;
2. collective sharing of liability among employers; and
3. neutral governance of administration of the scheme, meaning that the right to benefit is established outside the contractual relationship between a worker and his/her employer.

Within this framework, the aim of employment injury provisions in most countries is to meet the needs of disabled workers or of the dependent family members of workers who have died due to employment-related injuries and diseases, by way of:

- appropriate and relevant medical and allied care for injured workers;
- earnings-related periodic cash benefits to disabled workers, whose disability is assessed as temporary or permanent and partial or total in case of permanent disability; and
- earnings-related periodic cash benefits and funeral grants to survivors of deceased workers, namely widows and widowers, children and other dependent relatives.

Many national employment injury schemes have a set of wider aims, such as the re-employment of injured or sick workers, and the promotion and maintenance of decent levels of safety and health in the workplace. These objectives can only be achieved effectively if there is a high level of policy integration between employment injury schemes and policies relating to labour markets, labour inspection and occupational safety and health.

The provision of adequate compensation in case of permanent partial disability represents one of the

Box 3.15 International standards relevant to employment injury protection

The right to protection against employment injury is enshrined in the Universal Declaration of Human Rights (UDHR), 1948, and the International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966. The realization of this right requires the application of safe and healthy working conditions; the prevention, treatment and control of occupational diseases; and the provision of adequate benefits, in cash or in kind, that ensure access to adequate health care and income security for victims of employment injury and their dependent family members.[1]

Protection from employment injury has been the object of a number of Conventions and Recommendations adopted by the ILO from its early days. According to Convention No. 102 (Part VI), any condition that impacts negatively on health and which is due to a work accident or an occupational disease, and the incapacity to work and earn that results from it, whether temporary or permanent, total or partial, must be covered. The protection also includes, where a worker dies as a consequence of an employment injury or occupational disease, the loss of support suffered by her or his dependants. Accordingly, the provision must include medical and allied care, with a view to maintaining, restoring or improving the health of the injured person and her or his ability to work and attend to personal needs. A cash benefit must also be paid to the injured person or his/her dependants, as the case may be, at a guaranteed level and on a periodic basis, serving an income replacement or support function. Where the disability is slight, the benefit can under certain conditions be paid as a lump sum.

The Employment Injury Benefits Convention, 1964 (No. 121), and its accompanying Recommendation, No. 121, set higher standards, mainly in terms of population coverage and level of benefits to be provided (see Annex III). Convention No. 121 also recognizes the importance of an integrated approach in improving working conditions, limiting the impact of employment injuries and facilitating the reintegration of persons with disabilities in the labour market and in society; for such purposes this Convention requires the State to take measures to prevent employment injuries, provide rehabilitation services and ensure that displaced workers find suitable re-employment.

The approach taken by Recommendation No. 202 is different, reflecting its focus on preventing or alleviating poverty, vulnerability and social exclusion through income security guarantees rather than on specific life risks; as such, it recognizes sickness and disability, in whatever cause or degree, as a potential source of financial insecurity which should be addressed, in so far as it prevents people of working age from earning sufficient income. In the same way, Recommendation No. 202 calls for guaranteed access to at least essential health care for all in need, over the life cycle, irrespective of the origin of the disability or ill health for which such care is required. Basic income security and access to essential health care can be ensured through a variety of approaches, combining contributory and non-contributory schemes and different types of benefits, such as disability and employment injury benefits as well as other social benefits, in cash or in kind. Particularly relevant to employment injury protection is the Recommendation's further call for the combination of preventative, promotional and active measures with benefits and social services, and the coordination of social protection policies with policies that promote, among other things, secure work within a decent work framework.

[1] UDHR, Art. 25(1); ICESCR, Art. 7 (b), 12 (b) and (c). See also ICESCR, General Comment No. 19, "The right to social security" (Art. 9), paras 2 and 17 (CESCR, 2008).

greatest challenges in the employment injury branch of social protection. An approach which focuses on the loss of *bodily function* tends to compensate essentially for the physical loss and may result in either over- or under-compensation from the economic viewpoint of a disabled worker, even if the degree of disability is not assessed exclusively on the basis of medical factors. An approach based on *earning capacity* attempts to relate the level of benefit to the economic loss arising from the injury; this imposes demanding administrative requirements for the management of claims, and needs to be complemented by well-developed rehabilitation services in order to develop the residual capacities of injured workers. This in turn requires the full engagement of employers in the rehabilitation programme.

A rating system of contributions, by considering the past performance of employers in respect of occupational injuries and diseases, is used to provide an incentive to employers in preventing such injuries and diseases as well as facilitating the return to work of injured workers. However, this is usually possible only for medium-sized and large firms, where a critical mass of employment as well as accidents exists, so that accidents are relatively stable over time. This practice is predominantly applied in high-income countries.

When it comes to implementation, another important criterion for measuring the effectiveness of employment injury schemes is the ability of the system to ensure that injured workers have access to health-care facilities, goods and services, and that cash benefits reach injured workers and survivors of deceased

workers without delay. This explains the low levels of coverage and public awareness of compensation health benefits in countries where health systems are insufficiently developed in the first place, such as in Western and Central Africa. Timely delivery of benefits requires effective reporting systems of occupational accidents and diseases, and simple and efficient claim procedures for injured workers and survivors of deceased workers. Online reporting systems of occupational accidents and diseases help to facilitate the access to benefits.

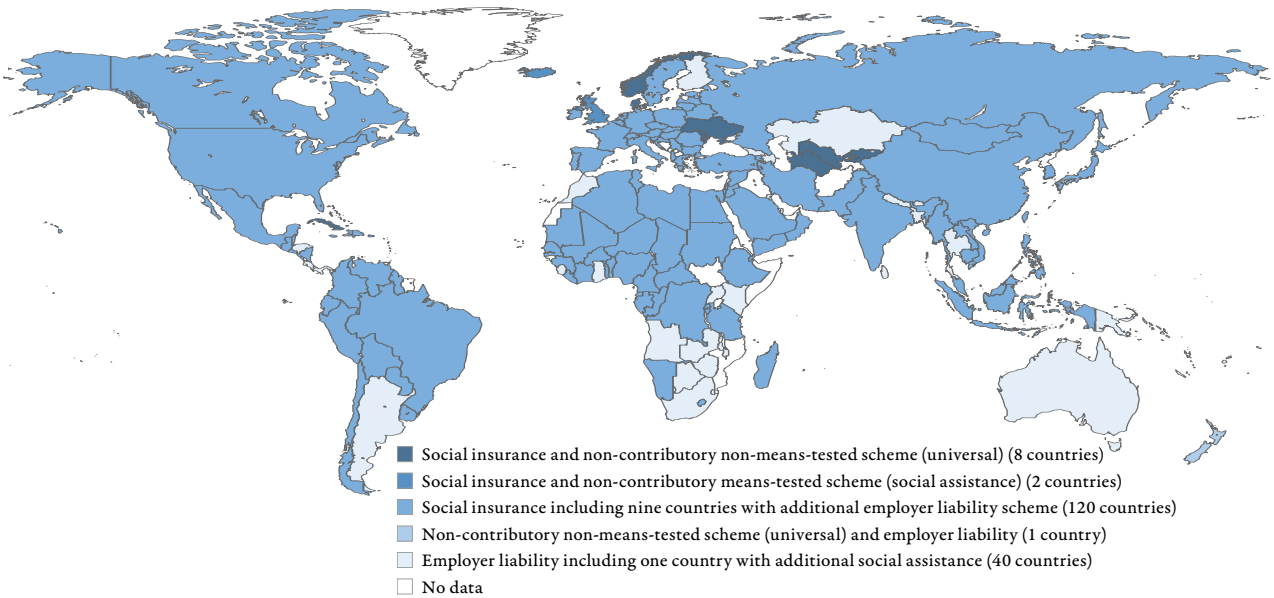
The establishment of financially sustainable and administratively efficient employment injury schemes is a step towards ensuring effective access to cash benefits and medical and allied care by injured workers and families of injured and deceased workers. Employment injury benefits prevent these persons from falling into poverty and therefore contribute to SDG 1, "End poverty in all its forms everywhere".

3.4.2 Types of employment injury protection schemes

The majority of countries adopt a social insurance approach to compensation for employment injuries and occupational diseases, although some countries retain some elements of an employer liability approach so that workers who are not compulsorily included in such schemes should be also compensated directly by employers. In a very few countries, for example in the Netherlands, employment injury coverage is fully integrated into schemes providing coverage for non-work-related disabilities.

Figure 3.21 illustrates the patterns of coverage worldwide. It can be seen that the emphasis on social insurance, as opposed to first-generation schemes operating under employer liability, is higher in Europe, Central Asia and the Arab States, and lower in the Americas, Africa, and Asia and the Pacific. In Africa, employer liability provisions are still in place in a number of countries, such as Botswana, The Gambia, Ghana, Kenya, Malawi, Morocco, Sierra Leone, South Africa, Swaziland and Uganda. However, some of these countries are making efforts to implement a social insurance mechanism for providing employment injury benefits. For example, the Government of Malawi is making efforts to replace the employer liability system of the Workmen's Compensation Act of 1946 by the Workers Compensation Act No. 7 of 2000, which provides for the establishment and administration of a Workers' Compensation Fund based on the principles of social insurance (ILO, 2017e). Kenya is attempting to reform its direct employer liability system by a social

Figure 3.21 Employment injury protection schemes, by type of scheme, latest available year



Notes: Figures in brackets refer to the number of countries in each category. In the eight countries that combine a universal type of scheme with social insurance, "universal" applies to medical care. For more specific notes, see Annex IV, table B.7.

Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World. See also Annex IV, table B.7.

Link : http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54645

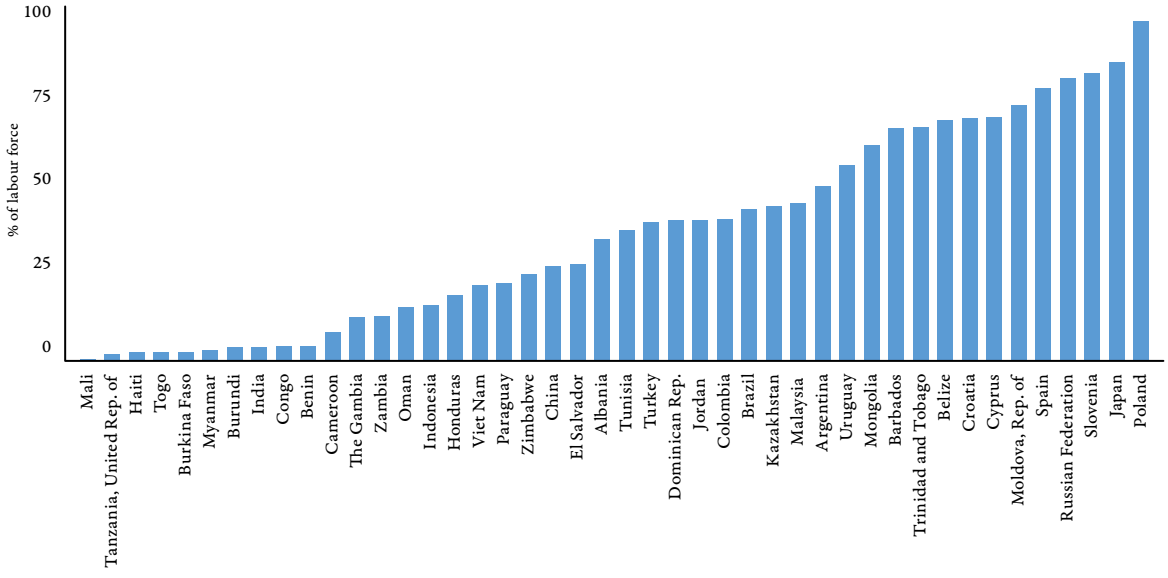
insurance system, including the development of a compensation fund (ILO, forthcoming c).

In Asia and the Pacific, an employer liability system is still in place in countries such as Bangladesh, Brunei Darussalam, Nepal and Sri Lanka. Industrial accidents such as the Rana Plaza building collapse in Bangladesh revealed the devastating consequences of not having in place a public employment injury insurance scheme. This is of utmost concern, as large accidents in recent years have often affected small and medium-sized enterprises that could not afford to pay large amounts of compensation under employer liability when workplace tragedies occurred. In Bangladesh, the exporting industries in the ready-made garment and textile sectors are most concerned to see a rapid change to avoid ever witnessing another Rana Plaza tragedy. In the meantime, the Government has set up a Central Fund funded from levies on export volumes and aiming to provide different types of benefits and services on a discretionary basis, including one-off compensation in case of work injuries, but not exclusively. It is applied to factory workers engaged in the export-oriented ready-made garment sector and aims to provide a limited solution until the national employment injury protection and rehabilitation scheme is in place. For workers in non-export garment factories and in all other economic sectors the situation remains dire; day-to-day work accidents often translate into households at risk of poverty. There is clear competitive pressure coming from the limited profit margins in the export industries and national producers, who are keen to retain their low labour cost profile to increase the share of exports from Bangladesh at the international level. On 1 June 2015, the Government of Bangladesh adopted a National Social Security Strategy, whose key components include the establishment of a mandatory National Social Insurance Scheme (NSIS) based on the principle of employers and employees jointly paying contributions into a national insurance fund for work injury.[32]

3.4.3 Effective coverage

Despite efforts to extend EII coverage to more workers, the number of workers registered for employment injury schemes is much smaller than the number of those covered by law in many middle- and low-income countries (see figure 3.22). This is due to a number of reasons. For example, in Indonesia all employees (except public sector employees for whom a special system exists) and self-employed persons are covered by legislation under the social security scheme.

Figure 3.22 Employment injury protection, effective coverage: Active contributors to a scheme as a percentage of the labour force, selected countries, 2015 or latest available year



Source: ILO World Social Protection Database, based on SSI; ILOSTAT; national sources.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54646

[32] For more information on the National Social Security Strategy, see the Ministry of Planning website at: http://www.plancomm.gov.bd/nsss/.

Nevertheless, the effective coverage, measured as the total number of registered workers divided by the labour force, is around 15 per cent.[33] Possible reasons for this low effective coverage include low enforcement capacities of the scheme, low contributory capacities of employers and employees, a lack of understanding of social insurance, a mismatch between benefits and needs, or overly complex administrative procedures that could hamper participation.

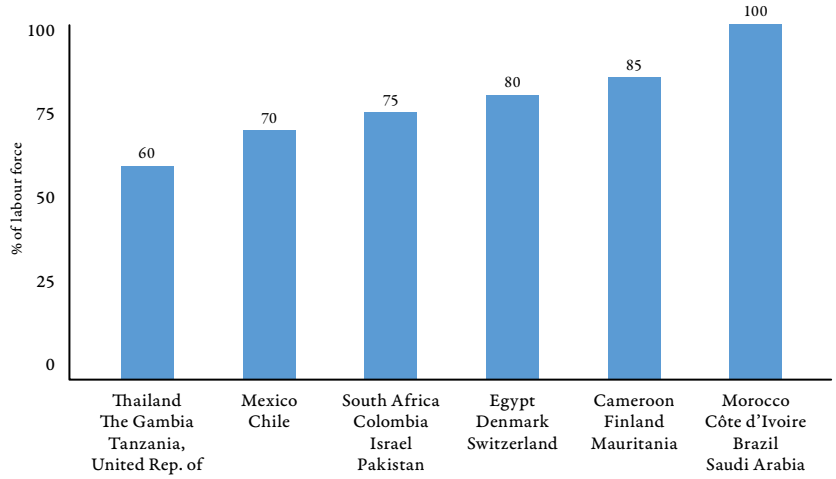
Efforts to expand coverage are under way in some countries. In India, the Employees' State Insurance Scheme, which provides employment injury benefits among other benefits, extended coverage to construction workers in 2015.[34] In Cambodia, the Employment Injury Insurance Scheme has been gradually extended to 24 provinces nationwide and in 2018 will be extended further from the current coverage of enterprises or establishments employing eight workers or more to those employing one worker or more. Efforts are being made to extend coverage to more workers, including workers in the construction sector.[35]

While the reporting of work-related injuries is measured or estimated in most countries, there is nearly no statistical measurement in place to monitor the proportion of injured workers who are effectively compensated. This is an effort in high need of attention in view of SDG 1.3 calling for the coverage of employed workers in case of work injury. Some middle-income countries have extended coverage. For example, the Social Security Organization (SOCSO) of Malaysia is gradually extending its coverage to almost half the labour force, estimated at 43.7 per cent in 2014 and 44.0 per cent in 2015.[36] Many developed countries have reached a high level of effective coverage; for example, in Spain, the effective coverage rate was estimated at around 76 per cent of the labour force in 2016.

3.4.4 Adequacy of benefits

Employment injury benefits for permanently disabled workers are usually provided in the form of pensions, namely periodic payments with cost-of-living adjustments. Replacement rates, defined as benefits as a percentage of pre-disablement earnings, differ considerably, as shown in figure 3.23. The same applies to temporary

Figure 3.23 Replacement rates for permanent disability in employment injury protection schemes, selected countries, 2015 or latest available year (percentage)



Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54647

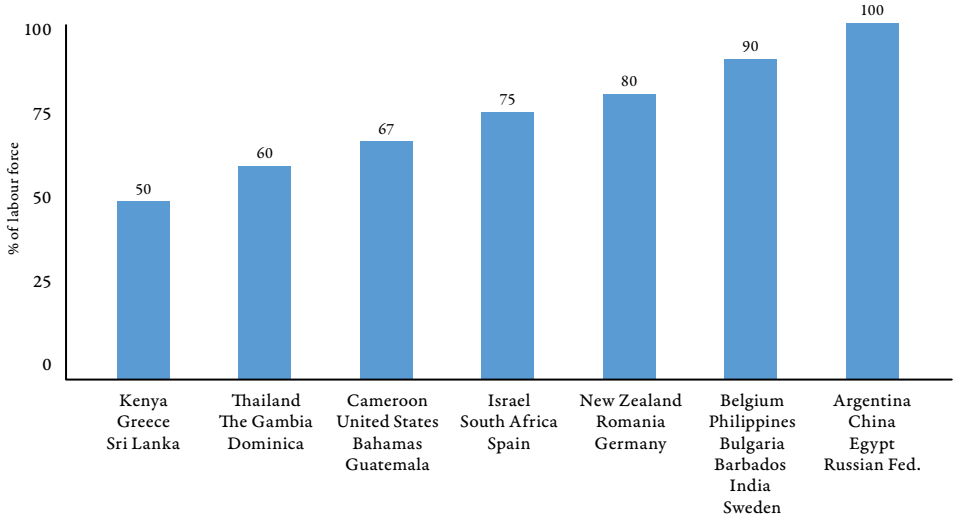
[33] ILO calculations based on the number of active members reported on the national institution (BPJS Ketenagakarjaan) website. Available at: http://www.bpjsketenagakerjaan.go.id/assets/uploads/tiny_mce/Annual%20Report/16012017_093528_IR%20BPJS%20Ketenagakerjaan%202015.pdf; ILOSTAT data.

[34] For more information, see: http://esic.nic.in/backend/images/news_events_file/b8af03a1b9df24b73023deb675650274.pdf.

[35] For more information, see: http://www.nssf.gov.kh/default/wp-content/uploads/2016/10/2.-Social-protection-strategy-%E2%80%8B2014-2018-edited.pdf.

[36] ILO calculations based on number of active employees reported by SOCSO website: https://www.perkeso.gov.my/images/Laporan_Tahunan_2015.pdf; and total labour force based on ILOSTAT data.

Figure 3.24 Replacement rates for temporary disability in employment injury protection schemes, selected countries, 2015 or latest available year (percentage)



Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54648

incapacity benefits, as shown in figure 3.24, with further variations in benefit duration.

Some technical aspects of social insurance lead to substantial deterioration of benefits. One example is a ceiling on insurable earnings of social insurance schemes, which is usually set to limit the earnings subject to contributions and benefit calculations in order to delimit the range where social insurance applies. A ceiling should be set high enough so that benefits as well as contributions become meaningful. A ceiling that is not set high enough or has become too low due to infrequent or inexistent adjustments in line with economic development leads to insignificant benefits as well as contributions, as seen in Pakistan's Sindh Province and in Zambia.

3.4.5 Recent developments: Extending employment injury insurance

Employer liability schemes contain minimal provisions for benefits and services to workers suffering occupational injuries or diseases; this leaves workers in a vulnerable position whenever an injury occurs, often fearing for the loss of their employment. Employment injury insurance is more aligned with the general intent of ILO social security standards, such as the Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Employment Injury Benefits Convention, 1964 (No. 121), and its accompanying Recommendation (No. 121). Countries with the employer liability provisions enforced by each individual employer generally have difficulties in effectively covering all employees in accordance with the law, and many injured workers or dependants of deceased workers do not receive proper compensation in response to their needs. Workers in small and medium-sized enterprises are the most prone to injuries, given the more limited resources available for prevention and the frequently high staff turnover that discourages some employers from investing in the training of their workforce in prevention.

For this reason, a number of developing countries are keen to establish an EII scheme. Some countries in Eastern and South-Eastern Asia, including Japan, Malaysia, Republic of Korea, Philippines and Thailand, have a long history of implementing and gradually expanding coverage in case of employment injury, while others, such as Cambodia and Lao People's Democratic Republic, have recently introduced EII schemes. A number of countries are exploring how to extend coverage to self-employed workers, although specific alternatives for such groups are normally challenging to develop. Some countries in Southern Asia, such as India and Pakistan, have provincial EII schemes in place, but the coverage is still limited given employment practices that often lead to under-reporting or lack of compliance in registering workers. Nepal and Sri Lanka have not yet implemented an EII scheme in spite of efforts to introduce a system; Bangladesh's Prime Minister and

tripartite partners are committed to establishing a national EII protection and rehabilitation scheme.

Recent large-scale industrial accidents such as the Rana Plaza building collapse in Bangladesh in April 2013 in which over 1,000 workers lost their lives and around 2,500 were injured, and the Baldia factory fire in September 2012 in Karachi, Pakistan, in which more than 255 workers died and more than 50 workers were injured, have revealed that many workers were not properly covered in case of employment injury (see box 3.16). Although the ILO facilitates ad hoc compensation arrangements to ensure that the minimum rights of affected workers are met, long-term solutions are sought by either establishing a proper EII scheme or improving the design and the administration of an existing scheme to effectively enforce legal coverage, as in the Sindh Province of Pakistan.

In Africa, countries such as Ethiopia, Malawi and the United Republic of Tanzania have recently introduced EII schemes or are in the process of doing so, as such a scheme is considered to be a solution to chronic problems of coverage and benefit inadequacy for injured workers or dependants of deceased workers (ILO, 2015b). A recent ILO study surveyed the practices observed in Southern African countries and pointed to the inherent deficiencies and the urgency of expanding employment injury protection (Mpedi and Nyenti, 2016). This is especially relevant in the extractive industries and agro-food sectors and in Africa in general, as its booming national developments rely on large construction and infrastructure projects where accidents are more frequent and severe.

The demand for capacity building in developing countries, especially in Africa and Asia, is increasing in such areas as financial and institutional governance, management and information systems, processing of claims, assessment of disabilities, administration of health and allied care and rehabilitation services, as well as interlinkages between compensation, prevention and labour inspection. Employers and workers at the sectoral level recognize the importance of linking compensation with prevention and inspection compliance policies.

The global trend towards coverage under social insurance is encouraging. Such a framework helps to promote the principles of rights and solidarity essential to the long-term sustainability of social protection systems. Experience rating systems for contributions are good mechanisms for providing the right incentives to employers for better prevention and rehabilitation. However, sophisticated administrative structures, proper inspections and good data management are required.

Complex issues may arise in the treatment of occupational diseases with long latency periods. While determining the time of occurrence of a work accident may not be problematic, determining the onset of an occupational disease may be more difficult. Many workers are currently exposed to working conditions that may lead to the development of an occupational disease over a long period of time. Such problems can be even more difficult to manage in the circumstances of developing countries where relevant regulations, for example with respect to protective clothing and other safeguarding measures, may be poorly enforced.

In countries which have put in place employment injury insurance and workers' compensation schemes to address these needs, it is important that the schemes be administered on a fair and consistent basis. Medical examinations, diagnoses and assessments must be rigorous and based on a national list of occupational diseases. Such lists, however, may not always be seen as sympathetic to claimants, and tend to reflect a particular set of national or local conditions and perceptions.

Providing protection in cases of employment injury is an area of social security in which effective administration and equitable treatment of workers play a particularly crucial role. The role of administrators may be very wide and closely interrelated with that of labour inspectors responsible for checking workplace safety as well as the whole range of measures to help prevent accidents at work, occupational injuries and diseases. An integrated framework comprising comprehensive occupational safety and health measures, strong inspection services and enforcement measures, as well as adequate cash and health-care benefits in the event of employment injuries, accompanied by appropriate rehabilitation services, remains the best way to ensure that workers and their family dependants are effectively protected against the risks of employment injury.

Migrant workers form a group vulnerable to discrimination. They account for an important segment of the informal economy in all regions and are concentrated in low-skilled jobs, particularly in agriculture, construction, small manufacturing, domestic work and other services. These activities are often temporary, seasonal and casual work, frequently subcontracted, and are often inadequately covered by labour regulation and inspection. Migrant workers are thus likely to be excluded from social security coverage, due to restrictive legislation and a lack of enforcement. Some

Box 3.16 Some recent industrial accidents in Bangladesh and Pakistan: The Rana Plaza and the Ali Enterprises disasters and the bridging solution for social security in cases of employment injury

The Rana Plaza disaster, Savar, Bangladesh

On 24 April 2013, the collapse of the Rana Plaza building in Dhaka, Bangladesh, which housed five garment factories, killed at least 1,132 people and injured more than 2,500. Only five months earlier, at least 112 workers had lost their lives in another tragic accident, trapped inside the burning Tazreen Fashions factory on the outskirts of Dhaka. These disasters, among the worst industrial accidents on record, awoke the world to the poor labour conditions faced by workers in the ready-made garment sector in Bangladesh. For some of the lowest wages of the world, millions of people, most of them girls and women, are exposed every day to an unsafe work environment with a high incidence of work-related accidents and deaths, as well as occupational diseases. Most of the factories do not meet standards required by building and construction legislation. As a result, deaths from fire incidents and building collapses are frequent.

Since the Rana Plaza disaster, no fewer than 109 accidents have occurred. Among these, at least 35 were textile factory incidents in which 491 workers were injured and 27 lost their lives. In the absence of a well-functioning labour inspection system and of appropriate enforcement mechanisms, decent work and life in dignity are still far from reality for the vast majority of workers in the garment industry and their families.

Given the hazardous working conditions and the high risk of exposure to employment injury in this sector, the provision of adequate benefits is of critical importance in compensating injured workers for the loss of earnings they are likely to suffer, and to ensure that they have access to the medical and associated care required by their condition. Access to some form of financial compensation or support for dependent family members who lose their breadwinner can also make the difference between life in dire poverty, where children and older people are forced to work to survive, and life at or just above subsistence level. At present, the only form of financial protection available to workers and their dependants is set out in the labour code, which requires employers, when liable, to provide specified payments to injured workers or survivors.

A recent amendment to the labour code requires employers to insure themselves against liability, but no such obligation was in force at the time Tazreen caught fire, or when Rana Plaza collapsed. The amounts of compensation envisaged are also very low and take the form of lump sums, offering inadequate protection to beneficiaries against ill health and poverty in the medium and long term. The system is also plagued by major practical application issues (e.g. evasion, lack of proper enforcement, absence of effective recourse), with the result that legal entitlements very rarely materialize.

Despite the magnitude of the losses suffered by the victims of the Tazreen and Rana Plaza accidents and their survivors, no compensation was paid in application of the labour code provisions on employer liability. A small number of global buyers and local players made some payments to victims in the months following the disasters, albeit on a voluntary basis. To redress the situation more substantively and ensure that injured workers and dependants of the deceased were effectively compensated, both financially and in respect of medical and other relevant care, global and local stakeholders got together and agreed to an unprecedented coordinated framework. With the ILO acting as a neutral chair, an Arrangement was adopted, providing a single approach to compensation consistent with ILO standards, and more specifically with the Employment Injury Benefits Convention, 1964 (No. 121).[1]

The bridging solution for social security in case of employment injury

Following a number of recent tragedies such as the Tampoco and MultiFabs factory fires in 2016 and 2017, as well as earlier accidents such as the Tazreen fire and the Rana Plaza disaster, local authorities and stakeholders at the national and international levels, with the involvement of organizations such as the IndustriAll Global Union and Clean Clothes Campaign, took bold steps to strengthen occupational safety and health, labour inspection services, skills training and rehabilitation services in the long term, notably with the support of the ILO and of global buyers. Action has also been taken to implement a national employment injury scheme in Bangladesh based on the principles of Convention No. 121 and a mutual consensus on the core elements of the scheme. The operationalization of an EII scheme will inevitably take time, possibly two to three years at best. Until an EII scheme becomes operational and capable of collecting contributions and paying benefits, it is crucial that in case of another large-scale industrial accident such as the Rana Plaza collapse or the Tazreen building fire, a proper bridging solution be in place to provide for appropriate health care and compensation to the victims in an efficient and diligent manner and on a temporary basis. →

Box 3.16 (cont'd)

The Ali Enterprises factory fire, Baldia, Sindh province, Pakistan

In the factory fire on 11 September 2012 at Ali Enterprises in Baldia Town Karachi, Pakistan, more than 255 workers died and over 50 were injured. Despite the fact that employment injury compensation legislation in Pakistan is generally in line with many of the principles of Convention No. 121, deficits in compliance with social security and labour laws and regulations resulted in low effective coverage. For example, it was reported that only about 235 workers at Ali Enterprises were effectively registered, non-nominatively, with Sindh Employees' Social Security Institution (SESSI) despite a reported total number of over 1,500 workers employed and working; SESSI coverage is reported to be as low as 5–10 per cent of all workers normally expected to be legally covered. Furthermore, the legislative provisions that set maximum insurable earnings equal only to the minimum wage for unskilled workers, and the lack of guaranteed indexation, result in inadequate employment injury benefits. Lack of confidence in existing social security institutions is one of the reasons why victims of the Ali Enterprises fire asked for lump-sum payments rather than periodic benefits.

An agreement similar to the Rana Plaza Arrangement has been adopted for Pakistan, including the financing by international partners of the funding gap to cover compensation benefits and services to be delivered to the victims, based on Convention No. 121 and other relevant international labour standards such as Convention No. 102 (Part VI). The ILO has undertaken consultations to propose options for the part of the project dealing with Ali Enterprises victims' compensation, with a view to establishing a supervisory and delivery mechanism (such as an oversight committee with a clear role and responsibilities and defined membership) and to prepare for decisions on numerous outstanding issues such as, among others, meeting the expectations of victims, the trust fund modalities and long-term management, and the capacities of existing institutions including the SESSI and other relevant institutions such as the federal Employees' Old-Age Benefits Institution (EOBI), as well as the social partners, for the delivery of benefits, taking into account Pakistan's specificities.

[1] For more information on the Rana Plaza Arrangement, see the dedicated website at: http://www.ranaplaza-arrangement.org/.

countries cover migrant workers but provide lower benefits. Employment injury and short-term benefits (e.g. cash death benefits and sickness benefits) may be easier to extend than long-term benefits (e.g. retirement benefits or end-of-service gratuities) as eligibility for the former depends on the current contributory status, while in the latter, contribution conditions are more difficult to fulfil. Covering migrant workers necessitates appropriate policy design and considerable organizational efforts; the issue is often sensitive, requiring effective communication by public authorities to the workers and the wider population. Protecting the rights of migrant workers includes equal treatment in social security coverage and entitlements, and the maintenance and portability of social security rights through bilateral or multilateral treaties (ILO, forthcoming d).

The prevalence of the informal economy in many parts of the world, and the pervasive trends towards higher levels of precarious and informal employment, not only affect the current living standards and working conditions of the population but also prevent households and economic units in the informal economy from increasing their productivity, reducing their vulnerabilities and finding a route out of poverty. A coherent national strategy to facilitate transitions to formality needs to recognize that the costs of working informally are high for businesses, workers and the community. Ensuring employment injury protection of vulnerable groups such as informal workers would greatly contribute to the employment injury coverage of all workers by social protection systems, including floors, and would help to achieve the indicator of SDG target 1.3.

3.5 Disability benefits[37]

KEY MESSAGES

- Effective social protection measures to protect persons with disabilities and promote independent living and access to decent work are a precondition for achieving the SDGs and human rights.
- Latest ILO estimates of effective coverage show that 27.8 per cent of persons with severe disabilities worldwide receive a disability benefit, with large regional variation: while coverage in Eastern Europe appears to be almost universal, regional estimates for Asia and the Pacific show an effective coverage rate of only 9.4 per cent.
- Disability-inclusive social protection systems guarantee effective access to mainstream schemes for persons with disabilities, combined with disability benefits and support services that address their specific needs.
- Universal social protection for persons with disabilities has been achieved in Brazil, Chile, Mongolia and Uruguay, and other developing countries, such as Kyrgyzstan, Nepal and South Africa, are progressing to extend disability benefits. At the same time, other countries are cutting rights-based universal disability benefits as part of short-term fiscal consolidation policies, narrow-targeting to the poor only and leaving many persons with disabilities without support.
- Disability benefits should be designed in a way that enables persons with disabilities to actively participate in education, employment and society at large. This can be achieved through ensuring that benefits in cash and in kind cover disability-related costs and enable persons with disabilities to participate in salaried employment.
- The collection of administrative data disaggregated by disability status is necessary for the effective monitoring of social protection systems, contributing to both the development of evidence-based policies and the implementation of the SDGs.

3.5.1 Protecting persons with disabilities to ensure employment, income security and independent living

Social protection for persons with disabilities is a precondition for achieving the SDGs, which explicitly refer to them in several targets and indicators. The 2030 Agenda explicitly refers to persons with disabilities with regard to social protection systems, including floors (SDG target 1.3) and with regard to their full engagement in productive employment and decent work (SDG target 8.5). This holds member States accountable not only for ensuring effective access to social protection for persons with disabilities, but also for promoting their economic empowerment and active participation in the labour market. No country would be able to achieve the SDGs without having in place both effective protection and promotion measures for persons with disabilities.

Persons with disabilities are exposed to multiple risks throughout their life cycle. Children with disabilities are at high risk of being excluded from society, including from mainstream education, due to stigma, institutionalization practices or a lack of support services, and are often exposed to violence.[38] Such exclusionary practices hamper their development and may further exacerbate accumulated disadvantages, including with regard to education, skills development and their ability to engage in skilled employment later in life. Persons of working age with disabilities face higher risks of unemployment, underemployment and informal employment (OHCHR, 2012b), which often

[37] This section focuses mainly on general disability benefits, noting that employment injury benefits (see section 3.4 above) are also relevant to some persons with disabilities.

[38] Recent studies have found that persons with disabilities are exposed to violence four times more frequently than their peers (Jones et al., 2012), and are 17 times more likely than their peers to be taken into institutional care in Central and Eastern Europe (UNICEF, 2012b). A global estimate also shows that the completion rates of primary school for children with disabilities are lower by around 10 per cent than those of other children (UNICEF, 2013). These findings indicate that children with disabilities are highly disadvantaged in physical, social and economic development.

Box 3.17 Disability benefits for income protection: Relevant international standards

The international human rights legal framework contains many explicit references to the right to social protection of persons with disabilities. The Universal Declaration of Human Rights (UDHR), 1948, and the International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966, contain a general recognition of this right, while the UN Convention on the Rights of Persons with Disabilities (CRPD) goes into more detail.[1] Together, they recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, to the continuous improvement of living conditions, to social security and to the highest attainable standard of health. More specifically, according to the CRPD, States must safeguard and promote the realization of their right to social protection without discrimination on the basis of disability, providing equal access to appropriate and affordable services and devices and other assistance with disability-related needs; social protection and poverty reduction programmes; assistance with disability-related expenses; public housing programmes; and retirement benefits and programmes. The Convention also lays down the right of persons with disabilities to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. To this end, States must take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.

In a complementary way, successive standards adopted by the ILO set both basic minimum and higher standards of income protection which should be guaranteed to persons with disabilities in replacement of the income they were earning before disablement, or would have been earning from employment had they been able to work. More specifically, Convention No. 102 (Part IX – Invalidity Benefit) deals with the contingency of total disablement (not due to an employment injury) which results in a person's inability to engage in any gainful activity and which is likely to be permanent. In these circumstances, protection is to be provided through periodic cash benefits, subject to certain conditions. The Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128), in its Part II, deals with the same subject matter but sets higher standards for disability benefits schemes. Its accompanying Recommendation, No. 131[2] broadens the definition of the contingencies that should be covered under national schemes by including partial disability, which should give rise to a reduced benefit, and by introducing the incapacity to engage in an activity involving substantial gain among the criteria for disability assessments. Convention No. 128 also requires the provision of rehabilitation services designed to enable persons with disabilities to either resume their employment or perform another activity suited to their aptitudes.

Although medical care, including medical rehabilitation, is dealt with in separate provisions in Convention No. 102 (Part II) and the Medical Care and Sickness Benefits Convention, 1969 (No. 130) – discussed at greater length in Chapter 5 – a comprehensive, coherent and integrated approach to disability benefits, such as the one set forth in the ILO's normative framework, requires that equal attention be given to the income support and medical needs of persons with disabilities. Hence, the standards set as regards the provision of medical care, including medical rehabilitation,[3] are highly relevant; such care should be "afforded with a view to maintaining, restoring or improving [their] health … and [their] ability to work and to attend to [their] personal needs".[4] Convention No. 102 further requires the institution or government department administering medical care to cooperate with the general vocational rehabilitation services "with a view to the re-establishment of handicapped persons in suitable work" (Art. 35).

Recommendation No. 202 also puts forward an integrated and comprehensive approach to social protection and disability benefits, according to which persons with disabilities should enjoy the same guarantees of basic income security and access to essential health care as other members of society through national social protection floors. These guarantees can be provided through a variety of schemes (contributory and non-contributory) and benefits (in cash or kind), as is most effective and efficient in meeting the needs and circumstances of persons with disabilities to allow them to live in dignity. Some of the principles set out in the Recommendation are of particular relevance for persons with disabilities, including the principles of non-discrimination, gender equality and responsiveness to special needs, as well as respect for the rights and dignity of people covered by the social security guarantees.

[1] UDHR, Art. 25(1); ICESCR, Arts 9, 11 and 12; CRPD, Arts 25 and 28. [2] Invalidity, Old-Age and Survivors' Benefits Recommendation, 1967 (No. 131). [3] Convention No. 130, Art. 13(f). [4] Conventions Nos 102, Art. 34(4), and 130, Art. 9.

restricts their access to decent work, stable earnings and capacity for independent living. For many older persons, disability is a reality, given that the prevalence of disabilities increases with age, resulting in a high proportion of older persons with disabilities particularly in the age group 55 and above (WHO and World Bank, 2011). These risks contribute to the fact that persons with disabilities tend to face higher poverty risks, particularly in low- and middle-income countries (Banks and Polack, 2014).

Social protection, and especially disability benefits, play a central role in combating these challenges, in particular with regard to ensuring income security, promoting employment and facilitating access to social services such as education, health and public transport, as well as support services including social work, childcare and the provision of assistive devices. By responding to disability-related and other needs, social protection can foster the realization of SDGs and the implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD), complemented by international social security standards (UN, 2015a) (see box 3.17).[39]

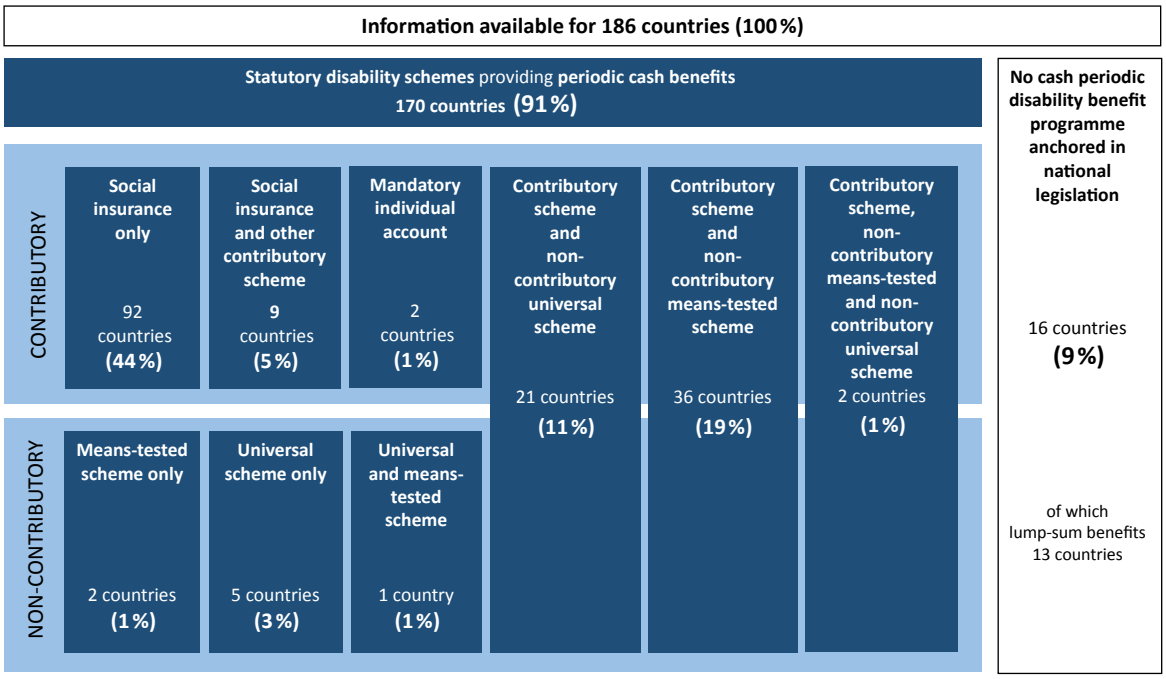
These goals can be achieved through various means, including social insurance and social assistance programmes; in fact, most countries already offer some disability benefits. However, in order to effectively accomplish the goals, disability benefit programmes should be embedded in comprehensive national social protection systems and ensure seamless support for persons with disabilities, including social protection and employment promotion.

3.5.2 Types of disability benefit schemes

Disability benefit schemes offer short- or long-term assistance in cash or in kind, depending upon the recipient's needs and requirements. Many countries provide for a combined package of cash and in-kind benefits such as free and adapted public transport, access to other public services free of charge and free or subsidized assistive devices. While these benefits in kind have a monetary value that potentially contribute to guaranteeing income security, this section of the chapter focuses on cash benefits, which account for the majority of disability benefits.

Among 186 countries for which information is available, the large majority (170 countries) have a scheme anchored in national legislation providing periodic cash benefits to persons with disabilities, while the remaining countries either provide for lump sums only (13 countries) or have no such scheme anchored in law (3 countries) (figures 3.25 and 3.26). Most countries (162) deliver benefits at least partly through social insurance schemes, which generally

Figure 3.25 Overview of disability cash benefit schemes, by type of scheme and benefit, 2015

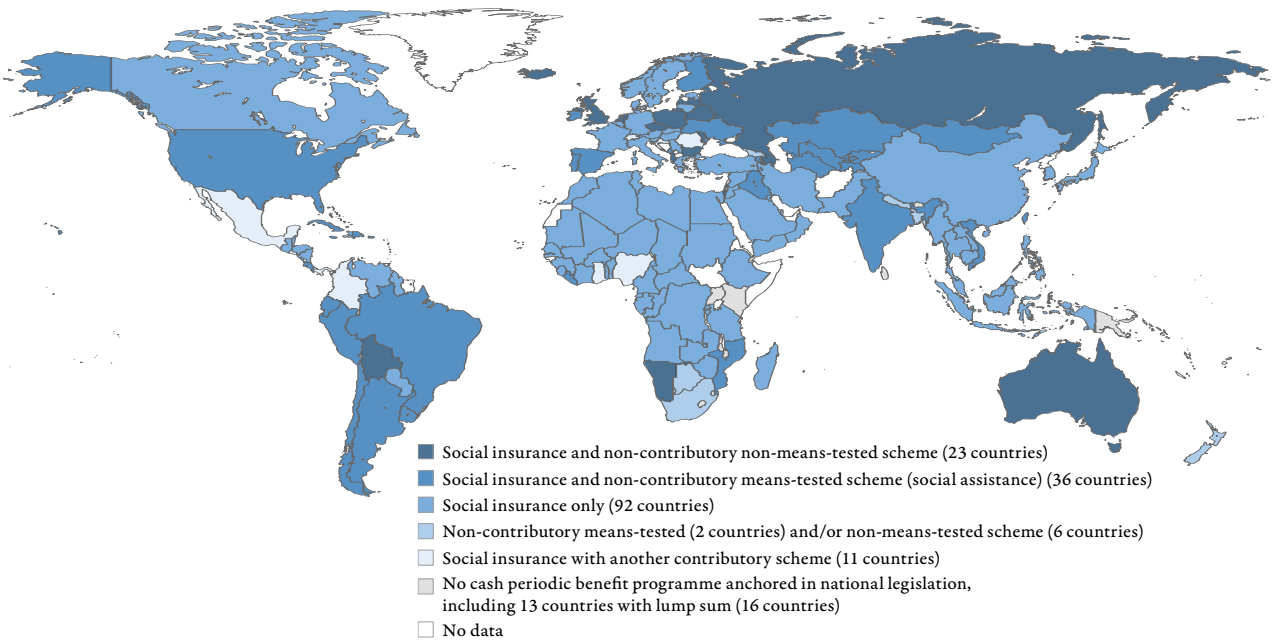


Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World; European Commission, Mutual Information System on Social Protection (MISSOC). See also Annex IV, table B.8.

Link : http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54649

[39] The CRPD strongly reaffirms the right to social protection for persons with disabilities and establishes a pathway for their inclusion in all efforts related to the realization of this right (Article 28).

Figure 3.26 Disability benefit schemes, by type of scheme, 2015 or latest available year



Note: Figures in brackets refer to the number of countries in each category. Regional and global estimates weighted by the number of people.

Sources: ILO World Social Protection Database; ISSA/SSA Social Security Programs Throughout the World; European Commission, Mutual Information System on Social Protection (MISSOC). See also Annex IV, table B.8.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54650

provide workers in the formal economy with earnings-related disability benefits that aim to replace income in case of full or partial disability; 67 countries provide for social assistance benefits with or without means-testing, and 59 countries combine both contributory and non-contributory schemes. Among non-contributory schemes, means-tested schemes (41 countries) are slightly more common than universal schemes (29 countries), with three countries combining means-tested and universal schemes.

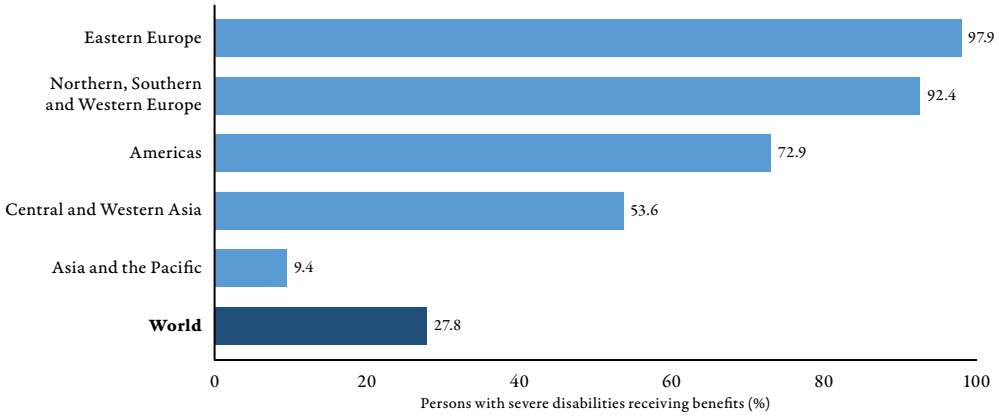
This overview raises some concerns about the fact that a large number of countries (103) provide for disability benefits only through contributory schemes. Without a non-contributory scheme to complement contributory provisions, persons outside the formal economy, including children, may face difficulties in meeting their disability-specific needs, even if they may be eligible for some benefits under general social assistance schemes. In addition, the high popularity of means-testing disability benefits poses another challenge, as these may constitute serious poverty traps for persons with disabilities, where access to disability-related support is conditional on a means test which often does not take into account disability-specific costs, and may discourage participation in employment (see box 3.20). Removing or loosening means tests on disability-specific benefits and support can help to overcome adverse effects and enable persons with disabilities to participate more actively in employment as well as in society at large.

3.5.3 Effective coverage: Monitoring SDG indicator 1.3.1 for persons with severe disabilities

Latest ILO estimates of effective coverage show that 27.8 per cent of persons with severe disabilities[40] worldwide receive a disability benefit (figure 3.27). While coverage in Eastern Europe appears to be almost universal, regional estimates for Asia and the Pacific show an effective coverage rate of only 9.4 per cent.

[40] While there is no universal definition of severe disabilities, the coverage estimates presented in this report rely on the definition adopted by the World Health Organization (see Annex II).

Figure 3.27 SDG indicator 1.3.1 on effective coverage for persons with severe disabilities: Percentage of persons with severe disabilities receiving disability cash benefits, by region, 2015 or latest available year



Note: Proportion of persons with severe disabilities receiving benefits: ratio of persons with severe disabilities receiving benefits. The latter is calculated as the product of prevalence of disability ratios (published for each country group by the World Health Organization) and each country's population. Data for other regions are not sufficient to allow for regional estimates. Regional and global estimates weighted by the number of people. See also Annex II.

Sources: ILO World Social Protection Database, based on SSI; ILOSTAT; UN World Population Prospects; WHO; national sources. See also Annex IV, tables B.3 and B.8.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54651

3.5.4 Achieving universal social protection for persons with disabilities: Recent developments and challenges

Universal social protection for persons with disabilities is common in higher-income countries. In developing countries, universal coverage has been achieved in Brazil, Chile, Mongolia and Uruguay, and others, such as Kyrgyzstan, Nepal and South Africa are progressing to extend disability benefits (see Chapter 6 for country and regional data). While a majority of countries are extending social protection, others are cutting rights-based universal disability benefits as part of short-term fiscal consolidation policies, narrow-targeting to the poor only and leaving many persons with disabilities without support.

In recent years, a number of low- and middle-income countries have introduced or improved non-contributory disability benefits, or have included persons with severe disabilities as one of the beneficiary groups of broader cash transfer programmes (see box 3.18).

On the other hand, in contrast to these positive developments, a number of countries undergoing fiscal consolidation have cut disability benefits. The Government of Greece, for instance, has replaced a large number of existing social benefits, such as disability and family benefits as well as the minimum pension provided under social insurance schemes, by a safety net for the poorest only, a single targeted guaranteed minimum income scheme providing a relatively low benefit and leaving most persons with disabilities without support. In other European countries, the introduction of means-testing for previously universal benefits leaves many persons with disabilities without support. The narrower targeting of disability benefits on the poor erodes the principles of universal protection which used to be part of the social contract in many European countries, based on legal rights. Fiscal consolidation measures have restricted the access of persons with disabilities to community living, education, primary care and assistance in a number of European countries (ILO, 2014a).

At the same time, the importance of disability inclusion in social protection has received greater attention (e.g. UN, 2015a), focusing in particular on three issues.

First, social protection systems can play an important role in moving away from an incapacity-to-work approach and enabling persons with disabilities to actively participate in mainstream education and employment. In many cases, however, countries provide disability benefits only for persons who are deemed unable to work (often requiring beneficiaries to prove that they are unable to earn a livelihood), yet do not provide the necessary support that would enable persons with disabilities to engage in employment. This practice discourages persons with disabilities from working. For the accomplishment of SDG target 8.5 on the promotion of employment and decent work,

Box 3.18 Towards universalism: Extending non-contributory disability cash benefits in Argentina, Ethiopia, Ghana, Indonesia, Kyrgyzstan, Nepal, South Africa, Timor-Leste and Ukraine

Recent developments include universal schemes for persons with disabilities in Nepal and South Africa. Other countries have made notable progress in the area of non-contributory disability cash benefits, either mainstreaming disability in broader schemes (Ethiopia, Ghana) or creating specific schemes for persons with disabilities (Argentina, Indonesia, Kyrgyzstan, South Africa) (see Abu Alghaib, forthcoming).

- Argentina has dramatically increased the effective coverage of disability pensions between 1999 and 2016, quintupling the number of recipients to 1.5 million. The expansion of social spending is estimated to have been between 0.03 and 0.35 per cent of GDP between 1997 and 2010 (Grosh, Bussolo and Freije, 2014).
- In 2015 Ethiopia scaled up its Productive Safety Net Programme (PSNP), expected to reach 5 million beneficiaries. PSNP has two components: public works for households with labour capacity (4.1 million), and social assistance for those with members incapable of work (1.1 million) (World Bank, 2014). As disability is one of eligibility criteria for the latter component, many households with persons with disabilities should benefit.
- Ghana's Livelihood Employment against Poverty Programme (LEAP) includes disability status as one of the criteria in the proxy means test. LEAP partially benefits households that have persons with severe disabilities who are unable to work. It covered about 8,000 (11 per cent) of the total number of beneficiary households as of June 2014 (Ghana Ministry of Gender, Children and Social Protection, 2014; ILO, 2015).
- Indonesia has a disability-specific scheme, providing social assistance for persons with severe disability (ASODKB). The progress of coverage extension is relatively slow, largely due to financial constraints. The number of beneficiaries rose slightly, from 20,000 to 23,000, between 2011 and 2015 (Adioetomo, Mont and Irwanto, 2014; JICA, 2015).
- Kyrgyzstan has been making rapid progress in the extension of its universal (categorical) disability benefit programme (Monthly Social Benefit, MSB) to 58,000 beneficiaries out of 167,000 persons with disabilities (ESCAP, 2016; Kyrgyz Republic Ministry of Social Development, 2014). Persons with disabilities receive different benefit packages depending on their age.
- Nepal's universal disability allowance for persons with severe disabilities, introduced in 1996 together with universal allowances for older persons and widows, is managed by the Ministry of Local Development. Persons with severe disabilities receive NPR 1,000 per month, while partially disabled beneficiaries receive NPR 300 per month (Global Partnership for Universal Social Protection, 2016d).
- South Africa has greatly advanced on universal coverage for persons with disabilities through a combination of means-tested disability benefits: Care Dependency Grants (CDG) for 145,000 children with severe disabilities, Disability Grants (DG) for 1.1 million working-age adults with disabilities who are unable to work, and Grants-in-Aid (GIA) providing additional benefits for 166,000 individuals who require higher protection among the recipients of CDGs and DGs as of March 2017 (Global Partnership for Universal Social Protection, 2016e; SASSA, 2017).
- Timor-Leste's universal old-age and disability pension provides the equivalent of US$30 per month for adults living with disabilities, reaching 7,313 persons with disabilities (Global Partnership for Universal Social Protection, 2016f).
- Ukraine has a mandatory social security system that provides old-age, disability and survivors' pensions to all eligible citizens, with a combination of contributory benefits for those meeting the minimum qualifying period and social assistance for others (Global Partnership for Universal Social Protection, 2016g).

a more transformative approach would be necessary that supports persons with disabilities in accessing productive employment and enables them to earn a livelihood independently in the community. Considering persons with disabilities as capable economic players, an enabling approach would recognize their capacities and contribute to removing barriers to their accessing the labour market (box 3.19).[41]

Second, social protection systems can support a shift from institutionalization to independently living in the community. Far too often, persons with disabilities have been institutionalized in care facilities. Based on an enabling approach, social protection can support independent living in the community by providing at least basic income security, effective access to health care and additional benefits to cover disability-related

[41] Disability benefits can contribute to promoting economic empowerment by providing benefits to cover disability-specific costs, such as the costs of assistive devices, personal assistance or additional transport costs. Such coverage of disability-related costs can facilitate participation in employment.

Box 3.19 Social protection and its contribution to a virtuous cycle towards decent work

By improving access to education for those with disabilities, social protection can contribute to creating a virtuous cycle leading to increased access to productive employment in the future.

Education is particularly important to persons with disabilities when it comes to access to decent work. Recent studies indicate an association between education and employability, disability and education, and disability and unemployment in low- and middle-income countries (Banks and Polack, 2014). A study for Viet Nam found that employment rates for men and women with disabilities were respectively 53 and 43 per cent lower than those for persons without disabilities (Mizunoya, Mitra and Yamasaki, 2016). A similar trend holds in regional surveys for Asia and the Pacific, and for the Arab States: employment rates of persons with disabilities were likely to be lower than the national average (ESCAP, 2016; ESCWA and League of Arab States, 2014). In Nepal, persons with disabilities had significantly fewer years of schooling, but wage returns on investment in their education were found to be higher than for their counterparts without disabilities (Lamichhane and Sawada, 2013). The combination of limited education with low employability on one hand, and high returns to education on the other, may help States to take the rational decision of investing in improving access to education for persons with disabilities. The evidence from these studies implies that inclusive education leads to increased earning capacity of persons with disabilities, and eventually increased national earning capacity. High labour productivity of persons with disabilities would cost less in social spending and medical expenditures, and enhance work opportunities for caregivers.

Children with disabilities often face barriers in access to basic education. A global study on the impact of disability on school attendance in 15 developing countries found that the average gap in attendance was 30 per cent in both primary and secondary schools; 85 per cent of primary-age children with disabilities who were out of school had never attended school; and general education policies had not improved access for children with disabilities, even though countries had nearly achieved universal primary education (Mizunoya, Mitra and Yamasaki, 2016). Similarly, another empirical study in Uganda reaffirms the argument that a universal primary education policy, waiving tuition fees, would not be sufficient to improve school attendance of children with disabilities, and points out the need for disability-specific schemes to provide children with disabilities with social protection benefits that encourage families to send them to school (Lamichhane and Tsujimoto, 2017).

Investing in inclusive social protection systems for persons with disabilities is eventually good for economic growth. Excluding them from the labour market and society is not only a matter of human rights but also a significant loss of economic drivers. Persons with disabilities account for 15 per cent of the world's population, of which 785 million persons with disabilities are of working age (15 years or over) (WHO and World Bank, 2011). The potential economic loss of excluding these populations is estimated at 3–7 per cent of GDP (Buckup, 2009). An investment in social protection systems to support those with disabilities in accessing productive employment can therefore contribute to a great advance in economic growth. In other words, the potential impact of their empowerment and participation cannot be overestimated, once the economic and social barriers to accessing the education system and productive labour market are removed through appropriate measures in social protection and other policy areas.

costs. This will also contribute to facilitating participation in education and skills development, and promoting their full and effective participation, choice and control in the labour market.

Third, social protection systems can also contribute to a better recognition of disability-related costs by taking them into consideration when designing social protection programmes (box 3.20). Recent studies point to the inadequacy of benefit levels that barely fulfil a minimum level of living and are not sufficient to allow persons with disabilities to accumulate social and human capital for economic independence in low- and middle-income countries (Banks et al., 2017; Kuper et al., 2016; Palmer, 2013), and stress the importance of reflecting this in the design of schemes and programmes. Few countries, however, have rigorous estimates that could help policy-makers assess the adequacy of disability benefits.[42] In addition, a qualitative study conducted in Viet Nam poses a methodological question for the estimation of disability costs (Palmer et al., 2015). One-size-fits-all eligibility criteria for proxy means tests, and uniform benefit levels which do not take into account disability-related costs, indeed put persons with disabilities at a disadvantage (Kidd et al., forthcoming). The design of disability benefit programmes should consider disability-related costs,

[42] A systematic review of existing literatures indicates that there is too little rigorous quantitative data to develop globally comparative evidence on the extra costs of living with a disability (Mitra et al., 2017).

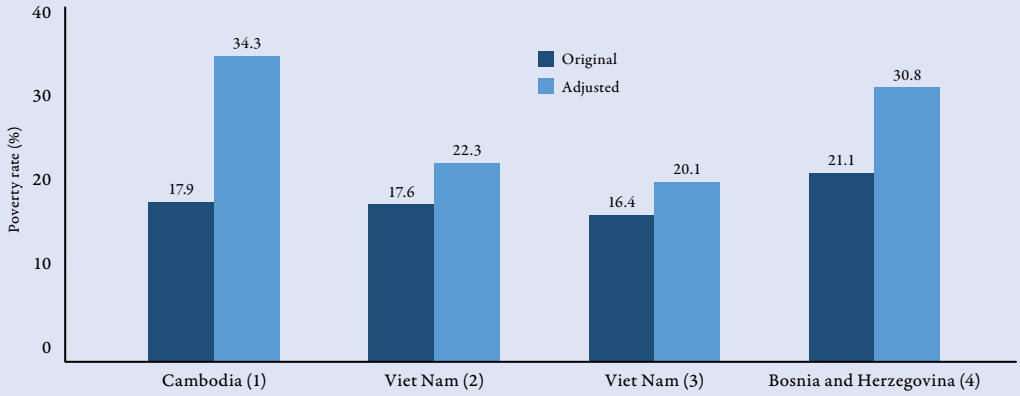
Box 3.20 Underestimated poverty and additional costs of living with disabilities

There is increasing recognition that monetary poverty for persons with disabilities is largely underestimated because the commonly accepted poverty measurement based on household income or consumption does not always take disability-related costs into account.

In Cambodia, an empirical study estimated that, on average, persons with disabilities incur an additional cost of US$40 per month, which is equivalent to 17.1 per cent of household income (see figure 3.28). If these costs are taken into account, the poverty rate would nearly double to 34.3 per cent for households including persons with disabilities (Palmer, Williams and McPake, 2016). In Viet Nam, disability-related costs were estimated at 11.5 per cent of household income, and would increase the poverty rate by 4.7 percentage points (Mont and Cuong, 2011); another estimate for the same country was 9 per cent and would raise the poverty rate by 3.7 percentage points (Braithwaite and Mont, 2009). In Bosnia and Herzegovina, disability-related costs were estimated at 14 per cent, which would raise the poverty rate by 9.7 percentage points (ibid.).

These considerations have important implications for social protection policy. If disability-related costs are not taken into account, poverty-targeted and other programmes potentially underestimate the needs of persons with disabilities and provide an inadequate level of benefits for poor households having disabled members.

Figure 3.28 Impact of adjusting for disability-related costs on measured poverty rates, selected countries (percentage)



Note: The figure shows poverty headcount ratio of households including persons with disabilities, and adjusted ratio when taking into account disability-related costs.

Sources: (1) Palmer, Williams and McPake, 2016; (2) Mont and Cuong, 2011; (3) and (4) Braithwaite and Mont, 2009.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54652

for example through adopting the twin-track approach providing general benefits through mainstream schemes and additional support through disability-specific schemes.

In addition, the collection of disaggregated administrative data by disability status[43] is a critical issue for the implementation of the SDGs as well as the development of evidence-based policies (UN, 2016b; UNDP et al., 2016). Although some countries have disaggregated data collected through household surveys, they rarely have administrative data that would allow them to assess the disability status of social protection beneficiaries.[44] This is especially important for the progress monitoring of SDG indicator 1.3.1: extending social protection to persons with disabilities. The collection of disaggregated administrative data should be conducted in an internationally comparable manner and on a frequent and regular basis.

[43] Such disaggregated data would allow States to monitor SDG indicators by type and severity of disabilities.

[44] Even though States may not have administrative data, they could still improve household surveys by integrating a set of disability-related questions into their questionnaires, such as The Washington Group Short Set of Disability Questions (Washington Group, 2016). This would allow them to collect some disaggregated data that would be useful in the development of inclusive policies.

4 Social protection for older women and men

Fighting poverty through pension systems

KEY MESSAGES

- Pensions for older women and men are the most widespread form of social protection in the world, and a key element in SDG 1.3. At the global level, 68 per cent of people above retirement age receive a pension, either contributory or non-contributory.
- Significant progress has been made in extending pension system coverage in developing countries. Universal pensions have been developed in Argentina, Belarus, the Plurinational State of Bolivia, Botswana, Cabo Verde, China, Georgia, Kyrgyzstan, Lesotho, Maldives, Mauritius, Mongolia, Namibia, Seychelles, South Africa, Swaziland, Timor-Leste, Trinidad and Tobago, Ukraine, Uruguay, Uzbekistan and Zanzibar (United Republic of Tanzania). Other developing countries, such as Azerbaijan, Armenia, Brazil, Chile, Kazakhstan and Thailand, are near universality.
- However, the right to social protection of older persons is not yet a reality for many. In most low-income countries, less than 20 per cent of older persons over statutory retirement age receive a pension. In many developing countries, a large proportion of older persons still depend heavily on family support arrangements.
- Observed trends vary substantially across regions and even between countries within the same region. In countries with comprehensive and mature systems of social protection, with ageing populations, the main challenge is to maintain a good balance between financial sustainability and pension adequacy. At the other extreme, many countries around the world are still struggling to extend and finance their pension systems; these countries face structural barriers linked to development, high levels of informality, low contributory capacity, poverty and insufficient fiscal space, among others.
- A noticeable trend in developing countries is the proliferation of non-contributory pensions, including universal social pensions. This is very positive, particularly in countries with high levels of informality, facing difficulties in extending contributory schemes. Trends show that many countries are succeeding in introducing a universal floor of income security for older persons.
- Public schemes, based on solidarity and collective financing, are by far the most widespread form of old-age protection globally. Pension privatization policies, implemented in the past in a number of countries, did not deliver the expected results, as coverage and benefits did not increase, systemic risks were transferred to individuals and fiscal positions worsened. As a result, a number of countries are reversing privatization measures and returning to public solidarity-based systems.
- Recent austerity or fiscal consolidation trends are affecting the adequacy of pension systems and general conditions of retirement. In several countries, these reforms are putting at risk the fulfilment of the minimum standards in social security, and eroding the social contract. Countries should be cautious when designing reforms to ensure that pension systems fulfil their mission of providing economic security to older persons.

4.1 SDGs and income security in old age

Ensuring income security for people during their old age is a crucial objective among the welfare goals that modern societies seek to realize (see box 4.1). Throughout their working life, when most people enjoy good health and productive capacity, they contribute to national development and progress, so it would seem fair that once they get older they are not left behind and that prosperity is shared with them.

In order to meet this objective, which is closely linked to the human right to social security, reliable mechanisms that ensure systematic protection against risks of vulnerability of older persons are required. While some population groups can access protection mechanisms through individual efforts, such as personal savings or house ownership, or even if others can take advantage of intra-generational family support mechanisms, the reality faced by the majority of the world's population, especially in the developing world, is that sources of income are unreliable even during working age. In particular, as the direct consequence of informality, which is linked to the structural problems of economic development in many countries, only a small fraction of the world population has the capacity to fend for itself during old age. Hence the crucial role played by social protection systems for older persons.

For these reasons, public pension systems have become a foundation on which income security for older persons has been built. Income security in old age also depends on the availability of, access to, and cost of other social services including health care, housing and long-term care. In addition to the public social services, in-kind benefits may also include housing and energy subsidies, home help and care services, and residential care. If affordable access to such services is not provided, older persons and their families can be pushed into extreme poverty, even in developed countries. In countries with wider access to quality public services, poverty among older persons is also significantly lower.

The 2030 Agenda, in particular SDG target 1.3, calls for the implementation of national social protection systems for all, including floors, with special attention to the poor and the vulnerable. In order to guarantee that no older person is left behind, policy- and decision-makers should take into consideration the construction of comprehensive social protection systems based on the principle of universality. Recommendation No. 202, adopted unanimously by ILO constituents in 2012, calls for combining contributory public pensions with non-contributory pension schemes in order to protect the whole population. While SDG 1.3 calls explicitly for the implementation of nationally appropriate social protection systems and measures for all, including floors that provide income security in old age, it has to be noted that social protection – and income security in old age in particular – contributes to a variety of other goals and addresses issues beyond SDG 1. Income security in old age also contributes significantly to SDG 5 (supporting gender equality and the empowerment of women) and SDG 10 (helping to reduce inequality within and among countries). Furthermore, income security in old age contributes indirectly to many other SDGs, for instance to SDG 11, where income security in old age can be instrumental in supporting families and individuals in accessing adequate, safe and affordable housing. Income security in old age therefore plays a key role in achieving the goals set by the global community under the framework of the Sustainable Development Goals and contributes to, among others, the fundamental commitment to end poverty in all its forms and dimensions, including eradicating extreme poverty by 2030, ensuring that all people enjoy a decent standard of living.

4.2 Types of pension schemes

Throughout the history of social security, public pension schemes have proved to be an effective instrument in ensuring income security of older persons as well as in combating poverty and social inequality.

According to international experience, pension systems can be organized in many different ways. The objective of classifying pension schemes is to categorize the underlying operative principles of such schemes, as well as to enable general comparisons of their impact in fulfilling the social security objectives. From the ILO perspective, all pension schemes that contribute towards old-age income security are relevant. Their degree of relevance is however gauged by their compliance with ILO standards on social security.

The vast majority of countries (186 out of 192 countries for which information is available) provide pensions in the form of a periodic cash benefit through at least one scheme and often through a combination of different types of contributory and non-contributory schemes (see figure 4.1). The remaining six countries do not offer periodic benefits; some provide

Box 4.1 International standards on old-age pensions

The rights of older persons to social security and to an adequate standard of living to support their health and well-being, including medical care and necessary social services, are laid down in the major international human rights instruments, the Universal Declaration of Human Rights (UDHR), 1948, and (in more general terms) the International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966.[1] The content of these rights is further specified in the normative body of standards developed by the ILO, which provide concrete guidance to countries for giving effect to the right of older persons to social security, from basic levels to full realization.[2]

The Social Security (Minimum Standards) Convention, 1952 (No. 102), the Old-Age, Invalidity and Survivors' Benefits Convention, 1967 (No. 128), and its accompanying Recommendation No. 131, and the Social Protection Floors Recommendation, 2012 (No. 202), provide an international reference framework setting out the range and levels of social security benefits that are necessary and adequate for ensuring income maintenance and income security, as well as access to health care, in old age. The extension of coverage to all older persons is an underlying objective of these standards, with the aim of achieving universality of protection, as explicitly stated in Recommendation No. 202.

Conventions Nos 102 and 128 and Recommendation No. 131 make provision for the payment of pensions in old age, at guaranteed levels, upon completion of a qualifying period, and their regular adjustment to maintain pensioners' purchasing power. More particularly, Conventions Nos 102 and 128 envisage the provision of income security to people who have reached pensionable age through earnings-related contributory pensions (guaranteeing minimum benefit levels, or replacement rates corresponding to a prescribed proportion of an individual's past earnings – in particular for those with lower earnings) and/or by flat-rate non-contributory pensions which can be either universal or means-tested. The guaranteed minimum levels for the latter should be a prescribed proportion of the average earnings of a typical unskilled worker, but the "total of the benefit and other available means … shall be sufficient to maintain the family of the beneficiary in health and decency" (Convention No. 102, Art. 67(a)).

Recommendation No. 202 completes this framework by calling for the guarantee of basic income security to all persons in old age, prioritizing those in need and those not covered by existing arrangements. Such a guarantee would act as a safeguard against poverty, vulnerability and social exclusion in old age for people not covered by contributory pension schemes. It is also of high relevance to pensioners whose benefits are affected by the financial losses suffered by pension funds, whose pensions are not regularly adjusted to changes in the costs of living, or whose pensions are simply inadequate to secure effective access to necessary goods and services and allow life in dignity. ILO social security standards thus provide a comprehensive set of references and a framework for the establishment, development and maintenance of old-age pension systems at national level.

An important social policy challenge facing ageing societies is to secure an adequate level of income for all people in old age without overstretching the capacities of younger generations. In view of the financing and sustainability challenge faced by social security systems in the context of demographic change, the State has a vital role to play in forecasting the long-term balance between resources and expenditure in order to guarantee that institutions will meet their obligations towards older persons. The principle in ILO social security standards, strongly reaffirmed recently by Recommendation No. 202, of the overall and primary responsibility of the State in this respect will undoubtedly play an important role in how future governments are held accountable for the sustainability of national social security systems in view of, among other factors, demographic change.

[1] UDHR, Arts 22 and 25(1); ICESCR, Art. 9. [2] See CESCR, 2008.

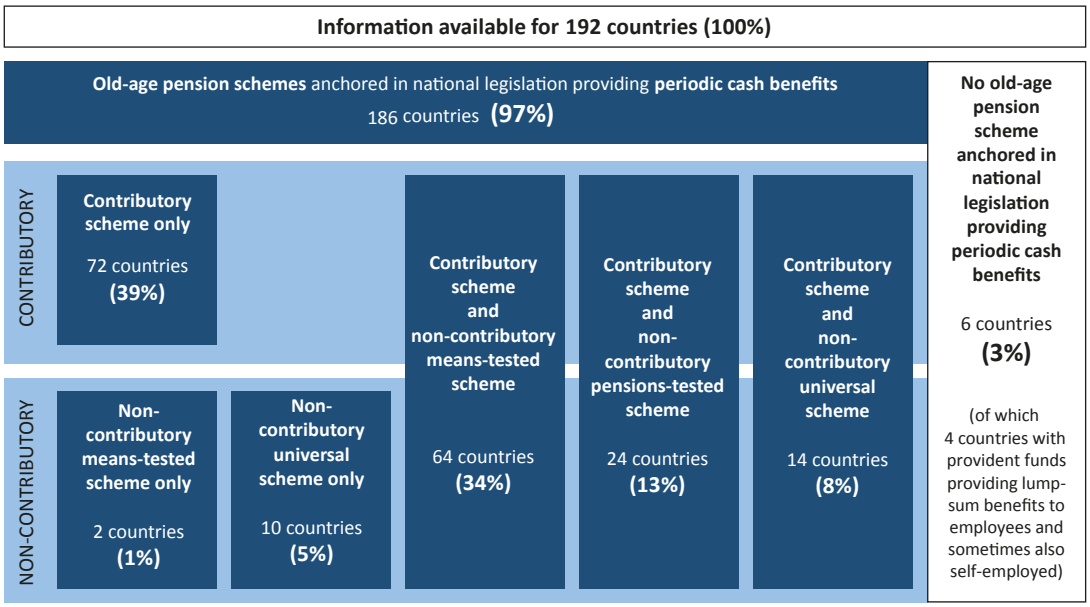
lump-sum benefits through provident funds or similar programmes.

In 72 countries (39 per cent of the total number of countries with available information) there are only contributory schemes; the vast majority of them operate under a social insurance scheme, mainly covering employees and self-employed workers.

Among the countries considered, in 12 cases pensions are provided exclusively through non-contributory schemes. Of these, the majority provide universal coverage.

The combination of contributory and non-contributory schemes is the most predominant form of organization of pension systems in the world: 102 countries feature both contributory and non-contributory pension schemes. The non-contributory schemes in these countries vary: 14 countries provide universal benefits to all older persons above a certain age threshold; 24 countries provide pensions-tested benefits to older persons who do not receive any other pension; and 64 countries provide means-tested benefits to older persons below a certain income threshold.

Figure 4.1 Overview of old-age pension schemes, by type of scheme and benefit, 2015 or latest available year



Sources: ILO, World Social Protection Database; ISSA/SSA, Social Security Programs Throughout the World. See also Annex IV, tables B.9 and B.10.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54653

4.3 Legal coverage

While a global trend towards increasing both legal and effective coverage of pension systems is observed, for most of the world's population the right to income security in old age is unfulfilled, and considerable inequalities persist. Globally, 67.6 per cent of the working-age population are covered by existing laws under mandatory contributory and non-contributory schemes,[1] and would therefore potentially be eligible for an old-age pension on reaching the prescribed age if these laws were properly implemented and enforced (see figure 4.2). In addition to mandatory contributory and non-contributory schemes, 17.7 per cent of the working-age population have the possibility to contribute voluntarily, yet in many cases few people make use of this option.

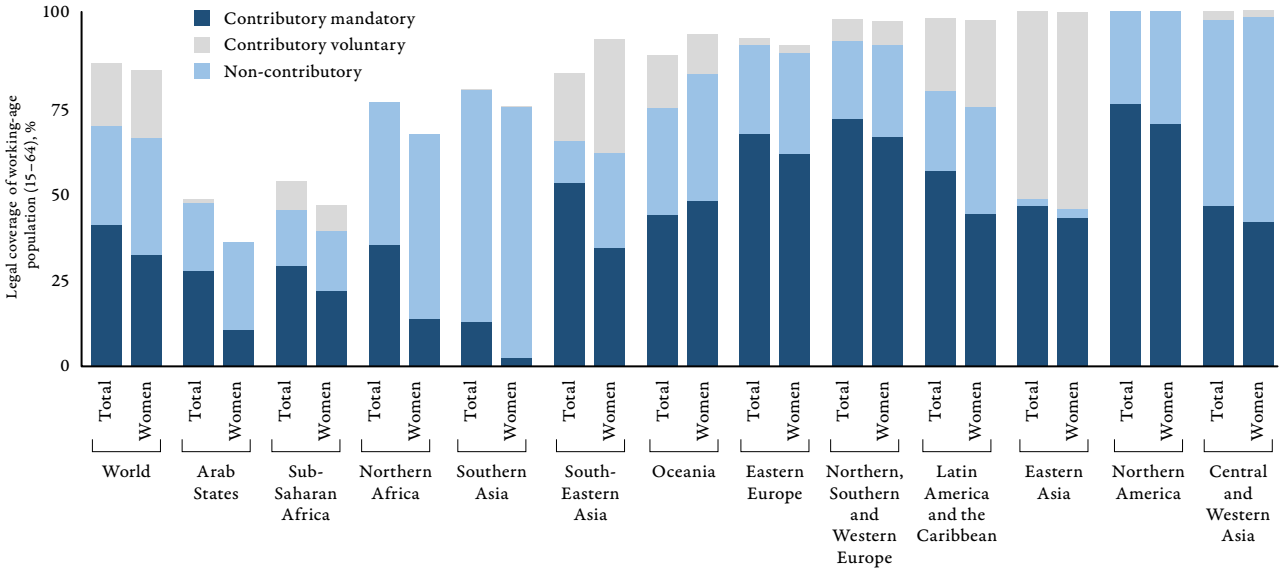
Legal coverage for women is somewhat lower than that for the entire population, at 64.1 per cent, which largely reflects their lower labour market participation rates and their over-representation among those working as self-employed or unpaid family workers, particularly in agriculture, as domestic workers or in other occupations or sectors frequently not covered by existing legislation. For example, in the Arab States, legal coverage of women is only 34.8 per cent, while total population coverage is at 45.9 per cent. Similar trends can be observed for sub-Saharan and Northern Africa, where women's legal coverage is lower in comparison to total population. In these regions, women whose husbands were covered by contributory schemes are in many countries entitled to survivors' pensions which often become their only source of income.

4.4 Effective coverage: Monitoring SDG indicator 1.3.1 for older persons

While legal coverage refers to the extent to which existing legal frameworks offer legal entitlements, effective coverage refers to the effective implementation of the legal framework. The beneficiary coverage ratio presented in figure 4.3 shows the percentage of older persons above statutory pensionable age receiving contributory or non-contributory pensions. This serves for monitoring the SDG indicator 1.3.1.

[1] The extent of legal coverage for old age is defined as the proportion of the working-age population (or alternatively the labour force) covered by law with schemes providing periodic cash benefits once statutory pensionable age or other eligible age is reached. The population covered is estimated by using the available demographic, employment and other statistics to quantify the size of the groups covered as specified in the national legislation. Actual, effective coverage is often significantly lower than legal coverage where laws are not implemented fully or enforced. For additional details, see the glossary in Annex I, as well as Annex II.

Figure 4.2 Old-age pensions, legal coverage: Percentage of the working-age population (15–64 years) covered by existing law under mandatory contributory and non-contributory old-age pensions, by region and type of scheme, latest available year

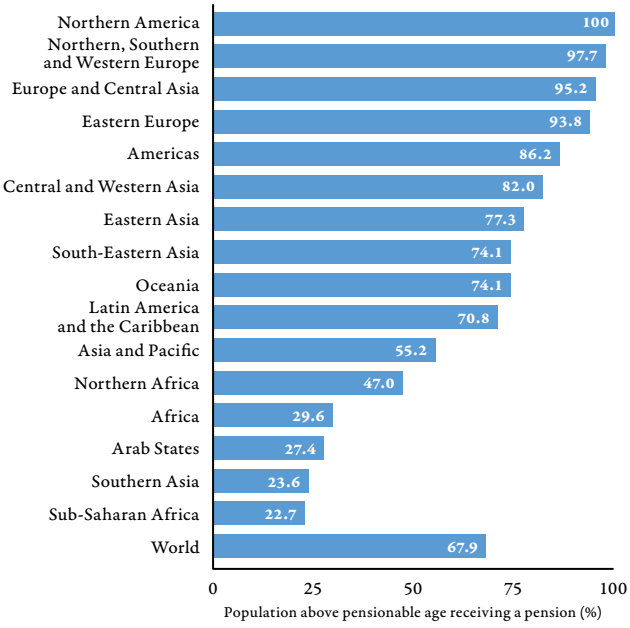


Note: Regional and global estimates weighted by working-age population.

Sources: ILO, World Social Protection Database, based on SSI; ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT, completed with national statistical data for the quantification of the groups legally covered. See also Annex IV, table B.9.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54654

Figure 4.3 SDG indicator 1.3.1 on effective coverage for older persons: Percentage of persons above statutory pensionable age receiving a pension, by region, latest available year



Notes: Proportion of older persons receiving a pension: ratio of persons above statutory pensionable age receiving an old-age pension to the persons above statutory pensionable age. Regional and global estimates weighted by population of pensionable age. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; OECD SOCR; national sources. See also Annex IV, tables B.11 and B.12.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54655

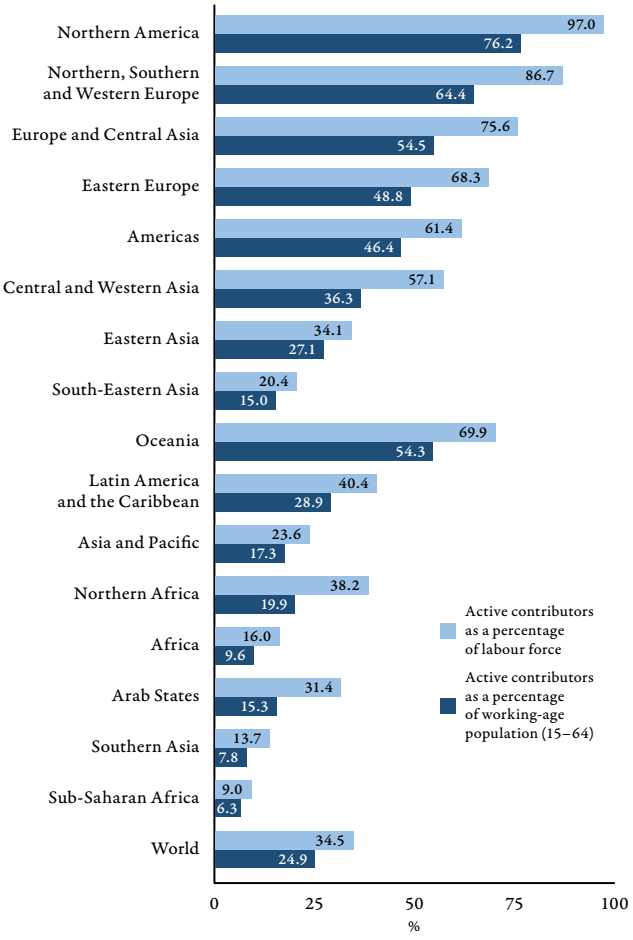
Worldwide, 68 per cent of people above retirement age receive a pension, either contributory or non-contributory.[2] Consequently, compared with other social protection functions, income protection of older persons is the most widespread form of social protection, showing significant development over the last few years. Regional differences in income protection for older persons are very significant: coverage rates in higher-income countries are close to 100 per cent, while in sub-Saharan Africa they are only 22.7 per cent, and in Southern Asia 23.6 per cent.[3]

Figure 4.4 presents two additional indicators to understand the extent to which the existing statutory frameworks are implemented. Focusing on contributory pensions, the "contributor coverage ratio" in its two variants provides some indication of future pension coverage: it shows the percentages of, respectively, those who are economically active ("contributors/labour force coverage ratio") and those of working age ("contributors/population coverage ratio") who contribute to existing contributory pension schemes.

[2] Weighted by population of pensionable age.

[3] As the available data for many countries do not allow for a detailed age breakdown of old-age pensioners, the indicator is calculated as the total number of beneficiaries of old-age pensions as a proportion of the population above statutory pensionable age.

Figure 4.4 Old-age pensions, effective coverage: Active contributors to pension schemes as a percentage of the labour force and working-age population, by region, latest available year



Notes: Active contributors: the age range considered is 15–64 for the denominator and, as far as possible, also for the numerator in the case of active contributors. Regional and global estimates weighted by working-age population.

Sources: ILO World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, tables B.11 and B.12.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54656

The contributor coverage ratio gives an indication of the proportion of the working-age population – or the labour force – which will have access to contributory pensions in the future based on current contributory effort. Although this measure does not reflect non-contributory pensions, it still provides an important signal regarding future coverage levels, taking into account that benefit levels in contributory pension schemes are normally higher than those from non-contributory schemes. At the global level, roughly a quarter of the working-age population (24.9 per cent) contribute to a pension scheme, with large regional variations ranging from 6.3 per cent in sub-Saharan Africa to 76.2 per cent in Northern America.

Looking at the contributor coverage ratio as a percentage of the labour force, 34.5 per cent of the global labour force contribute to a pension insurance scheme, and can therefore expect to receive a contributory pension upon retirement. Owing to the high proportion of informal employment in sub-Saharan Africa, only 9.0 per cent of the labour force contribute to pension insurance and accumulate rights to a contributory pension. In South-Eastern Asia, about one-fifth of the labour force (20.4 per cent) contribute, while in Southern Asia coverage is only 13.7 per cent; contributor coverage ratios are slightly higher in the Arab States (31.4 per cent), Eastern Asia (34.1 per cent), Northern Africa (38.2 per cent), Latin America and the Caribbean (40.4 per cent), Central and Western Asia (57.1 per cent) and Eastern Europe (68.3 per cent). Northern, Southern and Western Europe and Northern America reach coverage rates of 86.7 and 97.0 per cent respectively, followed by Europe and Central Asia and Oceania with 75.6 and 69.9 per cent of the labour force respectively.

In lower-income countries, usually only a very small proportion of those employed are wage and salary earners with formal employment contracts, and are thus relatively easily covered by contributory pensions. Informality, contribution evasion and fragile governance (including lack of institutional capacity to ensure enforcement of laws) are also more prevalent in lower-income countries. That is why effective coverage seems to be strongly associated with a country's income level, although it is in fact labour market structures, law enforcement and governance that actually exert the critical influence.

With efforts to extend contributory schemes to all with some contributory capacity, and with the introduction of non-contributory pensions in a larger number of countries, coverage has been extended significantly to workers in informal employment, providing at least a minimum of income security in old age. The following section will address these trends in more detail.

4.5 Trends in pension coverage across the world: Achieving universal social protection for all older persons

While there is still room for improvement, a significant number of countries across the world have achieved substantial progress in terms of effective pension coverage in recent years. Whereas in 2000 only 34 countries reached high effective coverage of more than 90 per cent of the population above statutory pensionable

Box 4.2 Universal social pensions in the Plurinational State of Bolivia, Botswana, Lesotho, Namibia, Timor-Leste and Zanzibar (United Republic of Tanzania)

The experiences of the Plurinational State of Bolivia, Botswana, Lesotho, Namibia and Zanzibar (United Republic of Tanzania) show that universal, non-contributory social pensions for older persons are feasible and can be financed by governments of low- and middle-income countries.

Plurinational State of Bolivia: Despite having the lowest GDP per capita on the South American continent, the Plurinational State of Bolivia has one of the highest coverage rates in old-age pensions. With the introduction of the non-contributory old-age pension called Renta Dignidad in 2007, it achieved universal coverage. Renta Dignidad reaches around 91 per cent of the population over the age of 60, providing benefit levels at around US$36 per beneficiary without a contributory pension and around US$29 for recipients of contributory schemes. The programme costs around 1 per cent of GDP and is financed from a direct tax on hydrocarbons and dividends from state-owned companies. It has led to a 14 per cent poverty reduction at the household level and has secured beneficiary incomes and consumption. In households receiving the benefit, child labour has dropped by half and school enrolment has reached close to 100 per cent.

Botswana: The universal old-age pension is estimated to reach all citizens above 65 years of age. The pension is a monthly cash transfer of US$30, which is just over a third of the food poverty line. This is modest and sustainable. The pension and other social protection programmes, complemented by drought response and recovery measures, have contributed substantially to overall poverty reduction, with extreme poverty in Botswana falling from 23.4 per cent in 2003 to 6.4 per cent in 2009–10.

Lesotho: With more than 4 per cent of its population above the age of 70, Lesotho has a larger share of older people than many countries in sub-Saharan Africa. All citizens over 70 years of age are entitled to a monthly old-age pension (OAP) of LSL 550, equivalent to US$40. It is the largest regular cash transfer in Lesotho, covering about 83,000 persons. While coverage of eligible persons is approximately 100 per cent, it is estimated that many more benefit indirectly. The OAP costs about 1.7 per cent of GDP and is financed by general taxation, which largely comes from revenues of the Southern African Customs Union. Complementary services and transfers provided as part of the national social protection system include subsidized or free primary health care at government health centres and government hospitals, free antiretroviral treatment medication for HIV/AIDS patients, and a cash grant administered by local governments for those deemed "needy".

Namibia: The Basic Social Grant in Namibia guarantees all residents over 60 years of age a monthly allowance of NAD 1,100 (approximately US$78), lifting the beneficiary well above the poverty line. Beneficiaries have been found to share the grant with the extended family, especially by supporting the schooling and well-being of grandchildren. While there are some problems in reaching people in remote areas, the total coverage is estimated to be over 90 per cent.

Timor-Leste: The old-age and disability pension is a universal non-contributory scheme for all Timorese people above 60 years of age and those living with disabilities. It reaches 86,974 older people and provides US$30 per month, which is slightly above the national poverty line. A 2011 simulation estimated that the pension had reduced national poverty from 54 to 49 per cent, and poverty among older persons from 55.1 to 37.6 per cent. With the creation of the Contributory Social Security Scheme in future, it is estimated that some of the current beneficiaries will move to the contributory system and thus reduce pressure on the budget for the non-contributory scheme.

Zanzibar: In April 2016, Zanzibar (United Republic of Tanzania) became the first territory in East Africa to implement a social pension financed fully by the Government. The Universal Pension Scheme provides all residents over the age of 70 a monthly pension of TZS 20,000 (US$9). In a place with high poverty and high work informality, very few people are eligible for the contributory pension. The benefit level is admittedly modest and cannot lift older people out of poverty on its own, but it is a reasonable first step towards expanding a universal pension. In May 2016, 21,750 people, or 86 per cent of the eligible population, received the universal pension.

Sources: Based on Global Partnership for Universal Social Protection, 2016f, 2016h, 2016i, 2016j, 2016k, 2016l.

age, 53 countries fall into this category in 2015–17. In addition, the number of countries where pension provision reaches less than 20 per cent of older persons fell to 51, according to the most recent data available, compared to 73 countries in 2000. Overall, the data indicate positive trends, both in legal and effective coverage.

Many countries experienced a marked increase in coverage between 2000 and 2015–17, and a large number of developing countries achieved universal coverage for all older persons. Universal pensions have been instituted in Algeria, Argentina, Armenia, Azerbaijan, Belarus, the Plurinational State of Bolivia, Botswana, Brazil, Cabo Verde, Chile, China, Cook Islands, Georgia, Guyana, Kazakhstan, Kiribati, Kosovo, Kyrgyzstan, Lesotho, Maldives, Mauritius, Mongolia, Namibia, Nepal, Seychelles, South Africa, Swaziland, Thailand, Timor-Leste, Trinidad and Tobago, Ukraine, Uruguay, Uzbekistan and Zanzibar (United Republic of Tanzania). Experience shows that universal coverage may be achieved by either creating tax-funded non-contributory social pensions for all (see box 4.2), or by a mix of contributory and non-contributory schemes (see box 4.3).

Box 4.3 Universal social protection for older persons through a mix of contributory and non-contributory schemes: Argentina, Brazil, Cabo Verde, China, Kyrgyzstan, Maldives, South Africa, Thailand, Trinidad and Tobago

In recent decades, many countries have made significant efforts to expand the coverage of contributory pension schemes and establish non-contributory social pensions to guarantee basic income security for all older persons. The experiences described here show that extending pension coverage to citizens over a relatively short period is possible.

Argentina: Coverage rates in Argentina rose from 69 to close to 100 per cent of older persons between 2003 and 2015. The extension was made possible partly through a temporary flexibilization measure (the pension moratorium), under which older adults who do not have the 30 years of contributions required to receive benefits were made eligible for a pension if they joined a plan to pay the contribution years they had missed retroactively, under very favourable conditions.

Brazil: The old-age pension system integrates contributory, semi-contributory and non-contributory schemes which cover both public and private sector workers as well as smallholder farmers and rural workers. The non-contributory social assistance grants are means-tested benefits for people aged 65 or over and persons with disabilities. The system has nearly universal coverage, as 80.2 per cent of those aged 65 and over received a pension in 2014. Benefit levels are earnings-related for the contributory schemes. They are equal to the minimum wage for smallholder farmers and rural workers and those receiving the social assistance pension.

Cabo Verde: With social protection high on its development agenda, Cabo Verde took two major steps towards a universal pension system by creating the National Centre of Social Pensions (CNPS) in 2006 and unifying pre-existing non-contributory pension programmes. This unified scheme guarantees basic income security for persons over 60 years old and persons with disabilities including children with disabilities living in poor families. Social pensions have helped reduce poverty, adding a key pillar to Cabo Verde's strategy of establishing a more comprehensive social protection floor. Today social pensions, in combination with the contributory scheme, cover about 85.8 per cent of the population above pensionable age, and provide benefits at around US$65 (20 per cent higher than the poverty line). Pensioners also benefit from the Mutual Health Fund, which subsidizes the purchase of medicines from private pharmacies and provides a funeral allowance. The social pensions cost nearly 0.4 per cent of GDP and are fully financed from the general state budget, whereas the Mutual Health Fund is financed from beneficiaries' monthly contributions of 2 per cent of the social pension's current value.

China: Before 2009, only two institutional mechanisms for income security in old age existed in China: one for urban workers based on social insurance principles, and one for civil servants and others of similar status based on the employer liability approach. Together they covered in 2008 under 250 million people (including pensioners), or about 23 per cent of the population aged 15 and above. Following a series of reforms in 2009, 2011, 2014 and 2015, an old-age pension scheme was established for the rural and urban populations not participating in the social insurance scheme, while the civil servants' scheme was merged with the social insurance scheme for urban workers. In 2015, 850 million people were covered under the pension system; by 2017, universal coverage had been achieved.

Kyrgyzstan: The contributory retirement, disability and survivors' pension is the largest social protection scheme in Kyrgyzstan. It covers workers in the public and private sectors as well as informal economy and agricultural workers. In addition, a non-contributory Monthly Social Benefit covers other older people, with a benefit amount fixed at KGS 1,000 since 2011. More than 90 per cent of the population over the age of 65 receives a pension, which has a major impact on reducing poverty in old age.

Maldives: Coverage was successfully extended through a series of reforms between 2009 and 2014, establishing a two-pillar system including the non-contributory Old Age Basic Pension and the contributory Maldives Retirement Pension Scheme. The system covers public sector employees and has extended coverage to the private sector (2011) and to expatriates (2014). The Senior Citizen Allowance provides a further pension top-up to address poverty and inequality. Pension coverage has gradually increased since the reforms and in 2017 is close to 100 per cent. →

As indicated in figures 4.5 and 4.6, a number of countries have also been successful in expanding effective coverage: Bangladesh, Belarus, Belize, Ecuador, Republic of Korea, India, Philippines and Viet Nam, among others. In many countries the extension of coverage was made possible mainly through the establishment or extension of non-contributory pension schemes which provide at least a basic level of protection for many older persons, while others have combined the expansion of contributory schemes to previously uncovered groups of the population with other measures.

Figure 4.6 indicates that despite significant efforts to extend coverage around the world, not all countries have fared well, in contrast to the success stories presented above. Albania, Azerbaijan and Greece, for instance, countries that had previously achieved coverage rates close to 90 per cent or higher in 2000, have since suffered a significant decrease, with coverage rates dropping by 12–16 percentage points.

Box 4.3 (cont'd)

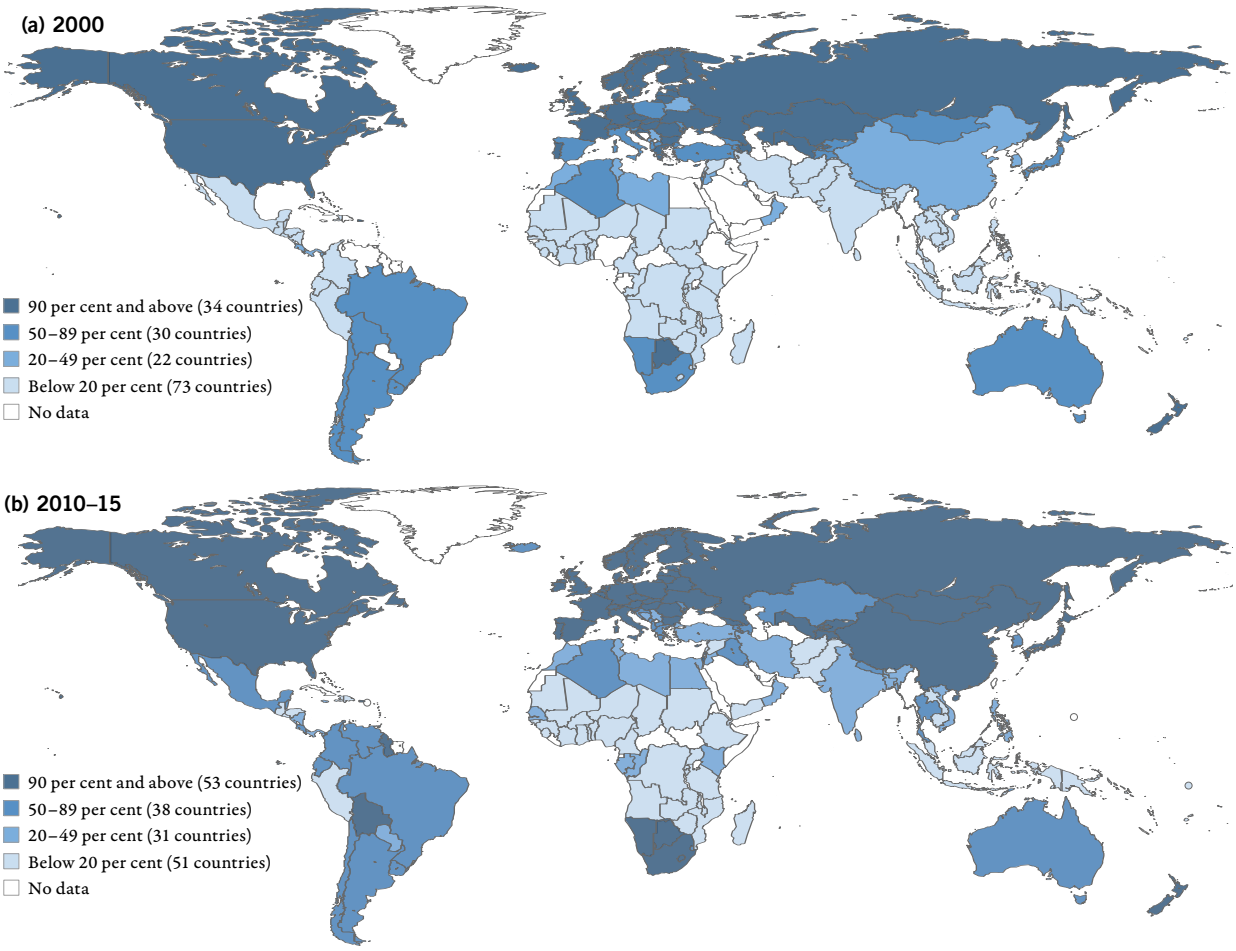
South Africa: South Africa was the first African country to introduce a social pension for older persons to extend coverage for those who did not have social insurance. The Older Person's Grant (is an income-tested, monthly payment of ZAR 1,500 (US$112) for persons aged 60–75 years and ZAR 1,520 (US$114) for those above 75 years. It is paid to around three million older persons in South Africa, reaching up to 100 per cent coverage in some jurisdictions. The Older Person's Grant is given to citizens, permanent residents and refugees with legal status, and is estimated to have significantly helped reduce inequality, with a Gini coefficient of 0.77 (without grants) and 0.60 (with grants).

Thailand: The pension system comprises several contributory schemes for public-sector officials, private-sector employees and informal-economy workers, reaching about a quarter of the population above 60 years of age. Additionally, a non-contributory old-age allowance provides some protection to people without access to regular pension payments. The monthly benefit is tiered and varies between THB 600–1,000, equivalent to US$18–30, which is less than half the poverty line. The universal old-age allowance serves as the only form of pension for many people working in the informal economy. To encourage participation in the contributory system, the Government provides a matching contribution under the voluntary social insurance scheme.

Trinidad and Tobago: A contributory retirement pension administered by the National Insurance Board and a non-contributory Senior Citizens' Pension (SCP) provide income security for older people in the country. The SCP is a monthly grant of up to TTD 3,500 (US$520) paid to residents aged 65 or more. This is higher than the established poverty line. The SCP cost 1.6 per cent of GDP in 2015. With 90,800 citizens receiving the SCP in September 2016, it is estimated that the combination of the contributory retirement pension and the SCP reach universal coverage of older persons in the country.

Source: Based on Global Partnership for Universal Social Protection, 2016m, 2016n, 2016o, 2016p, 2016q, 2016r.

Figure 4.5 SDG indicator 1.3.1 on effective coverage for older persons: Percentage of the population above statutory pensionable age receiving an old-age pension, 2000 and 2010–15

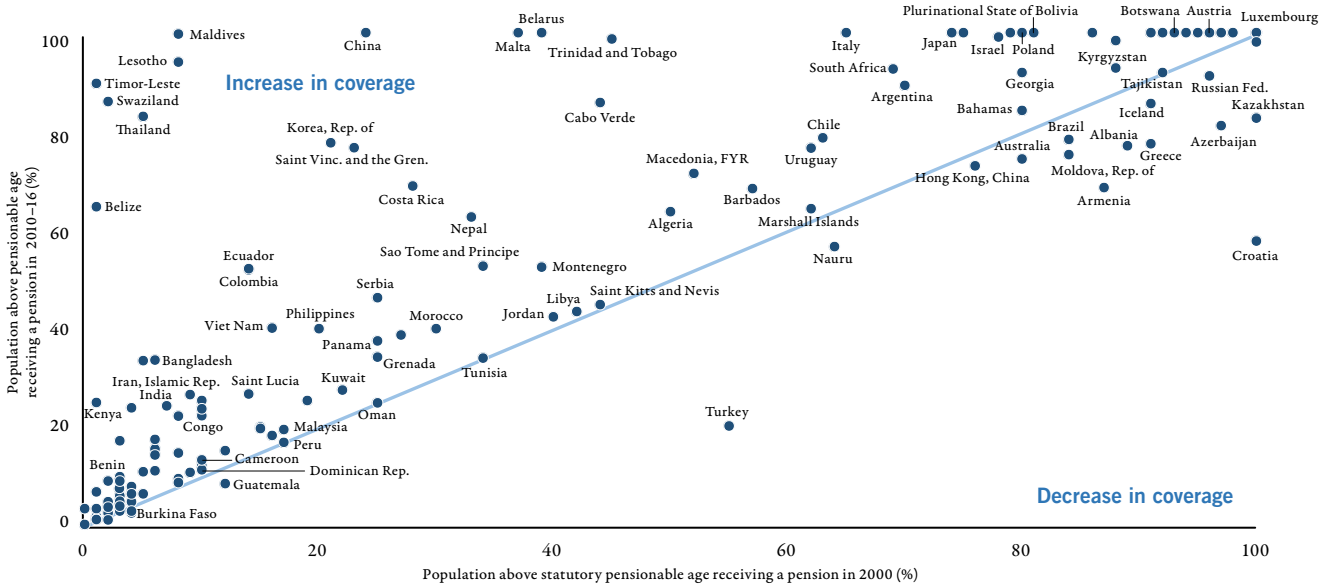


Notes: Map (a) includes data for 2000 from 159 countries; map (b) includes data for 2010–15 from 175 countries. For individual country data with corresponding year, see Annex IV, table B.12.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT, OECD SOCR; national sources. See also Annex IV, table B.12.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54657

Figure 4.6 SDG indicator 1.3.1 on effective coverage for older persons: Comparison of the proportion of the population above statutory pensionable age receiving an old-age pension, 2000 and 2010–16 (percentage)



Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT, OECD SOCR; national sources. See also Annex IV, table B.12.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54658

4.6 Expenditure on social protection for older persons

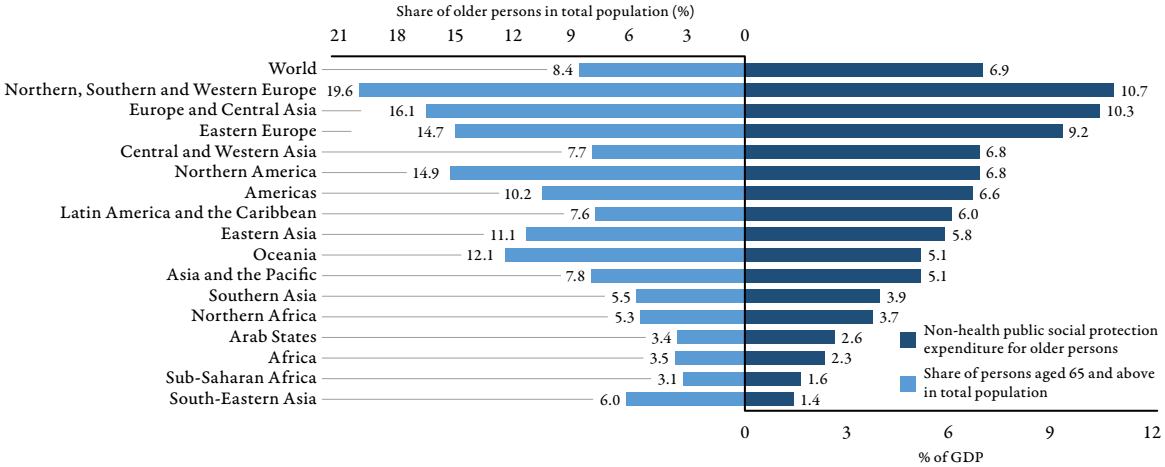
The level of expenditure on the income security of older persons is a useful measure for understanding the development level of pension systems. National public pension expenditure levels are influenced by a complexity of factors, comprising demographic structure, effective coverage, adequacy of benefits, relative size to GDP, and the variations in the policy mix between public and private provision for pensions and social services. Public social security expenditure on pensions and other non-health benefits earmarked for older persons amounts on average to 6.9 per cent of GDP globally (see figure 4.7).[4]

Public non-health social protection expenditure for older persons takes the highest proportion of GDP in Northern, Southern and Western Europe, at 10.7 per cent. It is worth noting that this region has the highest ratio of older persons, comprising 19.6 per cent of the total population. Central and Western Asia as well as Latin America and the Caribbean have relatively high average expenditure ratios at 6.8 and 6.0 per cent respectively, whilst their population ratios of older persons are relatively low at 7.7 per cent and 7.5 per cent respectively. Interestingly, Northern America has the same average GDP expenditure rate as Central and Western Asia at 6.8 per cent, while the ratio of its older population is nearly double that of Central and Western Asia. The Arab States and sub-Saharan Africa, on the other hand, have similar older population ratios, whereas the expenditure rate for the Arab States is twice that of sub-Saharan Africa, probably reflecting the lower levels of effective coverage in the latter region. South-Eastern Asia has a GDP expense ratio similar to that of sub-Saharan Africa, although its older population ratio is nearly twice as high.

Figure 4.8 provides a country-by-country review of the share of GDP allocated to the income security needs of older persons. For more effective comparisons, the countries are grouped by income status, namely high, low and middle income. As expected, the general trend is that higher-income countries are allocating a higher ratio of their GDP to the income security needs of older persons. The expected higher population ratio of older persons in developed countries, and achievements in terms of adequacy and effective coverage (the proportion of older persons receiving pension benefits) are key contributors to the observed trend. Countries

[4] While the data include not only pensions but, so far as possible, other cash and in-kind benefits for older persons, they do not include expenditure on long-term care, the cost of which in many countries is already significant and is likely to increase further in the future due to demographic change.

Figure 4.7 Public social protection expenditure on pensions and other benefits, excluding health, for persons above statutory pensionable age (percentage of GDP), and share of persons aged 65 and above in total population (percentage), latest available year



Source: ILO, World Social Protection Database, based on SSI. See Annex IV, table B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54659

with a strong social welfare background are also expected to exhibit higher social protection expenditure trends. It is noted that France, Greece and Italy are the lead countries, with the highest allocations. The high- and middle-income country groups exhibit a wide degree of variance in expenditure ratios. This variance is informed by the contrasting demographic and social protection system profiles. The low-income country group exhibits the lowest expenditure ratios, with the lead country in this group (United Republic of Tanzania) spending only 2 per cent of GDP on the income security needs of older persons.

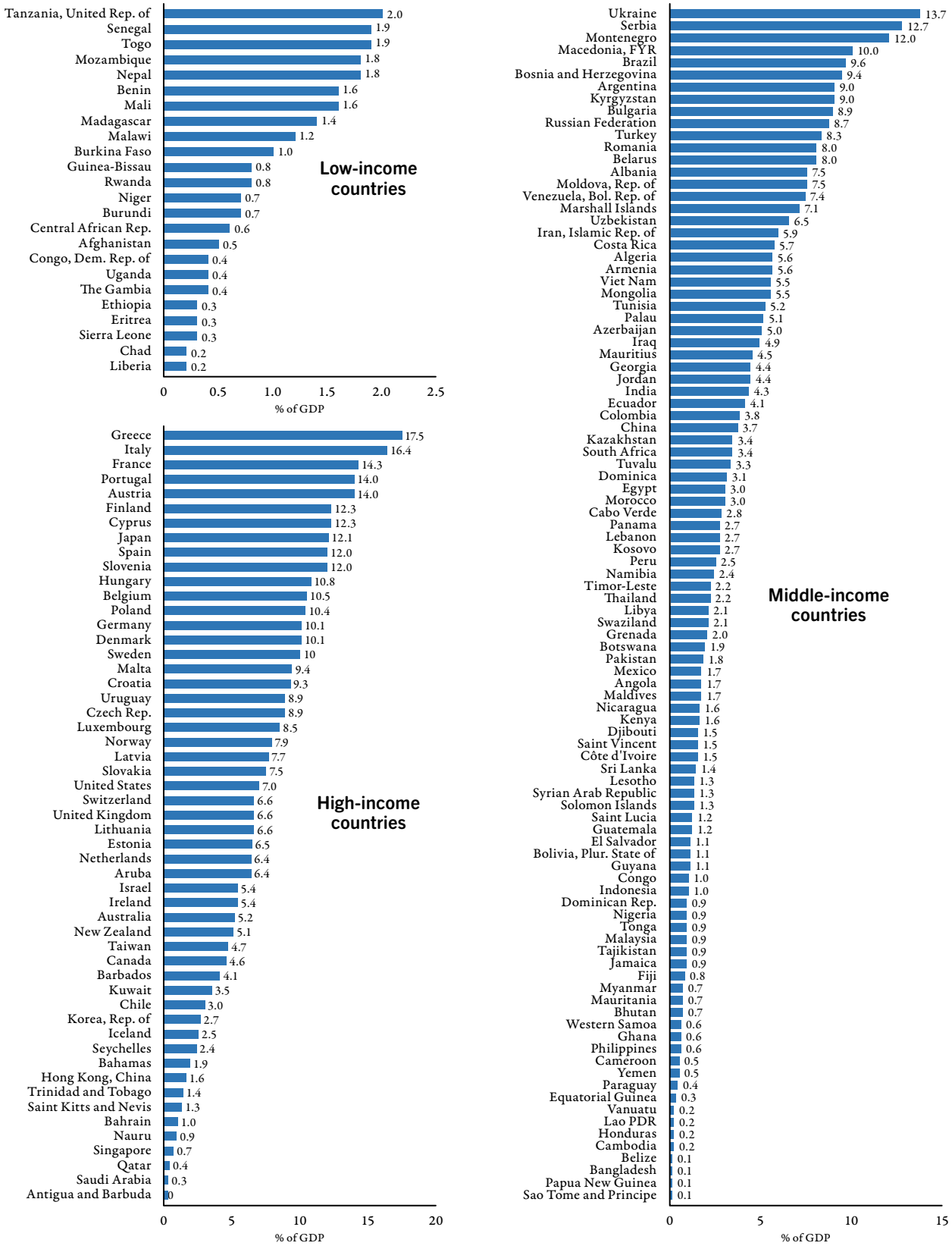
4.7 Inequalities and the persistent gender gap in access to income security in old age

Income security in old age and access to pension benefits are closely associated with the inequalities that exist in the labour market and in employment. Such inequalities become evident from examination of a disaggregation of coverage rates by gender, the focus of this section (see figures 4.9 and 4.10).

It is widely known that women tend to face a higher risk of poverty than men do, and there are many underlying reasons why this also applies to women in old age. First, there is the fact that women live longer, resulting in predominance at the oldest ages of women with poor levels of support and livelihood (UNFPA and HelpAge International, 2012; UNRISD, 2010). Not many pension systems succeed in meeting the needs of men and women equitably: contributory pension coverage of women tends to be significantly lower than men's, and the amounts received by women on average tend to be lower (Razavi et al., 2012).

A gender-biased design of pension schemes (e.g. lower pensionable age for women, or the application of sex-specific mortality tables to calculate benefit levels which result in women receiving lower pensions than men with the same contribution record and retirement age) can lead to inequalities; yet in many cases a more significant driver of gender inequality is found in the discrimination against women in the labour market, coupled with a pension scheme design which does not compensate for differences deriving from labour market conditions and sometimes even magnifies them (Behrendt and Woodall, 2015). In this context, many women struggle to accrue pension rights that are equal to their male counterparts. Women's wage employment, particularly in formal labour markets, has historically been lower than men's and continues to be so in many parts of the world (ILO, 2012c). Likewise, women systematically earn less than men (ILO, 2014e), which lowers their contributions to pension schemes. As women tend to take on a greater share of family responsibilities, they are more likely to shorten or interrupt their employment careers and face a higher risk of working in precarious and informal employment, which also affects their ability to build up pension entitlements. These factors lead to relatively low pension benefits where these are calculated on an earnings-related basis, unless effective measures are put in place to compensate for gender inequalities.

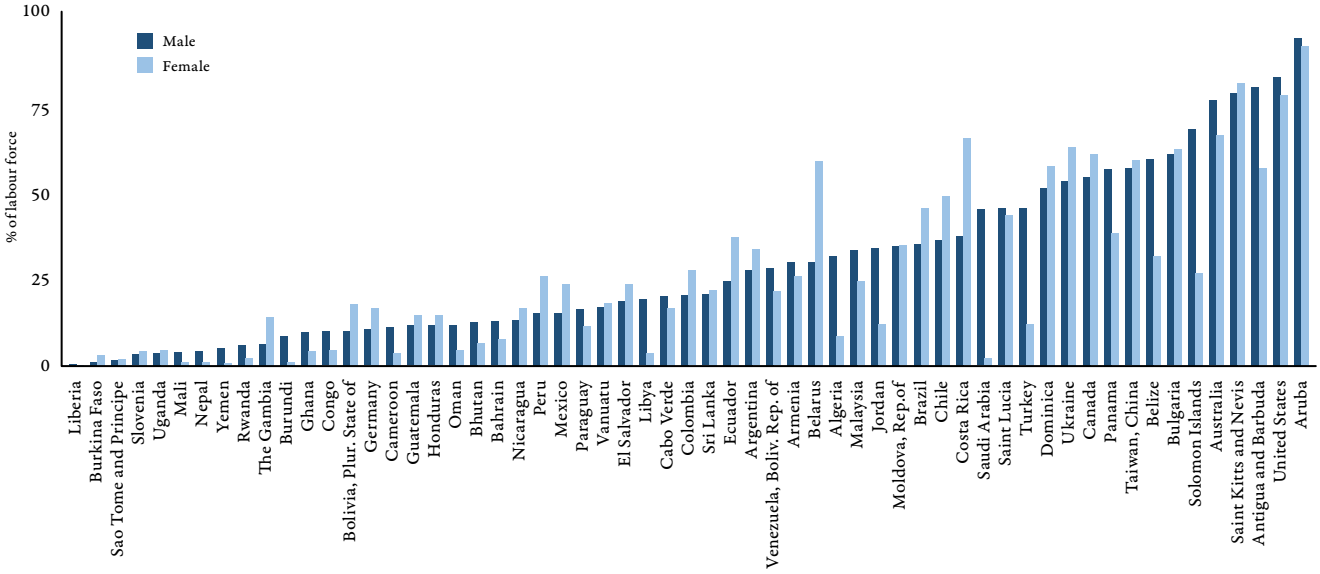
Figure 4.8 Public social protection expenditure on pensions and other benefits, excluding health, for persons above statutory pensionable age, by country income level, latest available year (percentage of GDP)



Source: ILO, World Social Protection Database, based on SSI. See Annex IV, table B.17.

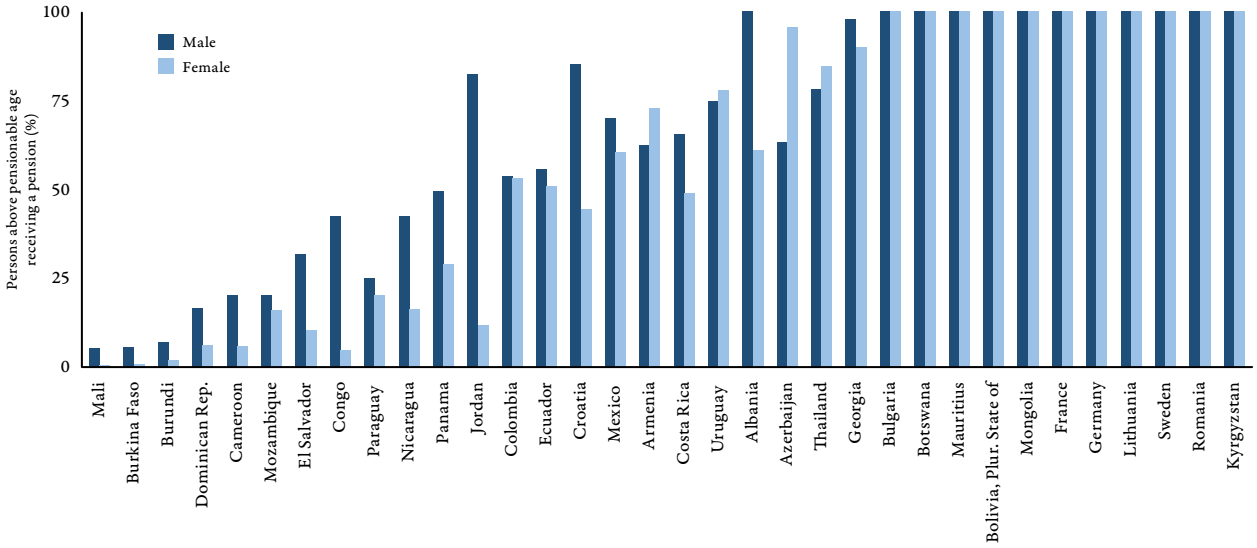
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54660

Figure 4.9 Old-age pensions, effective coverage: Percentage of the labour force contributing to a pension scheme, by sex, latest available year



Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, table B.11.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54661

Figure 4.10 SDG indicator 1.3.1 on effective coverage for older persons: Percentage of the population above statutory pensionable age receiving an old-age pension, by sex, latest available year



Sources: ILO World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; national sources. See also Annex IV, table B.12.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54662

Non-contributory pensions can play a key role in ensuring women's access to at least a basic pension, yet benefit levels are often low, insufficient to fully meet their needs; nor do they fully compensate for the lack of contributory coverage. Greater efforts are necessary, also to ensure increased participation by women in contributory schemes (ILO, 2016a).

It should also be noted that in many parts of the world women are disproportionately represented among the rural population, where paid work, even if available, is likely to be relatively poorly paid, informal and insecure – reflecting, in part at least, the movement of men to cities in search of better-paid work at the more formalized end of the labour market spectrum. At the

same time, the growing importance of non-contributory pensions in the provision of old-age income, especially in low- and lower-middle income countries, is clearly helping to bridge the coverage gap between men and women to some extent. For instance, in Thailand, 84.6 per cent of women above retirement age are receiving the non-contributory pension, but only 77.9 per cent of men (figure 4.10). Likewise, Azerbaijan provides a pension for 95 per cent of its female citizens through its universal social protection system that, among others, consists of a contribution-based labour pension and social allowances (transfers).

On the other hand, Costa Rica indicates a relatively low coverage of its female population, with currently only 48.8 per cent above statutory pensionable age receiving an old-age pension, as opposed to 65.4 per cent of the male population. Yet the data in figure 4.9 also show a relatively high proportion of females (63.8 per cent) contributing to a pension scheme, compared to only 36.3 per cent of males. According to these data it can be assumed that the level of coverage among females is likely to increase in the future. In Colombia and Ecuador, for example, the data indicate a higher contributory coverage for females than for males and thus a potential improvement in coverage in the long run. In the Plurinational State of Bolivia, the proportion of older women receiving the non-contributory Renta Dignidad only (as opposed to a reduced level of Renta Dignidad in addition to a contributory pension) is significantly higher than that of men (83.3 per cent versus 66.3 per cent).

More optimistic prospects may nevertheless be seen in a number of nascent trends that address inequality in pension coverage. There are efforts everywhere to expand the effective coverage of contributory schemes to at least some categories of self-employed and other workers with contributory capacity. In addition, the establishment of large-scale non-contributory pension schemes in many countries has expanded effective coverage and reduced inequalities, both between women and men, and between rural and urban populations.

Gender equality considerations are gaining some ground in the public debate on pensions. Proactive policy measures have been implemented in some countries to reduce the effect of differentiated career patterns on old-age income security. The most obvious discriminatory elements and parameters of national pension schemes, such as the differential pension ages which were common until recently, are rapidly being eliminated, albeit in the context of general increases in pension ages for both women and men.

Other steps in the same direction include crediting pension accounts during maternity, paternity and parental leave, and a better recognition of care work undertaken by both women and men. Measures to facilitate a more equal sharing of care responsibilities between women and men contribute to addressing some of the inequalities in the labour market and in social protection more broadly, and may be reflected in a reduction of gender inequalities in labour markets and pension systems in the long run.

As with so many other aspects of social protection, those relating to the promotion of equitable treatment of women and men must – if they are to be addressed effectively and in a spirit of social justice – be dealt with on a basis which fully integrates labour market and social protection policy-making.

4.8 The adequacy of pensions to provide genuine income security to older persons

The twin objectives of pension systems are to reach all older persons in need and to do so at an appropriate monetary level of benefit provision. While there are sufficient data to assess the extent of coverage (sections 4.3 and 4.4), comparative assessments of the adequacy of post-retirement benefits are challenging, given that it is difficult to identify a comparable methodology and benchmark that can be applied globally (see box 4.4).[5]

The extent to which retirement pensions are considered sufficient varies from one society to another, in particular in prevailing attitudes on matters such as the distribution of responsibility between individuals and the State, redistribution and the support to be provided to the poor and vulnerable, and intergenerational solidarity. Other aspects include the age at which retirement takes place, the level of income security that should be guaranteed and to whom, and the degree of

[5] The OECD, in collaboration with the World Bank, has made some attempts to calculate replacement indicators beyond EU and OECD countries, specifically regarding replacement rates provided by pension systems in different countries for hypothetical individuals with different levels of earnings and contributory past service (see Whitehouse, 2012); however, these are not yet included in the World Bank Pension Database. HelpAge's Global AgeWatch Index (HelpAge International, 2015) looks at the overall income situation of older people, not specifically at the levels of protection provided by existing pension systems. Within the AgeWatch Index, income security of older persons is measured by four indicators: percentage of older persons receiving pensions, relative poverty rates of older persons, relative income/consumption position of older persons (average incomes of those over 60 as a proportion of average incomes of the rest of the population), and the GNI per capita.

Box 4.4 Monitoring pension benefit adequacy

Trends move in different directions; in some cases pension systems improve the benefit level and in other cases pension benefits are reduced. It is worth noting that recent fiscal consolidation trends are having a negative impact on the adequacy of pension payments in many countries, compromising the social contract.

The **United Kingdom** has recently introduced changes to its public pension scheme designed to improve the adequacy of pension for low-income earners. The reforms will see the two-tier benefit structure (a flat-rate basic pension and an earnings-related additional pension) being merged into a flat-rate basic pension. The new flat-rate benefit will deliver an enhanced minimum pension benefit. Participants will be able to gain additional earnings-related pension credits through external voluntary pension arrangements.

The retirement benefits of the public pension in **Slovakia** introduce a new indexation formula entering into force in 2018 which removes linkages to the national average earnings growth constituted solely by the consumer price index. Similar adjustments to the indexation formula have also been introduced in **Azerbaijan, Czech Republic, Honduras** and **Spain** as part of broader reforms to their national pension systems.

Several national pension schemes have recently announced upward adjustments to pension benefits, namely **Belarus, China, Georgia, Ireland, Mauritius, Namibia, Nicaragua, Panama, Philippines, Portugal, Russian Federation, Seychelles, Turkey** and **Zimbabwe**.

In 2014 the **Republic of Korea** introduced a new formula for determining minimum pensions, which resulted in the minimum pension being revised to nearly twice the previous amount. **Armenia**'s national social pension system has also delivered pension benefit increases of 15 per cent in both 2014 and 2015.

Spain will, effective 2019, introduce sustainability adjustment factors to automatically adjust new pension benefits to counter the increased life expectancy of new pensioners. A similar adjustment was previously introduced to the public pension scheme in **Finland**, where it is expected to have reduced pension benefits by 21 per cent by 2060 (OECD, 2015).

In **Hungary** a bonus 13th payment in the public pension system is to be replaced by conditional indexation.

Source: ILO Social Protection Monitor.

intergenerational solidarity that should be expected in financing pensions.

It is important to take into consideration that the adequacy of retirement benefits depends not only on the quantum of the cash benefits provided, but also on the costs of essential services such as health care, food, accommodation, and so on. Furthermore, the assessment of the adequacy of retirement benefits is dynamic and will therefore evolve over time as social, cultural, demographic and economic conditions change.

4.8.1 Preventing erosion of the value of pensions over time: Ensuring regular adjustments

An important consideration on the adequacy of pensions is their ability to retain their purchasing power and real value. A good practice in the design of pension systems is the establishment of an initial income replacement at retirement, and then ensuring the preservation of such income level for the life of the retiree. Unless the quantum of pensions is adjusted or indexed, the standard of living of pensioners will be jeopardized.

Conventions Nos 102 and 128 both call for levels of benefits in payment to be reviewed following substantial changes in level of earnings or of cost of living, while Recommendation No. 131 explicitly stipulates that benefit levels should be periodically adjusted to take into account changes in the general level of earnings or cost of living. Recommendation No. 202, on the other hand, requires social protection floor guaranteed levels to be reviewed regularly through a transparent procedure established by national laws, regulations or practice. The practice of indexation varies across countries and schemes, as shown in table 4.1.

Table 4.1 Indexation methods

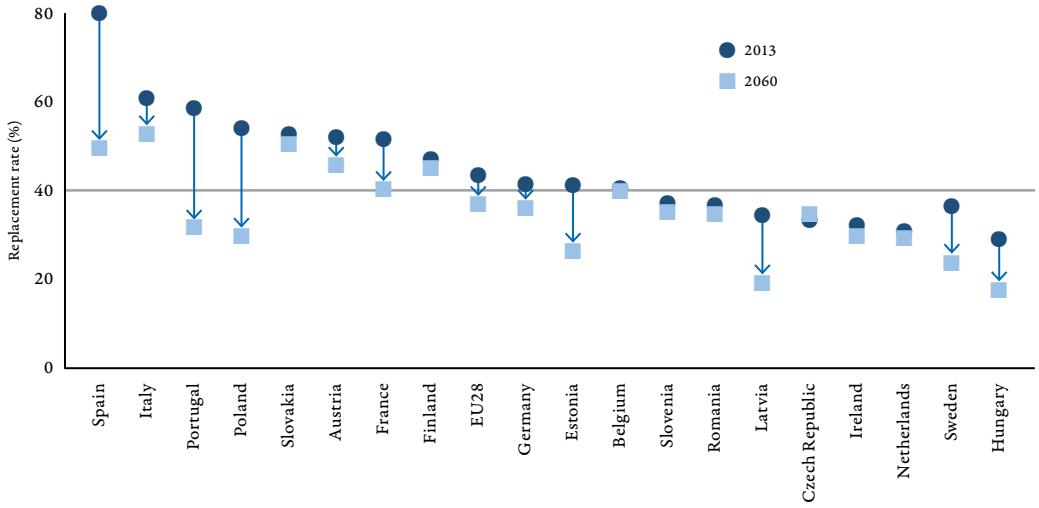
Indexation method	Number of schemes
Price indexation	44
Wage indexation	27
Mixed price/wage	21
Regular, not specified	24
Ad hoc	4
No information	57
Total	**177**

Note: "no information" in most cases means "no indexation".

Source: ILO, 2014a, based on ISSA/SSA, Social Security Programs Throughout the World.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54784

Figure 4.11 Average replacement rates at retirement in public pension schemes, selected European countries, 2013 and projected for 2060 (percentage)



Note: A 40 per cent replacement rate after 30 years of contributions is prescribed by Convention No. 102 for periodic old-age benefits.
Source: European Commission, 2015b, p. 13, table 2.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54663

While wage indexation was more popular in the past, nowadays an increasing number of schemes guarantee, at best, only adjustments in line with cost of living increases. The choice of an indexation method may appear to be a technical detail, but it can have a significant impact on the level of pensions, and consequently on expenditure on pensions. Where wages increase faster than prices, the change from wage-based indexation to price-based indexation offers significant reductions in pension expenditure but also leads to the decoupling of pensioners' living standards from those of the working population. A classic example of this decoupling has taken place in Slovakia's national pension system. Pensions in payment were initially indexed to a mix of growth of average earnings growth and price inflation. Consistent with broader reforms to improve the sustainability of the scheme, the share of earnings growth and inflation in the indexation formula changed from 40:60 in 2014 to 30:70 in 2015, 20:80 in 2016, and subsequently 10:90 in 2017. From 2018 indexation will be based solely on the consumer price index (IMF, 2017b).

Many newly established schemes provide ad hoc pension increases. Particularly in inflationary environments, this results in a majority of pensioners eventually receiving nominal pensions with limited poverty reduction impact. Figure 4.11 shows the average replacement rates at retirement in public pension schemes across selected European countries, indicating a clear reduction towards 2060 in projected data. Unless pensions are adjusted in line with increases in real wages or other measures related to the overall cost of living, the standard of living of older persons will deteriorate and they may be subsequently pushed into poverty.

4.8.2 Reforming pension systems in the context of fiscal consolidation and austerity policies[6]

Under fiscal pressure, many countries (mostly high-income but also some middle-income countries) have introduced a series of adjustment measures affecting the adequacy of pension systems. More precisely, these measures affect eligibility conditions and delay pension receipt – for instance, by increasing penalties for early retirement, raising the statutory pensionable age, and indexing the retirement age to increases in life expectancy, among others. These trends, sometimes linked to the fear of "implicit pension debt" (see box 4.5), pose a risk to the maintenance of social protection systems and the social contract.

[6] In this report, "fiscal consolidation" refers to the wide array of adjustment measures adopted to reduce government deficits and debt accumulation. Fiscal consolidation policies are often referred to as austerity policies.

Box 4.5 Implicit pension debt

The concept of implicit pension debt was formulated by World Bank staff in the 1990s; it is an adaptation of the concepts commonly used in the private insurance sector. A pension debt is liability created when pension benefits have been promised but not funded. The term is often defined in two different ways: (1) implicit social security pension debt equals the present value of all future benefits to present pensioners and all accrued rights of current insured members, minus the amount of the initial reserve of the pension scheme; (2) implicit social security pension debt equals the present value of all future benefits to present and future pensioners, minus the amount of the initial reserve of the scheme, minus the present value of all expected future contribution payments of present and future insured persons at a constant initial contribution rate.

The first definition follows a strict private insurance concept and was used by the World Bank in its publication *Averting the old age crisis* (World Bank, 1994).

The second definition is a variation of the concept and follows a public finance approach and has been the definition preferred by the ILO (Gillion et al., 2000); it reflects the principles of solidarity and collective financing comprised in several ILO Conventions in the field of social security.

The implicit pension debt concept has been used as a justification for replacing public pension systems with private pension systems based on individual accounts. The main argument is that large amounts of pension debt associated with "unreformed" public systems are allegedly being amassed. But implicit debt only occurs if the present value of all future pension benefits minus the present value of all future social security taxes or contributions is negative. If contribution rates are increased in line with expenditure, or if expenditure is reduced through parametric reforms to meet acceptable contribution levels, the implicit pension debt disappears. The concept thus implies that no parametric adjustments will be made in the pension systems over many decades – which is contrary to all historical experience. In practice, all partially funded or PAYG pension schemes are built on the assumption that contribution or tax rates will have to increase periodically in the future to match the natural maturation process of these schemes (Cichon, 2004).

The discussion on implicit pension debt has a direct connection with the level and pattern of funding. Private pension systems are usually fully funded, i.e. they have to have sufficient resources to honour their obligations should the insurance company, the occupational pension scheme or the sponsor of an occupational scheme be dissolved. If this condition is met, the scheme is fully funded. Public pension schemes, which are backed by a societal promise guaranteeing their liquidity and – ideally – indefinite existence, do not require the same level of funding. The level of funding in social security schemes is determined by considerations other than the exclusive financial safeguarding of pension promises. Most social security pension systems are in practice partially funded. Even systems which were originally designed to be fully funded have often become partially funded when inflation undermined the value of reserves (ILO, 2001).

In order to ensure the sustainability of pension systems the ILO supports introducing structural or parametric reforms, provided that such measures are in line with the principles and legal conditions contained in international standards on social security, including the necessary gradualism in terms of implementation so as not to abruptly affect the living conditions of older persons. To this end, the ILO endeavours to monitor reforms, as well as to provide technical support to countries in designing and implementing their reforms in the context of social dialogue, complying with international standards and ensuring the participation of ILO constituents.

According to data collected by the ILO Social Protection Monitor, between 2010 and 2016 a total of 169 contraction measures in pension schemes were announced by governments from various regions of the world, mainly in regard to contributory pension schemes. Of these, 103 reforms were related to delaying pension receipt. These included raising the retirement age (72 announcements), the elimination of early retirement, the introduction or increase of penalties on early retirement, the introduction or increase of incentives for late retirement, and 13 cases of reform measures targeted at increasing the eligibility period or tightening eligibility criteria (see table 4.2).

The ILO Social Protection Monitor also records 37 cases of reform announcements by governments that have reduced the adequacy of pensions. These include 25 cases of reform that have decreased pension benefits, modified the calculation formula, eliminated or reduced subsidies on benefits, or decreased subsidies on contributions. Other announcements include 12 reform measures that have reduced pension system adequacy by reforming the indexation method, freezing pension indexation and introducing or increasing taxes on benefits.

The global picture of reforms aimed at contracting the costs of pension systems in the long term is largely dominated by measures that delay the receipt of benefits or reduce the years of receipt. In many cases, these measures are combined with other reforms to adjust benefit levels. Belarus, Brazil, Bulgaria, India, Indonesia, Italy,

Table 4.2 Government announcements of pension reforms (contraction), 2010–16

Type of measure	No. of cases
Raising retirement age (72 cases), introducing or increasing incentives for late retirement, introducing or increasing penalties on early retirement, eliminating early retirement, increasing penalties on early retirement, increasing eligibility period, tightening eligibility criteria	103
Modifying calculation formula, eliminating or decreasing subsidies on benefits, reducing subsidies on contributions	25
Introducing or increasing taxes on benefits, reforming indexation method, freezing pension indexation, rationalizing and narrowing of schemes or benefits	12
Others: increasing contribution rates (17 announcements), increasing contribution ceiling, partial or total closure of a scheme, privatization or introduction of individual accounts	29
Total number of measures	**169**

Source: ILO Social Protection Monitor, 2010–16. Available at: http://www.social-protection.org/gimi/gess/ShowWiki.action?id=3205.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54785

Table 4.3 Old-age pensions: Parametric reforms, selected countries, 2013–17

Country and year	Measure
Belarus (2016)	Retirement age is raised by six months every year until 63 years for men and 58 years for women.
Brazil (2015)	The formula based on years of contribution plus age 85/95 (women/men) necessary to obtain an old-age pension is gradually increased to 90/100 between 2017 and 2022.
Bulgaria (2015)	Normal retirement age is raised gradually to 65 years for both men and women until 2037. The working period required for eligibility to receive full pension benefits is increased by two months per year, to reach 40 years for men and 37 years for women by 2027.
India (2017)	Karnataka State of India. Retirement age raised from 58 to 60 years in private sector. The measure exempts IT-BT companies and firms with fewer than 50 employees.
Indonesia (2014)	Retirement age for civil servants raised from 56 to 58 years.
Italy (2015)	Retirement age has been raised by four months, according to new life expectancy projections.
Japan (2013)	Mandatory retirement age was raised from 55 to 60 years in 1998. It will go up to 61 and increase gradually at the rate of one year of age every three years until 2025, when the mandatory retirement age will be 65.
Latvia (2014)	Retirement age is gradually raised by three months every year from 2014, reaching 65 years in 2025. In 2025, the minimum contributory period to qualify for an old-age pension will be 20 years.
Malaysia (2013)	Minimum retirement age for private-sector workers is raised from 55 to 60 years.
Moldova, Republic of (2016)	Retirement age is gradually raised to 63 years by 2028, from the previous limit of 57 for women and 62 for men. Miners' right to early retirement at the age of 54 is cut, making them retire with the same conditions as other workers.
Morocco (2016)	Retirement age will increase progressively over a six-year period from 60 to 63 years. Accrued pension rights have decreased from 2.5 to 2 per cent per contribution year. Employee and employer contributions are to increase progressively from 10 to 14 per cent over three years until 2019. The benefit formula is moving from an end-of-career calculation towards a career-average approach, based on the average salary of the last eight years.
Nigeria (2016)	Retirement age for academic and non-academic staff of the state-owned tertiary institutions is raised from 60 to 65 years.
Norway (2015)	Age at which employers can terminate a worker's employment contract has been raised from 70 to 72. New increases are expected.
Rwanda (2015)	Minimum retirement age raised from 55 to 60 years in 2015.
Senegal (2014)	Retirement age in the private sector raised from 55 to 60.
Slovenia (2015)	Statutory retirement age was raised and economic incentives for retiring at a later age were introduced.
Viet Nam (2015)	Retirement age for government officials and members of the armed forces raised to 65 for men and 60 for women in 2015.
Zambia (2015)	Normal retirement age is raised to 60 years, with options of 55 and 65 respectively as early and late retirement, while 60 is normal retirement age.

Source: ILO Social Protection Monitor, 2010–16. Available at: http://www.social-protection.org/gimi/gess/ShowWiki.action?id=3205.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54786

Japan, Latvia, Malaysia, Republic of Moldova, Morocco, Nigeria, Norway, Rwanda, Senegal, Slovenia, Viet Nam and Zambia, among others, are some of the most recent countries to announce reforms aimed at adjusting the retirement age or eligibility requirements (table 4.3).

Based on current trends, it is expected that an increasing number of workers will have to resort to tax-financed social assistance or guaranteed minimum income schemes in their old age as a result of the pension reforms. Unfortunately, after introducing the reforms, some national pension systems in countries that have ratified ILO Convention No. 102 and/or the European Code of Social Security will no longer meet the requirements needed to fulfil them in terms of eligibility conditions and adequacy.

Countries introducing reforms to their pension systems need to find a suitable balance between sustainability objectives and retirement conditions, including adequacy, in order to accomplish the purpose of pension systems. In the developing world, where the phenomena of poverty and informality are widespread, a significant proportion of older and unskilled workers are moving from formal jobs, with social protection, to informal ones or to unemployment, which makes it difficult for them to meet the legal requirements for a contributory pension. In particular, the minimum number of contributions, the retirement age and other related parameters must be handled with caution in order to ensure that the social protection system meets its objective of protecting all older persons. In the context of the aims of Agenda 2030, it is important to consider the need for pension reforms that reach the most vulnerable groups, guaranteeing social protection floors for older persons excluded from contributory pension benefits.

4.9 Reversing pension privatization

4.9.1 Lessons from three decades of pension privatization

In the 1990s, many countries introduced structural reforms to their pension systems, to move from the public defined benefit (DB) model to defined contribution (DC) with individual accounts and private administration model. Structural reforms entailed setting up privately managed and invested pension pillars with defined contributions, investing people's savings into capital markets. These structural reforms shifted responsibility and financial burden from the public sector and changed the way old-age security was viewed (Mesa-Lago, 2014). A large number of the reforms were designed and driven by the World Bank, based on the argument of the impending crisis of ageing and its impact on the sustainability of pension systems (e.g. World Bank, 1994). The most profound and extensive pension reforms modifying the financing model and the role of the State took place in the 1990s in Latin America, Eastern Europe and Central Asia.

In 1995, ILO and ISSA (Beattie and McGillivray, 1995) published a first report with a critical assessment of the World Bank's privatization strategy, arguing that the strategy outlined in the report, involving the replacement of social insurance by mandatory savings schemes, would cause an unacceptably high degree of risk for workers and pensioners, that it would make old-age protection more costly, and that the transition would impose a heavy burden on the current generation of workers. This and other ILO and ISSA assessments conclude that a more efficient and less disruptive approach to the provision of retirement pensions would be to focus efforts on measures to rectify design deficiencies and inequities in public schemes, i.e. parametric reforms to public systems rather than systemic reforms. Box 4.6 provides a view based on international social security standards including those of the ILO Committee of Experts on the Application of Conventions and Recommendations (CEACR).

Between 1981 and 2002, a small number of countries (24) undertook pension reforms introducing either a substitutive, a mixed or a parallel model with individual accounts (Mesa-Lago, 2014).[7] Because of the difficulties experienced by private systems in meeting expectations regarding performance, some countries have been gradually reversing their previous reforms in different ways, while in other countries there are ongoing discussions to re-reform. At least six countries – Argentina (2008), the Plurinational State of Bolivia (2011), Czech Republic (2014), Hungary (2011), Kazakhstan (2013) and Poland (2011–14) – underwent re-reforms leading to a return to or a strengthening of their public and solidary pension schemes. Others, such

[7] In Latin America (13): Chile (1981), Peru (1993), Argentina and Colombia (1994), Uruguay (1996), the Plurinational State of Bolivia and Mexico (1997), El Salvador (1998), Nicaragua (2000), Costa Rica and Ecuador (2001), Dominican Republic (2003), and Panama (2008); in Eastern Europe and Central Asia (11): Hungary (1998), Poland (1999), Latvia and Kazakhstan (2001), Bulgaria, Croatia and Estonia (2002), Lithuania (2004), Slovakia (2005), the Former Yugoslav Republic of Macedonia (2006), and Romania (2008).

Box 4.6 International social security standards and the organization and financing of social security systems

Throughout the 1990s there was a drive to reduce the State's responsibility to provide social security pensions by increasing the role of private institutions and gradually reducing the public tier. Such new forms of delivering and managing social security schemes were not necessarily deemed to be in direct contradiction to the framework of internationally accepted principles embodied in the international social security standards, as the latter were drafted in a flexible manner so as to take into account various methods of ensuring protection without prejudging any system as such, provided that it adhered to certain core principles considered to represent the cornerstone of the notion of social security.

International social security standards lay down certain general principles with regard to the organization and management of social security systems. Thus, the Social Security (Minimum Standards) Convention, 1952 (No. 102), provides that the State must accept general responsibility for the due provision of benefits and proper administration of the institutions and services concerned, and that social security systems should be financed collectively by means of insurance contributions or taxation or both, such that the risks are spread among the members of the community. Indeed, an essential part of the concept of social security is for the risk being managed to be pooled through collective assumption of the financial burden of paying benefits. Other principles include the periodic nature of the cash benefits; the obligation to guarantee their level and to maintain their real value; the need for the representatives of the persons protected to participate in the management of the schemes or be associated with them in all cases where the administration is not entrusted to an institution regulated by the public authorities or a government department; the exclusion of solutions which would prove unduly onerous for persons of modest means; and the establishment of an upper limit on the share of employees, in order that at least half of the revenues of social security schemes will be derived in a more social manner through subsidies from general revenues or employer contributions. These principles were recently reaffirmed and strengthened in 2012 through the adoption by the International Labour Conference of the Social Protection Floors Recommendation, 2012 (No. 202).

Regardless of the type of scheme (public, private or mixed systems), these basic principles of organization and management should continue to underlie the structure of social security systems with a view to keeping the balance maintained by Convention No. 102 between the protection of the general interests of the community and the rights of individuals. In practice, experience shows that certain of the above basic principles have proved to be hardly implementable by certain new types of schemes. For example, the periodic nature of the cash benefits, or the obligation to guarantee their level and to maintain their real value, cannot be ensured by private defined contribution schemes. Notwithstanding the different levels of protection required by the international standards, there are certain limits to reforms, particularly to those which lead to privatization of social security, and the core principles referred to above represent a guarantee against social regress.

It should be borne in mind that the design of a pension scheme is the result of a large array of choices. Of these, two in particular stand out and are often used as the basis on which to characterize the scheme as a whole: (i) whether the basis of pension calculation should be related to active life earnings (so-called defined benefit, or DB schemes) or directly to contributions paid (so-called defined contribution, or DC schemes); and (ii) whether the financial system should be based on the provision of monies as needed for each year's benefit payments (so-called pay-as-you-go, or PAYG financing) or based on the advance accrual (from higher contribution rates) of assets which are invested in reserved funds (so-called full or partial funding). From a technical perspective, each choice has advantages and disadvantages. Many schemes seek to maximize the former and minimize the latter by means of a so-called "multi-pillar" or "multi-tier" approach, in which elements of DB or DC design, PAYG or funding, are combined in selected proportions. In recent years, a strong trend has developed towards schemes with DC pensions, often associated with fully funded financing based on individual accounts. Such schemes (if implemented on a single-tier basis) carry high risks for members, whose prospective pensions are very vulnerable to the risks associated with investment fluctuations – as seen vividly in the recent global financial crisis. →

as Estonia (2009), Latvia (2009), Lithuania (2009) and Slovakia (2012), drastically reduced the size of their individual account schemes by lowering their contribution rates and redirecting the financing to the public defined benefit systems (Kay, 2014). In 2008, Chile adopted reforms aimed at improving the balance between social risks and individual effort throughout a new tax-financed public solidary pension component, and in El Salvador there are ongoing discussions to introduce some re-reforms to the private system adopted in 1998.

Over the years, the central topics of debate regarding social security pension privatization and its reversal have been coverage extension, administrative costs,

Box 4.6 (cont'd)

For this reason, the ILO supervisory bodies consider that DC schemes often may not meet the requirements of Convention No. 102. In light of the diverse range of possibilities, it is necessary to analyse carefully both the adequacy of and the risks associated with each national system in its entirety. Over recent decades, many reforms have attempted to restructure the public PAYG defined benefit systems through the establishment of often privately managed fully funded schemes based on individual pension accounts, which has resulted in the reduction of social solidarity previously ensured through redistributive mechanisms. Ever since, the ILO supervisory bodies have engaged in an intensive dialogue with the governments concerned on a broad spectrum of issues concerning non-compliance with ILO social security standards. They have observed in particular that pension schemes based on the capitalization of individual savings managed by private pension funds were organized in disregard of the principles of solidarity, risk sharing and collective financing which are the essence of social security, as well as in disregard of the principles of transparent, accountable and democratic management of pension schemes featuring the participation of representatives of the insured persons. The Committee of Experts on the Application of Conventions and Recommendations (CEACR) pointed out in 2009 that these principles underpin all ILO social security standards and technical assistance and offer the appropriate guarantees of financial viability and sustainable development of social security; neglecting them, and at the same time removing state guarantees, exposed members of private schemes to greater financial risks.

Recently, however, the developments which followed the international financial crisis led to the reaffirmation of these basic principles through the emergence of a new consensus for a prosperous world economy, of which social protection and good governance now form an integral part, together with greater involvement by governments through strengthening of the rule of law. In this new development paradigm, a precondition to sustainable progress is seen to be the recasting of the regulatory framework of the financial system, strengthening public oversight and consolidating solidarity-based social security systems. It is noticeable that one of the main lessons of the economic crisis has been the conclusion that, where the schemes were financed collectively and fully managed by the State, in particular through PAYG financing, the immediate impact has been small. In contrast, fully privately funded schemes, where individual savings were invested in relatively volatile products, have sustained severe losses. The failure of so many private pension schemes to deliver decent pensions, not least due to the losses sustained during the financial crisis, has led many governments to undertake a second round of significant reforms, allowing workers to switch back to PAYG schemes and re-establishing or reinforcing solidarity and income redistribution mechanisms. It is therefore possible to observe a certain reinforcement of the involvement of the State and the reconstruction of solidarity mechanisms based on the principle of collective financing as major components of national social security systems. Besides improving social security administration, management and supervision, public systems more readily abide by the governance principles set out in ILO social security instruments, as observed typically in the well-established social security systems of high-income countries.

Source: Based on ILO, 2011a.

return on investments, adequacy of benefits, fiscal impact and governance. Coverage rates and benefit levels were expected to increase, governance of pension management to improve, inequalities to decrease and capital markets to develop with the new allocation of funds, supporting new investments and economic growth. The following points reflect the evidence after three decades of privatization reforms.

Low coverage. Evidence suggests that the introduction of individual accounts increased neither coverage nor compliance rates (Bertranou, Calvo and Bertranou, 2009). Coverage rates and benefit levels stagnated or decreased in most countries introducing individual accounts. Argentina, after introducing the private system, experienced a 10 per cent drop in its coverage rate between 1992 and 2004, while in the Plurinational State of Bolivia coverage did not change and stagnated at 12 per cent. Likewise, coverage rates in Hungary, Kazakhstan and Poland failed to live up to the high expectations and stagnated or even slightly decreased against the pre-reform levels. Mesa-Lago (2004) states that the weighted average of coverage in nine countries declined from 38 per cent before the reform to 27 per cent in 2002 (post-reform).[8]

High administrative costs. In most cases the costs rose to high levels, well above the pre-existing levels in

[8] These include Argentina, the Plurinational State of Bolivia, Chile, Colombia, Costa Rica, El Salvador, Mexico, Peru and Uruguay. It should be noted that the absolute figures in term of coverage differ between publications, yet the overall trend is the same, indicating a clear drop in coverage during and after the reforms.

Box 4.7 Reversing pension privatization in Hungary

The Hungarian pension system was historically based on a Bismarckian public pension model. In the early 1990s it consisted of a PAYG scheme, an anti-poverty tier and a voluntary private pension tier. While an overarching parametric reform programme had been developed by the Hungarian Government in the early 1990s, pension privatization promoted by the International Monetary Fund (IMF) and the World Bank had come to dominate the agenda by the mid-1990s, so that Hungary adopted the Argentinian "mixed" model in 1997. The system reform was accompanied by parametric reforms, including a gradual increase in the retirement age to 62 years for both women and men until 2009.

Hungarian as well as international banks and insurance companies (including AXA, ING, AEGON, Allianz and Erste) entered the Hungarian private pension market in 1998. Initially, a 6 per cent employee contribution was directed to the private second pillar, while the state-run pension fund received the 25 per cent employers' contribution. The public pillar remained dominant, but private pension contribution rates changed somewhat over time according to political cycles. Future pensioners were planned to receive 75 per cent of their annuities from the PAYG pillar and 25 per cent from their individual private accounts.

Around the mid-2000s it became clear that the positive impact that was expected to emerge as a result of the privatization was not materializing. No substantial positive effect on the Hungarian financial markets nor on employment rates and economic output was observed. At the same time, the costs of transition from the solely PAYG to the mixed system increased from 0.3 per cent of GDP in 1998 to 1.2 per cent by 2010, leading to additional borrowing from the IMF and an overall increase in debt. Real yields of private pension funds lagged behind even conservative expectations, due to high administrative costs that rose above 10 per cent.

Intertwined internal and external economic and political factors contributed to the reversal of pension privatization in Hungary, with the re-nationalization taking full effect in 2011. The driving factors behind the reversal were the sharp fall in GDP and revenues during the global economic crisis, and the fact that a new conservative Government (Fidesz, or Hungarian Civic Alliance) intended to use private pension assets to pay off the emergency loan provided by the IMF in 2008. The Government first redirected private pension contributions to the State for an interim period of 14 months, and later created unfavourable conditions that made private pension fund membership very unattractive. As a result, 97 per cent of members opted by 2011 to be solely enrolled in the public scheme. Accumulated assets were transferred to the newly created Fund for Pension Reform and the Decrease of the Deficit.

The Fidesz cabinet implemented its reform agenda in an extremely short time. Opposition parties, trade unions and private pension funds were not consulted. As part of the reform, the Government eliminated early retirement and separated disability benefits from the old-age pension scheme.

By 2012 Hungary had returned to its pre-1998 mandatory pension system. Despite the attempt to correct the defects of the privatization process, Hungary's pension system still had major design flaws. Concerns regarding the sustainability and adequacy remain unaddressed and will require action in the years ahead.

Sources: Based on Mesa-Lago, 2014; Kay, 2014; Hirose, 2011.

the old public systems. There is extensive documentation of the high rates of administration of individual account systems, explained by the effect of high management fees and high premiums for financing survival and disability insurance. The direct consequence was a significant reduction in the net rate of return for contributors, affecting the net value of return on investments, while the profits of the management companies were very high. This unforeseen rise in administrative costs in the privatized pension systems resulted in significant pressure on the benefit levels and their popularity. In El Salvador, the management cost of the public system before the reform (as a percentage of the worker's wage) was 0.5 per cent, but rose to 2.98 per cent in 2003 following the privatization. The highest management costs emerged in Mexico and Argentina, where they increased to 38 and 32 per cent of contribution payments respectively. According to Mesa-Lago (2004), the non-weighted average of management costs as a percentage of contributions in 11 Latin American countries was 26 per cent in 2003. Even in Chile, the percentage level of the total administrative cost initially rose from 2.44 per cent of the contributory salaries in 1981 to 3.6 per cent in 1984, and only declined to 2.26 per cent in 2003, 22 years after the reform. In Poland, distribution fee levels remained unregulated until 2004 and some pension fund managers charged as much as 10 per cent of the contribution value.

Lower pension benefits and replacement rates. The shift from DB to DC systems in the privatization process had major implications on replacement rates. The risk of financial market fluctuations was left

to pensioners, who thus risked losing their total life savings if financial markets collapsed, as happened during the global financial crisis. A study by the Inter-American Development Bank (IADB) highlighted a decline in replacement rates in the Chilean pension system from 1990 to 2000, when half the private system participants received a declining minimum pension (Crabbe, 2005). Borzutzky and Hyde (2016) further state that replacement rates were particularly low among women as a result of low female participation and that overall pension performance in Chile was weak, resulting in inadequate pensions. A financial (actuarial) assessment of the Argentinian pension system conducted by the ILO in 2004 projected a drop in replacement rates of about one-third. Further, Cichon (2004) concluded that average pension amounts were likely to gravitate towards the minimum levels; according to Crabbe (2005), an increased proportion of the population would fail to qualify for the minimum pension, and as a result the reformed pension systems would fail to fulfil their purpose as old-age income protection. Altiparmakov (2014) concludes that private pension funds in Eastern Europe have realized rates of returns that are lower and more volatile than the corresponding PAYG rates of return, even before the financial crisis strongly affected market returns. Last but not least, Ebbinghaus (2015) points out the deteriorating effects of the private pension pillar due to lack of crediting contribution years for child-rearing and long-term care, and the interruptions in contribution years as a result of an increasing share of atypical non-standard employment (e.g. freelancing) and premature job termination. All in all, pension privatization as observed in Eastern Europe and Latin America has resulted in a deterioration of the pension replacement rate and an erosion of the core idea of a social contract based on solidarity, redistribution and adequacy.

High fiscal costs. In most cases, the main source of motivation for the introduction of private pension systems was the fiscal pressures created by public pension systems, whether due to the existence of financial deficits or pension liabilities in the long term. According to the evidence, however, the reforms failed to deliver an improvement in fiscal and financing terms, and financing the transition towards individual accounts exacerbated pre-existing fiscal pressures in most countries. The transition costs associated with moving from a DB to a private DC system were vastly underestimated in all countries, sometimes because no sound analysis was carried out at all, sometimes because calculations were based on unfounded optimistic assumptions. The halt or substantial reductions in contributions to the public system generated much higher transition costs than expected, inducing additional fiscal pressure and rising levels of debt. In the Plurinational State of Bolivia, transition costs were 2.5 times the initial projection. Debt levels in Chile were still 4.7 per cent of GDP in 2010, 30 years after the reform (Mesa-Lago, 2014), while in Argentina the public system was running a deficit of 3.3 per cent of GDP by the year 2000, with around 1.5 per cent of GDP accounting for contributions diverted to the private system (Kay, 2014). In Hungary, the transition costs of the reform put a fiscal burden on the Government that increased from 0.3 per cent of GDP in 1998 to 1.2 per cent by 2010. In Poland during the period 1999–2012, the cumulated costs of transfers to the second pillar were estimated to be 14.4 per cent of 2012 GDP, accompanied by approximately 6.8 per cent of GDP consumed by servicing additional public debt.

Lack of social dialogue. A number of normative ILO instruments establish the need to ensure social dialogue and representation of protected persons in social security governance bodies. Most structural reforms that privatized pensions in Central and Eastern Europe and Latin America were implemented with limited social dialogue, which later led to legitimacy problems (Mesa-Lago, 2014). Prior to the reforms, most public pension funds had some form of tripartite administration through representatives of workers, employers and the government. The privatization eliminated such participation in the private system, despite the workers being owners of the individual accounts (in Chile, small AFPs initially had such representation, but it eventually disappeared). Likewise, in Hungary, the tripartite administration of the public system continued immediately following the reform but was later abolished. In the Plurinational State of Bolivia, the original privatization was undertaken against strong opposition from the Ministries of Labour and Health as well as trade unions, leading to public demonstrations. In Argentina, in the framework of the discussions to return to public pensions, the Government initially encouraged major debates including all key actors in 2002/03, but moved very quickly and without any consultations when introducing the re-reform measures in 2007 and 2008. It announced the project to re-nationalize the pension system at the end of October 2008 and the new Pension Act was passed without major changes and approved in both Chambers of Congress only a month later (Hujo and Rulli, 2014). Even though widely supported, the main actors

concerned by the reform, such as pension funds (Administradoras de Fondos de Jubilaciones y Pensiones, AFJPs) and unions, were left with no time to react and there was no scope for formal participation in the process (ibid.).

4.9.2 Turning back to public pension systems

The fiscal pressures created by private systems were a major justification for reversing the privatization of pensions. The wave of pension privatization reversals coincided with the 2008 financial crisis. This increased pressure on countries that had already been coping with external fiscal constraints. In addition, countries that wanted to join the Eurozone had to cope with the Maastricht criteria regarding debt and fiscal deficits. As a consequence of unmet expectations and the fiscal challenges, many countries elaborated ways to reverse their policy measures undertaken in the 1990s. Argentina terminated the individual accounts of its members and beneficiaries during the global financial crisis in December 2008 and transferred all funds to the PAYG scheme under the newly established Argentine Integrated Pension System (SIPA). Hungary officially nationalized private pension assets and eliminated the second private pillar in 2011, returning to its pre-1998 mandatory PAYG public pension system (see box 4.7). In 2013 the Government of Kazakhstan merged the ten existing private pension funds with the state-run PAYG fund, forming the Unified Accumulation Pension Fund which is controlled by the Kazakhstan National Bank. In 2014, the Government of Poland transferred government bonds held by the private funds to the public ZUS system, leaving the Private Pension Fund Administrators with portfolios largely in equities and thus substantially reducing the share managed privately. In 2016, the Czech Republic completed a full reversal, terminating its individual saving accounts system (Adascalitei and Domonkos, 2015). As we saw earlier, in other countries, such as Estonia (2009), Latvia (2009), Lithuania (2009) and Slovakia (2012), contribution rates to the private system were reduced, redirecting the financing to the public defined benefit systems (Kay, 2014).

4.10 Ensuring income security for older persons: The continuing challenge

Agenda 2030 calls for achieving substantial coverage of the poor and the vulnerable and for the construction of comprehensive and universal social protection systems.

Great progress is being made globally in terms of extending legal and effective coverage of older persons. The trend, however, shows strong variations, with major coverage deficits persisting in most of the developing world. Depending on the specific regional and country context, the major obstacles in extending coverage to older persons include: lack of political will, which is however imperative in supporting the development of a well-functioning pension system; lack of fiscal space for the financing of pension systems and to prioritize expenditure in social protection measures for old age in the long term; high levels of informality, in particular in low- and lower middle-income countries; and the challenge of building trust among contributors and beneficiaries.

A positive trend throughout the developing world is the proliferation of non-contributory pension systems. However, schemes are often too narrowly targeted, leaving many people unprotected. A challenge for these countries is to transform their systems into universal ones in order to guarantee a floor of income security for all older persons, leaving no-one behind.

Many developing countries (including those in demographic transition) have been able to extend their contributory pension systems. In the Latin American region, for example, developments in pensions during the last decade include both the extension of tax-funded social pension schemes and the expansion of pre-existing contributory schemes. The latter are linked to a set of formalization policies. The main challenge for these countries is to consolidate the labour market policies that have made possible the formalization and extension of social insurance coverage, while protecting the fiscal space already allocated to non-contributory and partially contributory schemes.

While in most parts of the developing world the focus is on extending coverage, discussions in high- and upper middle-income countries focus on pension adequacy issues and financial sustainability, and on how to maintain the systems. With ageing demographic structures and mature pension systems, the main challenge in most developed countries is maintaining a balance between adequacy and sustainability. Trends in recent years have been dominated by the introduction of cost-saving reforms with a fiscal objective, by raising

the retirement age, reforming pension formulas and reducing the overall level of benefits, as well as by diversifying the sources of funding for old-age income security. Fiscal consolidation policies dominate the discussions around social protection systems, putting at risk the social pact and the principles on which social security systems were founded.

Pension privatization in the 1990s in Eastern and Central Europe and Latin America brought many promises, including higher benefit levels, extension of coverage and lower fiscal costs. Yet, as expectations were not met and the privatized schemes widely underperformed, often leading to reduced coverage and benefit adequacy, the reversal of the pension privatization in the 2000s reintroduced or strengthened the public schemes based on the concept of defined benefits, with elements of solidarity and redistribution.

It is worth highlighting that against the odds and in spite of all the challenges faced by pension systems around the world, great progress has been achieved in income security of the older person, in particular in terms of coverage extension.

In order to comply with the SDGs, countries must double their efforts to extend system coverage, including the construction of social protection floors that reach the most vulnerable older persons, at the same time as progress is made towards improving the adequacy of benefits.

Towards universal health coverage

5

KEY MESSAGES

- Universal health coverage (UHC) providing access to at least essential health care including long-term care (LTC) protection (which, in addition to health services, comprises professional social care) is central to achieving the SDGs, particularly SDG 3 on UHC. However, there are large gaps throughout the world. As a result, millions of persons, including the majority of people living in rural areas and older persons, are left without any coverage and access to needed quality care.
- Rural–urban disparities are staggering: 56 per cent of the global rural population lacks health coverage as compared to 22 per cent of the urban population. Many of the excluded are indigenous people and people with severe diseases such as AIDS. These serious inequities are compounded by health workforce shortages: rural areas are short of a further 7 million skilled health workers to deliver quality health care, compared to a shortfall of 3 million health workers in urban areas. Also, deficits in per capita health spending are twice as high in rural areas as in urban areas. Consequently, it is the place of residence that largely determines whether people live or die; for instance, figures on rural maternal mortality are 2.5 times higher than those on urban maternal mortality. Globally, the most deprived of health coverage and access to needed health care is the rural population in Africa.
- Significant efforts are also needed in respect of the large and steadily growing group of older persons suffering from the gaps in coverage and access to LTC due to the fact that the majority of countries throughout the world do not provide any LTC protection to older persons. As a result, more than 48 per cent of the world's population is not covered at all, with women most seriously concerned. Another 46.3 per cent of the older global population is largely excluded from LTC due to narrow means-testing regulations that force persons aged 65 and over to become poor before they become eligible for LTC services. Only 5.6 per cent of the global population lives in countries that provide LTC coverage based on national legislation to the whole population.
- Many health and care workers lack decent working conditions in the public and private sectors alike, both within and beyond the health sector. Working conditions often do not respect human rights, including labour rights, social protection coverage, occupational safety and participatory processes through social dialogue. →

KEY MESSAGES (cont'd)

- Achieving the SDGs will require the extension of health protection by ensuring equity in access to quality care and solidarity in financing, as well as providing decent working conditions and transforming unpaid work linked to withdrawals from the labour market into paid jobs.
- In the absence of a sufficient number of skilled care workers, an estimated global 57 million unpaid "voluntary" workers are providing the bulk of LTC work. The large majority of them are women who have given up their own jobs, income and social protection to provide informal care for family members. Filling the global LTC workforce shortages (estimated at 13.6 million full-time formal LTC workers) will provide access to urgently needed quality services and support the transformation of unpaid work into decent jobs.
- The current gaps offer considerable employment potential. Achieving the SDGs by extending coverage and addressing the workforce shortages in health and LTC will contribute to full employment based on millions of new decent jobs to be created. Indeed, each investment in the creation of one job in a health occupation such as a physician or a nurse has the potential to result in the creation of 2.3 jobs for workers in non-health occupations in the country's broader health economy, such as workers in the pharmaceutical industry or those providing administrative, maintenance or laundry services, thus boosting inclusive and sustainable economic growth as targeted in SDG 8.

5.1 ILO Conventions and other international standards on health protection: An enabling framework to achieve the SDGs

Health protection, both direct and indirect, is essential for achieving most of the Sustainable Development Goals (SDGs). An enabling framework providing legal health coverage, sufficient public funding and an adequate supply of health workers enjoying good working conditions to provide quality services, has the potential to reduce mortality and increase the health status of the population (WHO, 2017). It thereby contributes to inclusive economic growth based on higher productivity and the creation of decent jobs for health workers currently needed worldwide, with a view to achieving universal health coverage (UHC).

However, greater efforts and new health protection policies based on a "sustainable and resilient path" (UN, 2015b) are needed to achieve the SDGs by 2030. Cross-sectoral strategies and approaches are required, given the interlinked social, health and economic targets; these range from poverty reduction highlighted in SDG 1 and UHC targeted in SDG 3 to inclusive growth and decent work (SDG 8), gender equality (SDG 5), reducing inequality (SDG 10), and justice and strong institutions (SDG 16). Enabling policies also need to consider changing environments such as demographic ageing, economic developments impacting negatively on the financing of health protection, workforce shortages and migration patterns resulting in inequities and barriers to access to needed care.

SDG-supportive policy frameworks, including normative guidance for progress, are available in ILO Conventions and Recommendations and other international standards (see box 5.1). Most relevant for the health-related SDGs are the ILO Conventions and Recommendations focusing on minimum standards for social security (Convention No. 102), national social protection floors (Recommendation No. 202) and medical care (Medical Care Recommendation, 1944 (No. 69), and Medical Care and Sickness Benefits Convention, 1969 (No. 130) (ILO, 2017b). Other ILO Conventions, such as the Nursing Personnel Convention, 1977 (No. 149), also play an important role. Together with the Universal Declaration of Human Rights (UDHR), these international instruments aim at universal health protection based on guaranteed access to health care for all in need through at least essential health care, prevention and maternal care. Access should be free of all barriers, be they financial, cultural, discriminatory or age-related, and should meet the criteria of availability, acceptability and quality. In addition, the relevant ILO Conventions and Recommendations highlight the need to embed health protection in broader social security schemes and systems, for example providing income support for all

Box 5.1 Supporting universal health coverage: ILO Conventions and Recommendations and other international standards

The Universal Declaration of Human Rights (UDHR), 1948 and the International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966 set out:

- the right to the "highest attainable standard of physical and mental health" (ICESCR, Art. 12(1)) and to "a standard of living adequate for the health and well-being of himself and his family, including … medical care" (UDHR, Art. 25(1));
- the right to "social security, including social insurance" (ICESCR, Art. 9), "in the event of … sickness, disability … or other lack of livelihood in circumstances beyond his control" (UDHR, Art. 25(1)); and
- the right to "conditions which would assure to all medical service and medical attention in the event of sickness" (ICESCR, Art. 12(2d)).

The ILO Medical Care Recommendation, 1944 (No. 69), emphasizes that "medical care service should cover all members of the community, whether or not they are gainfully occupied" (Para. 8) and provides comprehensive guidelines for the provision and delivery of medical care, particularly the essential features of a medical care service and the entitlement of persons covered, as well as the scope, organization, quality, funding and administration of medical care.

The Social Security (Minimum Standards) Convention, 1952 (No. 102), states that medical care needs to be provided "in respect of a condition requiring medical care of a preventive or curative nature" (Art. 7), in cases of "morbid condition", that is, ill health (Art. 8) and in maternity (Art. 8). Medical care benefits should include:

- general practitioner care, including domiciliary visiting;
- specialist care at hospitals for inpatients and outpatients, and such specialist care as may be available outside hospitals;
- essential pharmaceutical supplies, as prescribed by medical or other qualified practitioners;
- hospitalization where necessary; and
- pre- and postnatal care for pregnancy and childbirth and their consequences, either by medical practitioners or by qualified midwives, and hospitalization where necessary.

The Medical Care and Sickness Benefits Convention, 1969 (No. 130), and its accompanying Recommendation (No. 134), outline a more advanced set of standards for medical care than Convention No. 102, extending the benefit package to include dental care, medical rehabilitation (prosthetics), medical aids such as eyeglasses, and services for convalescents. Convention No. 130 also mandates those member States that have ratified the Convention to increase the number of persons protected, extend the range of medical care provided and extend the duration of sickness benefit.

The Social Protection Floors Recommendation, 2012 (No. 202), stipulates that national social protection floors should be established consisting of basic guarantees ensuring at a minimum that, over the life cycle, all in need have access to essential health care and to basic income security (Paras 4 and 5), including sickness benefits. According to the Recommendation:

- the principles of universality and entitlement to benefits prescribed by national law should apply (Para. 3);
- all residents and children (Para. 6) should be entitled to "access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality" (Para. 5(a)), without risk of "hardship and an increased risk of poverty due to the financial consequences of accessing essential health care" (Para. 8 (a));
- social protection floors should be established by member States with a view to "building comprehensive social security systems" incorporating "the range and levels of benefits set out in the Social Security (Minimum Standards) Convention, 1952 (No. 102), or in other ILO social security Conventions and Recommendations setting out more advanced standards" (Para. 17).

in need and thus aiming to cut the link between ill health and poverty. Further, policy strategies should be aligned with social and economic policies and promote productive economic activity in formal employment. They should be coordinated with policies enhancing formal employment, income generation, education, literacy, vocational training, skills and employability to reduce precariousness and promote decent work.

Progressing towards the SDGs using the framework of ILO Conventions and Recommendations includes extending coverage and access to health protection based on rights rather than charity. National legislation is the backbone of equitable access. It should ensure fair financing methods, adequacy of benefits, gender equality and non-discrimination as well as social inclusion. Implementing related legislation requires that quality care be delivered through a sufficient number of skilled health workers enjoying decent working conditions.

5.2 Deficits in health coverage

Despite significant investments in health protection, including in HIV/AIDS programmes, over the past years, and efforts to extend coverage in many countries at all income levels (box 5.2), large gaps towards the achievement of the SDGs remain, particularly regarding SDG 3 on UHC. Thus, for many people throughout the world equitable access to health care for all has not been achieved. As a result, health security crises such as the recent Ebola outbreak in Africa could not be tackled adequately by the countries concerned, given the lack of efficient and effective health protection and an unprecedented shortage of health workers which left the majority of the population in these countries without care. In addition, the lack of investment in health protection has resulted in foregone decent employment for workers, particularly health workers, as well as missed targets on inclusive growth (SDG 8).

Related SDG gaps towards UHC, particularly inequities in coverage and access to needed care, can be illustrated by focusing on specific population groups, particularly rural populations and older persons. These groups include particularly vulnerable subgroups such as indigenous people and people living with HIV/AIDS.

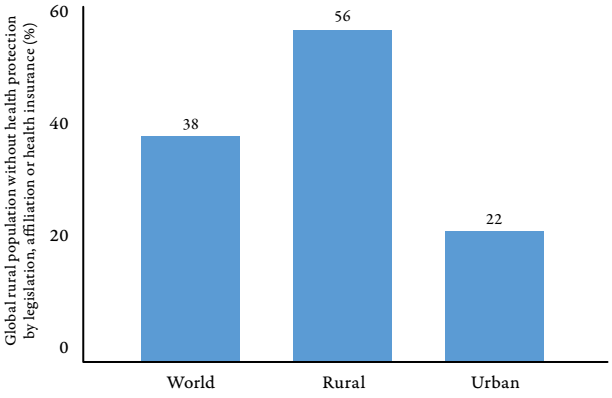
Unfortunately, global, regional and national data on health coverage and access to services of specific populations are very scarce, and where they exist at all they are hardly comparable globally. Against this background, the ILO has developed specific databases highlighting inequities, for instance on rural and urban populations (Annex IV, table B.13) as well as older persons' unmet LTC needs (Annex IV, table B.14). They focus on assessing the key dimensions of coverage and access to health care based on Recommendation No. 202 (Scheil-Adlung and Bonnet, 2011): legal coverage, affordability – particularly in terms of out-of-pocket payments (OOP), availability of care based on a sufficient number of skilled workers delivering quality services, and financial protection.

Further, with reference to SDG 8 on decent work and economic growth, estimates of the employment potential of investments in UHC are made available in a global supply chain approach, meaning all activities within and across countries that are required to provide and deliver health-care goods and services in the public and private sectors (Annex IV, table B.15). This includes supplying and transforming raw materials, such as those used for medicines, into final products through various phases of development, production, distribution and delivery.

5.2.1 The rural/urban SDG gap towards UHC: Global and regional assessment

For all population groups, including rural populations, the right to health protection is key for equity in access to health care. We find, however, that the global deficit in rural coverage is 2.5 times higher than that in urban areas (figure 5.1): in the world's rural areas 56 per cent of the population remains without legal health coverage, while for urban populations the deficit amounts to 22 per cent. Often, vulnerable subgroups such as indigenous people and people living with HIV/AIDS are particularly concerned.

Figure 5.1 Percentage of global rural population without health protection by legislation, affiliation or health insurance, 2015



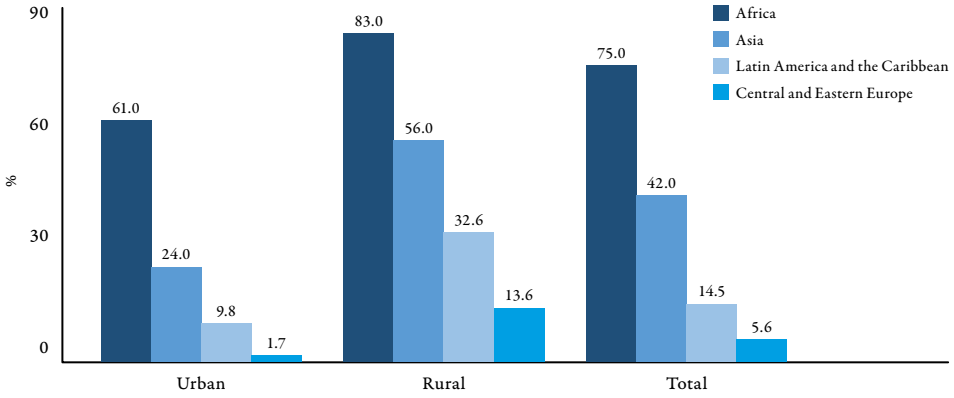
Source: Scheil-Adlung, 2015a.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54664

The largest exclusions of rural populations are observed in Africa and Asia (figure 5.2). In Africa, more than 80 per cent of the rural population as compared to some 60 per cent of the urban population is excluded from the right to health protection. In Asia, 56 per cent of the rural population compared to 24 per cent of the urban population remains without legal coverage. Thus, while in Africa the percentage of the population excluded from legislation is highest, the inequities between rural and urban populations are greatest in Asia. In all regions, however, the rural population is experiencing significant inequities in legal coverage compared to the urban population.

One of the reasons for the rural/urban SDG gap relates to imbalances in health workforce shortages, causing high inequities in access to health services for rural as compared to urban populations. In fact, rural areas

Figure 5.2 Rural/urban deficits in legal coverage by region, 2015 (percentage of population)



Source: Scheil-Adlung, 2015a.

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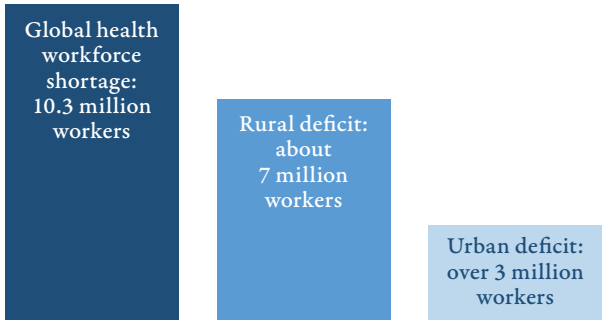
Figure 5.3 Global health workforce shortages in rural and urban areas



Source: Scheil-Adlung, 2015a.

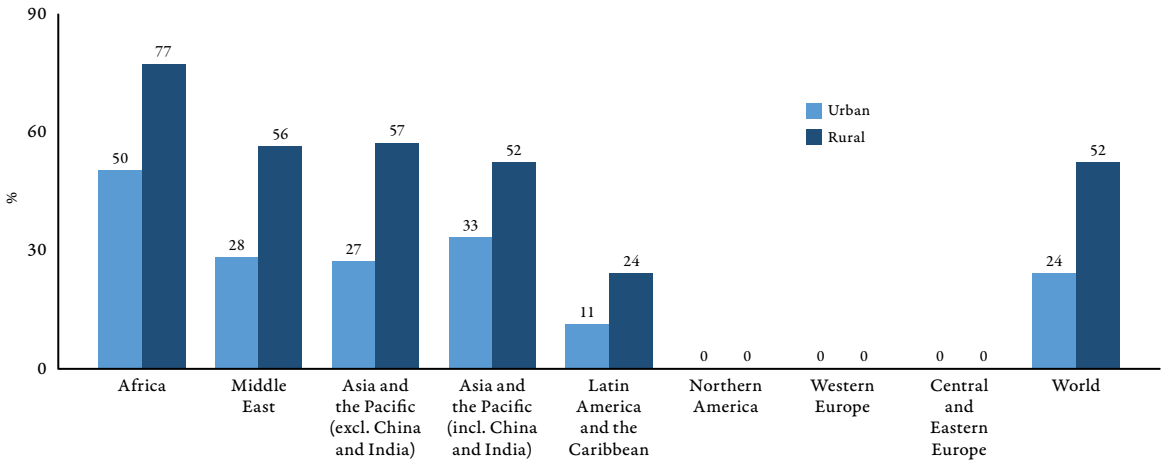
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54666

globally lack about 7 million health workers as compared to 3 million in urban areas (figure 5.3).

As a result, more than half the world's rural population lacks effective access to health care due to the shortage of health workers (figure 5.4). The situation is most severe in Africa, where 77 per cent of the rural population as compared to 50 per cent of the urban population lacks access to needed services for this reason.

The multiple exclusions of rural populations from access to health care are reflected in the need for substantial OOP in order to receive services, particularly in low- and middle-income countries (figure 5.5). The highest OOP, exceeding 50 per cent of total health expenditure (THE), are made by rural populations in Africa and Asia, in countries such as Chad, where OOP represent 80.4 per cent of THE paid by rural populations

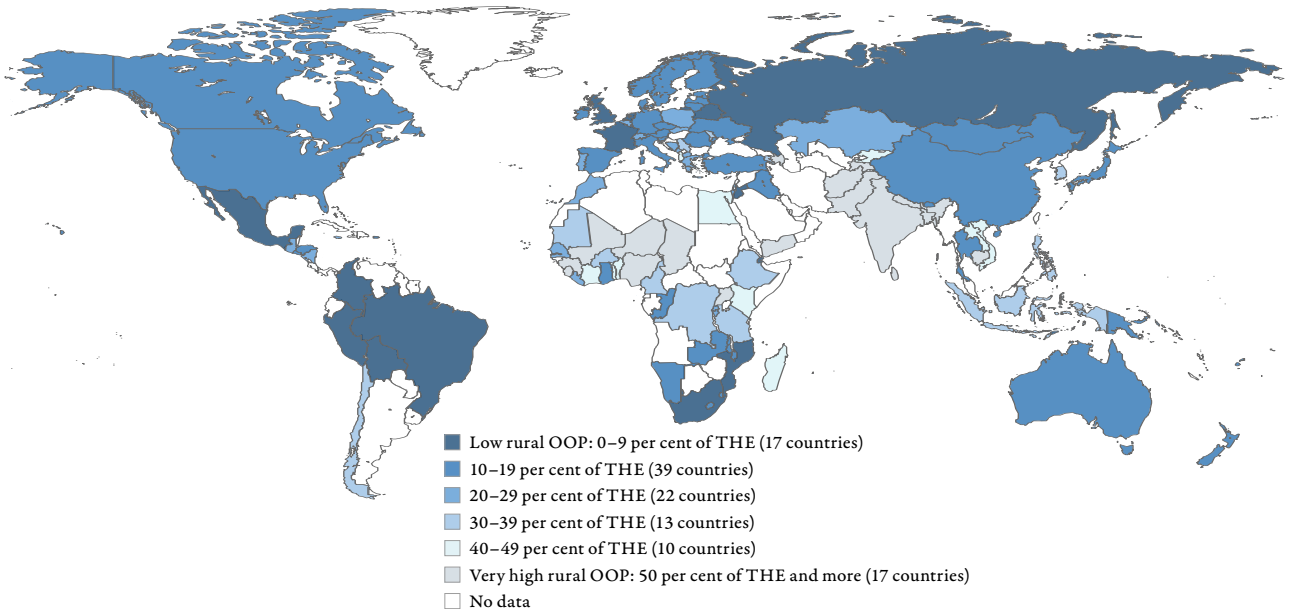
Figure 5.4 Populations in rural and urban areas without access to health services due to health workforce shortages (percentage)



Source: Scheil-Adlung, 2015a.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54667

Figure 5.5 OOP as a percentage of total health expenditure paid by rural populations, 2015



Source: Scheil-Adlung, 2015a.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54668

compared to 45.2 per cent paid by urban populations; or Pakistan, where the respective shares represented by OOP are 70.9 per cent and 42.2 per cent (table 5.1).

The high amounts of OOP spent by rural populations are also due to the fact that rural areas are experiencing a significant underfunding that exceeds by far the related figures in urban areas: it is estimated that the lack of financial resources in rural areas results in the exclusion from adequate health protection of 63 per cent of the rural population as compared to 33 per cent of the global urban population (Scheil-Adlung, 2015a).

The global assessment reveals gaps in progress towards the SDGs: rural populations are experiencing more severe exclusion and deficit than urban populations. At country level, these inequities may be more or less distinct, as observed in the country studies of Cambodia and Nigeria (box 5.2).

Given the evidence on inequities and gaps in access for global rural populations, it can be concluded that achieving the SDGs, particularly SDG 3 and SDG 1, will require enormous efforts from governments, social partners and other decision-makers in all countries worldwide. Successful policies to reduce the rural/urban divide will require equity-based strategies to extend health protection to rural areas, and coordination with other policy sectors to alleviate poverty, enhance income generation and create employment opportunities for health workers in rural areas.

Table 5.1 Rural and urban OOP as a percentage of total health expenditure, selected countries, 2015

Region / Country	Out-of-pocket payments as a percentage of total health expenditure		
	Total	Urban	Rural
Africa			
Chad	72.7	45.2	80.4
Niger	60.5	40.6	64.7
Asia			
India	61.8	49.8	67.2
Pakistan	60.6	42.2	70.9

Source: Scheil-Adlung, 2015a.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54787

Box 5.2 National perspectives on rural/urban gaps and inequities in health protection: Cambodia and Nigeria

Primary health care is delivered in **Cambodia** through a district-based system, and quality of care and health financing are persistent challenges. This is particularly the case for the rural population, which constitutes about 80 per cent of the total population.

Over the last 20 years, the national Government has attempted to address these issues, e.g. through the 1996 Health Financing Charter, which aimed at regulating the fee level for the use of health services.

However, the Government assumes that only a small proportion of public health funding actually reaches the service delivery level, still resulting in high levels of OOP and a further expansion of the private sector. Concerns about the cost and quality of public health services have led to the growth of the private health sector and the low utilization of necessary health services. Attempts have been made to address these chronic problems, including setting up Health Equity Funds, and several have been successful, but initiatives often operate at a local level only.

Consequently, high deficits in all dimensions of coverage and access are observed, whereby on all indicators used – gaps in legal coverage, exclusion due to workforce shortages, financial deficits, OOP and maternal mortality ratio (MMR) – the rural population of Cambodia is significantly more concerned than the urban population (figure 5.6). The most striking finding relates to the huge urban/rural gap in terms of OOP as a percentage of total health expenditure, which can be considered as a symptom of public health funding being less likely to reach the service delivery points in rural areas than in urban areas.

In common with many other African countries, **Nigeria** is experiencing rapid urbanization, with about half its current population living in urban areas. Three decades of political instability and economic crisis have led to a deterioration of the health system and poor performance on national health indicators.

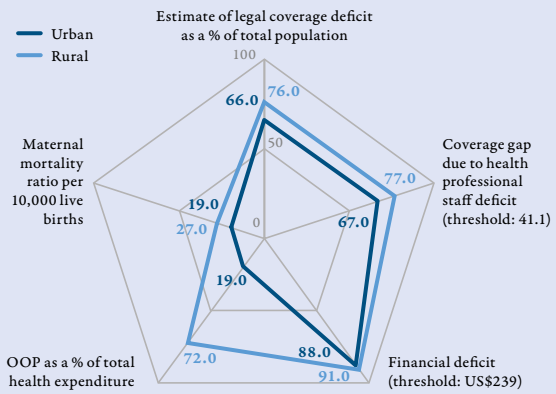
Public spending on health in Nigeria is low, even relative to other countries in sub-Saharan Africa, and governance of the health sector is weak, with the result that a large private sector has developed and the majority of health services are supplied by private providers. While the supply of human resources for health is relatively high compared to other African countries, planning and management tends to be poor (Kombe et al., 2009), and thus the distribution of the available health workers is rather inequitable.

This situation is reflected in the national assessment based on the ILO health access indicators (figure 5.7). They reveal:

- extremely low levels of legal coverage;
- a high staff access deficit compared to other sub-Saharan African countries;
- a very high financial deficit;
- high levels of OOP; and
- high levels of maternal mortality.

We observe that on three of the five indicators (staff access deficit, financial deficit and maternal mortality), the rural population of Nigeria experiences a worse situation than the urban population. For the remaining two indicators (legal coverage and OOP), there is virtually no difference between urban and rural areas. In the case of legal coverage, this is because hardly any Nigerian citizens have legal coverage, whether they live in urban or rural areas. In the case of OOP, the result may be indicative of an inadequate public health system in both urban and rural areas, leading to both types of dwellers being dependent on private providers.

Figure 5.6 Deficits in health coverage and access to health care in rural and urban Cambodia, 2015



Source: Scheil-Adlung, 2015a.

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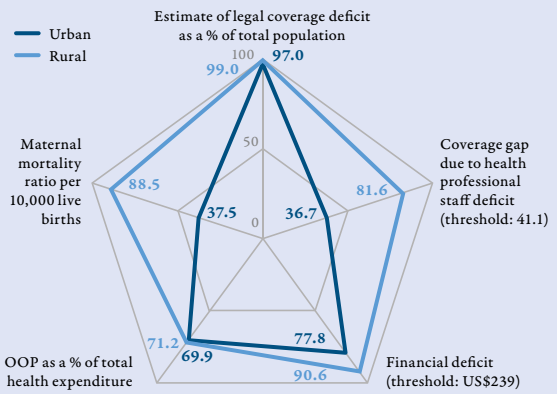
Figure 5.7 Deficits in health coverage and access to health care in rural and urban Nigeria, 2015



Source: Scheil-Adlung, 2015a.

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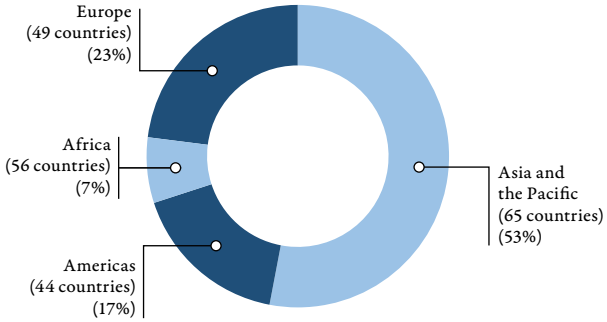
5.2.2 Global and regional LTC coverage

Another area of concern regarding the SDG gaps relates to long-term care (LTC). LTC is mostly needed by older persons with limited ability to care for themselves due to physical or mental conditions and includes, for example, assistance with daily living activities, medication management and basic health services. Despite population ageing throughout the world, the LTC needs of older persons – an ever-growing part of health and social services – are largely ignored by politicians in both developing and developed countries and, where they are available at all, hardly meet the core requirements regarding rights to related social protection, availability and affordability of quality services and public funding. This is reflected in the large absence of social protection schemes and systems focusing on the LTC needs of the older person. The few countries that offer related services at all often link them to income testing and social assistance approaches and thereby ignore the largely unaffordable and unavailable service offer (even for those who are better off). As a result, female family members are often pushed out of the labour market to provide care for their relatives.

Among the reasons for ignoring urgently needed LTC is the perceived availability of this "free" care to be provided by unpaid female family members. However, this is an illusion: family care involves significant costs, including income foregone by caregivers and their associated risk of impoverishment later, due to a lack of social protection during times of care, for example in case of sickness, accident or old age. Further, providing LTC requires more than compassion: it requires skilled workers to deliver quality services, as well as coverage of the related expenditure.

Similar to the financial and organizational approaches to health protection, LTC protection can be financed through taxes or contributions, or both, and can be based on social insurance schemes as in Germany, or on national systems as in Sweden. An overview of common organizational and financial approaches to providing LTC can be found in table 5.2.

Figure 5.8 Distribution of the world's population aged 65+, by region, 2013 (percentage)



Source: World Bank, World Development Indicators.

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Globally, most LTC needs can be expected to arise in countries and regions with a high percentage of older persons (aged 65+) among the population. Currently, the highest share of older persons globally can be found in Asia and the Pacific (53 per cent), followed by Europe (23 per cent), the Americas (17 per cent) and Africa (7 per cent) (figure 5.8).

The assessment of legal coverage – the right to LTC enshrined in national legislation – remains a dream for most of the world's elderly: a coverage gap for the SDGs of up to 100 per cent is found in selected countries in all regions. These include: in Africa, e.g. Algeria, Ghana and Nigeria; in the Americas, e.g. Argentina, Brazil and Canada; in Asia and the Pacific, e.g. India and Thailand; and in Europe, e.g. Slovakia and Turkey. Very few countries, mostly in Europe, provide universal coverage. They include countries such as Belgium, Denmark and Germany; and in Asia, Japan (figure 5.9).

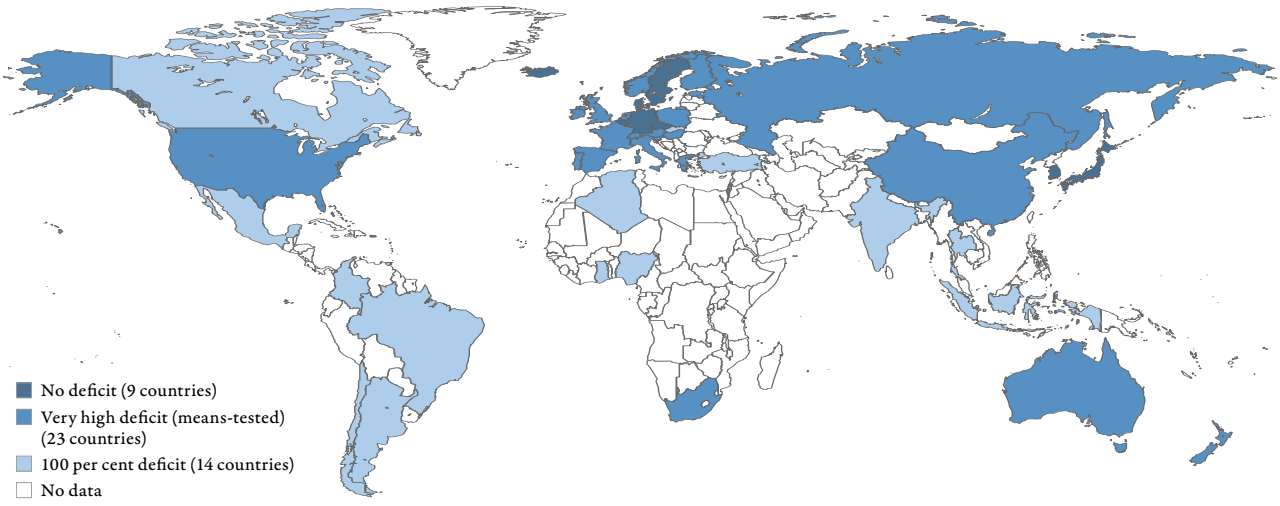
Table 5.2 Overview of common organizational and financial approaches to providing for LTC

Organizational characteristic	Financing	Financing mechanism	Country examples
Specific LTC scheme or system	Contribution-based (social insurance)	• Risk-pooling through social insurance • Co-payments required	Germany Japan
Social assistance	Tax-funded	• Taxes • Co-payments required	Sweden
Mix of schemes and systems (Health and social assistance schemes)	Tax-funded Contribution-based (social insurance)	• Mixed (taxes and social insurance) • Co-payments required	United Kingdom France South Africa

Source: Scheil-Adlung, 2015b.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54803

Figure 5.9 Gaps in legal LTC coverage, 2015 (percentage of total population)



Source: Based on Scheil-Adlung, 2015b.

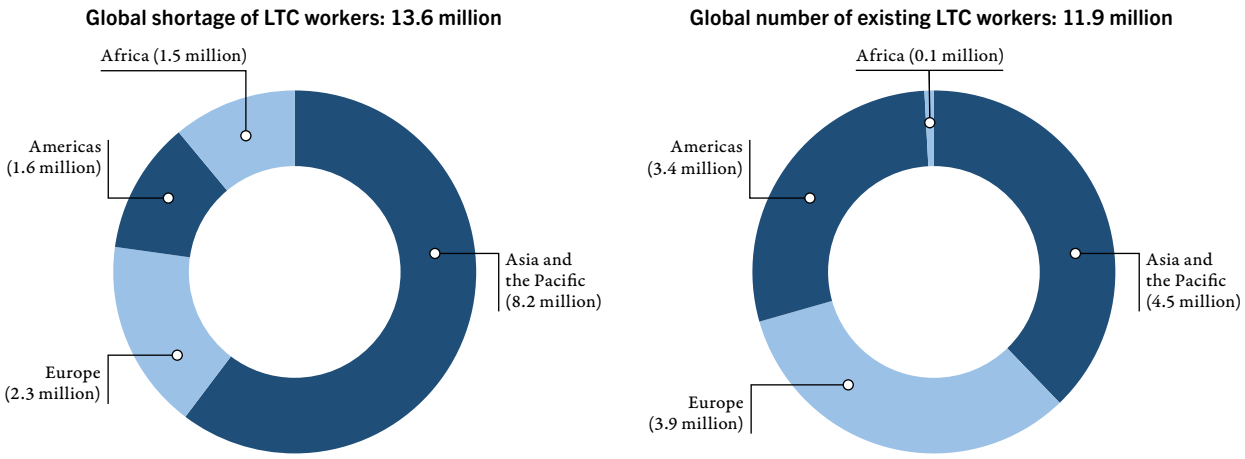
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54672

As a result, 48 per cent of the global population has no social LTC protection and another 46.3 per cent is largely excluded from coverage. Further, where coverage is provided, often narrow means-testing regulations and rigid eligibility rules hinder effective access to needed services (Scheil-Adlung, 2015b).

However, also the availability of LTC for those who are protected and can afford it is very limited due to the workforce shortages of skilled LTC workers. Globally, only very few formally employed LTC workers are available to deliver care to those in need. They amount to about 11.9 million workers and are distributed inequitably: in Africa we find only 0.1 million workers; in Asia and the Pacific 4.5 million; in the Americas 3.4, and in Europe 3.9 million. Recent estimations have found that these numbers are insufficient by far to serve all in need. In fact, the shortage of workers, at 13.6 million, exceeds the number of existing workers (figure 5.10) if using a relative threshold of 4.2 formally employed full-time workers (FTE) per 100 persons aged 65 and more.

Consequently, more than half of older persons worldwide have no access to LTC due to the insufficient number of skilled LTC workers needed to deliver services. The percentage of exclusion is highest in Africa (92.3) and lowest in the Americas (14.7) (figure 5.11).

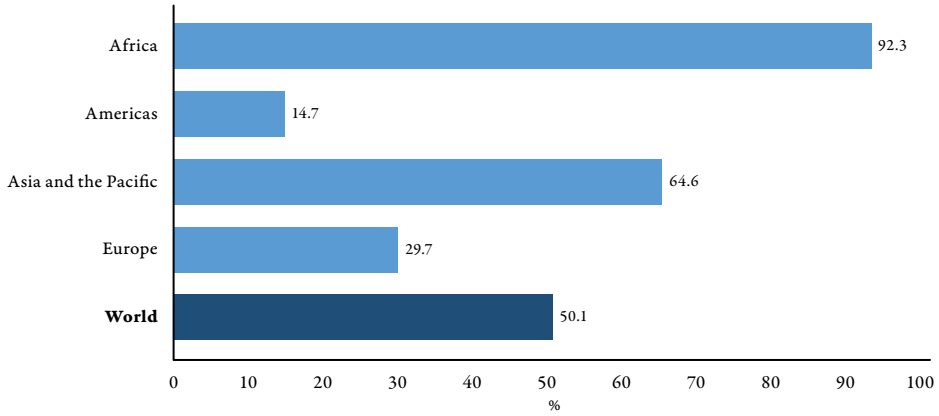
Figure 5.10 Existing LTC workforce and shortages towards universal coverage by region, 2015



Source: Scheil-Adlung, 2015b.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54673

Figure 5.11 Population 65+ excluded from LTC due to workforce shortages, by region, 2015 (percentage)



Source: Scheil-Adlung, 2015b.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54674

Box 5.3 LTC protection of older persons in Ghana

In **Ghana**, a significant need for LTC has been observed. More than 40 per cent of the population aged 75 and over stated that they needed at least some kind of assistance (He, Muenchrat and Kowal, 2012). This was based on the fact that 88.1 per cent of those aged 70 and over suffer from at least one functional disability; 63.4 per cent have difficulties moving around; 35.8 per cent encounter problems with self-care in their daily life; and 74.3 per cent report difficulties with cognition.

As the number of older persons aged 65 and above will double within the next 35 years, the need for LTC will increase and the traditional approach of family member support will no longer be sufficient, even if the extended family continues to be perceived as responsible for providing help for older family members with LTC needs. The family support system is increasingly compromised by the processes of modernization and globalization, for example when younger people migrate to urban areas or other destinations outside the country. As a result, family ties have already become weaker, and particularly in urban areas a gradual shift from extended towards nuclear families has been identified (Tawiah, 2011). Today, 10 per cent of older persons aged 65 and above already live alone (Ghana GSS, 2013).

These data indicate the urgent need for LTC services, but no legal entitlements for older persons to access such services exist in national law (table 5.3). Further, no public funding has been made available so far and a public LTC system providing access to quality care provided by formal LTC workers does not exist. As a result, 100 per cent of the population aged 65 and over is excluded from coverage and access to quality care provided by formal LTC workers. A total of 37,436 formal LTC workers would be needed to close the gap. The private sector has reacted to the vacuum by offering home-based LTC services to the few who can afford them (ibid.). Institutional care for the elderly has been provided as a charity by HelpAge Ghana, an international NGO, but remains unavailable in most regions of the country (ibid.).

Table 5.3 Gaps in universal LTC protection in Ghana

LTC coverage and access of older persons aged 65 and over	Value
Deficit in legal LTC coverage as share of persons aged 65+	100
Public LTC expenditure per person aged 65+, as share of GDP per capita in 2013	0
Public LTC expenditure, as share of GDP, 2006–10 average	0
Coverage gap, as share of persons aged 65+ not covered due to lack of financial resources (relative threshold: 1,461.8 PPP$)	100
Formal LTC workers (FTE) per 100 persons aged 65+	0
Coverage gap, as share of population 65+ not covered due to insufficient numbers of formal LTC workers (relative threshold: 4.2 FTE workers per 100 persons aged 65+)	100
Number of formal LTC workers needed to fill the gap	37 436

Source: ILO estimates based on Ghana GSS, 2013 and UN Population Prospects.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54788

The situation at country level is illustrated in box 5.3 taking the example of Ghana.

Given the serious worldwide shortage of skilled LTC workers, an estimated 57 million unpaid "voluntary" workers are filling the gap and provide the needed care. Often, they are women providing LTC to family members and have pulled out of the formal labour market to provide services (Scheil-Adlung, 2016).

Due to the low coverage rates and often insufficient benefit levels to cover the real costs, OOP occur in nearly all countries that provide LTC protection to a varying extent. In fact, the share of the older population in such countries experiencing OOP is estimated to be very high, ranging up to 86.5 per cent, e.g. in Belgium (table 5.4) and often reduces household income significantly (Scheil-Adlung, 2015b).

Table 5.4 Share of population (65+) experiencing OOP for LTC (home and institutional care), selected countries, 2015 (percentage)

Country	Share of population aged 65+ experiencing OOP for LTC
Austria	65.6
Belgium	86.5
France	75.3
Germany	56.3
Italy	73.7
Netherlands	80.2
Spain	66.0
Sweden	83.4

Source: Scheil-Adlung, 2015b.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54789

5.3 The employment potential of investments in UHC

Achieving the SDGs and UHC will not be possible without a sufficient number of workers with decent jobs producing and delivering health care – not only doctors and nurses but also workers in other occupations such as administration or maintaining health facilities. In improving the health of people in need, such workers also contribute to higher productivity and thus economic growth.

The world is currently experiencing an unprecedented shortage in the health workforce, resulting not only in lost improvements of the health status of millions of people but also in foregone economic growth due to lower productivity and employment opportunities. Currently, large parts of these shortages are filled by unpaid "care workers", often women, who provide care to older family members and others.

Transforming these jobs into formal work provides the opportunity to achieve better health outcomes and generate millions of jobs and economic growth. The jobs required for activities within and across countries to produce the goods and services needed are part of national health economies and global health protection supply chains. The expression "global health protection supply chains" refers to the various economic activities within or across countries and economic sectors that are required to produce and provide goods and services for health objectives such as UHC, transforming the raw materials for medicines into final products through various phases of development, production, distribution and delivery.

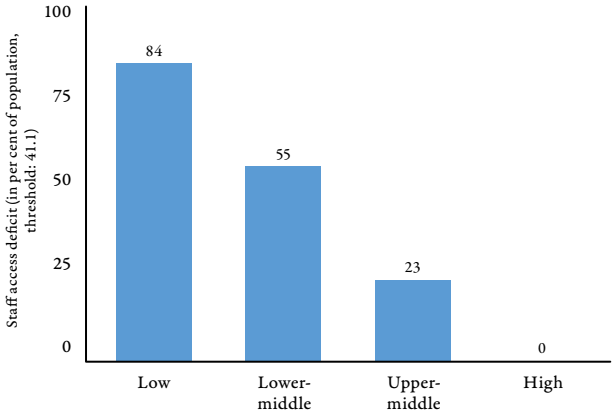
If jobs are combined with decent salaries, social protection and rights at work, they will generate considerable returns on investments specifically in countries with large health coverage deficits and informal labour markets. Further, huge gains on investments can be expected from revealing the economic potential of female workers who withdrew from the labour market to provide care to family members in the absence of skilled health workers. Thus, investments in health protection can be considered as a sustainable domestic source of employment that creates inclusive economic growth.

The workforce shortage currently leads to the exclusion from access to health care of 84 per cent of the total population in low-income countries. In lower-middle-income countries the deficits result in access gaps for more than half the total population (figure 5.12).

The workforce gap includes not only workers in health occupations but also workers in non-health occupations such as IT specialists, administrators and workers in cleaning jobs, as well as the large group of unpaid workers providing formal or informal care. These groups together form the workforce of the health economy and span many economic sectors beyond the health sector, e.g. the pharmaceutical sector and the service industries.

Current employment in the global health protection supply chain is estimated at 234 million, of which about 100 million are working in Asia and the Pacific, 62 million in Europe and Central Asia, 44 million in the Americas and 14 million in Africa (figure 5.13). Workers in non-health occupations are a larger group (46 per cent) than those in direct health occupations

Figure 5.12 Exclusion from health care due to workforce shortages in the health sector, by country level of income, 2014 (percentage of total population)



Note: Calculations are based on the ILO Staff Access Deficit Indicator using a threshold of 41.1 health workers per 10,000 population. For methodological details see ILO, 2014a.

Source: Scheil-Adlung, Behrendt and Wong, 2015.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54675

(30 per cent of all workers in the supply chain). In addition, 24 per cent of workers are unpaid "voluntary" workers in non-health occupations.

As the current numbers of workers are insufficient to achieve UHC, significant efforts must be made to fill the large gaps and shortages observed. This requires investments in the development of the needed workforce and the provision of a sufficient number of decent jobs in the formal economy.

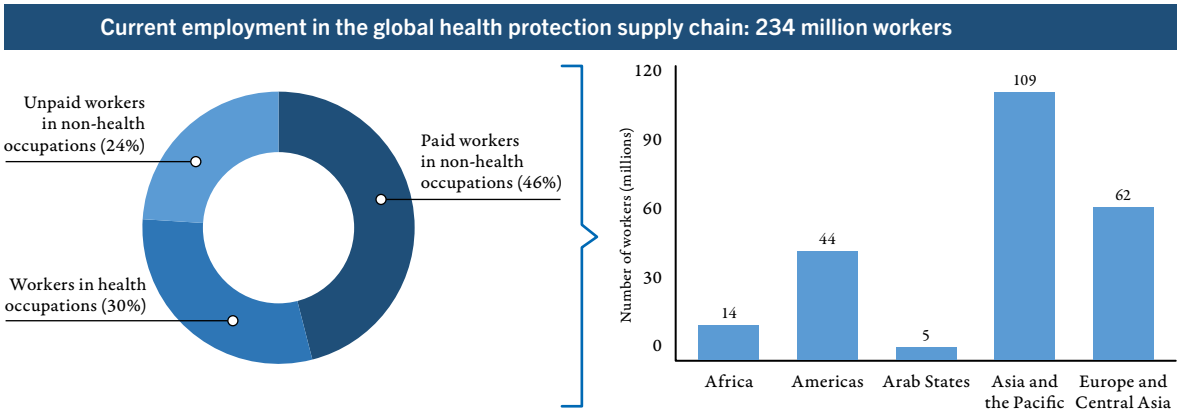
The current employment potential to fill the gaps and meet UHC needs is estimated globally at about 50 million paid workers calculated on median values of workers per population (figure 5.14).[1] About 18.3 million workers in health occupations and 31.7 million workers in non-health occupations are missing worldwide.

In other words, each investment in a doctor or nurse should result in jobs for 2.3 workers in non-health occupations to ensure that health objectives are achieved. Thus, the usual assumption that investments in jobs to deliver health protection are relevant only for doctors and nurses, for example, cannot be confirmed. In fact, the employment stimulated is more important in respect of workers in non-health occupations (often with low salaries) delivering services in administration, cleaning and maintenance of facilities, transport, retail and wholesale within and beyond the health sector.

By 2030, world population growth will require additional workers in all occupations to deliver UHC: globally, 27 million additional workers in health occupations and 45.5 million additional paid workers in non-health occupations.

In total, the current and future employment potential for workers in paid health and non-health occupations in the public and private sector of the global health economy amounts to 122.3 million jobs. Further, it will be important to transform the work of the existing number of unpaid "voluntary" workers into formal paid work, filling the current workforce shortages indicated by the fact that they have given up their

Figure 5.13 Employment size and composition in the global health protection supply chain, 2016 (percentage)

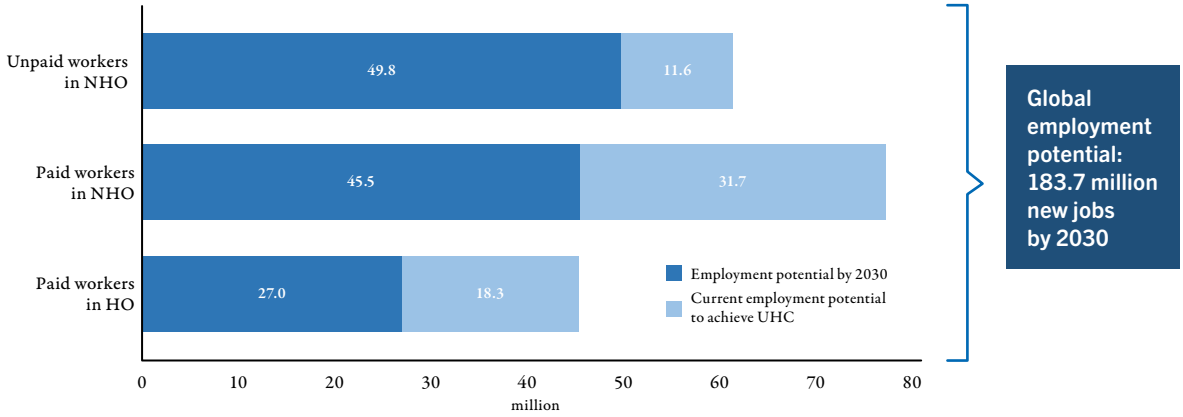


Source: Scheil-Adlung, 2016.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54676

[1] More details on the methodology are available in Scheil-Adlung, 2016.

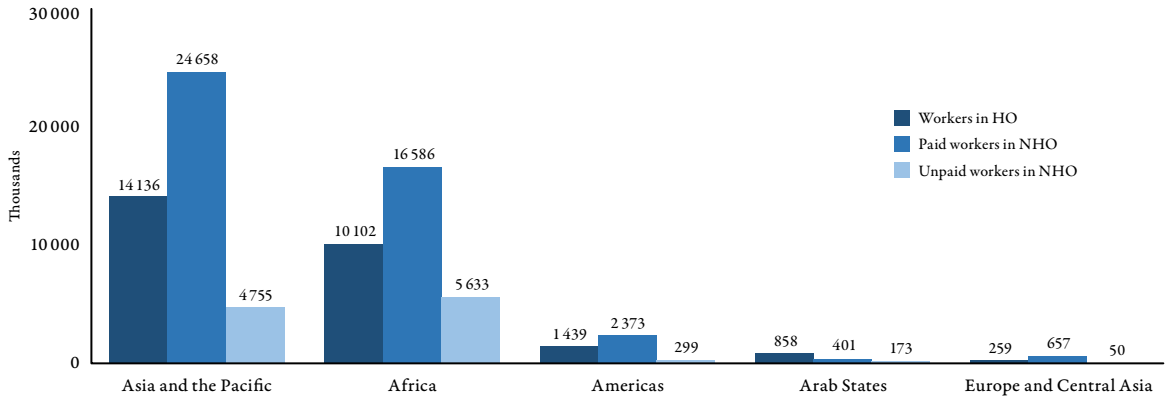
Figure 5.14 Current and future employment potential of paid and unpaid workers in health (HO) and non-health occupations (NHO) to achieve UHC (in millions, public and private employment, 2016 or latest available year)



Source: ILO calculations.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54677

Figure 5.15 Additional employment potential to achieve UHC by 2030, by region (thousands)



Source: ILO calculations.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54678

own jobs and income, reduced their working time or taken early retirement in order to care for family members. Thus, the total global employment potential amounts to 183.7 million workers.

However, the missing workers and their jobs are not equitably distributed around the world: particularly affected are low- and lower-middle income countries in Africa and in Asia and the Pacific. The majority of jobs will need to be created in Asia (43 million jobs) and in Africa (32 million) (figure 5.15).

Against this background, we can conclude that investing in health protection will not only improve health outcomes but will also generate millions of jobs in national health economies, as well as in the global health protection supply chains required to produce the goods and services needed for UHC. Creating the needed jobs and combining them with decent salaries, social protection and rights at work will generate important returns on investment, particularly in countries with large health coverage deficits and informal labour markets. Further, huge gains on investment can be expected from harnessing the economic potential of female workers who have withdrawn from the labour market to provide care to family members in the absence of skilled health workers. Thus, investments in health protection can be considered as a sustainable domestic source of employment that creates inclusive economic growth.

5.4 Policy priorities to achieve universal health coverage

Successful policies for achieving the health- and poverty-related SDGs as well as the SDG 8 on decent work and sustainable growth require a policy shift towards inclusive legislation on health protection including LTC, its implementation as well as labour market policies that aim at decent working conditions for all workers involved in the delivery of care – be they paid or unpaid, in health or non-health occupations. There should be a particular focus on the following aspects.

5.4.1 Extending social protection and access to health and LTC, and providing universal coverage

Achieving universal health protection should be the key policy objective when aiming to progress towards UHC. It should be anchored in inclusive legislation and implemented with a view to fixed timelines aiming at the progressive realization of coverage and access to health care. Fragmented implementation of such legislation and inefficient design might exclude large parts of the rural or older population.

Sustainable progress also entails support for policies that particularly address rural and old-age poverty and aim to close the gaps in social protection coverage and income support; it further requires enabling labour market policies to transform informal economies into formal economies.

The principle of underlying policies to achieve universality is equity. Equitable access requires non-discrimination (e.g. by place of residence or age) and meeting core requirements such as responsiveness to specific needs. It also requires respect for the dignity of all people. Further, maldistribution of health spending, e.g. regarding the rural/urban distribution of the workforce and infrastructure for LTC, needs to be avoided.

In addition, universality and equity call for solidarity in financing and fairness in burden-sharing for health protection. This entails risk-pooling based on fair financing mechanisms such as tax funding and contribution-based social or national health insurance schemes. It is important that the funds generated or made available are sufficient to ensure quality services to all in need.

Moreover, financial hardship due to OOP, resulting in an increased risk of poverty, should be excluded by providing adequate benefits and no or limited OOP to make services affordable. Thus, the financial consequences of accessing health care should be carefully considered to avoid barriers to access and thus inequities.

Finally, policies need to ensure continued income generation or make income support available to address the worst forms of health- and LTC-related impoverishment. This entails coverage and access to social protection benefits ranging from paid sick leave, pensions and unemployment schemes, to other forms of income support such as social assistance programmes. Such income support is necessary to ensure equitable access to needed services.

5.4.2 Creating decent jobs for a sufficient number of health and LTC workers

When aiming to achieve the SDGs, it is important to increase the availability of needed services and thus the number of skilled health and LTC workers. They need to be distributed in an equitable way within and across countries in order to ensure UHC and sustained economic growth.

This requires the consideration of national and global health labour market dynamics and a particular focus on the low retention rates, for instance in rural areas. To meet (future) needs and ensure the accessibility of health-care services in rural areas it is crucial to train, employ, remunerate and motivate a rural health workforce that is sufficiently large and skilled to provide quality health care for all in need. Related policies often rely on migration and the recruitment of health workers from other countries. However, this cannot be considered a viable option, given the large gaps to be filled. More promising are policies focusing on developing the health workforce in each country, with a view to training and employing more health workers.

Health workers in rural areas should be provided with decent jobs, including adequate wages that reflect the hard and often painful work, and incentives to work in rural areas where working conditions are typically more disadvantageous. This can be addressed by prioritizing investment in infrastructure, equipment and supplies for those levels and areas which most fall short of the norms. Investments in workplaces are thus required, so that health workers can provide quality services with adequate equipment and supplies.

Employment opportunities should be created and linked to meeting national health objectives such as UHC. This involves thresholds estimating the number of workers needed per population, respectively older

persons. Such thresholds can serve as a reference for adequate service delivery; at the global level adequate thresholds for health care are estimated at 4.1 full-time paid workers per 1,000 persons and 4.2 for LTC per 100 persons aged 65 and over (Scheil-Adlung, 2015a, 2015b). This includes an adequate skill mix and training opportunities for health workers.

However, relevant policies and investments in job creation should not be limited to achieving higher numbers of jobs, but should also consider decent working conditions for workers in both health and non-health occupations. Decent working conditions include adequate wages and are underpinned by rights at work such as freedom of association, equal remuneration, non-discrimination, social protection and social dialogue.

5.4.3 Ending the practices of unpaid work of family members to fill workforce shortages in LTC, and of voluntary community health workers with minimal or no skills

It is crucial to transform health and LTC work provided informally and without pay due to the lack of workers to fill decent jobs in the formal sector. This concerns voluntary, often unskilled community health workers who are unable to provide quality health care, as well as those giving up jobs to provide LTC to family members and others.

Such policies will allow many women workers to return to the formal labour market and contribute to inclusive economic growth. At the same time this will create acceptable living conditions for those who currently provide informal care, as well as preventing poverty and promoting gender equality. The most efficient and effective ways of formalizing such care work are the creation of decent jobs that provide adequate wages, and skills development for the provision of quality care.

Still, those who decide to provide care informally to family members and others also need to be supported. Given population ageing, it is to be expected that a growing share of the workforce must balance caregiving with paid employment. Combining these two roles currently presents a challenge for many informal care workers, often resulting in a higher degree of work–family conflict than for workers without care obligations. Possibilities of combining paid work with family care imply the availability of support mechanisms ranging from cash to in-kind benefits for caregivers, and should include rights to leave and social protection.

5.5 Universalizing health coverage: Recent trends

SDG 3 requires that all countries strive towards universal health coverage. An analysis of recent trends shows that many countries have already worked towards this objective by extending health coverage and access through the development of health protection strategies, legislation and investment of significant amounts of funds aimed at providing better access to quality health and LTC services.

This concerns countries in all regions of the world, including low-income countries such as Chad and Togo which have invested in extending health coverage of the population. But since it takes time to fully implement reforms, statistics often reflect the results only several years later. Countries which have made significant progress towards achieving universal health coverage include China, Colombia, Rwanda and Thailand (see box 5.4).

At the same time, setbacks are observed throughout the world, including in high-income countries. Some developments are often thought to be in line with financial consolidation measures and more general austerity policies. However, such measures should be assessed in terms of the negative impacts of ill health for the economy at large, particularly as regards falls in productivity, which as a result might be more costly than the savings achieved. Given the ageing of the populations throughout the world, the future will involve growing challenges to health and LTC schemes and systems requiring even higher expenditure than at present. Policy-makers therefore need to consider whether short-term financial adjustments are not undermining long-term investments in health.

Further, austerity policies show significant negative impacts for the population, as they may force people into poverty due to high(er) OOP and lack of income during periods of sickness, as well as a worsening health status.

The most frequently observed measures to contract health protection coverage (table 5.5) include:

- *reductions in health service packages*, risking consequent negative health impacts and thus higher health expenditure at a later point in time, and
- *limitations of legal coverage*, resulting in exclusion and inequities in access to health services.

Against this background, the intended objective and expected impact of the measures such as increased efficiency of programmes and rationalization of public spending can hardly be achieved. In fact, additional

Box 5.4 Universal health coverage: China, Colombia, Rwanda and Thailand

In recent years, many countries progressed towards universal health coverage, such as China, Colombia, Rwanda and Thailand. Their health-care systems are based on a combination of public health care, contributory schemes for workers in the formal sector and partially contributory schemes for workers in the informal economy, thereby fostering solidarity and social inclusion.

In **China**, the number of people covered by health insurance increased tenfold between 2003 and 2013 and now represents 96.9 per cent of the population. Health insurance is provided through three main schemes: for urban workers, for urban residents and for rural residents. The first scheme provides a comprehensive benefit package that covers about 81 per cent of insurable costs. The two latter schemes are voluntary insurance schemes that cover more than half the insurable medical costs up to a limit and reach 1.1 billion people. As a general rule for poor families, the Government covers part or all of their OOP. The level of OOP as a share of national health expenditures declined from 60 per cent in 2001 to 34 per cent in 2013, but needs further improvement.

Colombia is one of the recent cases in Latin America where progress has been made in extending health protection. The health system is based on the principle of universality, which obliges all citizens to join either the scheme for those with contributory capacity or the subsidized scheme for low-income workers. Members of both schemes are entitled to the same benefits. This has helped to achieve high legal coverage rates and reduce OOP. Affiliation to social health insurance is estimated to have increased from 25 per cent in 1993 to 96 per cent in 2014. OOP fell to 15.9 per cent of national total health expenditures in 2011, and the share of live births attended by skilled health staff reached 99.2 per cent.

Rwanda has made significant efforts to develop its health-care system at the national and community levels, making it possible for most people to access affordable health care: 96 per cent of its population was covered by the various health insurance schemes in 2011, most of them (91 per cent) through community-based health insurance (CBHI) schemes. Progress in coverage in Rwanda was achieved through political commitment by a decentralized and strong network of health facilities and health workers, and the use of cultural elements of collective action and mutual support. The CBHI schemes subsidize the contributions for poor and vulnerable people, which has helped to extend coverage to otherwise excluded groups. They have greatly contributed to improving health standards in Rwanda, including increased life expectancy and reduced child and maternal mortality. The experience of Rwanda shows that progress is possible for low-income countries, even when the vast majority of people live in rural areas and are part of the informal economy.

Thailand implemented its Universal Health-care Coverage Scheme (UCS) in 2001, consolidating several health insurance schemes and thereby reaching a large number of previously uncovered people, particularly in the informal sector. The objective of the scheme is "to equally entitle all Thai citizens to quality health care according to their needs, regardless of their socio-economic status". This goal is based on the universality principle: the UCS was conceived as a scheme for everybody and not as one targeted to the poor, vulnerable and disadvantaged. As a tax-financed scheme, it provides free health care at the point of service. The benefit package is comprehensive and includes general medical care and rehabilitation services, high-cost medical treatment and emergency care. As a universal scheme, it controls the cost and ensures the financial sustainability of the scheme by fixing the annual budget and putting a cap on provider payments. The scheme has encouraged the development of health infrastructure and increased access to health services.

Source: Based on ILO, 2014f, 2016h, 2016i, 2016j.

costs may occur due to a lack of sufficient quality treatments at both individual and national level. Moreover, such measures may impact on the resilience and long-term stability of health protection schemes and systems and thus worsen the social, economic and financial situation in the longer term.

Despite the globally increasing health needs due, among other reasons, to demographic ageing, related protection often remains inequitable, where it exists at all. The situation is worsened by extreme workforce shortages. In many countries, major barriers to accessing needed services include significant public underfunding and high OOP. Against this background, all efforts must be made to set health protection and LTC – particularly for older persons – high on the global and national policy and development agendas.

This involves financing reforms generating sufficient fiscal space based on public funds, and minimizing OOP. Financing should be based on large risk pools such as taxes or income-related contributions to ensure burden sharing and sustainability. Quality services and benefits at an acceptable standard should be "affordable". Further, the development of adequate health and LTC workforce is required.

In this context, returns on investment should be considered, for example due to the often forgotten

Table 5.5 Health protection measures announced, selected countries, 2014–17

Country	Country income level	Year	Measure (as published in the media)	Expected impact	Contraction/ expansion?	Type of social protection measure
Australia	High	2016	Government decides to retain dental scheme for children from low-income families, but benefit decreases from AUD 1,000 to 700 in dental care every two years	Efficiency of social programmes	Contraction	Reducing package of health services
Cambodia	Low	2014	Universal health care system to be included in the 2015–25 National Social Protection Strategy	Sustainability of social programmes	Expansion	Extending coverage
Chad	Low	2014	WB US$21 million project targeting health and well-being of mothers and children	Poverty reduction	Expansion	Improving access to social programmes
China	Upper-middle	2015	Government will expand medical insurance for major illnesses	Extension of coverage	Expansion	Extending coverage
Democratic Republic of the Congo	Low	2015	Establishment of an Universal Health Insurance Fund (Camu)	Extension of coverage	Expansion	Extending coverage
Ghana	Lower-middle	2016	Indigents are included into the National Health Insurance Scheme	Improve adequacy/ affordability/suitability	Expansion	Extending coverage
Greece	High	2014	Health examinations no longer covered	Rationalization of public spending	Contraction	Reducing package of health services
Indonesia	Lower-middle	2015	New health insurance scheme	Efficiency of social programmes	Expansion	Expanding package of health services
Liberia	Low	2016	UNDP and the Ministry of Gender, Children and Social Protection (MoGCSP) launched the Social Safety Net Cash Transfer (SCT) programme	Extension of coverage	Expansion	Expanding package of health services
Nigeria	Lower-middle	2015	Introduction of Mobile Health Insurance Programme	Efficiency of social programmes	Expansion	Improving access to social programmes
Peru	Upper-middle	2014	Access to health check-ups for children through Ministry of Health	Extension of coverage	Expansion	Extending coverage
Philippines	Lower-middle	2014	Automatic health insurance coverage to citizens aged 60 or above	Improve adequacy/ affordability/suitability	Expansion	Expanding package of health services
Senegal	Lower-middle	2014	Universal health system coverage	Extension of coverage	Expansion	Extending coverage
South Africa	Upper-middle	2015	National Health Insurance	Extension of coverage	Expansion	Extending coverage
Togo	Low	2015	Inclusion of broader segments of the society in the National Institute of Health Insurance (Inam)	Extension of coverage	Expansion	Extending coverage
United States	High	2017	Rolling back "Obamacare"	Contraction of coverage	Contraction	Reducing coverage
Venezuela, Bolivarian Rep. of	Upper-middle	2015	New government-backed health system from 2016	Extension of coverage	Expansion	Extending coverage
Viet Nam	Lower-middle	2015	Increased health insurance coverage in Ho Chi Minh City	Extension of coverage	Expansion	Extending coverage

Source: ILO Social Protection Monitor, 2017.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54790

"silver economy", in addition to job growth for formal workers and increases in employment rates for related sectors, and contributions to GDP.

Finally, it is of key importance to embed health and LTC strategies into broader social protection floor strategies in order to ensure financial protection for all in need, as well as coordinated social and economic policies that reveal the full potential of returns on investment and contribute to efficient and effective LTC schemes for all.

Monitoring progress in social protection: Regional trends

6

KEY MESSAGES

- This chapter presents regional trends in social protection and provides an SDG baseline at regional and country level for the SDG indicator 1.3.1.
- In Africa, despite notable progress in the extension of social protection coverage, only 17.8 per cent of the population are covered by at least one cash social protection benefit (SDG indicator 1.3.1). Regional variations are large, with coverage ranging from 48.0 per cent in South Africa to below 10 per cent in a number of West African countries. Significant progress has been achieved for old-age pensions, now covering 29.6 per cent of older persons in Africa, but reaching or approaching universal coverage in Botswana, Cabo Verde, Lesotho, Mauritius, Namibia, Seychelles, South Africa, Swaziland and Zanzibar (United Republic of Tanzania). On the other hand, only 15.9 per cent of Africa's children receive child or family benefits, and wide coverage gaps remain in the areas of maternity protection, unemployment protection and disability benefits. Despite greater efforts to invest in non-contributory cash benefits, only 9.5 per cent of vulnerable populations in Africa receive them; the development of social protection floors is therefore an urgent priority.
- In the Americas, the development of progressively comprehensive social protection systems over many years has resulted in 67.6 per cent of the population being effectively covered by at least one cash social protection benefit (SDG indicator 1.3.1), contributing to the reduction of inequality in many countries. Child or family cash benefits now reach about two-thirds of children (66.2 per cent), cash maternity benefits reach 68.6 per cent of new mothers with newborns, disability benefits reach 59.4 per cent of persons with severe disabilities, and old-age pensions are paid to 70.8 per cent of older persons. Unemployment protection, however, lags behind, with only 16.7 per cent of unemployed persons receiving unemployment benefits. It is worth noting that some countries have achieved universal social protection for children (Argentina, Brazil, Chile), universal coverage of mothers with newborns (Canada, Uruguay), universal coverage of persons with disabilities (Brazil, Chile, Uruguay, United States) and universal coverage for old-age pensions (Argentina, Plurinational State of Bolivia, Canada, Trinidad and Tobago, United States). While significant progress has been made, efforts to strengthen social protection systems, including closing coverage gaps and reinforcing social protection floors as well as enhancing the adequacy of benefits, remain a key priority in the region. →

KEY MESSAGES (cont'd)

- In the Arab States, limited data allow only a partial assessment of SDG indicator 1.3.1. Compared to other areas of social protection, coverage for old-age pensions is relatively well developed, yet only slightly more than a quarter (27.4 per cent) of the region's older persons receive an old-age pension. Limited pension coverage is likely to persist for future pensioner generations, as less than one-third of the region's current labour force (32.9 per cent) contributes to a pension scheme. Positive developments include the introduction of a social insurance scheme for workers in the private sector in the Occupied Palestinian Territory, the establishment of unemployment insurance schemes in Bahrain, Kuwait and Saudi Arabia, and enhanced coverage for maternity protection in Iraq and Jordan. However, given the limited size of the formal sector in some countries and the large social needs, the extension of social protection floors to vulnerable groups is a critical priority. In addition, the region continues to face significant challenges, including the repercussions of the ongoing conflicts in the Syrian Arab Republic and in Yemen.
- In the Asia and the Pacific region, recent years have seen a significant acceleration of the extension of social protection coverage, contributing to strengthening social protection systems and building social protection floors. So far, though, only 38.9 per cent of the population in the region is covered by at least one social protection cash benefit. Wide coverage gaps exist with regard to child and family benefits, except in Australia and Mongolia, which have achieved universal coverage. Progress has been made in the extension of maternity benefits, yet only one-third of mothers with newborns (33.4 per cent) receive cash maternity benefits. Similarly, for unemployment benefits, despite recent policy reforms in Viet Nam and other countries, only 22.5 per cent of the region's unemployed persons receive unemployment benefits. Only a small minority of persons with severe disabilities (9.4 per cent) receive disability benefits, pointing to a need to attach greater attention to this area. Significant progress has been made regarding old-age pensions, particularly through the introduction of non-contributory and partially contributory schemes leading to universal coverage in China, Japan, Maldives, Mongolia, New Zealand and Timor-Leste; as a result, the majority (55.2 per cent) of older persons in the region now receive a pension, although adequacy of benefits remains a concern.
- In Europe and Central Asia, social protection systems, including floors, are traditionally well developed and have achieved high effective social protection coverage under SDG indicator 1.3.1, compared to other regions. More than four in five persons (84.1 per cent) are covered by at least one social protection benefit, with several countries reaching universal coverage. Child and family benefits reach 87.5 per cent of children on average, given that more than 20 countries in the region have achieved 100 per cent coverage. The large majority of mothers with newborns (81.4 per cent) receive maternity cash benefits, yet significant coverage gaps remain in Central and Western Asia. Coverage ratios for unemployment benefits are considerably lower: only 42.5 per cent of unemployed persons receive such benefits. Much higher coverage levels are recorded for disability benefits (86.7 per cent of persons with severe disabilities) and old-age pensions (95.2 per cent of older persons), reflecting a long-standing commitment to universal social protection, not only in high-income countries and EU Member States, but also in Belarus, Georgia, Kyrgyzstan, Ukraine and Uzbekistan. However, ensuring the adequacy of pensions and other social protection benefits in the light of demographic change and short-term austerity fiscal pressures remains a priority.

6.1 Africa

6.1.1 Regional social protection challenges and priorities

Africa is the continent where the greatest proportion of the population does not have access to social protection and adequate health care, and where human needs are largest. The experience of sub-Saharan Africa with social development in the period between 1981 and 2005 was far from positive, with an additional 176.1 million people falling into severe poverty (Adesina, 2010).

Over the past two decades, Africa has experienced robust economic growth at an average annual rate of 4.5 per cent. Policy-makers have started to re-examine social protection systems. African systems have a high degree of heterogeneity and generally low levels of coverage. Statutory social security schemes exist in all countries but coverage is very limited, confined to workers in the formal economy.

Universal non-contributory pension schemes have been successfully developed in Botswana, Lesotho, Namibia, Seychelles, Swaziland and Zanzibar (United Republic of Tanzania), among others. A number of other countries, such as Algeria, Cabo Verde, Mauritius and South Africa, have achieved universal coverage by a mix of contributory and non-contributory programmes. These universal schemes were "home grown", developed by innovative African governments. Additionally, many countries have also developed cash transfers in recent decades, often with significant donor support (Mkandawire, 2015; Deacon, 2013). Some countries have adopted life-cycle approaches to cash transfers, with attention to different categories of vulnerable groups and not focusing only on the extreme poor: examples include social transfers directed at minimizing the effects of HIV through transfers to orphans and vulnerable children (OVC) and households headed by older persons, and more recently cash transfers directed to food-insecure households. Currently there is increased focus on ensuring that cash transfers are complemented by adequate social and care services (nutrition, prenatal and postnatal care, rehabilitation services). Overall, social protection has become an essential element of national development strategies, and African countries are advancing in the extension of social protection, aware of the major needs in the region (box 6.1).

However, after two decades of relatively steady growth, in the past three years the average growth rate in Africa has declined significantly. Despite the

Box 6.1 Africa's commitment to extend social protection to all

The 2015 *Addis Ababa Declaration on Transforming Africa through Decent Work for Sustainable Development* included in its continent-wide policy priorities the extension of "social protection by establishing and maintaining national social protection floors based on the Social Protection Floors Recommendation, 2012 (No. 202)". The right to social security for all is enshrined in the constitution of the majority of African countries.

The *Agenda 2063: The Africa we want*, outlines an African Union (AU) strategic framework for the socio-economic transformation of Africa in the next 50 years. The AU Agenda 2063 pursues the goals of a "high standard of living, quality of life and well-being for all citizens", through the priorities of affordable social security and protection for all; it aims to increase incomes and provide decent jobs for people of working age, leading to healthy and well-nourished citizens, and affordable and sustainable access to quality basic necessities of life, among others.

Social protection was affirmed as a key priority area at the AU's highest political level through the adoption of the *Declaration on Employment, Poverty Eradication, Inclusive Development in Africa* by the 24th African Union Summit. The first five-year priority programme on employment, poverty eradication and inclusive development covers six key priority areas, including one on social protection, and has been linked to Agenda 2063 and the 2030 Agenda for Sustainable Development through an alignment of indicators and targets. The AU is assisting countries to incorporate the priority programme into subregional and national development plans by the end of 2017.

The AU Executive Council has requested the AU Commission to develop an AU Protocol on the Rights of Citizens to Social Protection and Social Security, which would be added to the African Charter on Human and People's Rights, a legally binding document, and to elaborate a Social Agenda for the AU Agenda 2063.

Moreover, SDG Target 1.3 on social protection has been identified as a priority target in the contextualization process of the SDGs organized in several African countries, notably Cabo Verde, Cameroon, Democratic Republic of the Congo, and Sao Tomé and Principe.

Sources: AU, 2015a, 2015b; Pino and Badini Confalonieri, 2014.

Box 6.2 The demographic dividend and financing social protection in Africa

Africa is a young continent. The median age of its population is 19 and in sub-Saharan Africa it is even lower (18.4 years). This demographic dividend is a positive factor for economic growth and financing social protection. In Southern Africa, the adult working-age population will increase relative to the other age groups in the coming decades, while the share of the elderly population will grow moderately, and the number of youth will relatively decrease. The growing working-age population offers the opportunity for increased production, while the declining overall dependency ratio means less demographic pressure on funding for social protection. Higher spending per capita at constant spending levels of GDP offers the opportunity to reach broader segments of the population still uncovered, and to improve the comprehensiveness and adequacy of benefits.

In order to reap the benefits of such demographic dividend, however, countries will need to increase their current low levels of labour market participation (especially amongst the youth) and bring down their high levels of informal work and of unemployment and under-employment. Cash transfers have been shown to have positive impacts on production and no negative effects on labour supply, but, on the whole, existing support measures for after-school youth and working-age people are insufficient. Likewise, policies for progressive formalization of the economy, increased protection of informal workers and gradual expansion of the tax/contribution base are largely inadequate.

Sources: Based on Davis et al., 2016; UNDP, 2016; World Bank, 2016b; UN Population Statistics.

progress made in the extension of social protection, this economic downturn may limit governments' ability to expand domestic funding of social protection systems. Even with the window of opportunity presented by the demographic dividend in the region (box 6.2), Africa faces a fiscal crunch that can hinder further development of social protection systems, even as a large number of countries are in the process of extending coverage of contributory and non-contributory schemes.

In this context, African countries generally share the following social protection priorities:

- **The extension of social protection to workers in the informal economy** is one of the most pressing issues that States need to deal with. While most people make a livelihood in the informal economy, most of the existing contributory social protection schemes cover only workers in the public sector and the formal private sector (as well as their family members), who represent barely 15 per cent of the total population.
- The **development of social assistance schemes** for those who cannot work, children, mothers with newborns, persons with disabilities, older persons, those without jobs, poor and food-insecure, needs to be expedited to meet the needs of those who do not have access to social insurance schemes. Despite positive developments with regard to coverage of social assistance programmes both by policy/law and practice, only a few countries, such as Gabon, Mauritius, Seychelles and South Africa, have large-scale domestically funded non-contributory schemes that provide people with basic income security.
- **Capacity and institutional factors** inhibit the effectiveness of social protection in Africa. They include lack of coordination, absence of rights-based legal frameworks, financial constraints, or weak prospects of scaling up donor-led programmes, among others. In this regard, the necessity to strengthen institutions and capacity (SDG 16) is an increasingly important concern in Africa, as social transfer programmes are rapidly being scaled up but remain weakly institutionalized and integrated into comprehensive social protection systems. Social assistance programmes are not often backed by legal frameworks and rights-based institutional and administrative mechanisms, for example allowing beneficiaries to voice their grievances and appeal.
- **Social protection in fragile States:** Capacity and institutional constraints are further aggravated by the fact that some 40 per cent of African countries are classified as fragile States and face a continuous challenge in financing and administering social protection systems to improve the living conditions of their sizeable populations. The lack of harmonization across regulations and operations fragments their delivery and policy coherence.
- **Social protection and resilience to climate shocks:** The potential role of social protection systems in promoting resilience and responses to climate shocks, to which the region is increasingly vulnerable, has become salient. A number of countries in the region are integrating shock-responsive features in the development of social protection systems, for example allowing cash transfers to increase

coverage both horizontally and vertically in response to shocks, integrating resilient livelihood support in social protection programming and enhancing coordination between social support and emergency response systems.

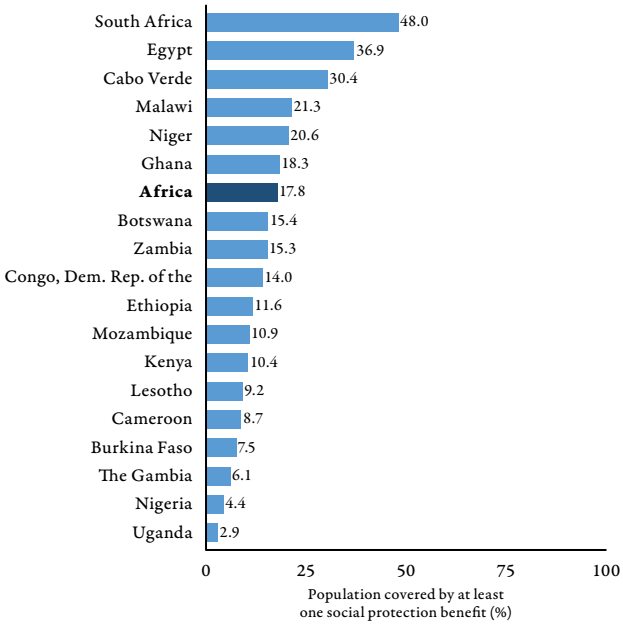
- **Social protection for migrant workers** is a key emerging policy area in Africa. Migration increases the vulnerability of workers and families, who are often not covered by any form of social protection when they travel for work or return home. Eligibility to social assistance schemes is often restricted to citizens or permanent residents, and the portability of social insurance rights and benefits remains extremely limited.[1]

6.1.2 Effective social protection coverage: Monitoring SDG indicator 1.3.1 in Africa

Africa will travel one of the longest distances in the world towards the universal coverage of social protection by 2030. Most of its inhabitants have no access to social protection systems, including floors (figure 6.1); effective coverage – combining contributory and non-contributory schemes – is as low as 18 per cent of the total population. There is significant dispersion across the continent; even the front runner, South Africa, is still only half way through the set indicator of universal coverage.

Social assistance programmes cover on average a small share of the population (and even of the poor or extremely poor populations) and are in most cases targeted to households or individuals with limited or no labour capacity (e.g. older persons, persons with severe disabilities and, to a lesser extent, children). The limited coverage of the active population under social assistance schemes hinders the potential positive effects of these schemes on economic development and productivity; this has been extensively documented in the region both at household level and in the local economy (Davis et al., 2016). Additionally, schemes provide very low benefits which are insufficient to guarantee minimum income support.

Figure 6.1 SDG indicator 1.3.1: Percentage of population in Africa covered by at least one social protection benefit (effective coverage), 2015 or latest available year



Note: Effective coverage of social protection is measured as the number of people who are either actively contributing to a social insurance scheme or receiving benefits (contributory or non-contributory), as a percentage of the total population. Health protection is not included under SDG indicator 1.3.1. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, table B.3.

Link : http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54679

With regard to contributory schemes, as mentioned earlier, only a small share of the working population – those formally employed – has access to formal social security schemes for pensions, employment injury, maternity and health protection. Workers in the informal economy rely on individual coping strategies that are often costly and inefficient, and face the risk of falling into poverty and deprivation at times of hardship. In a number of countries (e.g. Kenya, Senegal, South Africa, United Republic of Tanzania, Zambia), government and social security institutions are making efforts to address social protection deficits in the

[1] In May 2016, the Southern African Development Community (SADC) Ministers of Employment and Labour adopted the SADC framework on the Portability of Accrued Social Security Benefits within the Region (SADC Portability of Social Security Benefits Policy Framework). The issue of portability is particularly important in the mining sector – the largest employer of migrant workers in the SADC region (49.5 per cent) and the primary historical labour migration sector in this subregion, dating back to the 1950s. The majority of migrants remain uncovered, as they are informal workers, from domestic workers to cross-border traders (Deacon, 2015). With regard to the East African Community (EAC), in Nairobi a Draft Council Directive (multilateral social security agreement) for the Coordination of Social Security Benefits was tabled for adoption by the EAC High Level Task Force (HLTF), stressing that the text should be regarded as a regulation (directly applicable) and not a directive. Practical obstacles to the adoption and implementation of the directive/regulation lie in the absence of social security funds in Kenya and Uganda; in 2011 both countries had provident funds. Recent conversion of these funds may help greater integration and portability of benefits.

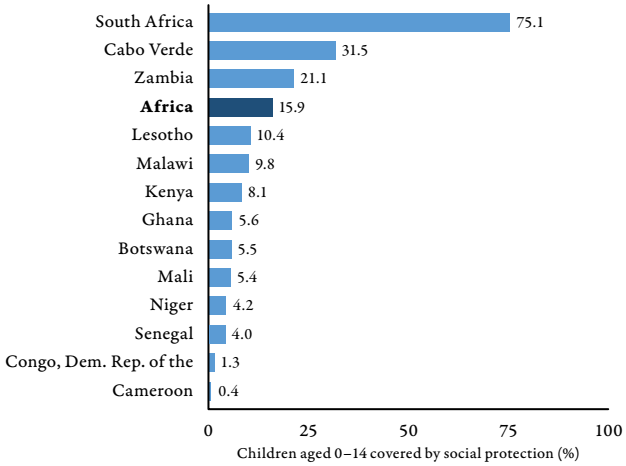
informal economy (Goursat and Pellerano, 2016). The fragmentation across social security institutions, and rigid social security administration and legislation, are often constraining factors.

Child and family benefits

Effective social protection coverage for children is still very limited: only 16 per cent of children in Africa receive child benefits. According to the data available, 40.8 per cent of African countries lack any child or family benefit programme anchored in national legislation (but see box 6.3 for Senegal); and many of the existing schemes and programmes cover only a small minority of children – either poor and vulnerable children (in the case of means-tested programmes) or children of workers in formal employment (in the case of most employment-related schemes) (figure 6.2). The proportion of countries lacking such programmes is the lowest of the developing regions, but at the same time the proportion of countries where the benefits are related to formality is the highest of all regions (in those regions where formality is considerably low).

A small number of countries have introduced child grants (e.g. Ghana) or expressed the intention to do so (Lesotho, Mozambique), in the form of an infant grant to enhance the impact of social protection on child poverty and early human capital development. Progress with implementation and coverage expansion has been limited, partly because programmes are embedded in interventions targeted to poor or ultra-poor households (e.g. Malawi, Namibia (see box 6.4)), and partly because of continued scepticism on the part of policy-makers about providing transfers to new parents (despite evidence, for example from Zambia, showing the remarkable impacts of this type of programme). None of these ongoing schemes have matched the ambition and coverage of the Child Grant in South Africa (a model also recently adopted in Namibia).

Figure 6.2 SDG indicator 1.3.1 on effective coverage for children and families: Percentage of children and households in Africa receiving child and family cash benefits, 2015 or latest available year



Note: Proportion of children covered by social protection benefits: ratio of children/households receiving child cash benefits to the total number of children/households with children. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; national sources. See also Annex IV, tables B.3 and B.4.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54680

Box 6.3 National programme for family security in Senegal

The National Family Security Fellowship Programme (PNBSF) is part of the vision of the Senegalese Head of State in the field of social protection. It is based on the reconstruction of solidarity and a redistribution of resources based on equity and social justice, corresponding to useful forms of social assistance which can mitigate the risks and shocks of poverty for the most vulnerable.

The goal of the PNBSF is to contribute to the fight against the vulnerability and social exclusion of families through integrated social protection in order to facilitate their access to social transfers and to reinforce, among other things, their educational, productive and technical capacities.

The modalities for the implementation of PNBSF are:

- the provision of family security grants of XOF 100,000 (CFA Francs) per year to strengthen the livelihoods and educational and productive capacities of vulnerable families;
- the establishment of a consultation mechanism at the national, regional and also at community level, to take charge of social demand, for the benefit of vulnerable families;
- strengthening the capacities of the actors involved in the implementation of the programme, with a view to improving the access of vulnerable families to social services; and
- the creation of monitoring and evaluation mechanisms to support families receiving family security grants.

After a pilot phase in 2013, the programme has now been extended over the whole country, covering about 3 million persons.

Source: ILO, based on national sources.

Box 6.4 New social benefit for vulnerable children in Namibia

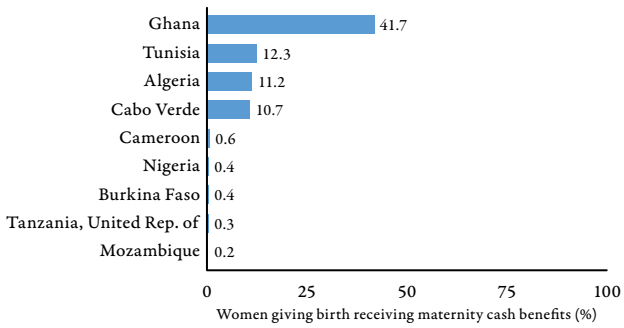
A new scheme was implemented in August 2015 in Namibia: the Vulnerable Child Grant. This grant is currently given to children whose parents have no source of income or whose parents' income is less than NAD 1,000; children qualify up to 18 years old. The intention is to progressively universalize the grant. The benefit regulations are yet to be finalized but 128,744 children were soon benefiting from it, while the total number of orphans and vulnerable children benefiting from the grant system as of March 2017 was 285,431. Beneficiaries receive NAD 250.00 per month per child.

Source: ILO, based on national sources.

Maternity protection

Most women giving birth do not have access to maternity cash benefits. The majority of countries for which data are available cover less than 20 per cent of childbearing women (figure 6.3). More specifically, provisions for paid maternity protection exclude a large number of women in both formal and informal employment, with associated risks of income insecurity, maternal and perinatal morbidity and mortality, and negative consequences for child development. The financing mechanisms (employer liability) increase female labour costs, leading to discriminatory practices against women in the labour market.

Figure 6.3 SDG indicator 1.3.1 on effective coverage for mothers with newborns: Percentage of women giving birth in Africa receiving maternity cash benefits, 2015 or latest available year



Note: Proportion of women giving birth covered by maternity benefits: ratio of women receiving maternity cash benefits to women giving birth in the same year (estimate based on age-specific fertility rates or on the number of live births corrected by the share of twin and triplet births). See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; national sources. See also Annex IV, tables B.3 and B.5.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54681

Box 6.5 New contributory maternity benefit in Rwanda

The Rwanda Social Security Board (RSSB) has introduced a maternity leave benefit insurance scheme to compensate all female employees absent from employment due to pregnancy, giving birth and subsequently caring for the newborn child. According to the provisions of Law No. 003/2016, mothers will no longer face the hard choice of either taking 12 weeks' leave and losing 80 per cent of their earnings for six weeks, or returning to work after six weeks to keep their income, as was the case before. The scheme introduces 12 weeks of fully paid leave during which monthly compensation equivalent to the mother's last salary is paid.

According to the law, monthly contributions to the scheme managed by the RSSB are to be 0.6 per cent of the employee's gross salary; both the employer (public and private) and employee contribute 0.3 per cent. This is a new social security scheme, whose establishment is part of the Government of Rwanda`s commitment to allowing women workers to physically recover, care for the newborn and avoid maternity becoming a barrier to their contributions to national development.

Source: ILO, 2015d, 2016j.

Some African countries have recently undertaken efforts to move from employer liability to social insurance coverage for maternity benefits (see box 6.5), a welcome approach. Employer liability puts an unnecessarily high and unpredictable burden on small and medium-sized enterprises. It also adversely affects certain categories of workers in the labour market, for example by increasing the implicit cost of hiring women if maternity protection is directly financed by employers. For this reason, several countries have moved, or are considering moving, towards social insurance provision. In Zambia, there is ongoing discussion on the transit from employer liability to a social insurance model for maternity protection.

Extensive support is required in the form of social assistance for the majority of mothers with newborns; this is a fairly cost-effective benefit attractive to policy-makers.

Unemployment protection

Effective coverage for working-age populations is relatively low. The regional estimate for the proportion of unemployed persons receiving unemployment benefits is only 5.6 per cent (figure 6.4), largely due to high levels of informal employment and the lack of unemployment protection schemes. Legal coverage ratios are also very low, with 8.4 per cent of the labour force statutorily

Figure 6.4 SDG indicator 1.3.1 on effective coverage for unemployed persons: Percentage of unemployed in Africa receiving unemployment cash benefits, latest available year

Note: Proportion of unemployed receiving benefits: ratio of recipients of unemployment cash benefits to the number of unemployed persons. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.6.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54682

covered (0.5 percentage points of which through non-contributory schemes) and with clear regional variations: 27 per cent of the labour force in Northern Africa is covered but only 3.6 per cent in the sub-Saharan region.

Coverage of non-contributory social protection for the "working poor" is in a large number of countries delegated to public works programmes, empowerment schemes and input subsidy schemes, as well as other livelihood and support interventions. The latter are generally underfunded and have extremely low coverage. The cost efficiency of public works interventions has in some cases been questioned (e.g. in Malawi), although there are also positive experiences where public works programmes have been more strongly integrated with regular cash transfer programmes, and have included sufficient investments in skills transfers and the quality of assets built. It remains questionable, however, whether these instruments can provide a basic floor of social protection for large masses of population in a cost-efficient manner. New initiatives such as Cabo Verde's contributory scheme (box 6.6) have been set up to address unemployment protection, while South Africa's employment tax incentive (see box 6.7) attempts to support employment and enterprises.

Box 6.6 New unemployment scheme in Cabo Verde

The unemployment rate in Cabo Verde stood at 15 per cent in 2016, and the Government introduced a new unemployment allowance the same year. The new scheme requires employers to pay an additional 1.5 per cent of workers' wages while workers contribute 0.5 per cent.

Source: ILO, based on national sources.

Box 6.7 New initiatives to strengthen employment promotion in South Africa

In South Africa, an employment tax incentive (ETI) was introduced with effect from 1 January 2014. The aim of the ETI is to facilitate employment of young jobseekers. Employers are able to claim the incentive for a 24-month period for all employees who qualify. In addition, an active labour market programme was developed with the Labour Centres, including revamped job search and labour-matching intermediation services combined with financial support in the form of training stipends and coverage of costs related to job search to increase the placement of unemployed persons.

Source: ILO, based on national sources.

Box 6.8 New Workers' Compensation Fund in the United Republic of Tanzania

The new Workers' Compensation Fund (WCF) was established in 2015/16 to provide access to employment injury insurance for more than 2 million formal sector workers. The benefits covered include medical aid, compensation for temporary and permanent disability, rehabilitation services, constant attendance care grant, funeral grant and compensation to dependants of deceased employees. The WCF was established by the Workers' Compensation Act of 2008 and applied to both public and private employers for the 2015/16 tax year that began on 1 July 2015. Since 2015 all employers have been required to contribute to the WCF. Whereas private sector employers are required to contribute 1 per cent of each employee's wages, public sector employers must contribute 0.5 per cent of wages on a monthly basis. Benefits started to be paid in 2016.

Source: ILO, based on national sources.

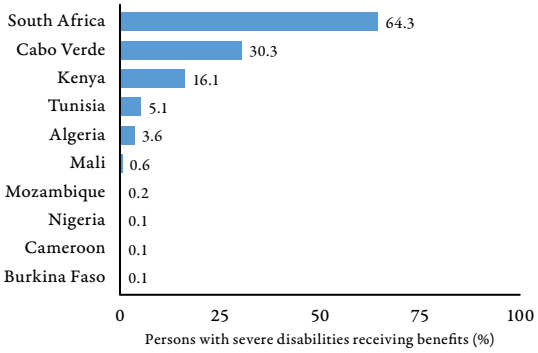
Employment injury protection

The reliance on employer liability and direct compensation, still a predominant form of protection for a considerable range of risks in many parts of Africa, entails adverse effects for both workers and employers. Positive developments include those in Malawi and the United Republic of Tanzania. The latter introduced a social insurance workers' compensation scheme in 2016 (box 6.8), while Malawi is in the middle of the implementation planning stage. In Lesotho and Botswana, an employment injury insurance is under consideration (Mpedi and Nyenti, 2016).

Disability benefits

Effective social protection coverage for persons with disabilities is relatively low. While the calculation of a regional estimate is not possible due to data constraints, the available country data show that, with the notable exception of South Africa, only a minority of persons with severe disabilities receive any social protection benefit (see figure 6.5).

Figure 6.5 SDG indicator 1.3.1 on effective coverage for persons with severe disabilities: Percentage of persons with severe disabilities in Africa receiving disability cash benefit, 2015 or latest available year



Note: Proportion of persons with disabilities receiving benefits: ratio of persons receiving disability cash benefits to persons with severe disabilities. The latter is calculated as the product of prevalence of disability ratios (published for each country group by the World Health Organization) and each country's population. See also Annex II.

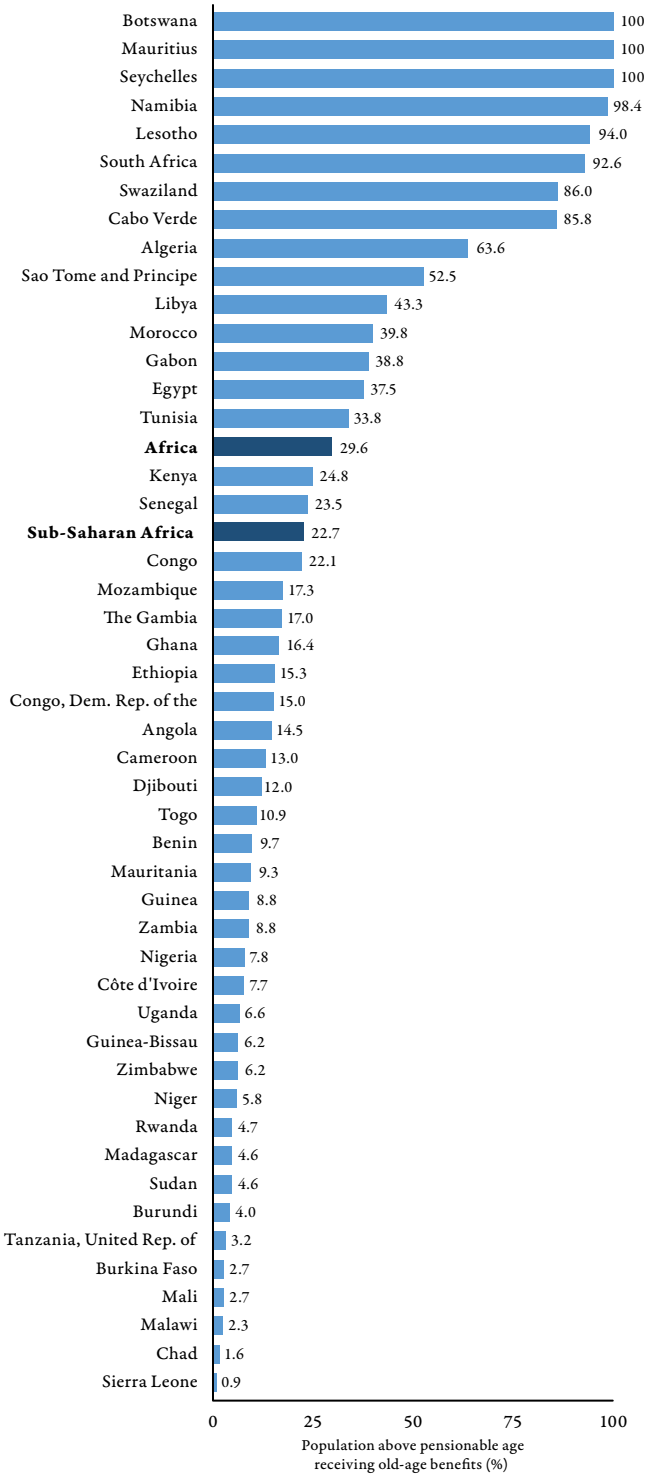
Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; WHO; national sources. See also Annex IV, tables B.3 and B.8.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54683

Old-age pensions

Compared to other groups of the population in Africa, older persons are the most widely covered, at nearly 30 per cent (figure 6.6). Some countries, such as Botswana, Lesotho, Mauritius, Namibia and Seychelles provide universal pensions to virtually all older persons. In addition, social assistance schemes commonly include older persons among the target groups. While most countries adopt varying forms of means-testing in social transfers to the elderly, a number of countries are in the process of introducing universal social pension schemes (see box 6.9). Countries such as Cabo Verde (see box 6.10) achieve close to universal coverage through the combination of contributory and non-contributory pensions. Other countries (e.g. Mozambique and Zambia) are gradually relaxing their targeting approaches to achieve quasi-universal coverage

Figure 6.6 SDG indicator 1.3.1 on effective coverage for older persons: Percentage of population above statutory pensionable age in Africa receiving an old-age pension, latest available year



Note: Proportion of older persons receiving a pension: ratio of persons above statutory pensionable age receiving an old-age pension to persons above statutory pensionable age. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.12.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54684

Box 6.9 New universal pensions in Zanzibar (United Republic of Tanzania), Kenya and Uganda

Zanzibar (United Republic of Tanzania) implemented a Universal Pension Scheme (ZUPS) providing income security to older persons in 2016. The universal old-age pension covers all Zanzibar residents from the age of 70 onwards, provided that they were residents for at least ten years between the age of 18 and the age of retirement. With time, it is planned to progressively lower this age to the legal retirement age of 60. As a fully universal beneficiary, a pensioner from the Zanzibar Social Security Fund (ZSSF – social insurance) will cumulate both pensions, as well as any other sources of income. However, the majority of the working population in Zanzibar have been in informal employment and do not receive any benefit from ZSSF. The first payment for the scheme for 21,263 older persons was made in April 2016, each beneficiary receiving a monthly pension of TZS 20,000 (US$9.2).

In **Kenya**, the Cabinet Secretary of Finance, Henry Rotich, announced in his budget speech on 30 March 2017 the launch of a universal pension in the country in January 2018. People above the age of 70 will receive a monthly pension. The initiative will operate alongside the existing scheme covering older people over 65 who are poor and vulnerable. Older people aged 70 and over will be entitled to health insurance coverage through the state-run National Hospital Insurance Fund. The official launch took place on 5 July 2017.

In **Uganda**, the Senior Citizens Grant is a universal pension covering all older persons of 65 years and above (but lowered to 60 years in the case of the more vulnerable Karamojong region). The programme was initially piloted in 15 districts. The Vulnerable Family Grant, on the other hand, is paid to poor and vulnerable households that lack labour capacity. Under this programme, UGX 25,000 per month is to be paid to a qualifying senior citizen, and a total of 123,000 senior citizens (65+ years of age) benefited under the pilot phase. Following the successful implementation of the pilot, in August 2015 the Government announced a phased national roll-out to an additional 40 districts over the next five years. With 20 new districts in the financial year 2015/16, five new districts will be added each year until financial year 2019/20.

While Botswana, Lesotho, Mauritius and Namibia already provide universal pensions, other countries are planning the universalization of their non-contributory pensions. In Tanzania Mainland, the debate on the introduction of such a scheme has already started. A proposal is being discussed in cabinet. In South Africa, the proposal under the comprehensive social security reform aims to remove the existing means tests and universalize the Old Age Grant.

Source: Global Partnership for Universal Social Protection, 2016i, 2016j, 2016k, 2016l, 2016n, 2016o.

Box 6.10 Non-contributory pension scheme in Cabo Verde

In addition to the existing contributory pension scheme, in 2006 Cabo Verde introduced a means-tested social pension for persons aged 60 and over and for persons with disabilities, a scheme resulting from the merger of two non-contributory pensions. Management has been devolved to the National Centre for Social Pensions (CNPS). Beneficiaries receive a monthly payment of CVE 5,000 (about US$50), which is 20 per cent more than the poverty line. In order to qualify for a social pension, elderly persons must reside in Cabo Verde, be 60 years of age or older, have an income below the official national poverty line, and not benefit from any other social security scheme.

Social pensions cost about 0.4 per cent of GDP and are fully financed by public funds, with coverage of the target population exceeding 90 per cent (23,000 beneficiaries).

A mutual insurance fund has been set up under the social pension scheme to subsidize the purchase of medicines in private pharmacies up to an annual ceiling of CVE 2,500 (about $25) per person. The fund is financed by monthly contributions of the beneficiaries, amounting to CVE 100 per pensioner. It also provides a funeral allowance of CVE 7,000 (about US$70) in case of death of the holder.

Source: Global Partnership for Universal Social Protection, 2016n.

through light affluence-testing. In Northern Africa, the extension of social protection is on the agenda following the Arab Spring (box 6.11).

On the contributory side, there are persisting challenges with the conversion of provident funds and establishment of social security pension funds in Botswana, Kenya, Namibia, Uganda, South Africa and Swaziland. Planned pension reforms that were expected to resolve problems of long-term financial sustainability and gradually increase pension benefits are taking a long time to be implemented in some countries (e.g. Zambia).

Social assistance

Most African countries provide limited coverage through social insurance, which leaves a large proportion of the population to be covered through non-contributory benefits, mostly social assistance (Cirillo and Tebaldi, 2016; UNDP, 2016). The regional estimate for Africa presented in figure 6.7 shows that fewer than one in ten persons (9.5 per cent) considered as

Box 6.11 Northern Africa: Old-age pensions essential for social justice after the Arab Spring

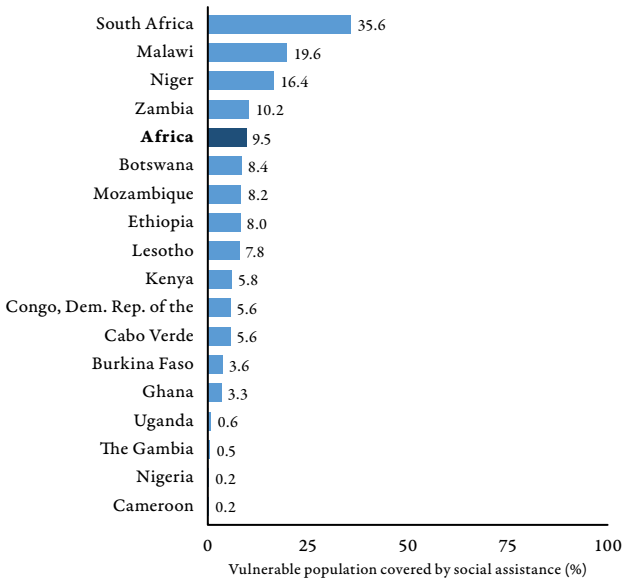
The Arab Spring questioned the emphasis on economic growth that had relegated pressing social needs to second priority in many countries in Northern Africa. Social policy is now increasingly seen as the main instrument to achieve social justice, with a focus on full employment, universal social protection and social services for all. The extension of social protection is on the agenda of all post-Arab Spring governments.

With regard to old-age pensions, the most important element in national social protection systems, governments in the Northern Africa region have been examining reforms to address both short-term cash-flow problems resulting from the economic slowdown affecting the region, and long-term sustainability.

Egypt: After cancelling a proposed systemic pension reform from a defined benefit to a defined contribution system that led to riots in 2011, the Government of Egypt, with the support of the ILO, has been considering parametric reforms to improve not only the sustainability of its public pension system but also to improve the design of the system in accordance with international social security standards. Partially financed by a World Bank loan and by savings from the energy subsidy reform, Egypt has launched Karama ("dignity" in Arabic), a means-tested old-age pension benefit for poor Egyptians above the age of 65. Social assistance programmes have been targeting only the poorest, but in 2017 national dialogue has begun to extend social protection floors. Despite the improvements achieved by Egypt, it will be a long road until universal social protection coverage is achieved. In particular, there is a need to protect all older persons through a guaranteed and universal basic pension, as well as a need to ensure coverage for other vulnerable groups.

Tunisia: Social protection and pensions are one of the four pillars of the new Tunisian Social Contract (2013), and the 2014 Tunisian Constitution recognizes the right to social protection for all. The Tunisian social insurance old-age pensions seem to take the direction of parametric reforms, in which the nature of the system is maintained. Financial sustainability of the pension system has become a particularly pressing issue since 2016; as a result of the fiscal deficit and IMF programme, there are pressures to introduce adjustments to deal with the short-term financial imbalance of the pension system. In the context of ILO assistance to the country, the pertinence of the current social dialogue process for social security reform is noteworthy.

Figure 6.7 SDG indicator 1.3.1 on effective coverage for vulnerable groups of population: Percentage of vulnerable populations in Africa receiving non-contributory cash benefits, 2015 or latest available year



Note: The number of vulnerable persons is estimated as (a) all children; (b) persons of working age not contributing to a social insurance scheme or receiving contributory benefits; and (c) persons above pensionable age not receiving contributory benefits (pensions). Social assistance is defined as all forms of non-contributory cash transfers financed from general taxation or other sources (other than social insurance). See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; national sources. See also Annex IV, table B.3.

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vulnerable (defined here as children, adults not covered by contributory provision and persons above retirement age not receiving contributory benefits) receive a non-contributory benefit. South Africa reaches relatively high coverage of more than one-third of the population through its social grant schemes. Social assistance also reaches more than 10 per cent of the population in Malawi, Niger and Zambia.

The extension of social protection floors to vulnerable groups is an urgent priority in Africa. As presented earlier, a significant number of cash transfer programmes have been developed in the region. In a number of countries, these programmes are gradually transiting from pilot (externally funded and, in some cases, implemented) interventions to fully embedded national social policy instruments. This poses a number of common challenges regarding the institutionalization of social assistance. At the policy level, critical questions arise in relation to the role of cash transfers vis-à-vis other components of the social policy systems (e.g. complementarity and linkages with service-based interventions, emergency response and social insurance mechanisms).

Design issues have also emerged in a number of problems related to targeting approaches (Brown, Ravaillion and Van De Walle, 2016; Kidd, Gelders and

Bailey-Athias, 2017), which has led to questioning the role of social assistance in the broader social contract, a trend towards universal individual entitlements observed across the region, and continued resistance to the extension of income support for the working poor, reflected by the renewed focus on strategies to "graduate" beneficiaries out of social assistance.

Countries need to strengthen governance and institutional mechanisms for the implementation of social protection through decentralized government systems, as well as to build capacity to develop stronger mechanisms for accountability, performance management, monitoring, institutional and programme coordination. Among the critical topics for scaling up social assistance is the issue of financing, discussed in the next section. It is imperative that governments identify new sources of financing social protection to extend coverage.

6.1.3 Social protection expenditure, excluding health

The regional estimate for social protection expenditure in Africa as a whole, excluding health, stands at 5.9 per cent of GDP, while that for Northern Africa is slightly higher at 7.6 per cent of GDP, compared to 4.5 per cent in sub-Saharan Africa (figure 6.8).

Social protection expenditure for children remains low, especially in sub-Saharan Africa (0.8 per cent of GDP) considering that the proportion of children aged 0–14 years in the population is 43 per cent (the highest among regions) (figure 6.9).

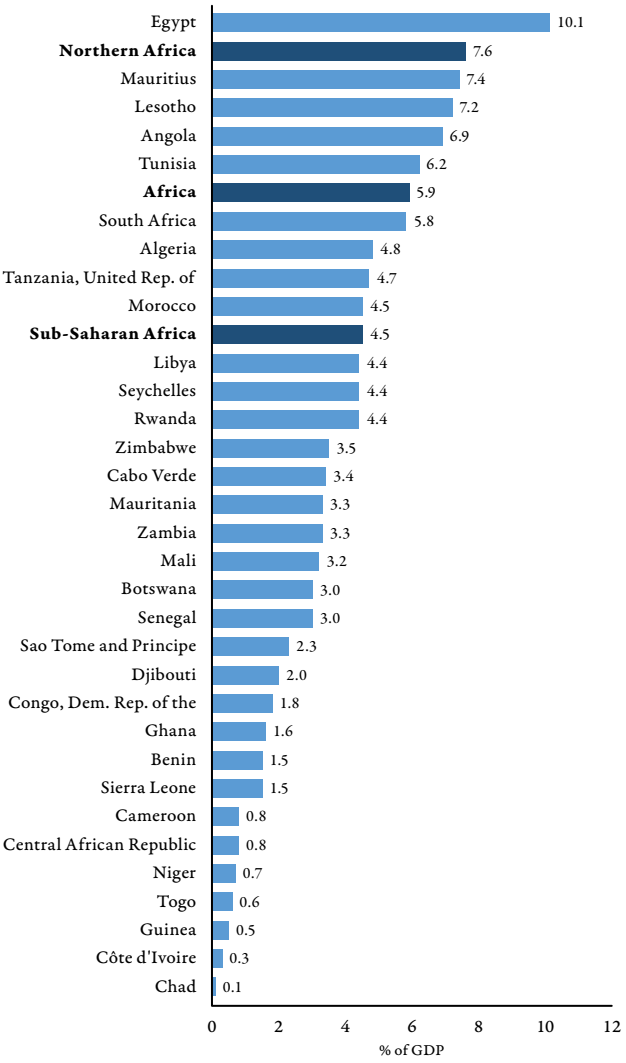
The region has the smallest proportion of working-age population in the world. The proportion of expenditure as a ratio of GDP directed to this group is low, but higher than in most Asian and Arab countries.

As in all regions, the lion's share of the non-health social protection expenditure is on the older population; Africa shows the highest concentration of expenditure on this group (65.6 per cent) even though it has the lowest proportion of older persons among the regions (3.8 per cent). More than 60 per cent of the non-health social protection expenditure goes on old-age benefits, representing around 1.3 per cent of GDP (the lowest among regions since at 3.8 per cent of the population the share of older persons is lower than elsewhere).

The recent period of "bonanza" in Africa's economic growth has ended, with a number of countries showing a more constrained fiscal position. In the current downturn, some countries are adjusting their expenditures. Eliminating subsidies and cutting or capping the wage bill, including for civil servants working in the social sectors, are the main adjustment measures being considered across sub-Saharan Africa, followed by targeting of social protection benefits (often reducing coverage) and pension reforms. A discussion is presented in Chapter 7.

The removal of subsidies is prevalent in virtually all African countries, from Angola to Zambia. This could be a source of financing for the extension of social protection; however, the removal of universal subsidies that benefit the whole population is often accompanied by a safety net consisting of cash transfers that

Figure 6.8 Public social protection expenditure in Africa, excluding health, latest available year (percentage of GDP)

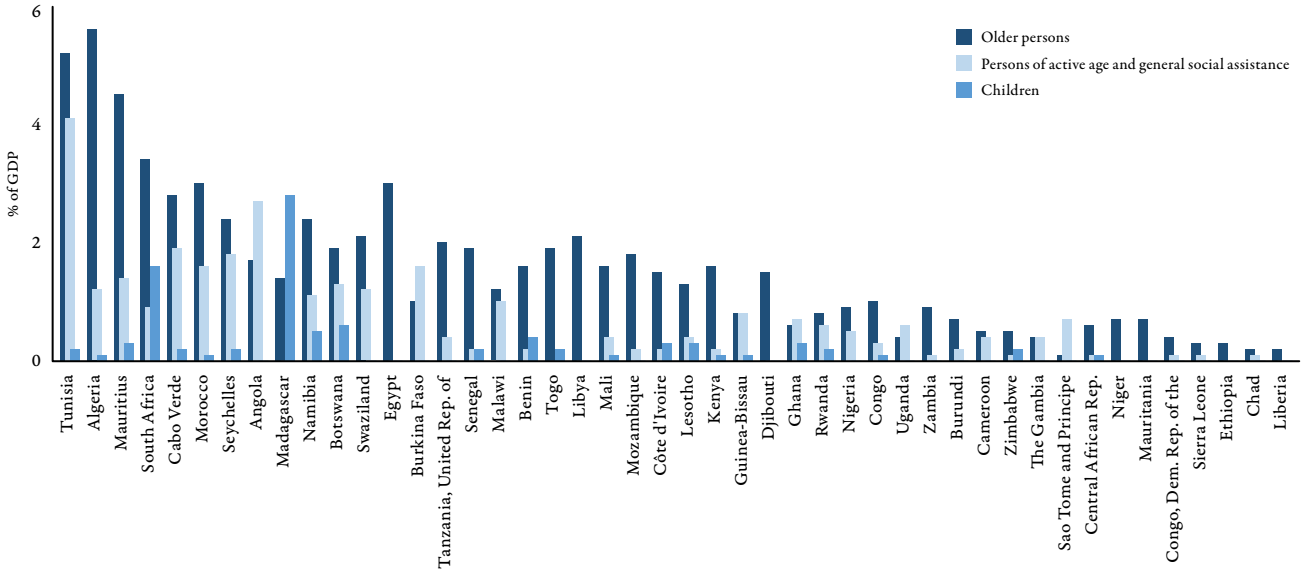


Note: Total social protection expenditure is estimated as a percentage of GDP and excludes health-related public expenditure.

Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, tables B.16 and B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54686

Figure 6.9 Composition of social protection expenditure in Africa, excluding health, latest available year (percentage of GDP)



Note: Non-health public social protection expenditure is estimated as a percentage of GDP.

Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, table B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54687

are narrowly targeted to the poorest, and is insufficient for achieving the SDGs. For example, countries such as Egypt, Kenya, Mozambique or Tunisia are phasing out their energy subsidies that support all citizens. Only the poorest are to be compensated by narrow-targeted safety nets; the majority of the population, although on very low incomes, will not be compensated, will suffer a net loss of income and thus become more vulnerable. A number of food subsidies were phased out too early, at a time when food prices were very high. For this reason, the removal of subsidies has led to in protests and riots in many countries (Ortiz et al., 2015). A discussion is presented in Chapter 7. Cost savings from subsidy removal should be used to expand the social protection system for all, including floors, as agreed in the SDGs.

Under fiscal pressure, more than 10 governments in the region are considering pension reforms, as reflected in the discussions with the IMF. They include Côte d'Ivoire, Kenya, Mauritius, Morocco, United Republic of Tanzania, Tunisia and Zambia, among others. But the short-term fiscal pressures should not be an obstacle to progress in achieving the 2030 Agenda. There are options to expand the fiscal space for social protection even in the poorest countries (Ortiz, Cummins and Karunanethy, 2017). Countries must consider the feasibility of the different financing options though national dialogue. Social dialogue is best to articulate optimal solutions in fiscal policy and the need for job and income security.

6.1.4 Regional outlook

Most African countries have made social protection a priority in their development strategies. Thus, national social protection policies and plans have been adopted or are being developed in almost all African States. Future years will therefore be devoted to the following priorities:

- Extend social protection to workers in the informal economy as a way of formalizing and improving their working conditions.
- Develop social assistance schemes for those who cannot work, children, mothers with newborns, persons with disabilities, older persons, the poor with or without jobs, and the food-insecure.
- Implement universal health coverage systems.
- Review national social protection policies (for example in Kenya, the new Social Protection Investment Plan 2030), combining non-contributory and contributory schemes to reach universal coverage. Identify new strategies to expand fiscal space for social protection and secure adequate financing of social protection systems, including floors.

- Strengthen social protection legal frameworks and improve regulatory frameworks.
- Develop capacity and institutional strengthening, particularly in fragile States, including better coordination in the social protection schemes.
- Improve access to social security for migrant workers from Africa, including portability of benefits.
- Enhance resilience to climate and other shocks, integrating resilient livelihoods support in social protection programming and improving coordination between social protection and emergency response systems.

6.2 Americas

6.2.1 Regional social protection challenges and priorities

Social security systems in Latin America and the Caribbean have evolved since the beginning of the twentieth century in a fragmented and stratified way, creating gaps in their coverage and inequalities in the scope and adequacy of their benefits. Structural constraints on their economies and the high incidence of labour informality have meant that in many countries the performance of social protection is undoubtedly unsatisfactory. However, the last 15 years have been a fruitful period of reforms and progress in deferred areas of social policies and social protection, a phenomenon largely associated with the positive changes experienced in the labour markets of the region and also with the introduction of innovations in terms of social protection (ECLAC, 2016). As a result, the incidence of poverty has declined drastically during the last decade, even more rapidly than in other regions of the world (Ocampo and Gómez-Arteaga, 2016).

During the last 15 years, countries of Latin America and the Caribbean have experienced significant progress in social protection due to the extension of contributory schemes, associated with the recovery of employment and also as a result of the expansion of non-contributory social protection schemes financed through taxation. Progress is reflected in both contributory and non-contributory coverage indicators. Social protection and the good performance of the labour market have been key to reducing poverty. Significant gaps still persist, however, due to regional heterogeneity in terms of the adequacy of benefits, effective coverage, public expenditure on social security and system performance. There are also certain restrictions on the extension of the fiscal space for the extension of coverage.

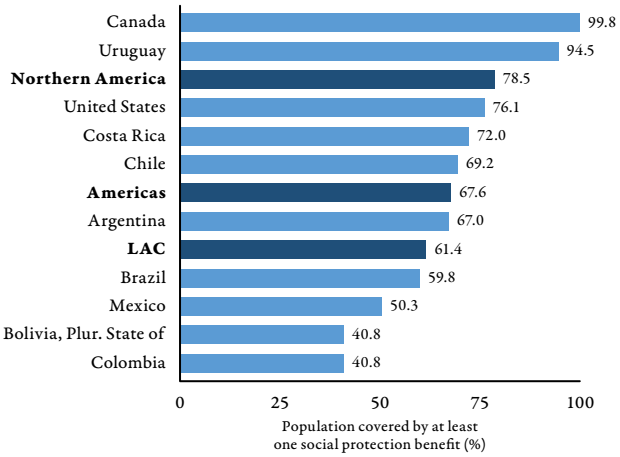
Problems linked to fragmentation, stratification and lack of articulation and coordination between programmes and institutions of the sector also exist. Some groups and sectors are excluded from social protection or have very low effective coverage, such as microenterprise workers, self-employed workers, and rural and domestic workers, among others. Expanding coverage to certain "difficult -to-reach" populations is considered key for reducing gender and race or ethnic gaps. Due to various constraints, effective coverage of rural populations is a major regional challenge (ILO, 2016l).

The increase in coverage in the region is aligned with the Sustainable Development Goals, in terms of expansion of social protection, including health. But there is great regional heterogeneity in system configuration, security levels, extent of coverage, public expenditure on social protection and performance. As a result, regional challenges are very diverse, depending on the country and the subregion. In those countries with lower levels of development, the main challenges have to do with the construction or extension of social protection floors, the creation of fiscal space for social protection, and the strengthening of social protection institutions. In countries in intermediate development, the main objectives are the consolidation of the social protection floors, the extension of social security to difficult-to-cover groups in the context of formalization policies, and institutional coordination (Bertranou, Casalí and Schwarzer, 2014). On the other hand, in the more developed countries of the region, the main challenges are economic sustainability, maintaining levels of coverage and financing, deepening the formalization policies to continue extending contributory coverage and improving the quality of social protection spending.

6.2.2 Effective social protection coverage: Monitoring SDG indicator 1.3.1 in the Americas

Effective social protection coverage in at least one area stands at around 67 per cent of the population in the Americas, exceeding the world average by 22 percentage points, yet falling below the coverage in Europe and Central Asia. Despite recent efforts in building

Figure 6.10 SDG indicator 1.3.1: Percentage of population in the Americas covered by at least one social protection benefit (effective coverage), 2015 or latest available year



Note: Effective coverage of social protection is measured by the number of people who are either actively contributing to a social insurance scheme or receiving benefits (contributory or non-contributory). Health protection is not included under SDG indicator 1.3.1. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, table B.3.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54688

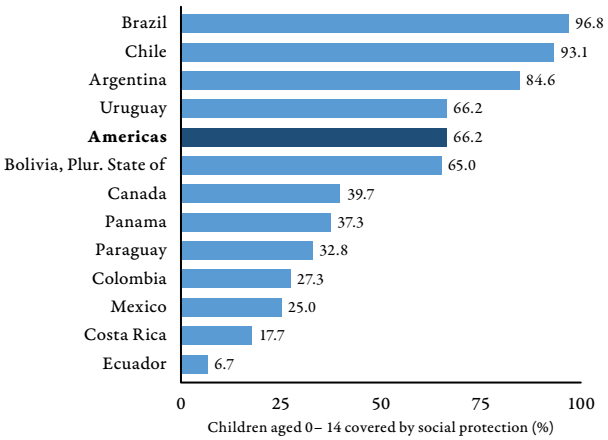
comprehensive social protection systems, challenges remain in the provision of universal coverage.[2]

There is a marked divergence in coverage levels between Northern America and Latin America and the Caribbean (LAC) (see figure 6.10). Developed economies in Northern America, represented by Canada and the United States, tend to have higher coverage rates, based on their higher level of economic development and social investment. Canada represents a good example, but in the United States one in four persons of the population does not have access to any kind of social protection in cash benefits. Compared to Northern America, many countries in LAC still display considerable coverage gaps, with on average 40 per cent of the population uncovered. Even more evident is the marked disparity in coverage across countries in LAC. While the positive example of Uruguay demonstrates that higher coverage rates can also be achieved in countries that are at a lower stage of their economic development, in countries such as the Plurinational State of Bolivia and Colombia, 60 per cent of the population is still unprotected.

Child and family benefits

In most countries in the region, the provision of social protection for children remains a challenge (see figure 6.11). More than one-third of all children between the ages of 0 and 14 are not covered. Some countries in LAC have strengthened their efforts towards universal coverage, such as Argentina, where around 85 per cent of all children have effective access to the child allowance. In other countries where child benefits are provided through non-contributory means-tested schemes only, for example in Costa Rica and Ecuador, coverage rates are lower, at 18 and 7 per cent respectively. Effective coverage rates of more than 90 per cent are achieved only in Brazil and Chile, both of which combine contributory and non-contributory means-tested schemes. In Northern America, where data are available only for Canada, the coverage is limited, estimated at less than 40 per cent of all children aged 0–14.

Figure 6.11 SDG indicator 1.3.1 on effective coverage for children and families: Percentage of children and households in the Americas receiving child and family cash benefits, 2015 or latest available year



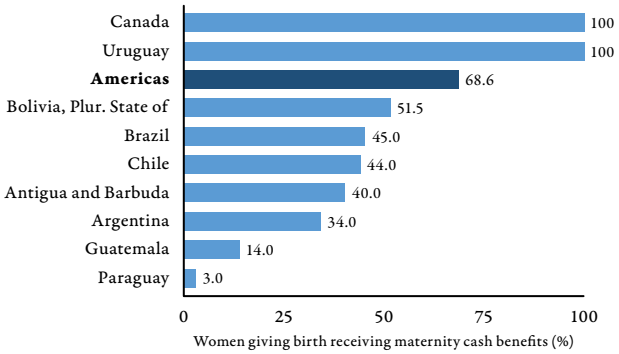
Note: Proportion of children covered by social protection benefits: ratio of children/households receiving child cash benefits to the total number of children/households with children. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; national sources. See also Annex IV, tables B.3 and B.4.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54689

[2] The limited extent of available data (except for the extent of effective coverage for old-age pensions) does not allow for a fully detailed statistical analysis of the region.

Figure 6.12 SDG indicator 1.3.1 on effective coverage for mothers with newborns: Percentage of women giving birth in the Americas receiving maternity cash benefit, 2015 or latest available year

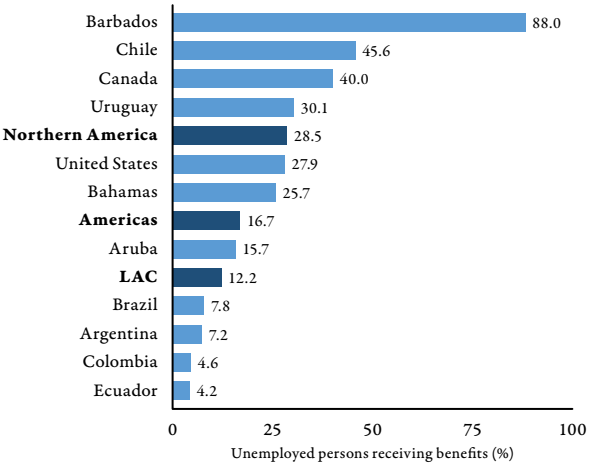


Note: Proportion of women giving birth covered by maternity benefits: ratio of women receiving maternity cash benefits to women giving birth in the same year (estimate based on age-specific fertility rates or on the number of live births corrected by the share of twin and triplet births). See also Annex II.

Sources: ILO, *World Social Protection Database*, based on SSI; ILOSTAT; UNWPP; national sources. See also Annex IV, tables B.3 and B.5.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54690

Figure 6.13 SDG indicator 1.3.1 on effective coverage for unemployed persons: Percentage of unemployed in the Americas receiving unemployment cash benefits, latest available year



Note: Proportion of unemployed receiving benefits: ratio of recipients of unemployment cash benefits to the number of unemployed persons. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.6.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54691

Maternity protection

Effective coverage by maternity cash benefits stands above the world average of 41 per cent; it is estimated that 68.6 per cent of women in employment receive maternity benefits (figure 6.12). However, the differences between countries are considerable, and challenges to achieving universal coverage remain in a number of countries. While effective coverage of 100 per cent of employed women is reached only in Canada and Uruguay, around 50 per cent of women in employment receive maternity benefits in the Plurinational State of Bolivia. At the other end of the spectrum, the levels of exclusion in Guatemala and Paraguay are very high, with more than 85 per cent of all women in employment not receiving maternity cash benefits.

Unemployment protection

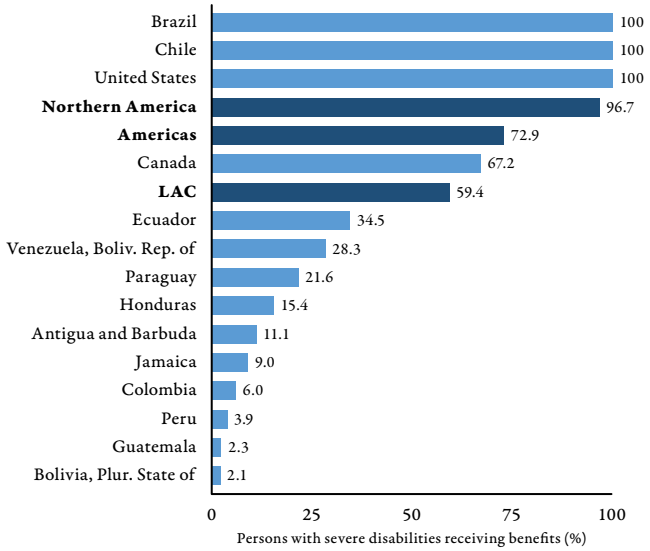
Compared to other contingencies, the proportion of persons of working age in the region who are unemployed and receive unemployment benefits is rather low. In the majority of countries reviewed, less than 45 per cent of unemployed workers actually receive unemployment benefits (see figure 6.13). The only positive outlier is Barbados, where 88 per cent of unemployed persons receive benefits under the mandatory social insurance scheme. In contrast, only 28.5 per cent of the unemployed in Northern America receive unemployment benefits, with coverage in Canada estimated at 40 per cent and in the United States at 28 per cent. This indicates that higher-income countries do not necessarily have higher coverage for unemployment benefits. In LAC, unemployment protection schemes cover an even smaller share of all unemployed persons (12 per cent). Some countries in LAC such as Chile and Costa Rica have implemented unemployment savings schemes based on individual accounts, normally not guaranteeing a periodic payment. There is still some way to go to achieve universal coverage, considering that 55 per cent of unemployed workers are not protected against the loss of income in the event of unemployment. In Colombia and Ecuador, only a small minority (under 5 per cent) of unemployed workers receive unemployment benefits.

This can be partly explained by the fact that most unemployment protection schemes are limited to salaried workers, hence leading to low effective coverage rates in countries with a high share of non-standard workers to total workers. In other countries, for example in Ecuador, the low coverage can be explained by the provision of unemployment protection through lump-sum benefits rather than periodic cash benefits.

Disability benefits

Social protection coverage for persons with severe disabilities varies between and within subregions (see figure 6.14). Northern America leads amongst the subregions with a coverage of 96.7 per cent, with the United States foremost, having achieved universal coverage. In contrast, in Canada only two-thirds of persons with severe disabilities have access to disability benefits. In LAC, most countries have statutory disability schemes, but the coverage varies significantly, with a difference between the highest and the lowest, the Plurinational State of Bolivia and Brazil, of more than 90 points. While in countries such as Brazil, Chile and Uruguay, over 90 per cent (in some cases, 100 per cent) of persons with severe disabilities actually have access to disability benefits, in others, such as the Plurinational State of Bolivia, Guatemala and Peru, less than 5 per cent of persons with disabilities receive a disability benefit.

Figure 6.14 SDG indicator 1.3.1 on effective coverage for persons with severe disabilities: Percentage of persons with severe disabilities in the Americas receiving disability cash benefit, 2015 or latest available year



Note: Proportion of persons with disabilities receiving benefits: ratio of persons receiving disability cash benefits to persons with severe disabilities. The latter is calculated as the product of prevalence of disability ratios (published for each country group by the World Health Organization) and each country's population. See also Annex II.

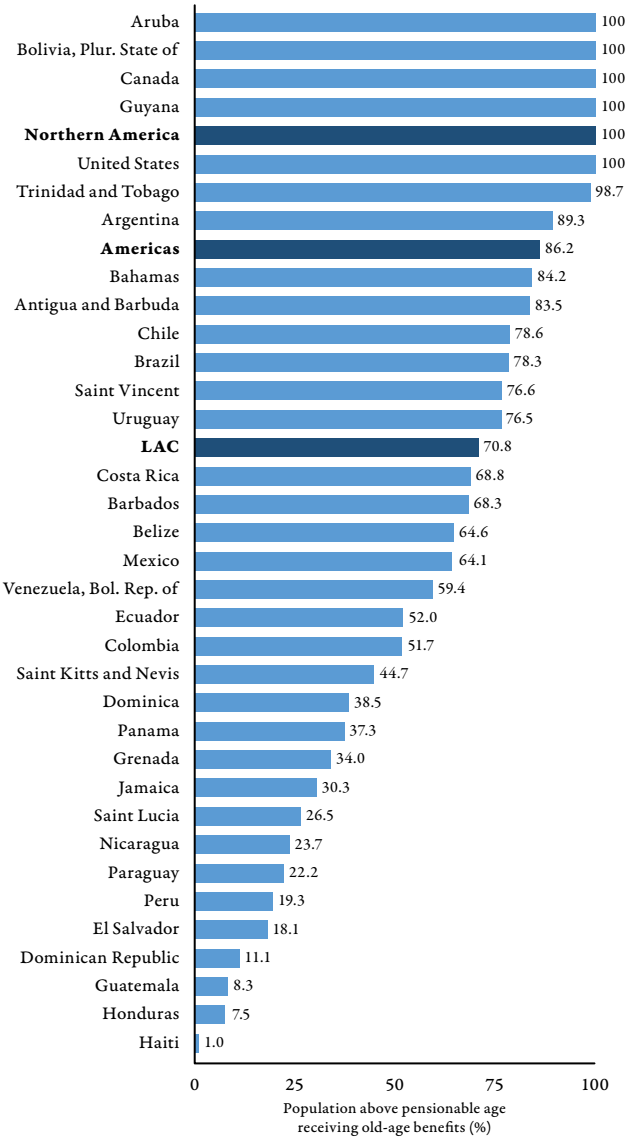
Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; WHO database; national sources. See also Annex IV, tables B.3 and B.8.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54692

Old-age pensions

In disaggregations by age group, older persons are found to be the most widely covered population in the Americas. Almost all countries have old-age pension schemes anchored in national legislation. The difference in effective coverage of older persons between the

Figure 6.15 SDG indicator 1.3.1 on effective coverage for older persons: Percentage of population above statutory pensionable age in the Americas receiving an old-age pension, latest available year



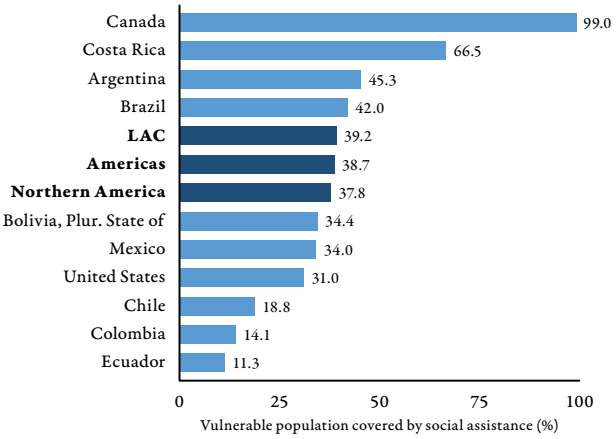
Note: Proportion of older persons receiving a pension: ratio of persons above statutory pensionable age receiving an old-age pension to persons above statutory pensionable age. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.12.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54693

Americas (86 per cent of the target population) and the global front-runner, Europe and Central Asia (95 per cent of the target population), amounts to only 9 percentage points, whereas for other contingencies such as unemployment the difference is around 25 points. As shown in figure 6.15, in Northern America all older persons above pensionable age receive cash benefits. Both Canada and the United States provide universal old-age pension coverage. In LAC, 71 per cent of older persons receive an old-age pension, which is slightly higher than the world average of 67 per cent. Yet significant inequalities persist in the subregion. Coverage ratios of 100 per cent are found in Aruba, the Plurinational State of Bolivia and Guyana, where periodic cash benefits are provided for older persons. In 23 countries in the subregion at least 50 per cent of older persons actually have access to old-age pensions which provide them with a certain level of income security during old age. However, old-age pension schemes in LAC are still at a relatively early stage of development compared to Northern America. For example, in Nicaragua around one-fourth of older persons have access to old-age pensions; in Peru, fewer than one in five (19 per cent) older persons receive a pension; and in Haiti only one in 100 older persons receives an old-age pension.

Figure 6.16 SDG indicator 1.3.1 on effective coverage for vulnerable groups of population: Percentage of vulnerable populations in the Americas receiving non-contributory cash benefits, 2015 or latest available year



Note: The number of vulnerable persons is estimated as (a) all children; (b) persons of working age not contributing to a social insurance scheme or receiving contributory benefits; and (c) persons above retirement age not receiving contributory benefits (pensions). Social assistance is defined as all forms of non-contributory cash transfers financed from general taxation or other sources (other than social insurance). See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; national sources. See also Annex IV, table B.3.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54694

Social assistance

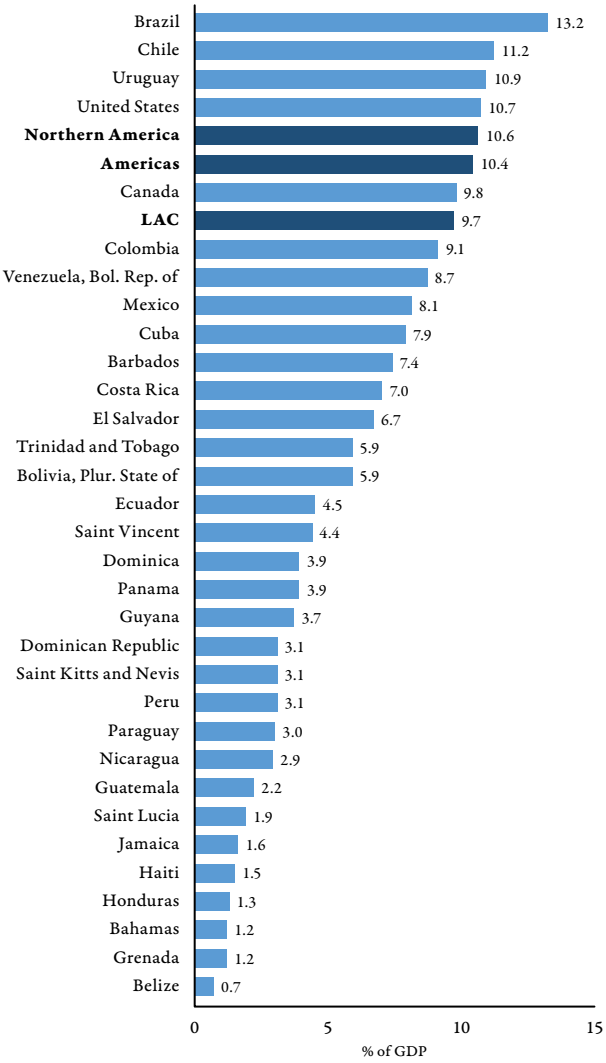
In terms of coverage of vulnerable populations, the figures are slightly different than for the population as a whole (see figure 6.16). Northern America and LAC both have a long way to go to achieve universal coverage by 2030. In the majority of countries in the region, vulnerable populations face greater challenges than others in accessing social protection systems – in other words, the share of vulnerable populations covered by social protection is even lower than that of the total population. The share in Northern America is even lower than in LAC, although the proportion of the total population covered by social protection is higher than in LAC. For example, the United States has significantly lower coverage of the vulnerable population (31 per cent) among the total beneficiaries (76 per cent). Likewise, in LAC, on average 39 per cent of vulnerable populations among the total beneficiaries (61 per cent) have access to social protection systems. In Chile, Colombia and Ecuador, fewer than one in five vulnerable persons benefit from social protection. Canada is the only positive outlier in the region: almost the entire vulnerable population is covered by social protection.

6.2.3 Trends in social protection expenditure, excluding health

The level of total social protection expenditure, excluding health, in the Americas stands at roughly 10.4 per cent of GDP, while that of Northern America is slightly higher at around 10.6 per cent of GDP, compared to 9.7 per cent of GDP in LAC (see figure 6.17). The variation across countries is considerable. Brazil, Chile, Uruguay, the United States and Canada top the list of countries with higher levels of social protection coverage and expenditure. At the opposite end of the scale, higher-income and middle-income countries such as the Bahamas, Grenada and Guatemala allocate less than 3 per cent of their GDP to social protection expenditure, falling below the social protection expenditure levels of several low-income countries.

Looking at the composition of non-health social protection expenditure, it can be seen that a substantial amount of public social expenditure in the region is directed at the older population, as in all the regions in the world (see figure 6.18). This is the case for countries such as Brazil, the United States and Uruguay, where social protection expenditure for older persons

Figure 6.17 Public social protection expenditure in the Americas, excluding health, latest available year (percentage of GDP)



Note: The figure for total social protection expenditure excluding health-related public expenditure is estimated as a percentage of GDP.

Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, tables B.16 and B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54695

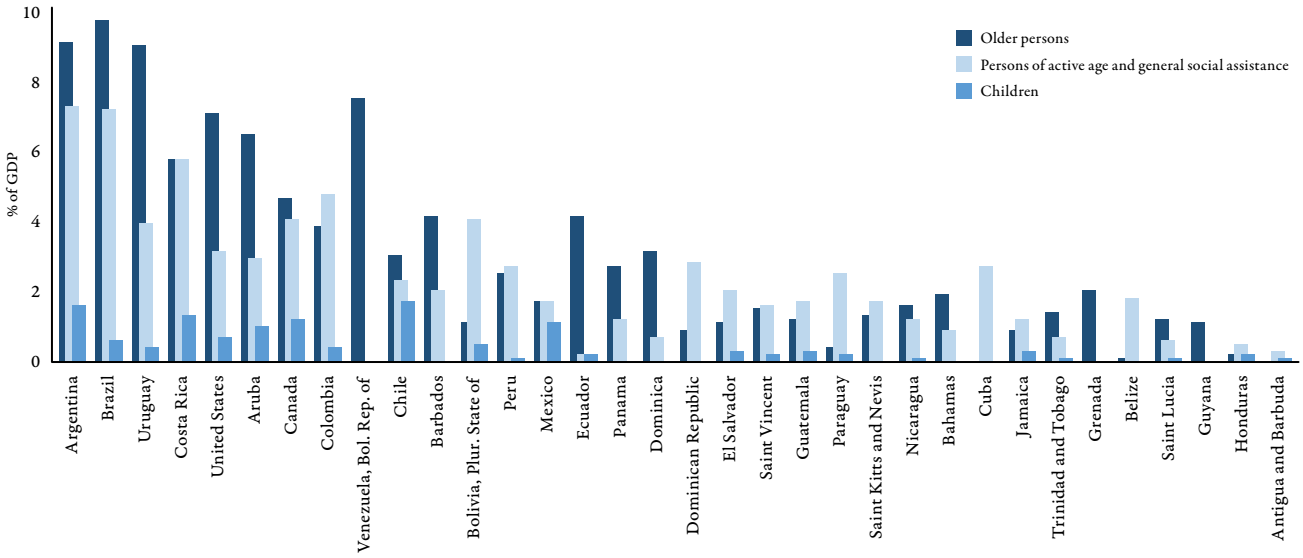
accounts for around 50 per cent of total social protection expenditure. The distribution of social protection expenditure is more balanced in countries such as Canada and Chile, while some others, including the Plurinational State of Bolivia, Dominican Republic and Paraguay, place more emphasis on providing social protection for working-age persons.

Even though the working-age population makes up around two-thirds of the population in the Americas, social protection expenditure for this group accounts for a very small proportion of the total non-health social protection expenditure. Many countries, such as the Bahamas, Dominica, Panama and Saint Lucia, reflect this trend. In these countries, less than 20 per cent of total social protection expenditure is allocated to persons of working age. However, a significant number of countries in the region allocate more of their resources to respond to the income security needs of working-age persons than to older persons or children; for example, Belize, the Plurinational State of Bolivia, Dominican Republic and Paraguay spend more than 60 per cent of their resources on the social protection of working-age people and on general social assistance. The number of countries in the Americas (16 out of 34) that concentrate their social protection expenditure on working-age people is relatively high compared to other world regions. For instance, in Europe and Central Asia, only four countries allocate more non-health social protection expenditure to working-age persons than to older persons.

As in all other regions, a very small share of non-health public expenditure is directed towards the social protection of children. Public social protection expenditure for children takes the highest proportion of GDP in Chile, at 1.7 per cent, followed by 1.5 per cent of GDP in Argentina, but accounts for only 0.1 per cent of GDP in Saint Lucia and 0.02 per cent of GDP in the Dominican Republic. Some countries such as Cuba, Grenada and the Bolivarian Republic of Venezuela neither have a social protection programme for children anchored in national legislation nor spend resources on wider social assistance programmes targeted to children.

Public social protection expenditure for children in LAC amounts to only around one-tenth of public social protection expenditure for older persons, even though the share of children in the total population is significantly higher: children make up 25 per cent of LAC's total population and older persons 7.6 per cent. In Northern America, 20 times as much is spent for social protection of older persons than for children, although children represent a larger share of the total population. In general, the low expenditure levels for children compared to other population groups point to a significant underinvestment in social protection for children. This may have devastating effects on child poverty and other indicators of children's well-being such as nutrition rates, particularly in regions with relatively high shares of children in the total population. Despite significant declines, the incidence of child poverty in LAC remains high (Lucchetti et al., 2016). If the resources allocated to the social protection of children are not increased,

Figure 6.18 Composition of social protection expenditure in the Americas, excluding health, latest available year (percentage of GDP)



Note: The figure of non-health public social protection expenditure is estimated as a percentage of GDP.
Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, table B.17.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54696

negative effects are likely to occur in the future – that is, the future workforce is likely to be limited in realizing its full economic and social potential.

Though the Americas as a region experienced a decade of high economic growth that generally allowed the extension of social protection, a number of countries in Central America and the Caribbean were in a worse fiscal position and considering adjustment reforms, such as pension reforms under discussion in Costa Rica, El Salvador, Grenada, Guyana, Jamaica, Nicaragua and Saint Vincent and the Grenadines. Subsidy reform affects eight countries across the region, including the Plurinational State of Bolivia, El Salvador, Guyana, Paraguay and Nicaragua and Suriname; reducing subsidies could be a source of funding for the extension of social protection coverage (a discussion is presented in Chapter 7). Containing the public sector wage bill, including for civil servants working in the social sectors, is another frequent short-term austerity measure affecting Belize, Costa Rica, El Salvador, Grenada, Jamaica, Mexico and Suriname, among others (Ortiz et al., 2015). In 2016, a new government in Brazil opted for a 20-year freeze in public expenditures which is expected to have negative social impacts and affect progress towards the achievement of human rights.[3]

It is important that these short-term adjustments do not undermine progress towards achieving the SDGs. Government expenditure cuts are not inevitable during adjustment periods; there are alternatives to expand fiscal space for social protection, even in the poorest countries. In fact, there is a wide variety of options to expand fiscal space and generate resources for social investments, all supported by the United Nations and international financial institutions (Ortiz, Cummins and Karunanethy, 2017). Countries must consider the feasibility of the different financing options through national dialogue. Social dialogue is best to articulate optimal solutions in fiscal policy and the need for job and income security.

6.2.4 Regional outlook

During the last few years there have been important changes in the characteristics and scope of social protection systems in the Americas region. Thanks to the favourable evolution of the labour markets, accompanied by expansion of the fiscal space for social protection, almost all the countries have extended their non-contributory programmes, complementing the similarly

[3] The United Nations Special Rapporteur on Extreme Poverty and Human Rights, Philip Alston, warned on 9 December 2016 that Brazil's 20-year public expenditure cap will breach human rights (OHCHR, 2016).

greater coverage achieved by contributory schemes. As a result of advances in labour institutions, a number of countries have expanded their legal coverage to new groups of workers and improved the indicators of wage employment and formalization. Labour administration, labour inspection, and innovations in collecting social security contributions have played a critical role in explaining this performance. However, coverage, administrative and financing gaps persist in many areas.

In order to achieve the SDGs, good progress on social protection in the region must continue, addressing the following priorities:

- Increase the levels of formalization of the economy, thus guaranteeing a double impact, on adequacy and on effective coverage, extending social insurance schemes to difficult-to-cover groups such as rural workers, the self-employed, domestic workers and migrant workers, among others.
- Expand the effective coverage of social protection for children and other vulnerable groups by closing the remaining gaps in access to cash transfers and improving adequacy.
- Design and implement strategies to increase fiscal space and improve the distributive impact of fiscal policy, in order to support improvements to social protection systems.
- Extend legal and effective coverage of unemployment protection systems.
- Guarantee the effective access of the population to health services and reduce the fragmentation, including in terms of rights, in health systems.
- Ensure the sustainability of contributory pension systems, without affecting adequacy, and increase the coverage of older persons through mixed schemes (contributory and non-contributory).
- Reduce fragmentation and internal segmentation of benefit schemes, and improve the coordination of social protection policies among them and with other social policies.
- Implement effective mechanisms to adapt social protection policies to technological, demographic and climatic changes.

6.3 Arab States

6.3.1 Regional social protection challenges and priorities

While the need for social protection is widely recognized, the fundamental human right to social security remains unfulfilled for a vast majority of the world's population, including in the Arab States.

Although most Arab countries have established social security programmes and institutions over the last decades, effective social security coverage remains low as most social insurance schemes cater only to public and private sector workers with regular contracts, while other categories of workers, including in new forms of work, are excluded from coverage. High rates of informality, low female labour market participation and high levels of unemployment contribute to the effectively low social protection coverage rates, particularly for women (no more than 10 per cent in most countries).

While all countries offer subsidies on goods (notably on commodities such as oil and food) and some targeted cash transfers, the effectiveness of these measures in reducing poverty and vulnerability is limited. Most cash transfer and safety net programmes are not rights-based; they are small in scope, fragmented, with limited coverage and benefits, yet often imply heavy administration costs. Scattered resources allow for only small transfers to beneficiaries, and some households in need are excluded because they do not meet specific eligibility requirements (ESCWA, 2014). *Zakat* funds,[4] charities and faith-based organizations also play an important role in the delivery of social protection in the region. Although little information is available, it is estimated that religious organizations spend tens of millions of US dollars, benefiting thousands of people (Jawad, 2014). Non-governmental organizations (NGOs) also provide means-tested benefits to certain categories of recipients in particular locations, mainly through school and hospital networks, as well as cash and in-kind transfers to poor households. They have gained in importance as major humanitarian aid providers during the refugee crisis.

The message from the global economic and financial crisis of 2008 about the valuable dual role of social protection in providing income security to the vulnerable and preserving social cohesion in periods of crisis or failed economic policies, was reinforced in the region

[4] *Zakat* is a religious duty for Muslims whose wealth exceeds a certain threshold, and involves donating 2.5 per cent of one's wealth.

following the Arab Spring uprisings. This was the case in sustaining growth and protecting the populations in the Arab States from adverse effects of food, fuel and financial shocks (ILO, 2014a). Most Arab countries have introduced or expanded their social protection measures since 2010, including the countries that were not visibly affected by the uprisings. However, most of these measures, aimed at securing social stability and a recovery strategy in conflict countries, still fall short of addressing structural challenges and strengthening social protection systems.

The refugee crisis and political instability (e.g. in Iraq, the Syrian Arab Republic and Yemen), fiscal consolidation measures, as well as corruption and non-transparency (Ottaway, 2016), are jeopardizing the efforts made to extend social security coverage.

In addition, the conflicts in the region and related refugee crises have negatively affected the social protection systems in many of the Arab States, given the already weak existing social protection administrations (Jawad, 2015). Lebanon, for example, is hosting more than a million refugees, the highest per capita concentration of refugees in the world (Renda, 2017). The number of people living below the poverty line in Lebanon has risen by 66 per cent since 2011, and according to World Bank estimates, 170,000 Lebanese became poor between 2011 and 2014. Also, almost 350,000 Syrian refugees residing in Lebanon are estimated to be unable to meet their minimum survival needs, and around 350,000 Lebanese live on less than US$1 per day (Kukrety, 2016).

Given the low social protection coverage rates in the Arab States, due to the structural weaknesses of the systems and exacerbated by political instability, there is an urgent need to develop national social protection floors which provide a minimum income security to all those in need.

Social protection is explicitly mentioned as a key instrument for the achievement of SDGs 1, 5 and 10, in addition to SDGs 3 and 8. In the case of the Arab States, one of the prerequisites for reaching these goals is the establishment of an effective and efficient partnership between the multiple stakeholders: governments, employers' and workers' organizations, including those in the informal economy, and civil society. However, one of the challenges for achieving the SDGs is the limited margin of freedoms in the region, specifically freedom of association, expression and peaceful assembly. Furthermore, to be effective in monitoring the SDGs, nationally generated data will be required for the majority of the indicators. This will be a challenge, given the lack of standardized data collection methods in most of the Arab countries. This may be the reason why only two countries from the region, namely Jordan and Qatar, presented a SDGs Voluntary National Review Report (VNR) at the High-level Political Forum for Sustainable Development in July 2017.[5] Not only does the absence of poverty data for most Arab countries restrict any monitoring of the achievement of the SDGs, but the data available do not always correspond to other sources. Thus, political will is the important missing piece in achieving the SDGs.

The region is also facing unprecedented levels of forced displacement of individuals due to recent conflicts and the resulting humanitarian crises. The war in the Syrian Arab Republic alone has produced millions of refugees, over 1.5 million of whom are registered in neighbouring Jordan and Lebanon (UNHCR, 2017a). Meanwhile, the conflicts in Iraq and Yemen have displaced millions of people across those two countries, while Yemen hosts over a quarter million refugees fleeing the Horn of Africa (UNHCR, 2017b, 2017c).

In most cases, those seeking refuge abroad are not eligible to participate in the social protection programmes of their host country. Instead, the welfare of the region's displaced populations is often the responsibility of humanitarian actors. But as many of the region's crises become protracted, other solutions are being sought to help address the longer-term needs of these populations, including income security in old age. Together with partners such as UNHCR, the ILO is exploring ways in which some long-time refugee populations can gain access to certain national social protection programmes, such as health insurance and essential services, with budgetary support from the international community.

6.3.2 Effective social protection coverage

Overview of national social security systems

Only a few countries in the Arab States, such as Jordan, have developed coherent national social protection policies. In most countries social protection remains fragmented, relying on a variety of tools such as public employment and social insurance for a few in formal employment, and subsidies and safety nets for those

[5] See https://sustainabledevelopment.un.org/vnrs/.

Table 6.1 Social protection schemes for private sector workers in the Arab States

	Bahrain	Iraq	Jordan	Kuwait	Lebanon	OPT	Oman	Qatar	Saudi Arabia	Syrian Arab Rep.	UAE	Yemen
Old age	SI	SI	SI	SI	OI	SI	SI	SI	SI	SI	SI	SI
Survivors	SI	SI	SI	SI	...	SI	SI	SI	SI	SI	SI	SI
Invalidity/Disability	SI	SI	SI	SI	OI	SI	SI	SI	SI	SI	SI	SI
Employment injury	SI	SI	SI	SI	OI	SI	SI	SI	SI	SI	SI	...
Sickness	...	SI	...	...	OI	...	...	...	...	...	...	...
Medical care	...	...	...	...	SI	...	...	...	...	...	...	...
Maternity	...	SI	SI	...	SI	...	...	...	...	...	...	...
Unemployment	SI	...	(SI)	SI	...	...	...	...	SI	...	...	...
Family	...	SI	...	...	SI	...	...	...	...	...	...	...
Social assistance	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN

Note: SI = Social insurance; OI = Other insurance arrangement (provident fund, etc.); SSA = statutory social assistance (rights-based); SN = Safety net programme (not rights-based).

Source: ISSA/SSA, Social Security Programs Throughout the World.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54791

Table 6.2 Schematic structure of social protection in the Arab States

Social protection anchored in national legislation Unemployment, family, maternity, health, sickness, injury, invalidity, old-age, survivors' and employment benefits		No social protection anchored in national legislation				
Public sector employees	Private sector employees (formal)	Private sector employees (informal)	Children	Self-employment and informal economy	Working age non-employed	Older persons

Note: The non-shaded boxes on the left refer to the focus of policies in the Arab States.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54792

without formal employment contracts (see tables 6.1 and 6.2). Also, in most countries of the region the range of social insurance benefits is limited to old-age, disability and survivors' pensions, as well as employment injury benefits, while only Bahrain, Jordan, Kuwait and Saudi Arabia have unemployment insurance schemes in place. In addition, most countries have no maternity insurance schemes, and the responsibility for paying women's salaries during maternity leave rests with the employer. Entitlements to cash benefits for sickness or family allowances are even less common. Most Arab countries also lack effective health protection mechanisms; as a result, catastrophic health expenditure remains a critical factor contributing to vulnerability and poverty.

Many countries in the region offer some kind of tax-financed social assistance programmes, but these programmes are not rights-based and thus benefits are granted on a discretionary basis, as opposed to being based on clear rights and entitlements. Another issue for these social assistance programmes is their funding, which is often decided on an ad hoc basis, creating a high level of insecurity for institutions and beneficiaries alike. Finally, austerity measures in most non-GCC (Gulf Cooperation Council) countries force governments to reduce or cut social subsidies. The savings from these subsidy cuts, however, are not redirected to strengthen social protection measures; as a result, they are contributing to greater vulnerability and poverty.

Old-age, disability and survivors' benefits

With most programmes dating back to the 1960s and 1970s, all countries in the region have at least one mandatory social insurance scheme established to provide income security in old age, or in case of disability or death (see also table 6.1 above), typically limited to those working in the public sector (e.g. civil servants, teachers, judges, military and security personnel) and those working in the formal private sector on regular contracts. Lebanon is the only country in the region without a pension scheme for private sector workers.

Table 6.3 Accrual rates for the calculation of pensions and maximum amounts of pension, selected countries (percentage)

	Bahrain	Iraq	Jordan	Kuwait	Oman	Qatar	Saudi Arabia	Syrian Arab Republic	Yemen
Pension accrual rate (%)	2	2.5	2.5	2 (after 15 years of contr.)	3	5	2.5	2.5	Last monthly salary, multiplied by number of contributions, divided by 420
Maximum pension (%)	80	----	----	95	80	100	100	100	100

Source: ILO, based on ISSA/SSA, Social Security Programs Throughout the World.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54793

The Occupied Palestinian Territory (OPT) adopted its first ever old-age, disability and survivors' pension legislation for private sector workers in 2016 (see box 6.12) and is currently setting up an independent social security institution for the implementation of this new pension scheme.

The statutory pensionable age hovers around a relatively young age of 60 years, compared to other regions, and is often lower for women. The age for early retirement pensions in the Arab States is also far below the world average: in many countries workers can retire as early as age 45, with at least 20 years of contributions.

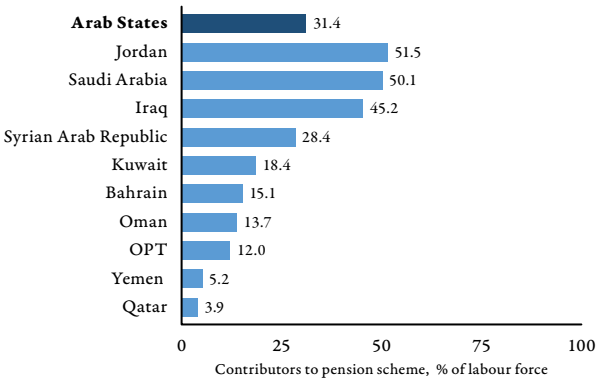
The majority of these schemes are financed by social insurance contributions paid by workers and employers as a fixed percentage of employees' salaries, and in some cases with additional support from the state budget. Contributions range from 14 per cent of workers' monthly earnings in Iraq to 21.1 per cent in the Syrian Arab Republic.

In line with the implicit social contract between citizens and the State, and given the large number of young contributors and few pensioners, pension schemes in the region provide rather generous retirement conditions and benefit levels. For example, the replacement rates of old-age, disability and survivors' pensions vary between countries due to difference in accrual rates (e.g. 2 per cent per year of service in Bahrain and 5 per cent per year of service in Qatar). Maximum pensions are paid up to 100 per cent of former earnings, as in Qatar, Saudi Arabia, the Syrian Arab Republic and Yemen (table 6.3). Also, entitlement conditions are rather generous. Both, however, have proved unsustainable over time and several countries (e.g. Jordan) have already embarked on a reform of their pension schemes.

As the mandatory pension schemes of the region are limited to formal sector workers, they leave out many categories of workers, such as temporary or casual workers, informal workers, agricultural workers, domestic workers, migrant workers, and large segments of the self-employed. Only a few countries, such as Bahrain, Jordan and Saudi Arabia, make it possible for self-employed workers to participate voluntarily in the statutory pension scheme. While pension coverage in the GCC countries is restricted to national workers, citizens of one GCC country working in another GCC country are mandatorily covered by the social security legislation of their home country.

The limitations of the pension schemes of the region are also reflected in the low regional legal coverage rate amounting to 31.4 per cent of the labour force (see figure 6.19). The low rate also reflects a significant gender gap in social protection coverage that can be observed in the labour markets of the region, with coverage rates for women often just

Figure 6.19 Old-age pensions, effective coverage: Percentage of the labour force contributing to a pension scheme in the Arab States, selected countries, latest available year



Note: Active contributors. The age range considered is 15–64 for the denominator, and as far as possible also for the numerator in the case of active contributors. Weighted by total population.

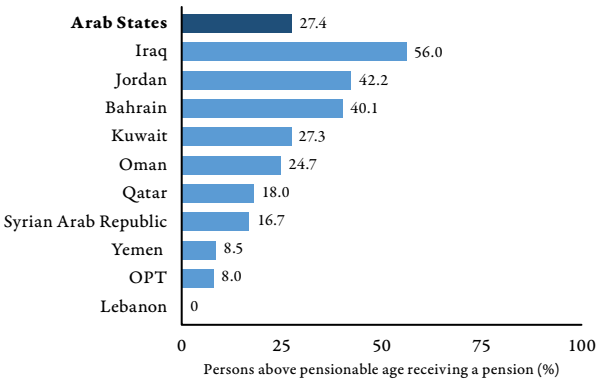
Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, table B.11.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54697

half of those for men, or even lower. Rising informal employment as well as high youth unemployment rates – the highest regional average in the world at more than 31 per cent – also contribute to low pension coverage. Young women are even more penalized, as their labour force participation rate amounts to only 13.5 per cent, while their unemployment rate stands at 49 per cent.[6]

Jordan and Saudi Arabia have the highest pension coverage of their labour force, at 52 and 50 per cent respectively, while other GCC countries have considerably lower coverage rates due to the high numbers of foreign workers, mainly from Southern Asia and South-Eastern Asia, who do not enjoy social security coverage and have to leave the country when their work permit expires. This is also reflected by the higher percentage of pension beneficiaries above statutory retirement age compared to the percentage of contributors in GCC countries (figure 6.20). Closing the coverage gaps for migrant workers thus remains a significant challenge in GCC countries where migrant workers make up the majority of the population. One of the countries where pension coverage has increased during the last few years is the Syrian Arab Republic, as social security is recognized in times of conflict as a reliable source for providing income security.

Figure 6.20 SDG indicator 1.3.1 on effective coverage for older persons: Percentage of population above statutory pensionable age in the Arab States receiving an old-age pension, selected countries, latest available year



Note: Proportion of older persons receiving a pension: ratio of persons above statutory pensionable age receiving an old-age pension to persons above statutory pensionable age. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.12.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54698

Non-contributory or social pensions are rare in the region. Existing non-contributory cash benefits for older persons, provided by governments or NGOs, are often not based on clear rights and entitlements but provided on a discretionary basis. Due to lack of coordination and effective management information systems, some people may have duplicate coverage and others might lack coverage. In addition, these schemes are usually dependent on government budgets, thus frequently leaving those most in need without adequate protection. One notable exception is Iraq, which in 2014 introduced a social assistance scheme for older citizens with limited incomes and no access to another form of pension. Combined with its social insurance, the scheme has helped to increase the effective coverage rate for older persons receiving some form of pension. Similar schemes elsewhere could help reduce the gender gap in pension coverage by supplementing or substituting for lopsided social insurance entitlements. However, attention should also be paid to benefit levels, which are often considerably lower in social assistance programmes than in social insurance schemes.

Employment injury protection

Most countries in the region have social insurance schemes, which cover risks associated with work-related accident and illness. Employers are responsible for contributing to mandatory employment injury schemes, with contribution rates typically ranging from 1 to 4 per cent of workers' monthly earnings. Some countries, such as Kuwait, Lebanon, Qatar and United Arab Emirates, still rely on employer liability provisions as the basis for employment injury protection. As all GCC countries except Oman provide employment injury coverage either through their statutory social insurance scheme or through employers' liability schemes not only to national workers but also to their foreign workforce, coverage is relatively high, ranging from 80 to more than 90 per cent. In contrast, elsewhere in the region less than half the workforce is legally covered, mainly due to the high number of self-employed and informal sector workers (table 6.4).

While some form of employment injury protection exists in all countries, actual access to it is often elusive, owing largely to incomplete enforcement of existing labour legislation.

[6] Estimates from ILO, Trends Econometric Models, November 2016.

Table 6.4 Employment injury protection, legal coverage: Percentage of the labour force covered by employment injury protection schemes, selected countries

	Bahrain	Jordan	Kuwait	Lebanon	Oman	Saudi Arabia	Syrian Arab Rep.	Yemen
Scheme	SI	SI	EL	EL	SI	SI	SI	SI
Mandatory coverage rate	84.6	44.6	95.1	47.8	40.2	89.9	47.8	37.7

Note: EL = Employer liability; SI = Social insurance.

Link : http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54794

Unemployment protection

Despite rapid economic growth over the past decade, the aggregate unemployment rate for the Arab States region is one of the highest worldwide at more than 10 per cent, and unemployment is even much higher among the youth population, at 31 per cent.[7] This challenge became more apparent following the global financial crisis and the drop in oil prices; coupled with the social unrest associated with the uprisings, it has prompted several countries in the region to introduce a range of social and economic policies, including unemployment insurance and assistance benefits, aimed at providing income security for workers during periods of unemployment and economic downturn. While Bahrain was the only one to establish a mandatory unemployment insurance scheme for the involuntarily unemployed looking for a job in 2006, Kuwait and Saudi Arabia followed suit in 2013 and 2014 respectively, and Oman and the United Arab Emirates are in the process of setting up such schemes for their private sector workers. Jordan introduced an unemployment individual savings account scheme in 2010, which however is not based on solidarity and risk-pooling.

The few existing unemployment insurance schemes are financed by shared employers' and employees' contributions, which range between 1.5 and 3 per cent of employees' salaries. Unemployment benefits are mostly paid for a period of up to six months at a rate of 60 per cent of the employee's last salary. Entitlement conditions to the benefit vary, but in all cases the unemployed person must have contributed to the scheme for a certain period, be registered at an employment office, and be capable of and available for work.

While legal coverage levels in some countries are high, in practice effective coverage rates are much lower. In Bahrain, for example, just 9.8 per cent of the unemployed are receiving benefits from the social insurance scheme. In many cases, those who are self-employed, non-nationals or non-residents are not eligible for benefits, or experience limitations to their participation in the scheme. In some countries unemployed workers are also losing their entitlement to benefits due to the practice of forced resignation or for political reasons.

Furthermore, the persistently high youth unemployment rates in the region, particularly for young women, suggest that economic expansion is not sufficient to solve the youth unemployment challenge. Among the range of policies that have been introduced, in particular by GCC countries, are unemployment assistance schemes which, coupled with skills development, aim to assist first-time jobseekers to enter the labour market. However, some of the schemes have run into controversy, as some of these jobseekers who are paid the benefit subsequently never work (Jones and Williamson, 2013).

Maternity protection

In the Arab States, maternity cash benefits are available mainly for workers in the public sector. While practically all Arab countries have experienced a remarkable increase in female labour force participation during the last two decades, women tend to be employed in the public sector, due to more favourable employment conditions. Leaving aside other differences in employment conditions between the public and private sectors in areas such as pay, hours of work and intensity of work, an important aspect is the relatively generous maternity benefits available to women in the public sector.

While most countries worldwide have included maternity provisions in their social insurance schemes, most countries in the Middle East provide for paid maternity leave as an employer liability in their labour codes. Such arrangements may inadvertently discourage the hiring of female workers, however, thereby contributing to the

[7] Estimates from ILO, Trends Econometric Models, November 2016.

Box 6.12 Extending social security in the Occupied Palestinian Territory (OPT)

Only public sector workers (31 per cent of the labour force) benefit today from social protection benefits in the OPT, home to 4.8 million Palestinians. However, the majority of workers in the private sector (53 per cent of the workforce) are effectively not covered in case of old age, disability or death, employment injury or maternity.

With support from the ILO, the framework of the current social security system was developed in 2013 by the tripartite National Social Security Committee headed by the Prime Minister, and in consultation with workers' and employers' organizations and representatives of line ministries, as well as members of civil society and academia. Taking into account the existing laws (Civil Servant Pension Scheme (Law of Public Retirement No. 7 of 2005), Labour Law No. 7 of 2000), as well as the ILO Social Security (Minimum Standards) Convention, 1952 (No. 102) and international good practices, this framework aims at a more effective approach to combating poverty and social exclusion, while ensuring sustainability, building on an ILO actuarial valuation.

In October 2015 the tripartite National Social Security Committee finalized the new draft of the Social Security Law, which was submitted in November 2015 to the Council of Ministers for adoption. Between October 2015 and March 2016, the Council of Ministers and President of the OPT introduced amendments to a new draft Social Security Law, adopted in March 2016. However, these amendments were not fully supported by Palestinian civil society or aligned with the ILO recommendations. Subsequently, a Ministerial Committee was established to study the effects of the amendments introduced to the new law, hold wider consultations and propose alternative provisions based on national consensus and with technical support from the ILO. On 26 September 2016, the Council of Ministers endorsed the amendments to the Social Security Law, which were in line with ILO recommendations, international labour standards and best practices, and they were signed into law by the Palestinian President on 29 September 2016. The new scheme extends old-age, disability and death benefits, as well as employment injury and maternity benefits, to private sector workers and their family members. It aims to cover 82,646 workers in 2018, rising to 336,440 workers by 2025.

The OPT and the ILO signed an Implementation Agreement to support the establishment of the Palestinian Social Security Corporation (PSSC). The PSSC is legally charged by the new Social Security Law No. 19 of 2016 to administer the OPT's first comprehensive social security system to cover all private sector workers and their family members.

Social protection is one of the key areas of the newly adopted Palestinian National Policy Agenda for the years 2017–22 and the forthcoming ILO Decent Work Programme for the Occupied Palestinian Territory (2017–20), which lays down as one of its priorities the extension of social protection to all those in need in the OPT. Social protection is also among one of the six identified priorities of the United Nations Development Agreement Framework (UNDAF) of the OPT, which aims to alleviate the social and economic impact of the occupation. Social protection programmes have proved to be key in developing countries' efforts to reduce poverty and inequality, fight hunger and support inclusive growth.

Source: ILO Regional Office for Arab States.

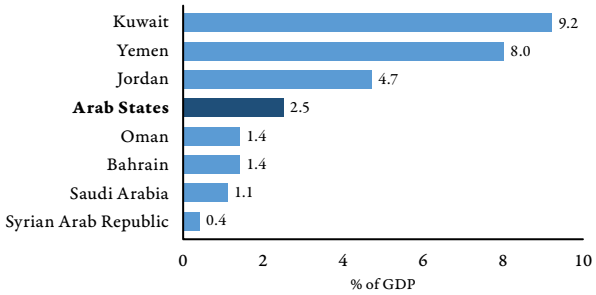
low labour market participation among women – 26 per cent relative to a global average of 56 per cent of the labour force. Even where legal or regulatory frameworks are in place, effective access to maternity benefits may be limited in practice, particularly where women encounter obstacles to being protected under employer liability schemes without state guarantees.

Several countries, namely Iraq and Jordan, as well as the OPT (see box 6.12), have moved toward social insurance schemes where contributions are made by employers for male and female employees to finance statutory maternity insurance schemes, distributing risk more evenly so that the cost of maternity is "socialized" and is no longer a direct cost to individual employers. This approach removes some of the obstacles to the employment of women in the private sector, thereby enhancing women's employment opportunities and reducing the duality between employment in the public and the private sectors, contributing to economic growth and raising income security for women and their families. In Jordan, the shift from an employer liability scheme to the maternity insurance scheme may have contributed to a rise in the number of women of childbearing age in the formal private sector workforce by more than 30 per cent (ILO, 2015e).

6.3.3 Trends in social protection expenditure, excluding health

According to the latest available data, countries in the Arab States region spend on average 2.5 per cent of GDP on social protection, excluding health (see figure 6.21), though with significant regional variation, ranging from around 0.4 per cent of GDP in the Syrian Arab Republic to 9.2 per cent in Kuwait. Considered

Figure 6.21 Public social protection expenditure, excluding health, in the Arab States, selected countries, latest available year (percentage of GDP)



Note: Total social protection expenditure excluding health-related public expenditure is estimated as a percentage of GDP.

Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, tables B.16 and B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54699

low, social protection expenditure in the region is partly the result of a long-prevailing development model which places absolute priority on economic growth in detriment to redistributive policies. The Arab States maintain a relatively large public sector as part of the social contract between the State and the people.

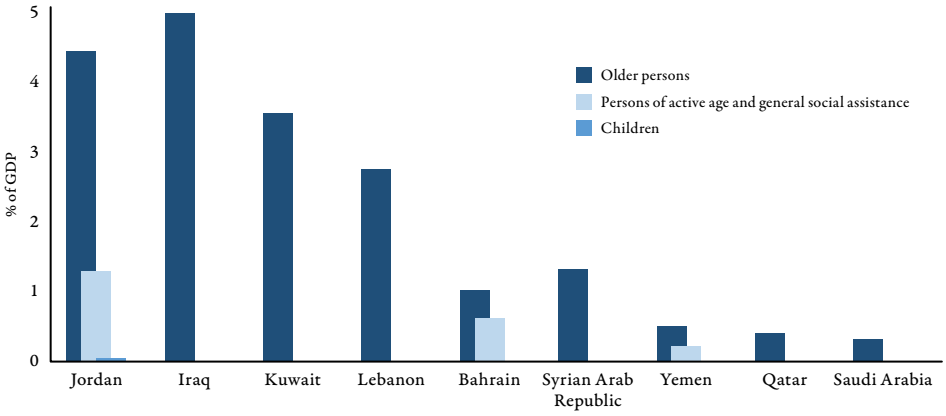
Instabilities in the region have affected public social security and health expenditure, mainly in the Syrian Arab Republic, where it dropped from 3.2 per cent in 2000 to 1.9 per cent in 2010. Lebanon has been affected as well, with an overall decrease in expenditure rates from 3.2 per cent in 1995 to 2.1 per cent in 2015, and a drastic cut to 0.7 per cent in 2012 at the peak of the Syrian crisis and the influx of refugees to Lebanon. Oman saw a slight increase in expenditure on social security and health, from 3.7 per cent in 1995 to 3.8 per cent in 2013.

A striking increase in expenditure has taken place in Yemen, where the total public social security and health expenditure was 1.4 per cent in 2000 and reached 9.6 per cent in 2012. In Bahrain the expenditure is on a slight rise: from 3.6 per cent in 2015, it is expected to reach 4.0 per cent within five years. As for Jordan, the fluctuation of the expenditure percentage in the past 20 years led to 8.9 per cent of GDP being spent on total public social security and health expenditure. Kuwait too experienced variation in the expenditure percentage on public social security: from 11.1 per cent in 1995, it fell to 6.5 per cent within a ten-year period but then rose again to 11.4 per cent in 2011.

It is however difficult to have a clear picture on the composition of social protection expenditure in the Arab States, due to limited data (see figure 6.22).

While the majority of governments scaled up social protection interventions as a first reaction to the financial and economic crisis in 2008, and during the Arab Spring, a more recent wave of reactions, this time influenced by the pressure from the international financial organizations, has focused on fiscal consolidation, threatening some of the progress achieved in the past decade and creating additional challenges for the expansion of social protection. Subsidy reform is the key adjustment measure in the region, as countries are under pressure to reform their energy and, in some cases, food and other subsidies. Jordan, Lebanon and Yemen (prior

Figure 6.22 Composition of social protection expenditure, excluding health, in the Arab States, selected countries, latest available year (percentage of GDP)



Note: Non-health public social protection expenditure is estimated as a percentage of GDP.

Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, table B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54700

to the conflict) were considering a reduction in energy subsidies; Jordan also has substantial food subsidy programmes which are a key component of social protection systems and are now under discussion for reform. Other common adjustment measures include wage bill cuts/caps and labour market reforms. Joblessness is high in the region and the public sector tends to be the largest employer, so reducing the wage bill is likely to have negative social impacts (Ortiz et al., 2015).

6.3.4 Regional outlook

Social protection systems in the Arab States remain in need of strategic reforms to extend coverage. Since the 1990s, economic reforms in the region have left social protection as a secondary priority, with limited impact, prioritizing fiscal consolidation and budgetary considerations while failing to ensure income security and satisfy Arab aspirations. A clear and ambitious vision is required to overcome the prevailing social protection deficits. This vision should follow a universal but progressive approach and must be accepted by societies – an outcome best achieved through social dialogue. Several conditions are required to turn this vision into reality:

- Countries should focus on the development of comprehensive social protection systems, inclusive of social protection floors for all, following a rights-based approach; comprehensiveness includes the extension of personal coverage and at the same time encompasses the widening of the range of benefits so as to guarantee their adequacy for a life in decency and dignity.
- The aggregate level of public expenditure in social protection needs to be significantly increased through, for example, reallocation of public expenditure or increased revenues from improved tax income and/or from social insurance contributions; experience shows that social and political choices and political will play a central role in these decisions, as evidenced by the fact that countries with similar levels of economic development have significantly different levels of investment in social protection.
- Contributory schemes need to be better adapted to labour market characteristics, particularly to the high number of workers in non-standard forms of employment and informal employment; this adaptation calls for innovative policies, but also for joint efforts from social security administrations and labour inspectorates to improve the enforcement of laws and compliance.
- Synergies between contributory and non-contributory schemes need to be strengthened through the development of innovative policy solutions.
- Reforms need to ensure a fair balance between sustainability and adequacy, despite the increasing pressure for governments to introduce fiscal consolidation measures.
- The design of social protection systems needs to acknowledge the specific challenges faced by women in the labour market; systems should be designed so as to take these into account, particularly for those in informal and vulnerable employment.
- National legislations must ensure equal treatment of national and migrant workers; countries should develop bilateral and/or multilateral social security agreements for the maintenance of migrant workers' social security rights.
- For the countries in crisis situations, humanitarian and development responses need to strengthen investment in social protection, in particular national social protection floors, so as to mitigate the worst effects of the crisis, to promote sustainable development and to strengthen institutional capacities. In particular, with support from the international community, sustainable solutions need to be found to guarantee a certain level of income security and access to basic social services for forcibly displaced populations.
- Developments in national policies and legal frameworks should be complemented by improvements in scheme management and administration and by the provision of quality services, including at decentralized levels.

6.4 Asia and the Pacific

6.4.1 Regional social protection challenges and priorities

High levels of economic growth, coupled with significant poverty reduction, have underscored recent decades in the Asia and Pacific region. Despite this progress, 1.2 billion people in Asia and the Pacific are still below the poverty line of US$3.10 (2011 PPP) a day, inequalities within and across countries are widening, and one in ten workers lives in extreme poverty (below

US$1.90/day). The decades-long development model dominating the region prioritized economic growth at the expense of redistributive policies. This has reduced the fiscal space for social expenditure (Holliday, 2000); consequently, a large share of the population was denied the right to social protection.

The socio-economic impact of the 1997 Asian financial crisis, as well as the 2008–09 global crisis and later recession, revealed the limitations of this developmental model. Asian countries discovered that inadequate and underdeveloped social protection systems had exposed their populations to excessive vulnerabilities and undermined longer-term human capital investments. In response, social protection has gained momentum in the regional development agenda, with several countries seeing it as an important pillar of their renewed inclusive growth models and taking concrete measures to extend social protection to all (see box 6.13). There is an emerging consensus on the positive link between social protection and inclusive economic growth from the point of view of the developmental role of the State in enhancing employability and stimulating the economy (Koehler, 2011; ESCAP, 2015).

Despite regional diversity, the general trend across the region is positive, with several countries creating new schemes or significantly extending the coverage of existing schemes. The rapid extension of legal social protection coverage, especially to the self-employed and workers in the informal economy, together with the effective introduction of contributory and non-contributory schemes for these workers and their families, have been crucial features of this trend.

Notwithstanding the world recession, growth is projected to reach 5.5 per cent in 2017 and 5.4 per cent in 2018 in the Asia and Pacific region (IMF, 2017c). The longer-term challenge lies in sustaining rapid growth while ensuring greater inclusion, reducing precariousness of employment, increasing productivity and addressing the consequences of rapid population ageing. Employment is becoming increasingly precarious, with a rise in non-standard forms of employment – temporary, part-time, despatch or contract labour (ILO, 2016m).

Informal employment remains high, especially in South-Eastern Asia and Oceania and in Southern Asia, where it reached 54.1 and 73.6 per cent respectively in 2015 (ILO, 2016n). These informal economy workers have no or only very limited access to basic social security coverage. In many countries in Asia, social protection benefits accrue to those working in the formal sector who could contribute to social insurance, and to poor households that have some access to social assistance. A large number of households (the so-called missing middle) are covered by neither social insurance nor social assistance. This missing middle usually works in the informal economy, and is a vulnerable group in urgent need of social protection support (ADB, 2013; Samson and Kenny, 2016; Wening Handayani, 2016).

Ageing has become a main issue in the region (box 6.14). Contrary to the developed economies in Europe or North America, most countries in Asia and the Pacific are ageing before instating robust social protection systems. This puts additional pressure on

Box 6.13 ASEAN's commitment to extend social protection to all

The 2008–09 financial and economic crisis highlighted the role of social protection in mitigating the risks of unfettered markets and preserving economic and social stability in crunch periods. Between 2009 and 2012, a number of global fora advocated for expanding social protection, including the United Nations, the G20, and the 101th International Labour Conference, which adopted Recommendation No. 202.

The Member States of the Association of Southeast Asian Nations (ASEAN) were no different. During the same period, as part of ASEAN's regional integration process, they advocated for improved social protection and progressive extension of coverage to all following a life-cycle approach. In 2013, during its 23rd Summit in Brunei Darussalam, this led to the adoption of the ASEAN Declaration on Strengthening Social Protection by the ten ASEAN Heads of State, pledging the completion of social protection floors as a priority to achieve growth with equity.

Committed to actualizing this Declaration, in 2015 the Member States agreed on a Regional Framework and Plan of Action for the Implementation. Increased social protection is also a core priority of the 2016–20 Senior Labour Officials Meeting's Work Programme. Currently the Member States are defining a monitoring framework to measure progress in extending social protection, using relevant SDG targets and indicators. This instrument will be used to gauge compliance of the Member States with the 2013 Declaration.

In this context, over the past six years the ASEAN Member States, via the ASEAN Secretariat, have enhanced their collaboration on social protection with the support of the ILO. In particular, ASEAN has requested the ILO's expertise and reference to its standards for policy-oriented research on topics such as current and future trends of pension systems, social protection of migrant workers, the challenges of extending coverage to workers in the informal economy, financing social protection and monitoring social protection progresses.

Sources: ILO Regional Office for Asia and the Pacific; ILO and ADB, 2014; Ong and Peyron Bista, 2015, based on documents released by the ASEAN Secretariat.

Box 6.14 Ageing in Asia

Rising living standards, including better nutrition, sanitation, health care and education, have dramatically increased life expectancy in the region. In the half century since 1960, life expectancy in Asia and the Pacific has increased by nearly 30 years, almost double the increase in European life expectancy in the same period. While longer lives are undoubtedly a positive development, since this is not matched by a concurrent increase in fertility, Asian countries are ageing at a historically unprecedented rate. Where OECD countries took 50–100 years to transition from young to old societies, Asian countries are taking just 20–25 years (World Bank, 2016c). In fact, for some countries, such as Japan and the Republic of Korea, ageing poses significant challenges. One-fourth of Japan's population is already elderly. This is only projected to increase, with many more entering the oldest (90 years and older) category where health-care expenditure sees a sharp increase. Viet Nam is also among the rapidly ageing countries: life expectancy in 1990 was 70.4 years, rising to 75.6 in 2014. As a direct consequence, in 2008 there were 8.9 million people of pensionable age, and the number is expected to reach 21 million by 2030. Many countries have aged faster than they have become wealthy. Even countries like Bangladesh and Lao People's Democratic Republic (Lao PDR), which currently have a burgeoning youth population capable of yielding a significant demographic dividend in the coming years, will not be immune from the ageing crisis. By the end of this century, Lao PDR's old-age dependency ratio, for example, is expected to rise sixfold (ILO, 2015f).

Already, the elderly poverty rate in the Republic of Korea is the highest among OECD countries, nearly ten times that of Spain which has a similar GDP per capita. In Asia, where informality is a significant marker of the labour market, this has tested the limits of contributory models of financing social protection. The popularity of tax-based financing has thus risen, especially in health care. Asian governments will benefit from pursuing active labour market policies that boost productivity and improve female labour force participation, adjusting social protection systems, especially pensions and health care, and introducing new long-term care guarantees, to address the new pressures they face.

A useful strategy that is already being deployed, albeit sporadically, is heightened labour mobility. Intra-ASEAN migration rose nearly fourfold in the last two decades (ILO and ADB, 2014). By harnessing the benefits of regional migration – which provides a ready labour supply and a capacity to contribute to social security – the countries with older populations can offset the pressure that ageing poses on their social security systems. Also, given that developing countries are ageing as well, immigration itself will not be a total panacea. Policy-makers will thus need to show considerable innovation and flexibility in addressing the multifaceted challenges of ageing.

Sources: Based on data from ADB, ILO, OECD and World Bank.

families as well as additional financial strain on the pension systems. In several countries immigration already plays an important role in softening the impact of ageing.

Gender gaps in employment persist, as shown by the low participation rates for women compared to men (ILO, 2016n). In addition, women are more represented in vulnerable forms of work, particularly unpaid family work, which accounts for nearly one in five females employed in Asia and the Pacific (ILO, 2016m).

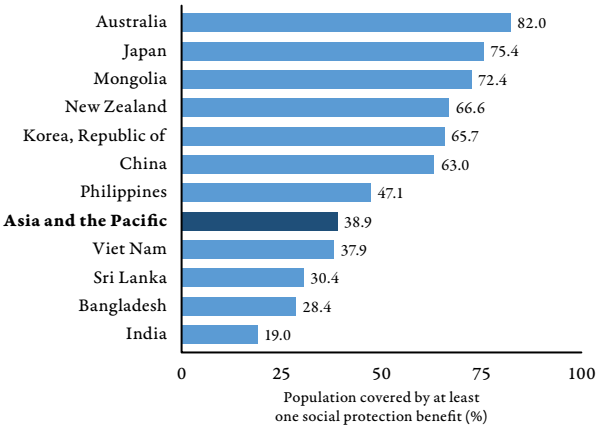
Although several countries have made some progress in achieving a basic level of income security and medical care for all citizens, decision-makers face several crucial challenges, such as closing the coverage gap, improving governance of social protection schemes, and creating the necessary fiscal space for social protection policies.

Migrant workers working in the formal sector are legally covered by existing national social security systems, but may face challenges in exercising their rights to benefits, particularly in the case of old-age pensions. The majority of migrant workers, confined in low-skilled and low-paid jobs in the informal sector, are still excluded from national schemes in the countries of destination. Some countries (such as Indonesia, Philippines and Sri Lanka) have developed specific schemes to cover their nationals while they are working abroad.

6.4.2 Effective social protection coverage: Monitoring SDG indicator 1.3.1 in Asia and the Pacific

In Asia and the Pacific, 38.9 per cent of the total population has effective access to at least one area of social protection (see figure 6.23). One of the most notable characteristics of the region is a dispersion in the current state of social protection coverage. The difference in coverage between Australia and India, the highest and lowest, is more than 70 percentage points. The region includes countries that are still in the early stages of building their social protection systems, and countries that already have comprehensive systems in place (ILO, 2016n), hence displaying higher levels of coverage. Examples of the latter include Australia, Japan, the Republic of Korea and New Zealand, where the share of population covered for at least one contingency is

Figure 6.23 SDG indicator 1.3.1: Percentage of population in Asia and the Pacific covered by at least one social protection benefit (effective coverage), 2015 or latest available year



Note: Effective coverage of social protection is measured as the number of people who are either actively contributing to a social insurance scheme or receiving benefits (contributory or non-contributory), as a percentage of the total population. Health protection is not included under SDG indicator 1.3.1. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, table B.3.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54701

above 65 per cent. This situation is not exclusive to developed economies, though: China, Mongolia, Thailand and Viet Nam also have "comprehensive"[8] systems in place. Mongolia and China cover 72 and 63 per cent of their populations respectively in at least one area of social protection. Some of these countries are global references, due to the speed with which they have put in place programmes with universal coverage, such as universal pensions and health in China and Thailand, and universal child benefits in Mongolia.

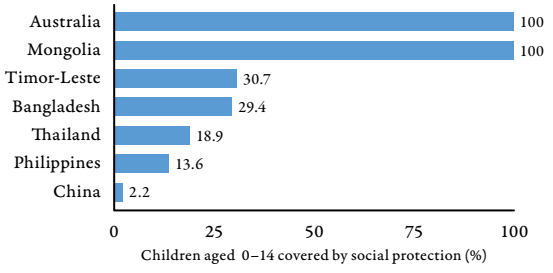
At the opposite end of the spectrum are countries like India, where so far only 19 per cent of the population is covered for at least one contingency, or Bangladesh and Sri Lanka, where less than a third of the population is covered for at least one contingency.

Child and family benefits

Social protection coverage for children in the region is relatively low. However, some countries, such as Australia and Mongolia, stand out as offering universal social protection coverage (see figure 6.24).[9] Other countries, such as Indonesia, Philippines and Timor-Leste, have established conditional cash transfer programmes targeting families with children, but coverage levels are relatively low: in the Philippines, coverage is a mere 14 per cent.

Thailand combines a child allowance as part of social insurance with the more recently introduced Child Support Grant, a non-contributory means-tested monetary transfer to families with children up to three years of age. In countries such as Lao PDR or Cambodia, cash benefits for families with children are still limited to some small-scale pilots, despite their positive developmental impacts. Several countries in the region do not provide for any family or child benefits anchored in legislation. Fiscal consolidation pressures have also questioned Mongolia's universal child allowance but the most recent decision from the Government is to keep universal eligibility (see box 2.2).

Figure 6.24 SDG indicator 1.3.1 on effective coverage for children and families: Percentage of children and households in Asia and the Pacific receiving child and family cash benefits, 2015 or latest available year



Note: Proportion of children covered by social protection benefits: ratio of children/households receiving child cash benefits to the total number of children/households with children. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; national sources. See also Annex IV, tables B.3 and B.4.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54702

[8] Systems are classified as comprehensive when they cover the following eight functions: benefits for sickness, unemployment, old age, employment injury, family/child, maternity, invalidity/disability and survivors, as defined in the Social Security (Minimum Standards) Convention, 1952 (No. 102).

[9] Australia provides child benefits up to the age of 16, and up to the age of 19 if the child is in full-time education; Mongolia provides child benefits to all children aged 0–17 years.

Maternity protection

Social protection for maternity remains a challenge (figure 6.25). On average, countries in the region cover only one-third of women giving birth for cash maternity benefits. More remarkably, some of the countries with high fertility rates face a significant gap to close by 2030. Women in Bangladesh and the Philippines give birth two to three times during their lives,[10] but only 21, respectively 9 per cent of women giving birth in a given year receive maternity benefits. Mongolia is the region's only country with universal maternity protection. Myanmar and the Philippines are two of the countries where the coverage is below 10 per cent. Low levels of coverage are found in countries where maternity protection is limited to workers in the formal economy.

Some countries have been extending social protection coverage to women in the informal sector through cash transfers at the time of pregnancy and birth. This is the case of the Indira Gandhi Matritva Sahyog Yojana in India, or the Maternal and Child Cash Transfer in Myanmar. The latter was launched by the Myanmar Government in 2017 and aims to gradually become a universal transfer for pregnant women and children up to two years old.

In a number of countries, maternity protection remains the sole responsibility of employers, who finance maternity leave and health-care costs linked to the pregnancy and delivery. The fact that the contingency is an employer liability negatively affects the reliability and level of protection provided (ILO, 2016n).

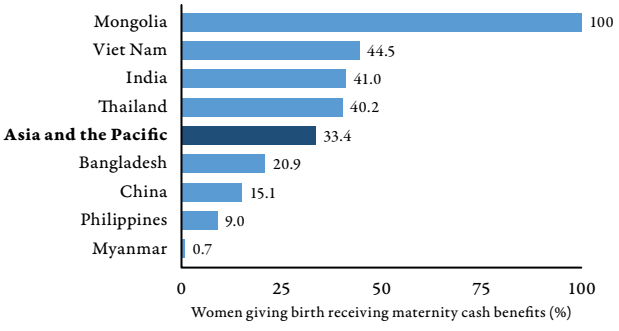
Paternity protection is expanding. Countries in the region with paternity protection include China, Japan, Islamic Republic of Iran, the Republic of Korea, Myanmar and Viet Nam (see also box 3.5).

Unemployment support

The percentage of the unemployed that benefit from unemployment cash benefits is still relatively low when compared to other contingencies. This situation can in part be explained by the fact that many countries in the region have not prioritized the launch of unemployment benefits – a large number of them still make this an employer liability through the use of severance payments upon termination of employment. This is the case for Brunei Darussalam, Indonesia, Pakistan, Singapore and Sri Lanka.

Unlike for other contingencies, higher-income countries do not necessarily show a significantly higher coverage of unemployment benefits (see figure 6.26).

Figure 6.25 SDG indicator 1.3.1 on effective coverage for mothers with newborns: Percentage of women giving birth in Asia and the Pacific receiving maternity cash benefit, 2015 or latest available year

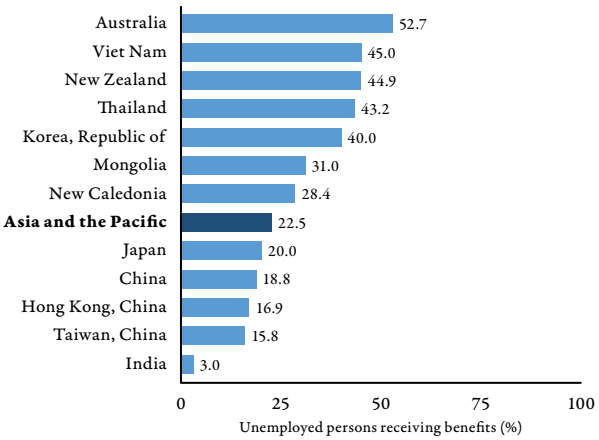


Note: Proportion of women giving birth covered by maternity benefits: ratio of women receiving maternity cash benefits to women giving birth in the same year (estimated based on age-specific fertility rates or on the number of live births corrected by the share of twin and triplet births). See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; national sources. See also Annex IV, tables B.3 and B.5.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54703

Figure 6.26 SDG indicator 1.3.1 on effective coverage for unemployed persons: Percentage of unemployed in Asia and the Pacific receiving unemployment cash benefits, latest available year



Note: Proportion of unemployed receiving benefits: ratio of recipients of unemployment cash benefits to the number of unemployed persons. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.6.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54704

[10] World Bank, World Development Indicators 2015.

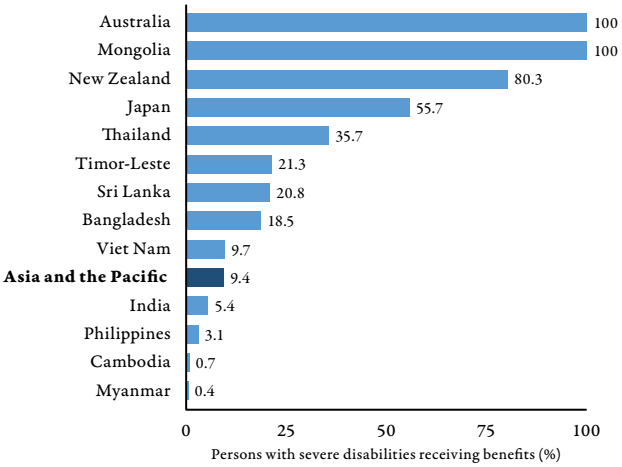
Unemployment cash benefits are mostly limited to wage workers in the formal economy which, in a region with high predominance of informal employment, affects coverage levels. Some countries, particularly in Southern Asia, have opted to set up minimum employment guarantee schemes. This is the case of Bangladesh, India and Nepal, which have established the right to a minimum number of days of employment, especially in rural areas.

Although unemployment benefits are one of the less established social security areas in the region, the introduction of unemployment insurance schemes is gaining momentum, with several countries, such as Indonesia, Malaysia, Nepal and the Philippines, currently involved in national dialogue on the design of such schemes (ILO, 2016n).

Disability benefits

Effective coverage for disability benefits is highly diverse across the region, with Australia and Mongolia achieving 100 per cent coverage of persons with severe disabilities, New Zealand 80 per cent and Japan 56 per cent. However, in Cambodia, India, Myanmar, the Philippines and Viet Nam, fewer than one in ten persons with severe disabilities are covered (see figure 6.27).

Figure 6.27 SDG indicator 1.3.1 on effective coverage for persons with severe disabilities: Percentage of persons with severe disabilities in Asia and the Pacific receiving disability cash benefit, 2015 or latest available year



Note: Proportion of persons with disabilities receiving benefits: ratio of persons receiving disability cash benefits to persons with severe disabilities. The latter is calculated as the product of prevalence of disability ratios (published for each country group by the World Health Organization) and each country's population. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; WHO; national sources. See also Annex IV, tables B.3 and B.8.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54705

Old-age pensions

Old age is one of the contingencies with higher coverage in the region, yet the numbers hide significant disparities between countries. China (see box 6.15 and figure 6.28), Japan, Maldives, Mongolia, New Zealand and Timor-Leste provide universal coverage. Australia, Brunei Darussalam, Hong Kong (China), Republic of Korea and Thailand have coverage levels above 70 per cent and are moving towards universal coverage. On the other hand, in countries such as Bhutan, Cambodia, Lao PDR, Pakistan or Vanuatu, effective coverage remains below 6 per cent of their old-age population (see figure 6.29).

Countries that have reached broad coverage levels have usually established tax-funded schemes (or social pensions) to extend coverage rapidly to populations with low contributory capacity. There is a gradual but positive trend in the region in the implementation of social pensions. Even countries with less developed social protection systems are exploring the launch of tax-based universal pensions. This is the case of Kiribati, Myanmar, Nepal, Samoa, Timor-Leste and Viet Nam. Some of these countries opted for a gradual approach by starting with higher eligibility ages (in Myanmar the qualifying age is 90 and in Nepal it is 70), with the plan to gradually extend the coverage to lower age cohorts. In Viet Nam a universal social pension scheme covers all older persons above 80 years of age; the pension is means-tested for those aged 60–79 years.

Other elements that deserve to be highlighted are the solutions that some countries have put in place to integrate under the same scheme a contributory and tax-based approach, particularly when it comes to ensuring the income security of those in the rural and informal economy.

With regard to contributory schemes, the region also displays heterogeneity. In general, defined benefit schemes prevail (as in the Republic of Korea, Thailand and Viet Nam), but in a small number of countries the main component of the system is a form of defined contribution scheme organized under national provident funds (as in Fiji, India, Malaysia and Singapore), an old legacy from colonial times.

Box 6.15 Universal pensions in China

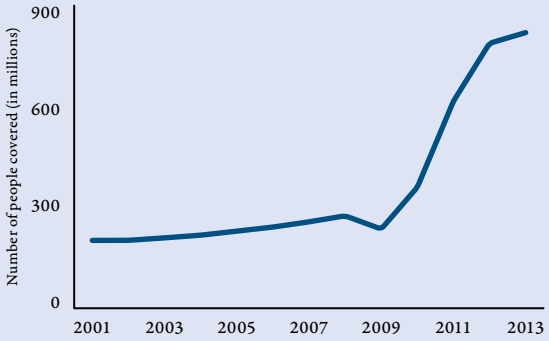
China is a particularly interesting case of how political will, in conjunction with innovation, can produce extremely fast processes of coverage extension, even to groups with low contributory capacity. Between 2009 and 2013, China tripled the number of people covered by the old-age pension system, making impressive progress towards its goal of achieving universal coverage by 2020. The current state pension system comprises three schemes: (1) pension scheme for urban workers; (2) pension scheme for civil servants and government employees; and (3) pension scheme for rural and urban residents not covered under the first two.

A critical innovation was the use of labour inspection to increase compliance and therefore extend effective coverage. Based on unified information systems for labour inspection and social security, labour inspection services were able to ensure that companies, whatever their size, have their workers registered in the social security system.

Another innovation was the pension scheme for rural and urban residents. It has two components: (i) a solidarity component, a basic pension in the form of a basic flat-rate benefit that is entirely financed by the Government; and (ii) an individual pension component, financed by contributions of the insured and supplemented by government subsidies. Members contribute annually to the account, choosing voluntarily from different levels of annual contribution rates ranging from RMB 100 to a maximum of RMB 2,000. The initial value of the basic pension under the scheme is RMB 70 per month, supplemented by the individual pension component and possibly topped up by local governments at their discretion from their own revenues. Participation in the system is voluntary, and residents become eligible for the pension after 15 years of contribution to the system.

So how did the scheme expand so fast? By fully subsidizing the flat-rate benefit, the Government assumed a large share of the cost of the benefit, making it more attractive to potential contributors. A key innovation was that this flat-rate benefit was made available to those already above retirement age (over 60), even if they were not able to reach the contributions required. They could get coverage through one of two processes: they could make lump-sum contributions to make up for any shortfall for the vesting requirement of 15 years of contributions (World Bank, 2016c), or, if they had children, they could avail themselves of a "family-binding" policy that allows those with no contributions to receive the flat-rate pension as long as their working-age children contribute to the pension system. The relatively low level of minimum contribution required, together with the fact that contributors can choose their own level of contributions, also makes the scheme attractive. For an annual contribution of a minimum of RMB 100 per year, a working adult is contributing to her/his own pension in the future, while at the same time immediately guaranteeing that her/his parents benefit from a pension of at least RMB 70 per month. In addition, the local government is required to match part of the contribution, thereby increasing the pension.

Figure 6.28 China: Expansion of old-age pension coverage, 2001–13



Source: Annual Statistical Bulletins on Human Resources and Social Security Development (ASB), 2001–13.

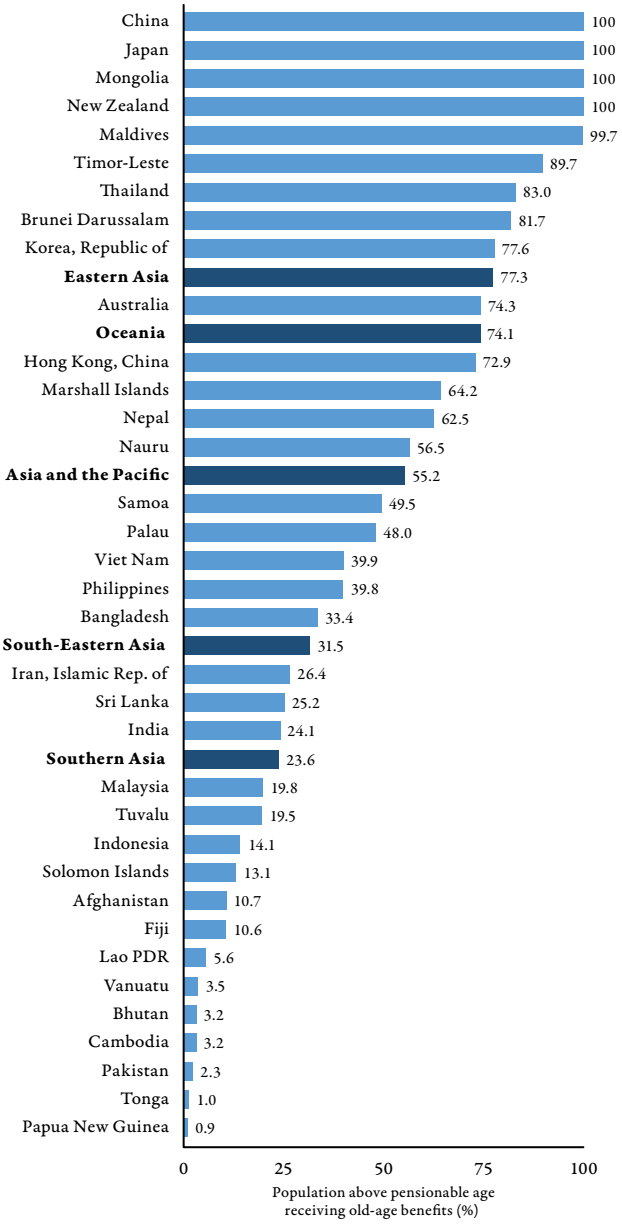
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54706

Sources: Global Partnership for Universal Social Protection, 2016m; ILO, 2016o; World Bank, 2016c.

Social assistance

In view of the relatively limited social insurance coverage in many Asian countries, social assistance benefits potentially play an important role in protecting those who are not covered by contributory mechanisms and are therefore vulnerable to social risks. Yet social assistance coverage for vulnerable populations is uneven across the region (figure 6.30). Australia delivers social assistance benefits to the largest proportion of vulnerable populations (53 per cent), followed by Mongolia (35 per cent). Bangladesh, with the lowest coverage (4 per cent), and the rest of the countries leave more than two-thirds of vulnerable populations without access to any social assistance benefits. Extending social protection floors is a critical priority for the region.

Figure 6.29 SDG indicator 1.3.1 on effective coverage for older persons: Percentage of population above statutory pensionable age in Asia and the Pacific receiving an old-age pension, latest available year

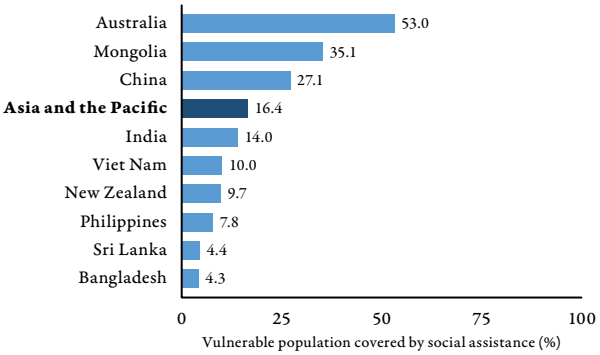


Note: Proportion of older persons receiving a pension: ratio of persons above statutory pensionable age receiving an old-age pension to persons above statutory pensionable age. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.12.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54707

Figure 6.30 SDG indicator 1.3.1 on effective coverage for vulnerable groups of population: Percentage of vulnerable populations in Asia and the Pacific receiving non-contributory cash benefits, 2015 or latest available year



Note: The number of vulnerable persons is estimated as (a) all children; (b) persons of working age not contributing to a social insurance scheme or receiving contributory benefits; and (c) persons above retirement age not receiving contributory benefits (pensions). Social assistance is defined as all forms of non-contributory cash transfers financed from general taxation or other sources (other than social insurance). See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; UNWPP; national sources. See also Annex IV, table B.3.

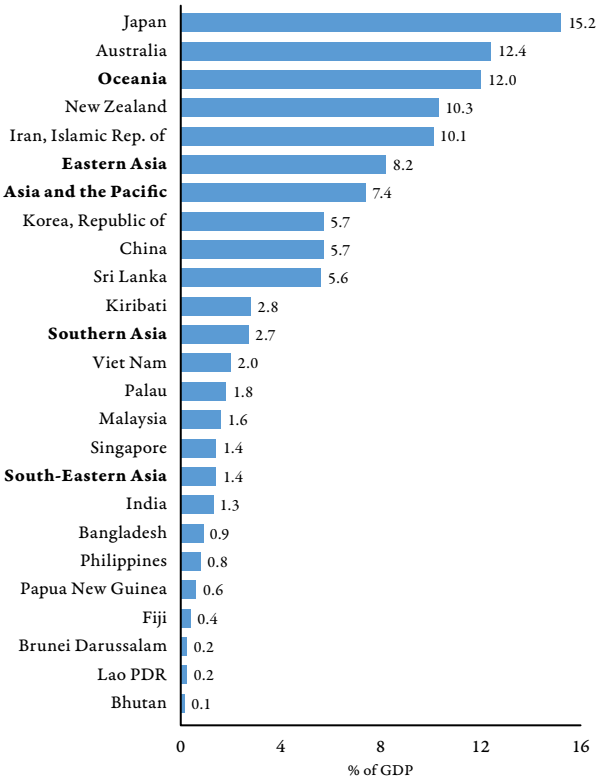
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54708

6.4.3 Trends in social protection expenditure, excluding health

The level of social protection expenditure varies markedly between countries in the region, ranging from 15.2 per cent of GDP for Japan to 0.1 per cent for Bhutan (see figure 6.31). Following Japan, Australia and New Zealand, with 12.4 and 10.3 per cent respectively, are the two other countries with relatively higher levels of expenditure. This is in contrast to countries such as Brunei Darussalam (0.2 per cent), Lao PDR (0.2 per cent) and Bangladesh (0.9 per cent).

Although the mean social protection expenditure in Asia and the Pacific is still as low as 7.4 per cent of GDP, in general the regional trend in the recent past has been positive. Indeed, the growing interest in social protection observed in recent decades in several countries has resulted in greater public investment, with the majority of countries expanding the allocation of public resources to social protection. For instance, Thailand was spending below 1 per cent of GDP in 2000, but by 2015 public expenditure on social protection was 3.7 per cent, a more than threefold increase in 15 years. The major increase took place between 2000 and 2012, when expenditure reached a peak of 4.4 per cent of GDP. China is another example of a country with a significant positive trend. It almost doubled its expenditure in 20 years,

Figure 6.31 Public social protection expenditure, excluding health, in Asia and the Pacific, latest available year (percentage of GDP)



Note: The figure of total social protection expenditure, excluding health-related public expenditure, is estimated as a percentage of GDP.

Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, tables B.16 and B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54709

from 3.2 per cent of GDP dedicated to public social protection expenditure in 1995 to 6.3 per cent in 2015. Both countries constitute global examples of quick expansion of social protection coverage, particularly in the area of social health protection and social protection coverage for older persons, providing close to universal coverage in both contingencies. Other countries that have more than doubled their public expenditure in social protection in the last 20 years are the Republic of Korea, Nepal, Philippines, Singapore and Western Samoa.

The opposite trend has been observed in Brunei Darussalam, Indonesia, Lao PDR and Pakistan, where the percentage of GDP allocated to social protection has been on a gradual decline since 2000 (ILO, 2016n).

Despite the reduced pace observed in recent years in economic growth in the region, there has been no general trend towards cuts in public social protection expenditure. This is probably because most of these countries had relatively low expenditure levels to begin with.

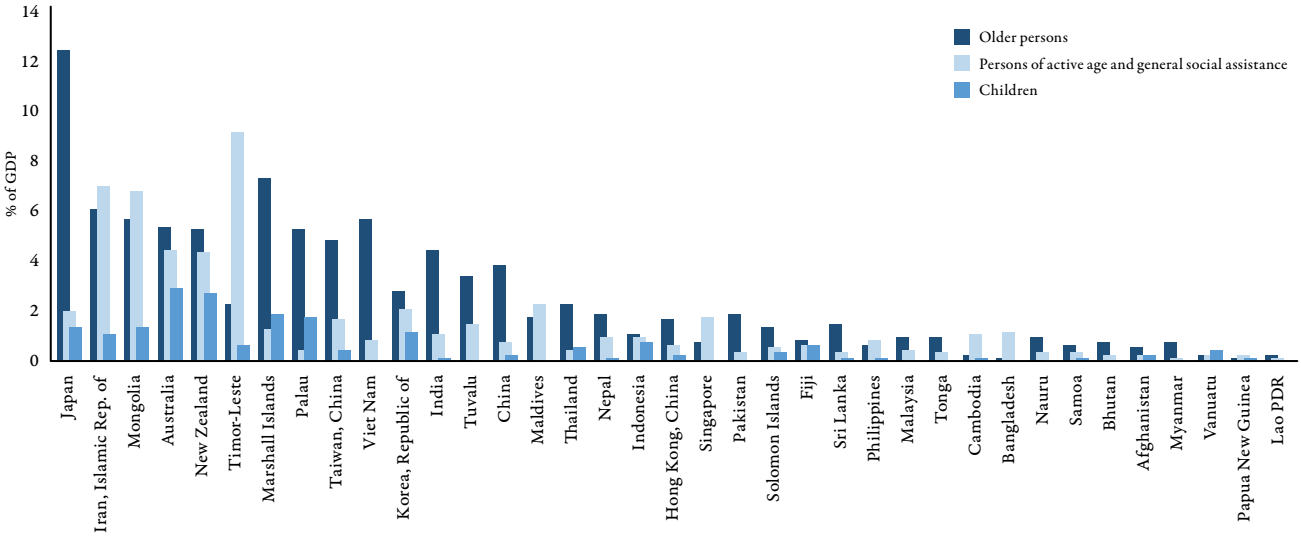
However, other social expenditures, not included in social security expenditures, have been cut in a number of countries. The reduction of social subsidies and cuts/caps to the public sector wage bill dominate the list of austerity measures for Eastern Asia and Oceania. Subsidy reform is being considered in countries such as Fiji, Indonesia, Malaysia, Myanmar, Thailand and Timor-Leste. While energy subsidies are the main focus, other reforms include cuts to crop subsidies for farmers on remote islands in Kiribati and cuts to housing subsidies in the Philippines. In addition, 13 countries are considering cuts/caps to the public wage bill, such as to civil servants, including those working in social sectors (e.g. Lao PDR, Malaysia, most of the Pacific islands, Timor-Leste and Viet Nam). Following the standard set of adjustments occurring in countries undertaking fiscal consolidation (Ortiz et al., 2015), Fiji, Indonesia, the Marshall Islands, the Federated States of Micronesia and Palau, among others, are considering reforms to contributory pensions, and Malaysia, Mongolia and Tuvalu are under pressure to narrow-target their social protection schemes. Labour market reforms are also on the agenda in at least five countries in the region: Cambodia, China, Indonesia, Timor-Leste and Tuvalu.

Traditionally, many Asian governments creatively identified new sources of fiscal space to extend social protection coverage and benefits. For example, Thailand reallocated military expenditures for universal health, Mongolia financed a universal child benefit from a tax on mineral exports, and Indonesia extended social protection from a reform of energy subsidies (ILO, 2016p). While a significant part of the extension of social protection in Asia is likely to result from contributions, governments need to continue exploring new ways to finance social assistance. A number of countries in the region have significant reserves and still low levels of taxation, which should be explored together with other options to expand fiscal space, such as the elimination of illicit financial flows (Ortiz et al., 2015), as part of developmental national dialogue processes.

With regard to the composition of social protection expenditure, higher levels of expenditure are often associated with social protection for older persons. This is the case for countries such as China, Japan, Myanmar, Nepal, Palau, Thailand and Viet Nam. For these countries, the expenditure on older people is close to 50 per cent of the total social protection expenditure.

In contrast, countries such as Australia, Indonesia and Singapore present a more balanced distribution of public expenditure (see figure 6.32).

Figure 6.32 Composition of non-health social protection expenditure in Asia and the Pacific, excluding health, latest available year (percentage of GDP)



Note: The figure of non-health public social protection expenditure is estimated as a percentage of GDP.
Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, table B.17.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54710

6.4.4 Regional outlook

Looking at the existing regional social protection deficits and key challenges, it is clear that it will only be possible to reach the objectives defined under the SDGs if the countries in the Asia and the Pacific region intensify their efforts to extend social protection, with a particular focus on the following actions:

- Extend social protection to those in the informal economy by a mix of contributory and non-contributory schemes with a view to achieving universal coverage.
- Develop social protection floors for those who cannot work, such as children, mothers with newborns, persons with disabilities, older persons and those who are poor and out of work.
- Increase the aggregate level of public expenditure on social protection to extend social protection coverage.
- Strengthen taxation systems for financing social protection and explore innovative ways to expand fiscal space for social protection.
- While extending coverage is the primary objective in Asia, give attention also to benefit adequacy.
- Adapt the design and implementation of contributory schemes to the regional labour market characteristics, including the preponderance of non-standard forms of work.
- Promote innovative solutions, based on integrated approaches that combine contributory and tax-funded schemes, that bring together concerns regarding the extension of coverage and the adequacy of benefits.
- Invest substantially in the administration and management of schemes, including in the provision of quality services at decentralized level.
- Accelerate progress towards achieving SDG target 1.3 and related goals by prioritizing social protection in the national development strategies.
- The way forward should include a reinforcement of global knowledge exchanges and South–South collaboration to ensure that countries can benefit further from the wealth and diversity of global and regional experiences.

6.5 Europe and Central Asia

6.5.1 Regional social protection challenges and priorities

Social protection systems, including floors, are traditionally well established in the region and have achieved high levels of coverage compared to other regions. However, there is significant variation in levels of social protection expenditure, financing sources, adequacy of benefits and the role of the social partners. Some countries, including most Member States of the European Union, have mature and comprehensive social protection systems in place, typically comprised of well-established social insurance systems and tax-financed universal social assistance schemes (European Commission, 2017a). In some countries, however, fiscal consolidation measures may jeopardize the progress achieved. In other parts of the region, especially in Central Asia, social protection systems face challenges of limited coverage and inadequate benefit levels, alongside budget constraints and insufficient administrative capacity, thus failing to lift people out of poverty and informal employment (Gassmann, 2011).

Overall, national policy discussions reflect the fact that social protection systems in the region are increasingly confronted with challenges of coverage, adequacy and financial sustainability. The changing world of work and population ageing are placing greater pressure on the financial sustainability of social protection systems, and on sustainable development as a whole. In particular, the spread of non-standard forms of employment, including short hours, temporary contracts and low pay, as well as the emergence of new forms of employment (such as platform work) constitute a challenge for both coverage and benefit levels, as many workers face significant coverage gaps at present and in the future (ILO, 2016b; Degryse, 2016). Young generations are under particular pressure from demographic change and structural changes in the labour market, including the shift to changing and non-standard forms of work, as well as lasting effects of the global recession after the financial crisis. Reforms implemented thus far have left them in a situation where they are likely to need to pay increasing contribution rates that will be required to fund future expenditures on the growing number of pensioners; while on the other hand they may expect lower pension entitlements than today's pensioners (European Commission, 2017a). These possible outcomes need to be addressed to ensure intergenerational fairness and maintain social cohesion within the region.

Among these challenges are the inadequate benefit levels in many countries which trap people in poverty, even those engaged in employment (ILO, 2017f). For example, child benefits in some countries in Central and Eastern Europe are low, and thus have limited impact on enhancing income security for families with children (Bradshaw and Hirose, 2016). Moreover, although pension systems in many countries include a universal social pension or a minimum pension, benefit levels often fall below the poverty threshold and consequently fail to prevent poverty in old age (European Commission, 2015c).

Some recent reforms have focused on strengthening social protection coverage for those who were previously excluded or inadequately covered, such as part-time workers or the self-employed (European Commission, 2017b; ILO, 2016b). Other countries, especially in Central Asia, have been rebuilding their social protection systems since the 1990s' transition to market economies and are adapting them to current circumstances, making significant efforts to close coverage gaps and strengthen the adequacy and sustainability of benefits (UNICEF, 2015b). Further efforts need to be undertaken to build comprehensive social protection systems.

A major debate in the region concerns old-age pensions. While many countries have achieved universal social protection coverage for older persons, some face sustainability and adequacy challenges. In the context of fiscal consolidation, European governments have made a number of changes to their public pension systems, such as the introduction of longer contribution periods required for a full pension, the increase of the statutory retirement age and its equalization for men and women, and the decrease of benefit levels. Member States of the European Union have prioritized measures to ensure the broad financial sustainability of pension systems, yet major concerns exist regarding the adequacy of benefits (European Commission, 2015c, 2015d). For example, one concern is the adequacy of prospective pension levels for women, considering their shorter contribution periods on average and lower contribution levels (partly driven by persistent gender wage gaps) throughout their life, as well as their higher life expectancy. Also, as a result of parametric reforms to public pension systems, future pensioners in many European countries will receive lower pensions (ILO, 2014a), reducing the State's responsibility for guaranteeing income security in old age.

In contrast, some countries in Eastern and Central Europe have reversed the pension privatization reforms

Box 6.16 The European social model, eroded by short-term adjustment reforms

Since 2010, fiscal consolidation or austerity policies have focused on reforming pension and health entitlements to reduce the long-term financial obligations of the State by way of avoiding "a rise in spending as a share of GDP" (IMF, 2010a, p. 16; see also IMF, 2010b) and containing other spending, even though adopting such policies was premature (ILO, 2014a). While there is no single "European social model" in a strict sense, this term has been used to describe the collective experience of European welfare states, embedded in a broader social contract, which contributed to economic growth and social progress particularly in the period after the Second World War. In recent years, however, the European social model has come under pressure; it has been depicted as unaffordable and burdensome, ultimately reducing competitiveness and discouraging growth. But adjustment measures have contributed to increases in the poverty now affecting 86.8 million people in the European Union and representing more than 17 per cent of the population, many of them children, women and persons with disabilities. The number of children at risk of poverty or social exclusion stood at 22.3 million in 2015, or 26.7 per cent of children up to the age of 16. Some estimates foresee an additional 15–25 million people facing the prospect of living in poverty by 2025 if fiscal consolidation continues (Oxfam, 2013). Higher poverty and inequality are the results not only of the severity of the global recession and low employment rates, but also of specific policy decisions targeting universal policies, curtailing social transfers and limiting access to quality public services. The long-accepted concept of universal access to decent living conditions for all citizens has been threatened by a widening gulf between more narrowly targeted programmes for the poor and a stronger emphasis on individual savings for the middle- and upper-income groups. The achievements of the European social model, which dramatically reduced poverty and promoted prosperity in the period following the Second World War, have been eroded since the crisis by short-term adjustment reforms.

The difficulties many Europeans face in attaining and maintaining a decent standard of living, the emergence of new and non-standard forms of informal employment and the preponderance of precarious and informal employment during the crisis, have fuelled debates around the need to strengthen Europe's social dimension, focusing on the core question as to how governments will be able to create more and better jobs and provide adequate social protection for all while ensuring fairness and social inclusion.

In this context, various efforts have been made to develop new frameworks and innovative schemes, both at national and European level. One example is the European Pillar of Social Rights, launched in 2017. European policy coordination, however, continues to focus on growth and structural reforms first, through mechanisms such as the EU Stability and Growth Pact, the Macroeconomic Imbalance Procedure and the European Semester (surveillance missions initiated in 2009), sidelining social policies and leaving the welfare of European populations as a second priority, implementable at national level if governments have sufficient funding.

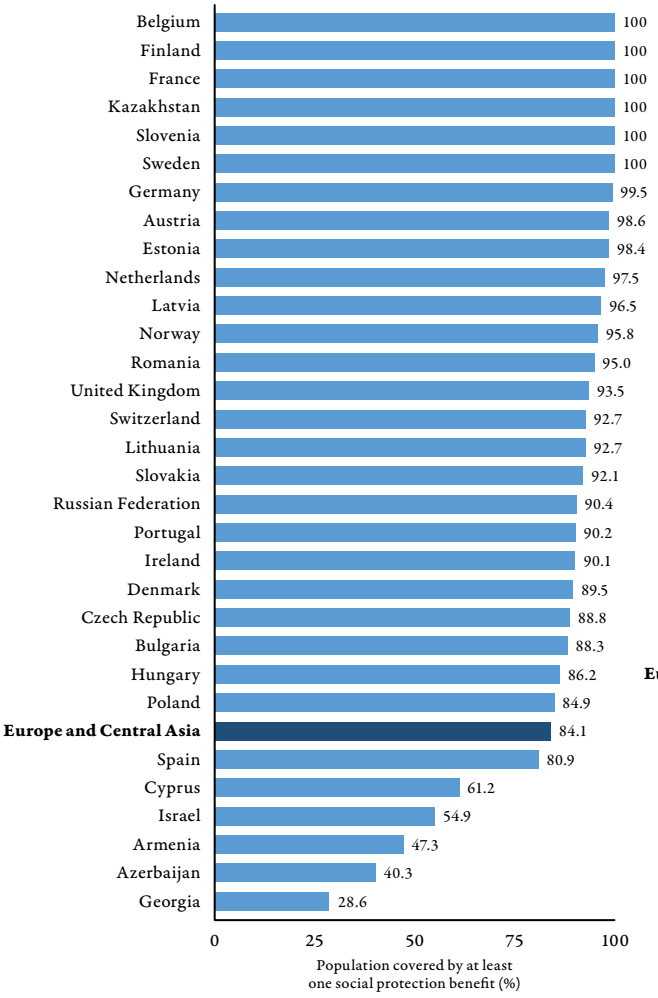
Sources: Based on European Commission, 2017b; ILO, 2014b; IMF, 2010a, 2010b; Vaughan-Whitehead, 2014, 2016; data from Eurostat.

of the 1990s and re-nationalized their pension schemes fully or partially. In order to ensure their long-term sustainability, reform measures have been undertaken in recent years. Greater emphasis is put on the contributory principle and benefit levels are more directly linked to the contributions actually paid, thus giving rise to concerns about benefit adequacy (Hirose and Hetteš, 2016). Some countries in Central Asia have begun to introduce private pension schemes; for example, in 2014 Armenia introduced a funded pension system which is mandatory for public sector workers but remains voluntary for those working in the private sector.

6.5.2 Effective social protection coverage: Monitoring SDG indicator 1.3.1 in Europe and Central Asia

Compared to other regions, aggregate effective social protection coverage (excluding health) in Europe and Central Asia is relatively high, with 84 per cent of the population covered (see figure 6.33). In many countries in the region, particularly in Northern, Southern and Western Europe, comprehensive social protection systems are in place to provide universal (or close-to-universal) protection in at least one area other than health protection. For example, in France, Kazakhstan and Sweden, the entire population is covered by at least one social protection scheme. In other countries social protection coverage is incomplete; this is the case for example in Armenia, Azerbaijan and Georgia, where less than half the population is covered for at least one social protection benefit.

Figure 6.33 SDG indicator 1.3.1: Percentage of population in Europe and Central Asia covered by at least one social protection benefit (effective coverage), 2015 or latest available year

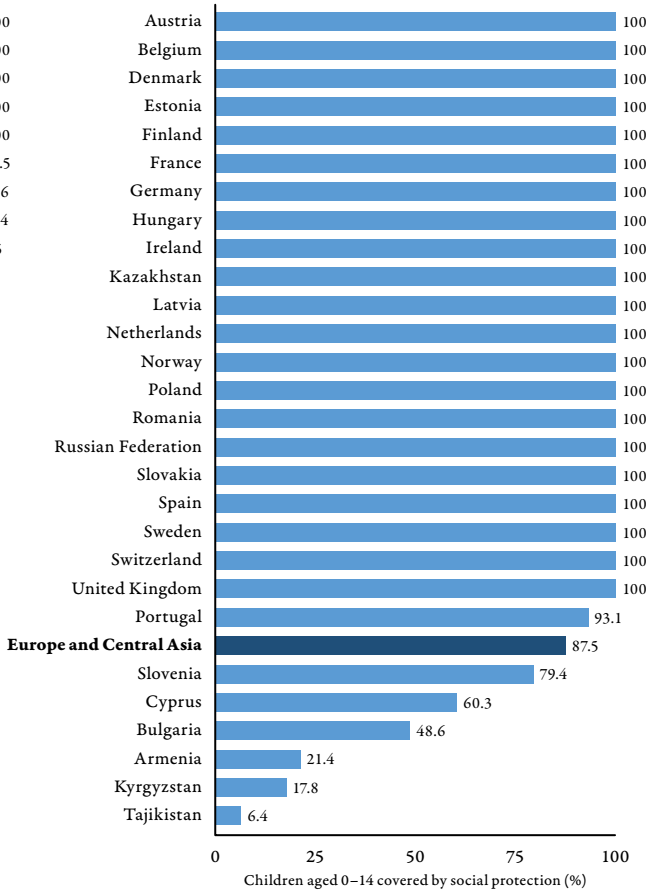


Note: Effective coverage of social protection is measured as the number of people who are either actively contributing to a social insurance scheme or receiving benefits (contributory or non-contributory), as a percentage of the total population. Health protection is not included under SDG indicator 1.3.1. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; national sources. See also Annex IV, table B.3.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54711

Figure 6.34 SDG indicator 1.3.1 on effective coverage for children and families: Percentage of children and households in Europe and Central Asia receiving child and family cash benefits, 2015 or latest available year



Note: Proportion of children covered by social protection benefits: ratio of children/households receiving child cash benefits to the total number of children/households with children. Health protection is not included under SDG indicator 1.3.1. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; UNWPP; national sources. See also Annex IV, tables B.3 and B.4.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54712

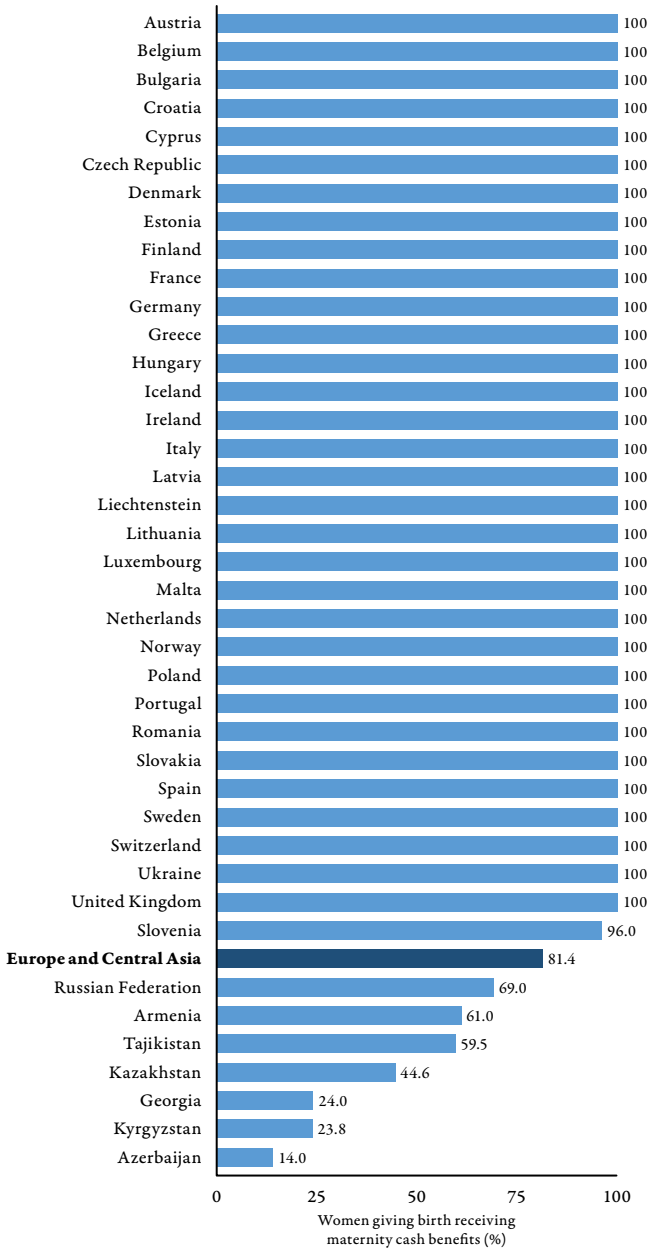
Child and family benefits

While many countries in the region offer universal coverage for children, on average 88 per cent of all children aged 0–14 have effective access to social protection benefits (see figure 6.34). Universal protection is achieved in 21 countries through different means, for example through universal schemes in Austria, Estonia and Finland, a combination of contributory and non-contributory schemes in Belgium and the Russian Federation, or non-contributory benefits in Kazakhstan and Poland (see also figure 2.4). In contrast, effective coverage for child benefits is significantly lower in Armenia, Kyrgyzstan and Tajikistan.

Maternity protection

Compared to other regions, Europe and Central Asia have achieved high levels of effective coverage for maternity cash benefits. Maternity protection is one of the contingencies with higher levels of effective coverage in

Figure 6.35 SDG indicator 1.3.1 on effective coverage for mothers with newborns: Percentage of women giving birth in Europe and Central Asia receiving maternity cash benefits, 2015 or latest available year



Note: Proportion of women giving birth covered by maternity benefits: ratio of women receiving maternity cash benefits to women giving birth in the same year (estimated based on age-specific fertility rates or on the number of live births corrected by the share of twin and triplet births). See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; UNWPP; national sources. See also Annex IV, tables B.3 and B.5.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54713

the region. On average, 81 per cent of women in employment are covered by maternity cash benefit schemes (see figure 6.35). The majority of countries, particularly European Union Member States, provide maternity cash benefits to all women in employment during maternity. Many countries have achieved universal coverage through social insurance schemes (for example Austria, Belgium, Cyprus and Iceland), whereas others (such as Croatia, Malta, Portugal and the United Kingdom) complement social insurance by social assistance schemes. In Central Asia, maternity protection remains a challenge. For example, in Azerbaijan, Georgia and Kyrgyzstan, over 75 per cent of women in employment still do not have access to maternity benefits despite existing social insurance schemes.

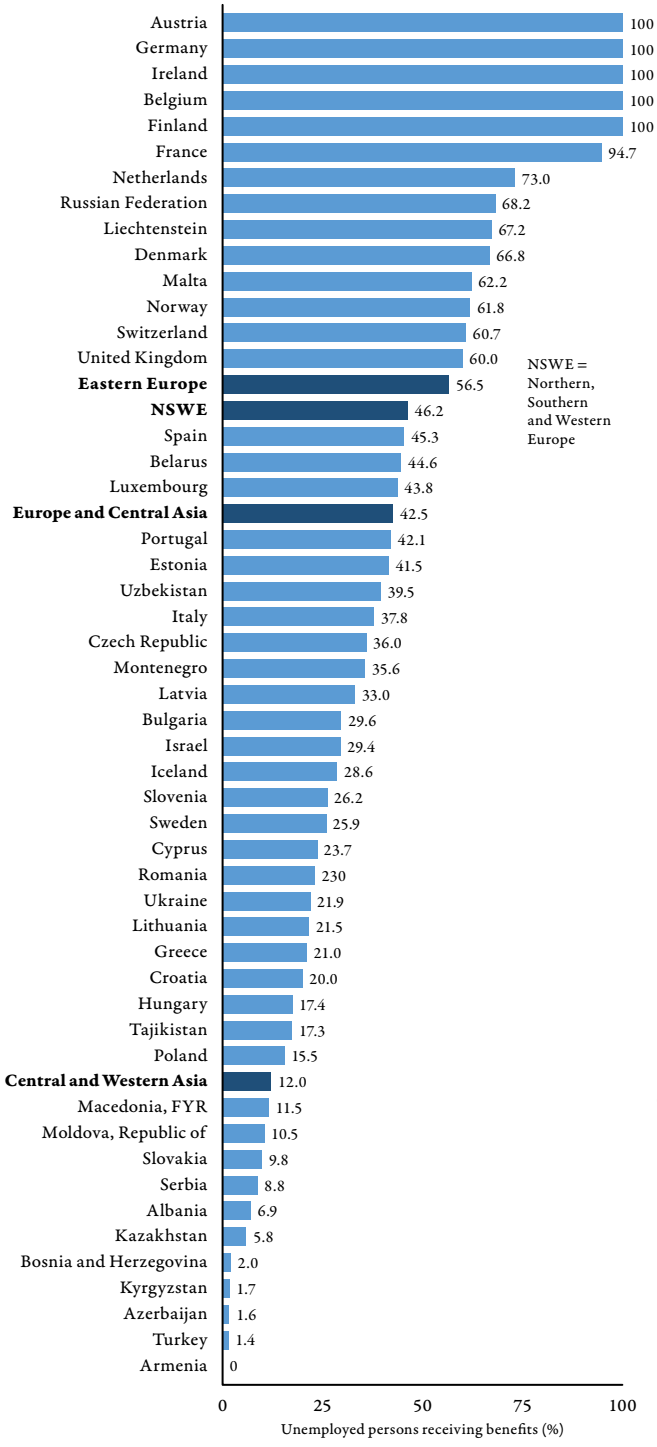
Unemployment protection

On average, 42.5 per cent of unemployed workers in Europe and Central Asia receive unemployment benefits (see figure 6.36). The proportion is 57 per cent in Eastern Europe, 46 per cent in Northern, Southern and Western Europe, and only 12 per cent in Central and Western Asia. The limited coverage ratios can be explained by a number of factors, including high rates of long-term unemployment in some countries, high levels of informal employment in others, and the fact that many unemployed workers do not register at the employment offices. Among countries that complement social insurance by unemployment assistance, Austria, Germany and Ireland reach effective coverage levels of 100 per cent of unemployed workers, while others have lower effective coverage, ranging from 80 per cent in Belgium, 73 per cent in the Netherlands and 62 per cent in Malta to 45 per cent in Spain. In contrast, in other parts of the region, particularly in Central Asia, only a small minority of unemployed workers (12 per cent on average) actually receive unemployment benefits. However, unemployed workers may still be eligible for general social assistance benefits.

Disability benefits

The share of persons with severe disabilities that receive disability benefits is estimated at 87 per cent (see figure 6.37). Comparison across the subregions shows that Eastern Europe presents the highest coverage levels (close to 98 per cent), followed by Northern, Southern and Western Europe with around 92 per

Figure 6.36 SDG indicator 1.3.1 on effective coverage for unemployed persons: Percentage of unemployed persons in Europe and Central Asia receiving unemployment cash benefits, 2015 or latest available year

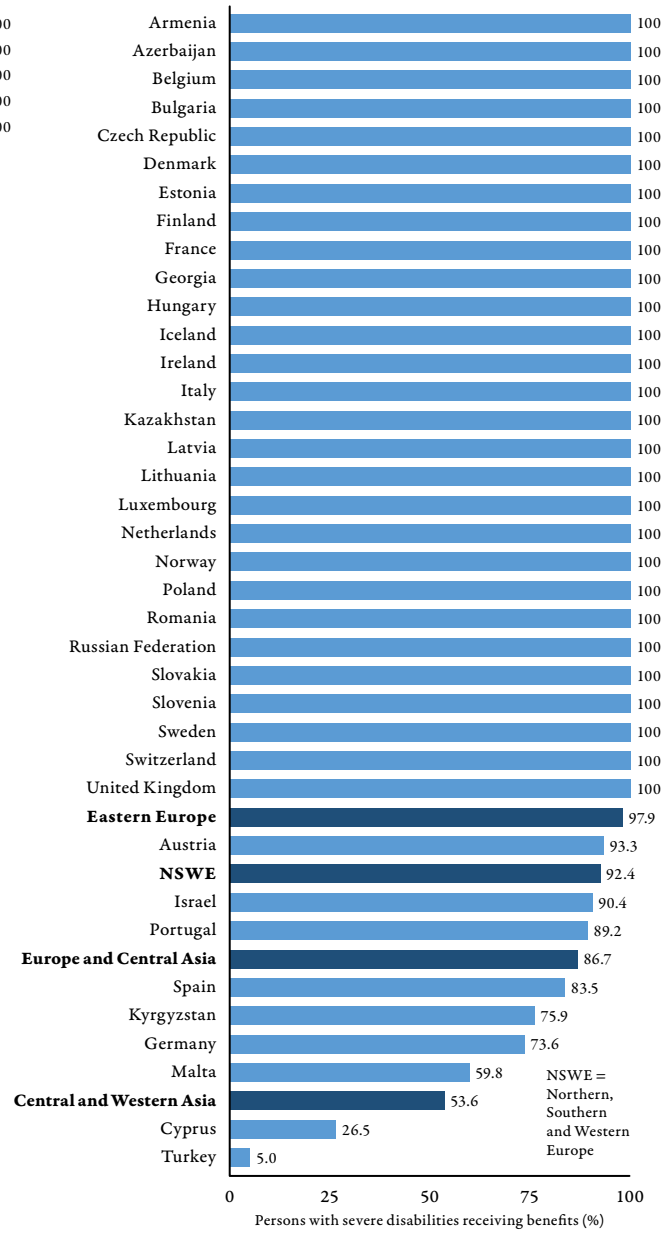


Note: Proportion of unemployed persons receiving benefits: ratio of recipients of unemployment cash benefits to the number of unemployed persons. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.6.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54714

Figure 6.37 SDG indicator 1.3.1 on effective coverage for persons with severe disabilities: Percentage of persons with severe disabilities in Europe and Central Asia receiving disability cash benefits, 2015 or latest available year



Note: Proportion of persons with disabilities receiving benefits: ratio of persons receiving disability cash benefits to persons with severe disabilities. The latter is calculated as the product of prevalence of disability ratios (published for each country group by the World Health Organization) and each country's population. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; UNWPP; WHO; national sources. See also Annex IV, tables B.3 and B.8.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54715

cent, while in Central and Western Asia slightly more than half the target population has access to disability benefits. Most of the countries which achieve universal coverage provide disability cash benefits through social insurance mechanisms (e.g. Belgium, Hungary and Italy), a combination of social insurance and non-contributory universal benefits (e.g. Azerbaijan, Bulgaria and Latvia), or through means-tested schemes (e.g. Armenia, Finland and Ireland). Others, such as Georgia, rely exclusively on non-contributory benefits (see also figure 3.25). In other parts of the region, particularly in Central and Western Asia, only half the population with severe disabilities actually receives disability benefits.

Old-age pensions

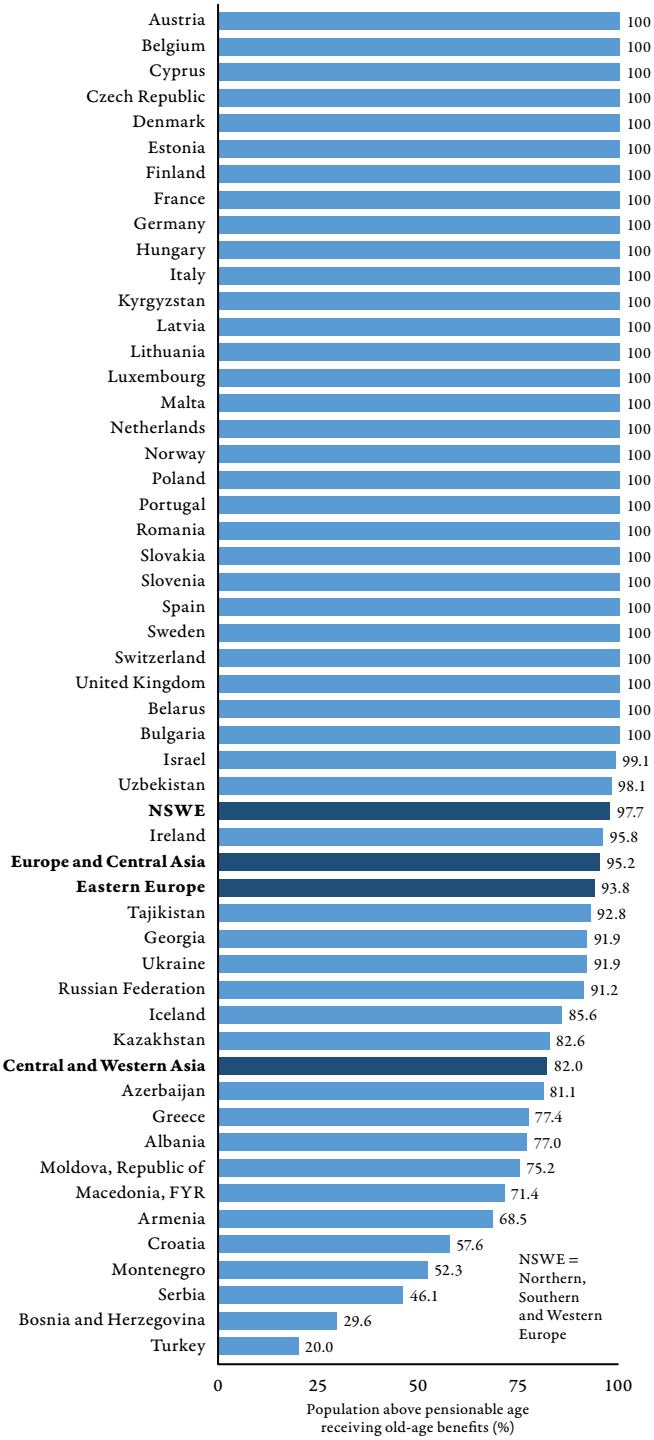
Europe and Central Asia have achieved relatively wide coverage for old-age pensions. On average, 95.2 per cent of older persons over pensionable age receive a pension (see figure 6.38). Despite this overall positive trend, some countries still face challenges in extending pension coverage, particularly in Central and Western Asia where effective coverage currently stands at 82 per cent on average.

The majority of countries where all older persons actually receive social security pensions are situated in Northern, Southern and Western Europe, but there are also a few positive examples in Eastern Europe and Central and Western Asia with universal old-age pension coverage (e.g. Czech Republic, Kyrgyzstan and Slovakia). Universal old-age coverage in these 29 countries relies on different types of programmes. For example, the Netherlands, Poland and Romania rely mainly on contributory pension schemes, while other countries complement their contributory schemes by a non-contributory scheme, covering either all older persons (e.g. Denmark) or only those below a certain income threshold (e.g. Belgium, Israel and Malta). Some countries still face challenges in ensuring pension coverage of older persons, especially in South-Eastern Europe.

Social assistance

Social assistance coverage of vulnerable populations, defined here as all children, as well as adults not covered by contributory schemes and persons above retirement age not receiving contributory benefits (pensions), is diverse across the region. While universal coverage of

Figure 6.38 SDG indicator 1.3.1 on effective coverage for older persons: Percentage of population above statutory pensionable age in Europe and Central Asia receiving an old-age pension, latest available year

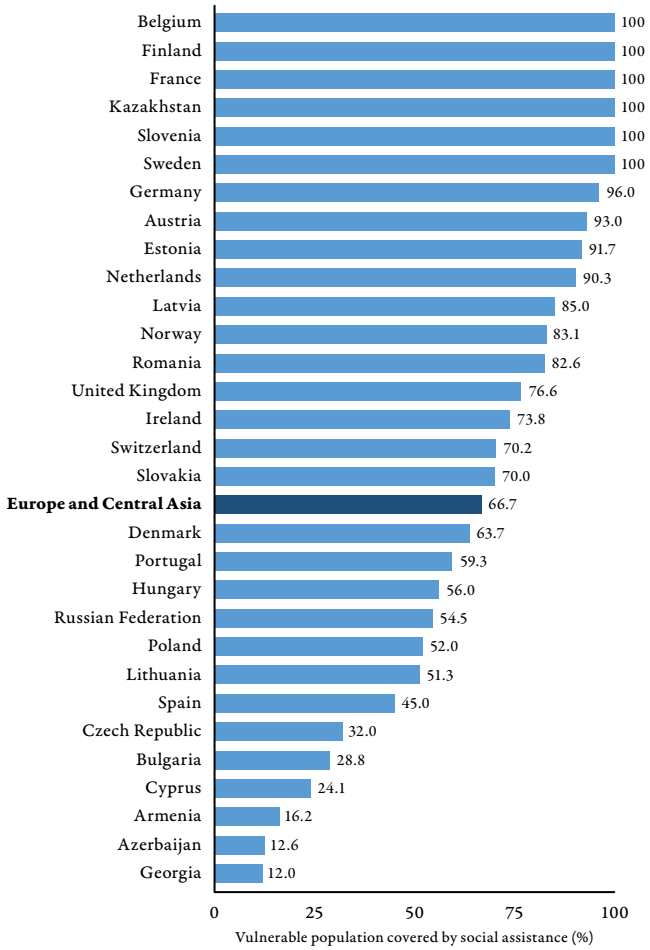


Note: Proportion of older persons receiving a pension: ratio of persons above statutory pensionable age receiving an old-age pension to persons above statutory pensionable age. See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; national sources. See also Annex IV, tables B.3 and B.12.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54716

Figure 6.39 SDG indicator 1.3.1 on effective coverage for vulnerable groups of population: Percentage of vulnerable population in Europe and Central Asia receiving non-contributory cash benefits, 2015 or latest available year



Note: The number of vulnerable persons is estimated as (a) all children; (b) persons of working age not contributing to a social insurance scheme or receiving contributory benefits; and (c) persons above retirement age not receiving contributory benefits (pensions). Social assistance is defined as all forms of non-contributory cash transfers financed from general taxation or other sources (other than social insurance). See also Annex II.

Sources: ILO, World Social Protection Database, based on SSI; OECD SOCR; ILOSTAT; UNWPP; national sources. See also Annex IV, table B.3.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54717

the vulnerable population is achieved in countries such as Belgium, Finland, France, Kazakhstan, Slovenia and Sweden, elsewhere in the region a much smaller share of the population is covered, as in parts of Central and Western Asia. On average, one in three vulnerable persons is not covered by any social protection scheme (see figure 6.39). There are however some positive trends in the region, such as the gradual extension of social assistance benefits to families living in poverty in Kyrgyzstan and Tajikistan.

6.5.3 Social protection expenditure, excluding health

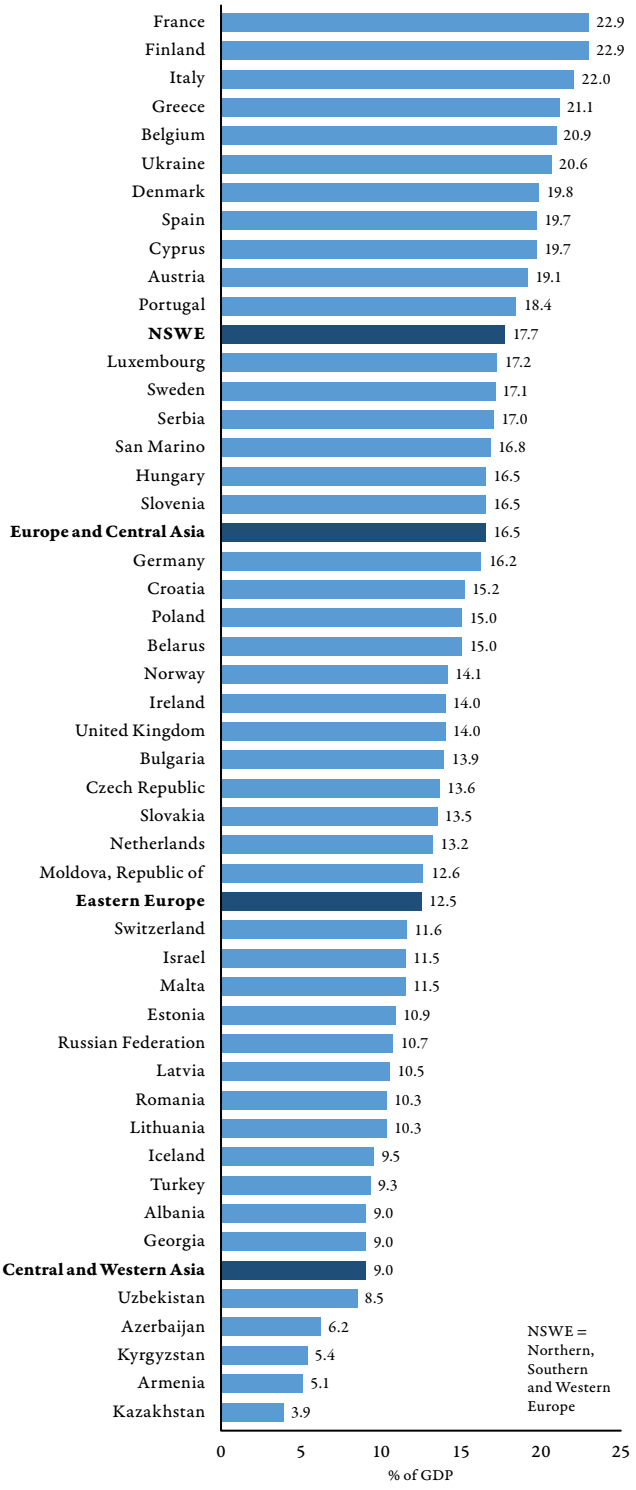
Total social protection expenditure (excluding health-related expenditure) in the region is on average higher than in other regions, estimated at around 16.5 per cent of GDP allocated to social protection (see figure 6.40). In many countries, ratios of social protection expenditure to GDP have increased, partly as a result of the recession and higher unemployment rates (ILO, 2017f). In other countries, expenditure on social protection as a percentage of GDP has significantly decreased as part of fiscal consolidation measures.

The variation between countries is significant: while total social protection expenditure in Finland and France reaches about 23 per cent of GDP, the Russian Federation allocates around 11 per cent, and Armenia and Kazakhstan respectively 5.1 and 3.9 per cent of their GDP to social protection. In fact, when comparing the subregions, Northern, Southern and Western Europe lead with an expenditure level of 17.7 per cent of GDP, followed by Eastern Europe with 12.5 per cent. In contrast, the expenditure level (9.0 per cent) in Central and Western Asia is relatively low.

With regard to the composition of non-health social protection expenditure, in the majority of countries a significant share of expenditure is allocated to income security of older persons (see figure 6.41), partly influenced by the demographic structure of the population. Overall, Europe has the largest proportion of older persons in the world, yet there is significant diversity across the region. While older persons account for 19.6 per cent of the population in Northern, Southern and Western Europe, and 14.6 per cent in Eastern Europe, they represent only 7.7 per cent of the population in Central and Western Asia (see figure 4.4). Accordingly, the proportion of social protection expenditure allocated on older persons varies considerably across the region.

Social protection expenditure on people of working age includes unemployment benefits, employment injury benefits, disability benefits, maternity benefits and general social assistance. Even though working-age persons form the biggest population group among the total population, in some countries (for example in Albania, Bosnia and Herzegovina, Bulgaria, Greece, Malta and Ukraine) expenditure on benefits for people of working age accounts for only a small part of total expenditure. In contrast, countries such as Armenia, Belgium, Denmark and Finland present a more balanced distribution of social protection expenditure across age groups.

Figure 6.40 Public social protection expenditure, excluding health, in Europe and Central Asia, latest available year (percentage of GDP)



Note: Total social protection expenditure, excluding health expenditure, is estimated as a percentage of GDP.

Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, tables B.16 and B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54718

Social protection expenditure on children varies greatly across countries. Whereas it accounts for roughly 3.8 per cent of GDP in the United Kingdom, other countries allocate only a fraction of that amount to child and family benefits. Expenditure on child social protection is estimated at around 2.5 per cent of GDP in Northern, Southern and Western Europe, and 1.1 per cent in Eastern Europe (see figure 2.3). In the case of Central and Western Asia, the low share of public expenditure on child benefits (0.8 per cent of GDP) is striking, considering the high proportion of children in the total population; indeed, children make up 25 per cent of the total population in the subregion.

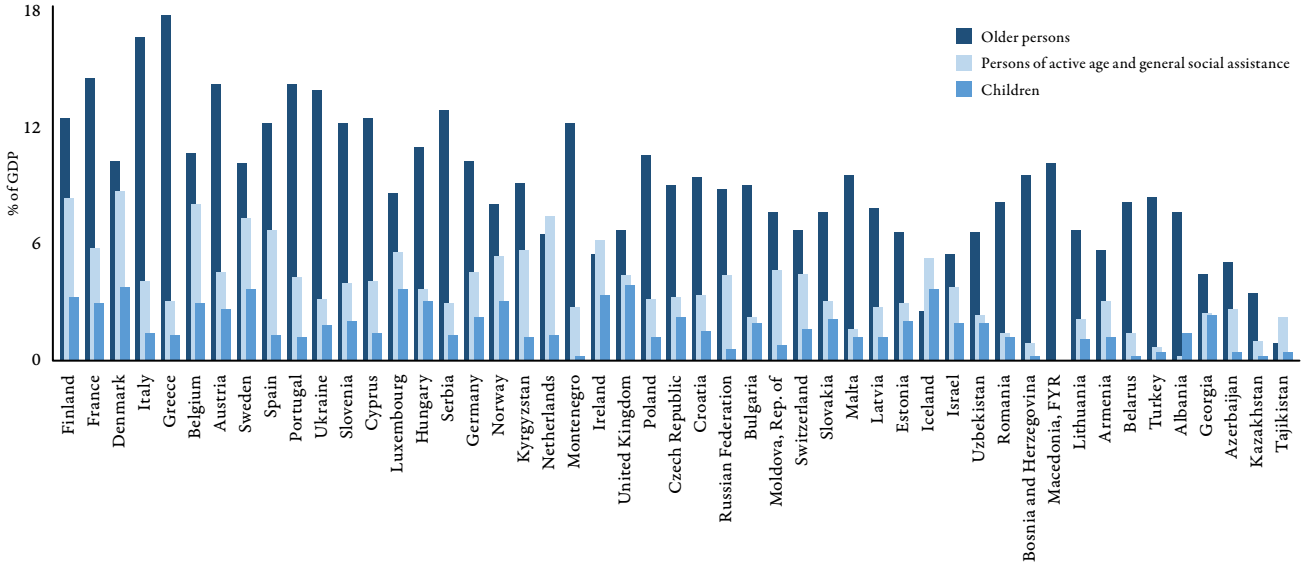
As child poverty is a significant challenge for the region, the existing levels of social protection expenditure appear to be insufficient to respond adequately to the income security needs of children and families, including in the region's high-income countries. This is of concern particularly in Central and Western Asia, where one in four persons is a child, as limited income security for children can seriously hinder their development (UNICEF, 2015b, 2017).

6.5.4 Regional outlook

This brief review of the state of social protection in Europe and Central Asia has demonstrated that the region has achieved laudable progress in building comprehensive social protection systems, including social protection floors, as set out in Recommendation No. 202. However, significant gaps in coverage and benefit adequacy remain, especially with respect to ensuring adequate coverage for the self-employed and those in non-standard forms of employment, including the emerging new forms of work. In order to reach the objectives defined under the SDGs, a particular focus on the following actions will be essential:

- For those higher- and upper-middle income countries in the region which have already attained high levels of coverage and benefit adequacy, it will be essential to safeguard the progress achieved and ensure that ongoing and future reforms do not jeopardize coverage and the adequacy of benefits, while at the same time ensuring sustainable financing modalities based on an effective combination of contribution and tax funding. In this way, the challenge of maintaining an equitable balance between benefit adequacy and financial sustainability can be met.

Figure 6.41 Composition of social protection expenditure, excluding health, in Europe and Central Asia, latest available year (percentage of GDP)



Note: Non-health public social protection expenditure is estimated as a percentage of GDP.

Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, table B.17.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54795

- For those countries which still struggle with limited coverage and low benefit levels, the priority will be to extend coverage to the population groups not yet covered, with a view to achieving universal coverage and at the same time ensuring that benefit levels are adequate to meet people's needs. In some countries this will require increased efforts to fight undeclared work and facilitate the transition to the formal economy, and to ensure sustainable financing modalities based on a combination of contributions and general taxation.
- To accelerate progress towards achieving SDG target 1.3 and related goals, greater attention to closing coverage and adequacy gaps is essential. A number of countries have already prioritized social protection in their national voluntary reviews with a view to achieving the 2030 Agenda, namely Azerbaijan, Belgium, Denmark, Estonia, Finland, France, Georgia, Germany, Montenegro, Norway, Portugal, Slovenia, Sweden, Switzerland and Turkey.
- Throughout the region more efforts will be required to ensure that social protection systems adequately cover people in all forms of employment, with particular emphasis on enhancing protection for the self-employed and workers in non-standard forms of employment, including new forms of employment. Innovative solutions are required to ensure that social protection mechanisms are adapted to the particular characteristics of these groups and to labour market dynamics.

Monitoring progress in social protection: Global outlook

7

KEY MESSAGES

- SDG 1.3 commits countries to implementing nationally appropriate social protection systems for all, including floors, for reducing and preventing poverty. Despite significant progress in recent years, only 29 per cent of the global population have access to comprehensive social security systems in all areas, from child benefits to old-age pensions, while the rest are covered only partially or not at all.
- According to 2015 figures, the percentage of the global population effectively covered by at least one social protection benefit (or SDG indicator 1.3.1) stands at only 45 per cent, which means that more than half of the global population are not effectively protected in any area of social protection. Social protection coverage for children is still insufficient: only one in three children (35 per cent) are covered, pointing to significant underinvestment in children and families. Only 41 per cent of women with newborns receive maternity cash benefits that provide them with income security during the critical period. Income security for unemployed workers is also a challenge, with only one in five unemployed workers (22 per cent) receiving an unemployment benefit. Large coverage gaps exist also for persons with severe disabilities: worldwide, only 28 per cent receive disability benefits. Effective pension coverage for older persons stands at 68 per cent of all persons above retirement age worldwide. Despite significant progress in the extension of social protection coverage, many are left unprotected; renewed efforts are needed to realize the human right to social security and achieve the SDGs.
- This report presents up-to-date data to monitor SDG 1.3, providing the 2015 baseline for the SDG indicator 1.3.1. The report is based on the ILO World Social Protection Database and the Social Security Inquiry, an ILO administrative survey regularly submitted to countries. Monitoring progress in achieving the SDGs requires investment in national capacities in the area of social protection statistics, including additional efforts at the national, regional and international levels to improve the regular collection, analysis and dissemination of social protection data.
- Moving forward towards universal social protection and achieving the SDGs will require efforts in a number of areas. Extending social protection coverage to those in the informal economy and facilitating their transition to the formal economy are key to tackling decent work deficits and preventing poverty and vulnerability. More broadly, promoting inclusive social protection systems, including floors, is a precondition for improving the living standards of vulnerable populations and achieving the SDGs. Yet this will only be possible if the benefits provided meet the needs of the population and guarantee adequate levels of protection. Greater efforts are needed to ensure not only universal coverage, but also adequate benefit levels. This is also essential in tackling future challenges associated with demographic change, the evolving world of work, migration, fragile contexts and environmental challenges, to ensure that social protection systems are well adapted to realize the right of social security for all. →

KEY MESSAGES (cont'd)

- Despite significant progress in the extension of social protection globally, a number of countries have undertaken fiscal consolidation or austerity policies since 2010. These short-term adjustments are affecting a number of public expenditures, among them social protection spending. This is well documented for high-income countries, which have reduced a range of social protection benefits; together with persistent unemployment, lower wages and higher taxes, these measures have contributed to the rise in poverty now affecting 86 million people in the European Union, representing more than 17 per cent of the population. Depressed household income levels are leading to lower domestic consumption and lower demand, slowing recovery. Fiscal consolidation is not limited to Europe: in 2018, 124 countries – 81 of them developing countries – will be adjusting expenditures in terms of their GDP and will hover around those levels until 2020.
- It does not need to be a decade of austerity and budget cuts; fiscal space exists even in the poorest countries. There is a wide variety of options to generate resources for social protection; specifically, there are eight financing options, supported by policy statements of the international financial institutions and the United Nations. It is imperative that countries become proactive in exploring all possible financing alternatives to promote the SDGs and their national development through jobs and social protection.
- At present, the world is united in the advancement of universal social protection. Strengthening social protection systems, including floors, is supported through the joint efforts of the United Nations agencies at different levels, and through concerted joint efforts with relevant international, regional, subregional and national institutions and social partners, including the Global Partnership for Universal Social Protection.

7.1 Progress in social protection systems, including floors

7.1.1 Monitoring SDG indicator 1.3.1 at the global level

Social protection plays a key role in achieving sustainable development by guaranteeing that individuals enjoy income security and have effective access to health care. Despite significant progress in recent years, the human right to social security is still not a reality for many people in the world: only 29 per cent of the global population have access to comprehensive social security systems in all areas,[1] while the rest are covered only partially or not at all. Within this overall figure, regional variations are considerable. If the 2030 Development Agenda is to be achieved, further efforts are required to build social protection systems, including floors, in order to fully harness the key role of social protection in promoting social and economic development.

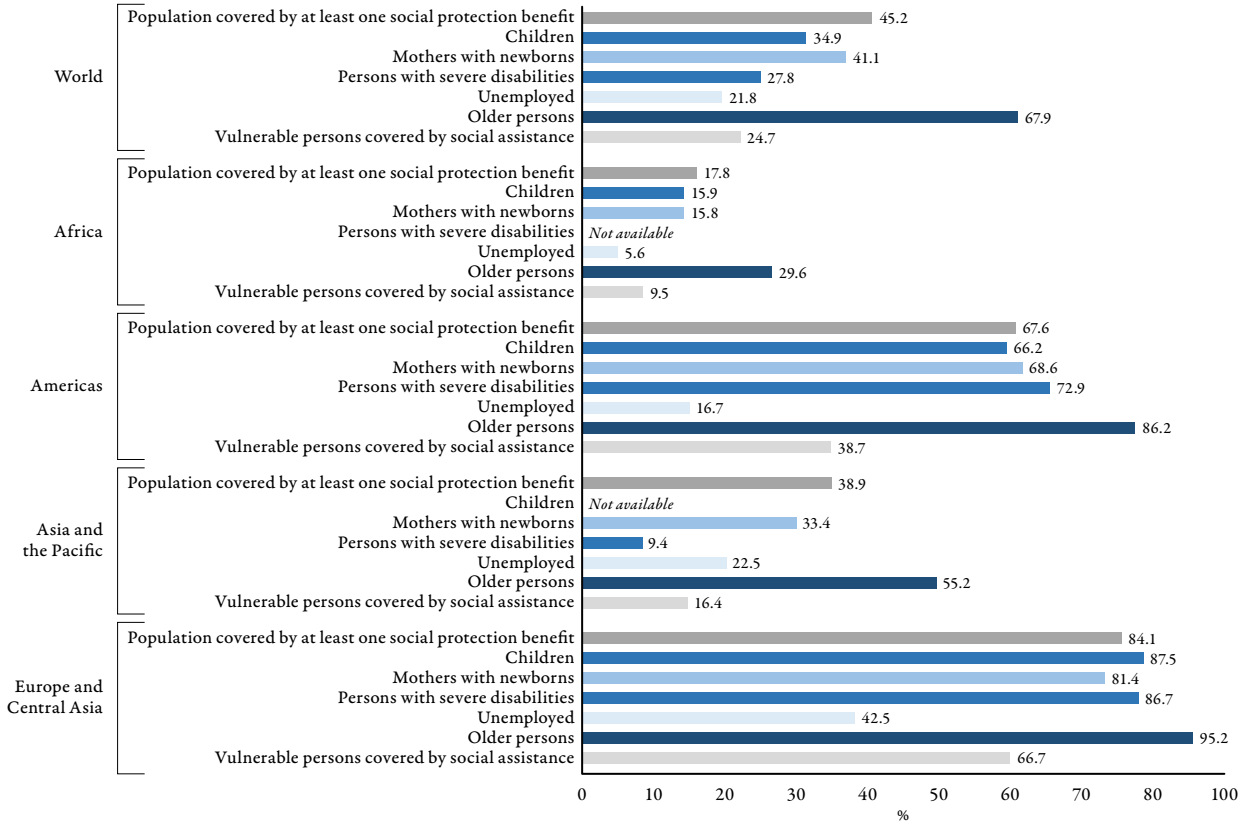
Building on the discussion in Chapters 1–6 of this report, this section will summarize the key results for SDG indicator 1.3.1 at the global level, and provide further detail to the statistics published in the United Nations Secretary-General's 2017 report on progress towards the Social Development Goals (UN, 2017c).

Effective social protection coverage in at least one area stands at only 45.2 per cent of the global population (see figures 7.1 and 7.2). More than half the global population is not effectively protected in any social protection area.[2] Regional variation is considerable: in most countries in Europe and Central Asia, as well as in Canada and Uruguay, more than 90 per cent of the population is protected in at least one area. In contrast, less than 30 per cent of the population is protected in most of those countries in Africa for which data were available, with the notable exception of Egypt and South Africa. The Americas, with a regional estimate of 67.6 per cent of the population covered in at least one area, reflect the significant progress

[1] Social protection includes child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits, and survivors' benefits. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits, including social assistance.

[2] For more information on SDG indicator 1.3.1, see Annex II.

Figure 7.1 SDG indicator 1.3.1: Effective social protection coverage, global and regional estimates by population group (percentage)



Note: *Population covered by at least one social protection benefit (effective coverage):* Proportion of the total population receiving at least one contributory or non-contributory cash benefit, or actively contributing to at least one social security scheme.
Children: Ratio of children/households receiving child/family cash benefits to the total number of children/households with children.
Mothers with newborns: Ratio of women receiving maternity cash benefits to women giving birth in the same year.
Persons with severe disabilities: Ratio of persons receiving disability cash benefits to the number of persons with severe disabilities.
Unemployed: Ratio of recipients of unemployment cash benefits to the number of unemployed persons.
Older persons: Ratio of persons above statutory retirement age receiving an old-age pension to the number of persons above statutory retirement age (including contributory and non-contributory).
Vulnerable persons covered by social assistance: Ratio of social assistance recipients to the total number of vulnerable persons (defined as all children plus adults not covered by contributory benefits and persons above retirement age not receiving contributory benefits (pensions)).
For more detail, see Annex II.

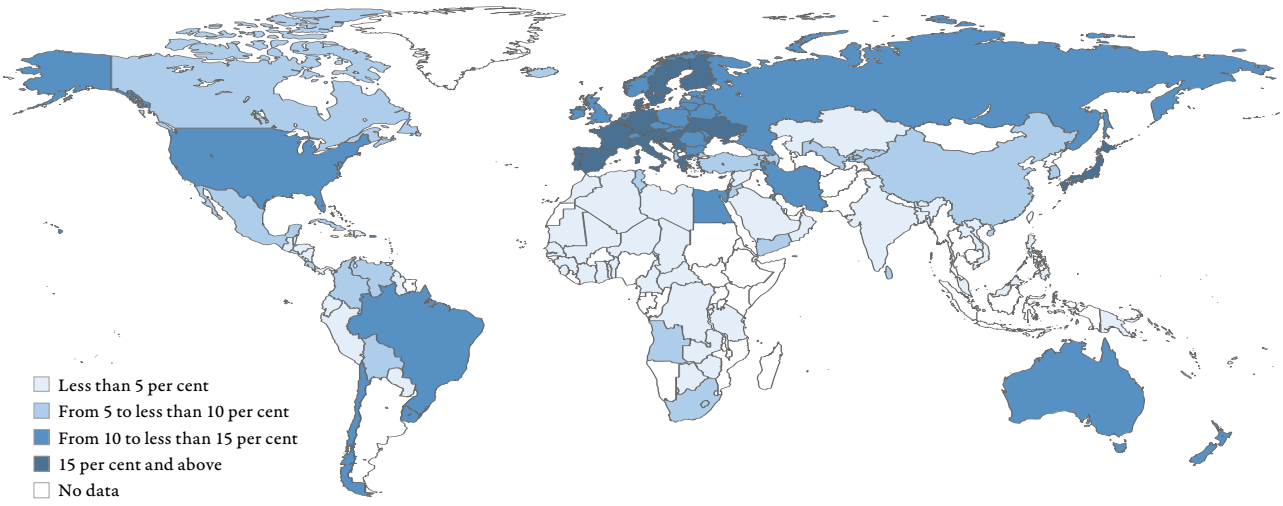
Sources: ILO, World Social Protection Database, based on SSI; ILOSTAT; national sources. See also Annex II; Annex IV, table B.3.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54797

made in the extension of social protection coverage in recent years. In Asia and the Pacific, the regional coverage estimate of 39 per cent of the population hides large regional variations, with relatively high coverage in countries such as Australia, China, Japan, the Republic of Korea and New Zealand, and limited coverage in some other countries in the region for which data are available. This significant disparity in coverage generally reflects the global trend that higher levels of social protection coverage are usually associated with countries that have higher levels of economic development, yet some countries, such as China and Uruguay, demonstrate that sustained efforts in extending coverage can be successful at any level of development.

Progress in extending social protection coverage requires the allocation of an adequate level of resources (see section 7.2.7 below). Only if countries invest a sufficient amount of resources, their social protection systems can positively contribute to economic and social development, the realization of the right to social security and the achievement of the SDGs. Underinvestment in social protection, particularly in Africa, Asia and the Arab States, constitutes one of the obstacles to inclusive growth and sustainable development (figure 7.2).

Figure 7.2 Public social protection expenditure, excluding health, latest available year (percentage of GDP)



Note: Total social protection expenditure is estimated as a percentage of GDP and excludes health-related public expenditure.
Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, tables B.16 and B.17.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54796

Child and family benefits

Social protection benefits play a vital role in improving children's healthy development and well-being by enhancing income security for families, reducing and preventing poverty and vulnerability, and facilitating access to health and other social services. Yet social protection for children remains a significant challenge in many parts of the world, as described in Chapter 2. The global coverage estimate (see figure 7.1) shows that only one in three children receives child or family benefits; that is, 34.9 per cent of children receive benefits (SDG indicator 1.3.1 for children), whereas two-thirds of all children are not covered.

In Europe and Central Asia, 87.5 per cent of all children between the age of 0 and 14 receive a child or family benefit, yet with large regional variation; while many countries in the region have achieved effective universal child coverage, others provide child and family benefits to less than 10 per cent of all children aged between 0–14. The regional estimate for the Americas shows that two out of three children receive a child or family benefit, which is partly due to the extension of cash transfer programmes there, yet benefit levels are often modest. In the Arab States, the available data do not allow for the calculation of a regional estimate. In Africa, children constitute 43 per cent of the population, yet only 15.9 per cent of all children aged 0–14 receive child or family cash benefits. Similarly, in Asia, the provision of social protection for children remains a challenge, with the exception of Australia and Mongolia, although data constraints do not allow the calculation of a regional estimate. In many countries the coverage of children aged between 0 and 14 receiving cash benefits is as low as 30 per cent or even less.

A worldwide positive trend is the extension of coverage, with a significant number of governments announcing the extension of cash benefits for children. However, fiscal consolidation pressures have pushed several countries to reduce benefit levels or limit coverage of children, with negative repercussions on families.

Maternity protection

Pregnancy and birth are critical periods in the lives of mothers and children, and are often characterized by significant health and income risks. Maternity protection is essential for alleviating these risks for mothers, and for giving children a good start in life, as explained in Chapter 3. While significant progress has been achieved with regard to access to maternity health care, income security for pregnant women and new mothers is lagging behind.

The large majority (59 per cent) of mothers with newborns worldwide still do not have access to maternity benefit schemes (SDG indicator 1.3.1 for mothers with newborns). In Africa, only 16 per cent of mothers

with newborns receive maternity cash benefits which provide them with at least a basic level of income security during this critical period of their lives. In Asia and the Pacific, effective coverage is significantly higher, yet only one-third of all women in employment receive maternity cash benefits, thus leaving two-thirds of women unprotected. The challenges of extending coverage often relate to high levels of informal employment and the lack of appropriate maternity protection mechanisms for women working outside the formal economy.

The higher levels of effective coverage in Europe and Central Asia (81 per cent) and the Americas (69 per cent) are partly due to the fact that several countries in these regions, particularly among the Member States of the European Union, have achieved universal coverage, yet major challenges persist in the remaining countries to provide universal coverage for childbearing women.

In both developing and advanced economies, recent progress has been made in extending maternity protection coverage through social insurance. The shift away from employer liability is essential in removing disincentives for the employment of women. However, it is also important to provide maternity protection for those women working in the informal economy or in non-standard employment who do not qualify for contributory benefits. In this context, some countries in Asia, Africa and Latin America have introduced or extended non-contributory schemes and programmes. Another challenge relates to the improvement of benefit adequacy in both ensuring income security during maternity leave and providing access to maternal health care.

Unemployment support

Unemployment support is essential to ensure income security in the event of job loss, and while seeking for another job. It contributes to reducing and preventing poverty, as well as to better job-matching and supporting structural change of the economy (see section 3.3). Yet, compared to other contingencies, access to unemployment protection is still very limited across the world. Worldwide, only 22 per cent of unemployed workers actually receive unemployment benefits (SDG indicator 1.3.1 for the unemployed), as discussed in Chapter 3.

Regional variation is large. Effective coverage stands at 43 per cent of unemployed workers in Europe and Central Asia, despite the region's mature and comprehensive social security systems. Possible reasons for the low coverage include the exhaustion of benefit entitlements or non-fulfilment of entitlement requirements. In other regions, effective coverage ratios are even lower, reaching 23 per cent of jobseekers in the Asia and Pacific region, 17 per cent in the Americas and 6 per cent in Africa. The majority of countries in these regions still lack effective unemployment protection schemes. Even in those countries that have unemployment insurance schemes in place, the proportion of unemployed workers receiving unemployment benefits is still relatively low, due to still relatively high levels of informal employment.

Despite significant coverage gaps worldwide, some countries, including low- and middle-income countries, have extended access to existing or new unemployment protection benefits and/or extended coverage to those previously excluded. Other countries have expanded the scope of protection by providing employment promotion measures such as skills development and employment services as part of an integrated package, and by complementing unemployment cash benefits with training and other labour market policies. However, some of these expansionary measures have given way to fiscal consolidation measures that take the form of tighter entitlement conditions for unemployment benefits, lower maximum benefit duration or reduced benefit levels.

Disability benefits

Disability benefits are key to ensuring employment, income security and independent living for persons with disabilities (see Chapter 3). Nevertheless, worldwide only some 28 per cent of persons with severe disabilities receive cash disability benefits (SDG indicator 1.3.1 for persons with disabilities), with wide variations across regions (see figure 7.1). While nearly 87 per cent of persons with severe disabilities receive disability benefits in Europe and Central Asia, and almost 73 per cent in the Americas, coverage in Asia and the Pacific is limited to only 9.4 per cent of persons with severe disabilities; comparable regional estimates are not available for Africa and the Arab States.

Recent developments in this area include the extension of coverage in some countries in parts of Asia and Africa through non-contributory disability cash benefits, either by mainstreaming disability in broader social protection schemes or by creating specific schemes for persons with disabilities. Despite this progress, other countries are limiting coverage of their disability benefits as part of their austerity measures, leaving many persons with disabilities without protection.

Old-age pensions

Old-age pensions play a vital role in ensuring income security in old age, preventing old-age poverty and maintaining income levels after retirement (see Chapter 4). In fact, older people (65 years and above) are among the most widely covered population groups compared to children or persons of working age. Effective pension coverage stands at 68 per cent of all older persons worldwide (SDG indicator 1.3.1 for older persons), partly due to the fact that many countries have stepped up their efforts in providing universal old-age protection, as shown in Chapter 4. Europe and Central Asia and the Americas lead the global trend with, respectively, 95 and 86 per cent of the older population receiving an old-age pension. While almost all older persons in Europe and Northern America receive pensions, many countries, particularly those under austerity pressures, are struggling to find a balance between the adequacy of benefits and the financial sustainability of their pension systems.

In Asia and the Pacific, the extension of coverage in many countries, particularly in China, has contributed to a regional coverage ratio of more than half of all persons over retirement age. Africa has also achieved notable success, yet effective coverage still stands at only 30 per cent of the population above retirement age. Challenges in these countries in implementing, extending and financing pension schemes are more linked to structural barriers, such as high levels of informal employment, low contributory capacity and limited fiscal space.

A positive trend in developing economies in recent years has been the introduction of non-contributory pensions, especially in countries with high levels of informal employment which face difficulties in extending contributory pension schemes, yet benefit levels are often very low.

Social assistance

In recent years, non-contributory benefits have received greater attention as a means of closing gaps in social protection coverage and ensuring at least a basic level of protection for all. But despite significant progress in the extension of coverage through contributory schemes, many people are left unprotected, largely due to high levels of informal employment. Therefore, an additional indicator reflects the proportion of the vulnerable population, defined as all children and adults without social insurance coverage receiving non-contributory benefits, including social assistance. The global estimate shows that only one in four persons (25 per cent) considered as vulnerable – children, persons of working age and older persons not contributing to social insurance – receives a non-contributory benefit (SDG indicator 1.3.1 on vulnerable persons). While in Europe and Central Asia, 67 per cent of vulnerable persons receive non-contributory benefits, this is the case for only 39 per cent in the Americas, 16 per cent in Asia and Pacific and 10 per cent in Africa.

7.1.2 Building the statistical knowledge base on social protection to monitor the SDGs

Monitoring progress in building social protection systems, including floors, and achieving the SDGs requires systematic investment in national capacities in the area of social protection statistics. This necessitates additional efforts at the national, regional and international levels to strengthen monitoring frameworks and the regular collection, analysis and dissemination of data and key indicators, including data disaggregated by sex, age group and disability status, so that these data can provide useful guidance for policy-makers and other stakeholders. ILO Recommendation No. 202 includes a strong commitment by governments and social partners to monitor progress in extending social protection, including through participatory mechanisms.

Progress towards building social protection systems, including floors, and the achievement of SDG 1.3, require greater attention to enhancing monitoring capacities in order to provide a solid evidence base for policy-makers.

Reliable social security statistics based on a shared methodology and agreed definitions, concepts and principles regarding data to be collected are an important precondition for good governance and policy-making. The lack of quality and up-to-date social protection data and statistics is a serious problem affecting most developing countries; it is a real stumbling block in identifying and closing gaps in social protection. Standardized information regarding key policy characteristics of these different social security programmes, such as the number of people covered, benefit levels and costs, financing sources, frequency and quality of the provision offered, is lacking in many countries. Tackling the problem requires a major effort at both national and international levels.

The ILO has for decades been supporting its member States in collecting, compiling and analysing social protection statistics, including through the ILO Cost of Social Security Inquiry since the 1940s, an administrative survey regularly submitted to countries and guided by the International Conference of Labour Statisticians.[3] The ILO revised the Social Security Inquiry in 2015 to reflect the SDGs; the 2016 edition of the SSI questionnaire is available online, together with the SSI Manual (ILO, 2016c).[4]

The information received by the ILO SSI is compiled in the ILO's World Social Protection Database, complemented by other sources.[5] At global level, the database is the main source of information on social protection, allowing the collecting, storing and dissemination of a comprehensive set of statistical data and indicators on social protection worldwide. It contains information on the configuration of national social protection systems; the cost, expenditure and revenues of social protection schemes; and data on effective and legal coverage, including recipients of social benefits and benefit amounts.

Still, a greater effort is needed at all levels in order to develop and maintain the system of indicators that permit the monitoring of the SDGs related to social protection. Countries should attach higher importance to the production of statistics and indicators, allocating greater efforts and resources to this goal. The international community should support efforts in that direction, including the provision of technical support to developing countries on issues of design, implementation and capacity-building. Monitoring progress in achieving the SDGs requires investment in national capacities in the area of social protection statistics, including additional efforts at the national, regional and international levels to improve the regular collection, analysis and dissemination of social protection data.

7.2 Moving forward towards universal social protection and achieving the SDGs

In order to accomplish the objectives of Agenda 2030, an increase in effort is necessary to accelerate progress in the extension of social protection as an investment in people, and to ensure that the range and level of benefits provided adequately meet the needs of the population. More efforts are also necessary to ensure that social protection systems are well institutionalized and anchored in law and national development strategies, that they rely on a stable and sustainable funding base, and that they are effectively and efficiently governed and managed.

The following sections address some specific challenges and opportunities for social protection policies that need to be tackled to accelerate progress towards the achievement of the 2030 Agenda for Sustainable Development.

7.2.1 Extending social protection coverage to those in the informal economy and facilitating their transition to the formal economy

About half the global workforce is in informal employment, and the large majority of these people face serious gaps in decent work, including a lack of access to social protection. This lack of protection traps workers and their families in a vicious cycle of vulnerability, poverty and social exclusion. It is a huge impediment not only to their individual welfare and their enjoyment of human rights (in particular the right to social security), but also to their countries' economic and social development.

Workers in the informal economy typically lack coverage through contributory mechanisms (social insurance and other contributory schemes), due to a variety of factors including exclusion from legal coverage, weak compliance, limited contributory capacities, low and

[3] The Resolution concerning the development of social security statistics, adopted in 1957, is still the only internationally agreed comprehensive framework for social protection statistics (ICLS, 1957).

[4] Available at: http://www.social-protection.org/gimi/gess/ShowTheme.action?id=10.

[5] The ILO World Social Protection Database complements the data received from the Social Security Inquiry, as far as possible on a consistent basis, with a number of other international and regional data sources, notably the International Social Security Association's (ISSA) Social Security Observatory and the ISSA and SSA's Social Security Programs Throughout the World (ISSA Social Security Country Profiles), as a main source of information for calculating the figures on legal coverage. Other sources are (in alphabetical order): the Asian Development Bank's (ADB) Social Protection Index (SPI); the Economic Commission for Latin America and the Caribbean (ECLAC) and other regional commissions of the United Nations; the Statistical Office of the European Commission (Eurostat) including the Eurostat European System of Integrated Social Protection Statistics (ESSPROS); the Organisation for Economic Co-operation and Development's Social Expenditure (OECD SOCX): the World Bank pensions and the Atlas of Social Protection Indicators of Resilience and Equity (ASPIRE), and the World Health Organization (WHO) Global Health Observatory and National Health Accounts.

volatile earnings, and complex administrative procedures. At the same time, workers in the informal economy are often excluded from programmes explicitly targeted towards poor individuals or households with limited earning capacities. This leaves many informal workers, many of them women, without effective coverage, as the "missing middle" (ILO, forthcoming b; Ulrichs, 2016).

Enterprises benefit in several ways from covering their workers. Better social protection for workers has positive impacts on labour productivity and competitiveness through better access to health care, lower absentee rates, higher employee retention and higher motivation (Scheil-Adlung, 2014). For example, a recent study found that in Viet Nam, firms which increased their social security coverage by 10 per cent between 2006 and 2011 experienced a revenue gain per worker of between 1.1 and 2.6 per cent and a profit gain of around 1.3–3.0 per cent (Lee and Torm, 2017).

Social insurance is an important instrument in pooling financial risks for enterprises, particularly the risks of employment injury, maternity and dismissal. Where employers can rely on social insurance mechanisms instead of being individually liable for the compensation of workers (employer liability), they can better plan and manage financial flows and handle risks in a more predictable way. For this reason, social insurance offers important benefits to employers, such as maternity benefits, employment injury insurance and unemployment insurance (e.g. Kuddo, Robalino and Weber, 2015). Ensuring full social protection coverage for workers therefore makes good business sense as it helps to strengthen labour productivity and competitiveness and offers more business opportunities.

Extending social protection coverage to workers in the informal economy also entails a number of benefits to society at large, particularly where these contribute to facilitating transition from the informal to the formal economy. The expansion of social insurance mechanisms to larger groups of previously uncovered workers can help to achieve a better financing mix for the social protection system, which alleviates pressures on tax-financed social assistance benefits. It also shares the burden of financing the social protection system through contributions and taxes in a more equitable way among those who have contributory capacity, and ensures that contributions and taxes are in line with contributory capacities (ILO, 2013a; ISSA, 2016a). It also helps to ensure the sustainability and adequacy of the social protection system in the long run (ILO, 2014a).

Successful examples of the extension of social protection coverage to workers in the informal economy have focused on two broad policy approaches:[6]

1. *Extension of coverage through contributory mechanisms*. In many countries, the extension of social protection to larger groups of the population has focused mainly on employment-based social protection mechanisms (typically social insurance). This approach tends to focus on specific groups of workers who are already rather close to the formal economy and have some contributory capacity, and are therefore relatively easily covered by employment-based social protection mechanisms. In many cases the extension strategy includes not only a change in legislation, but also measures to remove administrative obstacles to contributions by facilitating administrative processes as well as adapting contribution rates and benefit packages. Examples include the inclusion of domestic workers in maternity and unemployment insurance (South Africa), occupation/sector-based mutual funds (Senegal), facilitating micro enterprise registration and tax/contribution collection through monotax *(monotributo)* mechanisms (Argentina, Uruguay, see box 7.1), and the inclusion of self-employed workers in social insurance schemes (e.g. Ghana, Kenya, United Republic of Tanzania).[7]

2. *Extension of coverage through non-contributory mechanisms (social transfers)*. In other countries, the extension of social protection to larger groups of the population has been pursued through a large-scale extension of non-contributory social protection mechanisms to previously uncovered groups, independently of their employment status, and largely financed through government revenue stemming from taxation, mineral resource revenue or external grants, or by a combination of contributions and taxes. This approach could be summarized as the "extension of social protection independently of status", based on the expectation that by "investing in people" through social protection which helps to facilitate access to health and social services, to enhance income security and to enable workers to take greater risks, positive results on human capital

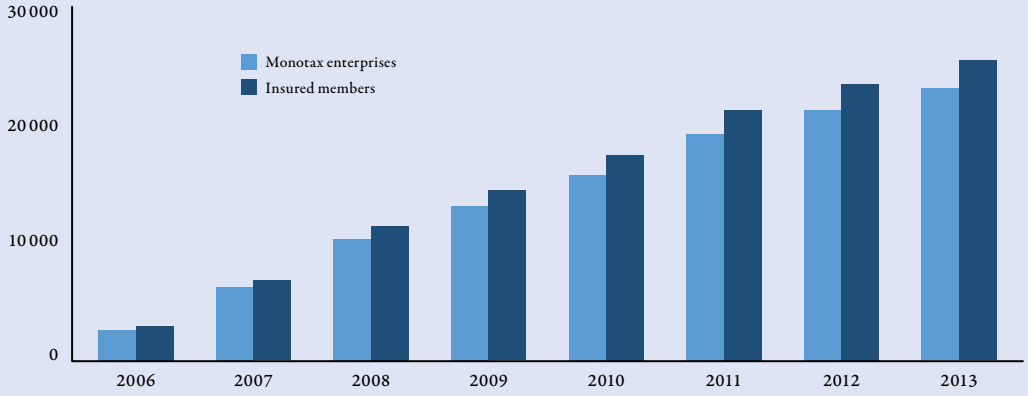
[6] These approaches are reflected in both the ILO Social Protection Floors Recommendation, 2012 (No. 202), and the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204).

[7] However, the extension of social insurance coverage through voluntary mechanisms rarely leads to a substantial increase in coverage. More promising are carefully designed mandatory mechanisms adapted to the particular characteristics and contributory capacities of the target group.

Box 7.1 Extending social protection and facilitating transition to the formal economy: Uruguay's monotax

Monotax is a simplified tax and contribution collection mechanism for small contributors in Uruguay. The microentrepreneurs who select this option, as well as their workers, are automatically entitled to the benefits of the contributory social security system (except for unemployment protection). Through the monotax mechanism, a single payment covering taxes and contributions is collected by the Uruguayan Social Security Institute (BPS), which transfers the tax payments to the fiscal authority and then uses the remaining share to finance social security benefits for affiliated members and their families. The monotax mechanism has proved an effective tool to extend social security coverage to self-employed workers, especially women, and to formalize micro- and small enterprises (see figure 7.3). Argentina, Brazil and Ecuador have developed similar mechanisms.

Figure 7.3 Extending social security coverage to the self-employed and workers in microenterprises: Number of registered monotax enterprises and insured members, Uruguay, 2006–13



Source: Based on ILO, 2014g.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54798

and productivity can be generated that facilitate the formalization of employment in the medium and long terms. Examples include cash transfer programmes for children and families in Brazil and Mexico; social pensions in Lesotho, Mauritius, Namibia, Nepal, South Africa and Timor-Leste; or the extension of health protection funded through a combination of taxes and contributions in Colombia, Ghana, Rwanda and Thailand.

7.2.2 Promoting inclusive social protection systems, including floors

Social protection systems are among the key policy instruments that policy-makers have at their disposal to address inequalities and advance social inclusion. Yet existing patterns of inequality, discrimination and structural disadvantage are often reflected in social protection systems. For this reason it is essential to better understand the drivers behind social exclusion, and to design and implement social protection systems in such a way as to mitigate and overcome marginalization, discrimination and structural disadvantage, and promote social inclusion (Babajanian and Hagen-Zanker, 2012). Only if these drivers are understood and addressed in the design, implementation and monitoring of social protection systems can these systems realize their full potential in addressing inequalities and promoting social inclusion, and thus contribute to attaining SDGs 1, 5 and 10 (UN, forthcoming).

One of the areas where significant – yet not sufficient – progress has been made is ensuring gender equality in social protection systems. Many studies have pointed to the various ways in which social protection systems can reflect and reproduce economic and social gender inequalities, and have called for greater attention to this issue (e.g. Sabates-Wheeler and Kabeer, 2003; Kabeer, 2008; Jones and Holmes, 2013). For contributory schemes this concerns, for example, the ways in which shorter and more often interrupted employment careers, gender wage gaps and higher levels of informal employment and engagement in unpaid work lead to lower pension coverage and benefit levels for women. In some countries, these issues have been addressed

through a better recognition of care work (Fultz, 2011; ILO, 2016a) and enhanced minimum pension guarantees, although the greater reliance on private provision may have adverse effects for women (see Chapter 4). In non-contributory schemes, concerns about gender equality have focused on the gender bias in conditional cash transfer (CCT) schemes, which reinforce traditional gender roles (e.g. Molyneux, 2007), as well on low levels of benefits, overly restrictive eligibility criteria and targeting methods and other programme features (e.g. Fultz and Francis, 2013; Plagerson and Ulriksen, 2015; Orozco Corona and Gammage, 2017).

The discussion of social protection for persons with disabilities in Chapter 3 has demonstrated the double challenge of ensuring inclusive social protection systems: on one hand, every component of the social protection system needs to be inclusive of persons with disabilities, which requires the identification, analysis and removal of possible barriers that could hinder their effective access to social security; on the other hand, the specific needs of persons with disabilities need to be recognized and addressed, which may require a coordinated combination of cash benefits with benefits in kind and services, enabling persons with disabilities to continue independent living and participate fully in education, employment and society at large. The guidance provided in Recommendation No. 202 is an important step forward towards ensuring inclusive social protection for persons with disabilities in line with the UN Convention on the Rights of Persons with Disabilities (CRPD), 2006 (UN, 2015a).

Similarly, ensuring that social protection systems are HIV-sensitive helps to overcome the policy and social barriers that otherwise leave behind people living with, at risk of or affected by HIV and AIDS (UNAIDS, 2017). This includes, among other things, the effective combination of income support, where necessary, with measures to ensure effective access to health care, meeting both HIV-specific and general needs, in line with the ILO HIV and AIDS Recommendation, 2010 (No. 200), and Recommendation No. 202.

Ensuring the inclusion of indigenous women, men and children in social protection systems is of major importance, given that indigenous peoples are often excluded, partly due to broader patterns of marginalization, discrimination and social exclusion. Social protection systems should therefore not only alleviate poverty and vulnerability, but also contribute to tackling the root causes of inequality and poverty, while respecting indigenous peoples' cultural integrity and development aspirations. This requires a more ambitious approach in the development of innovative means that include the participation of the peoples concerned. In this regard, recognition of and respect for indigenous peoples' collective and individual rights, including their right to consultation and participation and to define their own priorities for development, play a fundamental role. Such an approach would reflect the guidance provided by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), 2007, as well as the ILO Indigenous and Tribal Peoples Convention, 1989 (No. 169), together with Recommendation No. 202 and other social security standards (ILO, forthcoming e).

Significant progress has been made in recent years in rendering social protection systems more inclusive, particularly through ensuring at least a basic level of social security through a social protection floor. However, greater efforts are necessary to ensure that social protection systems contribute to a transformative change that reverses the underlying patterns of discrimination and disadvantage and realizes the human right to social security for all (UNRISD, 2016).

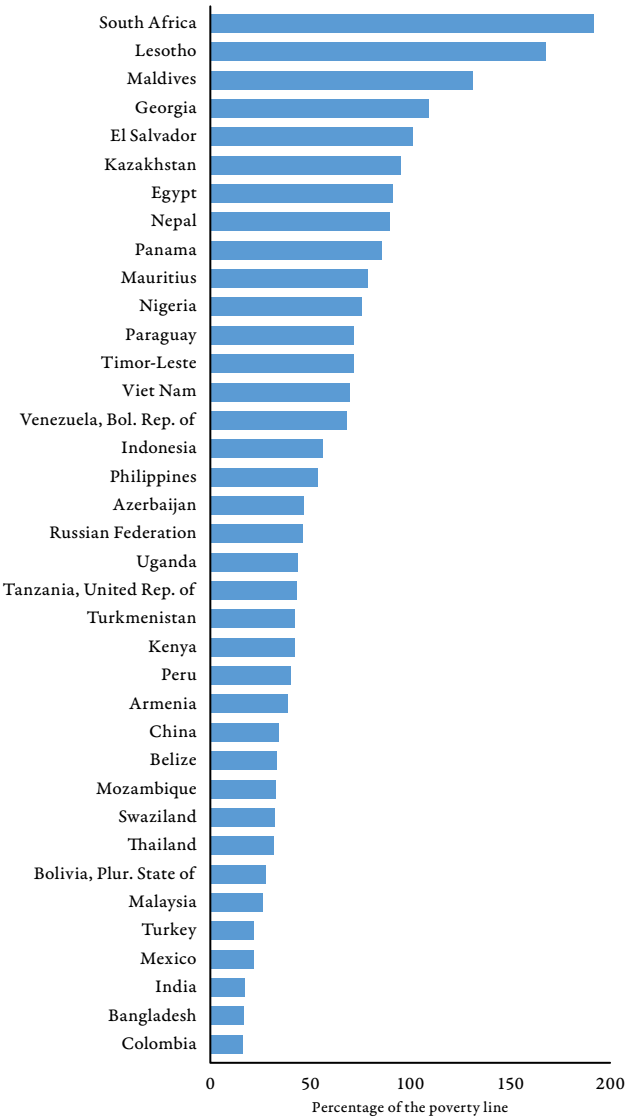
7.2.3 Ensuring adequate benefits

While the world has achieved significant progress towards the extension of social protection coverage in many areas, ensuring the adequacy of benefits remains a major challenge for the coming years. As required under SDG 1, social protection systems will have a significant impact on preventing and reducing poverty if benefits are adequate and meet people's needs. This concerns first and foremost the levels of cash benefits, yet other aspects such as the range and scope of available benefits, eligibility criteria and predictability of benefits also play an important role.

Social protection benefits are an important source of livelihood for millions of persons around the world and play a key role in preventing and alleviating poverty. To ensure that social protection systems fully meet their objectives, it is essential that they are well designed, and adequacy of benefits is a critical design element. Benefits must be able to guarantee at least a basic level of social security – a social protection floor – to ensure income security and effective access to health care. Regularly adjusting the level of benefits to offset increases in the cost of living is also an important element when designing social protection systems.

Since poverty is multidimensional, individual well-being depends not only on the level of income, but also on access to other social benefits and public services, all

Figure 7.4 Non-contributory pensions as a percentage of the national poverty line, single person, latest available year



Source: ILO, World Social Protection Database, based on SSI; HelpAge International; national sources. See also Annex II; Annex IV, table B.10.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54799

of them forming a floor of protection. For this reason, a consideration of the adequacy of benefits should simultaneously include the access of recipients, i.e. families or individuals, to an adequate mix of in-cash and in-kind benefits such as education, housing, health care, long-term care, water and nutrition, among others (European Commission, 2015c).

The kind of social protection provisions, and the minimum considered socially acceptable, vary across societies and depend on the prevailing attitudes on such matters as the distribution of responsibilities between the State and the individual, redistribution arrangements including support to the poor and the vulnerable, and intergenerational solidarity. ILO Recommendation No. 202 comprises a set of principles, including, among others, a rights-based approach based on entitlements prescribed by national law and the adequacy and predictability of benefits (ILO, 2014a). Similar principles are contained in ILO Convention No. 102, which sets out minimum standards for all nine policy areas, including minimum standards for the level of periodic cash benefits. Other ILO Conventions and Recommendations provide guidance on specific areas. For example, for old-age, disability and survivors' pensions, Convention No. 128 and Recommendation No. 131 set adequacy standards for pension benefits, including for their revision following substantial changes in levels of earnings or costs of living. Annex III to this report summarizes the minimum requirements for all nine areas (see also ILO, 2017b).

Despite global progress in social protection, adequacy of benefits remains a major challenge. As shown in figure 7.4, in countries such as Armenia, Belize, the Plurinational State of Bolivia, Colombia, India and Turkey the amount of the non-contributory pension represents less than 50 per cent of the value of the national poverty line. Older persons receiving a social pension in these countries are still poor.

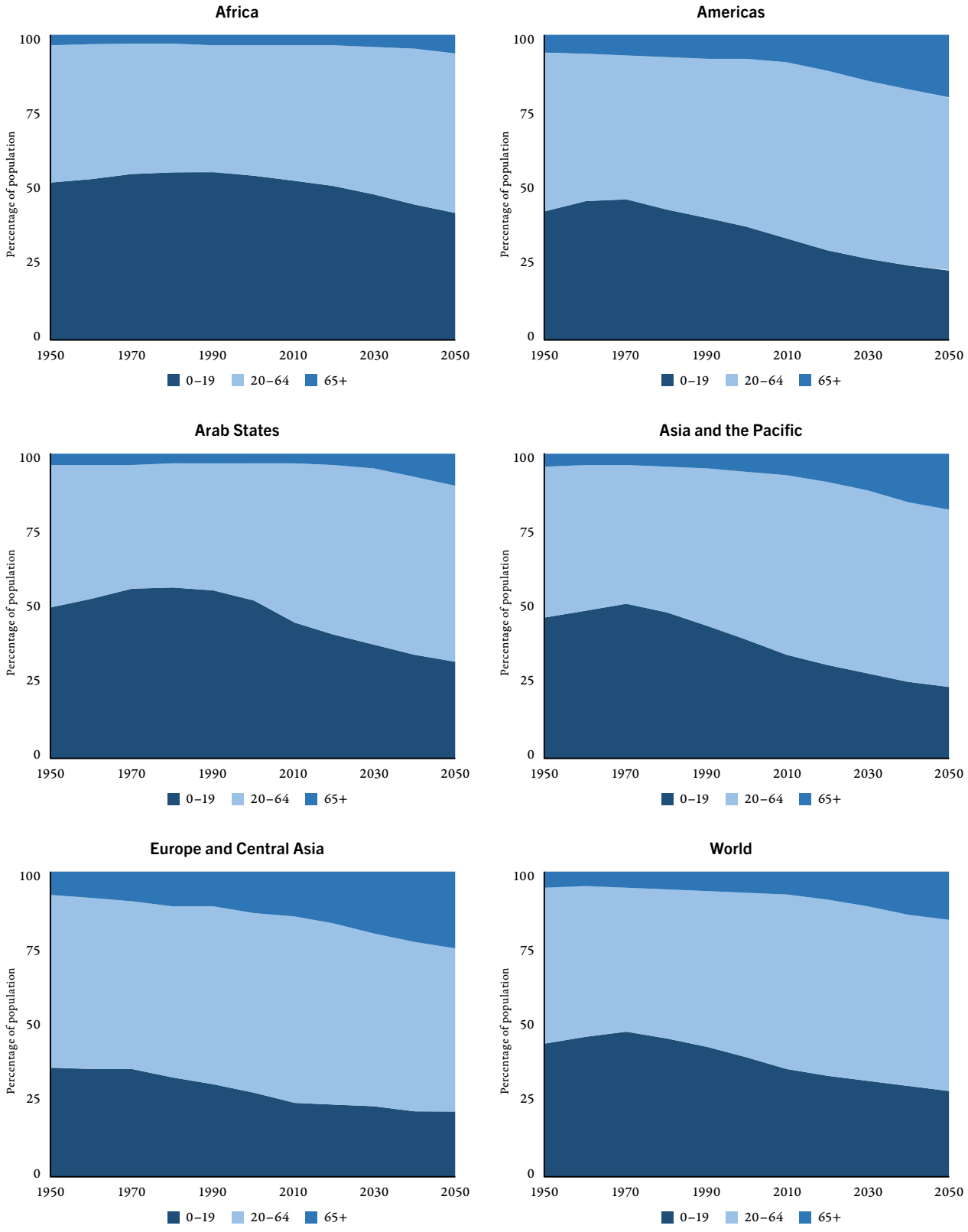
If the level of benefits provided by social protection systems is insufficient in terms of minimum living standards, this will jeopardize the achievements of the poverty reduction goals of the 2030 Agenda. The adequacy of benefits thus plays a crucial role in strategies for achieving the SDGs on social protection.

7.2.4 Tackling demographic change

Global demographic trends present a challenging scenario for social protection systems in various ways (ILO, 2013c). Trends are characterized by a number of complex phenomena: the world population will continue to grow in coming decades, despite the continued decline in fertility rates. The world's population will be concentrated in the developing world, including older people: by 2050, three-quarters of the world's old-age population will live in developing countries. Longevity will continue to increase significantly, reaching also rural populations; as women live longer than men, and their life expectancy grows faster, this will determine a process of feminization of ageing.

In the developing world, the cohorts of the young working-age population are large and will continue to

Figure 7.5 Distribution of population by age group based on estimates and projections, 1950–2050 (percentage)



Note: The 1989 UN Convention on the Rights of the Child defines a "child" as a person below the age of 18. The age group 0–19 was used as a proxy due to data availability.

Source: ILO calculations based on UN World Population Prospects, 2017.

Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54800

grow, creating a window of opportunity for the development and financing of social protection; in high-income countries, the opposite will happen. Globally, the fastest-growing age group will be people aged 80 and older, so that this "oldest old" group will quadruple in the next four decades. In the meantime, however, children and youth are still a much larger group, requiring necessary investments.

Globally, the total demographic dependency ratio will remain relatively stable over the next four decades: while the global share of older persons will increase, particularly in Asia, the proportion of children will decline, as shown in figure 7.5. However, these averages conceal very important regional differences. In Africa, a decline in the demographic dependency ratio is expected because the increase in the proportion of older persons will be more than offset by a reduction in the proportion of children and an increase in the proportion of the population in working age. Similarly, in the Arab States the demographic dependency ratio will decline because the share of children will fall and the proportion of the working-age population will rise slightly, thus compensating the expected greater share of older persons. In Asia and the Pacific, a quite heterogeneous demographic region, the demographic dependency ratio will remain constant because the increase in the proportion of older persons will be offset by a reduction in the proportion of children, while a slight decrease in the proportion of people in working age is expected. Similarly, in the Americas the dependency ratio will remain more or less stable, as the rise in the proportion of older persons will be stronger than the reduction in the proportion of children, while the population in active age will decrease slightly. Trends vary significantly in Europe and Central Asia, where an increase in the demographic dependency rate is expected because although the proportion of children will decline slightly, the rise in the number of older persons will be accompanied by a reduction in the share of working-age population. These large regional variations suggest that generalizations need to be avoided, in particular the arguments of an "old-age crisis" often used to precipitate pension reforms.

Understanding demographic trends is crucial for implementing the 2030 Agenda, particularly for SDG 1 on poverty eradication. Poverty reduction efforts need in particular to tackle child poverty and poverty in old age. Countries must design policies appropriate to their specific demographic context, avoiding focusing reforms on the reduction of social welfare.

7.2.5 The future of work and social protection

The world of work is undergoing major changes. Digitalization and automation have facilitated the emergence of new forms of employment, such as work on digital platforms, and have led in some countries to an increase in on-call employment or other forms of temporary and part-time employment, as well as dependent self-employment and temporary agency work, often referred to as non-standard forms of employment (ILO, 2016b, 2016q; ISSA, 2016b; Degryse, 2016).[8] While such forms of employment may provide greater flexibility to enterprises, for workers they often translate into lower and volatile earnings and higher levels of income insecurity, inadequate or unregulated working conditions, and no or limited social security entitlements (ILO, 2016b, 2017f; Matsaganis et al., 2016). Such new forms of employment are not limited to high-income countries; in many middle-income countries, e.g. China, India, Malaysia or Thailand, a growing class of unprotected workers in new forms of employment now co-exists with a large number of workers engaged in traditional forms of work such as subsistence agriculture.

Changing work and employment relationships, alongside weakening labour market institutions, have contributed to growing levels of inequality and insecurity in many parts of the world (Berg, 2015b), and to weakening the implicit social contract in many societies (ILO, 2016b, 2016r). Growing precarization calls for greater attention to employment, wage and social protection policies to ensure that the fruits of economic growth are shared on a more equitable basis (ILO, 2016r). In this context, social protection and its potential to reduce and prevent poverty as well as to address inequality remain as relevant as ever (SDG targets 1.3, 5.4 and 10.4).

Various policy options are being discussed on how social protection systems can adapt to the changing nature of work and close social protection gaps. For example, some governments have introduced measures to extend social protection coverage to certain categories of non-salaried and vulnerable workers, including those with multiple employers (Hill, 2015), or to non-regular workers as well as those in self-employment (ILO, 2016b; European Commission, 2017b). Coverage of workers in non-standard employment may also be improved by lowering thresholds regarding minimum working hours, earnings or duration of employment,

[8] For a definition, see Chapter 1, note 3.

allowing for more flexibility on contributions required to qualify and on interruptions in contributions, and enhancing the portability of benefits between different social security schemes and employment statuses to ensure continued protection for those moving between jobs (ILO, 2016b).

In addition, there is a renewed debate about a universal basic income (UBI) as a way of improving income security in the face of uncertain availability of jobs. As argued by proponents, it would guarantee a minimum standard of living for everyone irrespective of employment, age and gender, and would give people the freedom and space to live the life they want. Its proponents also argue that a UBI may contribute to alleviating poverty while reducing the administrative complexity and cost of existing social protection systems. A wide range of proposals are being discussed under the label of UBI, highly divergent in terms of objectives, proposed benefit levels, financing mechanisms and other features. Opponents of UBI proposals dispute its economic, political and social feasibility, question its capacity to address the structural causes of poverty and inequality, and fear that it may entail disincentives to work. Moreover, it is argued that a UBI – especially neoliberal or libertarian UBI proposals that aim at abolishing the welfare state – may increase poverty and inequality and undermine labour market institutions such as collective bargaining.

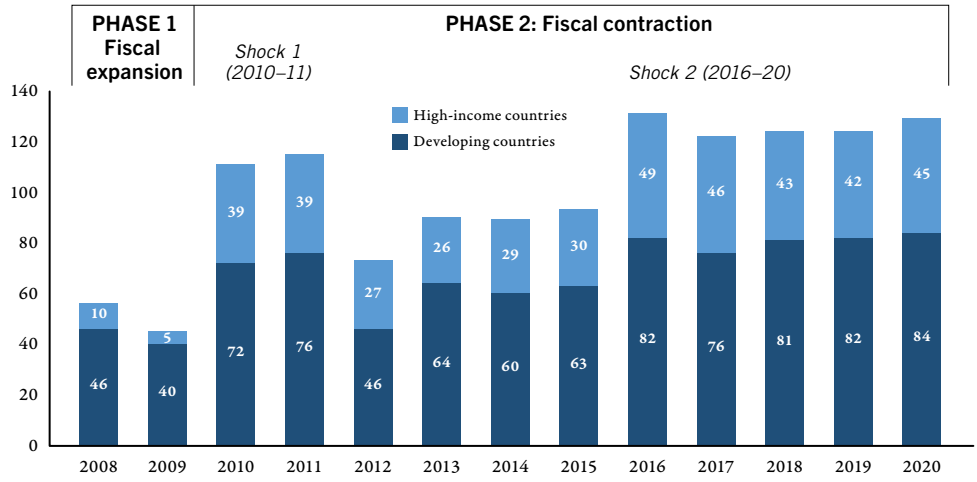
Some basic income experiments have already started or are planned in advanced and developing economies alike. The currently most advanced pilot, in Finland, implements a partial basic income for 2,000 selected jobseekers (see box 3.12). Other developments include small pilot programmes in India, Kenya and Uganda. So far, though, no country has initiated a fully fledged UBI as a main pillar of income support which would be sufficient to guarantee a national social protection floor. Recent calculations by the OECD (2017b) find that a basic income at current social expenditure levels would be likely to fall below the poverty line of a single person, thus having a limited impact on poverty reduction. Questions about coverage, benefit adequacy, affordability and financing modalities, as well as the benefits and services that are kept along with a UBI need to be further explored so that a basic income can fulfil its intended purposes.

This vibrant debate on UBI strikes a chord with many who are concerned about the increased economic and social insecurity, growing inequalities and huge gaps in social protection coverage for the majority of the world's population. In fact, the resurgence of the UBI debate reaffirms the necessity and importance of providing every member of society with at least the minimum level of income security essential to the realization of human dignity. The positive effects attributed to UBI reflect some of the fundamental principles of social security: providing at least a basic level of income security for all, in a way that protects and promotes human dignity and allows people the breathing space to engage in meaningful and decent work and to care for their families (ILO, 2012a; Behrendt et al., forthcoming).

These principles are also at the core of social protection floors, as defined by ILO Recommendation No. 202. It is therefore not surprising that the UN Special Rapporteur on Extreme Poverty and Human Rights has noted that a UBI would not be at odds with the social protection floor concept (UN, 2017d). A nationally defined social protection floor guarantees at least a basic level of income security throughout the life cycle, which should allow life in dignity. Some governments may decide to realize the income security component of their social protection floor through UBI; others may prefer to provide such guarantees through other means, such as (other) universal benefit schemes, social insurance schemes, social assistance schemes, negative income tax, public employment or employment support schemes, in cash or in kind. It should also be noted that Recommendation No. 202 reaches beyond a basic level of income security, emphasizing effective access to health care and other social services, and highlighting the need to achieve higher levels of social protection in line with Convention No. 102 and other ILO social security standards. While UBI may contribute to closing coverage gaps, its financial, economic and political feasibility poses important challenges. However, many governments have already implemented universal benefit schemes for certain subgroups of the population. For example, tax-financed universal old-age pensions and child family benefits essentially constitute a basic income for older persons and children. In countries where such schemes are already implemented, they have been very effective in filling coverage gaps in social security systems and ensuring at least a basic level of income security at a manageable cost.

Universal coverage can also be achieved through the combination of contribution- and tax-financed benefits. Strengthening tax-financed components within a broader social protection system can contribute to closing coverage gaps and ensuring at least a basic level of protection. However, in order to fully meet people's

Figure 7.6 Number of countries contracting public expenditure in terms of GDP, 2008–20



Source: Ortiz et al., 2015, based on *IMF World Economic Outlook 2015*.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54801

social security needs, contributory schemes will continue to play a key role in ensuring wider scope and higher levels of protection to as many people as possible, as set out in Recommendation No. 202. The combination of contributory and non-contributory schemes is essential in building a comprehensive social security system with a strong floor of social protection. Further efforts are required so that social protection mechanisms will continue to serve as an instrument to ensure social solidarity, based on the principles of risk pooling and equity in regard to both financing and benefits. In this context, it is crucial to consider the combination of different mechanisms, appropriately financed through taxes or contributions, to guarantee adequate protection and coverage (ILO, 2016b).

7.2.6 Short-term austerity setbacks

At the beginning of the global crisis, social protection played a strong role in the expansionary response in a first phase (2008–09), when 137 countries (or 73 per cent of the world total) ramped up public expenditures, and about 50 high- and middle-income countries announced fiscal stimulus packages totalling US$2.4 trillion, of which approximately a quarter was invested in countercyclical social protection measures.

By 2010, however, premature budget cuts had become widespread, despite the urgent need of vulnerable populations for public support, starting the second phase of the crisis (figure 7.6). In 2016, a major austerity shock of expenditure contraction was initiated globally and is expected to last at least until 2020. In 2018, 124 countries – 81 of them developing countries – will be adjusting expenditures in terms of GDP; the number is expected to rise slightly in 2020. This short-term adjustment process is expected to affect more than 6 billion persons or nearly 80 per cent of the global population. Further, 30 per cent of countries in the world are undergoing excessive fiscal contraction, defined as cutting public expenditures below pre-crisis levels, including countries with high developmental needs such as Angola, Eritrea, Iraq, Sudan and Yemen (Ortiz, Cummins and Karunanethy, 2017).

These short-term adjustments are affecting a number of public expenditures, among them social protection spending. Many have questioned whether the timing, scope and magnitude of the current fiscal consolidation trend are conducive to socio-economic recovery. This is well documented for high-income countries that have already reduced a range of social protection benefits. Together with persistent unemployment, lower wages and higher taxes, these measures have contributed to increases in poverty, now affecting 86 million people in the European Union,[9] representing more than 17 per cent of the population, many of them children, women and persons with disabilities. The number of children in Europe living in poverty and social exclusion grew

[9] Eurostat, 2017; the "at risk of poverty" threshold is set at 60 per cent of the national median equivalized disposable income, after social transfers.

Table 7.1 Main adjustment measures considered by region, 2010–15 (number of countries)

Region/income	Subsidy reduction	Wage bill cuts/caps	Targeting benefits	Pension reform	Labour reform	Health reform	Consumption tax increases	Privatization
Eastern Asia and Oceania	15	18	10	6	9	2	18	8
Eastern Europe/Central and Western Asia	14	17	18	18	12	9	14	11
Latin America and the Caribbean	14	14	13	17	11	2	18	3
Middle East and Northern Africa	10	8	7	5	6	3	9	2
Southern Asia	6	7	5	2	3	0	7	3
Sub-Saharan Africa	38	32	15	12	8	6	27	13
Developing countries	97	96	68	60	49	22	93	40
High-income countries	35	34	39	45	40	34	45	15
All countries	**132**	**130**	**107**	**105**	**89**	**56**	**138**	**55**

Source: Ortiz et al., 2015, based on the analysis of 616 IMF country reports.
Link: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54802

by 467,000 from 2007 to 2014 (Cantillon et al., 2017; Eurostat, 2017). The ILO estimates that future old-age pensioners will receive lower pensions in at least 14 European countries (ILO, 2014a). Several national courts have found the cuts to be unconstitutional. The achievements of the European social model, which dramatically reduced poverty and promoted prosperity and social cohesion in the period following the Second World War, have been eroded by these short-term adjustment reforms. Further, depressed household income levels are leading to lower domestic consumption and lower demand, slowing down recovery.[10]

Fiscal consolidation is not limited to Europe; many developing countries are also considering the adjustment measures presented in table 7.1, including the following:

- *Eliminating or reducing subsidies.* Overall, 132 governments in 97 developing and 35 high-income countries are reducing subsidies, predominately on fuel, but also on electricity, food and agriculture. This policy is particularly prevalent in the Middle East and Northern Africa, as well as in sub-Saharan Africa. When basic subsidies are withdrawn, food and transport prices rise and can become unaffordable for many households. This net welfare loss has led to protests and riots in many countries.[11] Higher energy prices also tend to slow down economic activity and thus generate unemployment. This is why the elimination of subsidies has often been accompanied by the development of a safety net as a way of compensating the poor; however, targeting only the poorest is insufficient as it does not compensate vulnerable low- and middle-income households. While reducing subsidies is a good opportunity to gain fiscal space, it is important that the large cost savings resulting from reductions in subsidies are used to develop comprehensive social protection systems, including floors, to support the SDGs (box 7.2).
- *Wage bill cuts/caps.* Because recurrent expenditures such as the salaries of teachers, health staff, social workers and local civil servants tend to be the largest component of national budgets, an estimated 130 governments in 96 developing and 34 high-income countries are considering cutting or capping the wage bill, often as part of civil service reforms. This policy stance may translate into salaries being reduced or eroded in real value, payments in arrears, hiring freezes and/or employment retrenchment, all of which can adversely impact the delivery of public services to the population (Cornia, Jolly and Stewart, 1987; Chai, Ortiz and Sire, 2010).
- *Rationalizing and targeting social protection benefits.* Overall, 107 governments in 68 developing and 39 high-income countries are considering

[10] For an analysis and discussion, see ILO, 2014a.

[11] In recent years, protests over food prices have erupted in many countries, including Algeria, Bangladesh, Burkina Faso, Egypt, India, Iraq, Jordan, Morocco, Mozambique, Nigeria, Senegal, Syrian Arab Republic, Tunisia, Uganda and Yemen (Ortiz et al., 2015). Box 7.2 presents information on riots and protests over the removal of energy subsidies. Careful analysis of the social impacts prior to the removal of food and other subsidies is thus a key lesson to avoid generating further poverty and jeopardizing long-term human development.

Box 7.2 Lessons from using energy subsidies for social protection systems

Since 2010, reducing energy subsidies has been a common policy considered by governments in 132 countries. The reduction of fuel subsidies is often accompanied by the development of a basic safety net as a way of compensating the poor, as in Angola, Ghana and Indonesia. But when fuel subsidies are withdrawn, food and transport prices increase and can become unaffordable for many households; higher energy prices also tend to slow down economic activity and thus generate unemployment. The sudden removal of energy subsidies and consequent increases in prices have sparked protests and violent riots in many countries, such as Cameroon, Chile, India, Indonesia, Kyrgyzstan, Mexico, Mozambique, Nicaragua, Niger, Nigeria, Peru, Sudan and Uganda. There are several important policy implications that must be taken into account:

Timing. While subsidies can be removed overnight, developing social protection programmes takes a long time, particularly in countries where institutional capacity is limited. Thus there is a high risk that subsidies will be withdrawn and populations will be left unprotected, making food, energy and transport costs unaffordable for many households.

Targeting the poor excludes other vulnerable households. In most developing countries, the "middle classes" have low incomes and are vulnerable to price increases, meaning that a policy to remove subsidies allowing only targeted safety nets for the poor may punish the middle classes and low-income groups.

Allocation of cost savings. The large cost savings resulting from reductions in energy subsidies should allow countries to develop comprehensive social protection systems: fuel subsidies are large, but compensatory safety nets tend to be small in scope and cost. For example, in Ghana the eliminated fuel subsidy would have cost over US$1 billion in 2013, whereas the targeted social protection LEAP programme costs only about US$20 million per year, a small fraction of the total savings. Policy discussions contained in IMF country reports on Angola focus on reducing fuel subsidies that benefit all Angolans and instead introduce "a well-targeted conditional cash transfer (CCT) scheme to protect the less fortunate with a subsidy amount of 50 percent of the poverty line [that] would cost on an annual basis around ½ percent of GDP, one eighth of the current level of spending on fuel subsidies" (IMF, 2014b, pp. 10–11) – a lost opportunity to build a much needed social protection system for all in Angola.

Subsidy reforms are complex and their social impacts need to be properly assessed and discussed within the framework of national dialogue, so that the net welfare effects are understood and reforms are agreed to before subsidies are scaled back or removed.

The reduction of energy subsidies is a good opportunity to develop social protection systems for all, including floors, and other SDGs. Fuel subsidies are generally large and should allow governments to develop comprehensive universal social protection systems for all citizens, not just the poor.

Sources: ILO, 2016p; IMF, 2014b; Ortiz et al., 2015.

rationalizing their spending on welfare by revising eligibility criteria and targeting to the poorest, often reducing social protection coverage, as presented in different chapters in this report. Narrow-targeting to the poor risks excluding large numbers of vulnerable and low-income households. In most developing countries, targeting to the poor increases the vulnerability of the "middle classes" – the majority of whom earn very low incomes – along with those just above official poverty lines (Cummins et al., 2013). Rather than targeting and scaling down social protection to achieve cost savings over the short term, there is a strong case for scaling up in times of crisis and building social protection systems for all.

- *Reforming old-age pensions.* As many as 105 governments in 60 developing and 45 high-income countries are discussing changes to their pension systems such as reducing employers' contribution rates, increasing eligibility periods, raising the retirement age and lowering benefits, sometimes with structural reform of contributory social security pensions. As a result, future pensioners are expected to receive lower benefits, as presented in Chapter 4 and other sections of this report.
- *Labour reforms* are being discussed by 89 governments in 49 developing and 40 high-income countries. Related reforms generally include revising the minimum wage, limiting salary adjustments to cost-of-living benchmarks, decentralizing and weakening collective bargaining, easing retrenchment and flexibilizing employment protection procedures (ILO, 2012d). Labour market reforms are supposedly aimed at increasing competitiveness and supporting businesses during recessions, partially intending to compensate for the underperformance of the financial sector. The available evidence suggests, however, that many of these labour reforms

will not generate decent jobs; on the contrary, in a context of economic contraction they are likely to generate labour market "precarization", depress domestic incomes and ultimately hinder recovery efforts. Women workers are particularly hard hit by such measures (van der Hoeven, 2010; Ghosh, 2013; Berg, 2015a; Jaumotte and Osorio Buitron, 2015).

- *Reforming health systems.* Overall, 56 governments in 34 developing and 22 high-income countries are discussing reforms to their health-care systems, generally through increasing fees and co-payments as well as introducing cost-saving measures in public health centres, as presented in Chapter 5. Lower quality and availability of health service provision have led to worse health outcomes (Karanikolos et al., 2013; Kentikelenis, 2017).
- A number of governments are also considering revenue-side measures such as privatizations and, most frequently, raising consumption taxes or VAT, including on basic products that are consumed by all households including the poor – hence, a regressive policy.

United Nations agencies have pointed out the negative social and economic impacts of austerity or fiscal consolidation (UN, 2012; ILO, 2014a; UNCTAD, 2011, 2016, 2017). Wage restraint and fiscal austerity in most developed economies have lowered global aggregate demand, negatively affecting the developing world. Projections using the UN Global Policy Model indicate that the now generalized spending cuts will negatively affect global GDP, estimated to be 5.5 per cent lower by 2020 and resulting in the loss of millions of jobs (Ortiz et al., 2015).

These short-term adjustment measures must be additionally questioned in terms of their high human cost and the fact that they are not conducive to the achievement of the SDGs. Ill-designed fiscal consolidation measures threaten not only the human right to social security, but also the rights to food, health, education, and other essential goods and services (UN, 2011; OHCHR, 2012a; Ortiz and Cummins, 2012; UN Women, 2015). Fiscal consolidation policies are driven by a cost-saving logic, and their negative social impacts on women, children, older persons, the unemployed, immigrants or persons with disabilities, are viewed as collateral damage in the quest for fiscal balance and debt service (CESR, 2012; Seguino, 2009). The UN High Commissioner for Human Rights has warned that "austerity measures endanger social protection schemes, including pensions, thereby dramatically affecting the enjoyment of the rights to social security and to an adequate standard of living" (OHCHR, 2013, para. 13), particularly for vulnerable and marginalized groups, pointing to States' obligation to safeguard human rights, as well as the obligation to ensure the satisfaction, at the very least, of minimum essential levels of all economic, social and cultural rights, including the right to social security (OHCHR, 2013, esp. paras 36–71).

Alternatives to these short-term reforms, from pensions to health, are presented in different chapters of this report. It does not need to be a decade of adjustment and budget cuts. Many countries softened their policy stance in 2012–15, as shown in figure 7.6; and most middle-income countries are boldly expanding their social protection systems, a powerful development lesson. Further, as presented in the next section on fiscal space, there is national capacity to fund social protection in virtually all countries, even the poorest. Instead of short-term austerity cuts, policy-makers should consider a wide variety of alternative options to expand fiscal space and generate resources for social protection.

7.2.7 Fiscal space for social protection exists even in the poorest countries

Today, at a time of fragile global recovery, fiscal consolidation and slow growth, the need to create fiscal space has never been greater. Funding has been at the heart of ILO tripartite discussions since 2011. The Managing Director of the IMF has repeatedly called for aggressive exploration of all possible measures that could be effective in supporting growth and development, making the best possible use of fiscal space.[12] Given the significance of social protection for human development and the SDGs, it is indeed imperative that governments explore all possible means of expanding fiscal space to promote the SDGs and national development through jobs and social protection.

There is a wide variety of options to expand fiscal space and generate resources for social protection, even in the poorest countries. Specifically, there are eight financing options, all supported by policy statements of the international financial institutions and the United

[12] See, e.g., "Don't let the fiscal brakes stall global recovery", in *Financial Times*, 15 Aug. 2011; "IMF Managing Director Christine Lagarde calls for bold, broad and accelerated policy actions", IMF press release, 27 Feb. 2016.

Nations. They are described in full in joint work by ILO, UNICEF and UN Women (Ortiz, Cummins and Karunanethy, 2017) which presents multiple examples of governments around the world having applied these options for decades. These eight options to expand fiscal space are:

1. *Reallocating public expenditures*. This is the most orthodox approach; it includes assessing ongoing budget allocations through public expenditure reviews, social budgeting and other types of budget analyses; replacing high-cost, low-impact investments with those with larger socio-economic impacts; eliminating spending inefficiencies; and/or tackling corruption. For example, Costa Rica and Thailand have reallocated military expenditures to universal health; Ghana, Indonesia and many other developing countries have reduced or eliminated fuel subsidies and used the proceeds to extend social protection programmes (Duran-Valverde and Pacheco, 2012; ILO, 2016p).
2. *Increasing tax revenues*. This is clearly the principal channel for generating resources. It is achieved by altering different types of tax rates – e.g. on consumption, corporate profits, financial activities, property, imports/exports, natural resources – or by strengthening the efficiency of tax collection methods and overall compliance. It is useful to analyse the incidence of taxes and transfers on social protection (Bastagli, 2016). Many countries are increasing taxes for social protection: for example, the Plurinational State of Bolivia, Mongolia and Zambia are financing universal pensions, child benefits and other schemes from mining and gas taxes (ILO, 2016s); Ghana, Liberia and the Maldives have introduced taxes on tourism to support social programmes; Gabon has used revenues from VAT on mobile communications to finance its universal health-care system; Algeria, Mauritius and Panama, among others, have complemented social security revenues with high taxes on tobacco; and Brazil has introduced a temporary tax on financial transactions to expand social protection coverage (ILO, 2016t). Other countries have launched lotteries to supplement social security spending (e.g. China's Welfare Lottery or Spain's ONCE Lottery for the social inclusion of the blind).
3. *Expanding social security coverage and contributory revenues*. This is traditionally the way social insurance is financed (Cichon et al., 2004). Increasing coverage and therefore collection of contributions is a reliable way to finance social protection, freeing fiscal space for other social expenditures. Social protection benefits linked to employment-based contributions also encourage formalization of the informal economy: a remarkable example can be found in Uruguay's monotax (ILO, 2014g). Argentina, Brazil, Tunisia and many other countries have demonstrated the possibility of broadening both coverage and contributions.
4. *Lobbying for aid and transfers*. This requires either engaging with the various donor governments or international organizations in order to increase North–South or South–South transfers. Despite being much smaller than traditional volumes of official development assistance (ODA), bilateral (e.g. from China) and regional South–South transfers can also support social investments and warrant attention. In the Addis Ababa Action Agenda of the Third International Conference on Financing for Development (2015), the world's governments agreed to address this challenge, at least in part, through a "new social compact" whereby they agreed to provide "fiscally sustainable and nationally appropriate social protection systems and measures for all, including floors" (UN 2015e, p. 6). Member States also committed to "strong international support for these efforts" and to explore "coherent funding modalities to mobilize additional resources" (ibid.).
5. *Eliminating illicit financial flows*. Estimated at more than ten times the size of all ODA received, a colossal amount of resources illegally escapes developing countries each year. To date, little progress has been achieved, but policy-makers should devote greater attention to cracking down on money laundering, bribery, tax evasion, trade mispricing and other financial crimes that are both illegal and deprive governments of revenues needed for social protection and the SDGs.
6. *Using fiscal and central bank foreign exchange reserves*. This includes drawing down fiscal savings and other state revenues stored in special funds, such as sovereign wealth funds, and/or using excess foreign exchange reserves in the central bank for domestic and regional development. Chile, Norway and the Bolivarian Republic of Venezuela, among others, are tapping into fiscal reserves for social investments; Norway's Government Pension Fund Global is perhaps the best-known case.
7. *Managing debt: borrowing or restructuring existing debt*. This involves active exploration of domestic

and foreign borrowing options at low cost, including concessional, following careful assessment of debt sustainability. For example, in 2017 Colombia launched the first Social Impact Bond in developing countries, and South Africa issued municipal bonds to finance basic services and urban infrastructure to redress financing imbalances after the apartheid regime. For countries in high debt distress, restructuring existing debt may be possible and justifiable if the legitimacy of the debt is questionable and/or the opportunity cost in terms of worsening the deprivation of vulnerable groups is high. In recent years, more than 60 countries have successfully renegotiated debt and over 20 (e.g. Ecuador and Iceland) have defaulted on or repudiated public debt, directing debt servicing savings to social protection programmes (ILO, 2016u).

8. *Adopting a more accommodating macroeconomic framework*. This entails permitting higher budget deficit paths and/or higher levels of inflation without jeopardizing macroeconomic stability. A significant number of developing countries used deficit spending and more accommodating macroeconomic frameworks during the global recession to attend to pressing demands at a time of low growth and to support socio-economic recovery.

Each country is unique, and all options should be carefully examined, including the potential risks and trade-offs, and should be considered in national dialogue. National tripartite dialogue with government, employers and workers as well as civil society, academia, United Nations agencies and others, is fundamental in generating the political will to exploit all possible fiscal space options in a country and adopt the optimal mix of public policies for inclusive growth and social protection. Often carried out under UN-led assessment-based national dialogue (known by its abbreviation, ABND), national social dialogue is best to articulate optimal solutions in macroeconomic and fiscal policy, the need for social protection and investments in the SDGs.

7.2.8 Social protection for migrants

Migratory movements have been growing and diversifying over the past decades. The division between sending and destination countries is blurring; South–South migration flows have substantially increased, although the highest numbers of migrants are still to be found in high-income countries (ILO, 2015g). The ILO estimates that among the approximately 244 million migrants in the world (UN, 2015c), 150.3 million are migrant workers.

One of the major challenges people face when migrating is access to social protection, including health protection. Restrictive legislation and administrative regulations may limit migrants' access to social protection, often due to a lack of coordination between countries to ensure portability of rights and benefits. Furthermore, their legal access to social protection may not always translate into effective access, due to linguistic or other practical obstacles. Workers in the informal economy in their host country, as in their country of origin, are not recognized or protected by law and are more likely to suffer from poor working conditions, exploitation, discrimination and a lack of representation, often resulting in increased poverty, irregular migration and a lack of social protection. Women, who make up 44.3 per cent of the total estimated migrant stock (ILO, 2015g), face particular risks, for example in areas of domestic work.

Decent work deficits and economic hardship are among the key drivers of migration. Strengthening social security systems, including floors, will therefore not only reduce vulnerabilities and social exclusion and contribute to economic and social development, but will also address one of the root causes of migration. The role and impact of decent work (including social protection) and of orderly, safe and responsible migration on sustainable development have been widely recognized, and are reflected in SDGs 8.8 and 10.7.

An ILO mapping indicates that out of 120 countries, 70 (58 per cent) have legal provisions granting equality of treatment with regard to contributory social security for all branches (except access to health care); 73 countries have provisions granting equality of treatment with regard to access to health care and 105 with regard to employment injury. Out of 120 countries, 26 were found to have no bilateral agreements and 43 had no multilateral agreements. Among those countries with bilateral agreements, only eight had more than 20 agreements (van Panhuys, Kazi-Aoul and Binette, 2017).[13]

Recognizing the specific disadvantages that migrants face, ILO Conventions and Recommendations

[13] The mapping is limited to legal coverage and does not indicate whether the agreements or provisions are effectively implemented. In addition, bilateral agreements often focus on only a few branches (in particular, old age).

provide an international legal framework for the protection of migrant workers' social security rights according to basic principles including: equality of treatment; maintenance of acquired rights and payment of benefits abroad (or "portability"); determination of the applicable legislation; maintenance of rights in the course of acquisition (or "totalization"); and administrative assistance. They also call for the extension of social protection and the conclusion of bilateral/multilateral agreements. Recent developments in the world have explicitly highlighted the importance of social protection for migrants and renewed the call for enhanced social protection access and portability.[14]

Clearly, more needs to be done to ensure migrants' access to social protection. Policy options include: (1) the ratification and application of ILO Conventions and Recommendations; (2) the conclusion of social security agreements (bilateral/multilateral) treaties to ensure equality of treatment and portability of social protection,[15] or their extension to cover groups such as self-employed and domestic workers; (3) the inclusion of social security provisions in labour agreements;[16] (4) the strengthening of national social security systems including social protection floors for all, including for migrants and their families; (5) other unilateral measures, including the provision of equality of treatment and payment of benefits abroad, voluntary/mandatory access to national insurance schemes, welfare funds for nationals working abroad, and measures supporting formalization or regularization; and (6) complementary measures aimed at addressing practical obstacles, such as, among others, communication campaigns, social and legal services, pre-departure briefings and materials in relevant languages.

Although moving forward may not be easy, inter- and intra-regional dialogue, tripartite consultations, strengthened institutional capacities, and better data and information technologies are required to develop and implement policies that will result, at the end of the day, in effective access to social protection for all, nationals and migrants alike.

7.2.9 Building social protection systems in crisis and fragile contexts

By 2018, most of the world's extremely poor and approximately 30 per cent of the world's children will live in States affected by fragility. An increasing number of countries or regions around the world are experiencing such situations, which pose significant challenges for the expansion or even the maintenance of social protection rights. Even a single shock can erase years of progress, as experienced during the Ebola crisis in West Africa (see box 7.3).

Fragile situations highlight the need for greater coordination among emergency relief interventions and efforts over the longer term to support the development of sustainable social protection institutions. Comprehensive social protection systems, including social protection floors, can be designed as part of national disaster preparedness strategies, and can provide an effective mechanism with which countries can respond to protection needs in the wake of shocks.[17] The ILO works with humanitarian partners within the UN system through a framework aimed at supporting the construction of social protection systems in crisis and fragile contexts to overcome and prevent further crisis, based on the following:

- *Leveraging existing social protection systems in post-shock relief efforts*. In countries with an existing social protection system, the available schemes and programmes can be used to distribute cash and in-kind relief to affected populations; external support channelled through the existing system can also be used to transfer new technologies and upgrade capacities.
- *Supporting the development of a sustainable national social protection system progressively institutionalized by government*. Following a crisis, immediate relief efforts may result in disparate programmes being sponsored by several international donors; better coordination can create the foundations of a sustainable, nationally owned social protection system eventually operated by the government.

[14] For example, the International Labour Conference Resolution concerning fair and effective labour migration governance (ILO, 2017g), the New York Declaration for Refugees and Migrants (2016) and the Addis Ababa Action Agenda (UN, 2015e) which also proposes that governments broaden and diversify the tax base. Social security contributions and taxes from migrants can fulfil this purpose while also strengthening social security systems' financial sustainability and the spreading of risks (Hagen-Zanker, Mosler Vidal and Sturge, 2017).

[15] The Maintenance of Social Security Rights Recommendation, 1983 (No. 167), provides a model social security agreement.

[16] The Migration for Employment Recommendation, 1949 (No. 86), provides a model labour agreement.

[17] The important role of social protection in this respect is also reflected in the recently adopted ILO Employment and Decent Work for Peace and Resilience Recommendation, 2017 (No. 205).

Box 7.3 Recovering from the Ebola crisis

The 2014–16 Ebola virus outbreak in West Africa highlighted weaknesses and underfunding both in the health systems in West Africa and in the global surveillance for identifying and rapidly neutralizing pandemics. Several factors contributed to accelerating the transmission of the Ebola virus or to slowing the response, including: weakness of the national health systems; poor citizen access to basic services such as water, sanitation, health care and social protection; unsafe practice of some traditional rites; over-centralized governance and weak accountability systems; and delays in the international response. In West Africa, what began as a health crisis quickly escalated into a humanitarian, social and security crisis. In response to a call by the United Nations Secretary-General and the Governments of Guinea, Liberia and Sierra Leone, a multi-agency task force including the ILO was set up for Ebola recovery, in consultation with a range of partners including the Economic Community of West African States (ECOWAS) and the African Union. This task force contributed towards the short-, medium- and long-term recovery solutions, while the medical emergency response continued to tackle the epidemic. In March 2016, the World Health Organization terminated the public health emergency that had led to an estimated 28,652 Ebola cases and 11,325 deaths. Efforts to build public health systems in West Africa continue with the support of development partners, as formulated in the national Ebola recovery strategies in Guinea, Liberia and Sierra Leone, including increasing their capacity and resilience to respond quickly to possible future health crises.

Source: Based on UN, 2015d.

- *Adapting existing social protection systems to increase their capacity and resilience to respond quickly and adequately to future shocks*. In countries at regular risk of natural disasters and other types of crisis, the development and use of contingency plans that can respond quickly and adequately to adverse events can reduce delays and increase the efficiency of domestically driven responses; this includes the capacity to provide additional and complementary benefits to those most affected, or the ability to efficiently extend coverage to new beneficiaries.
- *Extension of social protection or services to forcibly displaced populations*. One unfortunate feature of many crises and fragile contexts is that of forced displacement; in 2015, more than 65 million people were either refugees or seeking asylum abroad, or else displaced within their own countries. Several agencies and NGOs regularly lead response efforts and provide humanitarian assistance to displaced populations; this addresses the most immediate needs, but when coupled with other forms of support, it may also yield more sustainable solutions. Many of the world's refugees are spending longer and longer periods of time in exile during what are more often protracted crises; this is sparking a debate about the need for longer-term policy responses that might include complementing emergency services with other forms of support, including skills development and participation in selected national social protection programmes.

7.2.10 Strengthening the environmental dimension

Higher temperatures and sea levels, drought, flooding and other effects of climate change can pose significant threats to individual livelihoods and national economies. Whether recurrent or isolated, the need to protect people from the effects of climate-related weather events is of primary concern for developed and developing countries alike, as is tackling the root causes.

Climate change mitigation measures, including efforts to reduce greenhouse gas (GHG) emissions, can create new "green" sectors of the economy. The ILO estimates that 15–60 million new jobs could be created by 2030 through efforts to reduce carbon emissions and improve energy and resource efficiency. But those whose livelihoods depend on less environmentally friendly practices will require support, including social protection, as countries make difficult choices to phase out polluting or otherwise unsustainable industries. Measures to re-skill workers and protect those who lose their jobs or other means of livelihood will be necessary to ensure a "just transition" to greener economies and societies. References to the need for a just transition appear in the Paris Climate Accord adopted in December 2015 by the United Nations Framework Convention on Climate Change (UNFCCC). The ILO, through tripartite negotiations, has also developed a set of guidelines to ensure that structural transitions toward greater sustainability are socially equitable (ILO, 2015h).

The role of social protection in the fight against climate change is twofold. First, social protection can be used to protect populations at increased risk of

climate-related hardship. Social protection benefits such as cash or in-kind transfers and employment guarantee schemes can help households affected by extreme weather events or by slow-onset environmental degradation linked to climate change. Many countries are adapting existing programmes or designing new ones to provide climate-responsive social protection for households at risk. For example, in the Philippines, after Typhoon Haiyan made landfall in 2013, the Government used a pre-existing employment guarantee scheme to provide income-earning opportunities for poorer households. With support from the ILO and local governments, programme participants were affiliated to state-run social protection schemes for health and employment injury (ILO and AFD, 2016a). In Ethiopia, the Productive Safety Net Programme (PSNP) provides regular cash transfers for chronic deprivation, but has added a variable top-up payment where payout is linked to a weather index; when precipitation in a given area dips below a set figure, a top-up payment is activated to help residents cope with recurrent droughts (ILO and AFD, 2016b). In the United States, following hurricane Katrina in 2005, the benefit ceiling was raised for affected residents already enrolled in a food safety net programme. Enrolment of new participants was also facilitated, reducing the supporting identity and wage documentation required, as part of predefined emergency protocols activated to leverage the programme for crisis response. In each case, having some basis of social protection measures in place before an event occurs is beneficial for expediting relief, and is more cost-efficient than response efforts designed and implemented only after the shock.

The second aspect of social protection relevant to climate change is that it is a tool that can be used to protect individuals and households who are negatively affected by proactive efforts made by governments to move away from polluting practices and industries. Many countries have made commitments to reduce their GHG emissions, including in their Intended Nationally Determined Contributions (INDCs) made to the 21st Conference of the Parties to the UNFCCC (COP 21). Adopting cleaner energy policies, including the elimination of fossil fuel subsidies, conserving forests and closing down carbon-intensive industries are just some of the many actions that countries are pursuing.

While effective at reducing GHGs, some pro-climate policies will inevitably have negative impacts on workers or other segments of the population whose livelihoods are tied to unsustainable practices. Social protection provision, including unemployment benefits, cash and in-kind transfers, can help those who lose their jobs, encounter new restrictions on their livelihood activities or face higher prices for their essential fossil fuel needs. Coupling these pro-climate reforms with social protection measures to offset negative social impacts is also practical, as policy-makers often rely upon the compliance of individuals and communities to ensure the successful implementation of reforms.

Many countries have already combined pro-climate reforms with social protection measures to offset the anticipated negative social or economic consequences. For example, China has closed many logging operations and enacted land use restrictions to reforest large swaths of the Yellow and Yangtze River basins. Unemployment benefits and services were extended to affected workers and cash transfers were established for residents to discourage land clearing for agriculture use and promote conservation activities (ILO and AFD, 2016c). In Brazil, the Bolsa Verde programme targets ultra-poor households living in protected conservation areas, providing a cash transfer top-up that links the additional income support with sustainable enterprise training and forest conservation activity (ILO and AFD, 2016d; Schwarzer, van Panhuys and Diekmann, 2016).

7.3 A global partnership for universal social protection

The objective of building social protection systems, including floors, can only be achieved through concerted efforts at the national and international levels, including through joint efforts of the United Nations agencies, and with relevant international, regional, subregional and national institutions and social partners.

At the country level, multi-stakeholder teams have been established since 2009 to contribute through national dialogue on social protection to the development of national social protection strategies and the practical design and implementation of social protection floors. They include representatives of various ministries (labour, health, social welfare, finance, local economic development, among others), workers' and employers' organizations, civil society, the private sector, the UN system, development banks and development partners. The One-UN Social Protection Floor Initiative (SPF-I) was created in 2009 by the highest body of the UN administration, the UN Chief Executive Board;[18]

[18] See: http://archive.undg.org/wp-content/uploads/2015/04/SPF-I_2015.pdf.

Box 7.4 A multi-stakeholder partnership for SDG 1.3

A global partnership brings together under one umbrella various networks reflecting different stakeholders, based on each partner's comparative advantage, to contribute to the achievement of SDG 1.3. The networks are:

- The *Social Protection Inter-Agency Cooperation Board (SPIAC-B)*, a light inter-agency coordination mechanism composed of representatives of international organizations and bilateral donors. Co-chaired by the ILO and the World Bank, it aims to enhance global policy coherence and advocacy on social protection issues and to coordinate international cooperation in country demand-driven actions, and has produced a number of inter-agency social protection tools (ISPAs). See: http://www.ilo.org/newyork/issues-at-work/social-protection/social-protection-inter-agency-cooperation-board/lang--en/index.htm.
- *Working as One UN on social protection floors*. This is an important priority for the UNDG and the ILO, and mobilizes the collective support of UN agencies and development partners through country level "One UN" social protection floor teams in order to design and implement social protection systems and floors through broad-based national dialogue under the United Nations Development Agreement Frameworks (UNDAFs) and SDG implementation plans. Since 2009, regional thematic working groups operating under UNDG auspices have been created in the Arab States, Asia and the Pacific and Europe and Central Asia regions to increase cooperation, develop joint positions, toolkits and methodologies (ILO and UNDG, 2016) and promote joint in-country activities on social protection floors. At the global level, "Deliver as One" on social protection is a role model for the UNDG (UNDG and ILO, 2014). The UN Development Operations Coordination Office (UNDOCO) and a UN Joint Fund on Social Protection Floors will soon support "Deliver as One" through joint programming. See: http://un.social-protection.org.
- *Civil society organizations.* The Global Coalition for Social Protection Floors, led by 80 civil society organizations, supports the right to social protection and outreach of social protection floors to workers in the informal economy and other vulnerable groups; it carries out major advocacy work and has produced a Social Protection Floor Index (FES, 2016). See: http://www.socialprotectionfloorscoalition.org.
- *Workers*. The Social Protection, Freedom and Justice for Workers Initiative, led by trade unions, mobilizes workers' organizations to defend workers' rights in the context of the establishment of social protection systems and social security reforms. See: http://www.social-protection.org/gimi/gess/ShowProject.action?id=3048
- *Employers*. The Global Business Network for Social Protection Floors is a platform of exchange and engagement of private sector enterprises. It promotes the business case for social protection, namely that social protection contributes to the competitiveness of enterprises by fostering workers' productivity, attracting and retaining talent, and by improving the corporate image of the enterprises. See: http://www.social-protection.org/gimi/gess/ShowProject.action?id=3030.
- *Academia.* Partnerships with universities and research centres, notably the International Training Centre of the ILO (ITCILO) and UN System Staff College (UNSSC) in Turin, Italy. The ITC delivers an annual Academy on Social Security providing executive training courses on the governance, financing, reform and extension of social protection systems, including floors. The ITCILO and the UNSSC are developing a joint course on social protection for sustainable development in the 2030 Development Agenda. See: http://www.itcilo.org/en/areas-of-expertise/social-protection/academy-on-social-security.
- The *Global Partnership for Universal Social Protection*, co-led by the ILO and the World Bank, was launched in New York during the 71st UN General Assembly in 2016. As of 2017, it brings together some 15 international organizations and other development partners. See: http://www.social-protection.org/gimi/gess/NewYork.action?id=34.

since then, UN country teams have been working together to develop assessment-based national dialogues (ABND) to design and implement social protection systems, including floors, in many countries of Africa, Asia, Eastern Europe and Latin America. Guidelines have been issued by the United Nations Development Group (UNDG), as well a call to all UN country teams in 2014 by the UNDG Chair and the ILO Director-General;[19] in addition, guides and other materials have been produced to assist UN country teams to build social protection systems and floors.[20]

In 2012, governments, employers and workers from countries around the world adopted the ILO Social Protection Floors Recommendation (No. 202). Their commitment to drive social protection systems led to the creation of the employers' Global Business Network for

[19] See: http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=44138.

[20] See: http://un.social-protection.org.

Social Protection Floors, and the workers' Social Protection, Freedom and Justice Initiative. Additionally, the Global Coalition for Social Protection Floors was created by civil society groups to lobby for a strong Recommendation No. 202; today the coalition has more than 80 NGO members and advocates for SDG 1.3.

Also in 2012, the Social Protection Inter-Agency Cooperation Board (SPIAC-B) was created, mandated by the G20 leaders. It is composed of representatives of international organizations and bilateral donors and is co-chaired by the ILO and the World Bank. Since 2015, when the SDGs were approved by the UN General Assembly, its members fully support the SDGs related to social protection.

In 2015, in adopting the SDGs world countries committed to implementing nationally appropriate social protection systems for all, including floors, for reducing and preventing poverty. The extension of social protection systems, including floors, is also being promoted by regional associations such as the African Union, ASEAN, the BRICS, CARICOM, MERCOSUR, SAARC and SADC, among others.

A universal social protection initiative has been initiated by the ILO and the World Bank with main development partners to support SDG 1.3. As a result, the Global Partnership for Universal Social Protection was launched in New York during the 71st UN General Assembly on 21 September 2016, showcasing 23 country cases as evidence that universal social protection is feasible in developing countries (box 7.4).

A massive international effort has led to the Global Partnership for Universal Social Protection. Each of these stakeholders has specific reasons to support SDG 1.3: governments for reasons related to poverty reduction, economic development and political stability; workers' organizations and civil society because social protection is a human right and contributes to social justice; employers' organizations and private sector enterprises because it contributes to the productivity of workers and the competitiveness of the enterprises; development partners and development banks because social protection is a driver of fair, inclusive and sustainable development. The UN system promotes "Deliver as One" on social protection as the most efficient way to achieve tangible development results in countries. Together, these players can achieve marked success.

The fact that millions of people are denied access to social protection contradicts democratic values and social justice, damages development efforts, and has high political costs to governments. The Global Partnership for Universal Social Protection demonstrates the international community's determination to rectify this neglect and deepen cooperation. Through the SDGs, the imperative to provide people with adequate social protection is strongly embedded across the globe. It is up to us to make it a reality.

Annex I
Glossary

This glossary focuses on the basic concepts, definitions and methodology guiding the analytical work of the ILO on social security or social protection.[1] It does not set out to assert any universal definitions; its purpose is rather to simply clarify terms and concepts as they are used in this report and in the ILO.

Cash transfer programme. Non-contributory scheme or programme providing cash benefits to individuals or households, usually financed out of taxation, other government revenue, or external grants or loans. Cash transfer programmes[2] may or may not include a means test.

Cash transfer programmes that provide cash to families subject to the condition that they fulfil specific behavioural requirements are referred to as conditional cash transfer programmes (CCTs). This may mean, for example, that beneficiaries must ensure their children attend school regularly, or that they utilize basic preventative nutrition and health-care services.

Contributory scheme. Scheme in which contributions made by protected persons directly determine entitlement to benefits (acquired rights). The most common form of contributory social security schemes is a statutory social insurance scheme, usually covering workers in formal wage employment and, in some countries, the self-employed. Other common types of contributory schemes, providing – in the absence of social insurance – a certain level of protection include national provident funds, which usually pay a lump sum to beneficiaries when particular contingencies occur (typically old age, invalidity or death). In the case of social insurance schemes for those in waged or salaried employment, contributions are usually paid by both employees and employers (though, in general, employment injury schemes are fully financed by employers). Contributory schemes can be wholly financed through contributions but are often partly financed from taxation or other sources; this may be done through a subsidy to cover the deficit, or through a general subsidy supplanting contributions altogether, or by subsidizing only specific groups of contributors or beneficiaries (e.g. those not contributing because they are caring for children, studying, in military service or unemployed, or have too low a level of income to fully contribute, or receive benefits below a certain threshold because of low contributions in the past).

Employment guarantee scheme. Public employment programme which provides a guaranteed number of workdays per year to poor households, generally providing wages at a relatively low level (typically at the minimum wage level if this is adequately defined).

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[1] The glossary largely draws on the definitions, concepts and methods provided in the first and second editions of this report (ILO, 2010a; ILO, 2014a).

[2] Strictly speaking, this term would encompass all social transfers provided in cash, including fully or partially contributory transfers, yet it is usually understood as limited to non-contributory transfers.

Means-tested scheme. A scheme that provides benefits upon proof of need and targets certain categories of persons or households whose means fall below a certain threshold, often referred to as *social assistance schemes*. A means test is used to assess whether the individual's or household's own resources (income and/or assets) are below a defined threshold to determine whether the applicants are eligible for a benefit at all, and if so at what level benefit will be provided. In some countries, proxy means tests are used; that is, eligibility is determined without actually assessing income or assets, on the basis of other household characteristics (proxies) that are deemed more easily observable. Means-tested schemes may also include entitlement conditions and obligations, such as work requirements, participation in health check-ups or (for children) school attendance. Some means-tested schemes also include other interventions that are delivered on top of the actual income transfer itself.

Non-contributory schemes. Non-contributory schemes, including non-means-tested and means-tested schemes, normally require no direct contribution from beneficiaries or their employers as a condition of entitlement to receive relevant benefits. The term covers a broad range of schemes, including universal schemes for all residents (such as national health services), categorical schemes for certain broad groups of the population (e.g. for children below a certain age or older persons above a certain age), and means-tested schemes (such as social assistance schemes). Non-contributory schemes are usually financed through taxes or other state revenues, or, in certain cases, through external grants or loans.

Public employment programme. Government programme offering employment opportunities to certain categories of persons who are unable to find other employment. Public employment programmes include employment guarantee schemes and "cash for work" and "food for work" programmes (see box 3.2).

Social assistance scheme/programme. A scheme that provides benefits to vulnerable groups of the population, especially households living in poverty. Most social assistance schemes are means-tested.

Social insurance scheme. Contributory social protection scheme that guarantees protection through an insurance mechanism, based on: (1) the prior payment of contributions, i.e. before the occurrence of the insured contingency; (2) risk- sharing or "pooling"; and (3) the notion of a guarantee. The contributions paid by (or for) insured persons are pooled together and the resulting fund is used to cover the expenses incurred exclusively by those persons affected by the occurrence of the relevant (clearly defined) contingency or contingencies. Contrary to commercial insurance, risk-pooling in social insurance is based on the principle of solidarity as opposed to individually calculated risk premiums.

Many contributory social security schemes are presented and described as "insurance" schemes (usually "social insurance schemes"), despite being in actual fact of mixed character, with some non-contributory elements in entitlements to benefits; this allows for a more equitable distribution of benefits, particularly for those with low incomes and short or broken work careers, among others. These non-contributory elements take various forms, being financed either by other contributors (redistribution within the scheme) or by the State.

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

As a human right, social protection, or social security, is enshrined as such in the Universal Declaration of Human Rights (1948), the International Covenant on Economic, Social and Cultural Rights (1966), and in other major United Nations human rights instruments. States have the legal obligation to protect and promote human rights, including the right to social protection, or social security, and ensure that people can realize their rights without discrimination. The overall responsibility of the State includes ensuring the due provision of benefits according to clear and transparent eligibility criteria and entitlements, and the proper administration of the institutions and services. Where benefits and services are not provided directly by public institutions, the effective enforcement of the legislative frameworks is particularly important for the provision of benefits and services (CESCR, 2008).

"Social protection" is a current term to refer to "social security" and generally both terms are used

interchangeably. It must be noted that sometimes the term "social protection" is used with a wider variety of meanings than "social security", including protection provided between members of the family or members of a local community; on other occasions it is also used with a narrower meaning, understood as comprising only measures addressed to the poorest, most vulnerable or excluded members of society. In the majority of contexts, however, the two terms, "social security" and "social protection", are largely interchangeable, and the ILO and in general UN institutions use both in discourse with their constituents and in the provision of relevant advice to them.

Social protection floor. ILO Recommendation No. 202 sets out that member States should establish and maintain national social protection floors as a nationally defined set of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion (ILO, 2012a). These guarantees should ensure at a minimum that, over the life cycle, all in need have access to at least essential health care and basic income security. These together ensure effective access to essential goods and services defined as necessary at the national level. More specifically, national social protection floors should comprise at least the following four social security guarantees, as defined at the national level:

(a) access to essential health care, including maternity care;

(b) basic income security for children;

(c) basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; and

(d) basic income security for older persons.[3]

Such guarantees should be provided to all residents and all children, as defined in national laws and regulations, and subject to existing international obligations.

Recommendation No. 202 also states that basic social security guarantees should be established by law. National laws and regulations should specify the range, qualifying conditions and levels of the benefits giving effect to these guarantees, and provide for effective and accessible complaint and appeal procedures.

Social protection floors correspond in many ways to the existing notion of "core obligations", to ensure the realization of, at the very least, minimum essential levels of rights embodied in human rights treaties (UN, 2014; OHCHR, 2013).

Social protection programme/scheme (or social security programme/scheme). Distinct framework of rules to provide social protection benefits to entitled beneficiaries. Such rules would specify the geographical and personal scope of the programme (target group), entitlement conditions, the type of benefits, benefit amounts (cash transfers), periodicity and other benefit characteristics, as well as the financing (contributions, general taxation, other sources), governance and administration of the programme.

While "programme" may refer to a wide range of programmes, the term "scheme" is usually used in a more specific sense referring to a programme that is anchored in national legislation and characterized by at least a certain degree of "formality".

A programme/scheme can be supported by one or more social security institutions governing the provision of benefits and their financing. It should, in general, be possible to draw up a separate account of receipts and expenditure for each social protection programme. It is often the case that a social protection programme provides protection against a single risk or need, and covers a single specific group of beneficiaries. Typically, however, one institution will administer more than one benefit programme.

Social security. The fundamental right to social security is set out in the Universal Declaration on Human Rights (1948) and other international legal instruments. The notion of social security adopted here covers all measures providing benefits, whether in cash or in kind, to secure protection, inter alia, from:

- lack of work-related income (or insufficient income) caused by sickness, disability, maternity, employment injury, unemployment, old age, or death of a family member;
- lack of (affordable) access to health care;
- insufficient family support, particularly for children and adult dependants;
- general poverty and social exclusion.

[3] Recommendation No. 202, Para. 5.

Social security thus has two main (functional) dimensions, namely "income security" and "availability of medical care", reflected in the Declaration of Philadelphia (1944), which forms part of the ILO's Constitution: "social security measures to provide a basic income to all in need of such protection and comprehensive medical care" (Article III (f)).[4] Recommendation No. 202 sets out that, at least, access to essential health care and basic income security over the life cycle should be guaranteed as part of nationally defined social protection floors, and that higher levels of protection should be progressively achieved by national social security systems in line with Convention No. 102 and other ILO instruments.

Access to social security is essentially a public responsibility, and is typically provided through public institutions, financed from either contributions or taxes or both. However, the delivery of social security can be and often is mandated to private entities. Moreover, there exist many privately run institutions (of an insurance, self-help, community-based or mutual character) which can partially assume selected roles usually played by social security, such as the operation of occupational pension schemes, that complement and may largely substitute for elements of public social security schemes. Entitlements to social security are conditional either on the payment of social security contributions for prescribed periods (contributory schemes, most often structured as social insurance arrangements) or on a requirement, sometimes described as "residency plus", under which benefits are provided to all residents of the country who also meet certain other criteria (non-contributory schemes). Such criteria may make benefit entitlements conditional on age, health, labour market participation, income or other determinants of social or economic status and/or even conformity with certain behavioural requirements.

Two main features distinguish social security from other social arrangements. First, benefits are provided to beneficiaries without any simultaneous reciprocal obligation (thus it does not, for example, represent remuneration for work or other services delivered). Second, it is not based on an individual agreement between the protected person and the provider (as is, for example, a life insurance contract); the agreement applies to a wider group of people and so has a collective character.

Depending on the category of applicable conditions, a distinction is also made between non-means-tested schemes (where the conditions of benefit entitlement are not related to the total level of income or wealth of the beneficiary and her or his family) and means-tested schemes (where entitlement is granted only to those with income or wealth below a prescribed threshold). A special category of "conditional" schemes includes those which, in addition to other conditions, require beneficiaries (and/or their relatives or families) to participate in prescribed public programmes (for example, specified health or educational programmes).

Social security system/social protection system. Totality of social security/protection schemes and programmes in a country, taking into account that the latter term is often used in a broader sense than the former.

All the social security schemes and institutions in a country are inevitably interlinked and complementary in their objectives, functions and financing, and thus form a national social security system. For reasons of effectiveness and efficiency, it is essential that there is close coordination within the system, and that – not least for coordination and planning purposes – the receipts and expenditure accounts of all the schemes are compiled into one social security budget for the country so that its future expenditure and financing of the schemes comprising the social security system are planned in an integrated way.

Social transfer. All social security benefits comprise transfers either in cash or in kind, i.e. they represent a transfer of income, goods or services (for example, health-care services). This transfer may be from the active to the old, the healthy to the sick, or the affluent to the poor, among others. The recipients of such transfers may be in a position to receive them from a specific social security scheme because they have contributed to such a scheme (contributory scheme), or because they are residents (universal schemes for all residents), or because they fulfil specific age criteria (categorical

[4] These two main dimensions are also identified in the ILO Income Security Recommendation, 1944 (No. 67), and the Medical Care Recommendation, 1944 (No. 69), respectively, as "essential element[s] of social security". These Recommendations envisage that, first, "income security schemes should relieve want and prevent destitution by restoring, up to a reasonable level, income which is lost by reason of inability to work (including old age) or to obtain remunerative work or by reason of the death of a breadwinner" (Recommendation No. 67, Guiding principles, Para. 1); and, second, that "a medical care service should meet the need of the individual for care by members of the medical and allied professions" and "the medical care service should cover all members of the community" (Recommendation No. 69, Paras 1 and 8). Recommendation No. 202 also reflects these two elements in the basic social protection guarantees that should form part of national social protection floors (for more details, see box 1.2).

schemes), or specific resource conditions (social assistance schemes), or because they fulfil several of these conditions at the same time. In addition, it is a requirement in some schemes (employment guarantee schemes, public employment programmes) that beneficiaries accomplish specific tasks or adopt specific behaviours (conditional cash transfer programmes). In any given country, several schemes of different types generally coexist and may provide benefits for similar contingencies to different population groups.

Targeted scheme/programme. See *Social assistance scheme*.

Universal scheme/categorical scheme. Strictly speaking, universal schemes provide benefits under the single condition of residence. However, the term is also often used to describe categorical schemes that provide benefits to certain broad categories of the population without a means test or a proxy means test. The most frequent forms of such schemes are those that transfer income to older persons above a certain age, to all persons with disabilities, or to children below a certain age. Some categorical schemes also target households with specific structures (one-parent households, for example) or occupational groups (such as rural workers). Most categorical schemes are financed by public resources.

Annex II

Measuring social protection effective coverage, legal coverage and expenditure

Social protection coverage

Measurement of effective coverage in SDG indicator 1.3.1

The report provides a comprehensive data set for the monitoring of SDG indicator 1.3.1 based on the data compiled through the Social Security Inquiry questionnaire of 2016 together with other data sources (see details at the end of this Annex). The data set was submitted to the United Nations Statistics Division (UNSD) in the framework of SDG monitoring; in particular, in the context of SDG 1 ("End poverty in all its forms everywhere"), the ILO is responsible for producing SDG indicator 1.3.1: "Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims, and the poor and the vulnerable."

The indicator reflects the proportion of persons effectively covered by a social protection system, including social protection floors (see definition of "effective coverage" and its measurement criteria in the following section). It covers the main components of social protection: child and maternity benefits, support for persons without a job, persons with disabilities, victims of work injuries and older persons,[1] with an aim of providing at least a basic level in all main contingencies along the life cycle, as defined in the ILO Social Protection Floors Recommendation, 2012 (No. 202).

Calculations include separate indicators to distinguish effective coverage for children, unemployed persons, older persons and persons with disabilities, pregnant women and mothers with newborns, workers protected in case of work injury, and the poor and the vulnerable. For each case, coverage is expressed as a share of the respective population group.

Indicators are obtained as follows:

a. *Proportion of the population protected in at least one area*: Proportion of the total population receiving cash benefits under at least one of the contingencies (contributory or non-contributory benefit) or actively contributing to at least one social security scheme.

b. *Proportion of children covered by social protection benefits*: ratio of children/households receiving child or family cash benefits to the total number of children/households with children.

c. *Proportion of women giving birth covered by maternity benefits*: ratio of women receiving cash maternity benefits to women giving birth in the same year (estimated based on age-specific fertility rates published in the UN's *World Population Prospects* or on the number of live births corrected for the share of twin and triplet births).

d. *Proportion of persons with disabilities receiving benefits*: ratio of persons receiving disability cash benefits to persons with severe disabilities. The latter is calculated as the product of prevalence of disability

[1] Health is included under other SDG indicators.

ratios (published for each country group by the World Health Organization) and each country's population.

e. *Proportion of unemployed receiving benefits*: ratio of recipients of unemployment cash benefits to the number of unemployed persons.

f. *Proportion of workers covered in case of employment injury*: ratio of workers protected by injury insurance to total employment or the labour force.

g. *Proportion of older persons receiving a pension*: ratio of persons above statutory retirement age receiving an old-age pension to persons above statutory retirement age (including contributory and non-contributory).

h. *Proportion of vulnerable persons receiving benefits*: ratio of social assistance recipients to the total number of vulnerable persons. The latter are calculated by subtracting from total population all people of working age who are contributing to a social insurance scheme or receiving contributory benefits, and all persons above retirement age receiving contributory benefits.

Aggregate coverage indicators

In this report two aggregate measures of coverage are used; both exclude health for methodological reasons (for measures of health coverage, see below).

The *proportion of the population enjoying comprehensive social security protection* is estimated based on the number of persons of working age who enjoy comprehensive social security coverage, i.e. covered by law in all eight areas (sickness, unemployment, old age, employment injury, child/family benefit, maternity, invalidity, survivors) in line with Convention No. 102.

The proportion of the population protected in at least one area (SDG indicator 1.3.1 (a)), as described above, reflects effective coverage of the population in at least one area, that is, the proportion of the population receiving contributory or non-contributory benefits under at least one area or actively contributing to at least one social security scheme.

Measuring social protection coverage: Concepts and criteria

General considerations

Measuring social protection coverage is a complex task. Several dimensions need to be considered in order to arrive at a complete assessment. In practice, few countries have available the full range of statistical data necessary for a complete assessment of social security coverage; nevertheless, partial information is available for a large number of countries. Many countries have acknowledged the need to undertake better regular monitoring of social security coverage and are stepping up their efforts to improve data collection and analysis.

Social security coverage is a multidimensional concept with at least three dimensions:

- *Scope*. This is measured here by the range (number) and type of social security areas (branches) to which the population of the country has access. Population groups with differing status in the labour market may enjoy different scopes of coverage, and this factor must be taken into account in assessing scope.
- *Extent*. This usually refers to the percentage of persons covered within the whole population or the target group (as defined by, for example, gender, age or labour market status) by social security measures in each specific area.
- *Level*. This refers to the adequacy of coverage by a specific branch of social security. It may be measured by the level of cash benefits provided, where measurements of benefit levels can be either absolute or relative to selected benchmark values such as previous incomes, average incomes, the poverty line, and so on. Measures of quality are usually relative and may be objective or subjective – for example, the satisfaction of beneficiaries measured against their expectations.

In measuring coverage, a distinction is made between legal coverage[2] and effective coverage in each of the above three dimensions, so as to reflect different dimensions of coverage. Table AII.1 summarizes these various dimensions.

[2] Legal coverage is sometimes referred to as "statutory coverage", taking into account that provisions may be rooted in statutory provisions other than laws.

Table AII.1 Multiple dimensions of coverage: Examples of questions and indicators

Dimension of coverage	Legal coverage	Effective coverage
Scope	Which social security areas are anchored in the national legislation?	Which social security areas are actually implemented?
	For a given group of the population: for which social security area(s) is this group covered according to the national legislation?	For a given group of the population: for which social security areas is this group effectively covered (benefits are actually available)?
Extent	For a given social security area (branch): which categories of the population are covered according to the national legislation? What percentage of the population or labour force is covered according to the national legislation?	For a given social security area (branch): which categories of the population enjoy actual access to benefits in case of need (currently or in the future)? The "beneficiary coverage ratio": for a given social security area, what percentage of the population affected by the contingency receives benefits or services (e.g. percentage of older persons receiving an old-age pension; percentage of unemployed receiving unemployment benefits)? The "contributor coverage ratio": for a given social security area, what percentage of the population contributes to the scheme, or is otherwise affiliated to the scheme, and can thus expect to receive benefits when needed (e.g. percentage of working-age population or of the labour force contributing to a pension scheme)? By extension, the "protected person coverage ratio" would include people who – assuming that legislation is unchanged – would be entitled to a non-contributory benefit in the future, either through a universal scheme, or a means-tested scheme, provided they meet the eligibility criteria.
Level	For a given social security area: what is the level of protection provided according to the national legislation? For cash benefits: what is the prescribed amount or replacement rate according to the national legislation?	For a given social security area: what is the level of protection actually provided (e.g. for cash benefits, average level of benefit as a proportion of median income, minimum wage or poverty line)?

Source: Based on ILO, 2010a.

Legal coverage

Estimates of the *scope of legal coverage* usually measure the number of social security areas (branches) by which – according to existing national legislation – a population or its specific groups are covered. The list of the nine branches covered by ILO Convention No. 102 is used as guidance.

Estimates of the *extent of legal coverage* use both information on the groups covered by statutory schemes for a given social security area (branch) in national legislation and available statistical information quantifying the number of persons concerned at the national level. A population group can be identified as legally covered in a specific social security area (e.g. old age, unemployment protection, maternity protection) if the existing legislation sets out that this group is mandatorily covered by social insurance, or that the group will be entitled to specified non-contributory benefits under certain circumstances – for instance, to an old-age state pension on reaching the age of 65, or to income support if income falls below a specified threshold. A legal coverage ratio for a given branch of social security is the ratio between the estimated number of people legally covered and – as appropriate – the total population or labour force in the relevant age bracket, the total number of employees (that is, waged and salaried workers) or the total number of employed persons (including employees and the self-employed). For example, since Convention No. 102 allows a ratifying country to provide coverage through social insurance, through universal or means-tested benefits, or a combination of both, it also formulates alternatives to minimum requirements for the extent of coverage, as follows: (a) prescribed classes of employees, constituting not less than 50 per cent of all employees; or (b) prescribed classes of the economically active population, constituting not less than 20 per cent of all residents; or (c) all residents whose means during the contingency do not exceed prescribed limits.

The *level of legal coverage* for specific branches of social security is usually measured (for cash benefits) by benefit ratios or replacement ratios calculated for specified categories of beneficiaries, using benefit formulas or benefit amounts specified in the legislation. For example, Convention No. 102 sets minimum replacement rates for cash benefits in seven of its nine branches (see tables in Annex III below). It specifies that such minimum rates should apply to a defined "standard" beneficiary meeting qualifying conditions, and be guaranteed at least to those with earnings up to a certain prescribed selected level.

Effective coverage

Measurements of effective coverage should reflect how the legal provisions are implemented in reality. Effective coverage is usually different from legal coverage (and usually lower) because of non-compliance, problems with enforcement of legal provisions or other deviations of actual policies from the text of the legislation. In order to arrive at a full coverage assessment, measures of legal and effective coverage need to be used in parallel.

Measurements of the scope of *effective coverage* in a country reveal the number of social security areas (branches) for which there is relevant legislation that is actually enforced: that is, whether in all such areas the majority of the population legally covered is also effectively covered (as measured by the extent of effective coverage; see below).

When measuring the extent of effective coverage a distinction has to be made between coverage measured in terms of *protected persons* and in terms of *actual beneficiaries*. Protected persons are those who have benefits guaranteed but are not necessarily currently receiving them – for example, people who actively contribute to social insurance and are thus guaranteed benefits for a specified contingency, e.g. an old-age pension on reaching retirement age or people entitled to non-contributory benefits if needed.

In respect of *protected persons*, the *contributor coverage ratio* reflects, in the case of contributory schemes, the number of those protected should they be affected by the contingency covered now or in the future: that is, the share of the employed population (or alternatively the population of working age or in the labour force) which contributes directly or indirectly to social insurance in a given social security area and is thus likely to receive benefits when needed. An example is the percentage of employed persons contributing to a pension scheme. The *protected person coverage ratio* includes people entitled to non-contributory benefits, assuming unchanged legislation.

In respect of *actual beneficiaries*, the *beneficiary coverage ratio* describes the proportion of the population affected by a certain contingency (e.g. older persons, the unemployed) who actually benefit from the appropriate social protection benefits (e.g. old-age pensions, unemployment benefits). This ratio reflects the number of those actually receiving benefits, such as the number of beneficiaries of any pension benefits among all residents over the statutory pensionable age, or the number of beneficiaries of some kind of income support among all those unemployed, or all below the poverty line.

Measurements of the *level of effective coverage* would identify the levels of benefits (usually related to certain benchmark amounts) actually received by beneficiaries, such as unemployment benefits or pensions paid, compared to average earnings or to the minimum wage or the poverty line. In the case of contributory pension schemes, the effective level of coverage may also relate to future benefit levels.

When assessing coverage and gaps in coverage, distinctions need to be made between coverage by (1) contributory social insurance; (2) universal schemes covering all residents (or all residents in a given category);[3] and (3) means-tested schemes potentially covering all those who pass the required test of income and/or assets. In the case of social insurance it makes sense to look at the numbers of those who are actually members of and contributors to such schemes and who thus potentially enjoy – sometimes with their dependants – coverage in the event of any of the contingencies covered by their social insurance. These people fall into a category of persons "protected" in the event of a given contingency. The concept of protected persons may also apply where people are covered by universal or categorical programmes if all residents, or all residents in a given category (e.g. age), are entitled to certain benefits or to free access to social services by law and in practice in the event of the given contingency. It is, however, rather difficult to specify who is in fact effectively protected in the case of benefits granted on the basis of a means test or proxy means test, or conditional cash transfers.

The above measures of extent and level of coverage are specifically applied to certain areas (branches) of social security (and sometimes even only to specific schemes or types of scheme); they do not attempt to provide a generic measure of social security coverage. Ensuring the specificity of coverage indicators by area is essential to arrive at a meaningful analysis and ensure its relevance for policy development.

Coverage in health

Health protection data provided in this report and focusing on rural/urban and long-term care coverage are very scarce, and if available at all are hardly comparable. One of the few databases available providing an

[3] Such schemes are also referred to as categorical schemes.

Table AII.2 Comparison of different definitions used to measure social protection expenditure

Source	Definition	Functions/areas covered
International Monetary Fund (IMF) https://www.imf.org/external/pubs/ft/gfs/manual/pdf/ch6ann.pdf	**Expenditure on social protection** Government outlays on social protection include expenditures on services and transfers provided to individual persons and households and expenditures on services provided on a collective basis. Expenditures on individual services and transfers are allocated to groups 7101 (sickness and disability) through 7107 (social exclusion); expenditures on collective services are assigned to groups 7108 (R&D Social Protection) and 7109 (Social Protection N.E.C.). Collective social protection services are concerned with matters such as formulation and administration of government policy; formulation and enforcement of legislation and standards for providing social protection; and applied research and experimental development into social protection affairs and services.	Sickness, disability, old age, survivors, family and children, unemployment, housing, social exclusion (social assistance), research on social protection, general administrative expenditure on social protection.
	Expenditure on health Government outlays on health include expenditures on services provided to individual persons and services provided on a collective basis. Expenditures on individual services are allocated to groups 7071 (medical products, appliances, and equipment) through 7074 (public health services); expenditures on collective services are assigned to groups 7075 (R&D Health) and 7076 (Health N.E.C.).	Health
Eurostat http://ec.europa.eu/eurostat/statistics-explained/index.php/Social_protection_statistics#Social_protection_expenditure	**Expenditure on social protection** Expenditure on social protection includes: social benefits, administration costs (which represent the costs charged to the scheme for its management and administration) and other expenditure (which consists of miscellaneous expenditure by social protection schemes, principally payment of property income).	Sickness/health-care benefits (including paid sick leave, medical care and the provision of pharmaceutical products), disability, old age, survivors, family and children, unemployment, housing, social exclusion (social assistance).
Organisation for Economic Co-operation and Development (OECD) https://data.oecd.org/socialexp/social-spending.htm http://www.oecd-ilibrary.org/docserver/download/8116131ec024.pdf?expires=1498227122&id=id&accname=guest&checksum=E4E4424EE4BF484D11B64470A6735091	**Expenditure on social protection** Social expenditure comprises cash benefits, direct in-kind provision of goods and services, and tax breaks with social purposes. Benefits may be targeted at low-income households, the elderly, disabled, sick, unemployed, or young persons. To be considered "social", programmes have to involve either redistribution of resources across households or compulsory participation. Social benefits are classified as public when general government (that is central, state, and local governments, including social security funds) controls the relevant financial flows. All social benefits not provided by general government are considered private. Private transfers between households are not considered as "social" and not included here.	Old age, survivors, incapacity-related benefits, family, active labour market programmes, unemployment, housing, and other social policy areas.
	Expenditure on health Heath expenditure measures the final consumption of health goods and services. This includes spending by both public and private sources on medical services and goods, public health and prevention programmes and administration, but excludes spending on capital formation (investments).	Health
United Nations Economic Commission for Latin America and the Caribbean (ECLAC) http://estadisticas.cepal.org/cepalstat/WEB_CEPALSTAT/MetodosClasificaciones.asp?idioma=i	**Expenditure on social protection** ECLAC uses the EUROSTAT/OECD definition. See "Classification of final expenditure on GDP" at http://www.oecd.org/std/prices-ppp/37985038.pdf.	Older persons, disabled, persons suffering from occupational injuries and diseases, survivors, unemployed, destitute, family and children, homeless, low-income earners, indigenous people, immigrants, refugees, alcohol and substance abusers, etc.
	Expenditure on health See the IMF definition above.	Health
Government Spending Watch (GSW) http://www.governmentspendingwatch.org/research-analysis/social-protection	**Expenditure on social protection** All government spending which boosts economic development for the poor and promotes inclusive and employment-intensive growth can help meet this goal. However, GSW data focuses on the direct government interventions that have been most effective in reducing poverty and providing employment, known as "social protection" spending.	Social safety nets, social funds, social welfare assistance/ services, labour market interventions, and social insurance programmes (including pensions). Excludes all social services provided by government that could be classified as education or health, nutrition or WASH (water, sanitation and hygiene).

Table AII.2 Comparison of different definitions used to measure social protection expenditure

Source	Definition	Functions/areas covered
Asian Development Bank (ADB) https://www.adb.org/sites/default/files/publication/204091/ki2016.pdf	**Expenditure on social protection** Expenditure by government to provide benefits in cash or in kind to persons who are sick, fully or partially disabled, of old age, survivors or unemployed, among others.	Sickness, disability, old age, survivors, unemployment, etc.
	Expenditure on health Expenditure by government to provide medical products, appliances and equipment, outpatient services, hospital services and public health services, among others.	Health
World Health Organization (WHO) http://apps.who.int/gho/data/node.wrapper.imr?x-id=1	**Expenditure on health** General government expenditure on health (GGHE): The sum of health outlays paid for in cash or supplied in kind by government entities, such as the Ministry of Health, other ministries, parastatal organizations or social security agencies (without double counting government transfers to social security and extra budgetary funds). It includes all expenditure made by these entities, regardless of the source, so includes any donor funding passing through them. It includes transfer payments to households to offset medical care costs, extra-budgetary funds to finance health services and goods, and both current and capital expenditure.	Health

overview of key dimensions of coverage and access to health care was developed by the ILO (2014a). We use these data consisting of five indicators reflecting the affordability, availability and financial protection of quality health services complemented by information on health outputs based on maternal mortality rates. In order to disaggregate the global data new methodologies have been developed to assess rural/urban and long-term care (LTC) coverage gaps and deficits. To ensure cross-country comparability the methods used are deliberately not country-specific.

The legal coverage of the rural population was estimated by using the percentage of GDP provided by the agricultural sector. The GDP provided by other sectors allowed estimations of the legal coverage of urban populations to be made. In countries where the national legal coverage reached values above 99 per cent or below 1 per cent of the population, rural and urban disparities were assumed to be the same. Estimating the staff access deficit, the financial deficit and the maternal mortality ratio of the rural population was based on skilled birth attendance (SBA) given the high correlation observed. In countries where the national deficit was zero, no rural or urban deficits were assumed. The estimates of out-of-pocket payments (OOP) of the rural population were based on World Bank household expenditure data. Since the database is biased towards low- and middle-income countries, rural and urban discrepancies in high-income countries were assumed equal. All assessments of estimates are population (respectively birth) weighted and refer to data provided by the UN World Population Prospects, the World Bank (World Development Indicators Database, Global Consumption Database) and the WHO Global Health Observatory Data Repository).

As regards the data development for LTC coverage and access, we used existing international databases and relevant reports from international organizations including the OECD, WHO, World Bank and ILO in so far as comparable information on relevant aspects was covered. In addition, other well-known databases were used and a literature search was conducted, for instance on legislation, LTC policies and provision of services, and cash benefits. After synthesizing the collected material, national experts, academics, authors, government representatives and policy-makers from the selected countries were contacted for quality control.

Further details concerning the methodologies applied are available in Annex IV, table B.13 as well as in the underlying ILO publications (Scheil-Adlung, 2015a, 2015b).

Social protection expenditure

Data on social protection expenditure are collected according to different standards around the world. Within the European Union the standard is the ESSPROS system, while comparable data for other parts of the world are available through the IMF's Government Finance Statistics (GFS), either according to the new GFS 2014 standard, or the older GFS 2001 or 1986 standard.

Table AII.3 Regional groupings

Region	Subregion (broad)	Countries and territories
Africa	Northern Africa	Algeria, Egypt, Libya, Morocco, Sudan, Tunisia, Western Sahara
	Sub-Saharan Africa	Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Congo (Democratic Republic of), Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, The 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, Swaziland, Tanzania (United Republic of), Togo, Uganda, Zambia, Zimbabwe
Americas	Latin America and the Caribbean	Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Falkland Islands (Malvinas), French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Montserrat, Netherlands Antilles, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Martin (France), Saint Vincent and the Grenadines, Sint Maarten (Kingdom of the Netherlands), Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands, Uruguay, Venezuela (Bolivarian Republic of)
	North America	Bermuda, Canada, Greenland, Saint Pierre and Miquelon, United States
Arab States	Arab States	Bahrain, Iraq, Jordan, Kuwait, Lebanon, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen
Asia and the Pacific	Eastern Asia	China, Hong Kong (China) Japan, Korea (Democratic People's Republic of), Korea (Republic of), Macau (China), Mongolia, Taiwan (China)
	South-Eastern Asia	Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam
	Southern Asia	Afghanistan, Bangladesh, Bhutan, India, Iran (Islamic Republic of), Maldives, Nepal, Pakistan, Sri Lanka
	Oceania	American Samoa, Australia, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, New Caledonia, New Zealand, Niue, Norfolk Island, Northern Mariana Islands, Palau Islands, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Wallis and Futuna Islands
Europe and Central Asia	Northern, Southern and Western Europe	Albania, Andorra, Austria, Belgium, Bosnia and Herzegovina, Channel Islands, Croatia, Denmark, Estonia, Faeroe Islands, Finland, France, Germany, Gibraltar, Greece, Guernsey, Iceland, Ireland, Isle of Man, Italy, Jersey, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia (the former Yugoslav Republic of), Malta, Monaco, Montenegro, Netherlands, Norway, Portugal, San Marino, Serbia, Slovenia, Spain, Sweden, Switzerland, United Kingdom
	Eastern Europe	Belarus, Bulgaria, Czech Republic, Hungary, Moldova (Republic of), Poland, Romania, Russian Federation, Slovakia, Ukraine
	Central and Western Asia	Armenia, Azerbaijan, Cyprus, Georgia, Israel, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan, Uzbekistan

Note: Figures do not always include all the countries in a region because of missing information or unreliable data.

Data on expenditure for this report were obtained from various sources (see table AII.2 and the section at the end of this Annex, "Sources of data").

Global and regional estimates

Regional results for effective and legal coverage indicators are obtained as averages of figures from countries in each region weighted by the population group concerned. For effective coverage, estimates are based on administrative data produced by the countries (the ILO Social Security Inquiry (SSI)). For SDG regions with insufficient country coverage, imputations were used. Regional and global estimates were produced in cooperation with the ILO Department of Statistics (see the methodological details below).

Regional results for expenditure indicators are obtained as averages of figures from countries in each region weighted by the total GDP of the corresponding country. The GDP data used was current GDP in US$ according to the World Bank.

Regional and income groupings

The regional and income groupings used are listed in tables AII.3 and AII.4.

Table AII.4 Income groupings

Income group	Countries and territories
High income	Andorra, Australia, Austria, Antigua and Barbuda, Aruba, Bahrain, Bahamas, Barbados, Belgium, Bermuda, British Virgin Islands, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Chile, Curaçao, Cyprus, Czech Republic, Denmark, Estonia, Faeroe Islands, Falkland Islands (Malvinas), Finland, France, French Guiana, French Polynesia, Germany, Gibraltar, Greece, Greenland, Guam, Guernsey, Hong Kong (China), Hungary, Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Jersey, Korea (Republic of), Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau (China), Malta, Martinique, Monaco, Netherlands, Netherlands Antilles, New Caledonia, New Zealand, Niue, Norfolk Island, Northern Mariana Islands, Norway, Oman, Palau Islands, Poland, Portugal, Puerto Rico, Qatar, Réunion, Saint Kitts and Nevis, Saint Martin (France), Saint Pierre and Miquelon, San Marino, Saudi Arabia, Seychelles, Singapore, Sint Maarten (Kingdom of the Netherlands), Slovakia, Slovenia, Spain, Sweden, Switzerland, Taiwan (China), Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States, United States Virgin Islands, Uruguay, Wallis and Futuna Islands
Upper-middle income	Albania, Algeria, Anguilla, American Samoa, Argentina, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Brazil, Botswana, Bulgaria, China, Colombia, Cook Islands, Costa Rica, Croatia, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Grenada, Guadeloupe, Guyana, Iran (Islamic Republic of), Iraq, Jamaica, Kazakhstan, Lebanon, Libya, Macedonia (The former Yugoslav Republic of), Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Montserrat, Namibia, Nauru, Panama, Paraguay, Peru, Romania, Russian Federation, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Serbia, South Africa, Suriname, Thailand, Tonga, Turkey, Turkmenistan, Tuvalu, Venezuela (Bolivarian Republic of)
Lower-middle income	Armenia, Angola, Bangladesh, Bhutan, Bolivia (Plurinational State of), Cabo Verde, Cambodia, Cameroon; Congo, Côte d'Ivoire, Djibouti, Egypt, El Salvador, Micronesia (Federated States of), Georgia, Ghana, Guatemala, Honduras, India, Indonesia, Jordan, Kenya, Kiribati, Kosovo, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Mauritania, Mayotte, Moldova (Republic of), Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Occupied Palestinian Territory, Pakistan, Papua New Guinea, Philippines, Saint Helena, Sao Tome and Principe, Solomon Islands, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Tajikistan, Timor-Leste, Tunisia, Ukraine, Uzbekistan, Vanuatu, Viet Nam, Western Sahara, Yemen, Zambia
Low income	Afghanistan, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Congo (Democratic Republic of the), Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Haiti, Korea (Democratic People's Republic of); Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Niger, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Tanzania (United Republic of), Togo, Uganda, Zimbabwe

Note: Figures do not always include all the countries in a region because of missing information or unreliable data.

Estimating global and regional aggregates of social protection indicators: Methodological description

The global and regional estimates presented in this report are based on econometric models designed to impute missing data in countries for which nationally reported data are unavailable. The output of the models is a complete set of single-year estimates for seven social protection indicators for 169 countries. The country-level data (reported and imputed) are then aggregated to produce global and regional estimates of the social protection indicators.

Data coverage

Input data utilized in the model were collected through the ILO Social Security Inquiry (SSI). The number of countries for which data were reported for each variable included in the global and regional estimations is as follows: overall coverage by social protection (at least one contingency), 72 countries; older persons, 138 countries; persons with severe disabilities, 71 countries; mothers with newborns, 66 countries; children, 60 countries; unemployed, 75 countries; vulnerable population, 65 countries.

Detailed information on the share of the global and regional populations for which data were reported to the ILO through the SSI is provided in table AII.7 for each indicator. The years of the input data range from 2012 to 2016.

Description of the econometric model

Separate models are run for each social protection indicator for which regional and global aggregates are generated. For six of the seven indicators (overall coverage, persons with severe disabilities, mothers with newborns, children, unemployed and vulnerable population), ordinary least squares (OLS) models are utilized, using geographic location and level of income as the explanatory variables. More specifically, the dependent variable in each model is the proportion of the population covered under the given social protection scheme (i) and the independent variables are regional groupings interacted with income groupings as shown in equation (1):

$$Social\ protection\ indicator_i = \alpha_i + \beta_i (Region \times Income\ Group) + \varepsilon_i \quad (1)$$

Income groups correspond to quartiles of per capita GDP at purchasing power parity (PPP) based on the World Development Indicators (WDI) database. Table AII.5 lists the ten regional groupings used in the regressions and that correspond to regional groupings used in SDG global and regional monitoring.

Table AII.5 Regional groupings used in the regressions*

Caucasus and Central Asia	Oceania
Developed regions	South-Eastern Asia
Eastern Asia	Southern Asia
Latin America and the Caribbean	Sub-Saharan Africa
Northern Africa	Western Asia

* Regional groupings used in the report are based on the ILO classification (table AII.3), and differ from the regional groupings used for SDG monitoring.

As the old-age coverage indicator has significantly greater data coverage than the other indicators, simple regional averages of the reported old-age coverage data were used to impute values in countries without data. In the few cases where the OLS estimates were out of range (<0% or >100% coverage), these were replaced by simple regional averages.

Method of producing global and regional aggregates

For each social protection indicator, regional and global aggregates are produced only if the data reported through the SSI correspond to more than 40 per cent of a given region's population. Where this threshold has been satisfied, the regional and global aggregates are then obtained by weighted averages of the underlying country-level estimates (reported or imputed). The weights used for each indicator are listed in table AII.6.

Sources of data

This report is based on the ILO World Social Protection Database, which provides in-depth country-level statistics on various dimensions of social security or social protection systems, including key indicators for policy-makers, officials of international organizations and researchers, including the United Nations monitoring of the SDGs (UN, 2017b).

Most of the data in the ILO World Social Protection Database are collected through the ILO Social Security Inquiry (SSI), the ILO's periodic collection of administrative data from national ministries of labour, social security, welfare, social development, finance, and others ministries. The 2016 edition of the Social Security Inquiry is an update of the earlier questionnaire, adapted to better reflect the newly adopted SDGs. The SSI questionnaires and manual are available online (ILO, 2016c).

For measuring legal coverage, the main source is the ISSA/SSA Social Security Programs Throughout the World, used in combination with data on labour force from ILOSTAT.

Other data sources:

- For indicators of effective coverage: existing global social protection statistics, including those of EUROSTAT, the World Bank pensions and ASPIRE databases, UNICEF, UN Women, HelpAge, OECD and ISSA.
- For indicators of legal coverage: HelpAge International, and the Mutual Information System on Social Protection (MISSOC).
- For coverage in health: WHO, Global Health Observatory Data Repository; UN, World Population Prospects, 2015 revision; World Bank, World Development Indicators and Global Consumption Database.

Table AII.6 Weighting variables for each indicator

Indicator	Weighting variable	Source of weighting variable
Overall coverage	Total population	UN, World Population Prospects, 2015 revision
Older persons	Population aged 65 and above	UN, World Population Prospects, 2015 revision
Persons with severe disabilities	Total population	UN, World Population Prospects, 2015 revision
Mothers with newborns	Female population aged 15–49	UN, World Population Prospects, 2015 revision
Children	Population aged 0–14	UN, World Population Prospects, 2015 revision
Unemployed	Total unemployed	ILO, Trends Econometric Models, November 2016
Vulnerable population	Total population	UN, World Population Prospects, 2015 revision

Table AII.7 Data coverage underlying global and regional aggregates (proportion of regional population with reported data)

	Reported data coverage						
Region	Aggregate estimate	Persons with severe disabilities	Vulnerable persons	Older persons	Mothers with newborns	Children	Unemployed
World	0.76	0.51	0.72	0.95	0.66	0.41	0.63
Africa	0.65	0.17	0.57	0.74	0.41	0.45	0.50
Americas	0.86	0.72	0.80	0.88	0.41	0.56	0.81
Arab States	0.00	0.02	0.00	0.36	0.00	0.00	0.00
Asia and the Pacific	0.81	0.50	0.76	0.99	0.77	0.33	0.52
Europe and Central Asia	0.69	0.85	0.68	0.96	0.81	0.63	0.94
Broad subregion							
Northern Africa	0.42	0.23	0.00	0.32	0.60	0.00	0.00
Sub-Saharan Africa	0.71	0.15	0.71	0.91	0.36	0.53	0.66
Latin America and Caribbean	0.78	0.56	0.69	0.75	0.56	0.75	0.73
Northern America	1.00	1.00	1.00	1.00	0.10	0.09	1.00
Arab States	0.00	0.02	0.00	0.36	0.00	0.00	0.00
Eastern Asia	1.00	0.11	0.88	0.99	0.90	0.91	1.00
South-Eastern Asia & the Pacific	0.33	0.54	0.33	0.98	0.37	0.21	0.18
Southern Asia	0.82	0.82	0.82	1.00	0.82	0.09	0.00
Northern, Southern and Western Europe	0.80	0.93	0.80	1.00	0.96	0.81	0.99
Eastern Europe	0.80	0.80	0.80	1.00	0.95	0.78	1.00
Central and Western Asia	0.25	0.75	0.21	0.47	0.28	0.23	0.71
Detailed subregion							
Northern Africa	0.42	0.23	0.00	0.32	0.60	0.00	0.00
Central Africa	0.66	0.15	0.66	0.87	0.16	0.66	0.00
Eastern Africa	0.68	0.08	0.68	0.93	0.22	0.22	0.77
Southern Africa	0.94	0.87	0.94	1.00	0.07	0.93	0.94
Western Africa	0.71	0.10	0.71	0.86	0.65	0.75	0.51
Caribbean	0.28	0.07	0.00	0.10	0.00	0.00	0.02
Central America	0.76	0.14	0.76	0.18	0.09	0.75	0.00
South America	0.83	0.77	0.72	1.00	0.81	0.83	0.93
Northern America	1.00	1.00	1.00	1.00	0.10	0.09	1.00
Arab States	0.00	0.02	0.00	0.36	0.00	0.00	0.00
Eastern Asia	1.00	0.11	0.88	0.99	0.90	0.91	1.00
South-Eastern Asia	0.31	0.52	0.31	0.98	0.39	0.20	0.12
Pacific Islands	0.74	0.74	0.74	0.99	0.00	0.50	0.81
Southern Asia	0.82	0.82	0.82	1.00	0.82	0.09	0.00
Northern Europe	1.00	1.00	1.00	1.00	1.00	0.97	1.00
Southern Europe	0.39	0.80	0.39	1.00	0.90	0.40	0.98
Western Europe	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Eastern Europe	0.80	0.80	0.80	1.00	0.95	0.78	1.00
Central Asia	0.26	0.35	0.26	0.93	0.46	0.49	0.44
Western Asia	0.25	1.00	0.17	0.29	0.17	0.03	0.87

- For indicators on expenditure: The GDP data used was current GDP in US$ according to the World Bank; data on expenditure from the International Monetary Fund (IMF), Eurostat, OECD, UN Economic Commission for Latin America and the Caribbean (ECLAC), Asian Development Bank (ADB), Government Spending Watch (GSW), World Health Organization (WHO) and national sources such as the Ministry of Finance or the Ministry of Economics.
- For population and labour market indicators: ILOSTAT; UN, World Population Prospects, 2015 revision. Definitions used for these indicators are available at: Resolution concerning statistics of work, employment and labour underutilization, 19th International Conference of Labour Statisticians (ICLS), October 2013. Available at: http://www.ilo.ch/global/statistics-and-databases/meetings-and-events/international-conference-of-labour-statisticians/19/lang--en/index.htm.
- The ILO World Social Protection Database also draws on national official reports and other sources, which usually are largely based on administrative data; and on survey data from a range of sources including national household income and expenditure surveys, labour force surveys, and demographic and health surveys, to the extent that these include variables on social protection.

Where new data from the abovementioned sources were not available, data from previous editions of the *World Social Protection Report* were used.

Annex III

Minimum requirements in ILO social security standards: Overview tables

ILO social security standards have come to be recognized globally as key references for the design of rights-based, sound and sustainable social protection schemes and systems. They also give meaning and definition to the content of the right to social security as laid down in international human rights instruments (notably the Universal Declaration of Human Rights, 1948, and the International Covenant on Economic, Social and Cultural Rights, 1966), thereby constituting essential tools for the realization of this right and the effective implementation of a rights-based approach to social protection.

Guiding ILO policy and technical advice in the field of social protection, ILO social security standards are primarily tools for governments which, in consultation with employers and workers, are seeking to draft and implement social security law, establish administrative and financial governance frameworks, and develop social protection policies. More specifically, these standards serve as key references for:

- the elaboration of national social security extension strategies;
- the development and maintenance of comprehensive national social security systems;
- the design and parametric adjustments of social security schemes;
- the establishment and implementation of effective recourse, enforcement and compliance mechanisms;
- the good governance of social security and improvement of administrative and financial structures;
- the realization of international and regional obligations, and the operationalization of national social protection strategies and action plans; and
- working towards the achievement of Sustainable Development Goals, particularly Goals 1, 3, 5, 8, 10 and 16.

The ILO's normative social security framework consists of eight up-to-date Conventions and nine Recommendations.[1] The most prominent of these are the Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Social Protection Floors

[1] Income Security Recommendation, 1944 (No. 67), Medical Care Recommendation, 1944 (No. 69), Social Security (Minimum Standards) Convention, 1952 (No. 102), Equality of Treatment (Social Security) Convention, 1962 (No. 118), Employment Injury Benefits Convention, 1964 (No. 121) and Recommendation, 1964 (No. 121), Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128) and Recommendation, 1967 (No. 131), Medical Care and Sickness Benefits Convention, 1969 (No. 130) and Recommendation, 1969 (No. 134), Maintenance of Social Security Rights Convention, 1982 (No. 157) and Recommendation, 1983 (No. 167), Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168) and Recommendation, 1988 (No. 176), Maternity Protection Convention, 2000 (No. 183) and Recommendation, 2000 (No. 191), and Social Protection Floors Recommendation, 2012 (No. 202). These instruments are reproduced in the compendium *Building social protection systems: International standards and human rights instruments* (Geneva, ILO, 2017).

Recommendation, 2012 (No. 202).[2] Other Conventions and Recommendations set higher standards in respect of the different social security branches, or spell out the social security rights of migrant workers.

ILO standards establish qualitative and quantitative benchmarks which together determine the minimum standards of social security protection to be provided by social security schemes when life risks or circumstances occur, with regard to:

- definition of the contingency (what risk or life circumstance must be covered?)
- persons protected (who must be covered?)
- type and level of benefits (what should be provided?)
- entitlement conditions, including qualifying period (what should a person do to get the right to a benefit?)
- duration of benefit and waiting period (how long must the benefit be paid/provided for?)

In addition, they set out common rules of collective organization, financing and management of social security, as well as principles for the good governance of national systems. These include:

- the general responsibility of the State for the due provision of benefits and proper administration of social security systems;
- solidarity, collective financing and risk-pooling;
- participatory management of social security schemes;
- guarantee of defined benefits;
- adjustment of pensions in payment to maintain the purchasing power of beneficiaries; and
- the right to complain and appeal.

Tables AIII.1–AIII.9 provide a summary overview of some of the key requirements set out in ILO standards.

[2] Convention No. 102 has been ratified to date by 55 countries, most recently by Argentina (2016), Chad (2015), Dominican Republic (2016), Honduras (2012), Jordan (2014), St Vincent and the Grenadines (2015), Togo (2013), Ukraine (2016) and Uruguay (2010). ILO Recommendations are not open for ratification.

Table AIII.1 Main requirements: ILO social security standards on health protection

	Convention No. 102 Minimum standards	Convention No. 130[a] and Recommendation No. 134[b] Higher standards	Recommendation No. 202 Basic protection
What should be covered?	Any ill health condition, whatever its cause; pregnancy, childbirth and their consequences	The need for medical care of curative and preventive nature	Any condition requiring health care, including maternity
Who should be covered?	At least: • 50% of all employees, and wives and children; *or* • categories of the economically active population (forming not less than 20% of all residents, and wives and children); *or* • 50% of all residents	**C.130:** All employees, including apprentices, and their wives and children; *or* • categories of the active population forming not less than 75% of whole active population, and the wives and children); *or* • prescribed class of residents forming not less than 75% of all residents **R.134:** In addition: persons in casual employment and their families, members of employers' families living in their house and working for them, all economically active persons and their families, all residents	At least all residents and children, subject to the country's existing international obligations
What should the benefit be?	In case of ill health: general practitioner care, specialist care at hospitals, essential medications and supplies, hospitalization if necessary In case of pregnancy, childbirth and their consequences: prenatal, childbirth and post-natal care by medical practitioners and qualified midwives, hospitalization if necessary	**C.130**: The medical care required by the person's condition, with a view to maintaining, restoring or improving health and ability to work and attend to personal needs, including at least: general practitioner care, specialist care at hospitals, allied care and benefits, essential medical supplies, hospitalization if necessary, dental care and medical rehabilitation **R.134**: Also the supply of medical aids (e.g. eyeglasses) and services for convalescence	Goods and services constituting at least essential health care, including maternity care, meeting accessibility, availability, acceptability and quality criteria; free prenatal and post-natal medical care for the most vulnerable; higher levels of protection should be provided to as many people as possible, as soon as possible
What should the benefit duration be?	As long as ill health, or pregnancy and childbirth and their consequences, persist. May be limited to 26 weeks in each case of sickness. Benefit should not be suspended while beneficiary receives sickness benefits or is treated for a disease recognized as requiring prolonged care	**C.130:** Throughout the contingency May be limited to 26 weeks where a beneficiary ceases to belong to the categories of persons protected, unless he/she is already receiving medical care for a disease requiring prolonged care, or as long as he/she is paid a cash sickness benefit **R.134:** Throughout the contingency	As long as required by the health status
What conditions can be prescribed for entitlement to a benefit?	Qualifying period may be prescribed as necessary to preclude abuse	**C.130:** Qualifying period may be prescribed as necessary to preclude abuse **R.134:** Right to benefit should not be subject to qualifying period	Persons in need of health care should not face hardship and an increased risk of poverty due to financial consequences of accessing essential health care Should be defined at national level and prescribed by law, applying principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of people

[a] Medical Care and Sickness Benefits Convention, 1969. [b] Medical Care and Sickness Benefits Recommendation, 1959.

Table AIII.2 Main requirements: ILO social security standards on sickness benefits

	Convention No. 102 Minimum standards	Convention No. 130 and Recommendation No. 134 Higher standards	Recommendation No. 202 Basic protection
What should be covered?	Incapacity to work resulting from illness that results in the suspension of income	**C.130**: Incapacity to work resulting from sickness and involving suspension of earnings **R.134**: Also covers periods of absence from work resulting in loss of earnings due to convalescence, curative or preventative medical care, rehabilitation or quarantine, or due to caring for dependants	At least basic income security for those who are unable to earn a sufficient income due to sickness
Who should be protected?	At least: • 50% of all employees; *or* • categories of the economically active population (forming not less than 20% of all residents); *or* • all residents with means under a prescribed threshold	**C.130:** All employees, including apprentices; *or* • categories of economically active population (forming not less than 75% of whole economically active population); *or* • all residents with means under prescribed threshold **R.134**: Extension to persons in casual employment, members of employers' families living in their house and working for them, all economically active persons, all residents	At least all residents of active age, subject to the country's existing international obligations
What should be the benefit?	Periodic payments; at least 45% of reference wage	**C.130**: Periodic payments: at least 60% of reference wage; in case of death of the beneficiary, benefit for funeral expenses **R.134:** Benefit should be 66.66% of reference wage	Benefits in cash or in kind at a level that ensures at least basic income security, so as to secure effective access to necessary goods and services; prevents or alleviates poverty, vulnerability and social exclusion; and allows life in dignity
What should the benefit duration be?	As long as the person remains unable to engage in gainful employment due to illness; possible waiting period of max. three days before benefit is paid; benefit duration may be limited to 26 weeks in each case of sickness	**C. 130:** As long as the person remains unable to engage in gainful employment due to illness; possible waiting period of max three days before benefit is paid; benefit duration may be limited to 52 weeks in each case of sickness **R.134**: Benefit should be paid for full duration of sickness or other contingencies covered	As long as the incapacity to earn a sufficient income due to sickness remains
What conditions can be prescribed for entitlement to a benefit?	Qualifying period may be prescribed as necessary to prevent abuse	**C.130**: Qualifying period may be prescribed as necessary to prevent abuse	Should be defined at national level, and prescribed by law, applying principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of people

Table AIII.3 Main requirements: ILO social security standards on unemployment protection

	Convention No. 102 Minimum standards	Convention No. 168[a] and Recommendation No. 176[b] Higher standards	Recommendation No. 202 Basic protection
What should be covered?	Suspension of earnings due to inability to find suitable employment for capable and available person	**C.168**: Loss of earnings due to inability to find suitable employment for capable and available person actively seeking work. Protection should be extended to loss of earnings due to partial unemployment, suspension or reduction of earnings due to temporary suspension of work, part-time workers seeking full-time work **R.176**: Provides guidance for assessing suitability of potential employment	At least basic income security for those who are unable to earn sufficient income in case of unemployment
Who should be protected?	At least: • 50% of all employees; *or* • all residents with means under prescribed threshold	**C.168**: At least 85% of employees, including public employees and apprentices; all residents with means under prescribed threshold. Coverage should be extended to persons seeking work who have never been, or have ceased to be, recognized as unemployed or covered by unemployment protection schemes **R.176:** Coverage should be extended progressively to all employees as well as to persons experiencing hardship during waiting period	At least all residents of active age, subject to the country's existing international obligations
What should be the benefit?	Periodic payments; at least 45% of reference wage	**C.168:** Periodic payments: at least 50% of reference wage; *or* total benefits must guarantee the beneficiary healthy and reasonable living conditions **R.176:** For partial employment: total benefit and earnings from the part-time work should reach the sum of previous earnings from full-time work and the amount of full unemployment benefit	Benefits in cash or in kind at a level that ensures at least basic income security, so as to secure effective access to necessary goods and services; prevents or alleviates poverty, vulnerability and social exclusion; and allows life in dignity
What should the benefit duration be?	For schemes covering employees: at least 13 weeks of benefits within a period of 12 months For means-tested (non-contributory) schemes: at least 26 weeks within a period of 12 months Possible waiting period of max. seven days	**C. 168**: Throughout the unemployment period; possibility to limit initial duration of payment of the benefit to 26 weeks in case of unemployment or 39 weeks over any period of 24 months; possible waiting period of max. seven days **R.176**: Benefit duration should be extended until pensionable age for unemployed persons who have reached a prescribed age	As long as the incapacity to earn a sufficient income remains
What conditions can be prescribed for entitlement to a benefit?	Qualifying period may be prescribed as necessary to prevent abuse	**C.168:** Qualifying period may be prescribed as necessary to prevent abuse **R.176**: Qualifying period should be adapted or waived for new jobseekers	Should be defined at national level, and prescribed by law, applying principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of people

[a] Employment Promotion and Protection against Unemployment Convention, 1988. [b] Employment Promotion and Protection against Unemployment Recommendation, 1988.

Table AIII.4 Main requirements: ILO social security standards on income security in old age

	Convention No. 102 Minimum standards	Convention No. 128[a] and Recommendation No. 131[b] Higher standards	Recommendation No. 202 Basic protection
What should be covered?	Survival beyond a prescribed age (65 or higher according to working ability of elderly persons in country)	**C.128**: Same as C.102; also, the prescribed age should be lower than 65 for persons with occupations deemed arduous or unhealthy **R.131**: In addition, the prescribed age should be lowered based on social grounds	At least basic income security for older persons
Who should be protected?	At least: • 50% of all employees; *or* • categories of active population (forming not less than 20% of all residents); *or* • all residents with means under prescribed threshold	**C.128**: All employees, including apprentices; *or* • categories of economically active population (forming not least 75% of whole economically active population); *or* • all residents or all residents with means under prescribed threshold **R.131**: Coverage should be extended to persons whose employment is of casual nature; *or* all economically active persons	All residents of a nationally prescribed age, subject to the country's existing international obligations
What should be the benefit?	Periodic payments: at least 40% of reference wage; adjustment following substantial changes in general level of earnings and/or cost of living	**C.128**: Periodic payments: at least 45% of reference wage; adjustment following substantial changes in general level of earnings and/or cost of living **R.131:** at least 55% of reference wage; minimum amount of old-age benefit should be fixed by legislation to ensure a minimum standard of living; level of benefit should be increased if beneficiary requires constant help	Benefits in cash or in kind at a level that ensures at least basic income security, so as to secure effective access to necessary goods and services; prevents or alleviates poverty, vulnerability and social exclusion; and allows life in dignity. Levels should be regularly reviewed
What should the benefit duration be?	From the prescribed age to the death of beneficiary	From the prescribed age to the death of beneficiary	From the nationally prescribed age to the death of beneficiary
What conditions can be prescribed for entitlement to a benefit?	30 years of contribution or employment (for contributory schemes) or 20 years of residence (for non-contributory schemes) Entitlement to a reduced benefit after 15 years of contribution or employment	**C.128**: Same as C.102 **R.131:** 20 years of contributions or employment (for contributory schemes) *or* 15 years of residence (for non-contributory schemes) Periods of incapacity due to sickness, accident or maternity, and periods of involuntary unemployment, in respect of which benefit was paid, and compulsory military service, should be assimilated to periods of contribution or employment for calculation of the qualifying period fulfilled	Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of older persons

[a] Invalidity, Old-Age and Survivors' Benefits Convention, 1967. [b] Invalidity, Old-Age and Survivors' Benefits Recommendation, 1967.

Table AIII.5 Main requirements: ILO social security standards on employment injury protection

	Convention No. 102 Minimum standards	Convention No. 121[a] and Recommendation No. 121[b] Higher standards	Recommendation No. 202 Basic protection
What should be covered?	Ill health; and incapacity for work due to work-related accident or disease, resulting in suspension of earnings; total loss of earning capacity or partial loss at a prescribed degree, likely to be permanent, or corresponding loss of faculty; loss of support for the family in case of death of breadwinner	**C.121**: Same as C.102	At least basic income security for those who are unable to earn a sufficient income due to employment injury
Who should be protected?	At least 50% of all employees and their wives and children	**C.121**: All public and private sector employees including members of cooperatives and apprentices; in case of death, spouse, children and other dependants as prescribed **R.121**: Coverage should be extended progressively to all categories of employees and other dependent family members (parents, brothers and sisters, and grandchildren)	At least all residents of active age, subject to the country's existing international obligations
What should the benefit be?	*Medical care and allied benefits:* general practitioner, specialist, dental care, nursing care; medication, rehabilitation, prosthetics etc., with a view to maintaining, restoring or improving health and ability to work and attend to personal needs *Cash benefits:* • Periodic payments: at least 50% of reference wage in cases of incapacity to work or invalidity; at least 40% of reference wage in cases of death of breadwinner • Adjustment of long-term benefits following substantial changes in general level of earnings and/or cost of living • Lump sum if incapacity is slight and competent authority is satisfied that the sum will be used properly	**C.121**: *Medical care:* Same as C. 102; also at the emergency and follow-up treatment at place of work *Cash benefits:* Periodic payments: at least 60% of reference wage in cases of incapacity for work or invalidity; at least 50% of reference wage in case of death of breadwinner *Lump sum:* same conditions as C.102, plus consent of injured person required **R.121**: Costs of constant help or attendance should be covered when such care is required *Cash benefit:* not less than 66.67% of previous earnings; adjustment of long-term benefits taking into account general levels of earnings or cost of living *Lump sum* allowed where degree of incapacity is less than 25%; should bear an equitable relationship to periodic payments and not be less than periodic payments for three years	Benefits in cash or in kind at a level that ensures at least basic income security, so as to secure effective access to necessary goods and services; prevents or alleviates poverty, vulnerability and social exclusion; and allows life in dignity. Levels should be regularly reviewed
What should the benefit duration be?	As long as the person is in need of health care or remains incapacitated No waiting period except for temporary incapacity to work for a maximum of three days	**C.121**: As long as the person is in need of health care or remains incapacitated **R.121**: In addition, cash benefits should be paid from first day in each case of suspension of earnings	As long as the incapacity to earn a sufficient income remains
What conditions can be prescribed for entitlement to a benefit?	No qualifying period allowed for benefits to injured persons For dependants, benefit may be made conditional on spouse being presumed incapable of self-support and children remaining under a prescribed age	**C.121**: Same as C.102	Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of the injured people

[a] Employment Injury Benefits Convention, 1964. [b] Employment Injury Benefits Recommendation, 1964.

Table AIII.6 Main requirements: ILO social security standards on family/child benefits

	ILO Convention No. 102 Minimum standards	ILO Recommendation No. 202 Basic protection
What should be covered?	Responsibility for child maintenance	At least basic income security for children
Who should be protected?	At least 50% of all employees; *or* • categories of active population (forming not less than 20% of all residents; *or* • all residents with means under prescribed threshold	All children
What should the benefit be?	Periodic payments; *or* • provision for food, clothing, housing, holidays or domestic help; *or* • combination of both Total value of benefits calculated at a *global* level: • at least 3% of reference wage multiplied by number of children of covered people; *or* • a least 1.5% of reference wage multiplied by number of children of all residents	Benefits in cash or in kind at a level that ensures at least basic income security for children, providing access to nutrition, education, care and other necessary goods and services
What should the benefit duration be?	At least from birth to 15 years of age or school-leaving age	For the duration of childhood
What conditions can be prescribed for entitlement to a benefit?	• Three months' contributions or employment (for contributory or employment based schemes); • one year's residence (for non-contributory schemes)	Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of children

Table AIII.7 Main requirements: ILO social security standards on maternity protection

	ILO Convention No. 102 Minimum standards	ILO Convention No. 183[a] and Recommendation No. 191[b] Higher standards	ILO Recommendation No. 202 Basic protection
What should be covered?	Medical care required by pregnancy, confinement and their consequences; resulting lost wages	**C.183**: Medical care required by pregnancy, child birth and their consequences; resulting lost wages **R.191**: Same as **C.183**	Goods and services constituting essential maternity health care At least basic income security for those who are unable to earn a sufficient income due to maternity
Who should be protected?	At least: • 50% of all women employees; *or* • all women in categories of the active population (forming not less than 20% of all residents); *or* • all women with means under prescribed threshold	**C.183**: All employed women including those in atypical forms of dependent work **R.191**: Same as **C.183**	At least all women who are residents, subject to the country's existing international obligations
What should the benefit be?	*Medical benefits:* At least: • prenatal, confinement and post-natal care by qualified practitioners; • hospitalization if necessary *Cash benefits:* • periodic payment: at least 45% of the reference wage	**C.183**: *Medical benefits:* At least prenatal, childbirth and post-natal care by qualified practitioners; hospitalization if necessary Daily remunerated breaks or reduced hours for breastfeeding *Cash benefits:* At least 66.67% of previous earnings; should maintain mother and child in proper conditions of health and a suitable standard of living **R.191**: Cash benefits should be raised to the full amount of the woman's previous earnings	*Medical benefits:* should meet criteria of availability, accessibility, acceptability and quality; free prenatal and post-natal medical care should be considered for the most vulnerable *Benefits in cash or in kind:* should ensure at least basic income security, so as to secure effective access to necessary goods and services, and be at a level that prevents or alleviates poverty, vulnerability and social exclusion and allows life in dignity. Levels should be regularly reviewed
What should the benefit duration be?	At least 12 weeks for cash benefits	**C.183**: 14 weeks' maternity leave, including 6 weeks' compulsory leave after childbirth; additional leave before or after maternity leave in case of illness, complications or risk of complications arising from pregnancy or childbirth **R.191**: 18 weeks' maternity leave Extension of the maternity leave in the event of multiple births	As long as the incapacity to earn a sufficient income remains
What conditions can be prescribed for entitlement to a benefit?	As considered necessary to preclude abuse	**C.183**: Conditions must be met by a large majority of women; those who do not meet conditions are entitled to social assistance **R.191**: Same as C.183	Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of women

[a] Maternity Protection Convention, 2000. [b] Maternity Protection Recommendation, 2000.

Table AIII.8 Main requirements: ILO social security standards on disability benefits

	ILO Convention No. 102 Minimum standards	ILO Convention No. 128 and Recommendation No. 131 Higher standards	ILO Recommendation No. 202 Basic protection
What should be covered?	Inability to engage in any gainful activity, likely to be permanent, or that persists beyond sickness benefit (total invalidity)	**C.128**: Incapacity to engage in any gainful activity, likely to be permanent, or that persists beyond temporary or initial incapacity (total invalidity) **R.131**: Incapacity to engage in an activity involving substantial gain (total and partial invalidity)	At least basic income security for those who are unable to earn a sufficient income due to disability
Who should be protected?	At least: • 50% of all employees; *or* • categories of the active population (forming not less than 20% of all residents); *or* • all residents with means under prescribed threshold	**C.128:** All employees, including apprentices; *or* • at least 75% of economically active population; *or* • all residents *or* all residents with means under prescribed threshold **R.131:** Coverage should be extended to persons in casual employment and all economically active persons	At least all residents, subject to the country's existing international obligations
What should the benefit be?	Periodic payment: at least 40% of reference wage Adjustment following substantial changes in general level of earnings and/or cost of living	**C.128:** Periodic payment: at least 50% of reference wage **R.131**: Periodic payment should be increased to at least 60% of reference wage Reduced benefit for partial invalidity	Benefits in cash or in kind at a level that ensures at least basic income security, so as to secure effective access to necessary goods and services; prevents or alleviates poverty, vulnerability and social exclusion; and allows life in dignity
What should the benefit duration be?	As long as the person remains unable to engage in gainful employment or until old-age pension is paid	As long as the person remains incapacitated or until old-age pension is paid	As long as the incapacity to earn a sufficient income remains
What conditions can be prescribed for entitlement to a benefit?	15 years of contributions or employment (for contributory schemes) or 10 years of residence (for non-contributory schemes); entitlement to a reduced benefit after five years of contributions or three years of residence	**C.128:** 15 years of contributions (for contributory schemes) or employment, *or* 10 years of residence (for non-contributory schemes) Entitlement to a reduced benefit after five years of contributions or three years of residence **R.131**: Five years of contributions, employment or residence; qualifying period should be removed (or reduced) for young workers or where invalidity is due to an accident Periods of incapacity due to sickness, accident or maternity and periods of involuntary unemployment, in respect of which benefit was paid, and compulsory military service, should be assimilated to periods of contribution or employment for calculation of the qualifying period fulfilled	No specific indication; entitlement conditions should be defined at national level, applying the principles of non-discrimination, responsiveness to special needs and social inclusion and ensuring the rights and dignity of persons with disabilities; they should be prescribed by law

Table AIII.9 Main requirements: ILO social security standards on survivors' benefits

	ILO Convention No. 102 Minimum standards	ILO Convention No. 128 and Recommendation No. 131 Higher standards	ILO Recommendation No. 202 Basic protection
What should be covered?	Widow's or children's loss of support in the event of death of the breadwinner	**C.128**: Widow's or children's loss of support in case of death of breadwinner **R.131**: Same as C.128	At least basic income security for those who are unable to earn a sufficient income due to the absence of family support
Who should be protected?	Wives and children of breadwinners representing at least 50% of all employees; *or* • wives and children of members of economically active persons representing at least 20% of all residents; *or* • all resident widows and children with means under prescribed threshold	**C.128**: Wives, children and other dependants of employees or apprentices; *or* • wives, children and other dependants forming not less than 75% of active persons; *or* • all widows, children and other dependants who are residents *or* who are residents *and* whose means are under prescribed threshold **R.131**: In addition, coverage should progressively be extended to wives and children and other dependants of persons in casual employment or all economically active persons. Also, an invalid and dependent widower should enjoy same entitlements as a widow	At least all residents and children, subject to the country's existing international obligations
What should the benefit be?	Periodic payment: at least 40% of reference wage Adjustment following substantial changes in general level of earnings and/or cost of living	**C. 128**: Periodic payment: at least 45% of reference wage. Rates must be adjusted to cost of living **R. 131**: Benefits should be increased to at least 55% of reference wage; a minimum survivors' benefit should be fixed to ensure a minimum standard of living	Benefits in cash or in kind should ensure at least basic income security so as to secure effective access to necessary goods and services at a level that prevents or alleviates poverty, vulnerability and social exclusion and allows life in dignity. Levels should be regularly reviewed
What should the benefit duration be?	Until children reach active age; no limitation for widows	**C.128 and R.131**: Until children reach active age or longer if disabled; no limitation for widows	As long as the incapacity to earn a sufficient income remains
What conditions can be prescribed for entitlement to a benefit?	15 years of contributions or employment (for contributory or employment based schemes) or 10 years of residence (for non-contributory schemes); entitlement to a reduced benefit after five years of contributions For widows, benefits may be conditional on being incapable of self-support; for children, until 15 years of age or school-leaving age	**C.128:** same as C.102; In addition, possible to require a prescribed age for widow, not higher than that prescribed for old-age benefit. No requirement of age for an invalid widow or a widow caring for a dependent child of deceased. **R.131**: same as **C.128;** Periods of incapacity due to sickness, accident or maternity and periods of involuntary unemployment, in respect of which benefit was paid and compulsory military service, should be assimilated to periods of contribution or employment for calculation of the qualifying period fulfilled	Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of people

Annex IV

Statistical tables

Part A. Demographic, economic and labour market indicators[1]

Demographic indicators

- Table A.1 Demographic trends: Dependency ratios
- Table A.2 Demographic trends: Ageing
- Table A.3 Fertility, child and maternal mortality, life expectancy at birth
- Table A.4 Life expectancy at 20, 60, 65 and 80 years old, exact age, both sexes (in years)

Labour force and employment indicators

- Table A.5 Labour force to population ratios at ages 15–64
- Table A.6 Labour force to population ratios at ages 65+
- Table A.7 Employment-to-population ratio at ages 15–24
- Table A.8 Employment-to-population ratios at age 15+
- Table A.9 Employment by status in employment, latest available year
- Table A.10 Unemployment rate

Economic and poverty indicators

- Table A.11 Poverty and income distribution
- Table A.12 GDP and Human Development Index (HDI), various years

Part B. Social protection coverage and expenditure indicators

- Table B.1 Ratification of ILO up-to-date social security conventions
- Table B.2 Overview of national social security systems

Effective coverage (SDG indicator 1.3.1)

- Table B.3 Social protection effective coverage (SDG indicator 1.3.1), latest available year

Children

- Table B.4 Child and family benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for children and families with children)

Maternity

- Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1. for mothers with newborns)

Unemployment

- Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

[1] For the tables in Part A, see: http://www.social-protection.org/gimi/gess/ShowTheme.action?id=4457

Employment injury

- Table B.7 Employment injury: Key features of main social security programmes

Disability

- Table B.8 Disability benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for persons with severe disabilities)

Old age

- Table B.9 Old-age pensions: Key features of main social security programmes
- Table B.10 Non-contributory pension schemes: Main features and indicators
- Table B.11 Old-age effective coverage: Active contributors
- Table B.12 Old-age effective coverage: Old-age pension beneficiaries (SDG indicator 1.3.1 for older persons)

Health-specific indicators

- Table B.13 Deficits in universal health protection by rural/urban areas (global, regional and country estimates)
- Table B.14 The SDG gaps towards universal coverage in long term care
- Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

Social protection expenditure

- Table B.16 Public social protection expenditure, 1995 to latest available year (percentage of GDP)
- Table B.17 Public social protection expenditure by guarantee (percentage of GDP)

Table B.1 Ratification of ILO up-to-date social security conventions

Country	Branch									Migrant workers[a]
	Medical care **C.102** C.130 *C.118*	Sickness **C.102** C.130 *C.118*	Unemployment **C.102** C.168 *C.118*	Old age **C.102** C.128 *C.118*	Employment injury **C.102** C.121 *C.118*	Family **C.102** *C.118*	Maternity **C.102** C.183 *C.118*	Invalidity **C.102** C.128 *C.118*	Survivors **C.102** C.128 *C.118*	*C.118*[b] *C.157*
Africa										
Benin							C.183 (2012)			
Burkina Faso							C.183 (2013)			
Cabo Verde	*C.118 (1987)*	*C.118 (1987)*		*C.118 (1987)*	*C.118 (1987)*	*C.118 (1987)*	*C.118 (1987)*	*C.118 (1987)*	*C.118 (1987)*	*C.118 (1987)*
Central African Republic				*C.118 (1964)*	*C.118 (1964)*	*C.118 (1964)*	*C.118 (1964)*			*C.118 (1964)*
Chad				**C.102 (2015)**	**C.102 (2015)**	**C.102 (2015)**		**C.102 (2015)**	**C.102 (2015)**	
Congo, Democratic Republic of the				**C.102 (1987)** *C.118 (1967)*	C.121 (1967) *C.118 (1967)*	**C.102 (1987)**		**C.102 (1987)** *C.118 (1967)*	**C.102 (1987)**	*C.118 (1967)*
Egypt	*C.118 (1993)*	*C.118 (1993)*	*C.118 (1993)*	*C.118 (1993)*	*C.118 (1993)*		*C.118 (1993)*	*C.118 (1993)*	*C.118 (1993)*	*C.118 (1993)*
Guinea	*C.118 (1967)*	*C.118 (1967)*		*C.118 (1967)*	C.121 (1967) *C.118 (1967)*	*C.118 (1967)*	*C.118 (1967)*		*C.118 (1967)*	*C.118 (1967)*
Kenya				*C.118 (1971)*				*C.118 (1971)*	*C.118 (1971)*	*C.118 (1971)*
Libya	**C.102 (1975)** C.130 (1975) *C.118 (1975)*	**C.102 (1975)** C.130 (1975) *C.118 (1975)*	**C.102 (1975)** *C.118 (1975)*	**C.102 (1975)** C.128 (1975) *C.118 (1975)*	**C.102 (1975)** C.121 (1975) *C.118 (1975)*	**C.102 (1975)** *C.118 (1975)*	**C.102 (1975)** *C.118 (1975)*	**C.102 (1975)** C.128 (1975) *C.118 (1975)*	**C.102 (1975)** *C.128 (1975)* *C.118 (1975)*	*C.118 (1975)*
Madagascar		*C.118 (1964)*			*C.118 (1964)*		*C.118 (1964)*	*C.118 (1964)*		*C.118 (1964)*
Mali							C.183 (2008)			
Mauritania				**C.102 (1968)** *C.118 (1968)*	**C.102 (1968)** *C.118 (1968)*	**C.102 (1968)** *C.118 (1968)*		**C.102 (1968)** *C.118 (1968)*	**C.102 (1968)** *C.118 (1968)*	*C.118 (1968)*
Morocco							C.183 (2011)			
Niger				**C.102 (1966)**	**C.102 (1966)**	**C.102 (1966)**	**C.102 (1966)**			
Rwanda				*C.118 (1989)*	*C.118 (1989)*			*C.118 (1989)*	*C.118 (1989)*	*C.118 (1989)*
Sao Tome and Principe							C.183 (2017)[1]			
Senegal					**C.102 (1962)** C.121 (1966)	**C.102 (1962)**	**C.102 (1962)** C.183 (2017)[2]			
Togo				**C.102 (2013)**		**C.102 (2013)**	**C.102 (2013)**		**C.102 (2013)**	
Tunisia	*C.118 (1965)*	*C.118 (1965)*		*C.118 (1965)*	*C.118 (1965)*	*C.118 (1965)*	*C.118 (1965)*	*C.118 (1965)*	*C.118 (1965)*	*C.118 (1965)*

Table B.1 Ratification of ILO up-to-date social security conventions

Country	Branch									Migrant workers[a]
	Medical care **C.102** C.130 *C.118*	Sickness **C.102** C.130 *C.118*	Unemployment **C.102** C.168 *C.118*	Old age **C.102** C.128 *C.118*	Employment injury **C.102** C.121 *C.118*	Family **C.102** *C.118*	Maternity **C.102** C.183 *C.118*	Invalidity **C.102** C.128 *C.118*	Survivors **C.102** C.128 *C.118*	*C.118*[b] *C.157*
Americas										
Argentina	**C.102 (2016)**			**C.102 (2016)**		**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)**	
Barbados		**C.102 (1972)** *C.118 (1974)*		**C.102 (1972)** C.128 (1972) *C.118 (1974)*	**C.102 (1972)** *C.118 (1974)*		 *C.118 (1974)*	**C.102 (1972)** C.128 (1972)	**C.102 (1972)** *C.118 (1974)*	*C.118 (1974)*
Belize							C.183 (2005)			
Bolivia, Plurinational State of	**C.102 (1977)** C.130 (1977) *C.118 (1977)*	**C.102 (1977)** C.130 (1977) *C.118 (1977)*		**C.102 (1977)** C.128 (1977)	**C.102 (1977)** C.121 (1977)	**C.102 (1977)** *C.118 (1977)*	**C.102 (1977)** *C.118 (1977)*	**C.102 (1977)** C.128 (1977)	**C.102 (1977)** C.128 (1977)	*C.118 (1977)*
Brazil	**C.102 (2009)** *C.118 (1969)*	**C.102 (2009)** *C.118 (1969)*	**C.102 (2009)** C.168 (1993)	**C.102 (2009)** *C.118 (1969)*	**C.102 (2009)** *C.118 (1969)*	**C.102 (2009)**	**C.102 (2009)** *C.118 (1969)*	**C.102 (2009)** *C.118 (1969)*	**C.102 (2009)** *C.118 (1969)*	*C.118 (1969)*
Chile					C.121 (1999)					
Costa Rica	**C.102 (1972)** C.130 (1972)	 C.130 (1972)		**C.102 (1972)**	**C.102 (1972)**	**C.102 (1972)**	**C.102 (1972)**	**C.102 (1972)**	**C.102 (1972)**	
Cuba							C.183 (2004)			
Dominican Republic	**C.102 (2016)**	**C.102 (2016)**		**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)** C.183 (2016)	**C.102 (2016)**	**C.102 (2016)**	
Ecuador	 C.130 (1978) *C.118 (1970)*	**C.102 (1974)** C.130 (1978) *C.118 (1970)*		**C.102 (1974)** C.128 (1978)	**C.102 (1974)** C.121 (1978) *C.118 (1970)*		 *C.118 (1970)*	**C.102 (1974)** C.128 (1978) *C.118 (1970)*	**C.102 (1974)** C.128 (1978) *C.118 (1970)*	*C.118 (1970)*
Guatemala							*C.118 (1963)*			*C.118 (1963)*
Honduras	**C.102 (2012)**	**C.102 (2012)**		**C.102 (2012)**			**C.102 (2012)**	**C.102 (2012)**	**C.102 (2012)**	
Mexico	**C.102 (1961)** *C.118 (1978)*	**C.102 (1961)** *C.118 (1978)*		**C.102 (1961)** *C.118 (1978)*	**C.102 (1961)** *C.118 (1978)*		**C.102 (1961)** *C.118 (1978)*	**C.102 (1961)** *C.118 (1978)*	**C.102 (1961)** *C.118 (1978)*	*C.118 (1978)*
Peru	**C.102 (1961)**	**C.102 (1961)**		**C.102 (1961)**			**C.102 (1961)** C.183 (2016)	**C.102 (1961)**		
Saint Vincent and the Grenadines	**C.102 (2015)**	**C.102 (2015)**		**C.102 (2015)**	**C.102 (2015)**		**C.102 (2015)**	**C.102 (2015)**	**C.102 (2015)**	
Suriname					*C.118 (1976)*					*C.118 (1976)*
Uruguay	**C.102 (2010)** C.130 (1973) *C.118 (1983)*	 C.130 (1973) *C.118 (1983)*	**C.102 (2010)** *C.118 (1983)*	 C.128 (1973)	 C.121 (1973)[3] *C.118 (1983)*	**C.102 (2010)** *C.118 (1983)*	**C.102 (2010)** *C.118 (1983)*	 C 128 (1973)	 C.128 (1973)	*C.118 (1983)*
Venezuela, Bolivarian Republic of	**C.102 (1982)** C.130 (1982) *C.118 (1982)*	**C.102 (1982)** C.130 (1982) *C.118 (1982)*		**C.102 (1982)** C.128 (1983) *C.118 (1982)*	**C.102 (1982)** C.121 (1982) *C.118 (1982)*		**C.102 (1982)** *C.118 (1982)*	**C.102 (1982)** C.128 (1983) *C.118 (1982)*	**C.102 (1982)** C.128 (1983) *C.118 (1982)*	*C.118 (1982)*

Table B.1 Ratification of ILO up-to-date social security conventions

Country	Branch									Migrant workers[a]
	Medical care **C.102** C.130 *C.118*	Sickness **C.102** C.130 *C.118*	Unemployment **C.102** C.168 *C.118*	Old age **C.102** C.128 *C.118*	Employment injury **C.102** C.121 *C.118*	Family **C.102** *C.118*	Maternity **C.102** C.183 *C.118*	Invalidity **C.102** C.128 *C.118*	Survivors **C.102** C.128 *C.118*	*C.118*[b] *C.157*
Arab States										
Iraq	*C.118 (1978)*	*C.118 (1978)*		*C.118 (1978)*	*C.118 (1978)*		*C.118 (1978)*	*C.118 (1978)*	*C.118 (1978)*	*C.118 (1978)*
Jordan				**C.102 (2014)**	**C.102 (2014)** *C.118 (1963)*		*C.118 (1963)*	**C.102 (2014)** *C.118 (1963)*	**C.102 (2014)** *C.118 (1963)*	*C.118 (1963)*
Syrian Arab Republic				*C.118 (1963)*	*C.118 (1963)*			*C.118 (1963)*	*C.118 (1963)*	*C.118 (1963)*
Asia										
Azerbaijan							C.183 (2010)			
Bangladesh					*C.118 (1972)*		*C.118 (1972)*			*C.118 (1972)*
Cyprus		**C.102 (1991)**	**C.102 (1991)**	**C.102 (1991)**	**C.102 (1991)** C.121 (1966)		C.183 (2005)	**C.102 (1991)**	**C.102 (1991)** C.128 (1969)	
India	*C.118 (1964)*	*C.118 (1964)*					*C.118 (1964)*			*C.118 (1964)*
Israel				**C.102 (1955)** *C.118 (1965)*	**C.102 (1955)** *C.118 (1965)*	*C.118 (1965)*	*C.118 (1965)*		**C.102 (1955)** *C.118 (1965)*	*C.118 (1965)*
Japan		**C.102 (1976)**	**C.102 (1976)**	**C.102 (1976)**	**C.102 (1976)** C.121 (1974)[3]					
Kazakhstan							C.183 (2012)			
Kyrgyzstan										*C.157 (2008)*
Pakistan					*C.118 (1969)*		*C.118 (1969)*			*C.118 (1969)*
Philippines	*C.118 (1994)*	*C.118 (1994)*		*C.118 (1994)*	*C.118 (1994)*		*C.118 (1994)*	*C.118 (1994)*	*C.118 (1994)*	*C.118 (1994)* C.157 (1994)
Turkey	**C.102 (1975)** *C.118 (1974)*	**C.102 (1975)** *C.118 (1974)*		**C.102 (1975)** *C.118 (1974)*	**C.102 (1975)** *C.118 (1974)*		**C.102 (1975)** *C.118 (1974)*	**C.102 (1975)** *C.118 (1974)*	**C.102 (1975)** *C.118 (1974)*	*C.118 (1974)*
Europe										
Albania	**C.102 (2006)**	**C.102 (2006)**	**C.102 (2006)** C.168 (2006)	**C.102 (2006)**	**C.102 (2006)**		**C.102 (2006)** C.183 (2004)	**C.102 (2006)**	**C.102 (2006)**	
Austria	**C.102 (1969)**		**C.102 (1978)**	**C.102 (1969)** C.128 (1969)		**C.102 (1969)**	**C.102 (1969)** C.183 (2004)			
Belarus							C.183 (2004)			
Belgium	**C.102 (1959)**	**C.102 (1959)**	**C.102 (1959)** C.168 (2011)	**C.102 (1959)** C.128 (2017)[4]	**C.102 (1959)** C.121 (1970)	**C.102 (1959)**	**C.102 (1959)**	**C.102 (1959)** C.128 (2017)[4]	**C.102 (1959)** C.128 (2017)[4]	
Bosnia and Herzegovina	**C.102 (1993)**	**C.102 (1993)**	**C.102 (1993)**	**C.102 (1993)**	**C.102 (1993)** C.121 (1993)		**C.102 (1993)** C.183 (2010)		**C.102 (1993)**	

Table B.1 Ratification of ILO up-to-date social security conventions

Country	Branch									Migrant workers[a]
	Medical care **C.102** C.130 *C.118*	Sickness **C.102** C.130 *C.118*	Unemployment **C.102** C.168 *C.118*	Old age **C.102** C.128 *C.118*	Employment injury **C.102** C.121 *C.118*	Family **C.102** *C.118*	Maternity **C.102** C.183 *C.118*	Invalidity **C.102** C.128 *C.118*	Survivors **C.102** C.128 *C.118*	*C.118*[b] *C.157*
Bulgaria	**C.102 (2008)**	**C.102 (2008)**	**C.102 (2016)**[5]	**C.102 (2008)**	**C.102 (2008)**	**C.102 (2008)**	**C.102 (2008)** C.183 (2001)		**C.102 (2008)**	
Croatia	**C.102 (1991)**	**C.102 (1991)**	**C.102 (1991)**	**C.102 (1991)**	**C.102 (1991)** C.121 (1991)		**C.102 (1991)**		**C.102 (1991)**	
Czech Republic	**C.102 (1993)** C.130 (1993)	**C.102 (1993)** C.130 (1993)		**C.102 (1993)** C.128 (1993)		**C.102 (1993)**	**C.102 (1993)**	**C.102 (1993)**	**C.102 (1993)**	
Denmark	**C.102 (1955)** C.130 (1978) *C.118 (1969)*	C.130 (1978) *C.118 (1969)*	**C.102 (1955)** *C.118 (1969)*	**C.102 (1955)**	**C.102 (1955)** *C.118 (1969)*			**C.102 (1955)**		*C.118 (1969)*
Finland	C.130 (1974) *C.118 (1969)*	C.130 (1974) *C.118 (1969)*	C.168 (1990)	C.128 (1976)	C.121 (1968)[3] *C.118 (1969)*			C.128 (1976)	C.128 (1976)	*C.118 (1969)*
France	**C.102 (1974)** *C.118 (1974)*	*C.118 (1974)*	**C.102 (1974)**	**C.102 (1974)**	**C.102 (1974)** *C.118 (1974)*	**C.102 (1974)** *C.118 (1974)*	**C.102 (1974)** *C.118 (1974)*	**C.102 (1974)** *C.118 (1974)*	*C.118 (1974)*	*C.118 (1974)*
Germany	**C.102 (1958)** C.130 (1974) *C.118 (1971)*	**C.102 (1958)** C.130 (1974) *C.118 (1971)*	**C.102 (1958)** *C.118 (1971)*	**C.102 (1958)** C.128 (1971)	**C.102 (1958)** C.121 (1972) *C.118 (1971)*	**C.102 (1958)**	**C.102 (1958)** *C.118 (1971)*	**C.102 (1958)** C.128 (1971)	**C.102 (1958)** C.128 (1971)	*C.118 (1971)*
Greece	**C.102 (1955)**	**C.102 (1955)**	**C.102 (1955)**	**C.102 (1955)**	**C.102 (1955)**		**C.102 (1955)**	**C.102 (1955)**	**C.102 (1955)**	
Hungary							C.183 (2003)			
Iceland				**C.102 (1961)**		**C.102 (1961)**		**C.102 (1961)**		
Ireland	*C.118 (1964)*	**C.102 (1968)** *C.118 (1964)*	**C.102 (1968)** *C.118 (1964)*		C.121 (1969) *C.118 (1964)*	*C.118 (1964)*			**C.102 (1968)**	*C.118 (1964)*
Italy	*C.118 (1967)*	*C.118 (1967)*	*C.118 (1967)*	**C.102 (1956)** *C.118 (1967)*	*C.118 (1967)*	**C.102 (1956)** *C.118 (1967)*	**C.102 (1956)** C.183 (2001) *C.118 (1967)*	*C.118 (1967)*	*C.118 (1967)*	*C.118 (1967)*
Latvia							C.183 (2009)			
Lithuania							C.183 (2003)			
Luxembourg	**C.102 (1964)** C.130 (1980)	**C.102 (1964)** C.130 (1980)	**C.102 (1964)**	**C.102 (1964)**	**C.102 (1964)** C.121 (1972)	**C.102 (1964)**	**C.102 (1964)** C.183 (2008)	**C.102 (1964)**	**C.102 (1964)**	
Macedonia, the former Yugoslav Republic of	**C.102 (1991)**	**C.102 (1991)**	**C.102 (1991)**	**C.102 (1991)**	**C.102 (1991)** C.121 (1991)		**C.102 (1991)** C.183 (2012)		**C.102 (1991)**	
Moldova, Republic of							C.183 (2006)			

Table B.1 Ratification of ILO up-to-date social security conventions

Country	Branch									Migrant workers[a]
	Medical care **C.102** **C.130** *C.118*	Sickness **C.102** **C.130** *C.118*	Unemployment **C.102** **C.168** *C.118*	Old age **C.102** **C.128** *C.118*	Employment injury **C.102** **C.121** *C.118*	Family **C.102** *C.118*	Maternity **C.102** **C.183** *C.118*	Invalidity **C.102** **C.128** *C.118*	Survivors **C.102** **C.128** *C.118*	*C.118*[b] *C.157*
Montenegro	**C.102 (2006)**	**C.102 (2006)**	**C.102 (2006)**	**C.102 (2006)**	**C.102 (2006)** C.121 (2006)		**C.102 (2006)** C.183 (2012)		**C.102 (2006)**	
Netherlands	**C.102 (1962)** C.130 (2006)	**C.102 (1962)** C.130 (2006)	**C.102 (1962)**	**C.102 (1962)** C.128 (1969)	**C.102 (1962)** C.121 (1966)[3]	**C.102 (1962)**	**C.102 (1962)** C.183 (2009)	**C.102 (1962)** C.128 (1969)	**C.102 (1962)** C.128 (1969)	
Norway	**C.102 (1954)** C.130 (1972)	**C.102 (1954)** C.130 (1972)	**C.102 (1954)** C.168 (1990)	**C.102 (1954)** C.128 (1968)	**C.102 (1954)**	**C.102 (1954)** *C.118 (1963)*	C.183 (2015)	C.128 (1968)	C.128 (1968) *C.118 (1963)*	*C.118 (1963)*
Poland	**C.102 (2003)**			**C.102 (2003)**		**C.102 (2003)**	**C.102 (2003)**		**C.102 (2003)**	
Portugal	**C.102 (1994)**	**C.102 (1994)**	**C.102 (1994)**	**C.102 (1994)**	**C.102 (1994)**	**C.102 (1994)**	**C.102 (1994)** C.183 (2012)	**C.102 (1994)**	**C.102 (1994)**	
Romania	**C.102 (2009)**	**C.102 (2009)**	C.168 (1992)	**C.102 (2009)**		**C.102 (2009)**	**C.102 (2009)** C.183 (2002)			
Serbia	**C.102 (2000)**	**C.102 (2000)**	**C.102 (2000)**	**C.102 (2000)**	**C.102 (2000)** C.121 (2000)		**C.102 (2000)** C.183 (2010)		**C.102 (2000)**	
Slovakia	**C.102 (1993)** C.130 (1993)	**C.102 (1993)** C.130 (1993)		**C.102 (1993)** C.128 (1993)		**C.102 (1993)**	**C.102 (1993)** C.183 (2000)	**C.102 (1993)**	**C.102 (1993)**	
Slovenia	**C.102 (1992)**	**C.102 (1992)**	**C.102 (1992)**	**C.102 (1992)**	**C.102 (1992)** C.121 (1992)		**C.102 (1992)** C.183 (2010)		**C.102 (1992)**	
Spain	**C.102 (1988)**	**C.102 (1988)**	**C.102 (1988)**		**C.102 (1988)**					*C.157 (1985)*
Sweden	**C.102 (1953)** C.130 (1970) *C.118 (1963)*	**C.102 (1953)** C.130 (1970) *C.118 (1963)*	**C.102 (1953)** C.168 (1990) *C.118 (1963)*	C.128 (1968)	**C.102 (1953)** C.121 (1969) *C.118 (1963)*	**C.102 (1953)**	**C.102 (1953)** *C.118 (1963)*	C.128 (1968)	C.128 (1968)	*C.157 (1984)* *C.118 (1963)*
Switzerland			C.168 (1990)	**C.102 (1977)** C.128 (1977)	**C.102 (1977)**	**C.102 (1977)**	C.183 (2014)	**C.102 (1977)** C.128 (1977)	**C.102 (1977)** C.128 (1977)	
Ukraine	**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)**	**C.102 (2016)**	
United Kingdom	**C.102 (1954)**	**C.102 (1954)**	**C.102 (1954)**	**C.102 (1954)**		**C.102 (1954)**			**C.102 (1954)**	

Notes: [a] While all international social security standards apply to migrant workers unless otherwise stated, C.118 and C.157 are of particular relevance to migrant workers. [b] Parts of C.118 apply for selected branches (see other columns). [1] Sao Tome and Principe. Will enter into force on 12 June 2018. [2] Senegal. Will enter into force on 18 April 2018. [3] Finland, Japan, Netherlands, Uruguay. Accepted the text of the List of Occupational Diseases (Schedule I) amended by the ILC at its 66th Session (1980). [4] Belgium. Will enter into force on 14 June 2018. [5] Bulgaria. Accepted Part IV on 12 July 2016.

Source: Based on ILO. 2017. *Building social protection systems: International standards and human rights instruments.* (Geneva).

Table B.2 Overview of national social security systems

Country/Territory	Number of policy areas covered by at least one programme		Existence of a statutory programme							
	Number of policy areas covered by at least one programme	Number of social security policy areas covered by a statutory programme	Child and Family[1]	Maternity (cash) [2]	Sickness (cash)	Unemployment [3]	Employment injury [4]	Disability/ Invalidity [5]	Survivors	Old age[6]
Africa										
Northern Africa										
Algeria	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Egypt	7	Nearly comprehensive scope of legal coverage | 7	None	●	●	●	●	●	●	●
Libya	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Morocco	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Sudan	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	▲	●	●	●	●
Tunisia	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Sub-Saharan Africa										
Angola	6	Intermediate scope of legal coverage | 5 to 6	●	●	△	▲	●	●	●	●
Benin	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	None	●	●	●	●
Botswana	5	Intermediate scope of legal coverage | 5 to 6	●	▲	▲	▲	●	●	●	●
Burkina Faso	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	None	●	●	●	●
Burundi	6	Intermediate scope of legal coverage | 5 to 6	●	▲	●	None	●	●	●	●
Cabo Verde	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Cameroon	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	▲	●	●	●	●
Central African Republic	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	None	●	●	●	●
Chad	6	Intermediate scope of legal coverage | 5 to 6	●	●	△	▲	●	●	●	●
Comoros	...	Incomplete information available	...	▲	...	None	...	...	...	...
Congo	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	None	●	●	●	●
Congo, Democratic Republic of the	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	None	●	●	●	●
Côte d'Ivoire	6	Intermediate scope of legal coverage | 5 to 6	●	●	△	▲	●	●	●	●
Djibouti	6	Intermediate scope of legal coverage | 5 to 6	●	●	●	None	●	None	●	●
Equatorial Guinea	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Eritrea	...	Incomplete information available	...	▲	...	None	...	...	...	...
Ethiopia[7]	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	▲	●	●	●	●

Table B.2 Overview of national social security systems

Country/Territory	Number of policy areas covered by at least one programme		Existence of a statutory programme							
	Number of policy areas covered by at least one programme	Number of social security policy areas covered by a statutory programme	Child and Family[1]	Maternity (cash) [2]	Sickness (cash)	Unemployment [3]	Employment injury [4]	Disability/ Invalidity[5]	Survivors	Old age[6]
Gabon	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	▲	●	●	●	●
The Gambia	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	▲	●	●	●	●
Ghana	5	Intermediate scope of legal coverage | 5 to 6	None	▲	●	None	●	●	●	●
Guinea	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	None	●	●	●	●
Guinea-Bissau	...	Incomplete information available	...	▲	...	None	●	●	●	●
Kenya	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	None	●	●	●	●
Lesotho	3	Limited scope of legal coverage | 1 to 4	None	▲	▲	▲	●	None	●	●
Liberia	4	Limited scope of legal coverage | 1 to 4	None	None	None	None	●	●	●	●
Madagascar	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	None	●	●	●	●
Malawi	1	Limited scope of legal coverage | 1 to 4	None	▲	▲	▲	●	None	None	◆
Mali	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	▲	●	●	●	●
Mauritania	6	Intermediate scope of legal coverage | 5 to 6	●	●	△	None	●	●	●	●
Mauritius	6	Intermediate scope of legal coverage | 5 to 6	●	▲	▲	●	●	●	●	●
Mozambique	6	Intermediate scope of legal coverage | 5 to 6	●	●	●	None	...	●	●	●
Namibia	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Niger	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	None	●	●	●	●
Nigeria	4	Limited scope of legal coverage | 1 to 4	None	▲	△	▲	●	●	●	●
Rwanda	5	Intermediate scope of legal coverage | 5 to 6	None	●	▲	▲	●	●	●	●
Sao Tome and Principe	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	None	●	●	●	●
Senegal	6	Intermediate scope of legal coverage | 5 to 6	●	●	△	None	●	●	●	●
Seychelles	7	Nearly comprehensive scope of legal coverage | 7	None	●	●	●	●	●	●	●
Sierra Leone	4	Limited scope of legal coverage | 1 to 4	None	▲	None	None	●	●	●	●
Somalia	...	Incomplete information available	None	▲	...	None	...	...	...	...
South Africa	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
South Sudan	...	Incomplete information available	...	...	...	None	...	...	...	...
Swaziland	4	Limited scope of legal coverage | 1 to 4	None	▲	None	None	●	●	●	●

Table B.2 Overview of national social security systems

Country/Territory	Number of policy areas covered by at least one programme		Existence of a statutory programme							
	Number of policy areas covered by at least one programme	Number of social security policy areas covered by a statutory programme	Child and Family[1]	Maternity (cash) [2]	Sickness (cash)	Unemployment [3]	Employment injury [4]	Disability/ Invalidity [5]	Survivors	Old age[6]
Tanzania, United Republic of	5	Intermediate scope of legal coverage | 5 to 6	None	●	▲	▲	●	●	●	●
Togo	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	None	●	●	●	●
Uganda	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	▲	●	●	●	●
Zambia	4	Limited scope of legal coverage | 1 to 4	None	▲	△	▲	●	●	●	●
Zimbabwe	4	Limited scope of legal coverage | 1 to 4	None	▲	None	None	●	●	●	●
Americas										
Latin America and the Caribbean										
Anguilla	...	Incomplete information available	...	...	...	...	...	●	...	...
Antigua and Barbuda	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	None	●	●	●	●
Argentina	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Aruba	...	Incomplete information available	...	...	...	●	...	...	...	●
Bahamas	7	Nearly comprehensive scope of legal coverage | 7	None	●	●	●	●	●	●	●
Barbados	7	Nearly comprehensive scope of legal coverage | 7	None	●	●	●	●	●	●	●
Belize	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	▲	●	●	●	●
Bermuda	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	▲	●	●	●	●
Bolivia, Plurinational State of	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Brazil	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
British Virgin Islands	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	▲	●	●	●	●
Chile	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Colombia	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Costa Rica	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Cuba	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	None	●	●	●	●
Dominica	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	None	●	●	●	●
Dominican Republic	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	None	●	●	●	●
Ecuador	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
El Salvador	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	▲	●	●	●	●

Table B.2 Overview of national social security systems

Country/Territory	Number of policy areas covered by at least one programme		Existence of a statutory programme							
	Number of policy areas covered by at least one programme	Number of social security policy areas covered by a statutory programme	Child and Family[1]	Maternity (cash) [2]	Sickness (cash)	Unemployment [3]	Employment injury [4]	Disability/ Invalidity[5]	Survivors	Old age[6]
French Guiana	...	Incomplete information available	...	...	...	...	●	●	●	●
Grenada	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	▲	●	●	●	●
Guadeloupe	6	Limited scope of legal coverage | 5 to 6	None	●	●	None	●	●	●	●
Guatemala	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	▲	●	●	●	●
Guyana	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	▲	●	●	●	●
Haiti	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	None	●	●	●	●
Honduras	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	●	●	●	●	●
Jamaica	6	Intermediate scope of legal coverage | 5 to 6	●	●	▲	None	●	●	●	●
Martinique	...	Incomplete information available	●	●	...	...	●	●	●	●
Mexico	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Nicaragua	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	None	●	●	●	●
Panama	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Paraguay	6	Intermediate scope of legal coverage | 5 to 6	▲	●	●	△	●	●	●	●
Peru	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Puerto Rico	...	Incomplete information available	...	▲	●	...	●	●	●	●
Saint Kitts and Nevis	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	▲	●	●	●	●
Saint Lucia	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	None	●	●	●	●
Saint Vincent and the Grenadines	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	▲	●	●	●	●
Suriname	...	Incomplete information available	...	...	...	None	...	...	...	●
Trinidad and Tobago	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Uruguay	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Venezuela, Bolivarian Rep. of	7	Nearly comprehensive scope of legal coverage | 7	None	●	●	●	●	●	●	●
Northern America										
Canada	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
United States[11]	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●

Table B.2 Overview of national social security systems

Country/Territory	Number of policy areas covered by at least one programme		Existence of a statutory programme							
	Number of policy areas covered by at least one programme	Number of social security policy areas covered by a statutory programme	Child and Family[1]	Maternity (cash) [2]	Sickness (cash)	Unemployment [3]	Employment injury [4]	Disability/ Invalidity [5]	Survivors	Old age[6]
Arab States										
Bahrain	5	Intermediate scope of legal coverage | 5 to 6	None	▲	▲	●	●	●	●	●
Iraq	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Jordan	6	Intermediate scope of legal coverage | 5 to 6	None	●	▲	●	●	●	●	●
Kuwait	5	Intermediate scope of legal coverage | 5 to 6	None	▲	▲	●	●	●	●	●
Lebanon	5	Intermediate scope of legal coverage | 5 to 6	●	●	●	None	●	●	●	●
Occupied Palestinian Territory	...	Incomplete information available	...	▲	...	...	...	...	...	...
Oman	4	Limited scope of legal coverage | 1 to 4	None	▲	None	None	●	●	●	●
Qatar	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	None	●	●	●	●
Saudi Arabia	5	Intermediate scope of legal coverage | 5 to 6	None	▲	▲	●	●	●	●	●
Syrian Arab Republic	4	Limited scope of legal coverage | 1 to 4	None	▲	△	▲	●	●	●	●
United Arab Emirates	...	Incomplete information available	...	▲	...	▲	...	...	...	...
Yemen	4	Limited scope of legal coverage | 1 to 4	None	▲	△	▲	●	●	●	●
Asia and the Pacific										
Eastern Asia										
China	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Hong Kong, China	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Japan	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Korea, Dem. People's Rep. of	...	Incomplete information available	...	...	...	None	...	...	...	...
Korea, Republic of	6	Intermediate scope of legal coverage | 5 to 6	None	●	△	●	●	●	●	●
Macau, China	...	Incomplete information available	...	...	...	...	...	...	...	...
Mongolia	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Taiwan, China	7	Nearly comprehensive scope of legal coverage | 7	None	●	●	●	●	●	●	●
South-Eastern Asia										
Brunei Darussalam	5	Intermediate scope of legal coverage | 5 to 6	None	●	▲	None	●	●	●	●
Cambodia [10]	3	Limited scope of legal coverage | 1 to 4	None	●	●	▲	●	●	●	●
Indonesia	5	Intermediate scope of legal coverage | 5 to 6	●	▲	▲	▲	●	●	●	●

Table B.2 Overview of national social security systems

Country/Territory	Number of policy areas covered by at least one programme		Existence of a statutory programme							
	Number of policy areas covered by at least one programme	Number of social security policy areas covered by a statutory programme	Child and Family[1]	Maternity (cash)[2]	Sickness (cash)	Unemployment[3]	Employment injury[4]	Disability/ Invalidity[5]	Survivors	Old age[6]
Lao People's Dem. Rep.	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	●	●	●	●	●
Malaysia	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	▲	●	●	●	●
Myanmar[8]	4	Limited scope of legal coverage | 1 to 4	●	●	●	●	●	●	●	●
Philippines	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	▲	●	●	●	●
Singapore	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	None	●	●	●	●
Thailand	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Timor-Leste	4	Limited scope of legal coverage | 1 to 4	None	●	None	None	▲	●	●	●
Viet Nam	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Southern Asia										
Afghanistan	...	Incomplete information available	...	▲	...	None	...	...	...	...
Bangladesh	6	Intermediate scope of legal coverage | 5 to 6	None	●	●	▲	●	●	●	●
Bhutan	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	None	●	●	●	●
India	7	Nearly comprehensive scope of legal coverage | 7	None	●	●	●	●	●	●	●
Iran, Islamic Rep. of	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Maldives	...	Incomplete information available	...	...	△	None	...	●	●	●
Nepal	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	▲	●	●	●	●
Pakistan	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Sri Lanka	5	Intermediate scope of legal coverage | 5 to 6	●	▲	△	▲	●	●	●	●
Oceania										
Australia	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Cook Islands	...	Incomplete information available	...	...	...	...	...	...	...	●
Fiji	5	Intermediate scope of legal coverage | 5 to 6	●	▲	▲	▲	●	●	●	●
Kiribati	4	Limited scope of legal coverage | 1 to 4	None	▲	△	▲	●	●	●	●
Marshall Islands	3	Limited scope of legal coverage | 1 to 4	None	△	△	None	None	●	●	●
Micronesia, Fed. States of	3	Limited scope of legal coverage | 1 to 4	None	None	None	None	None	●	●	●
Nauru	...	Incomplete information available	...	...	...	None	...	...	...	...

Table B.2 Overview of national social security systems

Country/Territory	Number of policy areas covered by at least one programme		Existence of a statutory programme							
	Number of policy areas covered by at least one programme	Number of social security policy areas covered by a statutory programme	Child and Family[1]	Maternity (cash) [2]	Sickness (cash)	Unemployment [3]	Employment injury [4]	Disability/ Invalidity [5]	Survivors	Old age[6]
New Caledonia	...	Incomplete information available	...	...	...	●	...	...	...	...
New Zealand	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Niue	...	Incomplete information available	...	...	...	None	...	...	...	●
Palau	3	Limited scope of legal coverage | 1 to 4	None	△	△	None	None	●	●	●
Papua New Guinea	4	Limited scope of legal coverage | 1 to 4	None	None	△	▲	●	●	●	●
Samoa	4	Limited scope of legal coverage | 1 to 4	None	▲	▲	None	●	●	●	●
Solomon Islands	4	Limited scope of legal coverage | 1 to 4	None	▲	△	▲	●	●	●	●
Tonga	...	Incomplete information available	...	...	...	None	●	●	●	●
Tuvalu	...	Incomplete information available	...	...	...	▲	●	●	●	●
Vanuatu	3	Limited scope of legal coverage | 1 to 4	None	▲	▲	▲	None	●	●	●
Europe and Central Asia										
Northern, Southern and Western Europe										
Albania	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Andorra	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Austria	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Belgium	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Bosnia and Herzegovina	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Croatia	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Denmark	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Estonia	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Faeroe Islands	...	Incomplete information available	...	...	...	...	...	...	...	●
Finland	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
France	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Germany	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Greece	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Guernsey	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●

Table B.2 Overview of national social security systems

Country/Territory	Number of policy areas covered by at least one programme		Existence of a statutory programme							
	Number of policy areas covered by at least one programme	Number of social security policy areas covered by a statutory programme	Child and Family[1]	Maternity (cash) [2]	Sickness (cash)	Unemploy-ment [3]	Employment injury [4]	Disability/ Invalidity[5]	Survivors	Old age[6]
Iceland	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Ireland	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Isle of Man	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Italy	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Jersey	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	None	●	●	●	●
Kosovo	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Latvia	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Liechtenstein	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Lithuania	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Luxembourg	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Macedonia, the former Yugoslav Rep. of	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Malta	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Monaco[9]	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Montenegro	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Netherlands	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Norway	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Portugal	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
San Marino	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Serbia	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Slovenia	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Spain	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Sweden	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Switzerland	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
United Kingdom	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●

Table B.2 Overview of national social security systems

Country/Territory	Number of policy areas covered by at least one programme		Existence of a statutory programme							
	Number of policy areas covered by at least one programme	Number of social security policy areas covered by a statutory programme	Child and Family[1]	Maternity (cash) [2]	Sickness (cash)	Unemployment [3]	Employment injury [4]	Disability/ Invalidity [5]	Survivors	Old age[6]
Eastern Europe										
Belarus	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Bulgaria	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Czech Republic	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Hungary	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Moldova, Republic of	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Poland	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Romania	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Russian Federation	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Slovakia	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Ukraine	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Central and Western Asia										
Armenia	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Azerbaijan	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Cyprus	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Georgia	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	▲	●	●	●	●
Israel	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Kazakhstan	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Kyrgyzstan	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Tajikistan	7	Nearly comprehensive scope of legal coverage | 7	●	●	●	●	...	●	●	●
Turkey	7	Nearly comprehensive scope of legal coverage | 7	None	●	●	●	●	●	●	●
Turkmenistan	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●
Uzbekistan	8	Comprehensive scope of legal coverage | 8	●	●	●	●	●	●	●	●

Sources

Main source

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Notes

… Not available.

Detailed notes and definition available at: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54602

Symbols

● At least one programme anchored in national legislation, including employer-liability programmes based on mandatory risk pooling.
● Legislation not yet entered into force.
▲ Limited provision (e.g. labour code only).
△ Only benefit in kind (e.g. medical benefit).

[1] Additional details in table B.4: Child and family benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for children and families with children) (http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54781).

[2] Additional details in table B.5: Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1. for mothers with newborns) (http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54605).

[3] Additional details in table B.6: Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed) (http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54603).

[4] Additional details in table B.7: Employment injury: Key features of main social security programmes (http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54604).

[5] Additional details in table B.8: Disability benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for persons with severe disabilities)

[6] Additional details in table B.9: Old-age pensions: Key features of main social security programmes (http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54606).

[7] Ethiopia. Sickness. Employer liability cash benefits are provided. A new health insurance system for public- and private-sector workers was approved by Parliament in 2010 (Social Health Insurance Proclamation 2010) and is in the process of being implemented.

[8] Myanmar. Enacted its social security law in 2012. The law includes provisions for most social security branches including old age, survivors, disability, family benefits and unemployment insurance benefit (section 37), but only certain branches have been implemented so far.

[9] Monaco. Unemployment. Coverage is provided through France's programme for unemployment insurance.

[10] Cambodia. Currently only public servants receive pensions. A pension scheme for workers in the private sector is yet to be implemented.

[11] United States. Maternity and sickness: provisions at state level.

Definitions

The scope of coverage is measured by the number of social security policy areas provided for by law. This indicator can take the value 0 to 8 according to the total number of social security policy areas (or branches) with a programme anchored in national legislation.

The following eight branches are taken into consideration: sickness, maternity, old age, survivors, invalidity, child/family, employment injury and unemployment.

The number of branches covered by at least one programme provides an overview of the scope of legal social security provision.

Table B.3 Social protection effective coverage (SDG indicator 1.3.1), latest available year

	Population covered (in at least one area)[1]	People covered by social protection systems including floors					
		Children[2]	Mothers with newborns[3]	Persons with severe disabilities[4]	Unemployed[5]	Older persons[6, 8]	Vulnerable groups[7]
Africa							
Northern Africa							
Algeria	...	...	11.2	3.6	...	63.6	...
Egypt	36.9	...	100.0	...	...	37.5	...
Libya	...	...	...	...	...	43.3	
Morocco	...	...	...	...	...	39.8	...
Sudan	...	...	...	...	...	4.6	...
Tunisia	...	...	...	5.1	...	33.8	...
Sub-Saharan Africa							
Angola	...	...	...	...	...	14.5	...
Benin	...	...	...	...	...	9.7	...
Botswana	15.4	5.5	0.0	...	31.5	100.0	8.4
Burkina Faso	7.5	...	0.4	0.1	...	2.7	3.6
Burundi	...	...	...	...	...	4.0	...
Cabo Verde	30.4	31.5	...	...	...	85.8	5.5
Cameroon	8.7	0.4	0.6	0.1	...	13.0	0.2
Chad	...	...	...	...	...	1.6	...
Congo	...	...	...	...	...	22.1	...
Congo, Democratic Republic of the	14.1	1.3	...	...	...	15.0	5.6
Côte d'Ivoire	...	...	...	...	...	7.7	...
Djibouti	...	...	...	...	...	12.0	
Ethiopia	11.6	...	...	...	0.0	15.3	8.0
Gabon	...	...	...	...	...	38.8	...
The Gambia	6.1	...	...	...	...	17.0	0.5
Ghana	18.3	5.6	41.7	...	0.0	16.4	3.2
Guinea	...	...	...	...	...	8.8	...
Guinea-Bissau	...	...	...	...	...	6.2	
Kenya	10.4	8.1	...	...	0.0	24.8	5.8
Lesotho	9.2	10.4	0.0	...	0.0	94.0	7.8
Madagascar	...	...	...	...	...	4.6	...

Table B.3 Social protection effective coverage (SDG indicator 1.3.1), latest available year

	Population covered (in at least one area)[1]	People covered by social protection systems including floors					
		Children[2]	Mothers with newborns[3]	Persons with severe disabilities[4]	Unemployed[5]	Older persons[6, 8]	Vulnerable groups[7]
Malawi	21.3	9.8	...	...	...	2.3	19.6
Mali	...	5.4	...	0.6	...	2.7	...
Mauritania	...	...	...	...	...	9.3	...
Mauritius	...	...	...	...	1.2	100.0	...
Mozambique	10.9	...	0.0	0.1	0.0	17.3	8.1
Namibia	...	...	...	...	...	98.4	...
Niger	20.6	4.2	...	...	...	5.8	16.4
Nigeria	4.4	0.0	0.1	...	0.0	7.8	0.2
Rwanda	...	...	...	...	...	4.7	...
Sao Tome and Principe	...	...	...	...	...	52.5	...
Senegal	...	4.0	...	...	...	23.5	...
Seychelles	...	...	...	...	...	100.0	...
Sierra Leone	...	...	...	...	...	0.9	...
South Africa	48.0	75.1	...	64.3	10.6	92.6	35.6
Swaziland	...	...	...	...	...	86.0	...
Tanzania, United Republic of	...	...	0.3	...	...	3.2	...
Togo	...	...	...	...	...	10.9	...
Uganda	2.9	...	...	...	0.0	6.6	0.6
Zambia	15.3	21.1	...	...	...	8.8	10.2
Zimbabwe	...	...	...	...	...	6.2	...
Americas							
Latin America and the Caribbean							
Anguilla	...	...	...	32.1	...	...	...
Antigua and Barbuda	...	...	40.0	11.1	...	83.5	...
Argentina	67.0	84.6	34.0	...	7.2	89.3	45.3
Aruba	...	...	100.0	...	15.7	100.0	...
Bahamas	...	...	...	...	25.7	84.2	...
Barbados	...	...	...	...	88.0	68.3	...
Belize	...	...	...	...	...	64.6	...
Bermuda	...	...	...	33.4	...	...	...

Table B.3 Social protection effective coverage (SDG indicator 1.3.1), latest available year

	Population covered (in at least one area)[1]	People covered by social protection systems including floors					
		Children[2]	Mothers with newborns[3]	Persons with severe disabilities[4]	Unemployed[5]	Older persons[6, 8]	Vulnerable groups[7]
Bolivia, Plurinational State of	40.8	65.0	51.5	2.1	3.0	100.0	34.4
Brazil	59.8	96.8	45.0	100.0	7.8	78.3	42.0
British Virgin Islands	...	...	...	...	...	...	...
Chile	69.2	93.1	44.0	100.0	45.6	78.6	18.8
Colombia	40.8	27.3	...	6.0	4.6	51.7	14.1
Costa Rica	72.0	17.7	...	...	...	68.8	66.5
Cuba	...	...	...	...	...	...	...
Dominica	...	...	...	...	...	38.5	...
Dominican Republic	...	...	...	...	4.2	11.1	...
Ecuador	31.7	6.7	...	34.5	...	52.0	11.3
El Salvador	...	...	...	...	...	18.1	...
Grenada	...	...	...	...	...	34.0	...
Guatemala	...	...	14.0	2.3	...	8.3	...
Guyana	...	...	...	...	...	100.0	...
Haiti	...	...	...	...	...	1.0	...
Honduras	...	...	...	15.4	...	7.5	...
Jamaica	...	...	...	9.0	...	30.3	...
Mexico	50.3	25.0	...	...	...	64.1	34.0
Nicaragua	...	...	...	...	...	23.7	...
Panama	...	37.3	...	...	...	37.3	...
Paraguay	...	32.8	3.0	21.6	...	22.2	...
Peru	...	...	...	3.9	...	19.3	...
Saint Kitts and Nevis	...	...	...	...	...	44.7	...
Saint Lucia	...	...	...	...	...	26.5	...
Saint Vincent and the Grenadines	...	...	...	...	...	76.6	...
Trinidad and Tobago	...	...	...	...	...	98.7	...
Uruguay	94.5	66.2	100.0	...	30.1	76.5	...
Venezuela, Bolivarian Republic of	...	...	...	28.3	5.1	59.4	...
Northern America							
Canada	99.8	39.7	100.0	67.2	40.0	100.0	99.0
United States	76.1	...	...	100.0	27.9	100.0	31.0

Table B.3 Social protection effective coverage (SDG indicator 1.3.1), latest available year

	Population covered (in at least one area)[1]	People covered by social protection systems including floors					
		Children[2]	Mothers with newborns[3]	Persons with severe disabilities[4]	Unemployed[5]	Older persons[6, 8]	Vulnerable groups[7]
Arab States							
Bahrain	...	...	...	...	9.8	40.1	...
Iraq	...	...	...	...	...	56.0	
Jordan	...	...	...	...	...	42.2	...
Kuwait	...	...	...	...	...	27.3	...
Lebanon	...	...	...	...	...	0.0	...
Occupied Palestinian Territory	...	...	...	...	...	8.0	
Oman	...	...	...	...	...	24.7	...
Qatar	...	...	...	6.5	...	18.0	...
Syrian Arab Republic	...	...	...	...	...	16.7	...
Yemen	...	...	...	...	...	8.5	...
Asia and the Pacific							
Eastern Asia							
China[9]	63.0	2.2	15.1	...	18.8	100.0	27.1
Hong Kong, China	...	...	...	...	...	72.9	...
Japan	75.4	...	...	55.7	20.0	100.0	...
Korea, Republic of	65.7	...	...	5.8	40.0	77.6	...
Macau, China	...	...	...	...	26.9	...	...
Mongolia	72.4	100.0	100.0	100.0	31.0	100.0	35.1
South-Eastern Asia							
Brunei Darussalam	...	...	...	...	...	81.7	...
Cambodia	...	...	...	0.7	...	3.2	...
Indonesia	...	...	...	...	...	14.0	...
Lao People's Democratic Republic	...	...	...	...	...	5.6	...
Malaysia	...	...	...	...	...	19.8	...
Myanmar	...	...	0.7	0.4	...	...	...
Philippines	47.1	13.6	9.0	3.1	...	39.8	7.8
Thailand	...	18.9	...	35.7	43.2	79.7	...
Timor-Leste	...	30.7	...	21.3	...	89.7	...
Viet Nam	37.9	...	44.5	9.7	45.0	39.9	10.0

Table B.3 Social protection effective coverage (SDG indicator 1.3.1), latest available year

	Population covered (in at least one area)[1]	People covered by social protection systems including floors					
		Children[2]	Mothers with newborns[3]	Persons with severe disabilities[4]	Unemployed[5]	Older persons[6, 8]	Vulnerable groups[7]
Southern Asia							
Afghanistan	...	...	...	...	...	10.7	...
Bangladesh	28.4	29.4	20.9	18.5	...	33.4	4.3
Bhutan	...	...	...	...	...	3.2	...
India	19.0	...	41.0	5.4	...	24.1	14.0
Iran, Islamic Republic of	...	...	...	...	...	26.4	...
Maldives	...	...	...	...	...	99.7	...
Nepal	...	...	...	...	...	62.5	...
Pakistan	...	...	...	...	...	2.3	...
Sri Lanka	30.4	...	...	20.8	...	25.2	4.4
Oceania							
Australia	82.0	100.0	...	100.0	52.7	74.3	53.0
Fiji	...	...	...	...	...	10.6	...
Kiribati	...	...	...	...	...	...	...
Marshall Islands	...	...	...	...	...	64.2	...
Nauru	...	...	...	...	...	56.5	...
New Caledonia	...	...	...	...	28.4	...	...
New Zealand	66.6	...	...	80.3	44.9	100.0	9.7
Palau	...	...	...	...	...	48.0	...
Papua New Guinea	...	...	...	...	...	0.9	...
Samoa	...	...	...	...	...	49.5	...
Solomon Islands	...	...	...	...	...	13.1	...
Tonga	...	...	...	...	...	1.0	...
Tuvalu	...	...	...	...	...	19.5	
Vanuatu	...	...	...	...	...	3.5	...

Table B.3 Social protection effective coverage (SDG indicator 1.3.1), latest available year

	Population covered (in at least one area)[1]	People covered by social protection systems including floors					
		Children[2]	Mothers with newborns[3]	Persons with severe disabilities[4]	Unemployed[5]	Older persons[6, 8]	Vulnerable groups[7]
Europe and Central Asia							
Northern, Southern and Western Europe							
Albania	...	...	...	...	6.9	77.0	...
Andorra	...	...	...	...	11.1	...	...
Austria	98.6	100.0	100.0	93.3	100.0	100.0	93.0
Belgium	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Bosnia and Herzegovina	...	...	...	...	...	29.6	
Croatia	...	...	100.0	...	20.0	57.6	...
Denmark	89.5	100.0	100.0	100.0	66.8	100.0	63.7
Estonia	98.4	100.0	100.0	100.0	41.5	100.0	91.7
Finland	100.0	100.0	100.0	100.0	100.0	100.0	100.0
France	100.0	100.0	100.0	100.0	94.7	100.0	100.0
Germany	99.5	100.0	100.0	73.6	100.0	100.0	96.0
Greece	...	...	100.0	...	21.0	77.4	...
Iceland	...	...	100.0	100.0	28.6	85.6	...
Ireland	90.1	100.0	100.0	100.0	100.0	95.8	73.8
Isle of Man	...	...	...	...	56.6	...	...
Italy	...	...	100.0	100.0	37.8	100.0	...
Latvia	96.5	100.0	100.0	100.0	33.3	100.0	85.0
Liechtenstein	...	...	100.0	...	67.2	...	...
Lithuania	92.7	...	100.0	100.0	26.0	100.0	51.3
Luxembourg	...	...	100.0	100.0	41.0	100.0	...
Macedonia, the former Yugoslav Republic of	...	...	...	...	11.5	71.4	...
Malta	...	...	100.0	59.8	62.2	100.0	...
Montenegro	...	...	...	...	35.6	52.3	...
Netherlands	97.5	100.0	100.0	100.0	73.0	100.0	90.3
Norway	95.8	100.0	100.0	100.0	61.8	100.0	83.1
Portugal	90.2	93.1	100.0	89.2	42.1	100.0	59.3
Serbia	...	...	...	...	8.8	46.1	...

Table B.3 Social protection effective coverage (SDG indicator 1.3.1), latest available year

	Population covered (in at least one area)[1]	People covered by social protection systems including floors					
		Children[2]	Mothers with newborns[3]	Persons with severe disabilities[4]	Unemployed[5]	Older persons[6, 8]	Vulnerable groups[7]
Slovenia	100.0	79.4	96.0	100.0	26.2	100.0	100.0
Spain	80.9	100.0	100.0	83.5	45.3	100.0	45.0
Sweden	100.0	100.0	100.0	100.0	25.9	100.0	100.0
Switzerland	92.7	100.0	100.0	100.0	60.7	100.0	70.2
United Kingdom	93.5	100.0	100.0	100.0	60.0	100.0	76.6
Eastern Europe							
Belarus	...	...	...	...	44.6	100.0	...
Bulgaria	88.3	48.6	100.0	100.0	29.6	100.0	28.8
Czech Republic	88.8	...	100.0	100.0	36.0	100.0	32.0
Hungary	86.2	100.0	100.0	100.0	17.4	100.0	56.0
Moldova, Republic of	...	...	...	...	10.5	75.2	...
Poland	84.9	100.0	100.0	100.0	15.5	100.0	52.0
Romania	95.0	100.0	100.0	100.0	23.0	100.0	82.6
Russian Federation	90.4	100.0	69.0	100.0	68.2	91.2	54.5
Slovakia	92.1	100.0	100.0	100.0	9.8	100.0	70.0
Ukraine	...	...	100.0	...	21.9	91.9	...
Central and Western Asia							
Armenia	47.3	21.4	61.0	100.0	...	68.5	16.2
Azerbaijan	40.3	...	14.0	100.0	1.6	81.1	12.6
Cyprus	61.2	60.3	100.0	26.5	23.7	100.0	24.1
Georgia	28.6	...	24.0	100.0	...	91.9	12.0
Israel	54.9	...	...	90.4	29.4	99.1	...
Kazakhstan	100.0	100.0	44.6	100.0	5.8	82.6	100.0
Kyrgyzstan	...	17.8	23.8	75.9	1.7	100.0	...
Tajikistan	...	6.4	59.5	...	17.3	92.8	...
Turkey	...	...	...	5.0	1.4	20.0	...
Uzbekistan	...	...	...	...	...	98.1	...

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Main source

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Detailed sources for each country are described in tables B.4, B.5, B.6, B.8, B.12.

Notes

[1] The proportion of the population protected in at least one area (SDG indicator 1.3.1 (a): Proportion of the total population receiving benefits at least under one of the contingencies (contributory or non-contributory benefit) or actively contributing to at least one social security scheme.

[2] Proportion of children covered by social protection benefits: Ratio of children/households receiving child benefits to the total number of children/households with children.

[3] Proportion of women giving birth covered by maternity benefits: Ratio of women receiving maternity benefits to women giving birth in the same year (estimated based on age-specific fertility rates published in the UN World Population Prospects or on the number of live births corrected by the share of twin and triplet births).

[4] Proportion of persons with disabilities receiving benefits: Ratio of persons receiving disability benefits to persons with severe disabilities. The latter is calculated as the product of prevalence of disability ratios (published for each country group by the World Health Organization) and each country's population.

[5] Proportion of unemployed receiving benefits: Ratio of recipients of unemployment benefits to the number of unemployed persons.

[6] Proportion of older persons receiving a pension: Ratio of persons above statutory retirement age receiving an old-age pension (including contributory and non-contributory) to persons above statutory retirement age.

[7] Proportion of vulnerable persons receiving benefits: ratio of social assistance recipients to the total number of vulnerable persons. The latter are calculated by subtracting from the total population all people in working age contributing to a social insurance scheme or receiving contributory benefits and all persons above retirement age receiving contributory benefits.

[8] OECD countries have survivors included under old-age pensions

[9] China. Includes the number of people who have received Age Benefits for Urban and Rural Residents and Old-Age Benefits for Urban Workers. Regarding the statutory pensionable age, blue-collar female enterprise employees retire at 50 while white-collar female enterprise employees retire at 55. The 60 and above age group was taken for women.

See also Annex II for more details.

Table B.4 Child and family benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for children and families with children)

Country/Territory	Contributory schemes	Non-contributory schemes		No programme anchored in legislation or no information	Effective coverage[d] (%)	Latest year available
	Employment related[a]	Universal (not means-tested)	Social assistance (means-tested)			
Africa						
Northern Africa						
Algeria	●				...	...
Egypt				●	...	...
Libya		●			...	...
Morocco	●				...	...
Sudan				●	...	...
Tunisia	●				...	...
Sub-Saharan Africa						
Angola	●				...	...
Benin	●				...	...
Botswana[1]		●			5.5	2015
Burkina Faso	●				...	...
Burundi	●				...	...
Cabo Verde	●				31.5	2015
Cameroon	●				0.4	2015
Central African Republic	●				...	...
Chad	●				...	...
Congo[2]	●				...	...
Congo, Democratic Republic of the	●				1.3	2015
Côte d'Ivoire	●				...	...
Djibouti	●				...	...
Equatorial Guinea	●				...	...
Ethiopia				●	...	...
Gabon	●				...	...
The Gambia				●	...	...
Ghana				●	5.6	2015
Guinea	●				...	...

Table B.4 Child and family benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for children and families with children)

Country/Territory	Contributory schemes	Non-contributory schemes		No programme anchored in legislation or no information	Effective coverage[d] (%)	Latest year available
	Employment related[a]	Universal (not means-tested)	Social assistance (means-tested)			
Kenya				●	8.1	2015
Lesotho				●	10.4	2015
Liberia				●	...	...
Madagascar	●				...	...
Malawi				●	9.8	2015
Mali	●				5.4	2015
Mauritania	●				...	...
Mauritius			●		...	...
Mozambique	●		●		...	...
Namibia[3]			●		...	...
Niger	●				4.2	2015
Nigeria				●	0.0	2015
Rwanda				●	...	...
Sao Tome and Principe				●	...	...
Senegal	●				4.0	2015
Seychelles				●	...	...
Sierra Leone				●	...	...
Somalia				●	...	...
South Africa			●		75.1	2015
Swaziland				●	...	...
Tanzania, United Republic of				●	...	...
Togo	●				...	...
Uganda				●	...	...
Zambia				●	21.1	2015
Zimbabwe				●	...	...

Table B.4 Child and family benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for children and families with children)

Country/Territory	Contributory schemes	Non-contributory schemes		No programme anchored in legislation or no information	Effective coverage[d] (%)	Latest year available
	Employment related[a]	Universal (not means-tested)	Social assistance (means-tested)			
Americas						
Latin America and the Caribbean						
Antigua and Barbuda			●	●	...	...
Argentina	●[b]		●		84.6	2015
Bahamas	●			●	...	...
Barbados				●	...	...
Belize				●	...	...
Bermuda				●	...	...
Bolivia, Plurinational State of	●		●		65.0	2015
Brazil	●[b]		●		96.8	2015
British Virgin Islands				●	...	...
Chile	●[b]		●		93.1	2015
Colombia	●		●		27.3	2015
Costa Rica			●		17.7	2015
Cuba[4]				●	...	...
Dominica				●	...	...
Dominican Republic			●		...	...
Ecuador			●		6.7	2015
El Salvador				●	...	...
Grenada				●	...	...
Guadeloupe				●	...	...
Guatemala				●	...	...
Guyana				●	...	...
Haiti				●	...	...
Honduras[5]				●	...	...
Jamaica			●		...	...
Martinique				...	...	...
Mexico	●		●		25.0	2015

Table B.4 Child and family benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for children and families with children)

Country/Territory	Contributory schemes	Non-contributory schemes		No programme anchored in legislation or no information	Effective coverage[d] (%)	Latest year available
	Employment related[a]	Universal (not means-tested)	Social assistance (means-tested)			
Nicaragua				● [6]	...	...
Panama		●	●		37.3	2015
Paraguay [7]				●	32.8	2015
Peru			● [8]		...	...
Saint Kitts and Nevis				●	...	...
Saint Lucia				●	...	...
Saint Vincent and the Grenadines				●	...	...
Trinidad and Tobago			●		...	...
Uruguay			●		66.2	2015
Venezuela, Bolivarian Republic of				● [9]	...	...
Northern America			●			
Canada		●	● [10]		39.7	2015
United States			● [11]		...	...
Arab States						
Bahrain				●	...	...
Iraq			●		...	...
Jordan				●	...	...
Kuwait				●	...	...
Lebanon	● [12]				...	...
Oman				●	...	...
Qatar				●	...	...
Saudi Arabia				●	...	...
Syrian Arab Republic				●	...	...
Yemen				●	...	...

Table B.4 Child and family benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for children and families with children)

Country/Territory	Contributory schemes	Non-contributory schemes		No programme anchored in legislation or no information	Effective coverage[d] (%)	Latest year available
	Employment related[a]	Universal (not means-tested)	Social assistance (means-tested)			
Asia and the Pacific						
Eastern Asia						
China			●[13]		2.2	2015
Hong Kong, China			●		...	...
Japan	●		●		...	...
Korea, Republic of				●	...	...
Mongolia		●			100.0	2015
Taiwan, China				●	...	...
South-Eastern Asia						
Brunei Darussalam				●	...	...
Cambodia				●	...	...
Indonesia			●		...	...
Lao People's Dem. Rep.				●	...	...
Malaysia				●	...	...
Myanmar	●				...	...
Philippines				●	13.6	2015
Singapore	●[14]				...	...
Thailand	●				18.9	2015
Timor-Leste				●	30.7	2015
Viet Nam			●		...	...
Southern Asia						
Bangladesh				●	29.4	2015
Bhutan[15]				●	...	...
India				●	...	...
Iran, Islamic Republic of	●				...	...
Nepal				●	...	...
Pakistan			●		...	...
Sri Lanka			●		...	...

Table B.4 Child and family benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for children and families with children)

Country/Territory	Contributory schemes	Non-contributory schemes		No programme anchored in legislation or no information	Effective coverage[d] (%)	Latest year available
	Employment related[a]	Universal (not means-tested)	Social assistance (means-tested)			
Oceania						
Australia		●[c]	●		100.0	2015
Fiji			●		...	...
Kiribati				●	...	...
Marshall Islands				●	...	...
Micronesia, Federated States of				●	...	...
New Zealand		●	●		...	...
Palau				●	...	...
Papua New Guinea				●	...	...
Samoa				●	...	...
Solomon Islands				●	...	...
Vanuatu				●	...	...
Europe and Central Asia						
Northern, Southern and Western Europe						
Albania			●		...	...
Andorra			●		...	...
Austria		●			100.0	2015
Belgium	●		●		100.0	2015
Bosnia and Herzegovina			●		...	...
Croatia			●		...	...
Denmark		●			100.0	2015
Estonia		●			100.0	2015
Finland		●			100.0	2015
France		●	●		100.0	2015
Germany		●	●		100.0	2015
Greece	●				...	...
Guernsey		●			...	...
Iceland		●	●		...	...

Table B.4 Child and family benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for children and families with children)

Country/Territory	Contributory schemes	Non-contributory schemes		No programme anchored in legislation or no information	Effective coverage[d] (%)	Latest year available
	Employment related[a]	Universal (not means-tested)	Social assistance (means-tested)			
Ireland	●[b]	●	●		100.0	2015
Isle of Man			●		...	...
Italy	●		●		...	...
Jersey			●		...	...
Kosovo				...	...	...
Latvia		●			100.0	2015
Liechtenstein		●			...	...
Lithuania [16]			●		...	...
Luxembourg		●	●		...	...
Macedonia, the former Yugoslav Rep. of				...	...	...
Malta [17]			●		...	...
Monaco	●[b]				...	...
Montenegro			●		...	...
Netherlands		●	●		100.0	2015
Norway		●			100.0	2015
Portugal	●		●		93.1	2015
San Marino	●				...	...
Serbia		●	●		...	...
Slovenia		●	●		79.4	2015
Spain			●		100.0	2015
Sweden		●			100.0	2015
Switzerland	●		●		100.0	2015
United Kingdom	●	●	●		100.0	2015
Eastern Europe						
Belarus		●			...	...
Bulgaria [18]			●		48.6	2015
Czech Republic			●		...	...
Hungary		●	●		100.0	2015

Table B.4 Child and family benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for children and families with children)

Country/Territory	Contributory schemes	Non-contributory schemes		No programme anchored in legislation or no information	Effective coverage[d] (%)	Latest year available
	Employment related[a]	Universal (not means-tested)	Social assistance (means-tested)			
Moldova, Republic of		●	●		...	...
Poland			●		100.0	2015
Romania		●	●		100.0	2015
Russian Federation	●[19]		●		100.0	2015
Slovakia		●			100.0	2015
Ukraine			●		...	...
Central and Western Asia						
Armenia			●		21.4	2015
Azerbaijan	●		●		...	...
Cyprus			●[c]		60.3	2015
Georgia			●		...	...
Israel		●	●		...	...
Kazakhstan			●		100.0	2015
Kyrgyzstan			●		17.8	2015
Tajikistan[20]	●				6.4	2015
Turkey				●	...	...
Turkmenistan	●				...	...
Uzbekistan	●		●		...	...

Sources

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Notes

... Not available or no information

[a] Employment-related: Schemes include those financed through contributions from employers and workers, as well as those financed exclusively by employers.

[b] Certain employment-related schemes are also means- or affluence-tested.

[c] Benefits are affluence-tested but provision is near universal.

[d] Effective coverage of children and families: detailed methodology is in Annex II. The data for the countries with no programmes anchored in legislation come from donor-funded schemes.

[1] Botswana. No statutory benefits are provided. Botswana provides monthly cash benefits of BWP 90 and monthly food rations of BWP 450 to 750 to all destitute residents, including those unable to support themselves because of old age, disability or a chronic health condition; needy children younger than age 18 with a terminally ill parent; or orphans or abandoned children younger than age 18 not covered by the orphan care programme.

[2] Congo. A 2012 law that introduces non-contributory allowances for family allowances has not yet been implemented.

[3] Namibia. In addition, a child disability grant and foster parent grant of NAD 250 per month are paid for a child with a disability or illness, and to foster parents who meet certain conditions. The disability grant is paid for each qualifying child, and the foster parent grant is paid for the first child for the duration of the foster care period.

[4] Cuba. No statutory benefits are provided. Dependants of young workers conscripted into military service are eligible for social security assistance. Cash benefits are available for families whose head of household is unemployed due to health, disability or other justifiable cause, and who has insufficient income for food and medicine or basic household needs.

[5] Honduras. Certain provisions of the 2015 social protection law relating to family allowances have not yet been implemented. To date, a statutory financing framework for social assistance benefits has been established.

[6] Nicaragua. A marriage grant equal to one month of the insured's monthly earnings is paid under the old age, disability and survivors programme to insured persons with at least three months of contributions.

[7] Paraguay. No statutory benefits are provided. The 1993 labour code requires employers to provide specified maternity and family allowance benefits based on the number of children.

[8] Peru. See http://www.juntos.gob.pe.

[9] Venezuela (Bolivarian Republic of). A marriage grant equal to a lump sum of VEF 7,000 is paid with at least 100 weeks of contributions in the three years before marriage. The grant is paid under the old age, disability and survivors programme.

[10] Canada. The benefit is paid as a refundable tax credit.

[11] United States. Benefits are paid at federal, state and local levels and include a refundable tax credit.

[12] Lebanon. The benefit is paid as a lump sum; LBP 60,000 is paid to the wife, LBP 33,000 for each child up to five children.

[13] China. Tax-financed, means-tested minimum subsistence guarantee and medical assistance programmes, both administered by the local Bureau of Civil Affairs, provide benefits to urban and rural families whose per capita income is below a minimum level. Local governments offer various financial incentives (lump-sum, periodic or in-kind benefits) to families who comply with family planning policies.

[14] Singapore. The Workfare Income Supplement Scheme supplements the income and Central Provident Fund savings of low-wage workers aged 35 or older with a gross monthly income up to SGD 2,000. Individuals must have worked at least two months in any three-month period. The benefit is 40% of up to SGD 3,600 per year, depending on the insured's age (10% of up to SGD 2,333 per year, depending on age, if self-employed) and is paid quarterly.

[15] Bhutan. His Majesty's Kidu Office administers a constitutionally mandated welfare (Kidu) system consisting of cash and in-kind benefits to Bhutanese citizens. Must be assessed as needy, disabled or landless, or be a child with no source of income to attend school.

[16] Lithuania. In addition to periodic means-tested family and child-care benefits, a long-term care allowance for children with disabilities and a lump-sum benefit for the birth or adoption of a child are not means-tested.

[17] Malta. In addition to periodic means-tested child allowances and in-work benefits, a care allowance for foster children and a disabled child allowance are not means-tested.

[18] Bulgaria. In addition, a universal birth grant is paid for each child, regardless of income.

[19] Russian Federation. A family (maternity capital) grant is paid as a lump sum.

[20] Tajikistan. TJS 40 a month is paid until the child reaches age 18 months. One parent must be in covered employment. In addition, a lump sum of TJS 150 is paid for the first child, TJS 100 for the second child, and TJS 50 for each subsequent child, regardless of whether the parents are in covered employment.

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Africa									
Northern Africa									
Algeria	1949	National Social Insurance Fund for Employees – social security	Social insurance	Employer and employee	No	14 weeks	14	100	11.2
Egypt	1959, 1964	National Organization for Social Insurance for the Private and Public Sector Fund; Social Insurance Government Sector Fund – social security (75%); employer (25%)	Social insurance	Employer and employee	No	120 days	17.2	100[4]	...
Libya	1958	Employer	Employer liability	Employer	No (pregnancy benefit and birth grant only)	14 weeks	14	100[8]	...
Morocco	1959	National Social Security Fund- social security	Social insurance	Employer and employee	No	14 weeks	14	100[2]	...
Sudan	1997*	Employer (no statutory social security benefits)	Employer liability	Employer	No	8 weeks	8	100	...
Tunisia	1960	National Health Insurance Fund – social security	Social insurance	Employer, employee and self-employed	Yes	30[a] days	4.3[a]	67[15]	12.3
Sub-Saharan Africa									
Angola	2004	National Social Insurance Institute – social security	Social insurance	Employer, employee and self-employed	Yes	3 months	13	100	...
Benin	1952*	National Social Security Fund – social security (50%); employer (50%)	Social insurance and employer liability	Employer	No	14 weeks	14	100	...
Botswana	1981*	Employer (no statutory social security benefits)	Employer liability	Employer	No	12 weeks	12	50	...
Burkina Faso	1955	National Social Security Fund – social security	Social insurance	Employer	No	14 weeks	14	100[1,2]	0.4
Burundi	1993*	Employer (50%); social security (50%)	Employer liability (partially social insurance)	Employer and employee	No	12[a] weeks	12[a]	100	...
Cabo Verde	1976	National Social Insurance Institute- social security	Social insurance	Employer, employee and self-employed	Yes	60 days	8.6	90[3]	10.7
Cameroon	1956	National Social Insurance Fund – social security	Social insurance	Employer	No	14 weeks	14	100	0.6
Central African Republic	1952*	National Social Security Fund- social security	Social insurance	Employer	No	14[a] weeks	14[a]	50	...
Chad	1952*, 1966	National Social Insurance Fund- social security	Social insurance	Employer and government (subsidies)	No	14[a] weeks	14[a]	50	...

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Comoros	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	14 weeks	14	100	...
Congo	1952*, 1956	National Social Security Fund – social security (50%); employer (50%)	Social insurance and employer liability	Employer	No	15[a] weeks	15[a]	100	...
Congo, Democratic Republic of the	1967*	Employer (no statutory social security benefits)	Employer liability	Employer	No	14 weeks	14	67	...
Côte d'Ivoire	1955	Social Insurance Institute – National social insurance fund – social security	Social insurance	Employer	No	14[a] weeks	14[a]	100	...
Djibouti	1952*, 1972*	National Social Security Fund – social security (50%); employer (50%)	Social insurance	Employer	Yes	14[a] weeks	14[a]	100	...
Equatorial Guinea	1947, 1984	Social Security Institute – social security	Social insurance	Employer, employee and government	No	12 weeks	12	75[5]	...
Eritrea	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	60 days	8.6	100	...
Ethiopia	2003*	Employer (no statutory social security benefits)	Employer liability	Employer	No	90 days	13	100	...
Gabon	1952*, 1975	National Social Security Fund -social security (50%); employer (50%)	Social insurance	Employer	Special system	14[a] weeks	14[a]	100	...
The Gambia	1990*	Employer (no statutory social security benefits)	Employer liability	Employer	No	6 months	26	100	...
Ghana	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	12[a,b] weeks	12[a,b]	100	41.7[14]
Guinea	1960	National Social Security Fund – social security (50%); employer (50%)	Social insurance and employer liability	Employer and employee	No	14 weeks	14	100[2]	...
Guinea-Bissau	...	Social security; employer	Social insurance and employer	Employer	No	60 days	8.6	100[6]	...
Kenya	1976*	Employer (no statutory social security benefits)	Employer liability	Employer	No	3 months	13	100	...
Lesotho	1992*	Employer (no statutory social security benefits)	Employer liability	Employer	No	12 weeks	12	100[7]	...
Liberia	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	14 weeks	14	100	...
Madagascar	1952*	National Social Insurance Fund – social security or employer	Social insurance and employer liability	Employer	No	14 weeks	14	50[9]	...
Malawi	2000*	Employer through a private insurance (no statutory social security benefits)	Employer liability	Employer	No	8 weeks	8	100[10]	...
Mali	1952*	National Social Insurance Institute – social security	Social insurance	Employer, employee and self-employed	Yes, voluntary basis	14 weeks	14	100	...
Mauritania	1952*	National Social Security Fund – social security	Social insurance	Employer	No	14 weeks	14	100	...

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Mauritius	2008*	Employer (no statutory social security benefits)	Employer liability	Employer	No	12 weeks	12	100[2]	...
Mozambique	...	National Institute of Social Security – social security	Social insurance	Employer, employee and self-employed	Yes	60 days	8.6	100	0.2
Namibia	1994	Social Security Commission – social security (basic wage); employer (remainder)	Social insurance and employer liability	Employer, employee and government	Voluntary basis for social insurance	12 weeks	12	100[2, 11]	...
Niger	1952*	National Social Security Fund – social insurance (50%); employer (50%)	Social insurance and employer liability	Employer	No	14[a] weeks	14[a]	100	...
Nigeria	1971	Employer (no statutory social security benefits)	Employer liability	Employer	No	12 weeks	12	50	0.4
Rwanda	2009*	Rwanda Social Security Board – social security and employer	Social insurance and employer liability	Employer and employee	No	12 weeks	12	100[12]	...
Sao Tome and Principe	1979	National Institute of Social Security – social security	Social insurance	Employer, employee, self-employed and government (subsidies)	Yes	90[b] days	13[b]	100	...
Senegal	1952*	Social Security Fund – social security	Social insurance	Employer and employee	No	14[a] weeks	14[a]	100	...
Seychelles	1979	Agency for Social Protection – social security and employer	Social insurance and employer liability	Employer and government	Yes	14 weeks	14	80[13]	...
Sierra Leone	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	84 days	12	100	...
Somalia	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	14 weeks	14	50	...
South Africa	1937	Unemployment Insurance Fund – social security	Social insurance	Employer and employee	No	17.3 weeks	17.3	38–60[2]	...
Swaziland	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	2 weeks (+10 unpaid)	2 (+10 unpaid)	100	...
Tanzania, United Republic of	1997	National Social Security Fund – social security	Social insurance	Employer, employee and self-employed	Yes, voluntary contributions	12 weeks	12	100	0.3
Togo	1956	National Social Security Fund – social security (50%); employer (50%)	Social insurance and employer liability	Employer and self-employed	Yes	14[a] weeks	14[a]	100	...
Uganda	2006*	Employer (no statutory social security benefits)	Employer liability	Employer	No	60 working days	12	100	...
Zambia	1973	Employer (no statutory social security benefits)	Employer liability	Employer	No	12 weeks	12	100	...
Zimbabwe	1985*	Employer (no statutory social security benefits)	Employer liability	Employer	No	98 days	14	100	...

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Americas									
Latin America and the Caribbean									
Antigua and Barbuda	1972, 1973	Antigua and Barbuda Social Security Board – social insurance and employer	Social insurance; employer	Employer, employee and self-employed	Yes	13 weeks	13	100, 60[83]	40.0
Argentina	1934	National Social Security Administration – social security	Employment related and social assistance	Employer and government	Yes, social assistance	90 days	13	100[84]	13.0
Bahamas	1972	National Insurance Board – social security (two-thirds) and employer (one-third)	Social insurance and employer liability	Employer, employee and self-employed	Yes	13 weeks	13	100[85]	...
Barbados	1966	National Insurance Office – social security	Social insurance	Employer, employee and self-employed	Yes	12 weeks	12	100[86]	...
Belize	1979	Social Security Board – social security (80%); employer (20%)	Social insurance and employer liability	Employer, employee and self-employed	Yes	14 weeks	14	100[2, 87]	...
Bermuda	2000*	Employer (no statutory social security benefits)	Employer liability	Employer	No	2 weeks (+10 unpaid)	2 (+10 unpaid)	100	...
Bolivia, Plurinational State of	1949	National Health Insurance Institute – social security	Social insurance	Employer and self-employed	Yes, voluntary basis	90 days	13	95[88]	51.5
Brazil	1943	National Social Security Institute – social security	Social insurance	Employer, employee and self-employed	Yes	120 days	17.2	100[2, 89]	45.0
British Virgin Islands	1979	Social Security Board – social security	Social insurance	Employer, employee and self-employed	Yes	13 weeks	13	67[2, 90]	...
Chile	1924	National Health Fund – social security	Social insurance and private insurance	Employee, self-employed and government	Yes	18 weeks	18	100[2, 91]	44.0
Colombia	1938	Ministry of Health and Social Protection – social security	Social insurance	Employer, employee, self-employed and government	Yes	18 weeks	18	...	...
Costa Rica	1941, 1943	Costa Rican Social Insurance Fund – social security (50%); employer (50%)	Social insurance and employer liability	Employer, employee, self-employed and government	Yes	4 months	17.2	100	...
Cuba	1934	Directorate of Prevention, Social Assistance and Labor and the National Institute of Social Security – social security	Social insurance	Employer, employee, self-employed and government (any deficit)	Special system	18[b] weeks	18[b]	100[92]	...
Dominica	1975	Dominica Social Security – social security	Social insurance	Employer, employee and self-employed	Yes	12 weeks	12	60[90]	...
Dominican Republic	1947	Social Security Institute – social security (50%); employer (50%)	Social insurance and employer liability	Employer and employee	No	12 weeks	12	100[93]	...
Ecuador	1935	Social Security Institute – social security (75%); employer (25%)	Social insurance and employer liability	Employer, self-employed and government	Yes	12[b] weeks	12[b]	100	...

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
El Salvador	1949	Social Security Institute – social security or employer	Social insurance or employer liability	Employer, employee, self-employed, and government (subsidy)	Yes	16 weeks	16	100, 75[94]	...
Grenada	1980	National Insurance Scheme – social security (65% for 3 months); employer (up to 40% for 2 months)	Social insurance and employer liability	Employer, employee, self-employed and government	Yes	3 months	13	100, 65[90, 95]	...
Guadeloupe	...	...	...	...	...	... ...	...	...	...
Guatemala	1952	Social Security Institute – social security (two-thirds), employer (one-third)	Social insurance and employer liabillity	Employer, employee and government	No	84 days	12	100[93]	14.0
Guyana	1969	National Insurance Scheme – social security	Social insurance	Employer, employee, self-employed, and government (any deficit)	Yes	13[a] weeks	13[a]	70[90]	...
Haiti	1984*	Employer	Employer liability	Employer	...	6 weeks (+6 unpaid)	6 (+6 unpaid)	100	...
Honduras	1959	Social Security Institute – social security (66%); employer (34%)	Social insurance and employer liability	Employer, employee, self-employed, and government	Yes	84 days	12	66[93]	...
Jamaica	1965	Ministry of Labour and Social Security through its National Insurance Division – social security or Employer	Social insurance or employer liability	Employer and employee; or employer	No	8 weeks	8	See footnote[96]	...
Mexico	1943	Mexican Social Security Institute – social security	Social insurance	Employer, employee and government	Yes, voluntary basis	84 days	12	100	...
Nicaragua	1956	Nicaraguan Institute of Social Security – social security (60%); employer (40%)	Social insurance and employer liability	Employer, employee, self-employed, and government	Yes, voluntary basis	12 weeks	12	100[93]	...
Panama	1941	Social Insurance Fund – social security	Social insurance	Employer, employee, self-employed, and government	Yes, voluntary basis	14 weeks	14	100[93]	...
Paraguay	1943	Social Insurance Institute – social security	Social insurance	Employer, employee and government	No	18 weeks	18	100	3.0
Peru	1936, 1948	Social Health Insurance Institute (EsSalud) and private health providers- social security	Social insurance and mandatory private insurance	Employer and self-employed	Yes, voluntary basis	90[b] days	13[b]	100[90]	...
Puerto Rico	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	8 weeks	8	100	...
Saint Kitts and Nevis	1977	Social Security Board – social security	Social insurance	Employer, employee and self-employed	Yes	13 weeks	13	65[90, 97]	...
Saint Lucia	1978	National Insurance Corporation – social security	Social insurance	Employer, employee and self-employed	Yes	3 months	13	65[90]	...

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Saint Vincent and the Grenadines	1986	National Insurance Services – social security	Social insurance	Employer, employee and self-employed	Yes	13 weeks	13	65[90]	...
Trinidad and Tobago	1998	National Insurance Board – social security and employer	Social insurance and employer liability	Employer and employee	No	13 weeks	13	100, 50[90, 98]	...
Uruguay	1958	Social Insurance Bank – social security	Employment related	Government	Yes	14 weeks	14	100	100.0
Venezuela, Bolivarian Republic of	1940	Social Insurance Institute – social security	Social insurance	Employer, employee and government	No	26 weeks	26	100	...
Northern America									...
Canada	1972*	Service Canada – social security	Social insurance	Employer, employee and self-employed	Yes, for some on a voluntary basis	15[99] weeks	15	55[2, 99]	100.0
United States	n.a	No statutory provision (provisions at state level)	Unpaid	n.a	n.a	0 (+12) weeks	0 (+12)	0[100]	...
Arab States									
Bahrain	1976*	Employer (no statutory social security benefits)	Employer liability	Employer	No	60 days (+15 unpaid)	8.6 (+2.2 unpaid)	100	...
Iraq	1956	Department of Social Security and Pensions for Workers- social security	Social insurance	Employer, employee and government (subsidies)	No	14[a,b] weeks	14[a,b]	100[22]	...
Jordan	1978	Social Security Corporation – social security	Social insurance	Employer and government (any deficit)	...	10 weeks	10	100	...
Kuwait	2010*	Employer (no statutory social security benefits)	Employer liability	Employer	No	70 days (+120 unpaid)	10 (+17 unpaid)	100	...
Lebanon	1963	Employer (no statutory social security benefits)	Employer liability	Employer	No	70 days	10	100[28]	...
Occupied Palestinian Territory	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	70 days	10	100	...
Oman	2012	Employer (no statutory social security benefits)	Employer liability	Employer	No	50 days	7	100[31]	...
Qatar	2004*	Employer (no statutory social security benefits)	Employer liability	Employer	No	50 days	7	100	...
Saudi Arabia	1969*	Employer (no statutory social security benefits)	Employer liability	Employer	No	10 weeks	10	50, 100[34]	...
Syrian Arab Republic	1985	Employer (no statutory social security benefits)	Employer liability	Employer	No	120, 90, 75 days	17.2	100[37]	...
United Arab Emirates	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	45 days	6.4	100, 50[41]	...
Yemen	1995*	Employer (no statutory social security benefits)	Employer liability	Employer	No	70[a,b] days	10[a,b]	100	...

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Asia and the Pacific									
Eastern Asia									
China	1951	Social security (individual state-run enterprises)	Social insurance	Employer, self-employed and government (subsidizes administrative costs)	Yes (in most provinces), voluntary basis	98 days	14	100[20]	15.1
Hong Kong, China	1968	Employer	Employer liability	Employer	No	10 weeks	10	80	...
Japan	1922	Employment Insurance Fund – social security	Social insurance	Employer, employee and government	Yes, with exceptions	98[b] days	14[b]	67[23]	...
Korea, Republic of	1993	Ministry of Employment and Labor – social security	Social insurance	Employer, employee, self-employed and government (subsidies)	Yes, voluntary coverage under certain conditions	90 days	13	100[2, 25]	...
Mongolia	1994	Social Insurance Fund – social security	Social insurance	Employer, employee and self-employed contributions	Yes, voluntary basis	120 days	17.2	100, 70[106]	81.5
	2012	Social Welfare Fund	Universal and social assistance	Government	Yes			Flat rate[106]	100.0
Taiwan, China	1950	Bureau of Labour Insurance – social security	Social insurance	Employer, employee, self-employed and government	Yes, with exceptions	Lump sum	Lump sum	Lump sum[38]	...
South-Eastern Asia									
Brunei Darussalam	1954*	Employer and government	Employer liability and employment related	Employer (employer liability) and government (employment related)	No	8 weeks (+1 unpaid)	8 (+1 unpaid)	100[19]	...
Cambodia	1997*	National Social Security Fund – social security and employer	Employer liability and social insurance	Employer, employee	No	90 days	13	50	...
Indonesia	1957*	Employer (no statutory social security benefits)	Employer liability	Employer	No	3 months	13	100	...
Lao PDR	1999	National Social Security Fund – social security (80%); employer (20%)	Social insurance and employer liability	Employer, employee, self-employed and government	Yes, voluntary basis	105[a] days	15[a]	100[27]	...
Malaysia	1955*	Employer (no statutory social security benefits)	Employer liability	Employer	No	60 days	8.6	100	...
Myanmar	1954	Social Security Board – social security	Social insurance	Employer, employee, self-employed, and government (subsidies)	Yes, voluntary basis	14 weeks	14	70[2, 29]	0.7

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Philippines	1977	Employer, reimbursed by Social Security System	Social insurance	Employer, employee, self-employed and government (any deficit)	Yes	60[a] days	8.6[a]	100[33]	9.0
Singapore	1968*	Employer and government	Employer liability	Employer and government	No	16 weeks	16	100[2, 35]	...
Thailand	1990	Employer (67%); Social Security Office – social security (33%)	Social insurance and employer liability	Employer, employee, self-employed and government	Yes, voluntary basis	90 days	13	100, 50[2, 39]	...
Timor-Leste	2016	Social Security Department	Social Insurance	Employer and employee	Yes, voluntary basis	12 weeks	12	100	...
Viet Nam	1993	Viet Nam Social Security – social security	Social insurance	Employer	No	6[b] months	26[b]	100[43]	44.5
Southern Asia									...
Afghanistan	...	Employer (no statutory social security benefits)	Employer liability	Employer	No	90 days	13	100	...
Bangladesh	1939	Employer	Employer liability	Employer	No	16 weeks	16	100[18]	20.9
Bhutan	...	...	...	...	...	... ...	...	...	...
India	1948	Employee's State Insurance Corporation – social security	Social insurance	Employer, employee and government	No	26[a] weeks	26[a]	100[21]	41.0
Iran, Islamic Republic of	1953	Social Security Organization – social security	Social insurance	Employer, employee and government	No	270 days	39	67	...
Nepal	1962, 1993*	Employer (no statutory social security benefits)	Employer liability	Employer	No	52 days	7.4	100[30]	...
Pakistan	1965	Employer	Employer liability	Employer	No	12 weeks	12	100[32]	...
Sri Lanka	1941, 1954*	Employer (no statutory social security benefits)	Employer liability	Employer	No	12 weeks	12	86, 100[36]	...
Oceania									...
Australia	1970	Department of Human Services – social security	Universal	Government	Yes	18 weeks (+34 unpaid)[101]	18 (+34 unpaid)	Flat rate[101]	...
Fiji	2007*	Employer (no statutory social security benefits)	Employer liability	Employer	No	84 days	12	100[102]	...
Kiribati	1977*	Employer (no statutory social security benefits)	Employer liability	Employer	No	12 weeks	12	25	...
Marshall Islands	...	No statutory provision	No benefit	...	n.a.	n.a.	0	...	...
New Zealand	1938	Inland Revenue Department	Universal and social assistance	Government	Yes	18 weeks	18	100[2, 103]	100.0
Papua New Guinea	1978*	No social security benefit	Unpaid	No statutory provision	n.a.	0 (+6 unpaid) weeks	0 (+6 unpaid)	n.a.[104]	....

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Samoa	2013*	Employer (no statutory social security benefits)	Employer liability	Employer	No	4 weeks (+2 unpaid), 6	4 (+2 unpaid), 6	100, 66.7[105]	....
Solomon Islands	1996*	Employer (no statutory social security benefits)	Employer liability	Employer	No	12 weeks	12	25	....
Vanuatu	1983*	Employer (no statutory social security benefits)	Employer liability	Employer	No	12 weeks	12	66	....
Europe and Central Asia									
Northern, Southern and Western Europe									
Albania	1947	Social Insurance Institute – social security	Social insurance	Employer, employee and self-employed	Yes	365[b] days	52[b]	80, 50[44]	....
Andorra	1966	Social Security Fund of Andorra – social security	Social insurance	Employer, employee, and self-employed	Yes	16[b] weeks	16[b]	100	....
Austria	1955	District Health Insurance Funds – social security	Social insurance	Employer, employee and government	Special system	16 weeks	16	100	100.0
Belgium	1894	Health insurance funds and the National Institute for Health and Disability Insurance	Social insurance	Employer, employee, and government (subsidies)	Special system	15[b] weeks	15[b]	82, 75[2, 46]	100.0
Bosnia and Herzegovina	...	Social security	Social insurance	Employer and government	...	365 days	52	50-100[47]	....
Croatia	1954	Croatian Health Insurance Fund – social security	Social insurance and social assistance	Employer, self-employed and government	Yes	6.9 months	30	100[51]	100.0
Denmark	1892	Employer; local government	Employment related system	Employer, self-employed and government	Yes, voluntary basis	18 weeks	18	See footnote[54]	100.0
Estonia	1924	Health Insurance Fund – social security	Social insurance	Employer and self-employed	Yes	140 days	20	100	100.0
Finland	1963	Social security	Social insurance	Employer, employee, self-employed and government	Yes	105 working days	21	70[55]	100.0
France	1928	Primary Sickness Insurance Funds and General Sickness Insurance Funds for the French Overseas Territories – social security	Social insurance	Employer, employee, and government (subsidies)	Special system	16[a,b] weeks	16[a,b]	100[2]	100.0
Germany	1952	Sickness fund federations – social security	Social insurance and employer liability	Employer, employee and government	Yes, voluntary basis	14 weeks	14	100[2, 56]	100.0
Greece	1922	Social Insurance Institute – social security	Social insurance	Employer, employee, self-employed and government (subsidy)	Yes, certain urban self-employed	119 days	17	100	100.0
Guernsey	1971	Social Security Department- social security	Social insurance	Employer, employee, self-employed and government	Yes	18 weeks	18	Flat rate[49]	....

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Iceland	1975	Social Insurance Administration – social security	Social insurance	Employer, self-employed and government (any deficit)	Yes	3 months	13	80[2, 58]	100.0
Ireland	1911	Department of Social Protection – social security	Social insurance	Employer, employee, self-employed and government (covers any deficit)	Yes	26 weeks (+16 unpaid)	26 (+16 unpaid)	Flat rate[59]	100.0
Isle of Man	1951	Isle of Man Treasury – Social security	Social insurance and social assistance	Employer, employee, self-employed and government (social assistance)	Yes	39 (+13) weeks	39 (+13)	90[2, 60]	....
Italy	1912	National Security Institute – social security	Social insurance	Employer, self-employed and government	Yes	5 months	21.6	80[61]	100.0
Jersey	1951	Social Security Department – social security	Social insurance	Employer, employee and self-employed	Yes	18 weeks	18	Flat rate[50]	....
Kosovo	...	...	...	...	...	... ...	...	...	...
Latvia	1924	State Social Insurance Agency – social security	Social insurance	Employee, employer and self-employed	Yes	112[a,b] days	16[a,b]	80[62]	100.0
Liechtenstein	1910	Federation of Health Insurance Funds and Health Insurance Funds accredited by the government – social security	Social insurance	Employer, employee, self-employed and government	Yes, voluntary basis	20 weeks	20	80[63]	100.0
Lithuania	1925	State Social Insurance Fund Board – social security	Social insurance	Employer, self-employed and government (any deficit)	Yes	126[a,b] days	18[a,b]	100[2, 64]	100.0
Luxembourg	1901	National Health Fund and Insurance funds – social security	Social insurance	Employer, employee, self-employed and government (subsidy)	Special system	16[a,b] weeks	16[a,b]	100[65]	100.0
Macedonia, the former Yugoslav Rep. of	...	Health insurance Fund – social security	Social insurance	...	...	9 months	39	100	....
Malta	1981	Employer; Department of Social Security – social security	Employer liability, social insurance and social assistance	Employer, employee, self-employed and government	Yes	18 (+4) weeks	18 (+4)	See footnote[66]	100.0
Monaco	1944, 1949, 1971, 1982	Social Services Compensation Fund – social security	Social insurance	Employer	Special system	16[b] weeks	16[b]	90[2, 67]	....
Montenegro	...	Social security	Social insurance	Employer, employee, self-employed and government	Yes	365 days	52	100[68]	....

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Netherlands	1931	Employee Insurance Agency – social security	Social insurance	Employer and employee	No	16[b] weeks	16[b]	100[2]	100.0
Norway	1909	Norwegian Labor and Welfare Administration – social security	Social insurance	Employer, employee, self-employed and government (any deficit)	Yes	39 (or 49) weeks	39 (or 49)	80, 100[2, 69]	100.0
Portugal	1935	Social Security Institute – social security	Social insurance and social assistance	Employer, employee, self-employed and government	Yes	110-140[b] days	15.7, 20[b]	100, 80[70]	100.0
San Marino	1977	National Social Security Institute – social security	Social insurance	Employer and self-employed	Yes	5 months	22	100[72]	....
Serbia	1922	Republic Fund of Health Insurance – social security	Social insurance	Employer, employee and self-employed	Yes	140 [73] days	20	See footnote[2, 74]	....
Slovenia	1949	The Ministry of Labour, Family, Social Affairs, and Equal Opportunities's social work centres – social security	Social insurance	Employer, employee, self-employed and government	Yes	105[a,b] days	15[a,b]	100[2, 75]	96.0
Spain	1929	National Institute of Social Security – social security	Social insurance, social assistance	Employer, employee, and government (subsidies)	Under certain conditions	16[a,b] weeks	16[a,b]	100[76]	100.0
Sweden	1891	Regional and local social insurance offices – Social security	Social insurance	Employer and self-employed	Yes	60-420[77] days	14-60	77.6, Flat rate[2, 78]	100.0
Switzerland	1911	Compensation funds – mandatory social insurance through private insurance companies	Mandatory private insurance	Employer, employee and self-employed	Yes	98 days	14	80[2, 79]	100.0
United Kingdom	1911	Social security; government (92% refunded by public funds)	Mixed: social insurance and social assistance	Employer, employee, self-employed and government	Yes	39 (+13) weeks	39 (+13)	90[82]	100.0
Eastern Europe									
Belarus	1955	Social Protection Fund of the Population – social security	Social insurance	Employer, self-employed and government	Yes	126[a] days	18[a]	100[2, 45]	....
Bulgaria	1918	National Social Security Institute – social security	Social insurance	Employer, employee, self-employed and government (any deficit)	Yes, voluntary basis	410 days	58.5	90[48]	100.0
Czech Republic	1888	Czech Social Security Administration – social security	Social insurance	Employer, self-employed, and government (any deficit)	Yes, voluntary basis	28[b] weeks	28[b]	70[2, 53]	100.0
Hungary	1891	National Health Insurance Fund – social security	Social insurance	Employer, employee, self-employed and government (any deficit)	Yes	24 weeks	24	70[57]	100.0
Moldova, Republic of	1993	National Office of Social Insurance – social security	Social insurance	Employer, employee and self-employed	Yes	126 days	18	100	....

Table B.5 Maternity: Key features of main social security programmes and social protection effective coverage (SDG Indicator 1.3.1 for mothers with newborns)

Country/Territory	Date of the law (or Labour Act*)	Provider of maternity benefits, type of programme and financing sources			Coverage of self-employed	Length of maternity leave		Percentage of wages paid during covered period (%)	Mothers with newborns receiving cash benefit, 2015 (%)
		Provider of maternity benefits	Type of programme	Sources of financing		Period (no. and unit)	No. of weeks		
Poland	1920	Social Insurance Institution – social security	Social insurance	Employee and self-employed	Yes, voluntary basis	20[b] weeks	20[b]	100	100.0
Romania	1930	National Health Insurance House – social security	Social insurance	Employer and self-employed	Yes	126 days	18	85	100.0
Russian Federation	1912	Social Insurance Fund – social security	Social insurance	Employer	No	140 days	20	100[2, 71]	69.0
Slovakia	1888	Social Insurance Agency – social security	Social insurance	Employer, employee, self-employed and government	Yes	34[b] weeks	34[b]	70	100.0
Ukraine	1912	Ministry of Social Policy – social security	Social insurance and social assistance	Employer, self-employed and government	Yes	126[a,b] days	18[a,b]	100[81]	100.0
Central and Western Asia									
Armenia	1912	State Social Security Administration – social security	Social insurance	Employee, self-employed and government (subsidies)	Yes	140[a,b] days	20[a,b]	100[2, 16]	61.0
Azerbaijan	1912	State Social Protection Fund – social security	Social insurance	Employer, employee and self-employed	Yes	126[a,b] days	18[a,b]	100[17]	14.0
Cyprus	1957	Social Insurance Services – social security	Social insurance	Employer, employee, self-employed and government	Yes	18[b] weeks	18[b]	72[2, 52]	100.0
Georgia	1955	Social Services Agency – social security	Social insurance	Government	Yes	183 days (+547 unpaid)[a,b]	26.4 (+78 unpaid)[a,b]	100[2]	24.0
Israel	1953	National Insurance Institute – Social security	Social insurance	Employer, employee, self-employed and government	Yes	14 weeks (+12 unpaid)	14(+12 unpaid)	100	....
Kazakhstan	1999	State Social Insurance Fund – social security	Social insurance	Employer	No	126 days	18	100[24]	44.6
Kyrgyzstan	1922	Social Fund of the Kyrgyz Republic – social security	Social insurance	Employer and employee	No	126 days	18	See footnote[26]	23.8
Tajikistan	1997	State Social Insurance and Pensions Agency – social security	Social insurance	Employer and self-employed	Yes	140[a,b] days	20[a,b]	100	59.5
Turkey	1945	Social Security Institution branch offices – social security	Social insurance	Employer and self-employed	Yes	16[b] weeks	16[b]	66.7[80]	....
Turkmenistan	1994	Regional and local offices of the Pension Fund – social security	Social insurance	Employer and government (subsidies)	No	112[a,b] days	16[a,b]	100[40]	....
Uzbekistan	1995*	Extrabudgetary Pension Fund – social security	Social insurance	Employer and government	No	112[a,b] days	16[a,b]	100[42]	....

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Notes

n.a. Not applicable.

… Not available.

[a] Maternity leave is extended in case of complications arising from pregnancy or childbirth.

[b] Maternity leave is extended in case of multiple births.

* Labour Act (or labour code) which places the obligation within the employer's liability.

[1] Burkina Faso. The benefit provided by the Social Security Fund is equivalent to the percentage of the woman's previous earnings on which social security contributions have been paid. The employer is mandated to cover the difference between this amount and the woman's earnings gained just before maternity leave.

[2] Up to a ceiling.

[3] Cabo Verde. The employer pays the difference between 90% of the worker's "normal" salary and cash benefits paid by social security. If none is paid, then the employer must pay the full amount of the benefits during the maternity leave period.

[4] Egypt. Benefit paid only for up to three pregnancies.

[5] Equatorial Guinea. A lump sum is paid to insured women ineligible for the maternity benefit.

[6] Guinea-Bissau. The employer is mandated to pay the difference between social security benefits and previous earnings.

[7] Lesotho. According to art. 134 of the labour code (Order No. 24 of 1992, as amended in 2006), there is no legal obligation for employers to pay wages during maternity leave. However, the Labour Code Wages (Amendment) Order 2011 (LN No. 147 of 2011) sets out that workers in the textile, clothing, leather clothing and leather manufacturing industries are entitled to two weeks' paid maternity leave, and workers in the private security sector to six weeks' paid maternity leave and six weeks' unpaid maternity leave. Any other employee in neither of these named sectors shall be entitled to receive six weeks' paid maternity leave before confinement and six weeks' paid maternity leave after confinement. The benefit is paid for two children only.

[8] Libya. Self-employed women are not covered by the employer liability programme. However, along with employees, self-employed women are eligible for pregnancy benefit and birth grant under the social insurance programme. The pregnancy benefit is LYD 3 per month starting from the fourth month of pregnancy, and the birth grant is a lump sum of LYD 25 for each birth.

[9] Madagascar. If the insured does not qualify for the social insurance cash maternity benefits, the employer pays the benefit.

[10] Malawi. The employee can claim the benefit every three years.

[11] Namibia. Social insurance pays the employee's basic wage; the employer pays the remainder.

[12] Rwanda. The employer pays the benefit for the first six weeks of maternity leave and is reimbursed by the social insurance for the last six weeks of maternity leave (Law No. 003 of 2016).

[13] Seychelles. 80% of the insured's full salary or SCR 2,380, whichever is lower, is paid for 14 weeks. The employer pays 20%.

[14] Ghana. The figure includes free health insurance in National Health Insurance Scheme (NHIS).

[15] Tunisia. 66.7% of the average daily wage of the insured is paid for 30 days; can be extended 15 days for complications emerging from childbirth or pregnancy.

[16] Armenia. In addition, a non-contributory maternity allowance of 50% of the legal monthly minimum wage divided by 30.4 and multiplied by 140 is paid for 140 days to unemployed pregnant mothers.

[17] Azerbaijan. For women working in the agricultural sector, the benefit is paid for 70 days before and 70 days after the expected date of childbirth; for all other covered women, 70 days before and 56 days after expected date of childbirth. In addition, a non-contributory birth lump sum of AZN 99 is paid.

[18] Bangladesh. Unpaid leave is provided for the third and subsequent births.

[19] Brunei Darussalam. Cash maternity benefits are an employer liability. There is an employment-related programme that offers cash benefits for people registered with the Employees' Trust Fund. Under this programme, 100% of the gross monthly wage is paid for 13 weeks (the employer pays the first eight weeks; the Government pays the next five weeks, and the employee is entitled to two additional weeks of unpaid leave).

[20] China. The benefit is based on the average monthly wage for the previous year at the enterprise level. The social insurance programme covers employees in urban areas working in government entities, enterprises, social groups and non-profit organizations.

[21] India. Persons who are ineligible for the social insurance system can potentially receive employer liability or social assistance benefits. Under a 1961 law (Maternity Benefit Act No. 53), employers provide maternity benefits to employees in factories and establishments not covered by the Employees' State Insurance Act of 1948. In addition, the Government provides the Jannani Siraksha Yojana cash maternity grant of INR 600 to 1,400, depending on the geographic area, to needy women aged 19 or older who give birth in a government facility. The grant is limited to two live births in states designated as high performing.

[22] Iraq. A maternity grant is paid if leaving employment because of pregnancy. The grant is a lump sum of one month's benefit for each year of contributions paid.

[23] Japan. The National Treasury covers 16.4% of the cost of cash benefits provided by the Employee's Health Insurance. In addition to the maternity benefit, a child-care allowance consisting of a lump sum of JPY 420,000 is paid.

[24] Kazakhstan. In addition to the maternity benefit, a benefit based on one of the parents' average monthly earnings in the last 24 months is paid from the end of the paid maternity leave period until the child reaches age 1.

[25] Korea, Republic of. For employees of enterprises meeting the criteria of the Employment Insurance Act, the Employment Insurance Fund pays for the whole maternity leave period. If the enterprise does not meet these criteria, then the employer pays the first 60 days of maternity leave. In addition, a child-care benefit is paid for up to 12 months.

[26] Kyrgyzstan. 100% of the insured's average monthly wage is paid for the first 10 working days; 10 times the basic rate from the 11th day up to 126 calendar days before and after the expected date of birth. The basic rate is KGS 100 per month.

[27] Lao, PDR. In addition, a birth grant is paid consisting of a lump sum of 60% of the insured's average monthly insured earnings in the six months before birth.

[28] Lebanon. Cash benefits will be provided by the Social Security Act (art. 26), for a duration of ten weeks paid at two-thirds of previous earnings. However, this social security system has not been implemented yet. The entitlements set out in the labour code are still valid.

[29] Myanmar. Employees are also entitled to a maternity grant in the form of a lump sum benefit amounting to 50% of the monthly wage for a single birth; 75% for twins; or 100% for triplets or more.

[30] Nepal. The employer liability benefit is paid for up to two births. In addition, workers covered by the provident fund receive a birth grant of NPR 7,500 for up to two births.

[31] Oman. The benefit is paid not more than three times during the service of the employee with the employer.

[32] Pakistan. The Constitution was amended in 2010 to devolve social and labour legislation to the provinces. Some provinces have passed legislation but maintain key features of existing federal programmes, and federal legislation is still in effect for provinces that have not yet passed legislation.

[33] Philippines. The benefit is 100% of the insured's average daily covered earnings. Daily covered earnings are the sum of the six highest months of covered earnings in the 12 months before the six-month period (January-June, April-September, July-December, or October-March) in which the birth or miscarriage occurred, divided by 180. The benefit is paid for up to four births.

[34] Saudi Arabia. 50% if the employee has one to three years of service before the beginning of maternity leave; 100% with three years or more.

[35] Singapore. The first eight weeks paid by employer, the second eight weeks funded by the Government up to a ceiling. For the third and subsequent births, the full 16 weeks will be funded by the Government up to a ceiling.

[36] Sri Lanka. No statutory social security maternity benefits are provided. Plantations have their own dispensaries and maternity wards and must provide medical care for their employees. The Maternity Benefits Ordinance Act and the Shops and Offices Employees Act require employers to provide maternity leave. The duration of maternity leave is six weeks for the third and each subsequent child. The amount of maternity leave benefit is six-sevenths of previous earnings for employees covered by the Maternity Benefits Ordinance Act; 100% for those covered by the Shops and Offices Employees Act.

[37] Syrian Arab Republic. 120 days for the first birth, 90 days for the second and 75 days for the third birth. Job-protected leave without pay may be requested for up to one year for each child for child care for up to three children.

[38] Taiwan, China. For persons eligible under employment insurance, a lump sum of two months of the insured's average covered earnings in the last six months before maternity leave is paid for a normal or premature birth. For persons eligible under national pension insurance, a lump sum of twice the monthly insured amount is paid. The monthly insured amount is TWD 18,282.

[39] Thailand. 100% for the first 45 days (employer); 50% for the last 45 days (social insurance). The benefit is paid for up to two births. Under the Labour Protection Act, an employer is required to pay an employee for up to 45 days of maternity leave. A new voluntary social security system for informal sector workers was initiated in 2011. In addition, a childbirth grant is paid to formal sector workers; the benefit is a lump sum of THB 13,000 for each birth.

[40] Turkmenistan. In addition, a birth grant is paid as a lump sum, which consists of 130% of the basic amount for the first two children, 250% for the third child and 500% for the fourth and subsequent children. The basic amount is TMT 242 per month (January 2017). The child-care allowance is another additional benefit; it is paid monthly for children up to age 3, and the allowance is equal to 65% of the basic amount.

[41] United Arab Emirates. 100% after one continuous year of employment, 50% for employment less than one year.

[42] Uzbekistan. 200% of the monthly minimum wage is paid to working mothers caring for children younger than age 2.

[43] Viet Nam. In addition, a birth grant is paid, which consists of a lump sum of two times the minimum wage for civil servants for each child born or for each adopted child younger than four months (rising to six months on 1 January 2016). When only the father is covered by social insurance, he is entitled to a lump-sum allowance of two times the monthly minimum wage for civil servants for each child in the month of the birth.

[44] Albania. 80% for the period prior to birth and for 150 days after birth, and 50% for the rest of the leave period. In addition to the maternity benefit, a birth grant consisting of a lump sum of 50% of the legal monthly minimum wage is paid to either insured parent with at least one year of contributions.

[45] Belarus. Not less than 50% of the minimum wage (as of November 2016: BYR 132,609). For students, the maternity cash benefit is 100% of the education grant when on leave from employment; 100% of the unemployment benefit for unemployed women. In addition, a prenatal care grant is paid as a lump sum of the average subsistence income level before the date of birth.

[46] Belgium. 82% for the first 30 days and 75% for the remaining period (up to a ceiling).

[47] Bosnia and Herzegovina. The replacement rate varies depending on the various cantonal regulations: 50–80% (Federation of Bosnia and Herzegovina); 100% (Republic of Srpska). The employer is reimbursed for initial payment.

[48] Bulgaria. Students receive a lump sum benefit paid during pregnancy and a lump sum paid after giving birth. All residents of Bulgaria receive a non-contributory birth grant for each live birth. A non-contributory means-tested pregnancy grant is paid for uninsured women.

[49] Guernsey. The insured must choose between a flat-rate benefit of between GPB 80.74 and GPB 150.43 per week, depending on length of contributions, paid for the normal duration of maternity leave, or a lump sum of GPB 376 (November 2016).

[50] Jersey. A weekly flat rate of GPB 199.99 is paid for up to 18 weeks (November 2016). In addition to the maternity allowance, a maternity grant is paid for the birth or adoption of a child. The benefit is a lump sum of GPB 599.97 (November 2016).

[51] Croatia. 28 days before and six months after delivery. Following the maternity benefit, a parental leave benefit is paid: HRK 1,663 to 2,666.80 a month is paid for six months for the first and second child; HRK 1,663 per month is paid for 30 months for the third and subsequent children (November 2016). In addition, a lump sum for newborn child assistance equivalent to HRK 2,328.2 is paid at the birth of each child, and assistance is provided to unemployed parents for 12 months.

[52] Cyprus. The benefit consists of a basic benefit (72% of the employee's average basic covered earnings in the last year) and a supplementary benefit (72% of average covered earnings exceeding basic covered earnings in the last year, up to the maximum covered earnings). Weekly basic covered earnings are EUR 174.38 (November 2016). In addition to the maternity benefit, a maternity grant in the form of a lump sum of EUR 544.08 is paid (it can also be paid to the non-working wife of an insured man).

[53] Czech Republic. The benefit is based on a daily assessment calculated as a percentage of the insured's gross earnings: the higher the earnings, the lower the percentage used to calculate the assessment base.

[54] Denmark. Up to DKK 4,180 per week is paid for up to 52 weeks, including four weeks before the expected date of birth and 14 weeks after the birth for the mother and, concurrently, two weeks for the father. After the 14th week, both parents may share a 32-week leave period that must be taken before the child's ninth birthday.

[55] Finland. 70% up to a ceiling, plus 40% of the additional amount up to a ceiling, plus 25% of additional amount. A parental allowance is paid for up to 156 days after maternity leave.

[56] Germany. For women who are not sickness fund members, federal states pay, under certain conditions, maternity benefits equivalent to the sickness benefit, up to EUR 210.

[57] Hungary. A child-care fee of 70% of the insured's daily average gross earnings in the last 180 days may be paid after the maternity benefit until the child reaches age 2 if a parent stays home to care for the child.

[58] Iceland. The benefit is paid for each qualifying parent. The benefit may be paid up to one month before the expected date of birth or adoption; it must be paid to the mother for the two weeks immediately after the birth, and may be paid to both parents at the same time. If both parents qualify, the benefit may be shared between them for an additional three months.

[59] Ireland. A flat rate of EUR 230 per week with no dependants is paid for 26 weeks, then the insured is entitled to a further 16 weeks of unpaid maternity leave after confinement.

[60] Isle of Man. A flat-rate amount is paid for self-employed women. In addition to the maternity benefit, a maternity payment consisting of a lump sum of GPB 500 (GPB 250 if the mother or her partner has received a maternity payment within the last three years) is paid for each child.

[61] Italy. Parental leave benefit of 30% of the employee's average daily earnings is paid for ten months.

[62] Latvia. Parents' benefit is paid to parents already caring for a child aged 1 to 5. The size of the benefit depends on the chosen duration of the benefit: 60% of the insured's average monthly earnings is paid until the child reaches age 1; or 43.75% of the insured's average monthly earnings until the child reaches age 1.5.

[63] Liechtenstein. Women who are ineligible for the maternity benefit can receive a lump sum maternity allowance of CHF 500 to 4,500, depending on the taxable income.

[64] Lithuania. In addition, a child-care benefit of 100% of the insured's average earnings is paid to a parent caring for a child younger than age 1. A pregnancy grant is paid to unemployed women not entitled to the maternity benefit.

[65] Luxembourg. A lump sum of EUR 3,104.32 (November 2016) is paid for a 16-week maternity leave period to persons who have no loss of income while on maternity leave.

[66] Malta. For employees, 100% of the insured's previous weekly earnings are paid for 14 weeks by the employer; for unemployed women or self-employed women not entitled to the employer liability benefit, a flat rate of EUR 89.10 is paid for 14 weeks. Employees are entitled to four additional unpaid weeks of maternity leave. Upon the expiry of the 18th week of leave, the employee can claim a four-week flat rate "maternity leave benefit" (EUR 168.01 per week), which is provided by social insurance in one lump sum. If for any reason a woman does not avail herself of part of the maternity leave paid by the employer, she will be entitled to a maternity benefit for the weeks maternity leave was not taken (EUR 89.01 per week for a maximum of 14 weeks paid by the Government).

[67] Monaco. The benefit for the first and second child is paid for eight weeks before and eight weeks after the birth; for the third and subsequent children, eight weeks before and 18 weeks after the birth.

[68] Montenegro. 100% of earnings are paid monthly either to the mother or the father during the maternity or paternity leave. For a self-employed person, the benefit is between 30% and the average covered earnings in the previous year for an employment relationship, depending on the months of employment. For unemployed persons registered at the employment agency and students the benefit is EUR 63.50 per month.

[69] Norway. System of paid parental leave (with no distinction between maternity and paternity leave) of 59 weeks or 49 weeks altogether. For the purpose of determining the length of maternity leave, the ten weeks of paid leave exclusively reserved for the father have been left out of consideration. The mother may use the remainder of 49 or 39 weeks, of which nine weeks are exclusively reserved for her, three before birth and six after. The beneficiary may decide whether to receive 100% of benefits for a shorter period (39 weeks) or 80% of benefits for a longer period (49 weeks). A maternity grant of NOK 44,190 is paid if the insured is not receiving a maternity benefit.

[70] Portugal. The benefit is paid for 120 or 150 days; of this, ten day are reserved for the father. For the purpose of determining the length of maternity leave, the ten days of paid leave exclusively reserved for the father have been left out of consideration. 100% of the average daily wages (if the parents opted for a leave period of 120 days) or 80% (if the parents opted for a 150-day leave period). Persons ineligible for the social insurance benefit may receive a social assistance benefit equivalent to 80% of the daily social benefit rate and paid for a 120 day parental leave period; 64% for a 150 day parental leave period. The social benefit rate is EUR 419.22 per month.

[71] Russian Federation. In addition, a childbirth grant equivalent to a lump sum of RUB 15,512.65 is paid.

[72] San Marino. Duration: 100% of the insured's earnings is paid for five months. Thereafter, mothers can remain on leave and receive a benefit of 30% of earnings for one year and 20% for an additional six months, or they can return to work and take up to two hours of leave per day with full pay until the child is age 1.

[73] Serbia. Duration: an employed woman is entitled to leave for pregnancy and childbirth, as well as leave for child care, for a total duration of 365 days. She may start her maternity leave pursuant to the advice of a competent medical authority 45 days before the delivery term at the earliest and 28 days at the latest.

[74] Serbia. Level of benefit: 100% of earnings are paid for the first six months; 60% from the sixth to the ninth month; and 30% for the last three months.

[75] Slovenia. In addition, a child-care benefit of 90% of the insured's average earnings in the last year before the parental leave period is paid for up to 260 days, starting after the maternity benefit ceases.

[76] Spain. Women who are not eligible for the social insurance benefit receive a non-contributory benefit of 100% of the Indicador Público de Renta de Efectos Múltiples (Index of Wages with Multiple Effects – IPREM), paid for 42 days.

[77] Sweden. Duration: 480 days shared between both parents. 60 of these days are reserved for each parent while the rest are freely transferable between them. For the purpose of determining the length of maternity leave, the 60 days of paid leave exclusively reserved for the father have been left out of consideration. In cases of sole custody, all 480 days accrue to the custodial parent.

[78] Sweden. Level of benefit: 480 calendar days paid parental leave: 80% for 390 days; flat rate for remaining 90 days.

[79] Switzerland. Some cantons provide longer leave. In the Canton of Geneva paid leave is 16 weeks. Employees of the Swiss Confederation are entitled to 98 days (or 14 weeks) if the woman has completed a year of service.

[80] Turkey. In addition, a lump sum nursing grant is paid for each live birth.

[81] Ukraine. In addition, a non-contributory child-care benefit is paid monthly to employed women for child-care leave until the child is age 3, regardless of whether the woman is insured.

[82] United Kingdom. The employer administers the payment. Employers in medium and large companies can be reimbursed for 92% of the costs by the State (general revenues). Small employers can claim back 100% through reductions of national insurance contributions paid by employers to the Government's tax authorities. Statutory maternity leave is paid for a continuous period of up to 39 weeks, and 13 weeks of unpaid leave; 90% for the first six weeks and 90% or a flat rate for the remaining weeks (whichever is lower). First-time mothers also receive a maternity grant which consists of a lump sum of GPB 500.

[83] Antigua and Barbuda. Social insurance (60% for 13 weeks) and employer (40% for the first six weeks).

[84] Argentina. In addition, a means-tested birth grant of ARS 975 is paid as a lump sum.

[85] Bahamas. In addition, a birth grant of BSD 465 is paid as a lump sum.

[86] Barbados. Women who are ineligible for the maternity benefit receive a maternity grant consisting of a lump sum of BBD 1,150.

[87] Belize. A birth grant of BZD 300 is paid for each child to insured women or the spouses of insured men who are ineligible for the maternity benefit.

[88] Bolivia, Plurinational State of. Additional employment-related and non-contributory grants and transfers are paid.

[89] Brazil. Duration: Optional leave paid by the employer can be provided for 60 additional days.

[90] British Virgin Islands; Dominica; Grenada; Guyana; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Trinidad and Tobago. In addition, a maternity grant is paid as a lump sum.

[91] Chile. Postnatal parental leave may be extended: 100% of the maternity benefit is paid for 12 weeks after the benefit ends.

[92] Cuba. Beginning 12 weeks after the birth, 60% of the insured's earnings is paid if the mother chooses not to return to work in order to care for the child.

[93] Dominican Republic, Guatemala, Honduras, Nicaragua, Panama. If the worker is not entitled to social security benefits, the employer shall cover the full cost of benefit.

[94] El Salvador. Social insurance pays 100% for persons covered by the Salvadorian Social Security Institute (ISSS). Employers pay 75% for persons not covered by ISSS.

[95] Grenada. Social insurance pays 65% for three months; the employer pays up to 40% for two months. The beneficiary thus receives 100% for two months and 65% for the last month. The employer only pays the benefit every two years up to three times.

[96] Jamaica. Household workers and certified exporters are covered under the social insurance system. The benefit is equal to the national weekly minimum wage (JMD 5,600 as of November 2016). All other employees receive 100% of earnings for eight weeks, paid by the employer.

[97] Saint Kitts and Nevis. The benefit is paid daily and is based on the insured's average weekly covered earnings divided by six.

[98] Trinidad and Tobago. The Maternity Protection Act entitles an employee to 100% pay for one month and 50% for two months from the employer; the social insurance system pays a sum dependenting on earnings. When the sum of the amount paid under the Maternity Protection Act and social insurance is less than full pay, the employer shall pay the difference to the employee.

[99] Canada. Duration of maternity leave depends on the province. In Quebec there is a choice of benefits: maternity benefits are 70% of covered earnings paid for 18 weeks or 75% of covered earnings for 15 weeks.

[100] United States. There is no national programme. Private-sector workers in California and Rhode Island (and in some cities) and public and private sector workers in New Jersey are covered for family leave insurance. Under the Family and Medical Leave Act of 1993, eligible employees of covered employers may take unpaid, job-protected leave, including continuation of group health insurance coverage, for specified family and medical reasons. Covered employers include all public state, local, and federal agencies, including local education agencies, and most private-sector employers with 50 or more employees.

[101] Australia. Duration: a single parental leave system provides 52 weeks, which may be shared between the parents. The mother may take six weeks of pre-natal leave. Level of benefit: 18 weeks paid at the federal minimum wage level (AUD 672.60 per week as of April 2017). A newborn upfront payment and newborn supplement is also paid to parents eligible for the family tax benefit.

[102] Fiji. From the fourth birth, the woman will be entitled to only half the normal remuneration.

[103] New Zealand. Self-employed persons who earn less than the equivalent of 10 hours a week at the highest adult minimum wage receive the minimum benefit. The minimum weekly benefit for self-employed persons is NZD 152.50 (gross). In addition, a maternity job seeker support may be paid to a single pregnant woman.

[104] Papua New Guinea. The 1981 Employment Act requires employers to provide sick leave and maternity leave to employees. A female employee is entitled to take maternity leave for a period necessary for hospitalization before confinement and six weeks after confinement. Maternity leave is unpaid. However, annual leave or sick leave credits, paid by the employer, may be used for maternity leave.

[105] Samoa. The insured has two options: 100% of the insured's normal earnings paid for four weeks plus two weeks of unpaid leave; or 66.67% of earnings paid for six weeks.

[106] Mongolia. 100% for compulsory insured (employees) and 70% for voluntary insured (self-employed, informal sector workers, herders). The new legislation adopted in February 2017 increased a replacement rate for voluntary contributory maternity cash benefits to 100% of contributory earnings. The legal amendment will come into force on 1 January 2018.

Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

Country/Territory	Percentage of unemployed receiving unemployment benefits[b]																						Unemployment benefit programme
	2000		2005		2007		2008		2009		2010		2011		2015		Latest available year						
	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory schemes	Non-contributory schemes	Contributory and non-contributory schemes	Male	Female	Latest Year	Existence of unemployment programme anchored in legislation and type of programme
Africa																							
Northern Africa																							
Algeria[1]	7.3	2000	8.8	2003	...	...	...	...	...	...	...	...	...	...	n.a.	...	8.8	0.0	8.8	...	...	2003	Social insurance
Egypt	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0.1	2015	0.1	...	...	...	...	2015	Social insurance
Libya[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Morocco[30]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Social insurance
Sudan[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Tunisia[1]	...	...	...	...	...	...	...	...	...	...	3.0	2008	...	...	n.a.	...	0.0	3.0	3.0	...	...	2008	Social assistance
Sub-Saharan Africa																							
Angola[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Benin	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Botswana[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	31.5	2015	n.a.	31.5	31.5	n.a.	n.a.	2015	Severance payment[a]
Burkina Faso	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Burundi	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Cabo Verde[25]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Social insurance
Cameroon[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Central African Republic	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Chad[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Comoros[27]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation.
Congo	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Congo, Democratic Republic of the	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Côte d'Ivoire[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Djibouti	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation

Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

Country/Territory	Percentage of unemployed receiving unemployment benefits[b]																						Unemployment benefit programme
	2000		2005		2007		2008		2009		2010		2011		2015		Latest available year						
	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory schemes	Non-contributory schemes	Contributory and non-contributory schemes	Male	Female	Latest Year	Existence of unemployment programme anchored in legislation and type of programme
Equatorial Guinea[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Eritrea	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Ethiopia[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	0.0	2015	...	...	0.0	...	...	2015	Severance payment[a]
Gabon[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
The Gambia[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Ghana[3]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	0.0	2015	...	...	0.0	...	...	2015	No programme anchored in legislation
Guinea	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Guinea-Bissau	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Kenya	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	0.0	2015	...	...	0.0	...	...	2015	No programme anchored in legislation
Lesotho[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	0.0	2015	...	...	0.0	...	...	2015	Severance payment[a]
Liberia	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Madagascar	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Malawi[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Mali[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Mauritania	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Mauritius[1]	0.5	2001	0.9	2005	0.9	2007	0.9	2008	0.9	2009	1.1	2010	1.2	2011	1.2	2015	0.0	1.2	1.2	...	...	2015	Social assistance and social insurance
Mozambique	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	0.0	2015	...	...	0.0	...	...	2015	No programme anchored in legislation
Namibia[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Niger	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Nigeria[4]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	0.0	2015	...	...	0.0	...	...	2015	Withdraw from provident fund
Rwanda[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Sao Tome and Principe	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Senegal	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Seychelles[5]	...	...	18.0	2005	...	...	...	...	...	...	...	...	...	...	n.a.	...	0.0	18.0	18.0	...	...	2005	Social assistance

Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

Country/Territory	Percentage of unemployed receiving unemployment benefits[b]																						Unemployment benefit programme
	2000		2005		2007		2008		2009		2010		2011		2015		Latest available year						
	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory schemes	Non-contributory schemes	Contributory and non-contributory schemes	Male	Female	Latest Year	Existence of unemployment programme anchored in legislation and type of programme
Sierra Leone	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Somalia	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
South Africa[1]	10.0	2004	11.0	2005	10.9	2007	9.7	2008	11.3	2009	14.5	2010	12.8	2011	10.6	2015	10.6	0.0	10.6	...	...	2015	Social insurance
South Sudan	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Swaziland[6]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Tanzania, United Republic of[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Togo	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Uganda[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	0.0	2015	...	...	0.0	...	...	2015	Severance payment[a]
Zambia[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment
Zimbabwe	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Americas																							
Latin America and the Caribbean																							
Antigua and Barbuda	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Argentina[1]	4.1	2001	2.3	2005	4.3	2007	5.6	2008	5.7	2009	5.7	2010	4.9	2011	7.2	2015	7.2	0.0	7.2	...	...	2015	Social insurance
Aruba	n.a.	...	15.7	2003	...	...	...	...	...	...	...	...	...	...	n.a.	...	15.7	...	15.7	...	...	2003	Social insurance
Bahamas[1]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	...	...	21.7	2010	18.8	2011	25.7	2012	25.7	0.0	25.7	...	...	2012	Social insurance
Barbados[1]	79.2	2000	...	...	...	...	...	...	...	...	...	...	...	...	88.0	2015	88.0	0.0	88.0	...	...	2015	Social insurance
Belize[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Bermuda[2]	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		Severance payment[a]
Bolivia, Plurinational State of[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	3.0	2015	3.0	n.a.	n.a.	n.a.	n.a.	2015	Severance payment[a]
Brazil[1]	...	...	5.1	2005	6.2	2007	8.0	2008	7.2	2009	7.8	2010	...	...	7.8	2015	7.8	0.0	7.8	...	...	2015	Employment related[d] and individual account (employer liability)
British Virgin Islands[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]

Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

Country/Territory	Percentage of unemployed receiving unemployment benefits[b]																						Unemployment benefit programme
	2000		2005		2007		2008		2009		2010		2011		2015		Latest available year						
	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory schemes	Non-contributory schemes	Contributory and non-contributory schemes	Male	Female	Latest Year	Existence of unemployment programme anchored in legislation and type of programme
Chile[1]	5.7	2004	9.7	2005	19.6	2007	19.5	2008	20.7	2009	21.1	2010	23.7	2011	45.6	2015	45.6	0.0	45.6	51.9	37.9	2015	Mandatory private account and employment related[d]
Colombia[14]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	4.6	2015	4.6	0.0	4.6	n.a.	n.a.	2015	Social insurance, mandatory and supplementary individual account system
Costa Rica[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Cuba	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Dominica	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Dominican Republic[15]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Ecuador [1]	6.7	2000	4.2	2005	...	...	...	...	...	...	...	...	...	...	n.a.	...	4.2	0.0	4.2	...	...	2005	Mandatory individual account (no periodic benefit)
El Salvador[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Grenada[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Guadeloupe	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Guatemala[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Guyana[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Haiti	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Honduras[31]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Mandatory individualaccount (employer liability)
Jamaica	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Mexico[2,16]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Nicaragua	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Panama[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Paraguay[17]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Peru[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Saint Kitts and Nevis[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]

Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

Country/Territory	Percentage of unemployed receiving unemployment benefits[b]																						Unemployment benefit programme
	2000		2005		2007		2008		2009		2010		2011		2015		Latest available year						
	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory schemes	Non-contributory schemes	Contributory and non-contributory schemes	Male	Female	Latest Year	Existence of unemployment programme anchored in legislation and type of programme
Saint Lucia	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Saint Vincent and the Grenadines[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Suriname	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Trinidad and Tobago[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Uruguay[1]	15.6	2000	9.3	2005	12.5	2007	16.1	2008	21.3	2009	22.4	2010	25.4	2011	30.1	2015	30.1	0.0	30.1	...	...	2015	Employment related[d]
Venezuela, Bolivarian Rep. of	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Social insurance
Northern America																							
Canada[1]	46.1	2000	44.2	2005	44.5	2007	43.6	2008	48.4	2009	46.1	2010	41.8	2011	40.0	2014	40.0	0.0	40.0	43.6	36.2	2014	Social insurance
United States[1,18]	37.1	2000	35.0	2005	35.9	2007	37.0	2008	40.4	2009	30.6	2010	27.2	2011	27.9	2014	27.9	0.0	27.9	...	...	2014	Social insurance and unemployment aid (supplementary to contributory benefits)[c]
Arab States																							
Bahrain[1]	n.a.	...	n.a.	...	...	...	...	...	7.9	2009	9.8	2010	...	...	...	...	9.8	0.0	9.8	...	...	2010	Social insurance and unemployment aid (supplementary to contributory benefits)[c]
Iraq[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Jordan	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Social insurance
Kuwait[32]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Social insurance
Lebanon	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Oman	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Qatar	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	...	...	...	...	...		No programme anchored in legislation
Saudi Arabia	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	...	...	...	...	...		Social insurance
Syrian Arab Republic[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
United Arab Emirates[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	...	...		Severance payment[a]
Yemen[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]

Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

Country/Territory	Percentage of unemployed receiving unemployment benefits[b]																						Unemployment benefit programme
	2000		2005		2007		2008		2009		2010		2011		2015		Latest available year						
	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory schemes	Non-contributory schemes	Contributory and non-contributory schemes	Male	Female	Latest Year	Existence of unemployment programme anchored in legislation and type of programme
Asia and the Pacific																							
Eastern Asia																							
China[1]	9.9	2000	20.0	2005	17.1	2007	14.8	2008	14.0	2009	9.2	2010	9.1	2011	18.8	2015	18.8	0.0	18.8	...	...	2015	Local government-administered social insurance programmes
Hong Kong, China[1]	14.1	2000	21.0	2005	22.6	2007	24.4	2008	16.9	2009	n.a.	...	...	...	n.a.	...	0.0	16.9	16.9	...	...	2009	Social assistance
Japan[1]	32.5	2001	21.4	2005	22.1	2007	22.9	2008	25.4	2009	19.6	2010	21.5	2011	20.0	2015	20.0	0.0	20.0	...	...	2015	Social insurance
Korea, Dem. People's Rep. of	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Korea, Republic of[1]	25.1	2004	27.5	2005	34.9	2007	39.4	2008	39.2	2009	36.0	2010	35.8	2011	40.0	2014	40.0	0.0	40.0	...	...	2014	Social insurance
Mongolia[1]	18.0	2003	16.9	2004	...	...	9.7	2008	9.0	2009	10.0	2010	...	...	31.0	2015	31.0	0.0	31.0	29.0	35.0	2015	Social insurance
Taiwan, China[1]	...	...	32.5	2005	16.4	2007	23.7	2008	32.7	2009	14.6	2010	13.0	2011	15.8	2012	15.8	0.0	15.8	...	...	2012	Social insurance
South-Eastern Asia																							
Brunei Darussalam	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Cambodia[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Indonesia[2,9]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Lao People's Dem. Rep.[2,4]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Social insurance
Malaysia[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Myanmar[10]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Social insurance (not yet implemented)
Philippines[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Singapore[11]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Thailand[1]	n.a.	2000	4.2	2005	11.1	2007	13.8	2008	24.3	2009	22.4	2010	37.1	2011	43.2	2015	43.2	0.0	43.2	...	...	2015	Social insurance
Timor-Leste	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Viet Nam[1]	n.a.	2000	n.a.	2005	n.a.	2007	n.a.	2008	0.7	2009	10.8	2010	9.5	2011	45.0	2015	45.0	0.0	45.0	35.3	56.7	2015	Social insurance

Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

Country/Territory	Percentage of unemployed receiving unemployment benefits[b]																						Unemployment benefit programme
	2000		2005		2007		2008		2009		2010		2011		2015		Latest available year						
	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory schemes	Non-contributory schemes	Contributory and non-contributory schemes	Male	Female	Latest Year	Existence of unemployment programme anchored in legislation and type of programme
Southern Asia																							
Afghanistan	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Bangladesh[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Bhutan	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
India[8]	n.a.	...	n.a.	...	n.a.	...	3.0	2008	n.a.	...	n.a.	...	n.a.	...	n.a.	...	3.0	0.0	3.0	...	...	2008	Social insurance, social assistance (public employment guarantee scheme), and withdraw from provident fund
Iran, Islamic Republic of	...	...	...	...	...	...	...	...	...	...	...	...	...	...	n.a.	...	...	...	...	...	...		Social insurance
Maldives	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Nepal[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Pakistan[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Sri Lanka[2]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Oceania																							
Australia[1]	73.4	2000	70.4	2005	62.4	2007	65.8	2008	58.2	2009	51.3	2010	51.4	2011	52.7	2014	0.0	52.7	52.7	60.0	44.4	2014	Social assistance
Fiji[19]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Withdraw from provident fund
Kiribati[20]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Withdraw from provident fund
Marshall Islands	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Micronesia, Federated States of	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Nauru	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
New Caledonia	17.4	2002	15.8	2005	18.1	2007	20.3	2008	24.4	2009	23.0	2010	24.5	2011	28.4	2015	28.4	0.0	28.4	...	...	2015	Social insurance
New Zealand[1]	...	...	...	...	28.0	2007	18.6	2008	35.8	2009	41.8	2010	37.5	2011	44.9	2014	0.0	44.9	44.9	...	...	2014	Social assistance
Niue	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Palau	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Papua New Guinea[21]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Withdraw from provident fund
Samoa[22]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation

Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

Country/Territory	Percentage of unemployed receiving unemployment benefits[b]																						Unemployment benefit programme
	2000		2005		2007		2008		2009		2010		2011		2015		Latest available year						
	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory schemes	Non-contributory schemes	Contributory and non-contributory schemes	Male	Female	Latest Year	Existence of unemployment programme anchored in legislation and type of programme
Solomon Islands[23]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Withdraw from provident fund
Tonga	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Tuvalu	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Vanuatu	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Severance payment[a]
Europe and Central Asia																							
Northern, Southern and Western Europe																							
Albania[1]	10.2	2000	6.7	2005	7.8	2007	6.7	2008	6.3	2009	6.4	2010	6.0	2011	6.9	2012	6.9	0.0	6.9	...	...	2012	Social insurance
Andorra[12]	...	...	...	...	...	...	...	...	...	...	8.3	2010	10.0	2011	11.1	2012	0.0	11.1	11.1	...	...	2012	Social insurance
Austria[1]	94.1	2000	89.4	2005	89.8	2007	90.4	2008	91.3	2009	91.4	2010	90.5	2011	100.0	2014	59.0	41.0	100.0			2014	Social insurance and unemployment aid (supplementary to contributory benefits)[c]
Belgium[1]	81.3	2000	84.0	2005	86.1	2007	85.7	2008	83.6	2009	82.8	2010	83.1	2011	100.0	2014	100.0	0.0	100.0	...	...	2014	Social insurance and unemployment aid (supplementary to contributory benefits)[c]
Bosnia and Herzegovina[1]	1.2	2001	1.6	2005	1.6	2007	1.6	2008	2.4	2009	2.6	2010	2.0	2011	n.a.	...	2.0	0.0	2.0	...	...	2011	Social insurance
Croatia[1]	17.7	2000	23.6	2005	22.5	2007	24.2	2008	26.2	2009	25.9	2010	24.4	2011	20.0	2013	20.0	0.0	20.0	21.0	19.2	2013	Social insurance
Denmark[1]	99.9	2000	98.9	2005	77.8	2007	72.0	2008	78.6	2009	70.9	2010	68.3	2011	66.8	2014	41.0	25.8	66.8	...	...	2014	Subsidized voluntary insurance and social assistance
Estonia[1]	17.3	2000	28.9	2005	25.9	2007	31.6	2008	45.1	2009	35.2	2010	25.7	2011	41.5	2014	26.0	15.5	41.5	...	...	2014	Social insurance and social assistance
Finland[1]	63.7	2002	63.6	2005	58.8	2007	57.5	2008	47.9	2009	52.1	2010	57.8	2011	100.0	2014	100.0	0.0	100.0	...	...	2014	Subsidized voluntary insurance and social assistance
France[1]	57.4	2000	67.0	2005	67.4	2007	67.2	2008	66.0	2009	62.3	2010	59.8	2011	94.7	2014	79.7	15.0	94.7	...	...	2014	Social insurance and social assistance
Germany[1]	81.2	2000	92.1	2004	80.6	2007	86.1	2008	86.4	2009	87.6	2010	86.3	2011	100.0	2015	46.1	53.9	100.0	44.5	48.2	2015	Social insurance and social assistance
Greece[1, 28]	52.9	2000	44.3	2002	53.9	2007	58.0	2008	57.7	2009	30.8	2010	28.6	2011	21.0	2014	21.0	0.0	21.0	...	...	2014	Social insurance and unemployment aid (supplementary to contributory benefits)[c]
Guernsey	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		Social insurance
Iceland[1]	50.4	2000	72.6	2005	39.1	2007	49.8	2008	17.7	2009	21.6	2010	28.6	2011	n.a.	...	28.6	0.0	28.6	18.3	43.0	2011	Social insurance
Ireland[1]	74.7	2000	81.5	2005	85.9	2007	n.a.	...	91.3	2009	87.2	2010	85.4	2011	100.0	2014	18.2	81.8	100.0	...	...	2014	Social insurance and social assistance

Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

Country/Territory	Percentage of unemployed receiving unemployment benefits[b]																						Unemployment benefit programme
	2000		2005		2007		2008		2009		2010		2011		2015		Latest available year						
	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory schemes	Non-contributory schemes	Contributory and non-contributory schemes	Male	Female	Latest Year	Existence of unemployment programme anchored in legislation and type of programme
Isle of Man[1]	33.2	2001	60.3	2006	42.3	2007	42.8	2008	62.4	2009	56.4	2010	56.6	2011	80.0	2015		80.0	80.0	...	...	2015	Social insurance and social assistance
Italy[1]	22.6	2000	35.4	2005	42.5	2007	43.9	2008	61.3	2009	56.2	2010	55.8	2011	37.8	2014	37.8	0.0	37.8	...	...	2014	Social insurance and unemployment aid (supplementary to contributory benefits)[c]
Jersey[26]	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		No programme anchored in legislation
Kosovo	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.		Social insurance
Latvia[1]	26.2	2001	37.1	2005	47.0	2007	34.8	2008	33.4	2009	27.9	2010	20.8	2011	33.3	2014	33.3	0.0	33.3	...	...	2014	Social insurance
Liechtenstein[1]	63.0	2000	71.8	2005	66.9	2007	64.6	2008	66.8	2009	78.9	2010	67.2	2011	67.2	2012	67.2	0.0	67.2	65.5	68.8	2012	Social insurance
Lithuania[1]	...		11.6	2005	26.1	2007	24.8	2008	31.4	2009	20.1	2010	15.6	2011	26.0	2014	26.0	0.0	26.0	...	...	2014	Social insurance
Luxembourg[1]	42.3	2000	55.1	2005	52.5	2007	51.3	2008	53.4	2009	50.5	2010	50.9	2011	41.0	2015	41.0	0.0	41.0	...	...	2014	Social insurance
Macedonia, the former Yugoslav Republic of[1]	9.9	2003	10.7	2004	7.8	2007	7.7	2008	8.2	2009	...	...	...	...	11.5	2015	11.5	0.0	11.5	...	...	2015	Social insurance
Malta[1]	89.2	2003	98.7	2005	96.3	2007	94.8	2008	94.2	2009	84.4	2010	86.9	2011	62.2	2015	42.3	19.9	62.2	...	...	2015	Social insurance and social assistance
Monaco	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Covered under French unemployment insurance system
Montenegro[1]	...		...	...	...	...	32.9	2008	43.9	2009	41.6	2010	40.9	2011	35.6	2012	35.6	0.0	35.6	...	...	2012	Social insurance
Netherlands[13]	66.7	2002	69.3	2005	65.1	2007	59.7	2008	60.1	2009	65.1	2010	64.8	2011	73.0	2014	73.0	0.0	73.0	...	...	2014	Social insurance and social assistance
Norway[1]	...		58.1	2006	50.9	2007	42.1	2008	74.6	2009	73.4	2010	69.5	2011	61.8	2014	61.8	0.0	61.8	...	...	2014	Universal and social insurance
Portugal[1]	64.6	2003	67.3	2005	60.8	2007	59.5	2008	61.9	2009	57.2	2010	41.9	2011	42.1	2014	34.6	7.5	42.1	...	...	2014	Social insurance and social assistance
San Marino	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Social insurance
Serbia[1]	11.1	2000	10.4	2005	7.7	2007	9.6	2008	11.6	2009	10.2	2010	8.5	2011	8.8	2015	8.8	0.0	8.8	9.9	7.8	2015	Social insurance
Slovenia[1]	21.7	2000	19.2	2005	20.0	2007	26.4	2008	36.1	2009	34.4	2010	32.8	2011	26.2	2014	26.2	0.0	26.2	...	...	2014	Social insurance
Spain[1]	41.4	2000	65.1	2005	73.9	2007	67.4	2008	62.3	2009	63.0	2010	53.2	2011	45.3	2014	18.9	26.4	45.3	...	...	2014	Social insurance and unemployment aid (supplementary to contributory benefits)[c]
Sweden[1]	...	...	86.2	2005	64.8	2007	44.5	2008	39.2	2009	33.9	2010	28.4	2011	25.9	2014	25.9	0.0	25.9	...	...	2014	Voluntary income-related insurance and social assistance
Switzerland[1]	79.2	2000	82.4	2005	71.4	2007	68.3	2008	72.2	2009	74.8	2010	64.7	2011	60.7	2014	60.7	0.0	60.7	...	...	2014	Social insurance
United Kingdom[1]	68.2	2000	61.0	2005	53.8	2007	52.0	2008	65.0	2009	61.6	2010	60.8	2011	60.0	2014	60.0	0.0	60.0	...	...	2014	Social insurance and social assistance

Table B.6 Unemployment: Indicators of effective coverage. Unemployed who actually receive benefits, 2000 to latest available year (SDG indicator 1.3.1 for unemployed)

Country/Territory	Percentage of unemployed receiving unemployment benefits[b]																						Unemployment benefit programme
	2000		2005		2007		2008		2009		2010		2011		2015		Latest available year						
	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory and non-contributory schemes	Real year	Contributory schemes	Non-contributory schemes	Contributory and non-contributory schemes	Male	Female	Latest Year	Existence of unemployment programme anchored in legislation and type of programme
Eastern Europe																							
Belarus[1]	39.0	2000	55.7	2005	54.0	2007	46.6	2008	49.4	2009	44.0	2010	46.1	2011	44.6	2015	44.6	0.0	44.6	29.1	57.4	2015	Social insurance
Bulgaria[1]	21.1	2003	23.4	2005	27.1	2007	44.8	2008	45.6	2009	30.8	2010	28.4	2011	29.6	2015	29.6	0.0	29.6	29.9	37.2	2015	Social insurance
Czech Republic[1]	...	2000	27.6	2005	31.5	2007	42.7	2008	40.4	2009	30.8	2010	25.8	2011	36.0	2014	36.0	0.0	36.0	...	...	2014	Social insurance
Hungary[1]	45.1	2003	42.6	2005	42.6	2007	41.3	2008	48.0	2009	39.5	2010	35.7	2011	17.4	2014	12.4	5.0	17.4	...	...	2014	Social insurance and unemployment aid (supplementary to contributory benefits)[c]
Moldova, Republic of[1, 29]	22.8	2000	6.5	2005	10.6	2007	11.8	2008	14.0	2009	11.1	2010	8.5	2011	10.5	2014	10.5	0.0	10.5	...	...	2014	Social insurance
Poland[1]	20.3	2000	13.5	2005	14.3	2007	18.4	2008	20.1	2009	16.7	2010	16.5	2011	15.5	2014	15.5	0.0	15.5	...	...	2014	Social insurance
Romania[1]	45.2	2001	38.0	2005	33.2	2007	30.0	2008	52.3	2009	55.4	2010	26.8	2011	23.0	2014	23.0	0.0	23.0	...	...	2014	Social insurance and unemployment aid (supplementary to contributory benefits)[c]
Russian Federation[1]	11.8	2000	29.8	2005	28.4	2007	26.2	2008	29.4	2009	24.1	2010	21.3	2011	68.2	2015	0.0	68.2	68.2	59.2	78.7	2015	Employment related[d]
Slovakia[1]	23.1	2000	9.1	2005	7.6	2007	9.1	2008	15.8	2009	11.1	2010	11.5	2011	9.8	2014	9.8	0.0	9.8	...	...	2014	Social insurance
Ukraine[1]	23.6	2000	40.3	2005	34.4	2007	31.3	2008	26.2	2009	18.7	2010	21.3	2011	21.9	2015	21.9	0.0	21.9	...	...	2015	Social insurance
Central and Western Asia																							
Armenia[2,7]	12.0	2000	5.7	2005	20.1	2007	22.2	2008	30.5	2009	24.1	2010	20.8	2011	0.0	2015	0.0	0.0	0.0	0.0	0.0	2015	Severance payment[a]
Azerbaijan[1]	6.3	2000	3.7	2005	5.0	2007	4.7	2008	6.6	2009	n.a.	...	2.6	2011	1.6	2015	1.6	0.0	1.6	n.a.	n.a.	2015	Social insurance
Cyprus[1]	...	2000	68.1	2005	81.5	2007	81.2	2008	79.1	2009	78.7	2010	...	...	23.7	2014	23.7	0.0	23.7	...	...	2014	Social insurance
Georgia[2]	2.4	2000	4.0	2005	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.	2011	Severance payment[a]
Israel[1]	43.3	2000	29.1	2005	29.7	2007	33.1	2008	38.2	2009	36.3	2010	40.0	2011	29.4	2015	29.4	0.0	29.4	...	...	2015	Social insurance
Kazakhstan[1]	0.5	2000	0.7	2005	0.9	2007	0.8	2008	1.0	2009	0.5	2010	0.4	2011	5.8	2015	5.8	0.0	5.8	...	...	2015	Social insurance
Kyrgyzstan[1]	8.2	2000	10.4	2005	3.3	2007	1.4	2008	1.4	2009	1.2	2010	1.2	2011	1.7	2015	1.7	0.0	1.7	...	...	2015	Social insurance
Tajikistan[1]	n.a.	...	5.1	2005	5.0	2007	5.2	2008	3.8	2009	5.3	2010	8.5	2011	17.3	2015	17.3	0.0	17.3	16.2	18.2	2015	Social insurance
Turkey[1]	8.7	2004	5.4	2005	4.3	2007	5.1	2008	7.9	2009	6.3	2010	6.5	2011	1.4	2014	1.4	0.0	1.4	...	...	2014	Social insurance
Turkmenistan	...	...	...	...	...	...	...	...	...	...	...	...	...	...	n.a.	...	...	...	...	...	...		Social insurance
Uzbekistan[1]	57.1	2000	56.7	2005	61.1	2007	39.5	2008	n.a.	...	n.a.	...	...	...	n.a.	...	39.5	0.0	39.5	...	...	2008	Social insurance

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Main source

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Notes

n.a Not applicable.

… Not available.

[a] Severance payment: In the national law (e.g. labour code) and directly paid by employers but no unemployment benefit programme anchored in national legislation.

[b] Unemployed beneficiaries of general social assistance schemes are not included due to unavailability of data. Including them would increase coverage rates but only in countries where such schemes exist on a larger scale (high-income and some middle-income countries).

[c] Unemployment aid (supplementary to contributory benefits): Non-contributory unemployment cash assistance provided to persons who are ineligible for, or have exhausted their entitlement to, a general social insurance unemployment benefit, including first-time jobseekers.

[d] Employment-related: Benefits are tied to earnings or previous employment but are financed by the government.

Sources and notes by country

[1] Data repository: ILO World Social Protection Database, based on the Social Security Inquiry (SSI) [June 2017].

[2] In the absence of social security benefit in case of unemployment, workers covered by the labour law may be entitled to a severance payment, usually on the basis of a minimum length of service and/or the reason for the termination of the employment relation, sometimes depending on professional categories, size of enterprise or other criteria. A severance payment is a lump sum. Forty-eight countries without an unemployment benefit programme anchored in legislation provide such labour protection (information available in the ILO Employment Protection Legislation Database (EPLex) and in ISSA and SSA, Social security programs throughout the world).

[3] Ghana. No programme anchored in legislation. Workers contributing to a mandatory occupational account may receive an early pension at age 55 if they are unemployed.

[4] Nigeria. After a 4-month waiting period, members of provident funds can withdraw a lump sum of up to 25% of their account balance if they become unemployed before age 50.

[5] Seychelles. Under the 1980 Unemployment Fund Act, the social security fund provides subsistence income for unemployed persons. The Agency for Social Protection provides wages for registered unemployed young persons who work on approved projects, including the unemployment relief scheme, the apprenticeship scheme and the skill acquisition programme. Available data refers to the unemployment relief scheme.

[6] Swaziland. No programme anchored in legislation. Workers contributing to a provident fund may receive an early pension at age 45 if covered employment ceases.

[7] Armenia. In 2015, unemployment benefits were discontinued and replaced by employment promotion measures, including cash assistance to persons who are uncompetitive in the labour market.

[8] India. Numerator: ILO Social Security Inquiry. "Unemployment allowance" was added in 2005 to the existing Employees' State Insurance Corporation scheme, which covers sickness and maternity, and covers 24% of all formal sector workers, or 2% of the entire workforce. Does not include beneficiaries from the National Rural Employment Guarantee Scheme. The target group for this programme is broader than the unemployed. Withdrawal from the provident fund is possible at any age if covered employment ceases involuntarily.

[9] Indonesia. The labour law (Law No.13/2003) mandates a severance payment in case of employment termination (amount between 1 and 8 months of salary depending on the duration of employment).

[10] Myanmar. Myanmar enacted its social security law in 2012. The law includes unemployment insurance benefit (section 37), but the unemployment benefit has not yet been implemented.

[11] Singapore. No programme anchored in legislation. The Workfare Training Support Scheme provides subsidized employment training, including a training allowance of up to SGD 4.50 an hour of training completed, to persons who qualify for the Workfare Income Support Scheme.

[12] Andorra. There is no separate unemployment programme, but government assistance is available for identified cases of need.

[13] Netherlands. Numerator: StatLine: Number of benefits. Available at: http://statline.cbs.nl/StatWeb/selection/default.aspx?DM=SLEN&PA=37789ENG&LA=EN&VW=T [May 2017].

[14] Colombia. Employed and self-employed persons may choose to allocate a portion of their contributions to a mandatory individual severance account or to a supplemental individual account.

[15] Dominican Republic. No programme anchored in legislation. Workers contributing to a mandatory individual account may receive an "Unemployed workers' old-age pension" if aged 57 to 59, unemployed, and have at least 25 years of contributions (with less than 25 years, the insured can receive a pension based on the accumulated funds or continue contributing to reach 25 years).

[16] Mexico. In case of unemployment, withdrawals from the old-age mandatory individual account are allowed for workers over age 60. The amount of the withdrawal depends on the number of years of contributions to the account: with at least five years of contributions, the amount withdrawn may equal 90 days of the insured's average earnings used to calculate the last 250 weeks of contributions, or 11% of the individual account balance, whichever is lower; with three to five years of contributions and at least 12 bimonthly contributions, the amount withdrawn may equal 30 days of the insured's covered earnings used to calculate contributions, up to ten times the legal monthly minimum wage. In addition, there are programmes to support unemployed persons, such as the Programa de Apoyo al Empleo (PAE) and the Programa de Empleo Temporal (PET). The PAE consists of a set of active labour market policies implemented by the Secretariat of Labor and Social Welfare (STPS), through the General Coordination of Employment (CGE) which designs, coordinates, oversees and funds the programme, and operated by the National Employment Service (SNE) in the states.

[17] Paraguay. No programme anchored in legislation. Law No. 253 (1971) requires the National Service for Employment Promotion (SNPP), under the Ministry of Labor, Employment, and Social Security, to provide job training and placement programmes.

[18] United States. All states, and Puerto Rico, the Virgin Islands, and the District of Columbia have separate laws creating their own programmes.

[19] Fiji. No programme anchored in legislation. The National Provident Fund permits limited cash draw down payments if the member has resigned, terminated, been laid off or made redundant from work, or if the work contract was not renewed.

[20] Kiribati. Workers contributing to a provident fund may withdraw from their account at any age if unemployed for over six months.

[21] Papua New Guinea. The Superannuation (General Provision) Act of 2000 permits limited cash drawdown payments after three months of unemployment, or complete cash drawdown if unemployed for a year.

[22] Samoa. No programme anchored in legislation. Workers contributing to a provident fund may withdraw from their account at age 50 if they have been unemployed for at least five years.

[23] Solomon Islands. Under the National Provident Fund Act, unemployed fund members may draw down up to 30% of savings in case of unfair dismissal or if laid off, provided the member's savings in the fund are greater than SBD 10,000 and he or she is not re-employed within three months after dismissal. The remaining amount can also be withdrawn later under certain conditions.

[24] Lao PDR. Social insurance was implemented in 2016.

[25] Cabo Verde. Unemployment benefit law introduced in 2016.

[26] Jersey. Limited social assistance only in cases where employment ceased on or after 1 December 2012 due to the insolvency of the employer.

[27] Comoros. No programme anchored in legislation. Article 48 of the Labour Code (former art. 50): severance pay and redundancy pay are to be defined by decree after consultation of the Advisory Council of Labour and Employment (former Supreme Labour Council) and must take into account, in particular, worker's tenure and professional categories. No decree had been adopted as of October 2012.

[28] Greece. European Social Policy Network (ESPN). 2015. Thematic Report on integrated support for the long-term unemployed Greece (Brussels, European Commission).

[29] Moldova, Republic of. Ministry of Labor, Social Protection and Family. 2015. Annual Social Report 2014 (Chisnau). Available at: http://msmps.gov.md/sites/default/files/document/attachments/rsa2014en.pdf [June 2017].

[30] Morocco. Social Insurance programme was introduced in 2014.

[31] Honduras. Social Insurance programme was introduced in 2015.

[32] Kuwait. Social Insurance programme was introduced in 2013.

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Africa								
Northern Africa								
Algeria	Social insurance	No contribution	1.25% of gross payroll	Not covered	No contribution	31.8	0.0	2014
Egypt	Social insurance	No contribution	3% of covered payroll	Not covered	No contribution	54.5	0.0	2015
Libya	Social insurance	Global contribution under old age for cash benefits (3.75% of covered earnings) and under sickness for medical benefits (1.5% of covered earnings)	Global contribution under old age for cash benefits (10.5% of covered earnings; 11.25% for foreign companies) and under sickness for medical benefits (2.45% of covered payroll)	Global contribution under old age for cash benefits (15.675% of declared income) and under sickness for medical benefits (3.5% of covered income)	Global contribution under old age for cash benefits (0.75% of covered earnings plus annual subsidies) and under sickness for medical benefits (5% of covered earnings)	80.8	0.0	2015
Morocco	Employer liability (involving insurance with a private carrier)	No contribution	Total cost (pays benefits or insurance premiums)	Not covered	No contribution	40.4	0.0	2014
Sudan	Social insurance	No contribution	2% of gross monthly payroll	Global contribution, under old age (25% of declared monthly income)	No contribution	62.1	0.0	2013
Tunisia	Social insurance	No contribution	0.4% to 4.0% of gross payroll, depending on assessed risk	Voluntary basis	No contribution	42.0	15.3	2013
Sub-Saharan Africa								
Angola	Employer liability	No contribution	Total cost (pays insurance premiums)	Voluntary basis	No contribution	44.7	0.0	2015
Benin	Social insurance; employer liability	No contribution	1% to 4% of gross payroll according to assessed risk	Not covered	No contribution	5.2	0.0	2013
Botswana	Employer liability (normally involving insurance with a private carrier)	No contribution	Total cost (pays insurance premiums or provides benefits directly)	Not covered	No contribution	43.1	0.0	2013
Burkina Faso	Social insurance (cash and medical benefits); employer liability (temporary cash benefits only)	No contribution	3.5% of covered payroll; total cost for employer liability	Not covered	No contribution	5.5	0.0	2013
Burundi	Social insurance	No contribution	3% of covered monthly payroll	Not covered	No contribution	4.9	0.0	2013
Cabo Verde	Social insurance	No contribution	2% to 6% depending on worker's status; flat rate for household workers	6% of covered monthly earnings	No contribution	56.6	0.0	2013

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Cameroon	Social insurance	No contribution	1.75%, 2.5% or 5% of gross payroll according to assessed risk	Not covered	No contribution	12.4	0.0	2013
Central African Republic	Social insurance	No contribution	3% of covered payroll	Not covered	No contribution	13.9	0.0	2013
Chad	Social insurance	No contribution	4% of gross payroll	Not covered	Subsidizes the programme	4.7	0.0	2013
Congo	Social insurance	No contribution	2.25% of covered payroll	2.25% of income. Voluntary basis	No contribution	14.2	0.0	2013
Congo, Democratic Republic of the	Social insurance	No contribution	1.5% of monthly earnings (may be higher for high-risk industries)	Not covered	No contribution	26.2	0.0	2013
Côte d'Ivoire	Social insurance	No contribution	2% to 5% of gross payroll according to assessed risk	Contribution varies according to assessed risk. Voluntary basis	No contribution	14.7	46.2	2013
Djibouti	Social insurance	No contribution (cash benefits); 2% of covered earnings (medical benefits under sickness)	1.2% (cash benefits); 5% (medical benefits under sickness)	7% of covered earnings (medical benefits only under sickness)	No contribution	93.6	0.0	2015
Equatorial Guinea	Social insurance	Global contribution under old age (4.5% of gross earnings)	Global contribution under old age (21.5% of gross payroll)	Not covered	Global contribution under old age (at least 25% of annual social security receipts)	67.2	0.0	2015
Ethiopia	Social insurance; employer liability	Global contribution under old age (7% of basic salary)	Global contribution under old age (11% or payroll (civilian) or 25% of payroll (military)); total cost for employer liability (pays insurance premiums)	Voluntary basis	No contribution	17.4	0.0	2013
Gabon	Social insurance	No contribution	3% of gross payroll	Special system	No contribution	80.8	0.0	2015
The Gambia	Employer liability	No contribution	1% of covered payroll	Not covered	No contribution	23.4	0.0	2013
Ghana	Employer liability (normally involving insurance with a private carrier)	No contribution	Total cost (provides benefits directly)	Not covered	No contribution	16.6	0.0	2013
Guinea	Social insurance	No contribution	4% of covered payroll	Not covered	No contribution	30.8	0.0	2015
Kenya	Employer liability (involving insurance with a public carrier)	No contribution	Total cost (pays insurance premiums or provides benefits directly)	Not covered	No contribution	9.3	0.0	2013

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Lesotho	Social insurance	No contribution	Percentage of gross monthly earnings (variable according to terms of agreement, industry mandate or ministerial directive)	Not covered	No contribution	...	...	...
Liberia	Social insurance	No contribution	1.75% of payroll	1.75% of declared income	No contribution	80.5	0.0	2013
Madagascar	Social insurance	No contribution	1.25% of covered payroll [1]	Not covered	No contribution	10.4	0.0	2015
Malawi	Employer liability (normally involving insurance with a private carrier)	No contribution	Total cost	Not covered	No contribution	6.9	0.0	2013
Mali	Social insurance	No contribution	1% to 4% of gross payroll depending on assessed risk	1% to 4% of gross earnings depending on assessed risk. Voluntary basis	No contribution	8.6	57.2	2015
Mauritania	Social insurance	No contribution	5.5% of covered monthly payroll (3% for permanent disability and 2.5% for medical care and temporary disability benefits)	Not covered	No contribution	49.1	0.0	2015
Mauritius	Social insurance	No contribution	Global contribution under old age (6% to 10.5% of payroll)	Not covered	No contribution	79.3	0.0	2016
Namibia	Social insurance	No contribution	Total cost (contribution varies depending on industry classification)	Not covered	No contribution	53.5	0.0	2014
Niger	Social insurance	No contribution	1.75% of covered payroll	1.4% of covered annual earnings	No contribution	90.9	0.0	2013
Nigeria	Social insurance	No contribution	1% of payroll (may increase after 2 years according to assessed risk)	Financing mechanisms still undetermined	No contribution	32.8	0.0	2013
Rwanda	Social insurance	No contribution	2% of gross monthly payroll	Not covered	No contribution	19.0	0.0	2015
Sao Tome and Principe	Social insurance	Global contribution under old age (6% of gross earnings)	Global contribution under old age (8% of gross payroll)	Optional global contribution under old age (14% of earnings)	Subsidies as needed	86.4	0.0	2015
Senegal	Social insurance	No contribution	1%, 3%, or 5% of covered payroll depending on assessed risk	1%, 3%, or 5% depending on assessed risk	No contribution	27.3	34.0	2013
Seychelles	Social insurance	No contribution	No contribution	Not covered	Total cost is financed from earmarked income tax	80.0	0.0	2015

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Sierra Leone	Employer liability (normally involving insurance with a private carrier)	No contribution	Total cost (pays insurance premiums or provides benefits directly)	Not covered	Annual contribution	6.1	0.0	2013
South Africa	Employer liability (involving insurance with a public carrier)	No contribution	Total cost (pays insurance premiums which vary depending on the industry and reported accident rate)	Not covered	No contribution	63.9	0.0	2015
Swaziland	Employer liability (involving insurance with a private carrier)	No contribution	Total cost (pays insurance premiums)	Not covered	No contribution	62.6	0.0	2013
Tanzania, United Republic of	Social insurance	Global contribution under old age (10% of gross salary)	1% of payroll (private sector); 0.5% (public sector)	Global contribution under old age (amount varies according to scheme). Voluntary basis	No contribution	8.8	68.0	2013
Togo	Social insurance	No contribution	2% of gross payroll	2% of declared income	No contribution	84.2	0.0	2013
Uganda	Employer liability (involving insurance with a private carrier)	No contribution	Total cost (pays insurance premiums)	Not covered	No contribution	16.0	0.0	2013
Zambia	Employer liability (involving insurance with a public carrier)	No contribution	Total cost (private insurance varies according to assessed risk)	Not covered	No contribution	93.4	0.0	2015
Zimbabwe	Employer liability	No contribution	Total cost (pays insurance premiums based on the employee's monthly earnings)	Not covered	No contribution	21.7	0.0	2014
Americas								
Latin America and the Caribbean								
Argentina	Employer liability	No contribution	Total cost (pays insurance premiums or self insures)	Not covered	No contribution	69.7	0.0	2014
Bahamas	Social insurance	Global contribution, under old age (3.9% of weekly covered earnings)	Global contribution, under old age (5.9% of covered payroll)	2% of covered earnings	No contribution	82.6	0.0	2013
Barbados	Social insurance	No contribution	0.75% of payroll	Not covered	No contribution	65.6	0.0	2013
Belize	Social insurance	Global contribution, under old age (flat rate that varies according to 8 wage classes)	Global contribution, under old age (flat rate that varies according to 8 wage classes)	Global contribution, under old age (flat rate that varies according to 8 wage classes)	No contribution	88.3	0.0	2015

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Bermuda	Employer liability (normally involving insurance with a private carrier)	No contribution	Total cost (pays insurance premiums or provides benefits directly)	Not covered	No contribution	32.2	0.0	2013
Bolivia, Plurinational State of	Social insurance; mandatory private insurance	Global contribution under old age (1.71% of covered earnings for temporary disability benefits) [9]	Global contribution under sickness (10% of payroll for temporary disability and medical benefits); global contribution under old age (1.71% of covered payroll for permanent disability benefits) [9]	Global contribution under sickness (temporary disability and medical benefits); global contribution under old age (1.71% of covered earnings for permanent disability benefits) [9]	No contribution	33.7	57.9	2014
Brazil	Social insurance	No contribution	1% to 3% of gross payroll according to assessed risk; 0.1% of gross payroll for employers of rural workers	Not covered	No contribution	62.9	0.0	2015
British Virgin Islands	Social insurance	No contribution	0.5% of covered monthly payroll	0.5% of declared monthly earnings	No contribution	98.4	0.0	2013
Chile	Social insurance	No contribution	0.95% + up to 3.4% of covered payroll according to assessed risk (companies with high accident rates pay up to 6.8% of covered payroll)	0.95% declared income + up to 3.,4% declared earnings depending on the occupation	No contribution	93.8	0.0	2015
Colombia	Social insurance and individual account system	No contribution	0.34% to 8.7% of covered payroll according to assessed risk	0.34% to 8.7% of declared covered earnings according to assessed risk. Voluntary basis	Global contribution	44.6	46.3	2015
Costa Rica	Employer liability (involving compulsory and voluntary insurance with a public carrier)	No contribution	Total cost (pays insurance premiums that vary according to assessed risk)	Not covered	No contribution	68.6	0.0	2015
Cuba	Social insurance (cash); universal (medical care)	Global contribution under old age (1% to 5% of earnings)	Global contribution under old age (12.5% of gross payroll for the public sector; 14.5% for the private sector)	Not covered	Global contribution under old age (any deficit)	97.3	0.0	2014
Dominica	Employer liability	No contribution	0.5% of employee's gross earnings	Not covered	No contribution	60.8	0.0	2013
Dominican Republic	Social insurance	No contribution	Total cost (1.2% of payroll on average, according to assessed risk)	Not covered	No contribution	47.8	0.0	2015

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Ecuador	Social insurance	No contribution. 0.55% of gross earnings for voluntary contributors	0.55% of payroll	0.55% of gross declared earnings	40% of the cost of employment injury pensions	52.9	43.4	2015
El Salvador	Social insurance	Global contribution under sickness (3% of covered earnings)	Global contribution under sickness (7.5% of covered payroll)	Global contribution under sickness (10.5% of declared income)	Annual subsidy	26.8	0.0	2013
Grenada	Social insurance	No contribution	1% of gross payroll	1% of gross earnings	No contribution	60.7	0.0	2013
Guatemala	Social insurance	1% of gross earnings	3% of gross payroll	Not covered	1.5% of gross payroll	58.8	0.0	2015
Guyana	Social insurance	Global contribution under old age (5.6% of covered earnings; 9.3% of average weekly earnings for the voluntarily insured)	Global contribution under old age (8.4% of covered monthly payroll; 1.5% for persons younger than age 16 and aged 60 or older)	Not covered	Covers any deficit	56.6	0.0	2013
Haiti	Social insurance	No contribution	2% to 6% of payroll depending on sector	Not covered	No contribution	15.7	0.0	2013
Honduras	Employer liability (involving insurance with a public or private carrier)	No contribution	Total cost (pays insurance premiums)	Not covered (except a few categories; pay insurance premiums)	No contribution	34.5	0.0	2015
Jamaica	Social insurance	No contribution	Global contribution under old age (2.5% of covered payroll; JMD 100 a week for household workers)	Not covered	No contribution	52.0	0.0	2013
Mexico	Social insurance	No contribution	0.5% to 15% of payroll depending on assessed risk	Voluntary basis	No contribution	49.3	8.9	2013
Nicaragua	Social insurance	No contribution	1.5% of covered payroll (+1.5% of covered payroll for war victims' pensions)	Not covered	No contribution	44.9	0.0	2013
Panama	Employer liability (involving insurance with a public carrier)	No contribution	Total cost (pays insurance premiums that vary according to assessed risk)	Not covered	No contribution	64.1	0.0	2014
Paraguay	Social insurance	Global contribution under old age (9% of gross earnings)	Global contribution under old age (14% of gross payroll)	Global contribution under old age (12.5% of the legal minimum wage + 0.5% for administrative fees). Voluntary basis	Global contribution under old-age (1.5% of gross earnings)	52.8	41.8	2015

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Peru	Social insurance	No contribution	0.63% to 1.84% of covered payroll depending on assessed risk and the reported accident rate	Flat-rate contribution from PEN 11 to 39	No contribution	48.4	0.0	2015
Saint Kitts and Nevis	Social insurance	No contribution	1% of covered payroll	Not covered	No contribution	80.6	0.0	2013
Saint Lucia	Social insurance	Global contribution under old age (5% of covered monthly earnings)	Global contribution under old age (5% of covered monthly payroll)	Not covered	No contribution	49.5	0.0	2013
Saint Vincent and the Grenadines	Social insurance	No contribution	0.5% of covered payroll	Not covered	No contribution	59.4	0.0	2013
Trinidad and Tobago	Social insurance	Global contribution under old age (4% of covered weekly or monthly earnings according to 16 wage classes; 11.4% for the voluntarily insured)	Global contribution under old age (8% of covered weekly or monthly payroll, according to 16 wage classes)	Not covered	No contribution	74.3	0.0	2015
Uruguay	Mandatory insurance through a public carrier	No contribution	Total cost (varies according to assessed risk)	Not covered	No contribution	68.3	0.0	2014
Venezuela, Bolivarian Rep. of	Social insurance	No contribution	0.75% to 10% of covered payroll according to assessed risk	Voluntary basis	No contribution	57.9	0.0	2013
Northern America								
Canada	Social insurance	No contribution	Total cost (varies by industry and according to assessed risk; large firms in some provinces may self-insure)	Not covered	No contribution	78.8	0.0	2015
United States	Employer liability; social insurance (pneumoconiosis benefits only)[10]	Nominal contributions in a few states	Total cost or most of the costs of private insurance; premiums vary according to assessed risk (1.3% of payroll on average in 2013)	Not covered	No contribution	87.6	0.0	2015

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Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Arab States								
Bahrain	Social insurance	No contribution	3% of the employee's monthly earnings	Not covered	No contribution	84.6	0.0	2013
Jordan	Social insurance	No contribution	2% to 4% of monthly payroll, depending on sector risk and implementation of OSH standards	...	Any deficit	44.6	0.0	2013
Kuwait	Employer liability	No contribution	Total cost	Not covered	No contribution	95.1	2.6	2013
Lebanon	Employer liability (involving insurance with a private carrier)	No contribution	Total cost	Not covered	No contribution	47.8	0.0	2013
Oman	Social insurance	No contribution	1% of payroll	Not covered	No contribution	40.2	0.0	2013
Saudi Arabia	Social insurance	No contribution	2% of payroll	Not covered	Any actuarial deficit	89.9	0.0	2015
Syrian Arab Republic	Social insurance	No contribution	3% of payroll	Not covered	No contribution	47.8	0.0	2013
Yemen	Social insurance	No contribution	14% of total payroll	Not covered	No contribution	37.7	0.0	2013
Asia and the Pacific								
Eastern Asia								
China	Social insurance; employer liability	No contribution	0.2% to1.9% of total payroll according to industry's risk classification	Voluntary basis	Subsidies as needed	83.7	13.3	2014
Hong Kong, China	Employer liability (involving insurance with a private carrier)	No contribution	Total cost [2]	Not covered	No contribution	88.0	0.0	2015
Japan	Social insurance	No contribution	0.25% to 8.8% of payroll, according to the type of business	0.3% to 5.2% of average earnings, depending on the type of business	Subsidies as needed	85.5	0.0	2015
Korea, Republic of	Social insurance	No contribution	0.7% to 34% of annual payroll, according to assessed risk	0.7% to 34% of declared earnings or payroll. Voluntary basis[4]	No contribution	70.6	0.0	2014
Mongolia	Social insurance	No contribution	0.8%, 1.8% or 2.8% of gross payroll according to risk classification of main activity and sector	Voluntary basis. 1 % of monthly declared earnings (range of contributory income: monthly minimum wage and ten times the monthly minimum wage)	No contribution	61.9	38.1	2015

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Taiwan, China	Social insurance	No contribution	Cash benefits: 0.22% on average (0.04% to 0.92% of monthly payroll) according to assessed risk + 0.07% for on- and off-duty accidents. Medical benefits: under sickness and maternity [5]	Cash benefits: 0.66% to 0.594% of gross monthly income, according to assessed risk. Medical benefits: 4.69% of the insured's monthly reported earnings multiplied by one plus the number of dependants, up to three	Cash benefits: cost of administration; 0.044% to 0.396% of gross monthly income for self-employed persons, according to industry's assessed risk. Medical benefits: under sickness and maternity [5]	74.1	0.0	2013
South-Eastern Asia								
Brunei Darussalam	Employer liability	No contribution	Provides benefits directly to employees	Not covered	No contribution	85.3	0.0	2014
Cambodia	Social insurance	No contribution	0.80% of total payroll for social insurance; total cost for employer liability	Not covered	Subsidies as needed	15.3	0.0	2016
Indonesia	Social insurance	No contribution	0.24% to 1.74% of monthly wage (contributions vary according to assessed work environment risk level) [3]	1% of monthly declared earnings	No contribution	93.8	0.0	2015
Lao PDR	Social insurance	No contribution	0.5% of gross monthly insurable earnings	Not covered	0.5% of gross monthly insurable earnings	6.7	0.0	2013
Malaysia	Social insurance	No contribution	1.25% of monthly payroll, according to 45 wage classes	Not covered	No contribution	71.6	0.0	2015
Myanmar	Social insurance	No contribution	1 to 1.5% of covered monthly payroll (rate varies according to business size and accident rate)	Voluntary basis	No contribution	38.2	61.0	2015
Philippines	Social insurance	No contribution	0.2% for monthly earnings of at least PHP 14,750; 0.06% for monthly earnings below PHP 14,750	Not covered	Any deficit	55.5	0.0	2015
Singapore	Employer liability (involving insurance with a private carrier)	No contribution	Total cost (provides benefits directly or pays insurance premiums)	Not covered	No contribution	72.9	0.0	2014
Thailand	Employer liability (involving insurance with a public carrier)	No contribution	0.2% to 1% of annual payroll according to assessed risk	Not covered	No contribution	41.0	0.0	2014
Viet Nam	Social insurance; employer liability (temporary disability benefits)	No contribution	0.5% of monthly payroll; whole cost (temporary disability benefits)	Not covered	No contribution	38.5	0.0	2015

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Southern Asia								
Bangladesh	Employer liability	No contribution	Total cost	Not covered	No contribution	12.5	0.0	2013
Bhutan	Employer liability (involving insurance with a public carrier)	No contribution	Total cost (provides benefits directly or pays insurance premiums)	Not covered	No contribution	26.3	0.0	2015
India	Social insurance	Global contribution under sickness (1% of wages)	Global contribution under sickness (3% of payroll)	Not covered	Global contribution under sickness (12% of the cost of medical benefits)	7.9	0.0	2013
Iran, Islamic Rep. of	Social insurance	Global contribution under old age (5% of earnings; 9.5% of earnings for commercial drivers)	Global contribution under old age (14% of payroll)	Global contribution under old age	Global contribution under old age (2% of earnings for employed, self-employed and voluntarily insured persons; 9.5% for commercial drivers)	49.7	0.0	2015
Nepal	Employer liability (involving insurace with a private carrier)	No contribution	Total cost (provides benefits directly or pays insurance premiums)	Not covered	No contribution	3.8	0.0	2013
Pakistan	Social insurance; employer liability	No contribution	6% of monthly payroll; total cost of employer liability	Not covered	No contribution	28.6	0.0	2013
Sri Lanka	Employer liability	No contribution	1% to 7.5% of gross payroll according to assessed risk (provides benefits directly or pays insurance premiums)	Not covered	Total cost of medical benefits	53.6	0.0	2014
Oceania								
Australia	Employer liability (involving insurance with a public or private carrier)	No contribution	Total cost (insurance premiums vary according to assessed risk)	Total cost of self-insurance. Voluntary basis	No contribution	77.9	16.0	2015
Fiji	Employer liability	No contribution	Total cost (provides benefits directly)	Not covered	No contribution	40.1	0.0	2013
Kiribati	Employer liability (involving insurance with a private carrier)	No contribution	Total cost	Not covered	No contribution	32.8	0.0	2013
New Zealand	Universal; employer liability (involving insurance with a public carrier)	No contribution	Contribution rates set each year	Contribution rates set each year	No contribution	100.0	0.0	2016
Palau	Employer liability	No contribution	Total cost	Not covered	No contribution	...	...	...

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Papua New Guinea	Employer liability (involving insurance with a private carrier)	No contribution	Total cost (pays insurance premiums or provides benefits directly)	Not covered	No contribution	6.4	0.0	2013
Samoa	Employer liability (involving insurance with a private carrier)	No contribution	1% of payroll	Not covered	No contribution	57.9	0.0	2014
Solomon Islands	Employer liability (involving insurance with a private carrier)	No contribution	Total cost	Not covered	No contribution	14.5	0.0	2013
Europe and Central Asia								
Northern, Southern and Western Europe								
Albania	Social insurance	No contribution	0.3% of payroll	Not covered	No contribution	34.0	0.0	2015
Austria	Social insurance	No contribution	1.3% of covered payroll	Special system	No contribution	94.3	0.0	2015
Belgium	Social insurance	No contribution	0.32% of reference earnings for work injury + insurance premium that varies according assessed risk; 1% of reference earnings for occupational disease + 0.01% for asbestos-related illnesses	Not covered	No contribution	77.6	0.0	2015
Croatia	Social insurance (temporary disability benefits); permanent benefits are covered under old age, disability and survivors	No contribution (temporary disability benefits)	0.5% of covered payroll (temporary disability benefits)	0.5% of income (temporary disability benefits)	No contribution	83.7	0.0	2015
Denmark	Direct provision involving insurance with a private (accidents) or public (occupational diseases) carrier; universal (medical benefits)	No contribution	Total cost, under sickness and maternity	Voluntary basis	Global contribution, under sickness	78.5	8.1	2015
Estonia	Social insurance; no specific programme for employment injury	No contribution	Global contribution under sickness (13% of payroll)	Global contribution under sickness (13% of declared earnings)	Any deficit (total cost for employees whose employer is insolvent)	93.9	0.0	2015
Finland	Employer liability; mandatory private insurance	No contribution	0.1% to 7% of annual payroll, according to the profession's assessed risk	Annual premium according to assessed risk for the profession. Voluntary basis	No contribution	77.7	12.9	2015
France	Social insurance	No contribution. Voluntarily insured persons pay variable contributions according to assessed risk	Total cost (varies according to assessed risk)	Special system	No contribution	89.6	0.0	2015

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Germany	Social insurance	No contribution	1.3% on average (contributions vary according to assessed risk)	Not covered (with few exceptions)	Subsidy for agricultural accident insurance Contributions for specific groups (students, children in day-care institutions and specified voluntary activities)	89.2	0.0	2015
Greece	Social insurance	Global contribution under sickness (0.4% of covered monthly earnings for cash benefits and 2.15% for medical benefits)	Global contribution under sickness (0.25% of covered monthly earnings for cash benefits and 4.3% for medical benefits) + 1% of payroll (depending on the reported accident rate)	Not covered	Guaranteed annual subsidy	48.9	0.0	2015
Iceland	Social insurance; social assistance	No contribution	Global contribution under old age (7.35% of gross payroll for the universal pension)	Global contribution under old age (part of 7.35% of gross earnings for the universal pension)	Partially financed through general taxation	96.3	0.0	2015
Ireland	Social insurance	Global contribution under old age (0% to 4% of covered weekly earnings depending on earnings)	Global contribution under old age (8.5% to 10.75% of gross wages according to weekly earnings)	Not covered	Any deficit (private-sector employees); total cost (public-sector employees)	75.0	0.0	2015
Italy	Social insurance	No contribution	8.25% on average (0.5% to 10.75% of gross wages, according to assessed risk)	Variable contribution according to assessed risk	No contribution	88.1	0.0	2015
Latvia	Social insurance	No contribution	Global contribution under old age (23.59% of covered earnings)	Not covered	Cost of state-guaranteed health-care services (annual state budget)	78.8	0.0	2015
Liechtenstein	Social insurance	No contribution	Variable contribution according to assessed risk	Variable contribution according to extent of coverage required and assessed risk. Voluntary basis	No contribution	...	...	...
Lithuania	Social insurance	No contribution	0.37% to 1.8% of earnings, according to four employment categories	Not covered	No contribution	79.7	0.0	2015
Luxembourg	Social insurance	No contribution	1% of covered payroll	1% of covered income	50% of the cost of administration	93.1	0.0	2015
Malta	Social insurance	Global contribution under old age (10% of covered wages)	Global contribution under old age (10% of covered payroll)	Global contribution under old age; variable amount depending on net income	50% of the value of total contributions	95.0	0.0	2016

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Monaco	Mandatory private insurance	No contribution	Total cost (pays insurance premiums which vary according to the reported risk rate) [7]	Not covered	No contribution	...	...	...
Netherlands	Social insurance; no specific programme for employment injury [11]	Global contribution under sickness, old age, disability, survivors	Global contribution under sickness, old age, disability, survivors	Global contribution under sickness, old age, disability, survivors	Global contribution under sickness, old age, disability, survivors	93.1	0.0	2015
Norway	Social insurance (cash benefits); universal (medical benefits) and employer liability (compulsory insurance with a private carrier)	No contribution	Global contribution under old age (14.1% of gross payroll); total cost of premiums for compulsory private insurance	0.4% of taxable income. Voluntary basis	Any deficit	88.9	6.7	2015
Portugal	Employer liability (involving insurance with a private carrier) (work injury); social insurance (occupational diseases)	No contribution (work injury); global contribution, under old age (occupational diseases)	Premiums vary according to assessed risk (work injury); global contribution under old age (23.75% of payroll) (occupational diseases)	Premiums through liability insurance (work injury); global contribution under old age (29.6% of reference income; 34.75% for special categories of self-employed persons) (occupational diseases)	No contribution	87.6	0.0	2015
San Marino	Social insurance	Global contribution under old age (5.4% of gross earnings)	Global contribution under old age (16.10% of payroll)	Global contribution under old age (14.5% to 22% of gross income, according to the category of employment)	Global contribution under old age (5% of total contributions; higher contributions for agricultural workers) or up to 25% to cover any deficit	90.9	0.0	2015
Serbia	Social insurance; no specific programme for employment injury	Provided under old age, disability and survivors	Provided under old age, disability and survivors	Provided under old age, disability and survivors	Provided under old age, disability and survivors	82.1	0.0	2015
Slovenia	Social insurance	Global contribution under sickness (temporary disability and medical benefits); global contribution under old age (15.5% of gross earnings) (permanent disability benefits)	0.53% of payroll (temporary disability and medical benefits); global contribution under old age (8.85% of payroll) (permanent disability benefits)	Global contribution, under sickness (temporary disability and medical benefits); global contribution, under old age (24.35% of assessed income; certain farmers contribute 15.5%) (permanent disability benefits)	Any deficit caused by a decline in contribution rates for permanent disability benefits	91.0	0.0	2015
Spain	Social insurance	No contribution	1.98% (0.90% to 7.15% of covered payroll according to assessed risk)	Contributions vary according to the level of coverage chosen. Voluntary basis	No contribution	64.4	13.5	2015
Sweden	Social insurance	No contribution	0.3% of payroll	0.3% of declared earnings	No contribution	92.6	0.0	2015

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Switzerland	Mandatory private insurance	No contribution	Total cost of private insurance (insurance premiums vary according to assessed risk)	Voluntary basis	No contribution	81.9	13.6	2015
United Kingdom	Social insurance; social assistance	Global contribution under old age (12% of weekly earnings) [8]	Global contribution under old age (13.8% of employee's earnings)	Not covered	Global contribution under old age (total cost of means-tested allowances; pays a treasury grant to cover any deficit)	80.3	0.0	2015
Eastern Europe								
Belarus	Social insurance	No contribution	0.3% to 0.9% of payroll according to assessed professional risk	Not covered	No contribution	96.3	0.0	2015
Bulgaria	Social insurance	No contribution	0.4% to 1.1% of payroll according to assessed risk	0.4% to 1.1% of income according to assessed risk. Voluntary basis	No contribution	79.9	10.9	2015
Czech Republic	Social insurance; employer liability	No contribution (temporary disability benefits); global contribution under old age (6.5% of monthly covered earnings) (permanent disability pension)	Global contributions under old age and sickness and maternity [6]; total cost of private insurance (0.28% to 5.04% of payroll, depending on assessed risk of the activity performed)	Not covered	Any deficit	78.5	0.0	2015
Hungary	Social insurance; no specific programme for employment injury	Global contribution under old age and sickness (17% of covered monthly earnings)	Global contribution under old age (27% of monthly payroll)	Global contribution under old age (37% of declared monthly earnings)	Any deficit	93.2	0.0	2015
Moldova, Republic of	Social insurance (cash benefits); universal (medical benefits)	No contribution	Global contribution under old age (22–23% of payroll depending on sector)	Flat-rate contribution (MDL 6,372 per year; MDL 1,584 per year for agricultural landowners). Voluntary basis	No contribution	62.2	32.9	2015
Poland	Social insurance	No contribution	From 0.4% to 3.6% of payroll, according to assessed risk and number of employees	1.8% of declared earnings	The cost of specialized procedures promoting good public health practices	100.0	0.0	2015
Romania	Social insurance	No contribution. Voluntarily insured pay 1% of average monthly income	From 0.15% to 0.85% of average gross monthly income according to assessed risk	1% of average monthly income. Voluntary basis	Subsidies	66.2	27.0	2015

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Russian Federation	Social insurance	No contribution	0.2% to 8.5% of payroll according to 32 classes of professional risk related to 22 industry categories	Not covered	No contribution	87.6	0.0	2015
Slovakia	Social insurance	No contribution	0.8% of covered payroll	Not covered	Any deficit	75.1	0.0	2015
Ukraine	Social insurance (cash benefits); universal (medical benefits)	No contribution	Global contribution under old age (22% of payroll)	Global contribution under old age (22% of the monthly minimum wage)	No contribution (cash benefits); total cost under sickness (medical benefits)	76.4	0.0	2015
Central and Western Asia								
Armenia	Social insurance	A portion of personal income tax	No contribution	Not covered	Subsidies as needed	46.7	0.0	2015
Azerbaijan	Employer liability (involving insurance with a private carrier)	No contribution	Total cost (private insurance rates vary according to industry risk)	Total cost (rates vary according to assessed industry risk). Voluntary basis	Total cost of the funeral grant	30.6	64.5	2015
Cyprus	Social insurance	Global contribution under old age (7.8% of covered earnings)	Global contribution under old age (7.8% of covered payroll)	Not covered	Global contribution under old age (4.6% of covered payroll)	72.4	0.0	2015
Georgia	Employer liability	No contribution	Total cost	Not covered	No contribution	37.2	0.0	2015
Israel	Social insurance	No contribution	0.37% to 1.96% of earnings above 60% of the national average wage	0.39 to 0.68% of earnings above 60% of the national average wage	0.03% of payroll or earnings (employed and self-employed); provides a global subsidy of 45.1% of total contributions	90.0	0.0	2015
Kazakhstan	Employer liability (involving insurance with a private carrier); social assistance	No contribution	Total cost of insurance premiums (0.04% to 9.9% of payroll) or provides benefits directly	Not covered	Cost of permanent disability and survivors' benefits	69.4	0.0	2015
Kyrgyzstan	Social insurance (cash benefits); universal (medical benefits)	Global contribution under old age for cash benefits (10% of earnings); no contribution for medical benefits	Global contribution under old age (15.25% of payroll (cash benefits) and global contribution under sickness (2% of payroll for medical benefits)	Not covered (cash benefits); no contribution for medical benefits	Total cost (permanent disability benefits); remainder of cost (medical benefits)	51.4	0.0	2015
Turkey	Social insurance	No contribution (cash benefits); 5% of monthly earnings (medical benefits)	Global contribution under sickness (2% of monthly payroll); 7.5% of monthly payroll (medical benefits)	Global contribution under sickness (2% of declared monthly earnings) (cash benefits); 12.5% of declared earnings (medical benefits)	The cost of contributions for apprentices and students in technical schools	60.3	0.0	2015

Table B.7 Employment injury: Key features of main social security programmes

Country/territory	Type of programme[a]	Contribution rate (%)[b]				Estimate of legal employment injury coverage as % of the labour force		
		Employee	Employer	Self-employed	Financing from government	Mandatory coverage	Voluntary coverage	Latest available year[c]
Turkmenistan	Social insurance (cash benefits); universal (medical benefits)	No contribution	Cash benefits: global contribution under old age (20% of payroll + 3.5% for hazardous occupations). Medical benefits: no contribution	Not covered (cash benefits); no contribution (medical benefits)	Subsidies as needed (cash benefits); total cost (medical benefits)	52.6	0.0	2013
Uzbekistan	Social insurance (cash benefits); universal (medical benefits)	No contribution	Global contribution under old age (25% of payroll; 15% for small and micro enterprises)	Not covered	Subsidies (cash benefits); total cost (medical benefits)	68.1	0.0	2015

Sources

Main source

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—. ILOSTAT. Available at: http://www.ilo.org/ilostat/ .

National statistical offices. Datasets and reports from national labour force surveys or other household or establishment surveys.

Notes

n.a. Not applicable.

… Not available.

[a] Definitions regarding the type of programme are available in the electronic version of this table (http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54604) and in the glossary (Annex I).

[b] Contribution rates include cash and medical benefit unless otherwise indicated. Where there is more than one rate, either the reported average rate paid, or the range of possible rates, is given.

[c] Datasets and reports from national labour force surveys or other household or establishment surveys for the latest available year or ILO modelled estimates for 2015.

[1] Madagascar. Employer contributions vary according to type of worker: 1% for salaried casual agricultural workers; a flat-rate monthly contribution of MGA 385 for full-time household workers; 1% of annual covered earnings for cooperative members; 1.5% of tobacco grower's annual base earnings for each cultivated hectare for tobacco growers. Contributions are paid quarterly. Cooperative members and tobacco growers pay contributions annually.

[2] Hong Kong, China. Employer contributions. The minimum coverage is HK 100 million for employers with up to 200 employees or HK 200 million for employers with more than 200 employees.

[3] Indonesia. Employer contributions vary according to five classes of risk: 0.24% of monthly payroll (class I); 0.54% (class II); 0.89% (class III); 1.27% (class IV); or 1.74% (class V). The five work environment risk level groups are defined and have to be evaluated at least once every two years.

[4] Korea, Republic of. Voluntary coverage for certain self-employed persons. Self-employed household workers are excluded.

[5] Taiwan, China. Medical benefits. Employer contribution: Contributions for income earners are based on 4.69% of the insured's monthly reported earnings, according to six categories of workers and 52 wage classes, multiplied by 35%, 60%, or 70%, depending on the category. The result is multiplied by one plus the average number of dependents (0.7 since January 2007)). Government contribution: Contributions for income earners are based on 4.69% of the insured's monthly reported earnings, according to six categories of workers and 52 wage classes, multiplied by 0% to 70%, depending on the category. The result is multiplied by one plus the average number of dependents (0.7 since January 2007). Contributions for non-income earners are based on the average monthly premium for certain categories of workers, multiplied by 40%, 70%, or 100%, depending on the category. The result is multiplied by one plus the number of dependents.

[6] Czech Republic. Employer contribution. A global contribution under old age finances the temporary disability pension (21.5% of monthly payroll), and a global contribution under sickness and maternity finances the permanent disability pension (2.3% of payroll).

[7] Monaco. Employer contribution. An additional contribution of 24% of the premiums is paid to the Complementary Compensation Fund.

[8] United Kingdom. Employee contribution. Insured persons make a global contribution under old age, disability, and survivors of 12% of weekly earnings (5.85% for certain married women and widows) from GBP 155 to GPB 827 plus 2% of weekly earnings greater than GPB 827.

[9] Bolivia, Plurinational State of. 20% of the employee, employer, and self-employed contribution also finances the solidarity pension.

[10] United States. Social insurance benefits. Employers pay the total cost of pneumoconiosis benefits for persons who entered the workforce after 1973; the government pays the total cost for persons who entered the workforce before 1974.

[11] Netherlands. There is no specific employment injury programme. The provisions of the 1966 and 1968 legislation pertaining to sickness and maternity benefits and disability pension programmes (social insurance type) apply to all incapacities, whether work-related or not. These schemes are classified here as social insurance.

Table B.8 Disability benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for persons with severe disabilities)

Country/Territory	Contributory				Non-contributory schemes		No programme anchored in legislation	Effective coverage (%)[b]	Latest available year
	Social insurance	Provident fund[a]	Mandatory occupational pension	Mandatory individual account	Universal (not means-tested)	Social assistance (means-tested)			
Africa									
Northern Africa									
Algeria	●							3.6	2015
Egypt	●							...	...
Libya	●							...	...
Morocco	●							...	...
Sudan	●							...	...
Tunisia	●							5.1	2015
Sub-Saharan Africa									
Angola	●							...	...
Benin	●							...	...
Botswana [1]					●			...	...
Burkina Faso	●							0.1	2015
Burundi	●							...	...
Cabo Verde	●				●			...	...
Cameroon	●							0.1	2015
Central African Republic	●							...	...
Chad	●							...	...
Congo	●							...	...
Congo, Democratic Republic of the	●							...	...
Côte d'Ivoire	●							...	...
Djibouti							●	...	...
Equatorial Guinea	●							...	...
Ethiopia	●							...	...
Gabon	●							...	...
The Gambia	●	●						...	...
Ghana	●		● [2]					...	...

Table B.8 Disability benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for persons with severe disabilities)

Country/Territory	Contributory				Non-contributory schemes		No programme anchored in legislation	Effective coverage (%)[b]	Latest available year
	Social insurance	Provident fund[a]	Mandatory occupational pension	Mandatory individual account	Universal (not means-tested)	Social assistance (means-tested)			
Guinea	●							...	...
Guinea-Bissau							●	...	...
Kenya				●				...	...
Lesotho							●	...	...
Liberia	●					●		...	...
Madagascar	●							...	...
Malawi							●	...	...
Mali	●							0.6	2015
Mauritania	●							...	...
Mauritius	●				●			...	...
Mozambique	●					●		0.1	2015
Namibia	●				●			...	...
Niger	●							...	...
Nigeria				●[3]				...	...
Rwanda	●							...	...
Sao Tome and Principe	●							...	...
Senegal	●							...	...
Seychelles	●				●			...	...
Sierra Leone	●							...	...
South Africa						●		64.3	2015
Swaziland		●						...	...
Tanzania, United Republic of	●							...	...
Togo	●							...	...
Uganda		●						...	...
Zambia	●							...	...
Zimbabwe[4]	●							...	...

Table B.8 Disability benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for persons with severe disabilities)

Country/Territory	Contributory				Non-contributory schemes		No programme anchored in legislation	Effective coverage (%)[b]	Latest available year
	Social insurance	Provident fund[a]	Mandatory occupational pension	Mandatory individual account	Universal (not means-tested)	Social assistance (means-tested)			
Americas									
Latin America and the Caribbean									
Anguilla	●							32.1	2015
Antigua and Barbuda	●							11.1	2015
Argentina	●					●		...	...
Bahamas	●					●		...	...
Barbados	●					●		...	...
Belize	●							...	...
Bermuda	●		●		●			33.4	2015
Bolivia, Plurinational State of				●[5]	●			2.1	2015
Brazil	●					●		100.0	2015
British Virgin Islands	●							...	...
Chile	●			●[6]		●		100.0	2015
Colombia	●			●[7]				6.0	...
Costa Rica	●					●[8]		...	...
Cuba	●					●		...	...
Dominica	●							...	...
Dominican Republic				●[9]		●		...	...
Ecuador	●					●		34.5	2015
El Salvador				●[10]				...	...
French Guiana								...	...
Grenada	●							...	...
Guadeloupe							●		
Guatemala	●							2.3	2015
Guyana	●							...	...
Haiti	●							...	...
Honduras	●							15.4	2015
Jamaica	●					●		9.0	2015

Table B.8 Disability benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for persons with severe disabilities)

Country/Territory	Contributory				Non-contributory schemes		No programme anchored in legislation	Effective coverage (%)[b]	Latest available year
	Social insurance	Provident fund[a]	Mandatory occupational pension	Mandatory individual account	Universal (not means-tested)	Social assistance (means-tested)			
Martinique							●	...	...
Mexico	●			●[11]				...	...
Nicaragua	●							...	...
Panama	●			●[12]				...	...
Paraguay	●							21.6	2015
Peru	●			●[13]		●		3.9	2015
Puerto Rico							●	...	...
Saint Kitts and Nevis	●					●		...	...
Saint Lucia	●							...	...
Saint Vincent and the Grenadines	●							...	...
Trinidad and Tobago	●					●		...	...
Uruguay	●			●[14]		●		...	...
Venezuela, Bolivarian Republic of	●							28.3	2015
Northern America									
Canada	●							67.2	2015
United States	●					●		100.0	2015
Arab States									
Bahrain	●							...	...
Iraq	●					●		...	...
Jordan	●							...	...
Kuwait	●							...	...
Lebanon	●[15]							...	...
Oman	●							...	...
Qatar	●							6.5	2015
Saudi Arabia	●							...	...
Syrian Arab Republic	●							...	...
Yemen	●							...	...

Table B.8 Disability benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for persons with severe disabilities)

Country/Territory	Contributory				Non-contributory schemes		No programme anchored in legislation	Effective coverage (%)[b]	Latest available year
	Social insurance	Provident fund[a]	Mandatory occupational pension	Mandatory individual account	Universal (not means-tested)	Social assistance (means-tested)			
Asia and the Pacific									
Eastern Asia									
China	●							...	...
Hong Kong, China			●[16]		●	●		...	...
Japan	●							55.7	2015
Korea, Republic of	●							5.8	2015
Mongolia	●					●		100.0	2015
Taiwan, China	●					●		...	...
South-Eastern Asia									
Brunei Darussalam		●			●			...	...
Cambodia	●[33]							0.7	2015
Indonesia	●	●						...	...
Lao PDR	●							...	...
Malaysia	●	●						...	...
Myanmar	●							0.4	2015
Philippines	●							3.1	2015
Singapore		●						...	...
Thailand[17]	●							35.7	2015
Timor-Leste					●			21.3	2015
Viet Nam	●					●		9.7	2015
Southern Asia									
Bangladesh						●		18.5	2015
Bhutan		●						...	...
India[18]	●	●				●		5.4	2015
Iran, Islamic Rep. of	●							...	...
Maldives							●	...	...
Nepal		●			●[19]			...	...

Table B.8 Disability benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for persons with severe disabilities)

Country/Territory	Contributory				Non-contributory schemes		No programme anchored in legislation	Effective coverage (%)[b]	Latest available year
	Social insurance	Provident fund[a]	Mandatory occupational pension	Mandatory individual account	Universal (not means-tested)	Social assistance (means-tested)			
Pakistan	●							...	...
Sri Lanka[20]		●						20.8	2015
Oceania									
Australia			●[22]		●[21]			100.0	2015
Fiji		●						...	...
Kiribati		●						...	...
Marshall Islands	●							...	...
Micronesia, Federated States of	●							...	...
New Zealand					●	●		80.3	2015
Palau	●							...	...
Papua New Guinea			●[23]					...	...
Samoa		●						...	...
Solomon Islands		●						...	...
Tonga							●	...	...
Tuvalu							●	...	...
Vanuatu		●						...	...
Europe and Central Asia									
Northern, Southern and Western Europe									
Albania	●				●			...	...
Andorra	●					●		...	...
Austria	●							93.3	2015
Belgium	●							100.0	2015
Bosnia and Herzegovina							●	...	...
Croatia	●			●[24]				...	...
Denmark	●							100.0	2015
Estonia	●							100.0	2015
Finland	●					●		100.0	2015

Table B.8 Disability benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for persons with severe disabilities)

Country/Territory	Contributory				Non-contributory schemes		No programme anchored in legislation	Effective coverage (%)[b]	Latest available year
	Social insurance	Provident fund[a]	Mandatory occupational pension	Mandatory individual account	Universal (not means-tested)	Social assistance (means-tested)			
France	●							100.0	2015
Germany	●							73.6	2015
Greece	●							...	...
Guernsey	●					●		...	...
Iceland			●		● [25]			100.0	2015
Ireland	●					●		100.0	2015
Isle of Man	●				●			...	...
Italy	● [26]							100.0	2015
Jersey	●							...	...
Kosovo							●	...	...
Latvia	●				●			100.0	2015
Liechtenstein	●		●					...	...
Lithuania	●							100.0	2015
Luxembourg	●							100.0	2015
Macedonia, the former Yugoslav Rep. of									
Malta	●				●			59.8	2015
Monaco	●							...	...
Montenegro	●					●		...	...
Netherlands	●				● [27]			100.0	2015
Norway	●							100.0	2015
Portugal	●					●		89.2	2015
San Marino	●			● [28]				...	...
Serbia	●							...	...
Slovenia	●							100.0	2015
Spain	●					●		83.5	2015
Sweden	●							100.0	2015
Switzerland	●		●					100.0	2015
United Kingdom	●				●	●		100.0	2015

Table B.8 Disability benefits: Key features of main social security programmes and social protection effective coverage (SDG indicator 1.3.1 for persons with severe disabilities)

Country/Territory	Contributory				Non-contributory schemes		No programme anchored in legislation	Effective coverage (%)[b]	Latest available year
	Social insurance	Provident fund[a]	Mandatory occupational pension	Mandatory individual account	Universal (not means-tested)	Social assistance (means-tested)			
Eastern Europe									
Belarus	●				●[29]			...	...
Bulgaria	●				●			100.0	2015
Czech Republic	●				●[30]			100.0	2015
Hungary	●							100.0	2015
Moldova, Republic of	●				●			...	...
Poland	●				●[31]			100.0	2015
Romania	●			●[32]				100.0	2015
Russian Federation	●				●			100.0	2015
Slovakia	●							100.0	2015
Ukraine	●					●		...	...
Central and Western Asia									
Armenia	●					●		100.0	2015
Azerbaijan	●				●			100.0	2015
Cyprus	●							26.5	2015
Georgia					●			100.0	2015
Israel	●				●			90.4	2015
Kazakhstan	●					●		100.0	2015
Kyrgyzstan	●					●		75.9	2015
Tajikistan	●					●		...	...
Turkey	●							5.0	2015
Turkmenistan	●					●		...	...
Uzbekistan	●					●		...	...

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Notes

n.a. Not applicable.

… Not available.

[a] Provident fund: Benefits are paid as a lump sum unless otherwise noted.

[b] Effective coverage of persons with severe disabilities: detailed methodology is in Annex II.

[1] Botswana. Monthly cash benefits of BWP 90 and a monthly food basket worth BWP 450 to 750 are provided to all destitute residents, including those unable to support themselves because of old age, disability or a chronic health condition.

[2] Ghana. A lump sum of the present value of total contributions plus interest is paid.

[3] Nigeria. The pension is based on the insured's account balance and the expected life span. At retirement, the insured may choose between an annuity or monthly or quarterly payments calculated on life expectancy. The insured can withdraw a partial lump sum from the individual account if the remaining balance is sufficient to purchase an annuity or to fund periodic payments.

[4] Zimbabwe. In addition, under the 1998 Social Welfare Assistance Act, the Department of Social Welfare provides limited public assistance to needy persons incapable of work and to persons aged 65 or older or assessed as having a disability.

[5] Bolivia, Plurinational State of. The monthly pension is based on the insured's previous earnings. The insurance company pays a monthly contribution of 10% of the insured's average earnings in the last five years to the insured's individual account until retirement or death. If an insured person assessed as having a disability does not meet the contribution requirements for a disability pension, the insured may use the individual account balance plus accrued rights under the social insurance system (if applicable) to purchase a temporary annuity based on the insured's previous earnings (with a legally defined minimum monthly annuity).

[6] Chile. The monthly pension is a percentage of the insured's previous earnings. The pension is financed through the individual account. (Disability insurance tops up the accumulated capital in the individual account if the balance is less than the required minimum to finance the permanent disability pension.) A guaranteed minimum disability pension or a disability social security top-up benefit (APS Invalidez) is paid if the insured's account balance is insufficient to finance the minimum pension.

[7] Colombia. The monthly benefit is a percentage of the insured's previous monthly earnings. A lump-sum settlement is paid if the insured does not meet the contribution requirements for the individual account disability pension. Low-income persons may receive a means-tested individual account benefit (Beneficios Ecónomicos Periódicos – BEPS) if the contributions are below a defined threshold.

[8] Costa Rica. The means-tested benefit is paid through the family allowances programme.

[9] Dominican Republic. The disability pension is a percentage of the insured's previous earnings and is financed by disability insurance until retirement or death, if earlier. The insurance company also pays a monthly contribution to the insured person's individual account until retirement or death. The disability pension ceases at the normal pensionable age, when the insured may access the individual account balance to purchase a price-indexed annuity or make programmed withdrawals.

[10] El Salvador. The monthly pension is a percentage of the insured's previous earnings. A guaranteed minimum disability benefit is paid if the individual account balance is insufficient to finance the minimum pension set by law.

[11] Mexico. Persons insured before 1 July 1997 may choose to receive benefits under the mandatory individual account or the previous social insurance system. The monthly pension for the individual account is a percentage of the insured's previous earnings. A guaranteed minimum disability pension is paid if the individual account balance is insufficient to finance the minimum pension set by law.

[12] Panama. The insured's account balance divided by an actuarial value linked to life expectancy is paid in programmed withdrawals. If the combined social insurance and individual account disability pension is less than what the insured would have been entitled to under the old social insurance system, collective insurance pays the difference.

[13] Peru. When public- and private-sector employees enter the workforce, they may choose between the individual account system (SPP) and the public social insurance system (SNP). Insured persons who do not make a choice become SPP members. SNP members may switch to the SPP but may not switch back. The SPP pension is a percentage of the insured's previous earnings, and disability insurance pays the difference if the individual account balance is insufficient to finance the permanent disability pension the insured would have been entitled to receive.

[14] Uruguay. The pension is a percentage of the insured's previous earnings. The individual account balance is transferred to an insurance company, which pays the pension.

[15] Lebanon. The benefit is paid as a lump sum.

[16] Hong Kong, China. The mandatory occupational pension is a provident fund. Mandatory provident funds in Hong Kong are privately run mandatory occupational funds and should not be confused with publicly run national provident funds found in other countries.

[17] Thailand. In addition, a lump-sum disability benefit is provided through the national savings fund, a voluntary scheme for self-employed persons working in the informal economy.

[18] India. In addition, the employer pays a lump-sum disability benefit under a mandatory gratuity scheme.

[19] Nepal. The pension is paid to persons aged 16 or older and assessed as blind or having lost the use of feet or hands.

[20] Sri Lanka. In addition, persons employed in the public and private sectors, including apprentices and casual, temporary, contract and piece-rate workers receive a lump-sum supplementary disability benefit through a mandatory trust fund.

[21] Australia. The Disability Support Pension is affluence-tested unless the beneficiary is blind.

[22] Australia. The superannuation disability benefit is generally paid as a lump sum. Alternatively, pensioners can choose to receive pension payments from their superannuation account.

[23] Papua New Guinea. The mandatory occupational (superannuation) disability benefit is paid as a lump sum.

[24] Croatia. The pension is a combination of the general disability social insurance pension based on coverage and the value of the mandatory individual account balance.

[25] Iceland. The benefit is affluence-tested.

[26] Italy. A social insurance and notional defined contribution (NDC) pension are paid. In addition, a means-tested disability allowance is paid for persons with at least five years of contributions, including three in the last five years before the claim.

[27] Netherlands. The non-contributory disability benefit is paid to persons who were assessed as incapable of work because of a handicap or a disease by age 18 (age 30 if a student for at least six months in the year before the occurence of the disability).

[28] San Marino. The benefit is paid as an annuity based on the individual account balance.

[29] Belarus. The disability social pension is paid to non-working citizens who are not entitled to receive a disability social insurance pension and have been disabled since childhood, or who are younger than age 18 and disabled.

[30] Czech Republic. The disabled from youth pension is paid to persons who were incapacitated before reaching age 18.

[31] Poland. The disability social pension is paid to persons aged 18 or older who are assessed with a total incapacity for all work that began before age 18 or while a full-time student.

[32] Romania. The individual account benefit is a monthly pension based on the value of the accumulated lifetime capital. If the calculated monthly pension is lower than a prescribed monthly minimum, a lump sum may be paid or a pension paid for up to five years.

[33] Cambodia. Only public servants receive a pension. The scheme is fully funded from the national budget. A scheme for workers in the private sector is yet to be implemented.

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Africa																
Northern Africa																
Algeria	1949	Social insurance	60	55	7.0	10.3	Special system	Subsidizes minimum pension	100.0	100.0	37.9	13.2	0.0	0.0	100.0	100.0
	...	Means-tested non-contributory pension	60	60	No contribution	No contribution	No contribution	Total cost								
Egypt	1950	Social insurance	60	60	10.0 + 3.0 (lump-sum benefits)	15.0 + 3.0 (lump-sum benefits)	n.a.	1.0% of covered monthly payroll plus the cost of any deficit	100.0	100.0	29.3	10.0	0.0	0.0	70.7	90.0
	1980	Pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
Libya	1957	Social insurance	65	60	3.8	10.5	15.7	0.75% of covered earnings; annual subsidies	41.8	20.1	41.8	20.1	0.0	0.0	0.0	0.0
Morocco	1959	Social insurance	60	60	4.0	7.9	n.a.	No contribution	29.7	10.2	29.7	10.2	...	...	0.0	0.0
Sudan	1974	Social insurance	60	60	8.0	17.0	25.0	No contribution	42.2	19.9	42.2	19.9	0.0	0.0	0.0	0.0
Tunisia	1960	Social insurance	60	60	4.7	7.8	Special system	Provides subsidies in low-income economic areas to encourage the employment of young graduates, persons with disabilities, and other categories of workers	43.3	21.1	43.3	21.1	...	...	0.0	0.0
Sub-Saharan Africa																
Angola	1990	Social insurance	60	60	3.0	8.0	11.0 (8.0 for partial benefit)	No contribution	60.0	50.5	60.0	50.5	0.0	0.0	0.0	0.0
Benin	1970	Social insurance	60	60	3.6 (10.0 if voluntarily insured)	6.4	n.a.	No contribution	7.0	3.6	7.0	3.6	...	...	0.0	0.0
Botswana	1996	Universal non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost	100.0	100.0	0.0	0.0	0.0	0.0	100.0	100.0
Burkina Faso	1960	Social insurance	56-63 (depending on profession)	56-63 (depending on profession)	5.5	5.5	11.0	No contribution	41.8	19.7	5.9	3.1	35.8	16.6	0.0	0.0

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Burundi	1956	Social insurance	60	60	4.0	6.0	n.a.	No contribution	4.6	2.6	4.6	2.6	...	...	0.0	0.0
Cabo Verde	1957	Social insurance	60	60	3.0 (+ 1.0 for admin. fees)	7.0 (+ 1.0 for admin. fees)	10.0 (+ 1.5 for admin. fees)	No contribution	100.0	100.0	62.7	46.0	0.0	0.0	37.3	53.9
	2006	Pension-tested non-contributory pension	60	60	No contribution	No contribution	n.a.	Total cost								
Cameroon	1969	Social insurance	60	60	2.8	4.2	n.a.	No contribution	17.4	9.4	17.4	9.4	0.0	0.0	0.0	0.0
Central African Republic	1963	Social insurance	60	60	3.0	4.0	Voluntary basis	No contribution	76.3	71.2	21.8	10.0	54.5	61.2	0.0	0.0
Chad	1977	Social insurance	60	60	3.5	5.0	n.a.	No contribution	5.6	1.0	5.6	1.0	0.0	0.0	0.0	0.0
Congo	1962	Social insurance	57-65 (depending on occupation)	57-65 (depending on occupation)	4.0	8.0	12.0	Annual subsidies if needed	17.2	6.1	17.2	6.1	...	...	0.0	0.0
Congo, Democratic Republic of the	1956	Social insurance	65	60	3.5	3.5	n.a.	An annual subsidy, up to a maximum	28.2	14.0	28.2	14.0	...	...	0.0	0.0
Côte d'Ivoire	1960	Social insurance	60	60	6.3	7.7	n.a.	No contribution	14.0	5.2	14.0	5.2	0.0	0.0	0.0	0.0
Djibouti	1976	Social insurance	60	60	4.0	4.0	n.a.	No contribution	31.9	12.6	31.9	12.6	0.0	0.0	0.0	0.0
Equatorial Guinea	1947	Social insurance	60	60	4.5	21.5	n.a.	At least 25% of annual social security receipts	57.9	51.3	57.9	51.3	0.0	0.0	0.0	0.0
Ethiopia	1963	Social insurance	60	60	7.0	11.0	18.0	No contribution	57.5	45.8	31.2	24.4	26.3	21.3	0.0	0.0
Gabon	1963	Social insurance	55	55	2.5 (2.0 for contract workers)	5.0	Special system	No contribution	41.9	33.3	41.9	33.3	0.0	0.0	0.0	0.0
The Gambia	1978	Social insurance	60	60	No contribution	15.0	n.a.	No contribution	10.7	8.4	10.7	8.4	...	...	0.0	0.0
	1981	Provident Fund	60	60	5.0	10.0	Voluntary basis	No contribution								
Ghana	1972	Social insurance and mandatory occupational (lump-sum benefit)	60	60	5.5	13.0	11.0 (social insurance); 5.0 (mandatory occupational) Voluntary basis	No contribution	68.1	58.0	13.0	7.4	48.7	50.6	0.0	0.0

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Guinea	1958	Social insurance	55-65 (depending on profession)	55-65 (depending on profession)	2.5	10.0	n.a.	No contribution	26.8	20.5	26.8	20.5	...	...	0.0	0.0
Guinea-Bissau	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kenya	1965	Mandatory individual account (pension fund) and voluntary provident fund[3]	60	60	6.0	6.0	200 shillings a month or 4,800 shillings a year	No contribution	100.0	100.0	67.1	62.1	0.0	0.0	32.9	37.9
	2006	Means-tested non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost								
	2008	Means-tested non-contributory pension (Hunger Safety Net Programme – Pilot)[c]	55	55	No contribution	No contribution	No contribution	Total cost								
Lesotho	2004	Universal non-contributory pension	70	70	No contribution	No contribution	No contribution	Total cost	100.0	100.0	0.0	0.0	0.0	0.0	100.0	100.0
Liberia	1975	Social insurance	60-65	60-65	3.0	3.0	5.0 (voluntary basis)	No contribution	100.0	100.0	12.6	5.6	47.8	52.2	39.6	42.2
	1975	Means- and pension-tested, non-contributory pension (social assistance)	60-65	60-65	n.a.	n.a.	n.a.	Total cost								
Madagascar	1969	Social insurance	60 (55 if merchant seamen)	60 (55 if merchant seamen)	1.0 (a flat rate for full-time household workers)	9.5 (a flat rate for full-time household workers)	n.a.	No contribution	9.5	7.0	9.5	7.0	0.0	0.0	0.0	0.0
Malawi[4]	2011	Mandatory individual accounts (not yet implemented)	...	...	...	...	...	...	27.9	21.7	27.9	21.7	0.0	0.0	0.0	0.0
Mali	1961	Social insurance	58	58	3.6	5.4	9.0 (according to 5.0 wage classes) Voluntary basis	No contribution	51.8	42.9	8.6	2.8	43.2	40.1	0.0	0.0
Mauritania	1965	Social insurance	60	60	1.0	8.0	n.a.	No contribution	24.5	13.4	24.5	13.4	...	...	0.0	0.0

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Mauritius	1950	Social insurance	63	63	3.0	6.0 (10.5 if millers and sugar industry's large employer)	150-885 rupees a month	Any deficit	100.0	100.0	50.2	40.3	10.7	4.7	100.0	100.0
	1950	Universal	60	60	n.a.	n.a.	n.a.	Total cost								
Mozambique	1989	Social insurance	60	55	3.0	4.0	7.0 Voluntary basis	No contribution								
	1992	Means-tested non-contributory pension (social assistance)	60	55	No contribution	No contribution	No contribution	Total cost	100.0	100.0	50.9	36.0	...	...	49.1	64.0
Namibia	1956	Social insurance	60	60	0.9	0.9	1.8 Voluntary basis	Any deficit								
	1949, 1992	Universal non-contributory pension (social assistance)	60	60	n.a.	n.a.	n.a.	Total cost	100.0	100.0	38.4	28.9	...	...	100.0	100.0
	1965	Non-contributory pension for veterans (social assistance)	55	55	No contribution	No contribution	No contribution	Total cost								
Niger	1967	Social insurance	60 (58 if public sector employee)	60 (58 if public sector employee)	5.3	6.3	n.a.	No contribution	4.8	1.6	4.8	1.6	...	...	0.0	0.0
Nigeria	1961	Mandatory individual accounts	50	50	8.0	10.0	n.a.	Subsidizes the minimum pension								
	2012	Means-tested non-contributory pension (Agba Osun Elderly Scheme, Osun state only)[c]	...	...	n.a.	n.a.	n.a.	Total cost	34.3	25.4	34.3	25.4	...	...	0.0	0.0
Rwanda	1956	Social insurance	60	60	3.0	3.0	6.0 Voluntary basis	No contribution	71.3	70.3	11.1	6.3	60.3	64.0	0.0	0.0
Sao Tome and Principe	1979	Social insurance	60	60	6.0	8.0	14.0 (10.0% for partial benefit)	Subsidies as needed	54.4	17.3	54.4	17.3	0.0	0.0	0.0	0.0

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Senegal	1975	Social insurance (general scheme)[1]	60	60	5.6	8.4	n.a.	No contribution	23.9	16.7	23.9	16.7	...	...	0.0	0.0
	1975	Social insurance (complementary scheme for white collar workers)	55	55	2.4	3.6	n.a.	No contribution								
Seychelles[5]	1971	Social insurance	63	63	2.0	2.0	4.0	No contribution	100.0	100.0	64.7	66.7	0.0	0.0	100.0	100.0
	1971	Universal non-contributory pension	63	63	No contribution	No contribution	No contribution	Total cost from earmarked taxes								
Sierra Leone	2001	Social insurance	60 (55 if military or police personnel)	60 (55 if military or police personnel)	5.0	10.0	15.0 Voluntary bais	2.5–12.0[6]	67.6	67.6	6.4	3.6	61.2	64.0	0.0	0.0
South Africa	1928	Means-tested, non-contributory pension (social assistance)	60	60	No contribution	No contribution	No contribution	Total cost	100.0	100.0	0.0	0.0	0.0	0.0	100.0	100.0
	1928	Means-tested, non-contributory pension for war veterans (social assistance)	60	60	No contribution	No contribution	No contribution	Total cost								
Swaziland	1974	Provident Fund	50 (45 if covered employment ceases)	50 (45 if covered employment ceases)	5.0	5.0	n.a.	No contribution	100.0	100.0	32.6	22.3	67.4	77.7	67.4	77.7
	2005	Means- and pension-tested, non-contributory pension (social assistance)	60	60	No contribution	No contribution	No contribution	Total cost								
Tanzania, United Republic of	1964	Social insurance	60	60	10.0	10.0-20.0	Amount negotiated with the scheme of affiliation	No contribution	100.0	100.0	57.1	59.8	...	...	100.0	100.0
	2016	Universal non-contributory pension	70	70	No contribution	No contribution	No contribution	Total cost								
Togo	1968	Social insurance	60	60	4.0	12.5	16.5	No contribution	57.7	57.1	57.7	57.1	...	...	0.0	0.0

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Uganda	1967	Provident Fund	55	55	5.0	10.0	n.a.	No contribution								
	2011	Universal and pensions-tested regional non-contributory pension	65 (60 in Karamoja region)	65 (60 in Karamoja region)	No contribution	No contribution	No contribution	Total cost	100.0	100.0	16.5	10.9	...	...	100.0	100.0
Zambia	1966	Social insurance	55	55	5.0 (10.0 if voluntarily insured)	5.0	10.0 Voluntary basis	No contribution								
	2007	Means-tested non-contributory pension (Social Cash Transfer, Katete – Pilot)[c]	60	60	n.a.	n.a.	n.a.	Total cost	48.1	35.9	12.0	5.5	36.1	30.3	0.0	0.0
Zimbabwe	1989	Social insurance	60	60	3.5	3.5	n.a.	No contribution	27.2	31.4	27.2	31.4	0.0	0.0	0.0	0.0
Americas																
Latin America and the Caribbean																
Antigua and Barbuda	1972	Social insurance	60	60	4.0	6.0	10.0	No contribution								
	1993	Means- and pension-tested non-contributory pension	87 (60 if blind or disabled)	87 (60 if blind or disabled)	No contribution	No contribution	No contribution	Total cost	100.0	100.0	59.8	56.9	0.0	0.0	40.2	43.1
Argentina[7]	1904	Social insurance	65	60	11.0	10.17-12.71 (depending on the type of enterprise)	27.0	Contributes funding for the social insurance pensions								
	1994	Means- and pension-tested non-contributory pension (social assistance)	70	70	No contribution	No contribution	No contribution	Total cost	100.0	100.0	57.9	49.8	...	...	42.1	50.2
Aruba	1960	Universal non-contributory pension	60	60	No contribution	No contribution	No contribution	Total cost	100.0	100.0	0.0	0.0	0.0	0.0	100.0	100.0
Bahamas	1956	Social insurance	65	65	3.9	5.9	6.8	No contribution								
	1956	Means- and pension-tested non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost	100.0	100.0	76.2	72.2	...	...	23.8	27.8

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Barbados	1966	Social insurance	66 and 6 months	66 and 6 months	5.93-6.75 (+ 0.1 for the catastrophe fund); 8.3 (if voluntarily insured)	5.93-6.75	13.5 (+0.1 for the catastrophe fund)	No contribution	100.0	100.0	71.4	68.9	...	...	28.6	31.1
	1937	Pension-tested non-contributory pension (social assistance)[66]	66 and 6 months	66 and 6 months	2.0	2.0	2.0	Any deficit								
Belize	1979	Social insurance	65	65	Contribution rates vary according to 8 wage classes	Contribution rates vary according to 8 wage classes	7.0	No contribution	100.0	100.0	67.0	44.5	...	...	33.0	55.5
	2003	Means-tested non-contributory pension (social assistance)	67	65	No contribution	No contribution	No contribution	Financed by the Social Security Board								
Bermuda	1967	Social insurance	65	65	A weekly flat rate of BMD 32.07	A weekly flat rate of BMD 32.07	A weekly flat rate of BMD 64.17	No contribution	...	...	...	...	...	...	...	...
	1998	Mandatory occupational pension	65	65	5.0	5.0	10.0	No contribution								
	1967	Pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
Bolivia, Plurinational State of[8]	1949	Mandatory individual account with solidarity pensions	55	50	12.71 (individual account) + 0.5–10 (solidarity pension, depending on 4 income bands)	No contribution (individual account) + 3 (solidarity pension; 2 for mining sector)	10.0+ 1.71 (disabiliy and survivors)+ 0.5 (admin. fees)	Finances the value of accrued rights under the social insurance system and the funeral grant.	100.0	100.0	28.5	21.2	34.9	25.5	100.0	100.0
	1997	Universal non-contributory pension	60	60	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Brazil	1923	Social insurance (Age Pension)	65 (urban), 60 (rural)	60 (urban), 55 (rural)	Urban sector: 8.0-11.0 (according to 3 income bands); 20.0 (if voluntarily insured)	Urban sector: 20.0 (2.75- 7.83 for small businesses depending on annual earnings and sector)	Urban sector: 20	Earmarked taxes finance admin costs and any deficit of social insurance	100.0	100.0	61.2	48.6	38.8	51.4	38.8	51.4
					Rural sector: No contribution (proof of 60-180 months of rural work)	Rural sector: n.a	Rural sector: n.a.									
	1996	Means- and pension-tested non-contributory pension (social assistance, Basic Old-Age Solidarity Pension)	65	65	No contribution	No contribution	No contribution	Total cost								
British Virgin Islands	1979	Social insurance	65	65	3.3	3.3	8.5	No contribution	79.6	71.1	79.6	71.1	...	...	0.0	0.0
Chile	1924	Social insurance	65	60	18.84-30.0 (depending on the occupation) + 1.39 (admin. fees)	No contribution	18.8	Total cost of accrued rights under the social insurance system	100.0	100.0	61.5	51.4	...	...	38.5	48.6
	1980	Mandatory individual account	65	60	10.0 + 1.39 (admin. fees)	1.0 (2.0 if in arduous work) + 1.15 (disability and survivors)	10.0 + 1.15 (disability and survivors) + 1.39 (admin. fees)	Finances the minimum benefit, old-age and disability social security solidarity top-up benefits; subsidizes first 24 contributions of young workers								
	2008	Means- and pension-tested non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Colombia[9]	1946	Social insurance and individual account	62	57	4.0	12.0	15.9 (social insurance) or 16 (individual account)	Partially finances the Pension Solidarity and Guarantee Fund; subsidizes contributions for vulnerable self-employed persons	100.0	100.0	68.1	56.6	...	...	31.9	43.4
	2003	Means-tested non-contributory pension (social assistance)	59	54	1.0-2.0 (depending on income)	No contribution	Voluntary contributions	Remaining cost								
Costa Rica	1941	Social insurance	65	65	2.8	5.1	7.9	0.58% of the gross income of all workers and self-employed persons	100.0	100.0	59.2	43.4	0.0	0.0	40.8	56.6
	1941	Individual account	65	65	1.0 + 0.19 (admin. fees)	3.3	n.a.	No contribution								
	1974	Means-and pension-tested non-contributory pension (social assistance)[67]	65	65	No contribution	5.0	No contribution	Provides subsidies								
Cuba	1963	Social insurance	65	60	1.0 to 5.0	12.5 (public sector); – 14.5 (private sector)	Special system	Any deficit	100.0	100.0	51.0	41.2	0.0	0.0	49.0	58.8
	...	Means- and pension-tested non-contributory pension (social assistance)	65	60	No contribution	No contribution	No contribution	Total cost								
Dominica	1970	Social insurance	62	62	5.0	6.8	11.0	No contribution	50.2	39.8	50.2	39.8	...	...	0.0	0.0
Dominican Republic[10]	1947	Mandatory individual accounts	60	60	2.9	7.1	n.a.	Partially finances the guaranteed minimum pension and the value of accrued rights for those who made contributions under the old social insurance system	...	...	...	...	...	...	...	...
	...	Means-tested non-contributory pension (social assistance)	60	60	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Ecuador[11]	1928	Social insurance	up to age 70 (depending on months of contributions)	up to age 70 (depending on months of contributions)	6.64 (public sector); 8.64 (private sector)	1.10 (private sector); 3.1 (public sector)	9.74+ 1 (special disability pension)	40% of the cost of old-age, disability, and survivor social insurance pensions	100.0	100.0	62.9	46.7	37.0	53.2	37.0	53.2
	2003	Means- and pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
El Salvador[12]	1953	Social insurance (phasing out) and mandatory individual account	60	55	6.3	4.6	13.0	Total cost of the guaranteed minimum pension	100.0	100.0	36.0	21.9	20.2	19.8	43.7	58.1
	2009	Means- and pension-tested non-contributory pension (social assistance)	70	70	No contribution	No contribution	No contribution	Total cost								
French Guiana	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Grenada	1969	Social insurance	60	60	4.0	4.0 (+1.0 if younger than 16 and 60 or older)	8.0 (6.75 if voluntarily insured)	No contribution	51.9	41.8	51.9	41.8	...	...	0.0	0.0
Guadeloupe	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	1969	Social insurance	60	60	1.8	3.7	5.5	25% of total contributions paid	100.0	100.0	59.2	23.8	22.3	19.3	18.5	56.9
	2005	Means-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
Guyana	1944	Social insurance	60	60	5.6	8.4 (+ 1.5 if younger than 16.0 or older than 60.0)	12.5	Covers any deficit	100.0	100.0	56.5	38.2	...	...	100.0	100.0
	1944	Universal non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
Haiti	1965	Social insurance	55	55	6.0	6.0	n.a.	Subsidies as needed	7.0	4.7	7.0	4.7	...	...	0.0	0.0

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Honduras[13]	1959	Social insurance	65	60	2.5	3.5	4.0	At least 0.5% of the total insured and employer contributions	76.7	48.3	76.7	48.3	...	...	0.0	0.0
Jamaica	1965	Social insurance	65	64 and 9 months	2.5 (J$100.0 a week for household workers and voluntarily insured)	2.5 (J$100.0 a week for household workers)	5.0	No contribution	100.0	100.0	57.3	49.6	...	...	42.7	50.4
	2001	Means- and pension-tested non-contributory pension	60	60	No contribution	No contribution	No contribution	Total cost								
Martinique	1943	Social insurance and mandatory individual account	65	65	1.125 + 0.625 (disability and survivors)	5.15 + 1.75 (disability and survivors)	6.275+ 2.375 (disability and survivors)	Subsidizes individual accounts and finances the guaranteed minimum pension[51]	100.0	100.0	44.0	31.7	17.2	12.0	38.8	56.3
	2001	Pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution		Total cost								
Nicaragua[15]	1956	Social insurance	60	60	4.0	9.5	10.0	No contribution	60.8	53.5	35.4	28.5	25.4	18.1	0.0	0.0
	1941	Social insurance only	62	57	9.3	4.3	13.5	A deposit of NIO 140 million a year to a reserve fund								
	2010	Social insurance and individual account	62	57	9.3	4.3	n.a.	0.8% of all insured persons' earnings and annual subsidy of NIO 20.5 million								
	2010	Individual account only	62	57	n.a.	n.a.	13.5 (of 52% of gross annual earnings)	No contribution	100.0	100.0	46.8	50.9	...	...	53.2	49.1
	2010	Means- and pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Paraguay	1943	Social insurance	60	60	9.0	14.0	12.5 + 0.5 (admin. fees)	1.5% of gross earnings								
	2009	Means- and pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost	100.0	100.0	41.2	33.0	29.0	25.0	29.8	42.0
Peru[16]	1936	Social insurance	65	65	13.0	No contribution	13.0	Cost of minimum pension and subsidies as needed								
	1992	Individual account	65	65	10.0 (old age) + 1.23 (disability and survivors) + 1.25 (admin. fees)	No contribution	10.0 (old age) + 0.96 (disability and survivors) + 1.25 (admin. fees)	Finances the value of accrued rights under the social insurance system (for those who changed to individual accounts)	100.0	100.0	64.1	49.8	8.6	12.0	27.3	38.2
	2011	Means- and pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution		Total cost								
Puerto Rico	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Saint Kitts and Nevis	1968	Social insurance	62	62	5.0	5.0	10.0	No contribution								
	1998	Means- and pension-tested non-contributory pension (social assistance)	62	62	No contribution	No contribution	No contribution	Total cost	100.0	100.0	56.9	35.1	...	...	43.1	64.9
Saint Lucia	1970	Social insurance	65	65	5.0	5.0	Contributions vary according to wage categories	No contribution	63.2	51.6	63.2	51.6	...	...	0.0	0.0
Saint Vincent and the Grenadines	1970	Social insurance	60	60	4.5	5.5	9.5	No contribution								
	2009	Means- and pension-tested non-contributory pension (social assistance, Elderly Assistance Benefit)	75	75	No contribution	No contribution	No contribution	Total cost	100.0	100.0	60.8	48.6	...	...	39.2	51.4
	2009	Means- and pension-tested non-contributory pension (social assistance, Noncontributory Assistance Age Pension)	85	85	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Suriname	1973	Universal non-contributory pension	60	60	No contribution	No contribution	No contribution	Total cost	100.0	100.0	0.0	0.0	0.0	0.0	100.0	100.0
Trinidad and Tobago	1939	Social insurance	60	60	4 .0 (11.4 if voluntarily insured)	8.0	n.a.	No contribution	100.0	100.0	53.8	48.9	...	...	46.2	51.1
	...	Mandatory occupational pension	60	60	5.0 or 6.0 (depending on plan)	5.0 or 6.0 (depending on plan)	n.a.	No contribution								
	1939	Means-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
Uruguay[17]	1995	Social insurance and individual account	60	60	15.0	No contribution	15.0	No contribution	100.0	100.0	69.5	61.8	0.7	13.5	29.8	24.7
	1829	Social insurance only	60	60	15.0	7.5	15.0	Any deficit								
	1919	Means-tested non-contributory pension (social assistance)	70	70	No contribution	No contribution	No contribution	Total cost								
Venezuela, Bolivarian Rep. of	1940	Social insurance	60	55	4.0 (private sector); 2.0 (public sector)	9.0 -11.0 (depending on assessed degree of risk)	13.0	A least 1.5% of total covered earnings to cover the cost of administration	100.0	100.0	39.1	32.2	7.5	8.6	53.3	59.0
	2011	Means-tested non-contributory pension (social assistance)	60	55	No contribution	No contribution	No contribution	Total cost								
Northern America																
Canada[18]	1952	Social insurance	65	65	4.95 (5.35 in Quebec)	4.95 (5.35 in Quebec)	9.9 (10.65 in Quebec)	No contribution	100.0	100.0	75.7	72.2	0.0	0.0	100.0	100.0
	1927	Means-tested non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost								
United States	1935	Social insurance	66	66	6.2	6.2	12.4	Contributes to the Trust Fund from earmarked taxes on social security benefit	100.0	100.0	73.6	67.8	...	...	26.4	32.2
	1935	Means-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Arab States																
Bahrain	1976	Social insurance	60	55	6.0 (15.0 if voluntarily insured)	9.0	15.0 Voluntary basis	No contribution	69.9	38.5	67.7	38.0	2.2	0.3	0.0	0.0
Iraq	1956	Social insurance	60	55	4.1	9.9 (15.0 for the oil sector)	n.a.	May provide a subsidy	100.0	100.0	21.0	5.9	0.0	0.0	79.0	94.1
	2014	Means- and pension-tested non-contributory allowance (social assistance)	60	55	n.a.	n.a.	n.a.	Total cost								
Jordan	1978	Social insurance	60	55	6.5 (17.5 if voluntarily insured)	11.0 (+1.0 for hazardous professions)	17.5	Any deficit	35.5	13.4	35.5	13.4	...	...	0.0	0.0
Kuwait[19,20]	1976	Social insurance: Basic system	51	51	5.0	10.0	5.0-15.0 (according to 27 income levels)	10.0-32.5	71.0	46.1	71.0	46.1	0.0	0.0	0.0	0.0
	1992	Social insurance: Supplementary system	51	51	5.0	10.0	n.a.	10								
	2014	Social insurance: Remuneration system	51	51	2.5	No contribution	2.5	5								
Lebanon	1963	Social insurance (lump-sum benefits only)	60-64	60-64	No contribution	8.5	n.a.	No contribution	30.7	18.7	30.7	18.7	0.0	0.0	0.0	0.0
Oman	1991	Social insurance	60	55	7.0	10.5	6.5-16.0 (depending on income level)	5.5% of monthly salary; between 4.0% and 13.5% for self-employed (depending on income level; highest contributions for lowest income level)	27.5	10.6	27.5	10.6	...	...	0.0	0.0
Qatar	2002	Social insurance	60	60	5.0	10.0	n.a.	Covers admin. costs and any deficit	...	...	...	...	...	...	...	...
Saudi Arabia	1969	Social insurance	58	53	9.0	9.0	18.0 Voluntary basis	Any actuarial deficit	20.8	7.9	17.1	7.7	3.7	0.2	0.0	0.0
Syrian Arab Republic	1959	Social insurance	60	55	7.0	14.1	21.1	No contribution	36.9	10.0	36.9	10.0	...	...	0.0	0.0
Yemen	1980	Social insurance	60	55	6.0	9.0	n.a.	No contribution	25.8	8.6	25.8	8.6	0.0	0.0	0.0	0.0

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Asia and the Pacific																
Eastern Asia																
China[21,22]	1951	Social insurance and individual accounts for urban workers (Basic Old-age Insurance Scheme for Urban Workers)	60	60 (professional women); 55 (non-professional salaried women); 50 (other female workers)	No contribution (social insurance) or 8 (individual accounts)	Up to 20% of payroll (social insurance) or no contribution (individual accounts)	12 (social insurance) or 8 (individual accounts)	Central and local governments provide subsidies as needed	100.0	100.0	49.8	43.8	50.2	56.2	0.0	0.0
	2011	Noncontributory pension and individual account schemes for rural and nonsalaried urban residents	60	60	No contribution (noncontributory pensions) or voluntary basis (individual accounts)	n.a.	No contribution (noncontributory pensions) or voluntary basis (individual accounts)	At least 70.0 yuan (tax-funded) or 50% of the cost, depending on region (noncontributory pensions); 30 yuan (individual accounts)								
Hong Kong, China	1995	Mandatory occupational pension (Private provident funds)	65	65	5.0	5.0	5.0	No contribution	100.0	100.0	68.7	62.3	0.0	0.0	100.0	100.0
	1973	Universal non-contributory pension (Fruit Money)	70	70	No contribution	No contribution	No contribution	Total cost								
	1973	Means- and pension-tested non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost								
	1993	Means-tested non-contributory pension (social assistance, Comprehensice Social Security Assistance Scheme)	60	60	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Japan[23]	1941	Social insurance (national pension programme)	65	65	16,260 yen a month	No contribution	16,260 yen a month	50.0% of the cost of benefits and total cost of administration	98.0	92.4	97.5	92.3	...	...	0.0	0.0
	1954	Social insurance (employees' pension insurance)	60 (59 for seamen and miners)	60 (59 for seamen and miners)	8.9	8.9	n.a (generally)	Total cost of administration								
	...	Public Assistance	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Korea, Republic of	1973	Social insurance	61	61	4.5	4.5	9.0	Part of admin costs of social insurance and contributions for certain groups, including the insured with military service	100.0	100.0	70.9	59.8	0.0	0.0	29.1	40.2
	2007	Means-tested non-contributory pension (social assistance)	65	65	n.a.	n.a.	n.a.	Total cost								
Mongolia[24,25]	1994	Social insurance: DB (for those born before 1 Jan 1960), DB or NDC (those born between 1 Jan 1960 and 31 Dec 1978 can choose between these two), NDC (for those born on and after 1 Jan 1979)	60	55	7.0	7.0	10.0	Any deficit	100.0	100.0	42.1	37.7	0.0	0.0	57.9	62.3
	1995	Social welfare: Pension-tested non-contributory pension	60	55	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Taiwan, China	1950	Social insurance: National pension	65	65	5.1	No contribution	5.1	3.4								
	1950	Social insurance: Labour Insurance Programme	60	60	1.8	6.7	5.7	0.95								
	1950	Mandatory individual account	60	60	Up to 6.0 Voluntary basis	At least 6.0	Up to 6.0 Voluntary basis	No contribution	100.0	100.0	40.6	32.2	13.5	12.1	45.9	55.7
	2007	Means- and pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
South-Eastern Asia																
Brunei Darussalam	1955	Provident fund	55	55	5.0	5.0	n.a.	No contribution								
	1955	Supplementary individual account scheme	60	60	3.5	3.5	Flat rate of BND 17.50/ month	Any deficit and supplements contributions for low-income employees and self-employed	100.0	100.0	62.5	50.6	3.2	2.0	100.0	100.0
	1984	Universal non-contributory pension	60	60	No contribution	No contribution	No contribution	Total cost								
Cambodia[26]	1994	Social insurance	55	55	No contribution	No contribution	No contribution	Total cost	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Indonesia[27,28]	1977	Provident fund (Jaminan Hari Tua)	56	56	2.0	3.7	n.a.	No contribution								
	2004	DB pension scheme (private sector workers, Jaminan pensiun)	56	56	1.0	2.0	n.a.	No contribution	69.7		65.9		3.8		0.0	0.0
	2006	Means- tested non-contributory pension (social assistance, Asistensi Sosial Usia Lanjut)	70 (60 if chronically ill)	70 (60 if chronically ill)	n.a.	n.a.	n.a.	Total cost								
Lao People's Dem. Rep.	1999	Social insurance	60	55	2.5 (6.0 for civil servants, police and military personnel)	2.5	5.0 Voluntary basis	No contribution	80.5	85.8	13.8	13.8	66.7	72.0	0.0	0.0

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Malaysia[29]	1951	Social insurance	55	55	0.5 (according to 45 wage classes)	0.5 (according to 45 wage classes)	50- 5,000 ringgits a month	No contribution								
		Provident Fund	55	55	8.0	13.0	n.a.	Matches 10% of contributions up to 120 ringgits a year for self-employed and household workers	100.0	100.0	48.6	38.1	14.5	13.2	36.9	48.6
	...	Means-tested non-contributory pension (social assistance)	60	60	No contribution	No contribution	No contribution	Total cost								
Myanmar	2012	Social insurance	60	60	3.0	3.0	6.0	No contribution	...	...	...	...	...	...	...	...
Philippines	1954	Social insurance	60	60	3.6	7.4	11.0	Any deficit								
	2011	Means-tested non-contributory pension (social assistance)	60	60	No contribution	No contribution	No contribution	Total cost	100.0	100.0	57.5	43.7	...	...	42.5	56.3
Singapore	1953	Provident Fund	55	55	20.0	17.0	4.0-10.5 (depending on age and earnings)	No contribution								
	2015	Means-tested (social assistance, Silver Support Scheme)	65	65	No contribution	No contribution	No contribution	Total cost	100.0	100.0	65.4	62.0	...	...	34.6	38.0
Thailand[30,31]	1990	Social insurance: formal-sector pension	55	55	3.0	3.0	An annual flat rate of THB 5,184	1% of the insured's monthly earnings								
	2011	Social insurance and national savings fund: Informal sector pension	60	60	n.a.	n.a.	THB 100 a month Voluntary basis	50%–100% of the insured's contributions (depending on the insured's age)	100.0	100.0	36.3	32.2	38.9	37.9	100.0	100.0
	1993	Pension-tested non-contributory pension (social assistance)	60	60	No contribution	No contribution	No contribution	Total cost								
Timor-Leste	2008	Universal non-contributory pension	60	60	No contribution	No contribution	No contribution	Total cost								
	2012	Non-contributory pension[32]	60	60	...	...	...	...	100.0	100.0	...	...	...	...	100.0	100.0
	2016	Social Insurance	60	60	...	...	...	...								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Viet Nam[33]	1961	Social insurance	60	55	8.0	14.0	22.0 Voluntary basis	Subsidies as needed	100.0	100.0	33.1	27.6	66.9	72.4	66.9	72.4
	2004	Means-tested non-contributory pension/ Pension-tested above 80	60, 80	60, 80	No contribution	No contribution	No contribution	Total cost								
Southern Asia																
Bangladesh	1998	Means- and pension-tested non-contributory pension	65	62	No contribution	No contribution	No contribution	Total cost	2.8	1.5	2.8	1.5	0.0	0.0	0.0	0.0
Bhutan	1976	Provident fund	56	56	5.0	5.0	n.a.	No contribution	20.5	9.3	20.5	9.3	0.0	0.0	0.0	0.0
India	1952	Provident Fund	58	58	12.0	3.67 (+ 0.85 for admin costs)	n.a.	No contribution	100.0	100.0	10.4	0.8	...	...	87.5	95.4
	1952	Pension scheme (social insurance)	58	58	No contribution	8.3	n.a.	1.16% of the insured's basic wages								
	...	Gratuity schemes for industrial workers (lump-sum benefit – employer liability)	...	...	No contribution	4.0	n.a.	No contribution								
	1995	Means-tested non-contributory pension (social assistance)	60	60	n.a.	n.a.	n.a.	Total cost								
Iran, Islamic Rep. of	1953	Social insurance	60	55	5.0 (9.5 for commercial drivers)	14.0	18.0 (12.0 for partial benefit)	2.0% of earnings for employed, self-employed and voluntarily insured persons; 9.5% for commercial drivers. The Government pays the employer's contributions for up to five employees per company for certain strategic industries	38.6	12.4	38.6	12.4	...	...	0.0	0.0
Maldives	2009	Social Insurance	65	65	n.a.	n.a.	n.a.	Total cost	...	...	...	...	...	...	...	...
	2010	Pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Nepal	1962	Provident Fund (government employees; voluntary coverage for firms with at least 10 employees)	58	58	10.0	10.0	n.a.	No contribution	100.0	100.0	2.0	0.8	...	...	70.9	70.4
	1995	Pension-tested non-contributory pension (social assistance)	70 (60 in some areas)	70 (60 in some areas)	No contribution	No contribution	No contribution	Total cost								
Pakistan	1976	Social insurance	60	55	1.0	5.0	n.a.	No contribution	21.0	4.9	21.0	4.9	...	...	0.0	0.0
Sri Lanka	1958	Provident Fund	55	50	8.0	12.0	... (certain groups covered)	No contribution	42.7	45.8	32.9	29.3	9.8	16.6	0.0	0.0
	1980	Trust fund (supplementary pension)	60	60	No contribution	3.0	At least 25 rupees a month	No contribution								
Oceania																
Australia	1908	Mandatory occupational pension system (superannuation)	56	56	Voluntary basis	9.5	Voluntary basis	Co-contribution: Matches AUD 0.50 for each AUD 1.0 of the insured's voluntary contributions from at least AUD 20 up to AUD 500 a year for annual after-tax incomes up to AUD 36,021	100.0	100.0	62.4	60.8	12.8	5.8	24.8	33.4
	1908	Means-tested non-contributory pension	65	65	No contribution	No contribution	No contribution	The total cost								
Cook Islands	1966	Universal non-contributory pension	60	60	No contribution	No contribution	No contribution	Total cost	100.0	100.0	...	...	0.0	0.0	100.0	100.0
Fiji[34]	1966	Provident fund	55	55	8.0	10.0	An annual contribution of at least FJD 84	No contribution	100.0	100.0	31.0	36.0	...	...	69.0	64.0
	2000	Pension-tested non-contributory pension (social assistance)	68	68	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Kiribati[34]	1976	Provident fund	50	50	7.5	7.5	At least A$5 a month	No contribution	100.0	100.0	20.8	15.4	...	...	100.0	100.0
	2003	Universal non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost								
Marshall Islands[34]	1967	Social insurance	60	60	7.0	7.0	14.0% of 75.0% of gross income	No contribution	55.0	33.3	55.0	33.3	0.0	0.0	0.0	0.0
Micronesia, Federated States of[35]	1968	Social insurance	65	65	7.5	7.5	5.0	No contribution	...	...	...	...	...	...	...	...
Niue	...	...	60	60	...	...	...	...	...	...	...	...	...	...	...	...
New Zealand	1898	Universal non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost	100.0	100.0	0.0	0.0	0.0	0.0	100.0	100.0
Palau[36]	1967	Social insurance	62	62	6.0	6.0	12.0	No contribution	...	...	...	...	...	...	...	...
Papua New Guinea[34]	1980	Mandatory occupational retirement system	55	55	6.0	8.4	At least 20.0 kina a month	No contribution	6.2	34.7	6.2	34.7	32.6	36.3	0.0	0.0
	2009	Universal non-contributory scheme (Old Age and Disabled Pension Scheme (New Ireland only)[c]	60	60	...	...	...	...								
Samoa[34,37]	1972	Provident fund with annuity option	55	55	7.0	7.0	100 – 2,000 tala a month Voluntary basis	No contribution	100.0	100.0	21.4	15.1	9.0	10.5	100.0	100.0
	1990	Universal non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
Solomon Islands[34]	1973	Provident fund	50	50	5.0	7.5	... Voluntary basis	No contribution	10.1	5.5	10.1	5.5	0.0	0.0	0.0	0.0
Tonga	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuvalu	...	Non-contributory pension	70	70	No contribution	No contribution	No contribution	Total cost	100.0	100.0	0.0	0.0	0.0	0.0	100.0	100.0
Vanuatu[34]	1986	Provident fund	55	55	4.0	4.0	1,000 – 10,000 vatu a month	No contribution	100.0	100.0	20.5	15.2	79.5	84.8	0.0	0.0

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Europe and Central Asia																
Northern, Southern and Western Europe																
Albania	1947	Social insurance	65	60	8.8	12.8	21.6; a flat rate if working in agriculture	Any deficit; pays contributions for certain groups	38.3	28.0	38.3	28.0	...	...	0.0	0.0
	2015	Pension- and means-tested non-contributory pension (social assistance)	70	70	No contribution	No contribution	No contribution	Total cost								
Andorra	1966	Social insurance	65	65	5.5	14.5	18.0	Any deficit	...	...	...	...	...	...	...	...
	1966	Means-tested non-contributory pension (social assistance)	65 (60 if receiving a survivor pension)	65 (60 if receiving a survivor pension)	No contribution	No contribution	No contribution	Total cost								
Austria	1906	Social insurance	65	60	10.3	12.6	Special system	A subsidy and the cost of the care benefit and income-tested allowance	72.9	68.7	72.9	68.7	0.0	0.0	0.0	0.0
	1978	Means- and pension-tested noncontributory pension (Austrian Compensatory Supplement)	65	60	...	...	...	...								
Belgium	1900	Social insurance	65	65	7.5	8.9	n.a.	Annual subsidies	100.0	100.0	62.9	52.2	0.0	0.0	37.1	47.8
	2001	Means-tested non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost								
Bosnia and Herzegovina	...	Social insurance	65	65	17.0	7.0		....	...	...	...	...	...	...	...	...
Croatia[38]	1922	Social insurance and mandatory individual account	65	61 and 6 months	20.0	No contribution (except for employees in arduous or unhealthy occupations)	20.0	Pays contribution for categories of state employees	51.8	49.3	51.8	49.3	0.0	0.0	0.0	0.0
Denmark[39]	1891	Social insurance	65	65	Set amount	Set amount	Set amount	No contribution	100.0	100.0	70.3	69.2	...	...	100.0	100.0
	1891	Universal	65	65	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Estonia[40]	1924	Social insurance	63	63	No contribution	16.0	16.0	Pension supplements and allowances for some categories of insured persons; and the cost of funeral grants								
	2004	Mandatory individual account	63	63	2.0	4.0	4.0	No contribution	100.0	100.0	62.9	73.2	...	...	37.1	26.8
	...	Pension-tested non-contributory pension (social assistance)	63	63	No contribution	No contribution	No contribution	Total cost								
Faeroe Islands	...	Universal non-contributory pension	67	67	No contribution	No contribution	No contribution	Total cost	...	...	...	...	...	...	...	...
Finland	1937	Mandatory occupational pension (earnings-related pension)	63-68 (flexible retirement)	63-68 (flexible retirement)	5.7	18.0	Special system	No contribution								
	1937	Means-tested non-contributory pension (National Pension)	65	65	No contribution	No contribution	No contribution	Total cost	100.0	100.0	70.7	69.3	0.0	0.0	29.3	30.7
	2010	Means-tested non-contributory pension (Guarantee Pension)	65	65	No contribution	No contribution	No contribution	...								
France[41]	1928	Social insurance	61 and 7 months (legal minimum age)	61 and 7 months (legal minimum age)	6.9 (old age) + 0.35 (survivor allowance)	8.55 (old age) + 1.85 (survivor allowance)	Special system	Variable subsidies								
	1947	Mandatory complementary schemes			3.0-8.0 (depending on the scheme)	4.65-12.75 (depending on the scheme)	n.a.	No contribution	100.0	100.0	71.4	61.6	10.1	9.9	18.5	28.5
	1956	Means-tested non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost (a portion of revenues from the general social contribution (CSG))								

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Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Germany	1889	Social insurance	65 and 5 months (67 if born after 1963)	65 and 5 months (67 if born after 1963)	9.3	9.3	18.7	Subsidizes certain benefits and pays contributions for caregivers providing unpaid care for at least 14 hours a week	100.0	100.0	76.4	72.0	23.5	27.9	0.1	0.1
	2003	Means-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
Greece	1934	Social insurance (national old-age pension and contributory pension)	67 (national pension); 62–67 (contributory pension, varies according to contribution levels)	67 (national pension); 62–67 (contributory pension, varies according to contribution levels)	6.67 (8.87 for arduous or unhealthy work)	13.33 (14.73 for arduous or unhealthy work)	20.0 (according to 14.0 insurance categories)	A guaranteed annual subsidy	100.0	100.0	49.0	43.5	...	...	51.0	56.5
	1982	Means-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
Guernsey	1925	Social insurance	65	65	6.0 (9.9 if unemployed)	6.5	10.5	15.0% of total contributions								
	1984	Means-tested non-contributory pension (social assistance)	60	60	No contribution	No contribution	No contribution	Total cost	...	...	...	...	...	...	...	...
Iceland[42]	1909	Mandatory occupational pension	67	67	4.0	8.0	12.0	No contribution								
	1980	Means-tested non-contributory pension	67 (60 for some seamen)	67 (60 for some seamen)	No contribution	7.4	7.4	Any deficit	100.0	100.0	91.8	88.2	0.0	0.0	100.0	100.0

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Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Ireland	1908	Social insurance	66	66	4.0	8.5-10.75 (depending on employees' weekly earnings)	4.0	Any deficit	100.0	100.0	67.0	60.8	0.0	0.0	33.0	39.2
	1908	Means-and pension-tested non-contributory pension (social assistance)	66	66	No contribution	No contribution	No contribution	Total cost								
Isle of Man	1948	Social insurance	65	63	11.0 (weekly flat rate of £14.10 if voluntarily insured)	12.8	8.0% of annual earnings + a weekly flat rate of £5.40	No contribution	...	...	...	...	...	...	...	...
	...	Means-tested non-contributory pension (social assistance)	80	80	No contribution	No contribution	No contribution	The total cost of means-tested allowances and other non-contributory benefits								
Italy	1919, 1995	Social insurance (phasing out) and notional defined contribution (NDC)	66 and 7 months	62 and 7 months	9.19 (9.89 for dancers)	23.81 (25.81 for dancers)	23.1	Any deficit	100.0	100.0	58.5	48.8	...	...	41.5	51.2
	1969	Means- and pension-tested non-contributory pension (social assistance)	65 and 7 months	65 and 7 months	No contribution	No contribution	No contribution	Total cost								
Jersey	1951	Social insurance	65	65	6.0	6.5	12.5	No contribution	...	...	...	...	...	...	...	...
Kosovo[b]	2002	Universal non-contributory pension	65	65	No contribution	No contribution	No contribution	Total cost	...	...	...	...	...	...	...	...
Latvia	1922	Notional defined contribution (NDC) and mandatory individual account	62 and 9 months	62 and 9 months	10.5	23.6	30.6	Contributes for certain groups	100.0	100.0	76.3	70.3	23.7	29.7	23.7	23.7
	...	Pension-tested non-contributory pension (social assistance)	67 and 9 months	67 and 9 months	No contribution	No contribution	No contribution	Total cost								

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Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Liechtenstein[43]	1952	Social insurance	64	64	4.6	12.8	Flat rate plus percentage for administration and disability benefits	Contributes 50 million francs annually								
	1988	Mandatory occupation pension	64	64	6.0 + 50.0% of admin. fees	8.0% of total payroll or 6.0% of earnings for each insured employee + 50.0% of admin. fees	Voluntary basis	No contribution	...	...	...	...	...	...	...	...
Lithuania[44]	1922	Social insurance	63 and 4 months	61 and 4 months	3.0	23.3	26.3	Any deficit								
	1994	Pension-tested non-contributory pension (social assistance)	63 and 4 months	61 and 4 months	No contribution	No contribution	No contribution	Total cost	100.0	100.0	68.9	71.3	...	...	31.0	28.6
Luxembourg	1911	Social insurance	65	65	8.0	8.0	16.0	8	70.0	60.8	70.0	60.8	0.0	0.0	0.0	0.0
Malta[45]	1956	Social insurance	62- 65	62- 65	10.0	10.0	EUR 28.73.0– EUR 63.86.0 a week (depending on income)	50.0% of the value of total contributions								
	1956	Means- and pension-tested non-contributory pension (social assistance)	60	60	No contribution	No contribution	No contribution	Total cost	100.0	100.0	69.0	52.9	0.0	0.0	31.0	47.1
	1956	Universal pension	75	75	No contribution	No contribution	No contribution	Total cost								
Monaco	1944	Social insurance	65	65 (55)[2]	6.6	7.0	Special system	No contribution	...	...	...	...	...	...	...	...
Montenegro	1922	Social insurance	65	60	15.0	5.5	20.5	Any deficits	...	...	...	...	...	...	...	...
Netherlands	1901	Social insurance and means-tested noncontributory pension (universal pension, AOW Pension)	65 and 6 months	65 and 6 months	17.9 (old age) + 0.6 (survivors)	No contribution (5.7 disability)	17.9 (old age) + 0.6 (survivors)	A subsidy to increase all benefits up to the applicable social minimum; the cost of pensions for persons with a disability since childhood	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0

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Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Norway[46,47]	1936	Social insurance (old system) and notional defined contribution	62 (flexible)	62 (flexible)	8.2	14.1	11.4	Any deficit	100.0	100.0	77.0	74.9	0.0	0.0	23.0	25.1
	1936	Means-tested non-contributory pension	67	67	...	...	...	...								
Portugal	1935	Social insurance	66	66	11.0	23.8	29.6 (34.75 for sole proprietors and owners of certain type of companies)	Partial financing through a portion of the value-added tax	100.0	100.0	68.3	64.4	...	...	31.7	35.6
	1980	Means- and pension-tested non-contributory pension (social assistance)	66 and 2 months	66 and 2 months	No contribution	No contribution	No contribution	Total cost								
San Marino[48]	1955	Social insurance and mandatory individual accounts	65	65	5.4 (social insurance) + 1.5 (individual account)	16.1 (social insurance) + 1.5 (individual account)	14.5-22 (social insurance, depending on income level) + 3.0 (individual account)	5.0% of total contributions (higher contributions are made for agricultural workers) or up to 25.0% to cover any deficit; subsidies as needed	65.7	57.5	65.7	57.5	...	...	0.0	0.0
Serbia	1922	Social insurance	65	61	14.0	12.0	26.0	Guarantees cash benefits and covers any deficit	57.9	50.4	57.9	50.4	0.0	0.0	0.0	0.0
Slovenia[49]	1922	Social insurance	65	65	15.5	8.9	24.35 (15.5 for certain farmers)	Covers the cost for war veterans and certain groups of insured persons; any deficit	100.0	100.0	71.6	63.5	...	...	16.5	30.5
	1999	Means-tested non-contributory pension	68	68	No contribution	No contribution	No contribution	Total cost								
Spain	1919	Social insurance	65	65	4.7	23.6	Special system	An annual subsidy								
	1994	Means- and pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost	100.0	100.0	60.0	54.7	0.0	0.0	40.0	45.3

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Sweden[50]	1913	Notional defined contribution (NDC) and mandatory individual account	61 (flexible)	61 (flexible)	7.0 (old age) + admin. fees	10.21 (old age) + 4.85 (disability) + 1.17 (survivors)	17.21 + admin. fees	The government pays contributions based on notional income for persons receiving sickness or disability benefits, student aid, or cash parental benefits	100.0	100.0	78.9	77.1	0.0	0.0	21.0	22.8
	1913	Means-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost								
Switzerland	1946	Social insurance	65	64	4.2 (old age) + 0.7 (disability)	4.2 (old age) + 0.7 (disability)	4.2–7.8 (depending on income level) + 0.75–1.4 (disability)	Annual federal subsidies cover 19.55% of the cost of old-age and survivors benefits and 37.7% of the cost of disability benefits	100.0	100.0	100.0	100.0	...	...	100.0	100.0
	1982	Mandatory occupational pension	65	64	7.0-18 (depending on age)	At least equal to the employee's contribution	Varies according to the pension fund	No contribution								
	1946	Pension-tested non-contributory pension	65	64	No contribution	No contribution	No contribution	Provided by the cantons								
United Kingdom[51]	1908	Social insurance	65	63	12.0 (+ 2.0 for higher earnings)	13.8	Flat rate of £2.80 a week+ 9.0% of declared annual earnings (+2.0 for higher earnings)	Treasury grant to contributory programmes for any deficit	100.0	100.0	69.2	70.6	...	...	30.8	29.4
	1908	Means- and pension-tested non-contributory pension (social assistance, Pension Credit)	65	65	No contribution	No contribution	No contribution	The total cost of means-tested old-age pension and other non-contributory benefits								
	1908	Means-tested non-contributory pension (social assistance, Old-Person's Pension)	80	80	No contribution	No contribution	No contribution	The total cost of means-tested old-age pension and other non-contributory benefits								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Eastern Europe																
Belarus	1956	Social insurance	60	55	1.0	28.0 (contribution varies according industry)	29.0	The cost of military personnel pensions; provides subsidies as needed	100.0	100.0	70.9	67.6	0.0	0.0	29.1	32.4
	...	Pension-tested non-contributory pension (social assistance)	65	60	No contribution	No contribution	No contribution	Total cost								
Bulgaria	1924	Social insurance	63 and 10 months	60 and 10 months	7.9	9.9	12.8	Any deficit	100.0	100.0	64.8	61.1	0.0	0.0	35.2	38.9
	...	Mandatory individual account	63 and 10 months (earlier depending on the occupation)	60 and 10 months (earlier depending on the occupation)	2.2	2.8	5.0	No contribution								
	...	Means-tested non-contributory pension (social assistance)	70	70	No contribution	No contribution	No contribution	Total cost								
Czech Republic	1906	Social insurance	63	62 and 4 months	6.5	21.5	28.0	Any deficit	91.5	87.3	71.0	62.7	20.5	24.6	0.0	0.0
Hungary[52]	1928	Social insurance & mandatory individual account (voluntary)	63 and 6 months	63 and 6 months	10.0	27.0	10.0	Any deficit	100.0	100.0	70.1	60.7	29.9	39.3	29.9	39.3
	1993	Means-tested non-contributory pension (social assistance)	62	62	No contribution	No contribution	No contribution	Total cost								
Moldova, Republic of	1956	Social insurance	62	57	6.0	23.0 (22.0 for the agricultural sector)	An annual flat rate of MDL 6,372 (1,584 for agricultural landowners)	No contribution	100.0	100.0	42.3	31.9	0.0	0.0	57.7	68.1
	1956	Pension-tested non-contributory pension (social assistance)	62	57	No contribution	No contribution	No contribution	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Poland[53,54]	1927 - 1999	Social insurance or notional defined contribution (NDC)	65	60	9.76 (old age) + 1.5 (disability and survivors)	9.75 (old age) + 6.5 (disability and survivors)	19.52 (old age) + 1.5 (disability and survivors)	Total cost of the guaranteed minimum pension; pays pension contributions for certain groups	68.8	58.8	68.8	58.8	...	...	0.0	0.0
	1999	Notional defined contribution (NDC) and individual account	65	60	NDC: 6.84 (old age) + 1.5 (disability and survivors) Ind. account: 2.92 (old age) + 1.75 (admin. fees)	NDC: 9.75 (old age) + 6.5 (disability and survivors) Ind.account: No contribution	NDC: 16.6 (old age) + 1.5 (admin. fees) Ind. account: 2.92 (old age) + 1.75 (admin. fees)	The total cost of the guaranteed minimum pension								
	...	Means- and pension-tested non-contributory pension (social assistance)	65	60	...	...	...	...								
Romania	1912	Social insurance and mandatory individual accounts	65	60	5.4 (social insurance) + 5.1 (individual account) or 10.5 (if social insurance only)	15.8-25.8 (social insurance, varies depending on profession)	21.2 (social insurance) + 5.1 (individual account) or 26.3 (if social insurance only)	Any deficit	58.3	48.1	58.3	48.1	...	...	0.0	0.0
Russian Federation[55]	1922	Notional defined contribution (NDC)	60	55	No contribution	22.0	Annual contribution of 17,328.48 rubles	No contribution								
	...	Pension-tested non-contributory pension (social assistance)	65	60	No contribution	No contribution		The total cost of social pensions. Regional and local governments may finance supplementary benefits	100.0	100.0	66.2	62.7	...	...	33.8	37.3
Slovakia[56,57]	1906	Social insurance and individual account	62	62	7.0	17.0 (social insurance) + 4.0 (individual account)	24.0 (social insurance) + 4.0 (individual account)	Any deficit	65.4	58.7	65.4	58.7	0.0	0.0	0.0	0.0
Ukraine	1922	Social insurance	60	57 and 6 months	No contribution	22.0	22.0	Subsidies as needed for central and local governments								
	...	Means- and pension-tested non-contributory pension (social assistance)	63	60 and 6 months	No contribution	No contribution	No contribution	The cost of state social benefits	100.0	100.0	60.8	56.1	...	...	39.2	43.9

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Central and Western Asia																
Armenia[58]	1956	Social insurance	63	63	Portion of personal income tax	No contribution	Portion of personal income tax	Subsidies as needed								
	2014	Mandatory individual account	63	63	5.0	No contribution	5.0	10.0	100.0	100.0	56.1	48.6	0.0	0.0	43.9	51.4
	...	Pension-tested non-contributory pension (social assistance)	65	65	n.a.	No contribution	n.a.	Total cost								
Azerbaijan	1956	Social insurance and notional defined contribution (NDC)	63	60	3.0	22.0	20.0; 50.0 (if in trade or construction sector)	Provides subsidies								
	2006	Pension-tested non-contributory pension (social assistance)	67	62 (57)	No contribution	No contribution	No contribution	Total cost	100.0	100.0	49.3	45.5	0.0	0.0	50.7	54.5
Cyprus	1957	Social insurance	65 (63 if miner)	65 (63 if miner)	7.8 (13.0 if voluntarily insured)	7.8	14.6	4.6 (4.1 if voluntarily insured)								
	1995	Pension-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost	100.0	100.0	64.1	59.1	...	...	35.9	40.9
Georgia	2006	Universal non-contributory pension	65	60	No contribution	No contribution	No contribution	Total cost	100.0	100.0	...	...	...	...	100.0	100.0
Israel[59,60]	1953	Social insurance	70	68	0.22-3.85	1.30-2.04	3.09- 5.21	Subsidies								
	...	Means- and pension-tested non-contributory pension (social assistance, Special Old-age Pension for New Immigrants)	67	62	n.a.	n.a.	n.a.	Total cost	100.0	100.0	62.6	61.0	0.0	0.0	37.4	39.0
	1980	Means-tested non-contributory pension (social assistance, Income Support)	...	...	n.a.	n.a.	n.a.	Total cost								

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Kazakhstan	1991	Mandatory individual account and solidarity (social insurance) pension	63	58	10.0 (no contribution for solidarity pension)	No contribution (5.0 for hazardous occupations, no contribution for solidarity pension)	10.0 (no contribution for solidarity pension)	No contribution to the individual accounts; subsidizes solidarity pension								
	1991	Means- and pension-tested non-contributory pension (social assistance, State Social Benefit)	63	58	n.a.	n.a.	n.a.	Total cost	100.0	100.0	70.6	69.2	0.0	0.0	100.0	100.0
	1997	Universal non-contributory pension (State Basic Pension)	63	58	n.a.	n.a.	n.a.	Subsidies as needed								
Kyrgyzstan	1922	Social insurance, notional defined contribution (NDC) pension and mandatory individual account	63	58	8.0 (social insurance and NDC) + 2.0 (individual account)	15.25 (0.25 for employees' health improvement activities)	9.3	No contribution	100.0	100.0	57.0	28.2	0.0	0.0	43.0	71.8
	1922	Pension-tested non-contributory pension (social assistance)	63	58	n.a.	n.a.	n.a.	Total cost								
Tajikistan[61]	1993	Social insurance: notional defined contribution (NDC) programme	63	58	No contribution	25.0	20.0	No contribution								
	1999	Mandatory individual account	63	58	1.0	No contribution	n.a.	No contribution	100.0	100.0	64.1	56.2	0.0	0.0	35.9	43.8
	1993	Pension-tested non-contributory pension (social assistance)	63	58	No contribution	No contribution	No contribution	Provides partial subsidies; local authorities may provide supplementary benefits from their own budgets								
Turkey[62]	1949	Social insurance	60	58	9.0	11.0	20.0	25.0% of total contributions collected								
	1976	Means-tested non-contributory pension (social assistance)	65	65	No contribution	No contribution	No contribution	Total cost	100.0	100.0	35.2	31.9	...	...	64.8	68.1

Table B.9 Old-age pensions: Key features of main social security programmes

Country/ Territory	Date of first law/ year introduced	Type of programme[a]	Pensionable age[a]		Contribution rates: Old-age, disability, survivors[a]				Estimate of legal coverage[a] for old age as a percentage of the working-age population							
									Total*		Contributory mandatory		Contributory voluntary		Non-contributory	
			Men	Women[2]	Insured person	Employer	Self-employed	Financing from Government	Total	Women	Total	Women	Total	Women	Total	Women
Turkmenistan[63,64]	1956	Social insurance: notional defined contribution (NDC) pension	62	57	No contribution	20.0 (+3.0 for hazardous occupations)	10.0% of minimum wage (rates vary across occupations)	Subsidies as needed	100.0	100.0	50.0	65.9	0.0	0.0	56.2	34.1
	...	Means- and pension-tested non-contributory pension (social assistance)	62	57	No contribution	No contribution	No contribution	Total cost								
Uzbekistan[65]	1956	Social insurance	60	55	7.5	25.0 (15.0 for small and micro enterprises)	Monthly contribution of at least the minimum wage	Subsidies as needed	100.0	100.0	45.0	37.0	13.9	9.5	41.1	53.5
	1956	Mandatory individual account	60	55	1.0	No contribution	1.0	No contribution								
	...	Means- and pension-tested non-contributory pension	60	55	No contribution	No contribution	No contribution	Total cost								

Sources

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Notes

n.a.: Not applicable.

...: Not available.

* Mandatory and voluntary; Contributory and non-contributory

[a] Detailed notes and definition available at: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54606

[b] As defined in United Nations Security Council Resolution No. 1244 of 1999.

[c] Programme is not anchored in the national legislation.

This table is complementary to table B.10: Non-contributory pension schemes: Main features and indicators (http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54607).

[1] In many countries retirement is possible before the normal retirement age if employee is prematurely aged due to arduous or unhealthy work.

[2] In several countries under certain conditions, women can retire before their normal retirement age for time spent raising children.

[3] Kenya. Type of programme. The 2013 National Social Security Fund Act established a pension fund and a new provident fund. Membership in the pension fund is mandatory for all employed persons aged 18 to 60. Members of the old provident fund were automatically enrolled in the pension fund; their assets in the old provident fund remain there. Membership in the new provident fund is voluntary. The rates mentioned here are for both programmes combined (pension fund and voluntary provident fund).

[4] Malawi. In March 2011, a pension law established a mandatory old-age pension system based on individual accounts for private-sector workers earning above a minimum salary threshold. The law has yet to be implemented.

[5] Seychelles. The old-age grant (from social insurance) is paid if the insured does not meet the contribution requirements for an old-age pension.

[6] Sierra Leone. 2.5% of monthly income; 10% for civil servants and teachers; 12% for military and police personnel.

[7] Argentina. From 1994 until the end of 2008, there was a mixed system where all insured workers were in the first-pillar public pay-as-you-go (PAYG) system; for the second pillar, workers chose between contributing to an individual account and to the PAYG defined benefit system. A 2008 law closed the second-pillar individual accounts and transferred all workers and their account balances to the new one-pillar PAYG system.

[8] Bolivia, Plurinational State of. In 1997, all active members of the social insurance system transferred to a system of privately managed mandatory individual accounts. In 2008, a new universal pension (Renta Dignidad) replaced the Bonosol (available to all resident citizens of Bolivia older than age 65 from 1996 to 2008).

[9] Colombia. An old-age family pension is paid to couples of pensionable age that do not meet contribution requirements and are classified as SISBEN I or II (poor households). Social assistance: financed by 1-2% of covered payroll of contributory scheme.

[10] Dominican Republic. The pay-as-you-go (PAYG) social insurance system for private-sector workers was closed to new entrants in 2003 and is being phased out. It covers private-sector workers aged 45 or older in 2003 who chose to remain in the social insurance system and private-sector pensioners who began receiving their pensions before June 2003. Public-sector workers who opted not to join the individual account system remain in the separate social insurance system for public-sector workers. Subsidized individual accounts for self-employed persons and other vulnerable groups have not yet been implemented.

[11] Ecuador. The provision under the 2001 law to create a system of individual accounts to complement the social insurance old-age pension programme was not implemented.

[12] El Salvador. Insured persons who were older than age 55 (men) or age 50 (women) in 1998, and workers older than age 36 in 1998 who did not opt for the individual account system are covered under the old social insurance system. The Government subsidizes the pay-as-you-go (PAYG) system and finances an indexed bond for account holders who made contributions to the old social insurance system. The bond is the insured's contributions to the old social insurance system plus interest.

[13] Honduras. Mandatory individual accounts for persons with earnings above HNL 8,882.30 per month have not yet been implemented. Persons with earnings up to HNL 8,882.30 per month may make voluntary contributions to individual accounts.

[14] Mexico. The Government contributes 0.225% of covered earnings plus an average flat-rate amount of MXN 4.21 (2013) to the individual account for each day contributed by an insured with earnings up to 15 times the legal monthly minimum wage; for disability and survivors' benefits, 0.125% of covered earnings; finances the guaranteed minimum pension.

[15] Nicaragua. There are special systems for war victims, miners, needy elderly and needy disabled (non-contributory).

[16] Peru. When public- and private-sector employees enter the workforce, they may choose between the individual account system (SPP) and the public social insurance system (SNP). Insured persons who do not make a choice become SPP members. SNP members may switch to the SPP but may not switch back, except under certain circumstances.

[17] Uruguay. The mixed social insurance and individual account system is mandatory for employed and self-employed persons born after 1 April 1956, with monthly earnings greater than UYU 39,871 and voluntary for those with monthly earnings of UYU 39,871 or less. All others are covered only by the social insurance system.

[18] Canada. A post-retirement benefit is paid to people of pensionable age who continue working. Contributions to the pension plan are mandatory at any age under the Quebec Pension Plan; contributions are also mandatory under the Canada Pension Plan for persons aged 60 to 64 and voluntary if between 65 and 70 (employer contributions are mandatory for this last age group).

[19] Kuwait. The basic, supplementary and remuneration systems are all part of the social insurance system. Eligible for the supplementary pension are employees who meet the requirement for the basic system pension, and whose monthly earnings are above KWD 1,500 (note that the self-employed are excluded for the supplementary pension only). Employees with monthly earnings above KWD 2,750 pay an additional 2.5% per month to finance benefit adjustments under the basic system (3.5% for self-employed persons with monthly earnings up to KWD 1,500; 1% for employers for employees with monthly earnings up to KWD 2,750). The pension from the remuneration system is for employees who receive either pension but not both, and who do not meet the contribution requirements. Contributions to the remuneration system cease after 18 years for all contributors (employees, self-employed persons and the government officials).

[20] Kuwait. Basic system: Government: 10% of covered earnings (public employees), 32.5% of payroll (military personnel), and 25% of monthly income minus the self-employed person's contributions (self-employed persons).

[21] China. The basic pension insurance scheme has two components: a social insurance programme and mandatory individual accounts. The pension schemes for rural and non-salaried urban residents have two components: a non-contributory pension and individual accounts.

[22] China. Since July 2011, existing regional and local social security schemes, including pooling arrangements, are gradually being unified under the country's first national law on social insurance.

[23] Japan. The social insurance system consists of a flat-rate benefit under the national pension programme (NP) and an earnings-related benefit under the employees' pension insurance programme (EPI).

[24] Mongolia. The new legislation adopted in 2017 provides that the retirement age shall be increased by six months every year until reaching a retirement age of 65 for men by 2026, and 65 for women by 2036 (starting from 2018). The same applies to eligible age for a social welfare pension in old age.

[25] Mongolia. The new legislation adopted in 2017 increased pension contribution rates for both employers and workers by 2.5 points (1% in 2018, 0.5% in 2019 and 1% in 2020) bringing the total mandatory contribution to 19%. The same applies to the voluntary pension insurance contribution (1% in 2018, 0.5% in 2019 and 1% in 2020) rising to 12.5%.

[26] Cambodia. Only public servants receive a pension. The legal retirement age is 60 for category A, 58 for category B and 55 for categories C and D. Civil servants receive a monthly pension equal to 80% of their net basic salary when they have accomplished at least 30 years of service; and 60% of their net basic salary when they have at least 20 years but under 30 years of service by the age of retirement. Those who have completed more than 20 years of service receive a proportional annual supplementary pension of 2% of their net salary. The total amount does not exceed 80% of the seniority pension and is not lower than basic monthly salary. Civil servants who have reached the retirement age and have less than 20 years of service will have no pension and receive only a lump sum allowance, equally to eight total monthly salaries. The scheme is fully funded from the national budget. A pension scheme for workers in the private sector is yet to be implemented.

[27] Indonesia. The defined benefit (DB) pension scheme (social insurance for private-sector workers) entered into effect on 1 July 2015, with the enactments of the Law on National Social Security System (Sistem Jaminan Sosial Nasional or SJSN) (No. 40/2004); then the Law on Social Security Implementing Agency (Badan Penyelenggara Jaminan Sosial or BPJS) (No. 24/2011) and government regulation on pension programme (No.45/2015).

[28] Indonesia. Coverage rates are calculated with proxy data for number of workers, not exact value.

[29] Malaysia. The social insurance scheme is only for civil servants.

[30] Thailand. A new voluntary social security system for informal economy workers was initiated in 2011. The scheme is based on contributions from workers and the Government to finance old-age, disability, survivors', sickness and maternity benefits.

[31] Thailand. The Government's contribution to the pension for informal economy workers depends on the insured person's age: 50% of the insured's contributions if younger than age 30; 80% if aged 30 to 49; and 100% if aged 50 or older.

[32] Timor-Leste. The scheme covers only public servants and will be gradually integrated into the General Social Insurance scheme from 2017. Covered individuals pay no contributions, while benefits are linked to wage history.

[33] Viet Nam. Subsidies as necessary and the total cost of old-age pensions for workers who retired before 1995; contributions for those employed in the public sector and retired before January 1995. From 1 January 2018, the Government will start subsidizing the voluntary contribution (Decree No. 134/2015/ND-CP of 29 December 2015).

[34] Fiji, Kiribati, Marshall Islands, Papua New Guinea, Samoa, Solomon Islands, Vanuatu. Access to the old-age pension from the provident or superannuation fund prior to the normal retirement age is possible if the person has been unemployed for a certain time (depending on the country), and at any age if migrating permanently.

[35] Micronesia, Federated States of. The contribution from the employer is 7.5% of twice the salary of the highest-paid employment per quarter. Self-employed persons can contribute 5% of business annual gross revenue for the previous calendar year or 5% of twice the salary of the highest paid employment (small businesses). Voluntary contributions of 15% of annual gross revenue for the previous calendar year for self-employed persons earning less than US$10,000 a year.

[36] Palau. Self-employed contributions are 12% of twice the salary of his or her highest-paid employment or 12% of one-quarter of gross annual earnings with no employees.

[37] Samoa. The pensionable age for the provident fund system is lowered to 50 if the person is unemployed for at least five years; at any age if emigrating permanently, medically incapacitated, or entering a theological seminary or the clergy. If covered employment continues after age 55, the fund member must continue to make contributions to the fund. If employment continues or new employment begins after funds are withdrawn at age 55, the fund member must contribute for at least 12 months before withdrawing funds again.

[38] Croatia. Employed and self-employed persons pay 15% of covered earnings or the insurance base, respectively, to social insurance if contributing to both the social insurance pension and the mandatory individual account, plus an additional 5% to the mandatory individual account. They pay 20% of covered earnings or the insurance base, respectively, if contributing only to the social insurance scheme. The insurance base is a percentage of the gross average wage of all employed persons (from 65 to 100%), depending on the category of self-employment and the individual's level of education.

[39] Denmark. Contributions to the social insurance pension (labour market supplementary pension, or ATP) are a set amount with upper limits: Employees pay up to DKK 1,135.80 a year if full-time worker; self-employed persons pay up to DKK 3,408 per year; and the employer pays up to DKK 2,272.20 per year for a full-time worker.

[40] Estonia. Retirement is possible up to ten years before the normal retirement age with at least 20 years of service, including ten years of work in especially hazardous occupations; up to five years before the normal retirement age with at least 25 years of service, including 12 years and six months in especially hazardous occupations; up to five years before the normal retirement age with at least 15 years of service and time spent raising children (depending on the number of children or whether a child was disabled) or if the insured was involved in the Chernobyl disaster cleanup.

[41] France. The mandatory complementary schemes are for employees in commerce and industry, for salaried people in agriculture and, under certain conditions, for dependent spouses. This system of pensions is administered jointly by employers and employees.

[42] Iceland. A means-tested social allowance is paid to cover living expenses costs if the annual income is below a certain threshold.

[43] Liechtenstein. Self-employed persons pay a flat rate of CHF 234 (old age and survivors) for annual income up to CHF 3,000, plus 4.2% of the total contribution amount (administrative fees); 7.8% of annual income (old age and survivors) and 1.5% of annual income (disability) for annual income greater than CHF 3,000, plus 4.2% of the total contribution amount (administrative fees).

[44] Lithuania. Individual accounts were introduced in 2004. While participation is voluntary for employed persons, once enrolled, an employed person may not opt out. Account holders and their employers must each contribute 2% of the insured's earnings and receive a matching state subsidy for voluntary contributions of an additional 1% of the insured's earnings.

[45] Malta. The pensionable age for both the social insurance and social assistance pensions is 62 if born between 1952 and 1955; age 63 if born between 1956 and 1958; age 64 if born between 1959 and 1961; age 65 if born in 1962 or later. Age 75 for the senior citizen grant (social assistance).

[46] Norway. A new pension system introduced in 2011 replaces the universal pension with a guaranteed minimum benefit, and the earnings-related pension with a notional defined contribution (NDC) scheme. The new system covers persons born since 1963. Persons born before 1954 remain under the old system. A transitional (mixed) system, a combination of the old and new systems, covers persons born between 1954 and 1962.

[47] Norway. The pensionable age for the NDC pension is between 62 and 75. An employee can earn credits back for unpaid work caring for others, or for having performed mandatory military or civilian service. Credit is also given through unemployment benefits.

[48] San Marino. A system of mandatory individual accounts was introduced in 2012 as a supplement to the social insurance system. Both the insured person and the employer are required to contribute.

[49] Slovenia. Covers the cost for certain groups of insured persons, including war veterans, police personnel and former military personnel; pays employer contributions for farmers; covers any deficit in the event of an unforeseen decline in contributions; finances social assistance benefits; contributes as an employer.

[50] Sweden. The social insurance old-age pension system covers employed and self-employed persons born before 1938 (contributions can no longer be made to this system). There is a gradual transition from the earnings-related social insurance system to the NDC and mandatory individual account system for persons born between 1938 and 1953.

[51] United Kingdom. In April 2016, a new flat-rate single-tier state pension was introduced for workers retiring on or after 6 April 2016. The new pension replaces the previous two-tier system that consisted of the basic state retirement pension and the second state pension.

[52] Hungary. A 2010 amendment to the social security law terminated the diversion of contributions to second-pillar individual accounts and automatically transferred account balances to the social insurance programme (unless an account holder opted out). Since 2009, participation in the individual account programme is voluntary.

[53] Poland. In 1999, the social insurance pay-as-you-go (PAYG) system was replaced by a NDC system. Insured persons born before 1 January 1949 are still covered under the social insurance PAYG system. Insured persons born between 1 January 1949 and 31 December 1968, could choose the new NDC system only or the NDC and individual account system for old-age benefits. Until 31 December 2013 membership in the individual account system was mandatory for insured persons born after 31 December 1968. As of 1 February 2014, membership in the individual account system is voluntary for all insured persons.

[54] Poland. The total cost of the guaranteed minimum pension; pays pension contributions for insured persons taking child-care leave or receiving maternity allowances, for persons receiving unemployment benefits and for unemployed graduates.

[55] Russian Federation. A system of individual accounts was introduced in 2011 for persons born in 1967 or later. Currently, contributions to individual accounts are diverted to social insurance.

[56] Slovakia. Since 1 January 2013, participation in the individual account programme is voluntary for new entrants. The decision to contribute to an individual account must be made before age 35 and cannot be reversed.

[57] Slovakia. The government finances any deficit; contributes for persons caring for children up to age 6 (age 18 with serious chronic health conditions), for maternity benefit and disability benefit recipients (until retirement age or until the early retirement pension is paid).

[58] Armenia. As of 1 January 2014, individual accounts were introduced that are mandatory for workers born on or after 1 January 1974, and voluntary for those born before 1974 until 1 July 2014, after which they become mandatory for all workers. Once a worker has chosen to participate, the decision cannot be reversed. The 2010 law on income tax replaced mandatory social contributions (Law No. HO-179 of 1997) with a tax-financed system, but the basic structure of the social insurance programme remains in place.

[59] Israel. Government contribution: 0.25% of insured person's earnings (old-age and survivors' pensions), 0.10% of insured person's earnings (disability benefits), 0.02% of insured and self-employed persons' earnings (long-term care); the total cost of special old-age and survivors' benefits and long-term care benefits for new immigrants; and the total cost of the mobility allowance. The Government also subsidizes 45.1% of total contributions for old age, disability and survivors, sickness and maternity, employment injury, unemployment and family allowances.

[60] Israel. The special old-age pension for new immigrants is paid to new immigrants coming to Israel after age 60 to 62, and to persons who emigrated from the country and returned, but do not meet the contribution requirements for the social insurance pension. A means-tested supplement is paid if assets and income, including the special old-age pension, are less than the minimum established by law.

[61] Tajikistan. In 2013, a NDC programme was implemented for all workers regardless of age. Under transitional rules, the rights earned under the social insurance programme will be taken into account.

[62] Turkey. In May 2006, the separate systems for public and private sector employees and the self-employed were merged into one under the newly created Social Security Institution.

[63] Turkmenistan. The pensionable age for the social insurance pension is reduced for mothers with three or more children and for persons with disabilities. Age 53 (men) or age 48 (women) for military personnel; age 50 (men) or age 48 (women) for pilots and flight crew.

[64] Turkmenistan. Self-employed persons' contributions vary depending on the occupational sector: entrepreneurs and the liberal professions pay 15% to 80% of the monthly minimum wage, depending on monthly income; farmers pay 10% to 20% of net income or 15% of the monthly minimum wage, whichever is greater. The monthly minimum wage is TMT 650 (January 2017).

[65] Uzbekistan. The pensionable age for the social insurance pension is reduced for those working in hazardous or arduous employment or in ecologically damaged areas, for unemployed older workers, for teachers with at least 25 years of service, and for certain other categories of workers.

[66] Barbados. Social assistance is financed by 2% of covered payroll of contributory scheme.The beneficiary has lived in Barbados for 12 years (citizens) or 15 years (permanent residents) since age 40 or a total of 20 years since age 18; and does not meet the contribution requirements for an old-age social insurance pension or an old-age pension from a foreign government or international organization.

[67] Costa Rica. Social assistance is financed by 5% of covered payroll of contributory scheme plus 20% of the sales tax revenue.

Table B.10 Non-contributory pension schemes: Main features and indicators

Country/Territory	Year introduced	Name of scheme	Legal requirements and characteristics of the schemes						Level of benefit (monthly)					Effective coverage (number, %)					Cost	
			Age of eligibility	Citizenship	Residency	Income test	Asset test	Pension-tested	National currency	USD	PPP	Year	% of minimum wage[b]	Number of recipients	Population 60 and over	Population 65 and over	Population above eligible age	Year	Cost (% of GDP	Year
Africa																				
Northern Africa																				
Algeria	1994	Allocation forfaitaire de solidarité	60	...	...	●	...	...	3000.0	28.4	101.5	2015	16.7	284661.0	8.0	12.1	8.0	2015	0.1	2015
Egypt	2008	Ministry of Social Assistance Social Solidarity pensions	65	...	...	...	...	●	300.0	38.3	142.2	2014	25.0	1400000.0	19.3	29.3	29.3	2008	0.3	2014
Sub-Saharan Africa																				
Botswana	1996	State Old-age Pension (OAP)	65	●	●	○	○	○	250.0	29.8	68.0	2013	32.1	93639.0	65.2	93.3	93.3	2012/2013	0.3	2010
Cabo Verde	2006	Pensao Social Minima (Minimum Social Pension)	60	...	●	...	...	●	5000.0	50.6	102.9	2015	45.5	23000.0	68.2	85.2	68.2	2011	0.9	2011
Kenya	2006	Older Persons Cash Transfer – Pilot (OPCT)	65	...	...	●	...	...	2000.0	19.4	47.0	2015	8.0–36.7	310000.0	14.8	24.0	24.0	2015	0.0	2015
	2008	Hunger Safety Net Programme Pilot (Food security)	55	...	●	○	○	○	2550.0	26.0	54.2	2016	18.9	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Lesotho	2004	Old-Age Pension	70	...	●	○	○	○	500.0	36.7	108.7	2015	37.7–41.2	83000.0	60.8	94.3	125.5	2014/2015	1.3	2015
Liberia	...	...	60 to 65	...	...	●	...	●	n.a.	n.a.	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Mauritius	1950	Basic Retirement Pension	60	●	●	○	○	○	5000.0	140.5	293.1	2015	157–206	184487.0	102.7	159.0	102.7	2014	2.9	2015
Mozambique	1992	Programa de Subsídio Social Basico (PSSB) (Basic Social Subsidy Programme)	60 (m) 55 (w)	...	...	●	...	...	280.0	6.6	15.9	2015	3.4 -8.8	341188.0	23.8	36.4	19.3	2015	0.3	2015
Namibia	1949 (for specific group), 1992 (universal)	Old-Age Pension (OAP)	60	●	●	○	○	○	10000.0	74.6	158.6	2015	n.a	152272.0	113.6	175.0	113.6	2015	1.2	2015
	1965	Veteran's Pension	55	_	_	_	_	_	2200.0	...	...	2015	...	...	...	...	...	...	...	...
Nigeria	2011	Ekiti State Social Security Scheme for Elderly (Ekiti State only)	65	○	...	...	...	●	5000.0	25.1	57.5	2014	277.8	25000.0	0.3	0.5	0.5	2013	0.0	2015
	2012	Agba Osun Elderly Scheme (Osun state only)	...	...	...	●	...	...	1000.0	50.3	115.0	2015	55.6	1602.0	0.0	0.0	n.a	2015	0.0	2015
Seychelles	1987	Old-age pension (social security fund)	63	●	●	○	○	○	2950.0	221.6	390.7	2015	71.0	6951.0	71.2	99.0	88.6	2011	1.5	2012

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Country/Territory	Year introduced	Name of scheme	Legal requirements and characteristics of the schemes						Level of benefit (monthly)					Effective coverage (number, %)					Cost	
			Age of eligibility	Citizenship	Residency	Income test	Asset test	Pension-tested	National currency	USD	PPP	Year	% of minimum wage[b]	Number of recipients	Population 60 and over	Population 65 and over	Population above eligible age	Year	Cost (% of GDP	Year
South Africa	1927 (for specific group), 1944	Old-Age Grant	60	●	●	●	●	...	1,410.0 (up to age 74); 1,430.0 (75 or older)	110.1; 111.7	256.4 ; 260.0	2015	n.a.	3 114 729.0	74.0	113.6	74.0	2015	1.3	2015
	1928	War Veteran's Grant	60	●	●	●	●	...	Up to 1,430.0	...	...	2015	...	...	...	...	...	...	...	...
Swaziland	2005	Old-Age Grant	60	...	●	●	...	●	200.0	14.4	41.9	2015	30.4	55 000.0	77.1	134.1	77.1	2011	0.3	...
Tanzania, United Republic of	2016	Zanzibar Universal Pension Scheme (ZUPS)	70	...	...	○	○	...	20 000.0	9.2	29.8	2016	5.0–50.0	27 370.0	0.4	1.5	1.4	2016	0.0	2016
Uganda	2011	Senior Citizens Grant	65 (60 in Karamoja Region)	...	...	●	...	●	25 000.0	6.8	25.8	2015	416.7	60 000.0	4.3	6.2	6.5	2015	0.0	2015
Zambia	2007	Social Cash Transfer Programme, Katete (Pilot)	60	...	...	...	...	...	60 000.0	10.8	13.3	2010	22.4	4 706.0	0.9	1.3	0.9	2009	n.a	...
Americas																				
Latin America and the Caribbean																				
Antigua and Barbuda	1993	Old-Age Assistance Programme	87	...	...	●	...	●	255.0	94.4	151.1	2015	19.4	152.0	1.5	2.4	10.3	2011	0.0	2011
Argentina	1994	Pensiones Asistenciales	70	○	●	●	●	●	3 009.3	325.9	453.9	2015	53.9	143 650.0	2.3	3.2	4.7	2012	0.0	2013
Aruba	1960	Pensioen di biehes AOV	60	●	●	○	○	○	1 107.0	618.4	...	2017	66.0	14 000.0	79.3	100.0	79.3	2013	n.a.	...
Bahamas	1956	Old-Age Non-Contributory Pension (OANCP)	65	○	●	●	...	●	262.34 (60.54 weekly)	262.3	264.5	2015	31.2	1 847.0	3.8	5.7	5.7	2014	0.1	2015
Barbados	1937	Non-contributory Old-Age Pension	66.5	○	●	○	○	●	598.0	299.0	309.2	2015	59.8	10 403.0	23.9	35.1	36.9	2011	0.7	2015
Belize	2003	Non-Contributory Pension Programme (NCP)	67 (m) 65 (w)	●	●	●	...	○	100.0	50.1	87.0	2015	15.5	4 297.0	22.2	32.6	35.4	2013	0.1	2015/ 2012
Bermuda	1967	Non-contributory old-age pension	65	●	●	○	○	●	451.1	451.08	288.5	2011	n.a.	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Bolivia, Pluri-national State of	1997	Renta Dignidad or Renta Universal de Vejez (previously Bonosol)	60	●	●	○	○	○	250.0	36.2	80.3	2015	15.1	902 749.0	91.3	130.3	91.3	2015	1.2	2015

Table B.10 Non-contributory pension schemes: Main features and indicators

Country/Territory	Year introduced	Name of scheme	Legal requirements and characteristics of the schemes						Level of benefit (monthly)					Effective coverage (number, %)					Cost	
			Age of eligibility	Citizenship	Residency	Income test	Asset test	Pension-tested	National currency	USD	PPP	Year	% of minimum wage[b]	Number of recipients	Population 60 and over	Population 65 and over	Population above eligible age	Year	Cost (% of GDP	Year
Brazil	1996	Beneficio de Prestacao Continuada (BPC / Continuous Cash Benefit)	65	...	●	●	○	●	880.0	264.5	471.7	2015	100.0	1 918 918.0	8.0	11.7	11.7	2015	0.3	2013
	1963	Aposentadoria por Idade pelo segurado special (Age Pension for rural workers, formerly Previdencia Rural)	60 (m) 55 (w)	...	...	...	...	●	880.0	264.5	471.7	2015	100.0	5 820 780.0	27.1	40.5	22.1	2012	1.0	2012
Chile	2008	Pensión Básica Solidaria de Vejez (PBS-Vejez) (Basic Old-Age Solidarity Pension)	65	○	●	●	...	●	89 764.0	137.2	239.0	2015	38.7	400 134.0	16.0	22.8	22.8	2013	0.9	2013
Colombia	2003	Programa Colombia Mayor (Regional scheme)	59 (m) 54 (w)	●	●	●	●	○	40 000–75 000	13.0–24.5	33.3–62.4	2015	0.6–11.6	1 258 000.0	26.1	38.9	19.7	2014	0.1	2012
Costa Rica	1974	Programa Regimen No Contributivo	65	...	...	●	...	●	115 331.0	229.3	297.7	2012	54.6	106 544.0	17.4	24.9	24.9	2015	0.5	2015
Cuba	...	...	65 (m) 60 (w)	...	...	●	...	●	n.a.	n.a.	n.a.	...	n.a.	71 000.0	3.7	5.1	4.3	2010	n.a.	...
Dominican Republic	...	Programa Nonagenarios (Nonagarians Programme)	60	...	...	●	...	...	4 086.0	104.0	172.3	2012	41.3	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Ecuador	2003	Pensión para Adultos Mayores (Pension for Older People / Bono de Desarollo Humano)	65	●	...	●	...	●	50.0	50.0	86.2	2013	15.7	625 001.0	42.6	62.3	62.3	2013	0.3	2013
El Salvador	2009	Pensión Básica Universal (Universal basic pension)	70	...	●	●	...	●	50.0	50.0	101.6	2014	20.6–47.6	28 154.0	4.2	5.9	8.7	2013	0.1	2013
Guatemala	2005	Programa de aporte economico del Adulto Mayor (Economic contribution programme for older people)	65	...	...	●	...	...	400.0	51.4	79.1	2012	19.3–21.0	103 125.0	11.2	16.3	16.3	2010	0.1	2012
Guyana	1944	Old-Age Pension	65	●	●	○	○	○	17 000.0	83.7	144.1	2015	48.6	42 397.0	66.5	110.4	110.4	2015	1.3	2015
Jamaica	2001	The Programme for Advancement through Health and Education (PATH)	60	...	...	●	...	●	1 500.0	15.0	26.2	2013	6.9	51 846.0	17.9	24.1	17.9	2010	0.0	2012
Mexico	2001	Pensión Para Adultos Mayores (Pension for Older People)	65	○	●	○	○	●	580.0	35.2	71.4	2015	39.0	5 100 000.0	41.9	62.1	62.1	2013	0.2	2015
Panama	2009	120 a los 65	65	●	●	●	○	●	120.0	120.0	206.9	2015	19.2	95 116.0	22.1	31.7	31.7	2015	0.2	2015
Paraguay	2009	Pensión alimentaria para las personas adultas mayores	65	●	●	●	○	●	456 015.0	81.5	189.0	2015	25.0	147 170.0	24.6	36.8	36.8	2015	0.5	2015

Table B.10 Non-contributory pension schemes: Main features and indicators

Country/Territory	Year introduced	Name of scheme	Legal requirements and characteristics of the schemes						Level of benefit (monthly)					Effective coverage (number, %)					Cost	
			Age of eligibility	Citizenship	Residency	Income test	Asset test	Pension-tested	National currency	USD	PPP	Year	% of minimum wage[b]	Number of recipients	Population 60 and over	Population 65 and over	Population above eligible age	Year	Cost (% of GDP	Year
Peru	2011	Pensión 65	65	●	...	●	...	●	125.0	37.9	81.0	2015	16.7	501 681.0	16.0	23.4	23.4	2015	0.1	2014
Saint Kitts and Nevis	1998	Old-age social assistance pension	62	...	●	...	...	●	255.0	94.4	150.0	2015	17.7	475.0	8.0	12.0	8.3	2011	n.a	...
Saint Vincent and the Grenadines	2009	Elderly Assistance Benefit	75	...	●	●	...	●	162.5 (75.0 fortnightly)	60.2	95.2	2015	14.5–25.3	1 203.0	11.0	...	15.9	2012	0.1	2015
	2009	Noncontributory Assistance Age Pension	85	...	●	●	...	●	162.5 (75.0 fortnightly)	...	...	2015	...	...	...	...	..	...	...	...
Suriname	1973	State Old-Age Pension (Algemene Oudedags Voorzieningsfonds (AOV))	60	...	...	○	○	○	525.0	159.1	226.1	2013	n.a.	42 818.0	92.1	133.8	92.1	2008	1.6	2012
Trinidad and Tobago	1939	Senior Citizens' Pension	65	○	●	●	○	○	3 500.0	548.8	1055.3	2015	134.6	79 942.0	45.5	68.4	68.4	2012	1.6	2012
Uruguay	1919	Programa de Pensiones No-Contributivas (Non contributory pensions' programme)	70	...	●	●	...	...	7 692.2	261.9	382.4	2015	76.9	33 436.0	5.2	6.9	9.6	2013	0.2	2013
Venezuela, Bolivarian Rep. of	2011/12	Gran Misión en Amor Mayor	60 (m) 55 (w)	...	●	●	○	...	9 648.2	1535.3	879.0	2015	100.0	559 799.0	20.0	29.9	16.3	2014	0.9	2015
Northern America																				
Canada	1927	Pension de la Sécurité Vieillesse (S.V.) (Old Age Security Pension)	65	○	●	●	○	○	570.0	428.0	467.6	2015	30.8	5 600 715.0	69.8	96.6	96.6	2015	1.8	2015
United States	1935	Old-Age Supplementary Security Income	65	●	●	●	...	...	733.0	733.0	733.0	2015	58.3	1 158 158.0	1.7	2.4	2.4	2014	0.1	2014
Arab States																				
Iraq	2014	Social Welfare Programme Old-Age Allowance	60 (m) 55 (w)	●	●	●	...	●	420,000.0 (household)	n.a.	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.	...	n.a.	...

Table B.10 Non-contributory pension schemes: Main features and indicators

Country/Territory	Year introduced	Name of scheme	Legal requirements and characteristics of the schemes						Level of benefit (monthly)					Effective coverage (number, %)					Cost	
			Age of eligibility	Citizenship	Residency	Income test	Asset test	Pension-tested	National currency	USD	PPP	Year	% of minimum wage[b]	Number of recipients	Population 60 and over	Population 65 and over	Population above eligible age	Year	Cost (% of GDP	Year
Asia and the Pacific																				
Eastern Asia																				
China	2011	Pension Schemes for Rural and Non-salaried Urban Residents	60	...	○	...	...	●	70.0 (basic tax-funded benefit)	10.2	19.8	2015	3.5–7.0	148 003 000.0	70.7	112.6	70.7	2015	0.1	2012
Hong Kong, China	1973	Old-Age Living Allowance (Fruit Money)	70	○	●	○	○	○	1 135.0	146.3	199.7	2013	17.8	396 847.0	27.4	39.3	56.2	2013	n.a.	...
	1973	Old-Age Allowance	65	○	●	●	●	●	2 200.0	283.6	387.1	2013	34.5	194 491.0	13.4	19.3	19.3	2013	n.a.	...
	1993	Comprehensive Social Security Assistance Scheme	60	○	●	●	●	○	3340–5690	...	...	2015	...	...	...	...	...	...	...	...
Japan	...	Public Assistance	65	...	...	●	...	...	80 818.0	1012.9	777.6	2011	63.3	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Korea, Republic of	2014	Basic Old-Age Pension	65	●	...	●	○	...	204 010.0	175.8	227.8	2016	16.2	4 640 000.0	49.8	70.3	70.3	2015	0.0	2015
Mongolia	1995	Social welfare pension	60 (m) 55 (w)	○	●	○	○	●	126 500.0	63.4	190.6	2015	65.9	1 999.0	1.0	1.7	0.8	2015	0.0	2015
Taiwan, China	2008	Old Age Basic Guaranteed Pension	65	●	●	○	○	●	3 628.0	112.4	241.1	2016	13.1	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
South-Eastern Asia																				
Brunei Darussalam	1984	Old-Age Pension	60	○	●	○	○	○	250.0	179.2	379.9	2015	n.a.	27 166.0	90.9	159.8	90.9	2014	0.4	2014
Indonesia	2006	Asistensi Sosial Usia Lanjut (ASLUT) (Social Assistance for Older Persons) previously called Jaminan Sosial Lanjut Usia (JSLU) (Social cash transfer for the elderly)	70 (60 if chronically ill)	...	...	●	...	...	200 000.0	14.9	52.8	2015	11.2	26 500.0	0.1	0.2	0.1	2013	0.0	2013
Malaysia	1982	Bantuan Orang Tua (Elderly Assistance Scheme)	60	...	...	●	○	...	300.0	72.3	211.9	2016	30.0–32.6	120 496.0	5.5	8.8	5.5	2010	0.1	2010
Philippines	2011	Social Pension Scheme	60	...	...	●	...	...	500.0	10.0	27.4	2017	101.8–110.1	2 800 000.0	35.4	58.4	35.4	2017	0.1	2017
Thailand	1993	Old Age Allowance	60	●	...	○	...	●	600.0–1000.0	16.9 - 28.3	49.2 - 82.1	2016	7.7–12.8	8 048 298.0	71.8	108.4	71.8	2016	0.5	2016

Table B.10 Non-contributory pension schemes: Main features and indicators

Country/Territory	Year introduced	Name of scheme	Legal requirements and characteristics of the schemes						Level of benefit (monthly)					Effective coverage (number, %)					Cost	
			Age of eligibility	Citizenship	Residency	Income test	Asset test	Pension-tested	National currency	USD	PPP	Year	% of minimum wage[b]	Number of recipients	Population 60 and over	Population 65 and over	Population above eligible age	Year	Cost (% of GDP	Year
Singapore	2015	Silver Support Scheme	65	●	○	●	●	○	100–250 (300–750 quarterly)	...	...	2015	...	...	...	...	...	...	...	...
Timor-Leste	2008	Support allowance for the elderly	60	...	...	...	...	...	30.0	30.0	57.5	2016	26.1	86 974.0	89.7	126.9	89.7	2016	1.5	2016
	2012	Noncontributory pension	60	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Viet Nam	2004	Social assistance benefit (category 1: 80 years old and over)	80	●	...	○	...	●	540 000.0	24.6	71.3	2016	15.4-22.5	1 350 226.0	14.7	22.1	70.2	2014	0.1	2016
	2004	Social assistance benefit (category 2: 60–79 years old)	60	...	...	●	...	...	405 000.0	18.5	53.5	2016	11.6 - 16.9	207 421.0	2.3	3.4	2.3	2014	0.0	2016
Southern Asia																				
Bangladesh	1998	Old-Age Allowance	65 (m) 62 (w)	●	●	●	...	●	500.0	6.4	16.9	2015	9.4	3 150 000.0	27.3	39.3	34.9	2015	0.1	2016
India	1995	Indira Gandhi National Old-Age Pension Scheme	60	...	...	●	...	...	200.0	3.0	11.4	2014	6.1	20 595 274.0	17.7	28.0	17.7	2015	0.0	2015
Maldives	2010	Old-age Basic Pension	65	...	...	...	...	●	2 300.0	150.3	235.8	2015	n.a.	16 172.0	65.6	94.6	94.6	2015	1.0	2015
Nepal	1995	Old-Age Allowance	70 (60 or older for Dalits and residents of the Karnali Zone)	●	...	○	○	●	2 000.0	18.7	63.6	2015	25.0	635 938.0	31.2	46.3	79.9	2010/2011	0.7	2010/ 2011
Oceania																				
Australia	1908	Age Pension	65	○	●	●	...	○	1728.78 (797.90 fortnightly)	1285.1	1194.3	2016	60.0	2 356 226.0	51.1	70.4	70.4	2013	2.6	2010/ 2011
Cook Islands	1966	Old-Age Pension (universal)	60	...	...	...	...	...	500.0	335.8	...	2014	52.1	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Fiji	2013	Social Pension Scheme (SPS)	68	○	●	○	○	●	50.0	23.1	43.9	2015/ 2016	11.2 -12.0	15 000.0	18.2	28.8	51.2	2015	0.1	2015
Kiribati	2003	Elderly pension	65	●	...	○	○	○	50.0	35.7	46.9	2012	n.a.	2 090.0	34.9	52.3	93.0	2010	1.2	2015
New Zealand	1898	Superannuation	65	○	●	○	○	○	1667.2 (384.7 weekly)	1160.6	1147.8	2016	63.6	598 933.0	70.8	99.2	99.2	2012	4.5	2012

Table B.10 Non-contributory pension schemes: Main features and indicators

Country/Territory	Year introduced	Name of scheme	Legal requirements and characteristics of the schemes						Level of benefit (monthly)					Effective coverage (number, %)					Cost	
			Age of eligibility	Citizenship	Residency	Income test	Asset test	Pension-tested	National currency	USD	PPP	Year	% of minimum wage[b]	Number of recipients	Population 60 and over	Population 65 and over	Population above eligible age	Year	Cost (% of GDP	Year
Niue	...	...	60	...	...	○	○	○	483.0	396.1	...	2013	...	n.a	n.a	n.a	n.a	...	n.a	...
Papua New Guinea	2009	Old Age and Disabled Pension Scheme (New Ireland only)	60	...	●	...	...	...	30.0	10.2	14.6	2015	5.3	8362.0	2.3	3.7	2.3	2015-2013	0.0	2015-2013
Samoa	1990	Senior Citizens Benefit	65	●	●	○	○	○	135.0	58.6	97.7	2015	31.8–36.7	8700.0	65.2	92.6	92.6	2010	0.9	2014
Tuvalu	...	Senior Citizen Scheme	70	...	...	...	...	...	50.0	35.9	41.8	2015	n.a	n.a	n.a	n.a	n.a	...	n.a	...
Europe and Central Asia																				
Northern, Southern and Western Europe																				
Albania	2015	Social Pension	70	...	...	●	○	●	6750.0	54.4	155.9	2016	30.7	5000.0	1.0	1.4	2.1	2015	n.a.	...
Andorra	1966	Pensió de solidaritat per a la gent gran (Solidarity pension for the elderly)	65	...	●	●	...	...	n.a.	n.a.	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Austria	1978	Ausgleichszulage (Austrian Compensatory Supplement)	65 (m) 60 (w)	...	...	●	...	●	889.8	988.7	1112.3	2017	n.a.	103431.0	5.3	6.8	5.9	2011	n.a.	...
Belgium	2001	IGO/GRAPA (Income Guarantee for the Elderly)	65	...	...	●	...	...	1052.6	1396.5	1319.8	2014	70.1	93620.0	3.6	4.8	4.8	2012	0.3	2013
Denmark	2008	Folkepension (national pension - Universal basic pension)	65	○	●	○	○	○	6063.0	900.7	833.3	2016	n.a.	1074980.0	76.8	100.0	100.0	2015	5.7	2013
Estonia	2008	National Pension	63	○	●	○	○	●	167.4	185.2	313.5	2016	38.9	6436.0	2.1	2.8	2.2	2013	0.1	2015
Faeroe Islands	...	Old-age pension (basic pension; universal)	67	...	...	...	...	...	4169.0	592.0	...	2014	n.a.	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Finland	1937	Kansanelake (National Pension)	65	○	●	○	○	○	634.3	701.6	701.8	2016	n.a.	479089.0	32.0	42.5	42.5	2015	0.7	2015
	2010	Takuueläke (Guarantee Pension)	65	○	●	○	○	○	766.9	848.3	848.5	2016	n.a.	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
France	1956	Allocation de Solidarité aux Personnes Agées – ASPA (Solidarity allowance for the elderly)	65	○	●	●	○	○	800.0	862.5	972.1	2015	54.9	512726.7	3.8	5.0	5.0	2010	0.3	2012
Germany	2003	Grundsicherung im Alter (Needs-based pension supplement)	65	...	...	●	...	...	407.0	452.2	515.2	2015	28.3	527352.0	2.4	3.1	3.1	2015	0.1	2015
Greece	1982	Social Solidarity Allowance	65	○	●	●	...	...	230.0	254.4	373.7	2016	34.6	67000.0	2.5	3.2	3.2	2008	0.2	2008
Guernsey	1984	Supplementary benefits	60	...	...	●	...	●	1764.0	2786.5	...	2012	175.0	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Iceland	1890	lífeyristryggingar almannatrygginga (National Basic Pension)	67	○	●	●	○	○	39862.0	329.4	278.3	2016	n.a.	30201.0	51.0	71.9	83.4	2013	0.6	2013

Table B.10 Non-contributory pension schemes: Main features and indicators

Country/Territory	Year introduced	Name of scheme	Legal requirements and characteristics of the schemes						Level of benefit (monthly)					Effective coverage (number, %)					Cost	
			Age of eligibility	Citizenship	Residency	Income test	Asset test	Pension-tested	National currency	USD	PPP	Year	% of minimum wage[b]	Number of recipients	Population 60 and over	Population 65 and over	Population above eligible age	Year	Cost (% of GDP	Year
Ireland	1909	State Pension (non-contributory)	66	○	●	●	...	●	962.0 (222.0 weekly)	1064.1	1209.2	2016	62.2	95 570.0	11.4	16.1	17.4	2014	0.5	2014
Isle of Man	...	Old Person's Pension	80 in April 2016	...	●	●	...	...	306.4	n.a.	n.a.	...	n.a.	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Italy	1969	Assegno sociale (Social Allowance)	65 and 7 months	●	●	●	...	●	448.1	495.6	616.6	2016	n.a.	859 985.0	5.3	6.9	6.9	2011	n.a.	...
Kosovo [a]	2002	Old-age «basic pension»	65	...	...	○	○	○	75.0	83.3	230.8	2015	44.1–57.7	125 883.0	74.1	107.8	107.8	2014	2.0	2014
Latvia	...	State social security benefit	67 and 9 months	...	...	○	○	●	70.3	77.8	142.0	2016	19.0	1 077.0	0.2	0.3	0.3	2011	n.a.	...
Lithuania	...	Old-age social assistance pension	63 and 4 months (m) 61 and 8 months (w)	...	...	○	○	●	97.2	107.5	218.9	2016	8.0	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Malta	1956	Non-contributory old-age pension	60	○	●	○	●	●	459.85 (106.12 weekly)	508.7	768.2	2016	63.1	5 137.0	5.0	6.8	5.0	2013	0.3	2013
	1956	Senior Citizens Grant	75	○	●	○	○	○	...	...	...	...	...	...	...	...	...	...	...	...
Netherlands	1957	AOW Pension (Old-age pension)	65 and 6 months	○	●	○	○	○	1 161.7	1285.0	1398.7	2017	75.9	3 131 400.0	79.8	109.9	109.9	2013	6.2	2011
Norway	1936	Grunnpensjon (Basic Pension)	67 (flexible)	○	●	●	...	○	7 505.7	893.5	798.4	2016	n.a	800 350.0	73.3	100.3	110.1	2013	5.3	2013
Portugal	1980	Pensao Social de Velhice (Old-Age Social Pension)	66 and 2 months	●	●	●	○	●	237.3	262.5	405.6	2016	44.8	n.a	n.a	n.a	n.a	...	n.a	...
Slovenia	1999	Državna pokojnina (State pension)	68	...	...	●	...	...	181.4	240.6	287.4	2010	25.5	17 085.0	3.7	4.9	5.9	2011	0.1	2011
Spain	1994	Non Contributory Pension for retirement (Pensión no Contributiva de Jubilación)	65	...	●	●	...	●	367.9	407.0	554.8	2016	56.2	193 043.0	1.8	2.4	2.4	2013	0.1	2012
Sweden	1913	Guarantee Pension (Garantipension)	65	○	●	●	○	○	7 863.0	918.4	881.9	2016	n.a.	786 388.0	31.8	41.3	41.3	2014	0.0	2014

Table B.10 Non-contributory pension schemes: Main features and indicators

Country/Territory	Year introduced	Name of scheme	Legal requirements and characteristics of the schemes						Level of benefit (monthly)					Effective coverage (number, %)					Cost	
			Age of eligibility	Citizenship	Residency	Income test	Asset test	Pension-tested	National currency	USD	PPP	Year	% of minimum wage[b]	Number of recipients	Population 60 and over	Population 65 and over	Population above eligible age	Year	Cost (% of GDP	Year
Switzerland	...	Extraordinary pension	65 (m) 64 (w)	●	●	...	...	●	1 512.0	1612.5	916.9	2012	n.a.	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
United Kingdom	1909	Pension credit (Guarantee Credit)	65	○	●	●	...	○	674.2 (155.6 weekly)	963.2	977.5	2016	56.4	1 102 000.0	7.4	9.6	9.6	2015	0.5	2011
	1909	Old-person's pension	80	...	●	●	...	...	310.6 (71.5 weekly)	n.a	n.a	2016	n.a	n.a	n.a	n.a	n.a	...	n.a	...
Eastern Europe																				
Belarus	...	Social Pension	65 (m) 60 (w)	●	●	○	○	●	795 655.0	67.5	154.0	2016	33.2	51 900.0	2.7	3.9	2.2	2011	n.a.	...
Bulgaria	...	Social Old Age Pension	70	...	●	●	...	...	115.2	65.1	170.3	2016	27.4	4 917.0	0.3	0.4	0.5	2011	0.0	2011
Hungary	1993	Időskorúak járadéka (Old-Age Allowance)	62	...	...	●	...	...	22 800.0	78.6	179.3	2013	23.3	6 175.0	0.3	0.4	0.3	2013	0.1	2013
Moldova, Republic of	1999	State Social Allocation for Older Persons	62(m) 57(w)	●	○	○	○	●	129.3	6.5	19.0	2016	6.1–12.9	4 986.0	0.7	1.2	0.7	2015	0.0	2015
Poland	...	Targeted pension	65 (m) 60 (w)	...	...	●	...	●	419.2	128.7	208.2	2012	27.9	49 205.0	0.6	0.9	1.0	2011	n.a	...
Russian Federation	...	State social pension	65 (m) 60 (w)	●	...	...	...	●	3 692.0	59.1	171.8	...	n.a	3 000 000.0	10.4	n.a	12.1	...	0.2	...
Ukraine	...	Social pension + social pension supplement	63 (m) 60.5(w)	●	...	●	...	●	1 074.0	42.0	184.6	2016	69.3	213 000.0	2.3	3.0	2.2	2011	n.a	...
Central and Western Asia																				
Armenia	1956	Old-Age Social Pension	65	...	...	○	○	●	16 000.0	33.3	80.8	2016	29.1	48 000.0	11.6	14.2	14.2	2007	n.a.	...
Azerbaijan	2006	Social Allowance (old-age)	67(m) 62 (w)	●	...	○	○	●	60.0	57.3	159.6	2015	57.1	230 935.0	23.6	42.1	36.1	2015	0.3	2015
Cyprus	1995	Social Pension Scheme	65	○	●	○	○	●	336.3	362.5	528.7	2014	38.7	15 537.0	8.1	11.5	11.5	2012	0.3	2014
Georgia	2006	Old-Age Pension	65 (m) 60 (w)	●	●	○	○	○	160.0	67.0	183.7	2015	118.5–800.0	707 700.0	86.5	126.1	104.4	2015	4.8	2015
Israel	...	Special Old Age Benefit	67 (m) 62 (w)	○	●	●	...	●	1 530.7	391.5	373.7	2015	36.5	61 178.0	5.2	7.5	6.1	2012	0.1	2015
	1980	Income Support	...	○	●	●	...	○	1 729.6	450.4	453.4	2016	...	...	...	...	...	...	...	...

Table B.10 Non-contributory pension schemes: Main features and indicators

Country/Territory	Year introduced	Name of scheme	Legal requirements and characteristics of the schemes						Level of benefit (monthly)					Effective coverage (number, %)					Cost	
			Age of eligibility	Citizenship	Residency	Income test	Asset test	Pension-tested	National currency	USD	PPP	Year	% of minimum wage[b]	Number of recipients	Population 60 and over	Population 65 and over	Population above eligible age	Year	Cost (% of GDP	Year
Kazakhstan	1991	Universal State Basic Pension	63 (m) 58 (w)	●	○	○	○	○	11 886.7	34.7	127.8	2016	52.3	1 964 500.0	104.4	165.5	105.0	2015	0.7	2015
	1997	Old-age State Social Benefit	63 (m) 58 (w)	○	●	●	○	●	11 886.7	34.7	127.8	2016	52.0	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Kyrgyzstan	1922	Social assistance allowance (old age)	63 (m) 58 (w)	...	...	...	...	●	1 000.0	14.5	45.4	2010	200.0	n.a.	n.a.	n.a.	n.a.	...	n.a.	...
Tajikistan	1993	Old-Age Pension	65 (m) 58 (w)	...	...	...	...	●	40.0	8.4	19.4	2012	50.0	91 000.0	24.4	36.0	28.8	2011	0.1	2011
Turkey	1976	Means-tested Old Age Pension	65	...	...	●	...	...	125.6	43.4	102.3	2015	9.9	n.a	n.a	n.a	n.a	...	n.a	...
Turkmenistan	...	Social Allowance	62 (m) 57 (w)	...	...	●	...	●	169.4	48.4	119.9	2016	28.7	n.a	n.a	n.a	n.a	...	n.a	...
Uzbekistan	...	Old-Age Social pension	60 (m) 55 (w)	...	●	●	...	●	142 100.0	53.1	150.1	2015	109.1	5 700.0	0.3	0.5	0.3	2011	n.a	...

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Symbols

● Yes ○ No

Notes

n.a.: Not applicable

...: Not available

[a] As defined in United Nations Security Council Resolution No. 1244 of 1999.

[b] For the countries where the national minimum wage varies according to region and/or sector of economy, an interval was considered.

Year introduced: The first scheme that is the legal predecessor of any current scheme is indicated. Most schemes have been reformed since and the current legislation is rarely that of the founding year.

Legal requirements: Categories of criteria applicants have to fulfil, e.g. holding citizenship of the country in question, having a legal residence, having income below a set level or passing an income test, having assets below a set level, not receiving any other pension or receiving only a low pension.

Table B.11 Old-age effective coverage: Active contributors

Country/Territory	Active contributors to a pension scheme in the working-age population 15–64 (%)				Age	Active contributors to a pension scheme in the labour force 15+ (%)				Year
	Total	Male	Female	Year		Total	Male	Female	Age	
Africa										
Northern Africa										
Algeria	19.6	30.7	8.3	2015	15–64	41.0	40.1	45.0	15+	2015
Egypt	28.7	...	...	2015	15–64	53.6	...	...	15+	2015
Libya	11.2	18.5	3.5	2008	15–64	19.6	22.9	10.9	15+	2008
Morocco	15.6	...	...	2011	15–64	30.2	...	...	15+	2011
Sudan	2.8	...	...	2008	15–64	4.9	...	...	15+	2008
Tunisia	47.2	68.9	26.1	2015	15–64	61.0	73.9	55.9	15+	2015
Sub-Saharan Africa										
Angola	0.9	...	...	2015	15–64	1.2	...	...	15+	2015
Benin	5.2	...	...	2009	15–64	6.8	...	...	15+	2009
Botswana	12.5	...	...	2009	15–64	15.5	...	...	15+	2009
Burkina Faso	2.0	0.9	3.0	2015	15–64	2.3	1.0	3.7	15+	2015
Burundi[1]	4.5	8.2	1.0	2011	15–64	5.2	9.6	1.1	15+	2011
Cabo Verde	17.8	19.5	16.2	2015	15–64	24.4	22.0	28.0	15+	2015
Cameroon	7.0	10.7	3.3	2015	15–64	8.7	12.5	4.4	15+	2015
Central African Republic	1.3	...	...	2003	15–64	1.5	...	...	15+	2003
Chad	1.5	...	...	2005	15–64	2.0	...	...	15+	2005
Congo	6.9	9.5	4.2	2012	15–64	9.1	12.3	5.8	15+	2012
Congo, Democratic Republic of the	10.5	...	...	2009	15–64	14.0	...	...	15+	2010
Côte d'Ivoire[2]	6.3	...	...	2010	15–64	8.8	...	...	15+	2010
Djibouti	6.6	...	...	2003	15–64	12.6	...	...	15+	2003
The Gambia	10.1	6.1	13.6	2015	15–64	12.5	7.0	18.1	15+	2015
Ghana	6.7	9.4	3.9	2011	15–64	9.0	12.5	5.5	15+	2011
Guinea	11.1	...	...	2006	15–64	14.7	...	...	15+	2006
Guinea-Bissau	0.5	...	...	2010	15–64	0.6	...	...	15+	2010
Kenya	11.3	...	...	2009	15–64	16.3	...	...	15+	2009
Lesotho	2.7	...	...	2015	15–64	3.8	...	...	15+	2015
Liberia	0.2	0.3	0.0	2015	15-65	0.3	0.4	0.1	15+	2015
Madagascar[3]	5.7	...	...	2011	15–64	6.2	...	...	15+	2011
Malawi[4]	3.7	...	...	2015	15–64	4.3	...	1.7	15+	2015
Mali	2.3	3.7	0.9	2015	15–64	3.3	4.3	1.7	15+	2015
Mauritania	2.5	...	...	2015	15–64	5.0	...	45.4	15+	2015
Mauritius	39.7	...	...	2010	15–64	60.9	...	...	15+	2010
Mozambique	4.9	...	...	2015	15–64	5.8	...	...	15+	2015
Namibia	5.6	...	...	2008	15–64	8.2	...	...	15+	2008
Niger	1.8	...	...	2015	15–64	2.7	...	...	15+	2015
Nigeria	7.6	...	...	2015	15–64	12.9	...	...	15+	2015
Rwanda	3.8	5.7	2.0	2009	15–64	4.3	6.5	2.2	15+	2009
Sao Tome and Principe	1.4	1.6	1.7	2015	15–64	2.8	2.2	3.6	15+	2015
Senegal	1.7	...	...	2015	15–64	2.8	...	...	15+	2015
Sierra Leone	4.6	...	...	2007	15–64	6.6	...	...	15+	2007
South Africa	3.6	...	...	2015	15–64	6.3	...	...	15+	2015

Table B.11 Old-age effective coverage: Active contributors

Country/Territory	Active contributors to a pension scheme in the working-age population 15–64 (%)				Age	Active contributors to a pension scheme in the labour force 15+ (%)				Year
	Total	Male	Female	Year		Total	Male	Female	Age	
Swaziland	15.2	...	...	2010	15–64	25.5	...	...	15+	2010
Tanzania, United Republic of	3.6	...	...	2015	15–64	4.3	...	...	15+	2015
Togo	3.1	...	...	2009	15–64	3.7	...	...	15+	2009
Uganda	3.8	3.4	4.2	2007	15–64	4.6	4.1	5.1	15+	2007
Zambia	9.7	...	...	2015	15–64	12.2	...	...	15+	2015
Zimbabwe	17.0	...	...	2009	15–64	18.3	...	...	15+	2009
Americas										
Latin America and the Caribbean										
Antigua and Barbuda	66.2	78.3	55.3	2015	15–64	...	...	...	n.a.	n.a.
Argentina	29.9	26.9	32.6	2015	15–64	50.2	49.8	50.8	15+	2015
Aruba	90.8	92.0	89.8	2015	15–64	100.0	100.0	100.0	15+	2015
Bahamas	66.7	...	...	2011	15–64	81.9	...	...	15+	2011
Barbados	65.1	...	...	2009	15–64	79.6	...	...	15+	2009
Belize	44.2	58.0	30.6	2011	15–64	64.0	66.8	59.4	15+	2011
Bolivia, Plurinational State of	13.5	9.7	17.2	2015	15–64	16.7	10.7	24.2	15+	2015
Brazil	39.2	34.2	44.1	2015	15–64	52.5	52.6	52.3	15+	2015
Chile	41.4	35.2	47.6	2015	15–64	60.0	43.1	83.2	15+	2015
Colombia	23.3	19.8	26.7	2015	15–64	30.8	22.7	41.4	15+	2015
Costa Rica	50.0	36.3	63.8	2015	15–64	71.9	42.3	100.0	15+	2015
Dominica	52.9	49.9	56.1	2011	15–64	...	...	...	n.a.	n.a.
Dominican Republic	23.1	...	...	2015	15–64	32.1	...	...	15+	2015
Ecuador	29.8	23.7	35.9	2015	15–64	42.1	27.1	66.0	15+	2015
El Salvador	20.7	18.1	22.9	2015	15–64	29.3	20.4	41.2	15+	2015
Grenada	58.7	...	...	2010	15–64	...	...	...	n.a.	n.a.
Guatemala	13.2	11.2	14.1	2015	15–64	19.7	18.8	21.4	15+	2015
Guyana	29.7	...	...	2009	15–64	45.7	...	...	15+	2009
Honduras	12.7	11.2	14.1	2015	15–64	17.3	16.3	18.7	15+	2015
Jamaica	12.5	...	...	2004	15–64	16.7	...	...	15+	2004
Mexico	18.8	14.8	22.8	2015	15–64	27.6	17.0	45.4	15+	2015
Nicaragua	14.6	12.8	16.2	2015	15–64	21.0	14.9	30.4	15+	2015
Panama	35.6	55.3	37.1	2015	15–64	48.7	62.0	42.7	15+	2015
Paraguay	13.5	15.9	11.1	2011	15–64	18.9	18.5	19.5	15+	2011
Peru	19.9	14.8	25.0	2015	15–64	24.3	16.3	34.1	15+	2015
Saint Kitts and Nevis	77.9	76.6	79.3	2010	15–64	...	...	...	n.a.	n.a.
Saint Lucia	43.1	44.1	42.3	2008	15–64	56.5	53.1	60.3	15+	2008
Saint Vincent and the Grenadines	49.5	...	...	2007	15–64	67.3	...	...	15+	2007
Trinidad and Tobago	49.7	...	...	2010	15–64	68.8	...	...	15+	2010
Uruguay	56.7	...	...	2015	15–64	70.8	...	...	15+	2015
Venezuela, Bolivarian Rep. of	24.1	27.4	20.8	2009	15–64	33.9	31.8	37.3	15+	2009
Northern America										
Canada	56.1	53.1	59.3	2015	15–64	71.1	63.8	79.2	15+	2015
United States	78.5	81.1	76.0	2010	15–64	100.0	100.0	100.0	15+	2010

Table B.11 Old-age effective coverage: Active contributors

Country/Territory	Active contributors to a pension scheme in the working-age population 15–64 (%)				Age	Active contributors to a pension scheme in the labour force 15+ (%)				Year
	Total	Male	Female	Year		Total	Male	Female	Age	
Arab States										
Bahrain	10.5	12.4	7.3	2007	15–64	15.1	14.1	19.0	15+	2007
Iraq	19.8	...	...	2009	15–64	45.2	...	...	15+	2009
Jordan	22.6	33.0	11.5	2010	15–64	51.5	47.4	70.1	15+	2010
Kuwait	12.9	...	...	2010	15–64	18.4	...	...	15+	2010
Lebanon[5]	0.0	...	...	2012	15–64	0.0	...	...	15+	2012
Occupied Palestinian Territory	5.2	...	...	2010	15–64	12.0	...	...	15+	2010
Oman	8.7	11.3	4.4	2011	15–64	13.7	13.4	15.4	15+	2011
Qatar	3.3	...	...	2008	15–64	3.9	...	...	15+	2008
Saudi Arabia	26.2	43.8	2.1	2010	15–64	50.1	56.8	11.5	15+	2010
Syrian Arab Republic	13.4	...	...	2008	15–64	28.4	...	...	15+	2008
Yemen	2.6	4.8	0.5	2011	15–64	5.2	6.4	1.8	15+	2011
Asia and the Pacific										
Eastern Asia										
China [6]	55.9	...	...	2015	15–64	69.8	...	...	15+	2015
Hong Kong , China	52.3	...	...	2011	15–64	75.7	...	...	15+	2011
Japan	84.9	...	...	2010	15–64	100.0	100.0	100.0	15+	2010
Korea, Republic of	53.7	...	...	2009	15–64	77.8	...	...	15+	2009
Mongolia	50.0	...	...	2015	15–64	74.5	...	...	15+	2015
Taiwan, China	56.6	55.4	57.8	2011	15–64	86.8	75.8	99.9	15+	2011
South-Eastern Asia										
Cambodia	0.0	...	...	2010	15–64	0.0	...	...	15+	2010
Indonesia	7.6	...	...	2015	15–64	10.5	...	...	15+	2015
Lao People's Dem. Rep.	1.3	...	...	2010	15–64	1.6	...	...	15+	2010
Malaysia	28.1	32.4	23.6	2010	15–64	43.2	39.3	50.2	15+	2010
Philippines	21.4	...	...	2015	15–64	30.9	...	...	15+	2015
Singapore	48.1	...	...	2015	15–64	61.7	...	...	15+	2015
Thailand	33.6	...	...	2015	15–64	31.9	...	...	15+	2015
Timor-Leste	0.0	0.0	0.0	2011	15–64	0.0	...	...	15+	2011
Viet Nam	20.6	...	...	2015	15–64	23.5	...	...	15+	2015
Southern Asia										
Afghanistan	2.2	...	...	2006	15–64	4.4	...	...	15+	2006
Bangladesh [7]	0.6	...	...	2015	15–64	0.8	...	...	15+	2015
Bhutan	9.1	12.1	6.1	2012	15–64	12.1	14.8	8.6	15+	2012
India	8.0	...	...	2015	15–64	13.7	...	...	15+	2015
Iran, Islamic Republic of[8]	18.7	...	...	2010	15–64	39.3	...	...	15+	2010
Maldives	19.9	...	...	2010	15–64	28.1	...	...	15+	2010
Nepal	2.5	4.1	1.0	2011	15–64	2.8	4.4	1.1	15+	2011
Pakistan	3.5	...	...	2015	15–64	6.0	...	...	15+	2015
Sri Lanka	18.9	19.9	21.1	2015	15–64	32.1	24.5	33.8	15+	2015
Oceania										
Australia	69.6	74.5	64.6	2008	15–64	88.8	87.1	90.9	15+	2008
Fiji	64.2	...	...	2011	15–64	99.0	...	...	15+	2011

Table B.11 Old-age effective coverage: Active contributors

Country/Territory	Active contributors to a pension scheme in the working-age population 15–64 (%)				Age	Active contributors to a pension scheme in the labour force 15+ (%)				Year
	Total	Male	Female	Year		Total	Male	Female	Age	
Papua New Guinea	3.0	...	...	2010	15–64	4.0	...	...	15+	2010
Samoa	22.8	...	...	2011	15–64	34.4	...	...	15+	2011
Solomon Islands	46.9	66.5	26.1	2008	15–64	66.6	79.4	46.3	15+	2008
Tonga [9]	6.5	...	...	2012	15–64	9.8	...	...	15+	2012
Vanuatu [10]	16.9	16.4	17.5	2011	15–64	22.6	19.4	26.9	15+	2011
Europe and Central Asia										
Northern, Southern and Western Europe										
Albania	29.8	...	...	2006	15–64	43.3	...	...	15+	2006
Austria	68.3	...	...	2013	15–64	88.6	...	...	15+	2013
Belgium	63.2	...	...	2013	15–64	92.0	...	...	15+	2013
Bosnia and Herzegovina	24.4	...	...	2008	15–64	44.6	...	...	15+	2008
Croatia	51.8	...	...	2013	15–64	77.0	...	...	15+	2013
Denmark	78.1	...	...	2010	15–64	96.6	...	...	15+	2010
Estonia	63.6	...	...	2010	15–64	82.3	...	...	15+	2010
Finland	65.7	...	...	2013	15–64	84.9	...	...	15+	2013
France	63.6	...	...	2013	16-64	88.6	...	...	15+	2013
Germany	68.6	...	...	2015	16-64	86.0	...	...	15+	2015
Greece	59.7	...	...	2013	15–64	86.6	...	...	15+	2013
Ireland	75.4	...	...	2013	15–64	100.0	...	...	15+	2013
Isle of Man	...	...	...	...	...	...	...	...	...	
Italy	61.0	...	...	2013	15–64	93.4	...	...	15+	2013
Jersey	...	...	...	...	...	...	...	...	...	
Kosovo	...	...	...	...	...	...	...	...	...	
Latvia	72.4	...	...	2013	15–64	92.6	...	...	15+	2013
Lithuania	54.5	...	...	2010	15–64	76.0	...	...	15+	2010
Luxembourg	100.0	...	...	2013	15–64	100.0	...	...	15+	2013
Macedonia, the former Yugoslav Republic of	52.3	...	...	2011	15–64	80.0	...	...	15+	2011
Malta	63.9	...	...	2013	15–64	94.7	...	...	15+	2013
Montenegro	36.8	...	...	2007	15–64	80.4	...	...	15+	2007
Netherlands	74.6	...	...	2013	15–64	91.4	...	...	15+	2013
Norway	76.2	...	...	2013	15–64	94.1	...	...	15+	2013
Portugal	58.6	...	...	2010	15–64	74.5	...	...	15+	2010
Serbia	29.7	...	...	2010	15–64	61.1	...	...	15+	2010
Slovenia	60.7	...	...	2013	15–64	83.3	...	...	15+	2013
Spain	56.2	...	...	2013	15–64	75.0	...	...	15+	2013
Sweden	67.5	...	...	2013	15–64	79.3	...	...	15+	2013
United Kingdom	71.4	...	...	2005	15–64	92.9	...	...	15+	2005
Eastern Europe										
Belarus	44.0	29.1	57.4	2010	15–64	66.6	41.6	91.9	15+	2010
Bulgaria	60.0	59.3	60.7	2013	15–64	85.0	79.3	91.5	15+	2013
Czech Republic	70.0	...	...	2013	15–64	92.0	...	...	15+	2013
Hungary	59.7	...	...	2013	15–64	87.5	...	...	15+	2013
Moldova, Republic of	33.6	33.5	33.7	2011	15–64	70.1	66.5	73.8	15+	2011

Table B.11 Old-age effective coverage: Active contributors

Country/Territory	Active contributors to a pension scheme in the working-age population 15–64 (%)				Age	Active contributors to a pension scheme in the labour force 15+ (%)				Year
	Total	Male	Female	Year		Total	Male	Female	Age	
Poland	59.1	...	...	2010	15–64	88.0	...	...	15+	2010
Romania	45.4	...	...	2013	16-64	64.6	...	...	15+	2013
Russian Federation	48.7	...	...	2009	15–64	65.9	...	...	15+	2009
Slovakia	60.0	...	...	2013	15–64	84.4	...	...	15+	2013
Ukraine	33.9	...	...	2015	15–64	47.1	...	...	15+	2015
Central and Western Asia										
Armenia	27.0	29.0	25.2	2015	15–64	36.9	35.0	39.1	15+	2015
Azerbaijan	22.5	...	...	2007	15–64	33.3	...	...	15+	2007
Cyprus	51.0	...	...	2013	15–64	67.4	...	...	15+	2013
Georgia	22.7	...	...	2008	15–64	29.5	...	...	15+	2008
Israel	69.8	...	...	2011	15–64	100.0	100.0	100.0	15+	2011
Kazakhstan	80.0	...	...	2015	15–64	100.0	...	...	15+	2015
Kyrgyzstan	34.8	...	...	2015	15–64	51.9	...	...	15+	2015
Tajikistan	20.5	...	...	2015	15-65	28.6	...	...	15+	2015
Turkey	27.8	44.1	11.7	2011	15–64	52.1	58.4	37.1	15+	2011

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Main source

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Notes

n.a: Not applicable

…: Not available

Additional notes by country

[1] Burundi. Includes old-age and survivors' pensions for people aged 60 and over.

[2] Côte d'Ivoire. Data from the Caisse Nationale de Prévoyance Sociale (CNPS) and Caisse Générale de Retraite des Agents de l'Etat (CGRAE).

[3] Madagascar. Data refer to the Caisse nationale de la Prévoyance sociale (CNaPS) and two occupational schemes for civil servants: the Caisse de Retraites civiles et Militaires (CRCM), which covers civil servants, government workers and the military; and the Caisse de Prévoyance et de Retraites (CPR), which covers auxiliary agents employed by the Government, who have not yet been granted full government employee status.

[4] Malawi. There is no national social insurance scheme in Malawi. The Government Public Pension Scheme is a non-contributory, defined benefit, PAYG system. There are around 600 private pension funds in Malawi not included here.

[5] Lebanon. There is currently no income security for the elderly through regular old-age pension benefits, only a lump sum.

[6] China. The indicator for China includes contributors to the new rural social pension plan introduced nationwide in 2009. This new pension has two components: a basic pension component financed by local and central government and a personal account component based on contributions from enrolled individuals. In relatively poor regions the central Government pays approximately 80% of the cost of the basic pension component and the local government bears the rest. The first basic pension component justifies inclusion in this indicator, focusing on periodic cash benefits for the elderly to ensure basic income security.

[7] Bangladesh. The Government provides its own employees with a non-contributory, defined benefit pension with survivors' benefits, funded through tax revenues. Civil servants are eligible to receive a pension at the age of 57.

[8] Iran, Islamic Republic of. Corresponds to total number of insured as principal contributors and refers to the social security organization and state retirement fund.

[9] Tonga. In September 2010, the National Retirement Benefits Scheme (NRBS) Bill 2010 was passed by the Legislative Assembly, providing a similar mandatory superannuation plan for the private sector and other organizations. No statistics available yet (see: http://www.nrbf.to/ [May 2017]).

[10] Vanuatu. Active member refers to a person who has at least one contribution paid on that member's behalf for the current or any of the preceding three months (see: http://www.vnpf.com.vu/p/vnpf-index.html [May 2017]).

Table B.12 Old-age effective coverage: Old-age pension beneficiaries (SDG indicator 1.3.1 for older persons)

Country/Territory	Proportion by sex (%)			Proportion by type of programme (%)			Year	Statutory pensionable age (basis for reference population)
	Total	Male	Female	No distinction available	Contributory	Non-contributory[a]		
Africa								
Northern Africa								
Algeria[1]	63.6	...	...	...	51.1	12.5	2010	60+ Men | 55+ Women
Egypt	37.5	...	...	...	...	...	2014	60+
Libya	43.3	...	...	...	43.3	...	2006	65+ Men | 60+ Women
Morocco	39.8	...	...	...	39.8	...	2009	60+
Sudan	4.6	...	...	...	4.6	...	2010	60+
Tunisia	33.8	...	...	...	24.5	9.3	2015	60+
Sub-Saharan Africa								
Angola[2]	14.5	...	...	...	14.5	...	2012	60+
Benin	9.7	...	...	...	9.7	...	2009	60+
Botswana	100.0	100.0	100.0	...	...	100.0	2015	65+
Burkina Faso	2.7	5.4	0.7	...	2.7	...	2015	56–63+
Burundi[3]	4.0	6.8	2.0	...	4.0	...	2015	65+ Men | 60+ Women
Cabo Verde[4]	85.8	...	...	...	...	...	2015	60+
Cameroon	13.0	20.2	5.9	...	13.0	...	2015	60+
Chad	1.6	...	...	...	1.6	...	2008	60+
Congo[5]	22.1	42.4	4.7	...	22.1	...	2011	57–65+
Congo, Democratic Republic of the	15.0	...	...	...	15.0	...	2009	65+ Men | 60+ Women
Côte d'Ivoire[6]	7.7	...	...	...	7.7	...	2010	60+
Djibouti	12.0	...	...	...	12.0	...	2002	60+
Ethiopia	15.3	...	...	...	15.3	...	2015	60+
Gabon[7]	16.4	...	...	...	16.4	...	2010	55+
The Gambia	17.0	...	...	...	17.0	...	2015	60+
Ghana	33.3	...	...	...	33.3	...	2015	60+
Guinea	8.8	...	...	...	8.8	...	2008	55–65+
Guinea-Bissau	6.2	...	...	...	6.2	...	2008	60+
Kenya	24.8	...	...	...	...	...	2015	60+
Lesotho	94.0	...	...	...	...	94.0	2015	70+
Madagascar	4.6	...	...	...	4.6	...	2011	60+
Malawi	2.3	...	...	...	2.3	...	2016	...
Mali	2.7	5.3	0.6	...	2.7	...	2015	58+
Mauritania	9.3	...	...	...	9.3	...	2002	60+
Mauritius	100.0	100.0	100.0	...	...	100.0	2010	63+
Mozambique	17.3	20.0	15.9	...	1.7	15.6	2011	60+ Men | 55+ Women
Namibia	98.4	...	...	...	...	98.4	2011	60+
Niger	5.8	...	...	...	5.8	...	2015	60+
Nigeria	7.8	...	...	...	7.8	...	2015	50+
Rwanda	4.7	...	...	...	4.7	...	2004	60+
Sao Tome and Principe	52.5	...	...	...	52.5	...	2015	60 +
Senegal	23.5	...	...	...	23.5	...	2010	55+
Seychelles	100.0	100.0	100.0	...	11.4	88.6	2011	63+
Sierra Leone	0.9	...	...	...	0.9	...	2007	60+

Table B.12 Old-age effective coverage: Old-age pension beneficiaries (SDG indicator 1.3.1 for older persons)

Country/Territory	Proportion by sex (%)			Proportion by type of programme (%)			Year	Statutory pensionable age (basis for reference population)
	Total	Male	Female	No distinction available	Contributory	Non-contributory[a]		
South Africa	92.6	...	...	...	...	...	2015	60+
Swaziland	86.0	...	...	...	...	86.0	2011	60+
Tanzania, United Republic of	3.2	...	...	...	3.2	...	2008	60+
Togo	10.9	...	...	...	10.9	...	2009	60+
Uganda	6.6	...	...	...	4.5	2.1	2012	55+
Zambia	8.8	...	...	...	...	...	2015	55+
Zimbabwe	6.2	...	...	...	6.2	...	2006	60+
Americas								
Latin America and the Caribbean								
Antigua and Barbuda	83.5	86.1	81.4	...	...	...	2015	60+
Argentina	89.3	...	...	...	...	...	2015	65+ Men | 60+ Women
Aruba	100.0	100.0	100.0	...	...	100.0	2015	60+
Bahamas	84.2	...	...	...	75.3	8.9	2011	65+
Barbados	68.3	...	...	...	33.2	35.1	2011	66.5+
Belize	64.6	...	...	...	32.0	32.6	2011	65+
Bolivia, Plurinational State of	100.0	100.0	100.0	...	...	100.0	2015	60+ (Eligible age for Renta Dignidad)
Brazil [8]	78.3	...	...	...	...	...	2015	65+ Men | 60+ Women
Chile	78.6	...	...	...	...	...	2015	65+ Men | 60+ Women
Colombia [9]	51.7	53.6	53.0	...	...	...	2015	62+ Men | 57+ Women
Costa Rica [10]	68.8	65.4	48.8	...	...	...	2015	65+
Dominica	38.5	...	...	...	38.5	...	2011	62+
Dominican Republic [11]	11.1	16.5	6.2	11.1	...	...	2009	60+
Ecuador	52.0	...	...	52.0	...	...	2015	65+
El Salvador	18.1	31.6	10.3	...	15.9	2.2	2009	60+ Men | 55+ Women
Grenada	34.0	...	...	...	34.0	...	2010	60+
Guatemala	8.3	...	...	...	...	...	2015	60+
Guyana	100.0	100.0	100.0	...	4.6	100.0	2012	60+
Haiti	1.0	...	...	...	...	...	2001	55+
Honduras	7.5	7.6	7.3	...	...	...	2012	65+ Men | 60+ Women
Jamaica	30.3	...	...	...	...	...	2015	65+ Men | 64.8+ Women
Mexico	64.1	69.8	60.2	...	3.0	22.2	2009	65+
Nicaragua [12]	23.7	42.3	16.2	...	23.7	...	2011	60+
Panama [13]	37.3	49.4	28.9	37.3	...	...	2008	62+ Men | 57+ Women
Paraguay	22.2	24.9	20.0	...	4.3	17.9	2013	60+
Peru	19.3	...	...	...	...	...	2015	65+
Saint Kitts and Nevis	44.7	51.6	39.7	...	36.4	8.3	2010	62+
Saint Lucia	26.5	...	...	...	26.5	...	2008	65+
Saint Vincent and the Grenadines	76.6	...	...	...	23.3	53.3	2012	60+
Trinidad and Tobago	98.4	...	...	...	50.7	47.7	2009	60+
Uruguay [14]	76.5	74.6	77.7	...	66.9	9.6	2011	60+
Venezuela, Bolivarian Republic of	59.4	70.0	50.2	...	39.2	20.2	2012	60+ Men | 55+ Women

Table B.12 Old-age effective coverage: Old-age pension beneficiaries (SDG indicator 1.3.1 for older persons)

Country/Territory	Proportion by sex (%)			Proportion by type of programme (%)			Year	Statutory pensionable age (basis for reference population)
	Total	Male	Female	No distinction available	Contributory	Non-contributory[a]		
Northern America								
Canada	100.0	100.0	100.0	...	...	...	2015	65+
United States [15]	100.0	100.0	100.0	100.0	...	...	2015	65+
Arab States								
Bahrain	40.1	...	...	...	...	...	2011	60+ Men | 55+ Women
Iraq	56.0	...	...	...	...	...	2007	60+ Men | 55+ Women
Jordan	42.2	82.3	11.8	...	42.2	...	2010	60+ Men | 55+ Women
Kuwait	27.3	...	...	...	...	...	2008	51+
Lebanon [16]	0.0	...	...	...	0.0	0.0	2013	60–64+
Occupied Palestinian Territory	8.0	...	...	...	...	...	2009	65+
Oman	24.7	...	...	...	...	...	2010	60+ Men | 55+ Women
Qatar	18.0	22.9	8.2	...	...	...	2015	60+
Syrian Arab Republic	16.7	...	...	...	...	...	2006	60+ Men | 55+ Women
Yemen	8.5	...	...	...	...	...	2011	60+ Men | 55+ Women
Asia and the Pacific								
Eastern Asia								
China [17]	100.0	...	...	...	...	...	2015	60+ Men 50–60+ Women
Hong Kong, China	72.9	...	...	...	...	72.9	2009	65+
Japan	100.0	...	...	...	...	...	2015	65+
Korea, Republic of	77.6	...	...	...	...	...	2010	61+
Mongolia	100.0	100.0	100.0	...	...	...	2015	60+ Men | 55+ Women
South-Eastern Asia								
Brunei Darussalam	81.7	...	...	...	...	81.7	2011	60+
Cambodia	3.2	...	...	...	...	...	2015	55+
Indonesia	14.0	...	...	...	...	...	2015	56+
Lao People's Dem. Rep.	5.6	...	...	...	...	...	2010	60+ Men | 55+ Women
Malaysia [18]	19.8	...	...	...	16.2	3.6	2010	55+
Philippines [19]	39.8	53.2	29.0	...	21.9	17.9	2015	60+
Singapore	0	...	...	...	0	0	2011	55+
Thailand [20]	83.0	...	...	...	8.2	74.8	2016	55+
Timor-Leste	89.7	83.9	95.1	...	...	...	2015	60+
Viet Nam	39.9	...	...	...	...	...	2015	60+ Men | 55+ Women
Southern Asia								
Afghanistan	10.7	...	...	...	...	...	2010	60+ Men | 55+ Women
Bangladesh	33.4	...	...	...	...	...	2015	65+ (62+ for Old-age allowances for women)
Bhutan	3.2	...	...	...	3.2	...	2012	56+
India	24.1	...	...	...	9.9	14.2	2011	58+
Iran, Islamic Repbulic of [21]	26.4	...	...	...	...	...	2010	60+ Men | 55+ Women
Maldives	99.7	...	...	...	9.1	90.6	2012	65+
Nepal	62.5	...	...	...	9.2	53.3	2010	58+
Pakistan	2.3	...	...	...	...	...	2010	60+ Men | 55+ Women

Table B.12 Old-age effective coverage: Old-age pension beneficiaries (SDG indicator 1.3.1 for older persons)

Country/Territory	Proportion by sex (%)			Proportion by type of programme (%)			Year	Statutory pensionable age (basis for reference population)
	Total	Male	Female	No distinction available	Contributory	Non-contributory[a]		
Sri Lanka [22]	25.2	...	...	...	...	...	2015	55+ Men | 50+ Women
Oceania								
Australia	74.3	...	...	...	...	74.3	2014	56+
Fiji	10.6	...	...	...	...	...	2015	55+
Marshall Islands	64.2	...	...	...	64.2	...	2010	60+
Nauru	56.5	...	...	...	15.5	41.0	2010	55+
New Zealand	100.0	100.0	100.0	...	...	100.0	2014	65+
Palau	48.0	...	...	...	...	...	2010	62+
Papua New Guinea	0.9	...	...	...	...	...	2010	55+
Samoa[23]	49.5	...	...	...	3.7	45.8	2011	55+
Solomon Islands	13.1	...	...	...	...	...	2010	50+
Tonga[24]	1.0	...	...	...	...	...	2012	55+
Tuvalu	19.5	...	...	...	...	...	2005	70+
Vanuatu[25]	3.5	...	...	...	...	...	2011	55+
Europe and Central Asia								
Northern, Southern and Western Europe								
Albania[26]	77.0	100.0	60.8	...	...	...	2011	65+ Men | 60+ Women
Austria	100.0	100.0	100.0	...	94.0	6.0	2014	65+ Men | 60+ Women
Belgium	100.0	100.0	100.0	...	...	...	2014	65+
Bosnia and Herzegovina	29.6	...	...	...	29.6	...	2009	65+
Croatia	57.6	85.1	44.2	...	...	...	2010	65+ Men | 61.5+ Women
Denmark	100.0	100.0	100.0	...	...	100.0	2014	65+
Estonia	100.0	...	...			...	2014	63+
Finland	100.0	100.0	100.0	...	...	...	2014	63–68+
France	100.0	100.0	100.0	...	...	...	2014	61.6+
Germany	100.0	100.0	100.0	...	...	...	2015	65.5+
Greece	77.4	100.0	54.6	...	60.4	17.0	2010	67 +
Iceland	85.6	...	...	...	...	...	2014	67+
Ireland	95.8	...	...	...	...	...	2014	66+
Isle of Man	...	...	...	...	...	...		65+ Men | 63+ Women
Italy	100.0	100.0	100.0	...	...	...	2014	66.6+
Jersey	...	...	...	...	...	...		65+
Kosovo	...	...	...	...	...	...		65+
Latvia	100.0	100.0	100.0	...	...	...	2014	62.8+
Lithuania	100.0	100.0	100.0	...	...	...	2014	63.3+ Men | 61.6+ Women
Luxembourg	100.0	100.0	100.0	...	...	...	2014	65+
Macedonia, the former Yugoslav Republic of	71.4	...	...	...	...	...	2015	64+ Men | 62+ Women
Malta	100.0	...	...	...	...	...	2014	62-65 +
Montenegro	52.3	...	...	...	...	...	2011	65 + Men | 60+ Women
Netherlands	100.0	100.0	100.0	...	...	...	2014	65.5+
Norway	100.0	100.0	100.0	...	...	...	2014	62+
Portugal	100.0	100.0	100.0	...	...	...	2014	66+

Table B.12 Old-age effective coverage: Old-age pension beneficiaries (SDG indicator 1.3.1 for older persons)

Country/Territory	Proportion by sex (%)			Proportion by type of programme (%)			Year	Statutory pensionable age (basis for reference population)
	Total	Male	Female	No distinction available	Contributory	Non-contributory[a]		
Serbia	46.1	48.4	44.8	...	...	...	2010	65+ Men | 61+ Women
Slovenia	100.0	100.0	100.0	...	...	...	2014	65+
Spain	100.0	100.0	100.0	...	...	...	2014	65+
Sweden	100.0	100.0	100.0	...	...	...	2014	61+
Switzerland	100.0	100.0	100.0	...	...	...	2014	65+ Men | 64+ Women
United Kingdom	100.0	100.0	100.0	...	...	...	2014	65+ Men | 63+ Women
Eastern Europe								
Belarus	100.0	...	...	...	...	...	2015	60+ Men | 55+ Women
Bulgaria	100.0	100.0	100.0	...	...	...	2015	63.8+ Men | 60.8+ Women
Czech Republic	100.0	100.0	100.0	...	...	...	2014	63+ Men | 62.3 Women
Hungary	100.0	100.0	100.0	...	...	...	2014	63.5+
Moldova, Republic of	75.2	...	...	...	...	...	2015	62+ Men | 57+ Women
Poland	100.0	100.0	100.0	...	...	...	2014	65+ Men | 60+ Women
Romania	100.0	100.0	100.0	...	...	...	2014	65+ Men | 60+ Women
Russian Federation	91.2	...	...	...	...	...	2015	60+ Men | 55+ Women
Slovakia	100.0	100.0	100.0	...	...	...	2014	62+
Ukraine	91.9	...	...	...	...	...	2015	60+ Men | 57.5+ Women
Central and Western Asia								
Armenia	68.5	62.3	72.6	...	...	...	2015	63+
Azerbaijan[27]	81.1	63.1	95.3	...	...	...	2015	63+ Men | 60+ Women
Cyprus	100.0	...	...	...	...	...	2015	65+
Georgia	91.9	97.7	89.7	...	...	...	2015	65+ Men | 60+ Women
Israel	99.1	...	...	...	...	...	2015	70+ Men | 68+ Women
Kazakhstan	82.6	...	...	...	...	...	2015	63+ Men | 58+ Women
Kyrgyzstan	100.0	100.0	100.0	...	...	...	2015	63+ Men | 58+ Women
Tajikistan	92.8	...	...	...	...	...	2015	63+ Men | 58+ Women
Turkey	20.0	...	...	...	...	...	2014	60+ Men | 58+ Women
Uzbekistan	98.1	...	...	...	97.8	0.3	2010	60+ Men | 55+ Women

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Notes

[a] Differences from proportions indicated in table B.10 may result from: differences in reference years; differences in population of reference between the non-contributory pension and the statutory pensionable age, considered here as the main criterion to define the population of reference applied to all pensions.

Additional notes by country

[1] Algeria. Including old-age reversion pension but excluding anticipated pension. Non-contributory pension (data for 2009): *Evolution de la catégorie des personnes âgées bénéficiaires de l'AFS (2004–09).* Reference population: Eligible age 60 years.

[2] Angola. Total number of pensioners. There is no general social assistance programme aimed at the elderly.

[3] Burundi. Includes old-age, survivors' and ascendant pensions for people aged 60 and over.

[4] Cabo Verde. Regarding the contributory pension provided by CNPS, the statutory retirement age is 65 for men and 60 for women. However, as the age of eligibility for the non-contributory pension is 60 for both men and women, the reference population for the denominator has been set at 60. Survey data (provided in this Statistical Annex) provide lower numbers than administrative sources.

[5] Congo. Includes disability and survivors' pensioners above statutory pensionable age of 60.

[6] Côte d'Ivoire. Data from the Caisse Nationale de Prévoyance Sociale (CNPS) and Caisse Générale de Retraite des Agents de l'Etat (CGRAE).

[7] Gabon. The number refers to all pensions, resulting in a possible overestimation of old-age pensioners.

[8] Brazil. Age range used for the indicators: 65 and over for both men and women despite a statutory retirement age of 60 for women.

[9] Colombia. Age range used for the indicator: 60 and over.

[10] Costa Rica. The normal retirement age is 65 years with at least 300 months of contributions, although it can be reduced with additional months of contributions. Age 65 is used as a basis to define the reference population for this indicator.

[11] Dominican Republic. Age range used for the indicator: 60 and over.

[12] Nicaragua. The normal retirement age of 60 years is used as a basis to define the reference population for this indicator.

[13] Panama. The normal retirement age of 62 (men) or 57 (women) are used as a basis to define the reference population for this indicator.

[14] Uruguay. Proportion calculated for persons aged 60 and over. For those aged 65 and over, this proportion by sex reaches 85.9%.

[15] United States. Retirement (includes OASI), all beneficiaries aged 65 and over. Includes beneficiaries in foreign countries.

[16] Lebanon. There is currently no income security for the elderly through regular old-age pension benefits, only a lump sum.

[17] China. Includes the number of people who have received Age Benefits for Urban and Rural Residents and Old-Age Benefits for Urban Workers. Regarding the statutory pensionable age, blue-collar female enterprise employees retire at 50 while white-collar female enterprise employees retire at 55. The 60 and above age group was taken for women.

[18] Malaysia. Includes government pension scheme, which is the only one providing cash periodic benefits, and a social assistance programme targeting poor elderly with no family support.

[19] Philippines. The old-age grant, launched in 2011, and the retirement programme for veterans, are considered non-contributory schemes.

[20] Thailand. These proportions refer only to beneficiaries of the old-age or disability social pensions. As a result, the reference taken is not the statutory pensionable age of 55 but the age of eligibility for the old-age social pension (60 and over).

[21] Iran, Islamic Republic of. Refers to the social security organization and state retirement fund.

[22] Sri Lanka. This indicator refers to contributory mandatory schemes providing pensions for people above statutory retirement age (i.e. it excludes PSPS, which is a non-contributory scheme; EPF and ETF, providing lump sums; and the three voluntary social security schemes, Farmers' Pension and Social Security Benefit Scheme, Fishermen's Pension and Social Security Benefit Scheme, and Social Pension and Social Security Benefit Scheme (initially for self-employed only), which are voluntary and provide either lump-sum or periodic benefits.

[23] Samoa. The Samoa National Provident Fund (SNPF) provides the option for a retirement pension or full withdrawal. Since the majority of SNPF members take the option of full withdrawal, there were only 445 pensioners and 276 beneficiaries (i.e. 3.7% of persons age 55 and over) in 2011.

[24] Tonga. Only a minority of members opt for a regular pension once reaching pensionable age. In September 2010, the National Retirement Benefits Scheme (NRBS) Bill 2010 was passed by the Legislative Assembly, providing a similar mandatory superannuation plan for the private sector and other organizations. No statistics are available yet.

[25] Vanuatu. Mainly withdrawals.

[26] Albania. Includes old-age pensions including war veteran, special merit and supplementary pensions. Ratio above statutory retirement age.

[27] Azerbaijan. For the calculation of the coverage, the lower eligible age (statutory pensionable age) of 60 is taken for consistency reasons.

Table B.13 Deficits in universal health protection by rural/urban areas (global, regional and country estimates)

Region/country/territory	Legal health coverage deficit, % of population without legal coverage[1, 3, 4, 9, 12, 13]				Out-of-pocket expenditure, % of total health expenditure[1, 3, 5, 6, 12, 15]				Financial deficit, % of population not covered due to financial resource deficit (threshold: US$239)[1, 2, 3, 7, 8, 11, 12, 14]				Staff access deficit, % of population not covered due to health professional staff deficit (threshold: 41.1)[1, 2, 3, 8, 10, 12, 14]				Maternal mortality ratio, deaths per 10,000 live births[1, 3, 4, 8, 12, 14]			
	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*
Africa	74.6	60.8	83.5	...	46.0	53.0	42.2	...	80.3	69.6	86.8	...	66.9	50.0	77.1	...	47.7	28.9	54.9	...
Latin America and the Caribbean	14.5	9.8	32.6	...	34.4	39.6	9.5	...	7.4	4.4	19.5	...	14.2	11.3	23.9	...	11.2	8.0	16.0	...
Northern America	14.4	13.5	18.4	...	12.0	12.0	12.0	...	0.0	0.0	0.0	...	0.0	0.0	0.0	...	2.0	2.0	2.0	...
Western Europe	0.4	0.4	0.4	...	13.7	13.1	15.4	...	0.0	0.0	0.0	...	0.0	0.0	0.0	...	0.7	0.7	0.7	...
Central and Eastern Europe	5.6	1.7	13.6	...	32.4	40.6	15.5	...	7.3	6.8	8.5	...	0.0	0.0	0.0	...	2.3	2.3	2.3	...
Asia and the Pacific	42.2	24.5	55.8	...	46.4	46.9	45.9	...	57.3	46.7	65.6	...	44.2	33.3	52.5	...	14.6	8.4	18.0	...
Middle East	26.2	18.8	41.2	...	57.8	56.7	62.1	...	36.1	22.9	56.7	...	38.8	28.0	56.2	...	6.3	3.9	10.1	...
World	38.1	21.6	55.8	...	41.2	40.6	41.9	...	48.0	33.2	63.2	...	37.7	24.2	51.6	...	21.9	10.8	28.9	...
Africa																				
Algeria	14.8	8.9	26.5	2005	19.7	...	...	...	23.1	...	...	...	32.5	...	...	...	9.7	...	...	...
Angola	100.0	100.0	100.0	2005	28.1	...	...	...	43.4	...	...	...	62.0	...	...	...	45.0	...	...	...
Benin	91.0	87.2	94.0	2009	44.5	48.5	41.3	2003	91.2	90.4	91.7	2006	81.4	79.8	82.5	2006	35.0	32.2	37.2	2006
Botswana	...	...	...	...	4.4	...	...	...	0.0	0.0	0.0	2010	32.0	...	...	...	16.0	...	...	...
Burkina Faso	99.0	99.0	99.0	2010	32.9	36.2	31.8	2009	90.1	86.1	90.9	2010	86.2	81.3	87.9	2010	30.0	21.4	32.6	2010
Burundi	71.6	67.8	72.0	2009	26.3	7.9	28.4	2006	94.5	92.0	94.7	2010	96.2	94.5	96.4	2010	80.0	54.9	83.5	2010
Cabo Verde	35.0	27.9	46.5	2010	21.8	31.0	6.8	2007	49.3	...	...	...	79.1	...	...	...	7.9	...	...	...
Cameroon	98.0	...	...	2009	66.1	91.6	38.9	2007	90.0	86.4	92.7	2011	89.9	86.8	93.2	2011	69.0	50.6	94.0	2011
Central African Republic	94.0	94.6	93.6	2010	45.1	...	...	...	95.7	91.1	95.9	2010	93.0	88.1	96.1	2010	89.0	42.9	93.4	2010
Chad	...	...	...	...	72.7	45.2	80.4	2003	95.7	88.0	97.5	2004	95.6	87.9	97.7	2004	110.0	39.3	188.2	2004
Comoros	95.0	94.4	95.2	2010	58.8	...	...	...	89.7	88.4	90.2	2012	76.2	73.3	77.3	2012	28.0	25.0	29.3	2012
Congo	...	...	...	...	37.2	49.4	16.4	2005	75.0	73.0	78.5	2012	93.6	76.4	81.2	2012	56.0	51.8	65.0	2012
Congo, Democratic Republic of the	90.0	82.1	94.0	2010	33.4	37.0	33.2	2004	95.3	94.5	96.1	2010	87.2	84.4	88.6	2010	54.0	46.2	64.4	2010
Côte d'Ivoire	98.8	98.6	99.0	2008	56.5	67.4	45.3	2008	88.1	82.3	90.7	2011	85.3	80.1	90.6	2011	40.0	27.0	51.1	2011
Djibouti	70.0	68.4	75.3	2006	41.7	53.4	2.6	1996	69.9	63.6	84.5	2006	75.9	72.0	88.9	2006	20.0	16.6	38.9	2006
Egypt	48.9	20.8	70.4	2008	59.2	74.7	47.3	2009	76.1	72.7	78.1	2008	0.0	0.0	0.0	2010	6.6	5.8	7.2	2008
Equatorial Guinea	...	...	...	...	30.5	...	...	...	0.0	0.0	0.0	2010	0.0	...	...	...	24.0	...	...	...
Eritrea	95.0	85.7	97.5	2011	54.8	...	...	...	97.2	...	...	...	89.2	...	...	...	24.0	...	...	...

Table B.13 Deficits in universal health protection by rural/urban areas (global, regional and country estimates)

Region/country/territory	Legal health coverage deficit, % of population without legal coverage[1, 3, 4, 9, 12, 13]				Out-of-pocket expenditure, % of total health expenditure[1, 3, 5, 6, 12, 15]				Financial deficit, % of population not covered due to financial resource deficit (threshold: US$239)[1, 2, 3, 7, 8, 11, 12, 14]				Staff access deficit, % of population not covered due to health professional staff deficit (threshold: 41.1)[1, 2, 3, 8, 10, 12, 14]				Maternal mortality ratio, deaths per 10,000 live births[1, 3, 4, 8, 12, 14]			
	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*
Ethiopia	95.0	94.3	95.1	2011	36.1	18.2	39.7	2004	95.4	84.1	98.9	2011	93.7	77.1	97.0	2011	35.0	6.8	72.9	2011
Gabon	42.4	40.6	53.6	2011	44.6	...	...	...	19.9	16.0	36.9	2012	0.0	0.0	0.0	2010	23.0	21.9	29.2	2012
The Gambia	0.1	0.1	0.1	2011	20.4	28.8	9.4	2003	91.1	88.1	93.6	2013	78.5	72.7	86.3	2013	36.0	26.8	49.7	2013
Ghana	26.1	4.5	48.8	2010	27.7	35.3	19.8	2006	77.7	70.7	82.1	2011	74.1	67.5	81.0	2011	35.0	26.7	43.6	2011
Guinea	99.8	99.6	99.9	2010	62.6	71.4	57.9	2007	95.9	91.3	97.2	2005	97.2	94.5	98.5	2005	61.0	28.7	90.5	2005
Guinea-Bissau	98.4	...	...	2011	39.6	...	...	...	90.9	85.4	94.3	2010	83.0	73.5	90.3	2010	79.0	49.2	126.2	2010
Kenya	60.6	33.1	69.1	2009	45.8	51.6	44.0	2005	91.9	86.2	93.2	2009	77.2	61.9	81.9	2009	36.0	21.1	42.8	2009
Lesotho	82.4	58.8	91.1	2009	17.6	16.8	17.9	2002	51.5	30.4	57.8	2009	85.6	79.6	87.8	2009	62.0	43.2	71.3	2009
Liberia	...	...	...	...	24.6	29.1	20.4	2007	81.1	67.9	86.9	2007	94.0	90.8	96.9	2007	77.0	45.3	110.7	2007
Libya	0.0	0.0	0.0	2004	30.0	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	5.8	...	...	...
Madagascar	96.3	93.8	97.5	2009	43.3	31.7	48.7	2005	94.4	89.6	95.0	2009	90.4	84.0	93.4	2009	24.0	12.9	26.8	2009
Malawi	...	...	...	...	14.0	4.5	15.7	2011	88.9	86.9	89.2	2010	92.2	90.8	92.5	2010	46.0	39.1	47.5	2010
Mali	98.1	97.6	98.4	2008	58.9	62.6	56.9	2006	91.5	86.5	92.6	2013	86.9	80.7	90.2	2013	54.0	34.0	62.0	2013
Mauritania	94.0	89.4	97.2	2009	33.2	30.8	34.9	2004	84.9	76.2	89.7	2007	82.4	72.6	88.4	2007	51.0	32.3	74.5	2007
Mauritius	0.0	0.0	0.0	2010	45.6	78.6	21.8	2007	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	6.0	...	...	...
Morocco	57.7	42.3	76.5	2007	57.2	81.5	25.4	2000	67.3	61.6	82.2	2004	62.3	52.3	74.6	2004	10.0	8.5	18.4	2004
Mozambique	96.0	93.5	97.1	2011	5.7	7.9	5.6	2008	86.6	80.2	89.1	2011	92.6	89.2	94.1	2011	49.0	33.1	60.1	2011
Namibia	72.0	49.2	85.9	2007	7.7	3.5	10.2	2009	0.0	0.0	0.0	2010	29.7	18.2	35.9	2007	20.0	17.3	22.5	2007
Niger	96.9	95.7	97.1	2003	60.5	40.6	64.7	2007	94.7	85.0	96.2	2012	96.6	90.7	97.9	2012	59.0	20.8	81.5	2012
Nigeria	97.8	97.0	98.5	2008	70.5	69.9	71.2	2009	86.8	77.8	90.6	2008	59.6	36.7	81.6	2008	63.0	37.5	88.5	2008
Rwanda	9.0	1.0	11.1	2010	21.2	22.4	20.9	2005	79.4	75.4	79.9	2010	84.0	81.1	84.7	2010	34.0	28.5	34.9	2010
Sao Tome and Principe	97.9	97.3	98.8	2009	56.2	77.4	21.4	2000	78.8	76.7	80.2	2009	49.7	46.4	55.2	2009	7.0	6.4	7.5	2009
Senegal	79.9	69.1	87.4	2007	35.4	50.8	24.2	2005	81.2	73.9	85.8	2010	89.4	85.5	92.2	2010	37.0	26.6	49.1	2010
Seychelles	10.0	1.0	21.4	2011	4.0	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	...	...	...	...
Sierra Leone	100.0	100.0	100.0	2008	77.4	99.0	59.8	2003	92.8	91.5	93.0	2010	95.3	94.7	95.7	2010	89.0	75.4	91.9	2010
Somalia	80.0	...	...	2006	...	...	...	...	...	...	...	...	97.0	94.0	98.6	2006	100.0	50.8	227.6	2006
South Africa	0.0	0.0	0.0	2010	7.4	10.9	1.9	2011	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	30.0	...	...	...
South Sudan	...	...	...	...	65.2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Table B.13 Deficits in universal health protection by rural/urban areas (global, regional and country estimates)

Region/country/territory	Legal health coverage deficit, % of population without legal coverage[1, 3, 4, 9, 12, 13]				Out-of-pocket expenditure, % of total health expenditure[1, 3, 5, 6, 12, 15]				Financial deficit, % of population not covered due to financial resource deficit (threshold: US$239)[1, 2, 3, 7, 8, 11, 12, 14]				Staff access deficit, % of population not covered due to health professional staff deficit (threshold: 41.1)[1, 2, 3, 8, 10, 12, 14]				Maternal mortality ratio, deaths per 10,000 live births[1, 3, 4, 8, 12, 14]			
	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*
Sudan	70.3	53.6	78.6	2009	...	...	...	...	86.6	...	...	...	71.7	...	...	...	73.0	...	...	...
Swaziland	93.8	82.5	97.0	2006	14.1	11.5	14.8	2010	3.7	0.0	17.4	2010	0.0	0.0	0.0	2010	32.0	29.8	37.3	2010
Tanzania, United Republic of	87.0	79.1	89.8	2010	31.9	24.4	34.6	2007	89.3	81.8	90.7	2010	95.0	91.9	96.1	2010	46.0	27.1	53.2	2010
Togo	96.0	93.9	97.3	2010	45.7	58.1	45.0	2006	88.8	76.8	89.0	2010	92.1	86.5	95.4	2010	30.0	14.5	30.5	2010
Tunisia	20.0	2.6	52.5	2005	35.0	...	...	...	32.5	...	...	...	0.0	0.0	0.0	2010	5.6	...	...	...
Uganda	98.0	95.1	98.5	2008	49.9	18.2	55.5	2009	90.7	85.7	91.5	2011	72.6	58.0	75.2	2011	31.0	20.2	34.1	2011
Zambia	91.6	88.2	93.7	2008	26.3	43.0	15.8	2010	73.3	52.3	82.0	2007	81.4	68.0	89.1	2007	44.0	24.7	65.4	2007
Zimbabwe	99.0	99.0	99.0	2009	...	...	...	...	...	...	...	...	69.0	60.7	74.1	2010	57.0	43.9	65.2	2010
Latin America and the Caribbean																				
Antigua and Barbuda	48.9	43.8	71.3	2007	21.0	...	...	...	0.0	0.0	0.0	2010	33.1	...	...	...	...	...	...	...
Argentina	3.2	1.0	5.9	2008	21.6	...	...	...	0.0	0.0	0.0	2010	16.3	...	...	...	7.7	...	...	...
Aruba	0.8	0.8	0.8	2003	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bahamas	0.0	0.0	0.0	1995	28.8	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	4.7	...	...	...
Barbados	0.0	0.0	0.0	1995	28.2	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	5.1	...	...	...
Belize	75.0	61.8	85.7	2009	23.6	...	...	...	16.0	13.1	16.3	2011	39.1	37.8	40.2	2011	5.3	5.1	5.3	2011
Bolivia, Plurinational State of	57.3	46.7	78.3	2009	26.3	35.2	8.8	2007	63.3	54.4	73.7	2008	34.1	20.8	60.4	2008	19.0	15.3	26.5	2008
Brazil	0.0	0.0	0.0	2009	30.6	35.6	3.7	2009	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	5.6	5.6	5.8	2010
Chile	6.9	1.0	17.3	2011	33.0	33.0	33.0	2010	0.0	0.0	0.0	2010	72.3	...	...	...	2.5	2.5	2.5	2010
Colombia	12.3	9.3	21.3	2010	17.8	22.7	3.0	2010	0.0	0.0	0.0	2010	47.9	46.2	53.0	2010	9.2	8.9	10.2	2010
Costa Rica	0.0	0.0	0.0	2009	24.0	...	...	...	0.0	0.0	0.0	2010	55.2	54.8	55.8	2011	4.0	4.0	4.1	2011
Cuba	0.0	0.0	0.0	2011	4.8	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	7.3	...	...	...
Dominica	86.6	83.3	93.2	2009	26.0	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	...	...	...	...
Dominican Republic	73.5	73.0	74.6	2007	39.0	...	...	...	25.7	25.2	26.5	2007	26.6	26.2	27.4	2007	15.0	14.9	15.2	2007
Ecuador	77.2	72.3	87.1	2009	54.5	...	...	...	29.8	...	...	...	19.3	...	...	...	11.0	...	...	...
El Salvador	78.4	73.8	86.6	2009	33.6	42.5	17.5	2010	28.9	...	...	...	44.1	...	...	...	8.1	...	...	...
Grenada	...	...	...	...	53.7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	70.0	55.2	83.3	2005	52.9	77.2	29.2	2000	58.3	32.1	74.4	1999	6.6	0.0	12.0	1999	12.0	7.4	19.6	1999
Guyana	76.2	58.0	83.4	2009	30.2	...	...	...	31.4	26.7	32.7	2009	82.9	81.8	83.3	2009	28.0	26.2	28.6	2009

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Region/country/territory	Legal health coverage deficit, % of population without legal coverage[1, 3, 4, 9, 12, 13]				Out-of-pocket expenditure, % of total health expenditure[1, 3, 5, 6, 12, 15]				Financial deficit, % of population not covered due to financial resource deficit (threshold: US$239)[1, 2, 3, 7, 8, 11, 12, 14]				Staff access deficit, % of population not covered due to health professional staff deficit (threshold: 41.1)[1, 2, 3, 8, 10, 12, 14]				Maternal mortality ratio, deaths per 10,000 live births[1, 3, 4, 8, 12, 14]			
	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*
Haiti	96.9	...	...	2001	23.9	...	...	...	81.2	70.1	87.6	2012	93.3	90.3	96.6	2012	35.0	22.0	53.1	2012
Honduras	88.0	82.3	93.4	2006	47.2	76.4	16.1	2004	...	...	...	...	67.9	63.9	72.2	2011	10.0	8.8	11.3	2011
Jamaica	79.9	76.0	84.2	2007	31.0	38.3	23.0	2007	...	...	...	...	64.6	63.9	65.4	2005	11.0	10.8	11.3	2005
Mexico	14.4	1.0	24.6	2010	47.1	48.2	8.1	2010	...	...	...	...	0.0	0.0	0.0	2010	5.0	4.9	5.5	2010
Nicaragua	87.8	84.8	91.6	2005	39.6	52.1	22.7	2005	...	...	...	...	67.9	65.7	70.5	2001	9.5	8.8	10.2	2001
Panama	48.2	48.0	48.7	2008	25.0	...	...	...	0.0	0.0	0.0	2010	19.4	...	...	...	9.2	...	...	...
Paraguay	76.4	71.9	83.5	2009	60.1	...	...	...	35.4	...	...	...	39.6	...	...	...	9.9	...	...	...
Peru	35.6	34.7	38.6	2010	37.1	46.6	5.7	2010	25.5	14.8	44.9	2009	47.3	42.1	64.7	2009	6.7	5.9	9.1	2009
Saint Kitts and Nevis	71.2	35.8	87.8	2008	49.9	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	...	...	...	...
Saint Lucia	64.5	17.7	78.5	2003	44.9	...	...	...	0.0	0.0	0.0	2010	47.5	...	...	...	3.5	...	...	...
Saint Vincent and the Grenadines	90.6	87.9	93.2	2008	18.0	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	4.8	...	...	...
Suriname	...	...	...	...	13.4	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	13.0	12.1	13.6	2010
Trinidad and Tobago	...	...	...	...	35.5	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	4.6	...	...	...
Uruguay	2.8	2.2	10.3	2010	17.9	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	2.9	2.9	2.9	2010
Venezuela, Bolivarian Republic of	0.0	0.0	0.0	2010	59.5	...	...	...	0.1	...	...	...	38.3	...	...	...	9.2	...	...	...
Northern America																				
Canada	0.0	0.0	0.0	2011	14.2	14.2	14.2	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	1.2	1.2	1.2	2010
United States	16.0	15.0	20.6	2010	11.7	11.7	11.7	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	2.1	2.1	2.1	2010
Asia and the Middle East																				
Afghanistan	...	...	...	...	74.3	35.9	86.0	2007	95.2	91.3	96.7	2010	92.3	85.7	94.3	2010	46.0	25.5	67.9	2010
Armenia	0.0	0.0	0.0	2009	55.9	70.2	30.3	2009	74.8	74.7	74.9	2010	0.0	0.0	0.0	2010	3.0	3.0	3.0	2010
Azerbaijan	97.1	96.2	98.0	2006	69.2	80.5	56.2	2008	55.3	51.3	59.3	2006	0.0	0.0	0.0	2010	4.3	3.9	4.7	2006
Bahrain	0.0	0.0	0.0	2006	17.6	...	...	...	0.0	0.0	0.0	2010	21.9	...	...	...	2.0	2.0	2.0	2010
Bangladesh	98.6	97.0	99.2	2003	61.3	30.4	73.3	2010	...	...	...	...	86.4	77.5	89.9	2011	24.0	15.0	35.0	2011
Bhutan	10.0	1.0	15.2	2009	14.6	14.1	14.8	2007	67.0	49.3	69.3	2010	72.6	61.2	78.7	2010	18.0	11.7	19.3	2010
Brunei Darussalam	0.0	0.0	0.0	2010	7.6	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	2.4	2.4	2.4	2010
Cambodia	73.9	65.7	75.9	2009	61.6	18.7	72.2	2008	90.8	87.7	91.4	2010	75.2	67.3	77.2	2010	25.0	18.7	26.7	2010
China	3.1	1.0	5.1	2010	35.3	55.3	15.9	...	24.1	23.9	24.2	2009	29.0	28.9	29.1	2009	3.7	3.7	3.7	2009

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Region/country/territory	Legal health coverage deficit, % of population without legal coverage[1, 3, 4, 9, 12, 13]				Out-of-pocket expenditure, % of total health expenditure[1, 3, 5, 6, 12, 15]				Financial deficit, % of population not covered due to financial resource deficit (threshold: US$239)[1, 2, 3, 7, 8, 11, 12, 14]				Staff access deficit, % of population not covered due to health professional staff deficit (threshold: 41.1)[1, 2, 3, 8, 10, 12, 14]				Maternal mortality ratio, deaths per 10,000 live births[1, 3, 4, 8, 12, 14]			
	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*
Georgia	75.0	64.4	86.8	2008	69.1	...	...	...	54.0	53.7	54.3	2005	0.0	0.0	0.0	2010	6.7	6.7	6.7	2005
Hong Kong, China	0.0	0.0	...	2010	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
India	87.5	74.9	93.1	2010	61.8	49.8	67.2	2009	90.0	89.0	94.4	2011	62.5	50.5	68.0	2011	20.0	18.1	35.5	2011
Indonesia	41.0	18.4	63.5	2010	47.2	61.2	33.3	2010	80.1	78.0	82.1	2012	61.7	57.7	65.7	2012	22.0	19.9	24.5	2012
Iran, Islamic Republic of	10.0	1.0	19.5	2005	53.6	...	...	...	39.8	...	...	...	49.1	...	...	...	2.1	2.1	2.1	2010
Iraq	...	...	...	...	26.1	32.7	13.1	2006	0.0	0.0	0.0	2010	52.8	51.2	56.0	2011	6.3	6.1	6.8	2011
Israel	0.0	0.0	0.0	2011	25.0	25.0	25.0	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.7	0.7	0.7	2010
Japan	0.0	0.0	0.0	2010	14.4	14.4	14.4	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.5	0.5	0.5	2010
Jordan	25.0	21.7	39.4	2006	25.1	29.8	2.9	2002	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	6.3	6.3	6.3	2012
Kazakhstan	30.0	6.7	59.3	2001	40.4	56.5	21.8	2003	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	5.1	5.1	5.1	2010
Korea, Democratic People's Republic of	...	...	...	...	...	...	...	...	...	...	...	...	0.0	0.0	0.0	2010	8.1	...	...	...
Korea, Republic of	0.0	0.0	0.0	2010	34.2	34.2	34.2	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	1.6	1.6	1.6	2010
Kuwait	0.0	0.0	0.0	2006	17.5	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	1.4	1.4	1.4	2010
Kyrgyzstan	17.0	7.4	22.2	2001	38.7	29.4	43.7	2010	80.4	80.3	80.4	2012	0.0	0.0	0.0	2010	7.1	7.1	7.1	2012
Lao People's Democratic Republic	88.4	85.2	90.0	2009	41.8	41.4	42.0	2007	90.7	81.5	92.9	2011	76.1	55.8	86.7	2011	47.0	23.7	61.4	2011
Lebanon	51.7	51.6	52.3	2007	44.4	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	2.5	2.5	2.5	2010
Malaysia	0.0	0.0	0.0	2010	32.7	...	...	...	15.6	...	...	...	0.0	0.0	0.0	2010	2.9	2.9	2.9	2010
Maldives	70.0	57.9	78.1	2011	26.1	21.6	29.0	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	6.0	5.7	6.1	2009
Mongolia	18.1	8.7	37.6	2009	35.2	45.4	14.0	2008	59.5	59.3	59.9	2010	0.0	0.0	0.0	2010	6.3	6.3	6.4	2010
Myanmar	...	...	...	...	76.6	...	...	...	98.2	...	...	...	67.0	...	...	...	20.0	...	...	...
Nepal	99.9	99.9	99.9	2010	48.8	14.0	55.8	2010	...	...	...	...	84.8	70.4	87.7	2011	17.0	8.4	18.9	2011
Occupied Palestinian Territory	83.8	...	...	2004	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Oman	3.0	1.0	10.7	2005	10.9	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	3.2	...	...	...
Pakistan	73.4	56.5	82.8	2009	60.6	42.2	70.9	2010	95.4	93.7	96.1	2012	68.1	57.5	74.0	2012	26.0	19.1	30.5	2012
Philippines	18.0	1.0	35.1	2009	52.5	71.1	34.9	2006	82.2	77.8	86.3	2008	0.0	0.0	0.0	2010	9.9	7.9	12.9	2008
Qatar	0.0	0.0	0.0	2006	16.0	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.7	0.7	0.7	2010
Saudi Arabia	74.0	71.5	85.5	2010	20.0	...	...	...	0.0	0.0	0.0	2010	31.0	...	...	...	2.4	2.4	2.4	2010
Singapore	0.0	0.0	...	2010	62.6	...	...	...	0.0	0.0	...	2010	0.0	0.0	...	2010	0.3	0.3	...	2010

Table B.13 Deficits in universal health protection by rural/urban areas (global, regional and country estimates)

Region/country/territory	Legal health coverage deficit, % of population without legal coverage[1, 3, 4, 9, 12, 13]				Out-of-pocket expenditure, % of total health expenditure[1, 3, 5, 6, 12, 15]				Financial deficit, % of population not covered due to financial resource deficit (threshold: US$239)[1, 2, 3, 7, 8, 11, 12, 14]				Staff access deficit, % of population not covered due to health professional staff deficit (threshold: 41.1)[1, 2, 3, 8, 10, 12, 14]				Maternal mortality ratio, deaths per 10,000 live births[1, 3, 4, 8, 12, 14]			
	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*
Sri Lanka	0.0	0.0	0.0	2010	44.8	24.5	80.8	2009	78.2	...	...	...	41.2	...	...	...	3.5	...	...	...
Syrian Arab Republic	10.0	1.0	21.6	2008	54.0	...	...	...	79.3	78.3	80.3	2006	23.6	20.1	27.7	2006	7.0	6.7	7.4	2006
Tajikistan	99.7	99.7	99.7	2010	66.5	31.3	79.2	2009	91.0	90.4	91.2	2012	0.0	0.0	0.0	2010	6.5	6.1	6.6	2012
Thailand	2.0	1.0	3.0	2007	14.2	15.3	13.6	2009	27.1	25.5	27.7	2005	57.9	57.0	58.3	2005	4.8	4.7	4.8	2005
Timor-Leste	...	...	...	...	3.7	7.0	2.3	2010	81.4	62.5	86.9	2010	59.1	18.4	74.9	2010	30.0	14.9	42.5	2010
Turkey	14.0	10.8	21.7	2011	16.1	18.3	10.7	2009	0.0	0.0	0.0	2010	3.4	0.0	21.3	2003	2.0	2.0	2.0	2010
Turkmenistan	17.7	1.0	34.3	2011	43.7	...	...	...	67.2	...	...	...	0.0	0.0	0.0	2010	6.7	...	...	...
United Arab Emirates	0.0	0.0	0.0	2010	19.5	...	...	...	0.0	0.0	0.0	2010	24.0	...	...	...	1.2	1.2	1.2	2010
Uzbekistan	0.0	0.0	0.0	2010	45.2	...	...	...	79.2	79.2	79.2	2006	0.0	0.0	0.0	2010	2.8	2.8	2.8	2010
Viet Nam	39.0	1.0	56.0	2010	44.8	35.0	49.2	2008	82.4	81.3	82.9	2010	47.7	44.5	49.1	2010	5.9	5.6	6.1	2010
Yemen	58.0	26.8	70.7	2003	73.8	68.0	99.0	2005	91.9	86.0	94.0	2006	78.2	62.7	84.5	2006	20.0	11.6	27.1	2006
Europe																				
Albania	76.4	70.6	82.8	2008	54.4	59.4	49.0	2008	52.1	51.8	52.2	2009	0.0	0.0	0.0	2010	2.7	2.7	2.7	2010
Andorra	...	...	...	...	19.6	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	...	...	...	...
Austria	0.7	0.7	0.7	2010	15.2	15.2	15.2	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.4	0.4	0.4	2010
Belarus	0.0	0.0	0.0	2010	19.8	24.6	5.9	2010	5.8	5.9	5.8	2012	0.0	0.0	0.0	2010	0.4	0.4	0.4	2010
Belgium	1.0	1.0	1.0	2010	20.7	20.7	20.7	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.8	0.8	0.8	2010
Bosnia and Herzegovina	40.8	8.5	67.5	2004	28.3	30.0	26.8	2007	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.8	0.8	0.8	2010
Bulgaria	13.0	10.2	20.4	2008	42.9	...	...	...	...	...	...	...	0.0	0.0	0.0	2010	1.1	1.1	1.1	2010
Croatia	3.0	1.0	7.1	2009	14.6	...	...	...	...	...	...	...	0.0	0.0	0.0	2010	1.7	1.7	1.7	2010
Cyprus	35.0	23.9	61.2	2008	49.4	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	1.0	1.0	1.0	2010
Czech Republic	0.0	0.0	0.0	2011	14.9	14.9	14.9	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.5	0.5	0.5	2010
Denmark	0.0	0.0	0.0	2011	13.2	13.2	13.2	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	1.2	1.2	1.2	2010
Estonia	7.1	1.0	18.7	2011	18.7	18.7	18.7	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.2	0.2	0.2	2010
Finland	0.0	0.0	0.0	2010	19.8	19.8	19.8	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.5	0.5	0.5	2010
France	0.1	0.1	0.1	2011	7.4	7.4	7.4	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.8	0.8	0.8	2010
Germany	0.0	0.0	0.0	2010	11.9	11.9	11.9	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.7	0.7	0.7	2010
Greece	0.0	0.0	0.0	2010	29.2	29.2	29.2	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.3	0.3	0.3	2010

Table B.13 Deficits in universal health protection by rural/urban areas (global, regional and country estimates)

Region/country/territory	Legal health coverage deficit, % of population without legal coverage[1, 3, 4, 9, 12, 13]				Out-of-pocket expenditure, % of total health expenditure[1, 3, 5, 6, 12, 15]				Financial deficit, % of population not covered due to financial resource deficit (threshold: US$239)[1, 2, 3, 7, 8, 11, 12, 14]				Staff access deficit, % of population not covered due to health professional staff deficit (threshold: 41.1)[1, 2, 3, 8, 10, 12, 14]				Maternal mortality ratio, deaths per 10,000 live births[1, 3, 4, 8, 12, 14]			
	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*
Hungary	0.0	0.0	0.0	2010	26.3	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	2.1	2.1	2.1	2010
Iceland	0.0	0.0	0.0	2010	17.9	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.5	0.5	0.5	2010
Ireland	0.0	0.0	0.0	2011	12.9	12.9	12.9	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.6	0.6	0.6	2010
Italy	0.0	0.0	0.0	2010	19.9	19.9	19.9	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.4	0.4	0.4	2010
Latvia	30.0	25.1	40.3	2005	34.9	47.9	16.8	2009	...	...	...	...	0.0	0.0	0.0	2010	3.4	...	...	...
Liechtenstein	5.0	...	...	2008	...	...	...	...	...	...	...	...	0.0	0.0	0.0	2010	...	...	...	...
Lithuania	5.0	1.0	13.5	2009	26.4	33.5	12.0	2008	...	...	...	...	0.0	0.0	0.0	2010	0.8	0.8	0.8	2010
Luxembourg	2.4	...	...	2010	10.0	10.0	10.0	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	2.0	2.0	2.0	2010
Macedonia, the former Yugoslav Republic of	5.1	1.0	12.5	2006	36.2	42.3	27.3	2003	13.8	13.8	13.8	2011	0.0	0.0	0.0	2010	1.0	1.0	1.0	2010
Malta	0.0	0.0	0.0	2009	33.4	...	...	...	...	...	...	...	0.0	0.0	0.0	2010	0.8	0.8	0.8	2010
Moldova, Republic of	24.3	1.0	30.3	2004	44.9	52.7	38.0	2009	48.5	48.4	48.5	2005	0.0	0.0	0.0	2010	4.1	4.1	4.1	2005
Monaco	...	...	...	...	7.0	...	...	...	0.0	0.0	...	2010	0.0	0.0	...	2010	...	...	...	...
Montenegro	5.0	1.0	11.6	2004	38.0	48.1	20.8	2009	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.8	0.8	0.8	2010
Netherlands	1.1	1.1	1.1	2010	5.3	5.3	5.3	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.6	0.6	0.6	2010
Norway	0.0	0.0	0.0	2011	13.6	13.6	13.6	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.7	0.7	0.7	2010
Poland	2.5	1.0	3.5	2010	22.2	22.2	22.2	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.5	0.5	0.5	2010
Portugal	0.0	0.0	0.0	2010	25.8	25.8	25.8	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.8	0.8	0.8	2010
Romania	5.7	1.0	12.1	2009	19.2	25.9	11.7	2009	...	...	...	...	0.0	0.0	0.0	2010	2.7	2.7	2.7	2010
Russian Federation	12.0	1.0	16.7	2011	36.4	46.9	7.3	2008	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	3.4	3.4	3.4	2010
San Marino	...	...	...	...	14.3	...	...	...	...	...	...	...	0.0	0.0	0.0	2010	...	...	...	...
Serbia	7.9	1.0	16.3	2009	36.4	68.3	32.4	2007	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	1.2	1.2	1.2	2010
Slovakia	5.2	1.0	11.5	2010	25.7	25.7	25.7	2010	...	...	...	...	19.7	...	...	...	0.6	0.6	0.6	2010
Slovenia	0.0	0.0	0.0	2011	12.2	12.2	12.2	2010	...	...	...	...	0.0	0.0	0.0	2010	1.2	1.2	1.2	2010
Spain	0.8	0.8	0.8	2010	19.8	19.8	19.8	2010	...	...	...	...	0.0	0.0	0.0	2010	0.6	0.6	0.6	2010
Sweden	0.0	0.0	0.0	2011	16.3	16.3	16.3	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.4	0.4	0.4	2010
Switzerland	0.0	0.0	0.0	2010	25.1	25.1	25.1	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.8	0.8	0.8	2010
Ukraine	0.0	0.0	0.0	2011	40.5	50.2	19.3	2010	35.0	34.7	35.4	2007	0.0	0.0	0.0	2010	3.2	...	...	...
United Kingdom	0.0	0.0	0.0	2010	9.4	9.4	9.4	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	1.2	1.2	1.2	2010

Table B.13 Deficits in universal health protection by rural/urban areas (global, regional and country estimates)

Region/country/territory	Legal health coverage deficit, % of population without legal coverage[1, 3, 4, 9, 12, 13]				Out-of-pocket expenditure, % of total health expenditure[1, 3, 5, 6, 12, 15]				Financial deficit, % of population not covered due to financial resource deficit (threshold: US$239)[1, 2, 3, 7, 8, 11, 12, 14]				Staff access deficit, % of population not covered due to health professional staff deficit (threshold: 41.1)[1, 2, 3, 8, 10, 12, 14]				Maternal mortality ratio, deaths per 10,000 live births[1, 3, 4, 8, 12, 14]			
	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*	Total	Urban	Rural	Year*
Oceania																				
Australia	0.0	0.0	0.0	2011	19.3	19.3	19.3	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	0.7	0.7	0.7	2010
Cook Islands	...	...	...	...	5.8	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	...	...	...	...
Fiji	0.0	0.0	0.0	2010	19.7	26.6	12.2	2002	44.5	...	...	...	35.2	...	...	...	2.6	2.6	2.6	2010
Kiribati	...	...	...	...	...	...	...	...	26.9	...	...	...	0.0	0.0	0.0	2010	...	...	...	...
Marshall Islands	...	...	...	...	12.8	...	...	...	0.0	0.0	0.0	2010	26.4	...	...	...	...	...	...	...
Micronesia, Federated States of	...	...	...	...	8.7	...	...	...	0.0	0.0	0.0	2010	7.1	...	...	...	10.0	...	...	...
Nauru	...	...	...	...	5.8	...	...	...	0.0	0.0	...	2010	0.0	0.0	...	2010	...	...	...	...
New Zealand	0.0	0.0	0.0	2011	10.5	10.5	10.5	2010	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	1.5	1.5	1.5	2010
Niue	...	...	...	...	...	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	...	...	...	...
Palau	...	...	...	...	11.1	...	...	...	0.0	0.0	0.0	2010	0.0	0.0	0.0	2010	...	...	...	...
Papua New Guinea	...	...	...	...	13.8	4.9	15.1	2009	70.9	...	...	...	89.2	...	...	...	23.0	...	...	...
Samoa	...	...	...	...	7.9	...	...	...	3.4	...	...	...	43.6	...	...	...	10.0	...	...	...
Solomon Islands	...	...	...	...	3.2	...	...	...	45.6	...	...	...	47.0	...	...	...	11.0	...	...	...
Tonga	...	...	...	...	12.7	...	...	...	18.5	...	...	...	0.0	0.0	0.0	2010	11.0	...	...	...
Tuvalu	...	...	...	...	...	...	...	...	...	...	...	...	0.0	0.0	0.0	2010	...	...	...	...
Vanuatu	0.0	0.0	0.0	2010	6.0	...	...	...	48.0	39.0	49.7	2007	60.1	53.7	62.0	2007	11.0	9.4	11.4	2007

Sources

1 ILO (International Labour Office). Social Health Protection Database, Statistical Annexes. Available at: http://www.ilo.org/gimi/gess/ShowTheme.action?th.themeId=3985 [18 February 2015].

2 —. Calculations based on WHO Global Health Observatory Data Repository (GHO): Health Financing and Global Health Workforce Statistics (see below).

3 United Nations, Department of Economic and Social Affairs, Population Division. 2012. World Population Prospects: The 2012 Revision (New York). Available at: https://esa.un.org/unpd/wpp/ [27 February 2015]

4 World Bank. Databank: World Development Indicators Database. Available at: http://data.worldbank.org/data-catalog/world-development-indicators [18 February 2015].

5 —. Global Consumption Database: Health. Available at: http://datatopics.worldbank.org/consumption/sector/Health [27 February 2015].

6 WHO (World Health Organization). Global Health Expenditure Database. Available at: http://apps.who.int/nha/database/Select/Indicators/en & definitions for out-of-pocket expenditure on health as % of total health expenditure available at: http://apps.who.int/gho/indicatorregistry/App_Main/view_indicator.aspx?iid=3105 [9 March 2015].

7 —. Global Health Observatory Data Repository (GHO): Health Financing. Available at: http://apps.who.int/gho/data/node.main.484?lang=en [18 February 2015].

8 —. Global Health Observatory Data Repository (GHO): Global Health Workforce Statistics. Available at: http://apps.who.int/gho/data/node.main.HWF?lang=en [18 February 2015].

Notes

…: Not available.

* The 'year' column shows the year in which the proxy data were collected.

For national estimates:

[9] Estimate in percentage of population without legal health coverage. Coverage includes affiliated members of health insurance or estimation of the population having free access to health care services provided by the State.

[10] The ILO staff access deficit indicator reflects the supply side of access availability – in this case the availability of human resources at a level that guarantees at least basic, but universal, effective access to everybody. To estimate access to the services of skilled medical professionals (physicians and nursing and midwifery personnel), it uses as a proxy the relative difference between the density of health professionals in a given country and its median value in countries with a low level of vulnerability (population access to services of medical professionals in countries with low vulnerability is thus used as a threshold for other countries). The relative ILO threshold corresponds to the median value in the group of countries assessed as 'low vulnerable' (regarding the structure of employment and poverty). Based on 2011 data from WHO (number of physicians, nursing and midwifery personnel per 10,000), the estimated median value is 41.1 per 10,000 population when weighted by total population. Another way to look at it is to refer to population not covered due to a deficit from the supply side (see second part of example below). Then, the ILO staff access deficit indicator estimates the dimension of the overall performance of health-care delivery as a percentage of the population that has no access to health care if needed. This value is above the minimum set by WHO for primary care delivery, which is 23 per 10,000. Professional staff includes physicians and nursing and midwifery personnel as defined by WHO. See Indicator definitions and metadata for indicator HRH_01: Number of nursing personnel; HRH_02: Number of physicians; and HRH_03: Number of midwifery personnel available at: http://apps.who.int/gho/data/node.imr [27 February 2015].

[11] Coverage gap due to financial resource deficit is based on median value in low vulnerability group of countries. The ILO financial deficit indicator follows the same principle as the access deficit indicator regarding total health spending (in US$ per capita and per year) except out-of-pocket payments. The relative median value in 2011 in group of countries assessed as 'low vulnerable' is estimated at 239 US$ per capita and per year.

[12] Aggregate measures are weighted by total population. Refer to data source 3.

For rural/urban estimates:

[13] The percentage of GDP provided by the agricultural sector was used as a proxy for the legal coverage rights of the rural population and the percentage of GDP provided by other sectors as a proxy for the rights of the urban population. Available at: http://data.worldbank.org/indicator/NV.AGR.TOTL.ZS [27 February 2015].

[14] National, rural, and urban skilled birth attendance (SBA) rates were used as proxies for health workers distribution, financial resource allocation, and maternal mortality ratio. Rural (/urban) staff access deficit (SAD) and Rural (/urban) financial deficit (FD) are assumed to be directly related to the urban to national SBA ratio, while rural (/urban) maternal mortality (MMR) is assumed to be inversely related to urban to national SBA ratio. Data from the most recent survey listed on the GHO website was used. Available at: http://apps.who.int/gho/data/view.main.1630?lang=en and http://apps.who.int/gho/data/view.main.94130 [27 February 2015].

[15] Household consumption on health ($PPP) in rural and urban areas are extracted from the World Bank Global Consumption database. The ratio between rural (/ urban) to national household consumption on health are used as proxy for rural and urban out-of-pocket (OOP) expenditure. Available at: http://datatopics.worldbank.org/consumption/sector/Health [27 February 2015].

Table B.14 The SDG gaps towards universal coverage in long-term care

A. The legal LTC coverage deficit, by country, 2015

Region/country/territory	Population aged 65 and above, as percentage of total population in 2013	Population, total in 2013	Population aged 65 and above, total in 2013	Deficit in legal LTC coverage, as percentage of population not protected by national legislation[1-34]
World		**7 101 752 708**	**563 733 738**	
Representative countries selected		**4 863 551 386**	**447 825 650**	
Africa				
Algeria	4.6	39 208 194	1 802 554	100.0
Ghana	3.5	25 904 598	902 082	100.0
Nigeria	2.7	173 615 345	4 764 597	100.0
South Africa	5.5	53 157 490	2 941 212	Very high deficit (means-tested)
Americas				
Argentina	11.0	41 446 246	4 537 520	100.0
Brazil	7.5	200 361 925	15 078 596	100.0
Canada	15.2	35 154 279	5 337 669	100.0
Chile	10.0	17 619 708	1 756 933	100.0
Colombia	6.2	48 321 405	2 978 161	100.0
Mexico	6.4	122 332 399	7 838 255	100.0
United States	14.0	316 128 839	44 136 229	Very high deficit (means-tested)
Asia and the Pacific				
Australia	14.3	23 129 300	3 313 928	Very high deficit (means-tested)
China	8.9	1 357 380 000	120 474 979	Very high deficit (means-tested)
India	5.3	1 252 139 596	66 045 874	100.0
Indonesia	5.2	249 865 631	13 050 119	100.0
Japan	25.1	127 338 621	31 933 383	0.0
New Zealand	14.0	4 442 100	619 781	Very high deficit (means-tested)
Thailand	9.7	67 010 502	6 504 151	100.0
Europe and Central Asia				
Austria	18.4	8 479 823	1 556 840	Very high deficit (means-tested)
Belgium	18.0	11 182 817	2 011 005	0.0
Czech Republic	16.7	10 514 272	1 756 496	0.0

Table B.14 The SDG gaps towards universal coverage in long-term care

A. The legal LTC coverage deficit, by country, 2015

Region/country/territory	Population aged 65 and above, as percentage of total population in 2013	Population, total in 2013	Population aged 65 and above, total in 2013	Deficit in legal LTC coverage, as percentage of population not protected by national legislation[1-34]
Denmark	17.9	5 614 932	1 005 009	0.0
Estonia	18.0	1 317 997	237 706	Very high deficit (means-tested)
Finland	19.0	5 438 972	1 035 547	Very high deficit (means-tested)
France	17.9	65 939 866	11 777 556	Very high deficit (means-tested)
Germany	21.1	80 651 873	17 046 807	0.0
Greece	19.7	11 027 549	2 168 948	Very high deficit (means-tested)
Hungary	17.2	9 893 899	1 703 372	Very high deficit (means-tested)
Iceland	12.8	323 764	41 468	0.0
Ireland	12.1	4 597 558	554 197	Very high deficit (means-tested)
Israel	10.7	8 059 500	864 190	Very high deficit (means-tested)
Italy	21.1	60 233 948	12 729 637	Very high deficit (means-tested)
Luxembourg	14.2	543 360	77 280	0.0
Netherlands	17.0	16 804 432	2 857 852	Very high deficit (means-tested)
Norway	15.8	5 080 166	803 541	Very high deficit (means-tested)
Poland	14.4	38 514 479	5 558 820	Very high deficit (means-tested)
Portugal	18.8	10 457 295	1 962 879	Very high deficit (means-tested)
Russian Federation	13.0	143 499 861	18 695 637	Very high deficit (means-tested)
Slovakia	13.0	5 413 393	701 790	100.0
Slovenia	17.2	2 059 953	355 117	Very high deficit (means-tested)
Spain	17.8	46 617 825	8 279 823	Very high deficit (means-tested)
Sweden	19.3	9 600 379	1 855 420	0.0
Switzerland	17.7	8 087 875	1 432 046	Very high deficit (means-tested)
Turkey	7.4	74 932 641	5 527 954	100.0
United Kingdom	17.5	64 106 779	11 212 690	Very high deficit (means-tested)

Source

ILO calculations based on World Bank.
Databank: World Development Indicators Database. Available at: http://data.worldbank.org/data-catalog/world-development-indicators [29 Jun. 2015].

Note

For additional information and sources see Annex II (Statistics) in Scheil-Adlung. 2015b. *Long-term care protection for older persons: A review of coverage deficits in 46 countries*, Extension of Social Security (ESS) Paper Series No. 50 (Geneva, ILO).

Table B.14 The SDG gaps towards universal coverage in long-term care

B. The LTC workforce

Region/ country/ territory	Formal LTC workers (Full time equivalent FTE) per 100 persons 65 years and over[1]				Formal LTC workers (FTE), absolute values[1]				Formal LTC worker (Head count HC[1])			Coverage gap due to insufficient numbers of formal LTC workers	Informal LTC workers (HC)[1,2]		
	Total	Year	Institution-based	Home-based	Total	Year	Institution-based	Home-based	Per 100 persons 65 years and over	Absolute	Year	(relative threshold: 4.2 FTE workers per 100 persons 65 years and over)[1,3,4,5]	Per 100 persons 65 years and over	Absolute	Year
Africa															
Algeria	0	2006	...	...	...	2006	...	...	...	...	...	100	...	...	...
Ghana	0	2007	...	...	...	2007	...	...	...	...	...	100	...	...	...
Nigeria	0	2014	...	...	...	2014	...	...	...	...	...	100	...	...	...
South Africa	0.4	2012	...	...	11 562	2012	...	...	0.6	16 740	2012	90.5	...	...	...
Americas															
Argentina	0	2012	...	...	...	2012	...	...	...	...	...	100	...	...	...
Brazil	0	2014	...	...	...	2014	...	...	...	...	...	100	...	...	...
Canada	3.6	2006	...	...	157 575	2006	...	...	5.2	226 715	2006	13.3	60.9	2 700 000	2007
Chile	0	2012	...	...	...	2012	...	...	...	...	...	100	...	...	...
Colombia	0	2009	...	...	...	2009	...	...	...	...	...	100	...	...	...
Mexico	1.8	2008	...	...	137 845	2008	...	...	2.6	169 358	2008	57.6	...	...	...
United States	6.4	2012	5.3	1.1	2 769 442	2012	2 302 002	467 440	11.9	5 123 639	2012	0	122.8	44 443 800	2004
Asia and the Pacific															
Australia	4.4	2012	2.8	1.6	140 135	2012	89 797	50 338	7.1	226 956	2012	0	83.8	2 694 600	2012
China	1.1	1999	...	...	1 384 528	1999	...	...	...	...	...	72.3	...	...	...
India	0	2015	...	...	...	2015	...	...	...	...	...	100	...	...	...
Indonesia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Japan	4.0	2012	1.3	2.7	1 233 587	2012	404 994	828 593	5.8	1 797 827	2012	3.6	...	...	...
New Zealand	4.3	2011	3.0	1.4	25 413	2011	17 436	7 977	7.3	37 203	2006	0	4.8	24 500	2006
Thailand	0.7	2000	...	...	13 511	2000	...	...	1.0	36 179	2000	83.9	...	...	...
Europe and Central Asia															
Austria	2.6	2006	...	...	40 478	2006	...	...	...	...	...	37.3	21.4	289 882	2006
Belgium	2.9	2006	2.0	...	58 319	2006	37 089	...	...	...	...	30.1	23.2	420 231	2006
Czech Republic	2.1	2009	1.3	0.8	32 153	2009	20 127	12 026	2.4	38 041	2009	49.4	17.6	281 227	2010

Table B.14 The SDG gaps towards universal coverage in long-term care

B. The LTC workforce

Region/ country/ territory	Formal LTC workers (Full time equivalent FTE) per 100 persons 65 years and over[1]				Formal LTC workers (FTE), absolute values[1]				Formal LTC worker (Head count HC[1])			Coverage gap due to insufficient numbers of formal LTC workers	Informal LTC workers (HC)[1,2]		
	Total	Year	Institution-based	Home-based	Total	Year	Institution-based	Home-based	Per 100 persons 65 years and over	Absolute	Year	(relative threshold: 4.2 FTE workers per 100 persons 65 years and over)[1,3,4,5]	Per 100 persons 65 years and over	Absolute	Year
Denmark	6.3	2009	...	...	55 419	2009	...	...	9.0	79 067	2009	0	2.3	19 613	2008
Estonia	6.1	2012	0.6	5.6	14 406	2012	1 362	13 044	6.2	14 484	2012	0	...	...	...
Finland	6.5	2006	...	1.2	67 000	2006	...	12 000	...	...	...	0	...	...	...
France	1.1	2003	1.4	...	108 197	2003	140 670	...	1.6	160 029	2003	73.5	20.7	2 101 795	2006
Germany	3.2	2011	2.1	1.0	534 815	2011	361 792	173 023	4.4	745 932	2011	22.9	19.0	3 199 384	2012
Greece[5]	1.6	2006	...	...	34 703	2006	...	...	...	...	...	61.4	13.3	273 234	2006
Hungary	1.8	2012	...	...	30 509	2012	...	...	2.6	43 527	2012	56.6	...	...	...
Iceland	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ireland	1.8	2013	1.1	0.6	9 915	2013	6 293	3 621	2.8	17 358	2013	56.6	35.5	187 112	2011
Israel	8.0	2012	0.7	7.3	68 573	2013	6 035	62 538	10.7	84 450	2013	0	...	...	...
Italy	2.6	2003	...	...	330 971	2003	...	...	3.7	406 669	2003	37.3	37.2	4 034 696	2003
Luxembourg	6.9	2012	4.4	2.5	5 043	2012	3 217	1 826	...	...	...	0	3.3	2 439	2012
Netherlands	7.3	2012	...	...	45 244	2012	...	...	10.6	288 000	2012	0	144.9	3 500 000	2008
Norway	17.1	2012	...	...	131 180	2012	7 186	...	23.5	180 406	2012	0	87.2	670 000	2012
Poland[5]	3.0	2006	...	...	58 886	2006	...	...	...	...	...	27.7	23.9	1 214 331	2006
Portugal	0.4	2013	0.4	0	8 151	2013	5 146	965	0.6	10 872	2013	90.4	...	...	...
Russian Federation	0.7	2011	...	...	4 743	2011	...	...	1.0	184 000	2011	83.7	...	...	...
Slovakia	1.1	2012	0.7	0.4	7 878	2012	...	2 732	1.5	10 449	2012	73.5	8.6	59 187	2012
Slovenia	1.2	2010	...	1.2	4 249	2010	...	4 249	...	...	...	71.1	...	...	...
Spain	2.9	2012	...	...	235 456	2012	...	...	4.2	335 929	2012	30.1	4.9	408 401	2013
Sweden	9.6	2011	...	...	166 179	2011	...	...	12.8	222 446	2011	0	12.8	200 060	2006
Switzerland	5.2	2012	4.1	1.1	71 339	2012	56 299	15 040	8.5	116 409	2012	0	...	...	...
Turkey	0	2000	...	...	–	2000	...	...	...	...	...	100	...	...	...
United Kingdom[5]	6.9	2009	...	...	773 676	2009	...	...	...	...	...	0	55.6	5 550 000	2009

Source

ILO calculations based on OECD. 2014. Strengthening data on long-term care systems (Paris). Available at: http://www.oecd.org/els/health-systems/Long-Term-Care-Dataset-OECD-Health-Statistics-2014.xls (5 June 2015).

Notes

…: Not available.

LTC: Long-term care

FTE: Full time equivalent

HC: Head count

[1] A group of countries representing a broad range of legal, financing and organizational approaches towards LTC is used to generate the population weighted median threshold of 4.2 long term care workers (full time equivalent, FTE) per 100 persons 65 years and over in 2013 (or latest available year). The country group consists amongst others of Australia, Canada, Czech Republic, Estonia, France, Germany, Ireland, Israel, Japan, Luxembourg, New Zealand, Norway, Portugal, Slovakia, Sweden, Switzerland, United States.

[2] In 21 countries data on numbers of informal LTC workers are available as head count only. Thus, figures indicated include both part time and full time workers. Countries with data availability include Australia, Austria, Belgium, Canada, Czech Republic, Denmark, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, New Zealand, Norway, Poland, Slovakia, Spain, Sweden, United Kingdom, United States.

[3] Coverage gap due to staff access deficit based on the median value in the selected group of countries. The relative median value amounts to 4.2 formal long-term care workers (full-time equivalent, FTE) per 100 persons 65 years and over in 2013. The indicator shows the percentage of the population 65 years and over that is excluded from access to long-term care services due to insufficient numbers of formal long term care workers. It is calculated as follows:

$$\text{Staff Access Deficit} = \frac{(\textit{threshold} - \textit{value country x})}{\textit{treshold}} \times 100$$

	Australia	Canada
Formal long term care workers (full time equivalent, FTE) per 100 persons 65 years and over	4.4	3.6
Threshold based on the median value of OECD countries: 4.2	4.2	4.2
The ILO Staff Access Deficit indicator [(threshold – value country x) ÷ threshold × 100]	0 (above threshold)	13.3

[4] Best approximation based on the median ratio of "Formal long-term care workers (full time equivalent, FTE) per 100 persons 65 years and over" to "Formal long-term care workers (head count, HC) per 100 persons 65 years and over" (i.e. FTE:HC) from 2013 or latest year available. The median FTE:HC ratio is 0.69 in the representative group of countries. Using the high correlation between FTE and HC (at correlation coefficient of 0.81), the median FTE:HC ratio enables the best prediction for FTE where country data are not available.

[5] Approximation based on the median ratio of "Formal long-term care workers (full-time equivalent, FTE) per 100 persons 65 years and over" to "Informal long-term care workers per 100 persons 65 years and over" (i.e. FTE:INF) from 2013 or latest year available. The median FTE:INF ratio is 0.12 deriving from countries mentioned in note 2. As most of these countries have means-tested long-term care systems, the median FTE:INF ratio enables the second best prediction for FTE (with tendency for over estimation) where country data are not available.

For additional information and sources see Annex II (Statistics) in Scheil-Adlung. 2015b. *Long-term care protection for older persons: A review of coverage deficits in 46 countries*, Extension of Social Security (ESS) Paper Series No. 50 (Geneva, ILO).

Table B.14 The SDG gaps towards universal coverage in long-term care

C. Public and private LTC expenditure

Region/country/territory	Public expenditure on LTC				Out-of-pocket expenditure on LTC		
	Public expenditure on LTC, in % of GDP, 2006-2010 average[2]	Public expenditure on LTC per person 65 years and over, in PPP$[2,3,4]	Public expenditure on LTC per population 65 years and over, in % of GDP per capita[2,3,4]	Percentage of population 65 years and over excluded from access to LTC services due to financial resource deficit (Threshold:1,461.8 PPP$)[5]	Percentage of population experiencing out-of pocket expenditure for LTC, 65 years and over[1,7]	Out-of-pocket expenditure on LTC among population 65 years and over[8]	
						As a share of household income, weighted average[1,9]	As a share of per capita household income, weighted average[1,10]
Africa							
Algeria	0	0	0	100	...	...	...
Ghana	0	0	0	100	...	...	...
Nigeria	0	0	0	100	...	...	...
South Africa	0.2	450.2	3.6	69.2	...	...	...
Americas							
Argentina	...	...	...	...	...	...	...
Brazil	0	0	0	100	...	...	...
Canada	1.2	3336.6	7.9	0	...	...	...
Chile	0	0	00	100	...	...	...
Colombia	0	0	00	100	...	...	...
Mexico	0	0	00	100	...	...	...
United States	0.6	2206.4	4.3	0	...	...	...
Asia and the Pacific							
Australia	0	0	0	100	...	...	...
China	0.1	133.0	1.1	90.9	...	...	...
India	0.1	99.4	1.9	93.2	...	...	...
Indonesia	0.1	186.3	1.9	87.3	...	...	...
Japan	0.7	994.1	2.8	32.0	...	...	...
New Zealand	1.3	818.1	2.5	44.0	...	...	...
Thailand	...	...	...	...	...	...	...
Europe and Central Asia							
Austria	1.1	2639.6	6.0	0	65.6	11.0	9.2
Belgium	1.7	3838.7	9.5	0	86.5	6.3	5.1
Czech Republic	0.3	505.1	1.8	65.5	65.7	3.7	3.2

Table B.14 The SDG gaps towards universal coverage in long-term care

C. Public and private LTC expenditure

Region/country/territory	Public expenditure on LTC				Out-of-pocket expenditure on LTC		
	Public expenditure on LTC, in % of GDP, 2006-2010 average[2]	Public expenditure on LTC per person 65 years and over, in PPP$[2,3,4]	Public expenditure on LTC per population 65 years and over, in % of GDP per capita[2,3,4]	Percentage of population 65 years and over excluded from access to LTC services due to financial resource deficit (Threshold:1,461.8 PPP$)[5]	Percentage of population experiencing out-of pocket expenditure for LTC, 65 years and over[1,7]	Out-of-pocket expenditure on LTC among population 65 years and over[8]	
						As a share of household income, weighted average[1,9]	As a share of per capita household income, weighted average[1,10]
Denmark	2.2	5221.7	12.3	0	49.9	5.3	4.5
Estonia	0.2	280	1.1	80.8	15.3	11.1	10.5
Finland	0.8	1629.8	4.2	0	...	...	...
France	1.1	2297.1	6.2	0	75.3	6.3	5.2
Germany	0.9	1826.0	4.3	0	56.3	6.5	5.1
Greece	0.5	614.2	2.5	58.0	...	...	...
Hungary	0.3	395.7	1.7	72.9	...	...	...
Iceland	1.7	5436.3	13.3	0	...	...	...
Ireland	0.4	1481.6	3.3	0	...	...	...
Israel	0.5	1442.1	4.7	1.3	48.2	22.9	14.5
Italy	0.7	1120.4	3.3	23.4	73.7	14.4	8.9
Luxembourg	0.9	5622.4	6.3	0	66.9	3.5	2.7
Netherlands	2.3	6088.8	13.5	0	80.2	3.8	3.2
Norway	2.1	8406.1	13.3	0	...	...	...
Poland	0.4	633.5	2.7	56.7	...	...	...
Portugal	0.1	136.8	0.5	90.6	...	...	...
Russian Federation	0.2	361.7	1.5	75.3	...	...	...
Slovakia	0	0	0	100	...	...	...
Slovenia	0.7	1111.3	4.1	24.0	54.1	9.0	8.3
Spain	0.5	891.9	2.8	39.0	66.0	12.1	8.4
Sweden	0.7	1573.7	3.6	0	83.4	4.0	3.3
Switzerland	1.2	3727.0	6.8	0	70	4.0	3.0
Turkey	0	0	0	100	...	...	...
United Kingdom	0.9	1899.1	5.1	0	...	...	...

Source

[1] ILO calculations based on Survey of Health, Ageing and Retirement in Europe (SHARE) Database. Wave 5. Available at: http://www.share-project.org/home0/wave-5.html [15 June 2015].

[2] OECD (Organisation for Economic Co-operation and Development). 2013. Public spending on health and long-term care: A new set of projections. OECD Economic Policy Papers No. 6 (Paris). Available at: http://www.oecd.org/eco/growth/Health%20FINAL.pdf [5 June 2015].

[3] World Bank. Databank: World Development Indicators Database. Available at: http://data.worldbank.org/data-catalog/world-development-indicators [5 June 2015].

Notes

…: Not available.

[4] Total population and the percentage of population 65 years and over are extracted from the World Bank: World Development Indicators, 2013. GDP per capita, PPP (constant 2011 international $) and GDP, PPP (constant 2011 international $) are also extracted from this source.

[5] OECD countries are used to generate the population weighted median threshold of 1,461.8 PPP$ per person 65 years and over in 2013.

[6] Coverage gap due to financial resources deficit calculated on the population weighted median value of all OECD countries. The relative population weighted median value is based on the average long term care expenditure between 2006 and 2010. It amounts to 1,461.8 PPP$ per person 65 years and over per year. The indicator shows the percentage of the population 65 years and over that is excluded from access to LTC services due to a lack of financial resources. It is calculated as follows:

	China	Russian Federation
Public expenditure on LTC, in % GDP, 2006-10 average	0.1	0.2
GDP per capita, PPP (constant 2011 international $) (2013)	11805.1	23561.4
GDP, PPP, in millions (constant 2011 international $) (2013)	16023988.5	3381219.1
Population aged 65 and above (absolute) (2013)	120474979.0	18695637.1
Public expenditure on LTC, PPPS, in millions (2013)	16024.0	6762.4
Public expenditure on LTC per person 65 years and over	133	361.7
Public expenditure on LTC per person 65 years and over, in % GDP per capita	1.1	1.5
Population weighted median threshold of OECD countries, in PPP$	1461.8	1461.8
The ILO Financial Deficit Indicator	90.9	75.3

[7] The percentage of the population experiencing out-of-pocket (OOP) expenditure for LTC is based on a population from 15 European countries amounting to 92689 persons, 33,794 of whom are between the ages of 50 and 64 and 42,441 of whom are 65 years and over. Based on the "health care utilization and out-of-pocket expenses" module of the SHARE survey, it captures the percentage of the population experiencing out-of-pocket expenditure for long-term care on home care (hc128_) and institutional care (ho062_) in the last 12 months. It is calculated as follows:

$$\frac{\textit{Number of persons 65 years and over who spent OOP on (home care + institutional care)}}{\textit{Total number of persons 65 years and over}} \times 100$$

[8] The amount of out-of-pocket expenditure on LTC among the population 65 years and over is the weighted average of the out-of-pocket expenses on home care (hc129e) and institutional care (hc085e) in the last 12 months.

[9] Due to differences in standard of living across sample European countries, out-of-pocket (OOP) expenses are expressed as a percentage of household (HH) income per year. It is a weighted average of out-of-pocket expenditure spent on home care and institutional care, calculated as follows:

$$\frac{\begin{array}{c}\textit{\% HH income spent on } OOP_{\textit{homecare}} \times \textit{number of respondents}_{\textit{homecare}} \\ + \textit{\% HH income spent on } OOP_{\textit{institutional care}} \times \textit{number of respondents}_{\textit{institutional care}}\end{array}}{\textit{= weighted \% HH income spent on } OOP_{\textit{long term care}}}$$

$$\textit{Thus, the weighted average \% household income spent on } OOP_{\textit{long term care}}$$

$$= \frac{\textit{weighted \% HH income spent on } OOP_{\textit{long term care}}}{\textit{Total number of respondents who spent OOP on long term care}_{\textit{home care + institutional care}}}$$

[10] Out-of-pocket (OOP) expenses on LTC are also expressed as percentage of per capita household income per year and is calculated as follows:

$$\frac{\begin{array}{c}\textit{\% per capita HH income spent on } OOP_{\textit{homecare}} \times \textit{number of persons}_{\textit{homecare}} \\ + \textit{\% per capita HH income spent on } OOP_{\textit{institutional care}} \times \textit{number of persons}_{\textit{institutional care}}\end{array}}{\textit{= weighted \% per capita HH income spent on } OOP_{\textit{long term care}}}$$

$$\textit{Thus, the weighted average \% per capita household income spent on } OOP_{\textit{long term care}}$$

$$= \frac{\textit{weighted \% per capita household income spent on } OOP_{\textit{long term care}}}{\textit{Total number of respondents who spent OOP on long term care}_{\textit{home care + institutional care}}}$$

For additional information and sources see Annex II (Statistics) in Scheil-Adlung. 2015b. *Long-term care protection for older persons: A review of coverage deficits in 46 countries*, Extension of Social Security (ESS) Paper Series No. 50 (Geneva, ILO).

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

A. Estimates of current employment in the health economies of 185 countries: Size of the workforce in 2016 or latest available year

Region/income group/ country/territory	Current number of health economy workers in health occupations, in thousands (A+B)[1,2]	Current number of health economy workers in non-health occupations, in thousands (C+D)[3,4]	Current number of unpaid informal care workers fully or partly pulled out of the formal labour market to provide LTC, in thousands (E)[5,6]	Current number of health economy workers in non-health occupations including unpaid care workers, in thousands (C+D+E)[3,4,5,6]	Ratio of workers in non-health occupations excluding unpaid informal care workers to workers in health occupations {(C+D) ÷ (A+B)}[1,2,3,4]	Ratio of workers in non-health occupations including unpaid informal care workers to workers in health occupations {(C+D+E) ÷ (A+B)}[1,2,3,4,5,6]
Africa	4377	5958	3707	9665	1.4	2.2
Americas	13404	21312	9627	30939	1.6	2.3
Arab States	1203	1914	445	2359	1.6	2.0
Asia and the Pacific	32918	47117	29314	76431	1.4	2.3
Europe and Central Asia	18715	29719	13567	43286	1.6	2.3
High-Income Countries	27873	46655	20804	67459	1.7	2.4
Upper-Middle Income Countries	26383	36744	19694	56438	1.4	2.1
Lower-Income Countries	15695	21741	14618	36358	1.4	2.3
Low-Income Countries	716	902	1550	2452	1.3	3.4
Afghanistan	62	85	77	162	1.4	2.6
Albania	31	43	34	78	1.4	2.5
Algeria	426	590	226	815	1.4	1.9
Andorra	2	3	...	3	1.7	1.7
Angola	39	54	56	110	1.4	2.8
Argentina	497	580	455	1035	1.2	2.1
Armenia	51	70	31	102	1.4	2.0
Australia	751	1211	346	1557	1.6	2.1
Austria	228	384	154	537	1.7	2.4
Azerbaijan	168	232	53	285	1.4	1.7
Bahamas	5	9	3	12	1.7	2.4
Bahrain	10	17	3	20	1.7	2.1
Bangladesh	260	360	768	1128	1.4	4.3
Barbados	4	7	4	11	1.7	2.7
Belarus	248	343	127	470	1.4	1.9
Belgium	271	561	198	759	2.1	2.8
Belize	2	3	1	4	1.4	2.0
Benin	24	34	30	64	1.4	2.6
Bhutan	7	10	4	14	1.4	1.9
Bolivia, Plurinational State of	48	67	67	133	1.4	2.8
Bosnia and Herzegovina	29	38	56	94	1.3	3.3
Botswana	30	42	8	50	1.4	1.6
Brazil	3203	4433	1564	5997	1.4	1.9
Brunei Darussalam	8	14	2	16	1.7	1.9
Bulgaria	115	160	137	297	1.4	2.6
Burkina Faso	19	27	42	68	1.4	3.5
Burundi	10	13	26	40	1.4	4.1

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

A. Estimates of current employment in the health economies of 185 countries: Size of the workforce in 2016 or latest available year

Region/income group/ country/territory	Current number of health economy workers in health occupations, in thousands (A+B)[1,2]	Current number of health economy workers in non-health occupations, in thousands (C+D)[3,4]	Current number of unpaid informal care workers fully or partly pulled out of the formal labour market to provide LTC, in thousands (E)[5,6]	Current number of health economy workers in non-health occupations including unpaid care workers, in thousands (C+D+E)[3,4,5,6]	Ratio of workers in non-health occupations excluding unpaid informal care workers to workers in health occupations {(C+D) ÷ (A+B)}[1,2,3,4]	Ratio of workers in non-health occupations including unpaid informal care workers to workers in health occupations {(C+D+E) ÷ (A+B)}[1,2,3,4,5,6]
Cabo Verde	1	1	2	4	1.4	3.9
Cambodia	26	50	62	111	1.9	4.3
Cameroon	64	88	72	160	1.4	2.5
Canada	1 063	1 831	556	2 388	1.7	2.3
Central African Republic	6	8	18	27	1.4	4.3
Chad	9	13	33	46	1.4	5.0
Chile	51	88	189	277	1.7	5.5
China	15 520	21 482	12 607	34 088	1.4	2.2
Colombia	248	343	326	669	1.4	2.7
Comoros	2	3	2	5	1.4	2.5
Congo	12	17	16	33	1.4	2.7
Costa Rica	47	108	41	149	2.3	3.2
Côte d'Ivoire	33	46	66	112	1.4	3.4
Croatia	82	80	77	157	1.0	1.9
Cuba	459	635	153	788	1.4	1.7
Cyprus	11	21	14	35	2.0	3.4
Czech Republic	227	248	183	430	1.1	1.9
Denmark	182	462	103	565	2.5	3.1
Djibouti	2	3	4	6	1.4	3.2
Dominican Republic	53	73	67	140	1.4	2.7
Ecuador	95	229	104	333	2.4	3.5
Egypt	1 135	1 571	458	2 029	1.4	1.8
El Salvador	42	122	48	170	2.9	4.0
Equatorial Guinea	3	6	2	8	1.7	2.4
Eritrea	7	9	13	23	1.4	3.3
Estonia	25	34	24	58	1.4	2.4
Ethiopia	101	37	332	369	0.4	3.7
Fiji	6	8	5	13	1.4	2.3
Finland	165	334	108	443	2.0	2.7
France	1 386	3 652	1 181	4 833	2.6	3.5
Gabon	14	19	8	27	1.4	2.0
The Gambia	8	12	4	16	1.4	1.9
Georgia	76	105	54	159	1.4	2.1
Germany	3 360	3 467	1 644	5 111	1.0	1.5
Ghana	56	77	89	166	1.4	3.0
Greece	125	176	225	401	1.4	3.2
Grenada	1	1	1	2	1.4	2.2

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

A. Estimates of current employment in the health economies of 185 countries: Size of the workforce in 2016 or latest available year

Region/income group/ country/territory	Current number of health economy workers in health occupations, in thousands (A+B)[1,2]	Current number of health economy workers in non-health occupations, in thousands (C+D)[3,4]	Current number of unpaid informal care workers fully or partly pulled out of the formal labour market to provide LTC, in thousands (E)[5,6]	Current number of health economy workers in non-health occupations including unpaid care workers, in thousands (C+D+E)[3,4,5,6]	Ratio of workers in non-health occupations excluding unpaid informal care workers to workers in health occupations {(C+D) ÷ (A+B)}[1,2,3,4]	Ratio of workers in non-health occupations including unpaid informal care workers to workers in health occupations {(C+D+E) ÷ (A+B)}[1,2,3,4,5,6]
Guatemala	90	159	76	235	1.8	2.6
Guinea	12	16	37	53	1.4	4.6
Guinea-Bissau	5	7	6	12	1.4	2.5
Guyana	1	2	4	6	1.4	3.9
Honduras	34	47	38	85	1.4	2.5
Hungary	183	234	168	402	1.3	2.2
Iceland	10	18	4	22	1.8	2.2
India	7506	10390	7063	17453	1.4	2.3
Indonesia	1116	1545	1278	2823	1.4	2.5
Iran, Islamic Republic of	799	1106	384	1490	1.4	1.9
Iraq	51	71	107	177	1.4	3.5
Ireland	114	200	59	259	1.8	2.3
Israel	153	351	87	438	2.3	2.9
Italy	997	1450	1285	2736	1.5	2.7
Jamaica	12	16	24	40	1.4	3.5
Japan	4060	6991	3198	10190	1.7	2.5
Jordan	96	132	28	160	1.4	1.7
Kazakhstan	367	508	114	622	1.4	1.7
Kenya	84	116	124	240	1.4	2.9
Kiribati	1	1	0	2	1.4	1.8
Kuwait	69	118	7	126	1.7	1.8
Kyrgyzstan	78	108	24	132	1.4	1.7
Lao People's Democratic Republic	26	37	25	61	1.4	2.3
Latvia	30	50	37	86	1.7	2.9
Lebanon	64	89	46	135	1.4	2.1
Lesotho	3	4	8	12	1.4	4.7
Liberia	5	6	13	19	1.4	4.2
Libya	103	143	27	170	1.4	1.7
Lithuania	67	63	52	115	0.9	1.7
Luxembourg	10	25	8	33	2.4	3.2
Macedonia, the former Yugoslav Republic of	28	25	25	49	0.9	1.8
Madagascar	32	44	66	110	1.4	3.5
Malawi	35	49	57	106	1.4	3.0
Malaysia	259	319	170	490	1.2	1.9
Maldives	6	9	2	11	1.4	1.6
Mali	30	42	43	85	1.4	2.8

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

A. Estimates of current employment in the health economies of 185 countries: Size of the workforce in 2016 or latest available year

Region/income group/ country/territory	Current number of health economy workers in health occupations, in thousands (A+B)[1,2]	Current number of health economy workers in non-health occupations, in thousands (C+D)[3,4]	Current number of unpaid informal care workers fully or partly pulled out of the formal labour market to provide LTC, in thousands (E)[5,6]	Current number of health economy workers in non-health occupations including unpaid care workers, in thousands (C+D+E)[3,4,5,6]	Ratio of workers in non-health occupations excluding unpaid informal care workers to workers in health occupations {(C+D) ÷ (A+B)}[1,2,3,4]	Ratio of workers in non-health occupations including unpaid informal care workers to workers in health occupations {(C+D+E) ÷ (A+B)}[1,2,3,4,5,6]
Malta	8	17	8	25	2.1	3.0
Marshall Islands	1	1	...	1	1.4	1.4
Mauritania	9	12	13	25	1.4	2.8
Mauritius	18	25	12	36	1.4	2.0
Mexico	950	1 507	788	2 295	1.6	2.4
Micronesia, Federated States of	2	2	0	3	1.4	1.6
Moldova, Republic of	48	65	39	104	1.4	2.2
Monaco	3	4	...	4	1.7	1.7
Mongolia	34	19	11	30	0.6	0.9
Montenegro	8	11	8	20	1.4	2.4
Morocco	107	148	203	352	1.4	3.3
Mozambique	24	33	90	123	1.4	5.1
Myanmar	160	221	277	498	1.4	3.1
Namibia	13	18	8	26	1.4	2.0
Nauru	0	0	...	0	1.4	1.4
Nepal	66	92	152	244	1.4	3.7
Netherlands	546	1 075	296	1 371	2.0	2.5
New Zealand	7	13	65	77	1.7	10.3
Nicaragua	53	73	30	103	1.4	2.0
Niger	5	7	49	56	1.4	11.1
Nigeria	592	819	478	1 297	1.4	2.2
Niue	0	0	...	0	1.4	1.4
Norway	220	420	82	502	1.9	2.3
Oman	75	130	11	141	1.7	1.9
Pakistan	736	1 019	814	1 833	1.4	2.5
Palau	0	0	...	0	1.4	1.4
Panama	44	74	29	103	1.7	2.4
Papua New Guinea	19	26	22	48	1.4	2.6
Paraguay	55	76	38	114	1.4	2.1
Peru	357	494	205	699	1.4	2.0
Philippines	478	583	442	1 025	1.2	2.1
Poland	642	655	575	1 230	1.0	1.9
Portugal	192	379	206	585	2.0	3.1
Qatar	30	51	3	53	1.7	1.8
Romania	296	232	324	556	0.8	1.9
Russian Federation	1 988	3 423	1 839	5 262	1.7	2.7
Rwanda	21	29	31	60	1.4	2.9

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

A. Estimates of current employment in the health economies of 185 countries: Size of the workforce in 2016 or latest available year

Region/income group/ country/territory	Current number of health economy workers in health occupations, in thousands (A+B)[1,2]	Current number of health economy workers in non-health occupations, in thousands (C+D)[3,4]	Current number of unpaid informal care workers fully or partly pulled out of the formal labour market to provide LTC, in thousands (E)[5,6]	Current number of health economy workers in non-health occupations including unpaid care workers, in thousands (C+D+E)[3,4,5,6]	Ratio of workers in non-health occupations excluding unpaid informal care workers to workers in health occupations {(C+D) ÷ (A+B)}[1,2,3,4]	Ratio of workers in non-health occupations including unpaid informal care workers to workers in health occupations {(C+D+E) ÷ (A+B)}[1,2,3,4,5,6]
Saint Kitts and Nevis	1	1	...	1	1.7	1.7
Saint Lucia	0	0	2	2	1.4	35.2
Saint Vincent and the Grenadines	2	2	1	3	1.4	1.9
Samoa	2	3	1	4	1.4	1.9
San Marino	1	2	...	2	1.7	1.7
Sao Tome and Principe	2	3	1	4	1.4	1.6
Saudi Arabia	512	882	87	968	1.7	1.9
Senegal	23	32	43	74	1.4	3.3
Serbia	122	95	145	240	0.8	2.0
Seychelles	3	4	1	5	1.7	2.0
Sierra Leone	3	4	17	20	1.4	7.3
Singapore	84	145	63	208	1.7	2.5
Slovakia	106	131	72	203	1.2	1.9
Slovenia	44	51	36	87	1.2	2.0
Solomon Islands	2	3	2	5	1.4	2.3
Somalia	2	3	29	32	1.4	15.3
South Africa	721	998	263	1 262	1.4	1.8
Spain	851	1 351	831	2 182	1.6	2.6
Sri Lanka	93	129	185	314	1.4	3.4
Sudan	164	227	128	356	1.4	2.2
Suriname	5	7	4	11	1.4	2.1
Swaziland	22	30	4	35	1.4	1.6
Sweden	318	721	187	908	2.3	2.9
Switzerland	302	519	144	663	1.7	2.2
Syrian Arab Republic	175	242	72	314	1.4	1.8
Tajikistan	86	119	24	144	1.4	1.7
Tanzania, United Republic of	29	41	164	205	1.4	7.0
Thailand	453	735	683	1 418	1.6	3.1
Timor-Leste	4	6	6	12	1.4	2.9
Togo	14	19	19	38	1.4	2.8
Tonga	1	2	1	2	1.4	1.8
Trinidad and Tobago	12	21	12	33	1.7	2.7
Tunisia	90	125	82	207	1.4	2.3
Turkey	572	896	569	1 465	1.6	2.6
Turkmenistan	124	172	21	194	1.4	1.6
Uganda	112	154	93	248	1.4	2.2
Ukraine	901	1 247	658	1 905	1.4	2.1

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

A. Estimates of current employment in the health economies of 185 countries: Size of the workforce in 2016 or latest available year

Region/income group/ country/territory	Current number of health economy workers in health occupations, in thousands (A+B)[1,2]	Current number of health economy workers in non-health occupations, in thousands (C+D)[3,4]	Current number of unpaid informal care workers fully or partly pulled out of the formal labour market to provide LTC, in thousands (E)[5,6]	Current number of health economy workers in non-health occupations including unpaid care workers, in thousands (C+D+E)[3,4,5,6]	Ratio of workers in non-health occupations excluding unpaid informal care workers to workers in health occupations {(C+D) ÷ (A+B)}[1,2,3,4]	Ratio of workers in non-health occupations including unpaid informal care workers to workers in health occupations {(C+D+E) ÷ (A+B)}[1,2,3,4,5,6]
United Arab Emirates	42	72	10	82	1.7	2.0
United Kingdom	1731	3599	1102	4702	2.1	2.7
United States	5762	9923	4564	14487	1.7	2.5
Uruguay	57	119	48	167	2.1	2.9
Uzbekistan	790	1094	134	1228	1.4	1.6
Vanuatu	1	2	1	3	1.4	2.2
Venezuela, Bolivarian Republic of	151	260	187	447	1.7	3.0
Viet Nam	371	513	604	1118	1.4	3.0
Yemen	79	110	72	182	1.4	2.3
Zambia	47	65	45	110	1.4	2.4
Zimbabwe	48	66	44	110	1.4	2.3
TOTAL	**70631**	**106042**	**56665**	**162707**		
MEDIAN					1.4	2.4
MEAN					1.5	2.9
Weighted Average Ratio					1.5	2.3

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

B. Estimates of the additional employment potential in the global health protection supply chain producing UHC by 2030 (2016 or latest available year, 2030)

Region/income group/ country/territory	Current number of jobs for health economy workers in health occupations missing, in thousands (A+B)[1,2,7]	Current number of jobs for health economy workers in non-health occupations missing, in thousands (C+D)[3,4,7]	Current number of jobs for care workers missing, in thousands (E)[5,6,7]	Current number of jobs for health economy workers in non-health occupations including care workers missing in 2016 or latest available year, in thousands (C+D+E)[3,4,5,6,7]	Number of jobs for health economy workers in health occupations missing in 2030 in thousands (A+B)[1,2,7,8]	Number of jobs for health economy workers in non-health occupations missing in 2030, in thousands (C+D)[3,4,7,8]	Number of jobs for care worker missing by 2030, in thousands (E)[5,6,7,8]	Number of jobs for health economy workers in non-health occupations including care workers missing in 2030 in thousands (C+D+E)[3,4,5,6,7,8]
Africa	6368	10494	2949	13443	10102	16586	5634	22219
Americas	966	1510	47	1558	1439	2373	299	2672
Arab States	499	829	462	1291	858	1401	771	2172
Asia and the Pacific	10347	18575	2264	20893	14136	24658	4755	29413
Europe and Central Asia	160	353	104	457	259	484	173	657
High-Income Countries	335	539	205	744	437	784	315	1099
Upper-Middle Income Countries	1401	2459	473	2933	2201	3917	1053	4971
Lower-Income Countries	12583	22208	3587	25795	17982	30856	7288	38144
Low-Income Countries	4021	6556	1562	8118	6173	9945	2977	12921
Afghanistan	238	387	120	507	343	552	189	741
Albania	...	...	...	...	...	...	...	...
Algeria	...	...	15	15	20	112	67	179
Andorra	...	...	0	0	...	...	0	0
Angola	192	309	96	405	324	517	183	700
Argentina	...	51	...	51	...	137	...	137
Armenia	...	...	...	...	...	...	...	...
Australia	...	...	...	...	...	...	...	...
Austria	...	...	...	...	...	...	...	...
Azerbaijan	...	...	7	7	...	...	12	12
Bahamas	...	...	...	...	...	...	...	...
Bahrain	3	3	5	8	5	7	7	14
Bangladesh	1225	1979	208	2187	1460	2349	362	2712
Barbados	...	...	...	...	...	...	...	...
Belarus	...	...	...	...	...	...	...	...
Belgium	...	...	...	...	...	...	...	...
Belize	1	2	1	3	2	4	2	5
Benin	76	125	36	160	120	193	64	257
Bhutan	...	...	...	...	...	...	...	...
Bolivia, Plurinational State of	51	89	...	89	73	125	13	138
Bosnia and Herzegovina	6	17	...	17	4	14	...	14
Botswana	...	...	6	6	...	...	9	9
Brazil	...	...	...	...	...	...	...	...
Brunei Darussalam	...	...	1	1	...	...	1	1

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

B. Estimates of the additional employment potential in the global health protection supply chain producing UHC by 2030 (2016 or latest available year; 2030)

Region/income group/ country/territory	Current number of jobs for health economy workers in health occupations missing, in thousands (A+B)[1,2,7]	Current number of jobs for health economy workers in non-health occupations missing, in thousands (C+D)[3,4,7]	Current number of jobs for care workers missing, in thousands (E)[5,6,7]	Current number of jobs for health economy workers in non-health occupations including care workers missing in 2016 or latest available year, in thousands (C+D+E)[3,4,5,6,7]	Number of jobs for health economy workers in health occupations missing in 2030 in thousands (A+B)[1,2,7,8]	Number of jobs for health economy workers in non-health occupations missing in 2030, in thousands (C+D)[3,4,7,8]	Number of jobs for care worker missing by 2030, in thousands (E)[5,6,7,8]	Number of jobs for health economy workers in non-health occupations including care workers missing in 2030 in thousands (C+D+E)[3,4,5,6,7,8]
Bulgaria	...	...	...	...	...	...	...	...
Burkina Faso	148	236	68	304	232	369	124	493
Burundi	94	149	41	190	151	239	79	318
Cabo Verde	4	6	1	7	5	8	1	9
Cambodia	118	176	33	209	149	226	54	280
Cameroon	152	251	70	321	240	391	128	519
Canada	...	...	...	...	...	...	...	...
Central African Republic	39	63	12	74	54	86	21	107
Chad	120	191	52	244	193	306	100	406
Chile	115	173	...	173	136	207	...	207
China	...	...	...	...	...	...	...	...
Colombia	197	358	...	358	243	430	...	430
Comoros	5	9	3	11	8	13	4	17
Congo	30	50	12	62	50	82	25	107
Costa Rica	...	...	...	...	3	...	...	...
Côte d'Ivoire	176	284	72	355	263	421	129	550
Croatia	...	...	...	...	...	...	...	...
Cuba	...	...	...	...	...	...	...	...
Cyprus	0.19	...	...	...	1	...	...	...
Czech Republic	...	...	...	...	...	...	...	...
Denmark	...	...	...	...	...	...	...	...
Djibouti	6	10	2	12	8	13	3	15
Dominican Republic	44	80	...	80	59	102	6	108
Ecuador	54	5	...	5	85	55	15	70
Egypt	...	...	97	97	...	131	252	383
El Salvador	14	...	...	...	17	...	...	...
Equatorial Guinea	4	6	3	9	8	12	5	17
Eritrea	41	67	19	85	61	97	31	128
Estonia	...	...	...	...	...	...	...	...
Ethiopia	816	1 407	270	1 677	1 175	1 972	506	2 479
Fiji	3	5	0	6	3	6	1	7
Finland	...	...	...	...	...	...	...	...
France	...	...	...	...	...	...	...	...
Gabon	2	6	2	8	8	15	6	21

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

B. Estimates of the additional employment potential in the global health protection supply chain producing UHC by 2030 (2016 or latest available year, 2030)

Region/income group/ country/territory	Current number of jobs for health economy workers in health occupations missing, in thousands (A+B)[1,2,7]	Current number of jobs for health economy workers in non-health occupations missing, in thousands (C+D)[3,4,7]	Current number of jobs for care workers missing, in thousands (E)[5,6,7]	Current number of jobs for health economy workers in non-health occupations including care workers missing in 2016 or latest available year, in thousands (C+D+E)[3,4,5,6,7]	Number of jobs for health economy workers in health occupations missing in 2030 in thousands (A+B)[1,2,7,8]	Number of jobs for health economy workers in non-health occupations missing in 2030, in thousands (C+D)[3,4,7,8]	Number of jobs for care worker missing by 2030, in thousands (E)[5,6,7,8]	Number of jobs for health economy workers in non-health occupations including care workers missing in 2030 in thousands (C+D+E)[3,4,5,6,7,8]
The Gambia	10	17	8	25	20	34	14	48
Georgia	...	...	...	...	...	...	...	...
Germany	...	...	...	...	...	...	...	...
Ghana	197	321	77	398	285	459	134	593
Greece	...	...	...	...	...	...	...	...
Grenada	0.1	0.3	...	0.3	0	0	...	0
Guatemala	60	79	23	102	107	152	54	206
Guinea	105	167	39	207	157	250	74	323
Guinea-Bissau	12	20	6	26	18	30	10	40
Guyana	6	9	1	10	6	10	1	11
Honduras	41	70	11	82	56	94	21	116
Hungary	...	...	...	...	...	...	...	...
Iceland	...	...	...	...	...	...	...	...
India	4591	8660	887	9547	6590	11807	2200	14007
Indonesia	1261	2198	283	2481	1610	2749	513	3262
Iran, Islamic Republic of	...	44	96	140	18	181	153	334
Iraq	285	459	114	573	448	715	221	936
Ireland	...	...	...	...	...	...	...	...
Israel	...	...	...	...	...	...	...	...
Italy	...	...	...	...	...	...	...	...
Jamaica	14	25	...	25	15	26	...	26
Japan	...	...	...	...	...	...	...	...
Jordan	...	...	18	18	...	...	28	28
Kazakhstan	...	...	...	...	...	...	8	8
Kenya	341	553	155	708	520	834	273	1107
Kiribati	0	0	0	1	0	1	0	1
Kuwait	...	...	16	16	...	...	23	23
Kyrgyzstan	...	...	12	12	...	...	19	19
Lao People's Democratic Republic	36	62	16	79	52	87	27	113
Latvia	...	...	...	...	...	...	...	...
Lebanon	...	...	...	...	...	...	...	...
Lesotho	17	27	4	32	20	33	7	39
Liberia	37	59	14	73	55	87	26	113

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

B. Estimates of the additional employment potential in the global health protection supply chain producing UHC by 2030 (2016 or latest available year; 2030)

Region/income group/ country/territory	Current number of jobs for health economy workers in health occupations missing, in thousands (A+B)[1,2,7]	Current number of jobs for health economy workers in non-health occupations missing, in thousands (C+D)[3,4,7]	Current number of jobs for care workers missing, in thousands (E)[5,6,7]	Current number of jobs for health economy workers in non-health occupations including care workers missing in 2016 or latest available year, in thousands (C+D+E)[3,4,5,6,7]	Number of jobs for health economy workers in health occupations missing in 2030 in thousands (A+B)[1,2,7,8]	Number of jobs for health economy workers in non-health occupations missing in 2030, in thousands (C+D)[3,4,7,8]	Number of jobs for care worker missing by 2030, in thousands (E)[5,6,7,8]	Number of jobs for health economy workers in non-health occupations including care workers missing in 2030 in thousands (C+D+E)[3,4,5,6,7,8]
Libya	...	...	11	11	...	...	18	18
Lithuania	...	...	...	...	...	...	...	...
Luxembourg	...	...	...	...	...	...	...	...
Macedonia, the former Yugoslav Republic of	...	...	...	...	...	...	...	...
Madagascar	192	308	81	389	300	479	152	631
Malawi	124	201	48	249	210	337	104	442
Malaysia	21	122	14	135	74	205	49	254
Maldives	...	...	1	1	...	...	1	1
Mali	132	214	64	278	222	356	123	479
Malta	...	...	...	...	...	...	...	...
Marshall Islands	...	...	0	0	...	...	0	0
Mauritania	29	47	12	59	44	70	22	92
Mauritius	...	...	...	...	...	...	...	...
Mexico	222	338	...	338	417	645	110	755
Micronesia, Federated States of	...	...	0	0	...	...	0	0
Moldova, Republic of	...	...	...	...	...	...	...	...
Monaco	...	...	0	0	...	...	0	0
Mongolia	...	24	6	31	...	32	10	42
Montenegro	...	...	...	...	...	...	...	...
Morocco	210	351	5	356	260	430	38	467
Mozambique	234	373	80	453	358	569	161	730
Myanmar	337	562	50	611	396	654	88	742
Namibia	10	18	7	24	17	30	12	41
Nauru	...	...	...	...	...	...	...	...
Nepal	197	322	21	343	239	389	49	438
Netherlands	...	...	...	...	...	...	...	...
New Zealand	34	53	...	53	40	61	...	61
Nicaragua	3	15	7	22	12	29	13	42
Niger	179	282	71	354	327	516	169	684
Nigeria	1 090	1 829	626	2 455	1 832	2 997	1 114	4 111
Niue	...	...	...	...	...	...	...	...
Norway	...	...	...	...	...	...	...	...
Oman	...	...	16	16	...	...	21	21

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

B. Estimates of the additional employment potential in the global health protection supply chain producing UHC by 2030 (2016 or latest available year, 2030)

Region/income group/ country/territory	Current number of jobs for health economy workers in health occupations missing, in thousands (A+B)[1,2,7]	Current number of jobs for health economy workers in non-health occupations missing, in thousands (C+D)[3,4,7]	Current number of jobs for care workers missing, in thousands (E)[5,6,7]	Current number of jobs for health economy workers in non-health occupations including care workers missing in 2016 or latest available year, in thousands (C+D+E)[3,4,5,6,7]	Number of jobs for health economy workers in health occupations missing in 2030 in thousands (A+B)[1,2,7,8]	Number of jobs for health economy workers in non-health occupations missing in 2030, in thousands (C+D)[3,4,7,8]	Number of jobs for care worker missing by 2030, in thousands (E)[5,6,7,8]	Number of jobs for health economy workers in non-health occupations including care workers missing in 2030 in thousands (C+D+E)[3,4,5,6,7,8]
Pakistan	1007	1727	331	2058	1524	2540	671	3211
Palau	...	...	0	0	...	0	0	0
Panama	...	...	...	...	0	...	0	0
Papua New Guinea	51	85	24	109	74	120	39	159
Paraguay	6	20	2	22	17	38	9	47
Peru	...	...	...	...	...	41	18	59
Philippines	451	881	168	1049	662	1213	307	1520
Poland	...	...	...	...	...	...	...	...
Portugal	...	...	...	...	...	...	...	...
Qatar	...	...	11	11	...	...	14	14
Romania	...	52	...	52	...	25	...	25
Russian Federation	...	...	...	...	...	...	...	...
Rwanda	86	140	39	179	125	200	65	265
Saint Kitts and Nevis	...	...	0	0	...	...	0	0
Saint Lucia	2	3	...	3	2	3	...	3
Saint Vincent and the Grenadines	...	...	...	...	...	...	...	...
Samoa	...	0	0	0	0	0	0	1
San Marino	...	...	0	0	...	...	0	0
Sao Tome and Principe	...	...	1	1	...	0	1	1
Saudi Arabia	...	...	105	105	...	...	151	151
Senegal	117	188	49	237	188	300	96	395
Serbia	...	33	...	33	...	25	...	25
Seychelles	...	...	...	...	...	...	...	...
Sierra Leone	57	90	23	112	77	121	36	157
Singapore	...	...	...	...	...	...	...	...
Slovakia	...	...	...	...	...	...	...	...
Slovenia	...	...	...	...	...	...	...	...
Solomon Islands	3	6	2	7	5	8	3	11
Somalia	97	154	36	190	150	237	71	308
South Africa	...	...	67	67	...	...	101	101
Spain	...	...	...	...	...	...	...	...
Sri Lanka	98	172	...	172	106	184	...	184
Sudan	207	357	116	473	357	593	214	807

Table B.15 Global estimates of current employment in the health economy and the employment potential of investments in universal health coverage by 2030

B. Estimates of the additional employment potential in the global health protection supply chain producing UHC by 2030 (2016 or latest available year; 2030)

Region/income group/ country/territory	Current number of jobs for health economy workers in health occupations missing, in thousands (A+B)[1,2,7]	Current number of jobs for health economy workers in non-health occupations missing, in thousands (C+D)[3,4,7]	Current number of jobs for care workers missing, in thousands (E)[5,6,7]	Current number of jobs for health economy workers in non-health occupations including care workers missing in 2016 or latest available year, in thousands (C+D+E)[3,4,5,6,7]	Number of jobs for health economy workers in health occupations missing in 2030 in thousands (A+B)[1,2,7,8]	Number of jobs for health economy workers in non-health occupations missing in 2030, in thousands (C+D)[3,4,7,8]	Number of jobs for care worker missing by 2030, in thousands (E)[5,6,7,8]	Number of jobs for health economy workers in non-health occupations including care workers missing in 2030 in thousands (C+D+E)[3,4,5,6,7,8]
Suriname	...	1	...	1	0	2	0	2
Swaziland	...	...	3	3	...	...	5	5
Sweden	...	...	...	...	...	...	...	...
Switzerland	...	...	...	...	...	...	...	...
Syrian Arab Republic	...	27	40	67	89	174	102	276
Tajikistan	...	4	27	31	16	42	43	85
Tanzania, United Republic of	464	736	160	896	736	1 164	339	1 503
Thailand	175	252	...	252	177	257	...	257
Timor-Leste	7	11	1	12	10	17	3	20
Tonga	...	...	0	0	...	...	0	0
Trinidad and Tobago	0.32	...	...	...	0	...	...	...
Tunisia	14	38	...	38	27	59	...	59
Turkey	154	247	...	247	237	378	...	378
Turkmenistan	...	...	11	11	...	...	16	16
Uganda	249	413	143	556	460	746	282	1 028
Ukraine	...	...	...	...	...	...	...	...
United Arab Emirates	42	61	46	106	59	87	57	144
United Kingdom	...	...	...	...	...	...	...	...
United States	...	...	...	...	...	...	...	...
Uruguay	...	...	...	...	...	...	...	...
Uzbekistan	...	...	48	48	...	...	75	75
Vanuatu	1	2	1	3	2	3	1	4
Venezuela, Bolivarian Republic of	136	192	2	193	187	272	35	308
Viet Nam	491	844	...	844	600	1 016	34	1 049
Yemen	168	280	91	371	256	418	149	567
Zambia	103	171	53	224	187	303	108	411
Zimbabwe	96	161	50	211	149	244	85	329
Total	**18 340**	**31 762**	**5 827**	**37 642**	**26 794**	**45 502**	**11 632**	**57 133**

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Notes

…: Not available.

LTC: Long-term care.

[1] Workers in health occupations (A+B) are defined as paid formal and informal health economy workers who are

A. Employed in the public and private sector (including self-employed) within the health sector and

B. Outside the health sector in other economic sectors contributing to the health sector.

These workers have received higher or vocational education in a health field as outlined in the *International Standard Classification of Occupations* (ISCO-08) groups 22 (health professionals) and 32 (health associate professionals). These groups include the ISCO-88 unit groups 222 (health professionals other than nursing including medical doctors; dentists; veterinarians; pharmacists; and health professionals not elsewhere classified), 223 (nursing and midwifery professionals), 322 (health associate professionals other than nursing including medical assistants; hygienists, health and environmental officers; dieticians and nutritionists; optometrists and opticians; dental assistants; physiotherapists and related associate professionals; veterinary assistants; pharmaceutical assistants; health associate professionals not elsewhere classified), 323 (nursing and midwifery associate professionals) and 324 (traditional medicine practitioners and faith healers).

[2] To estimate the number of health economy workers in health occupations (A+B) for ILOSTAT countries, the most recent numbers of workers in ISCO groups 22 (health professionals) and 32 (health associate professionals) were extracted from the ILOSTAT database and resulted in data for 52 countries. For the 133 countries not included in ILOSTAT, data from the WHO Global Health Observatory was used, matched to the ISCO groups and adjusted as it did not include private-sector workers. For the United States, data was obtained from the US Department of Health and Human Services and matched to the ISCO groups. Since ILOSTAT does not disaggregate ISCO codes to the three-digit level, it was not possible to identify numbers for personal care workers (ISCO code 532). Because personal care workers are workers in health occupations, OECD health statistics data were used to estimate their numbers. The data from the 17 OECD countries from 2012, 2013 or 2014 revealed that 10% of the total employment in health and social care are personal care workers. Ten per cent of the number of workers in the International Standard Industrial Classification (ISIC) Revision 4 category Q (human health and social work activities) was thus added to the numbers extracted from ILOSTAT and the WHO Global Health Observatory databases.

[3] Workers in non-health occupations are paid formal and informal health economy workers who are engaged in public and private (including self-employed) work within the health sector (C) as well as outside the health sector (D). Through the delivery of goods and services they support the work of workers in health occupations. These workers are among the ISIC Revision 4 categories G to P and R to U:

- wholesale and retail trade and repair of motor vehicles and motorcycles (G);
- transportation and storage (H);
- accommodation and food service activities (I);
- information and communication (J);
- financial and insurance activities (K);
- real estate activities (L);
- professional, scientific and technical activities (M);
- administrative and support service activities (N);
- public administration and defence; compulsory social security (O);
- education (P);
- arts, entertainment and recreation (R);
- other service activities (S);
- activities of households as employers; undifferentiated goodsand services-producing activities of households for own use (T); and
- activities of extraterritorial organizations and bodies (U).

[4] To estimate the number of health economy workers in non-health occupations (C+D) for counties in the ILOSTAT database, the most recent numbers from ISIC Revision 4 category Q (Human Health and Social Work Activities) were assumed to represent health economy workers employed in the health sector (A+C).

To estimate the number of health economy workers outside the health sector (B+D), i.e. the ISIC Revision 4 categories G to P and R to U, the total health expenditure (THE) as percentage of the gross domestic product (GDP) was used as proxy variable. Thus, the percentage of service workers outside the health sector who provide health services was assumed to be the same as the percentage of the GDP that is spent on health. In a final step, the number of health economy workers in health occupations (A+B) was subtracted from the number of all health economy workers (A+B+C+D) to generate the numbers of workers in non-health occupations only (C+D).

[5] Unpaid informal care workers who gave up on work due to the unavailability of affordable long-term care services are persons who may be family members, friends or neighbours and who provide unpaid services informally to persons who are in need of long-term care (E).

[6] In a first step, to estimate the number of unpaid informal care workers, whose work needs to be converted into formal labour, the numbers of unpaid informal care workers in 21 countries that were published in a recent ILO paper based on OECD data were taken (Scheil-Adlung, 2015). For these 21 countries, the median ratio of unpaid informal workers to the population 65+ was calculated and applied to all 185 countries. In a second step and based on a 2015 UK survey of family members providing care, the proportion of unpaid work that should be converted into formal jobs was estimated. The survey found that 51 percent of carers had given up work in order to provide long-term care for a family or household member, 12 percent had taken early retirement and 21 percent had reduced their working hours. Of those who gave up work, retired early or took reduced working hours, 30 percent said it was because there were no suitable care services and 22 percent because they could not afford to pay for the available services. This indicates that 44 percent of all unpaid informal workers should be counted as part of the health economy workforce because the work that they do should be transformed into formal jobs ((51+12+21)*(0.3 + 0.22) = 44)). Thus, the numbers generated in the first step were multiplied by 0.4 taking into account that not all unpaid work should be transformed into formal jobs.

[7] Based on a group of low-vulnerability countries, i.e. countries with low poverty levels and small informal economies, median values were calculated for workers in health and non-health occupations. This yielded thresholds for all health economy workers. These were applied to the 2015 population in each of the 185 countries to estimate the number of each type of worker currently missing. By subtracting the number currently in the workforce with the number needed, the shortage of workers was estimated. If this resulted in a negative number, the shortage was set as zero.

[8] The numbers from the current gaps of workers in health and non-health occupations were applied to the UN Population Division's medium variant population projections for 2030 to estimate the related level of missing workers in 2030.

Table B.16 Public social protection expenditure, 1995 to latest available year (percentage of GDP)

Country/ territory	Total public social protection expenditure (% of GDP)																		Source
	1995	Year	2000	Year	2005	Year	2010	Year	2011	Year	2012	Year	2013	Year	2014–15	Year	Latest available	Year	
Africa																			
Northern Africa																			
Algeria	4.5	1995	6.3	1999	7.4	2005	...	...	8.5	2011	...	...	...	...	...	...	8.5	2011	ILO/WHO
Egypt	5.3	1995	8.6	2000	8.4	2005	12.0	2010	12.6	2011	12.0	2012	11.8	2013	11.2	2015	11.2	2015	IMF
Libya	...	...	...	...	2.5	2005	6.6	2010	...	...	...	...	...	...	...	...	6.6	2010	ILO/WHO
Morocco	3.5	1995	3.9	2000	4.8	2005	6.6	2010	...	...	...	...	...	...	...	...	6.6	2010	ILO/WHO
Sudan	1.5	1995	1.4	2000	1.7	2005	2.3	2010	...	...	...	...	...	...	...	...	2.3	2010	ILO/WHO
Tunisia	7.5	1995	6.9	2000	8.1	2005	...	...	10.4	2011	...	...	...	...	...	...	10.4	2011	IMF
Sub-Saharan Africa																			
Angola[4]	...	...	3.1	2000	6.6	2005	9.4	2010	11.1	2011	8.2	2012	9.6	2013	6.0	2015	6.0	2015	IMF
Benin	2.6	1995	2.6	2000	3.3	2005	4.2	2010	...	...	...	...	...	...	...	...	4.2	2010	World Bank/WHO
Botswana	2.5	1997	4.4	2000	7.7	2005	6.6	2010	...	...	...	...	...	...	...	...	6.6	2010	ILO/WHO
Burkina Faso	2.4	1995	3.5	2000	5.2	2005	...	...	5.1	2011	...	...	...	...	2.7	2015	2.7	2015	ILO/WHO
Burundi	3.3	1995	3.7	2000	4.2	2005	4.9	2010	...	...	...	...	...	...	...	...	4.9	2010	UNICEF/WHO
Cabo Verde	...	...	...	...	...	...	6.9	2010	...	...	...	...	...	...	...	...	6.9	2010	IMF
Cameroon	1.7	1995	1.5	2000	1.9	2005	2.3	2010	...	...	...	...	...	...	...	...	2.3	2010	ILO/WHO
Central African Republic	...	...	0.8	2000	0.7	2005	...	...	2.4	2011	2.6	2012	...	...	...	...	2.6	2012	GSW/IMF (health)
Chad	...	...	3.1	2000	2.0	2005	1.3	2010	...	...	...	...	...	...	...	...	1.3	2010	ILO/WHO
Congo[4]	2.9	1995	2.1	2000	1.3	2005	1.4	2010	1.7	2011	2.2	2012	...	...	...	...	2.2	2012	IMF/WHO
Congo, Democratic Republic of the	...	...	0.3	2000	1.7	2005	...	...	3.7	2011	3.5	2012	...	...	...	...	3.5	2012	GSW/WHO
Côte d'Ivoire[1]	1.7	1995	1.7	2000	1.8	2005	...	...	1.9	2011	...	...	...	...	2.0	2015	2.0	2015	GSW. Before 2015: National/IMF (health)
Djibouti	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7.3	2007	World Bank/WHO
Equatorial Guinea	...	...	...	...	...	...	2.8	2010	...	...	...	...	...	...	...	...	2.8	2010	IMF/WHO
Eritrea	...	...	2.2	2000	1.4	2005			1.6	2011							1.6	2011	ILO/WHO
Ethiopia	2.0	1995	6.0	2000	4.6	2005	3.2	2010	...	...	...	...	...	...	...	...	3.2	2010	IMF/WHO
The Gambia	3.2	1995	2.5	2000	3.0	2005	3.0	2010	...	...	...	...	...	...	4.2	2014	4.2	2014	GSW. Before 2014: ILO/WHO
Ghana	3.6	1995	3.1	2000	6.6	2005	5.4	2010	...	...	...	...	...	...	...	...	5.4	2010	ILO/WHO
Guinea	0.8	1995	1.3	2000	1.0	2005	2.5	2010	...	...	...	...	...	...	...	...	2.5	2010	ILO/WHO

Table B.16 Public social protection expenditure, 1995 to latest available year (percentage of GDP)

Country/ territory	Total public social protection expenditure (% of GDP)																	Source
	1995	Year	2000	Year	2005	Year	2010	Year	2011	Year	2012	Year	2013	Year	2014–15	Year	Latest available	Year	
Guinea-Bissau	...	...	2.5	2000	...	...	5.4	2010	...	...	...	...	...	...	...	...	5.4	2010	ILO/WHO
Kenya[4]	1.2	1995	1.4	2000	2.1	2005	2.3	2010	2.1	2011	2.3	2012	...	...	...	...	2.3	2012	IMF
Lesotho	...	...	...	...	9.1	2005	...	...	16.3	2011	...	...	...	...	...	...	16.3	2011	ILO/WHO
Liberia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3.3	2015	3.3	2015	GSW
Madagascar[4]	1.5	1995	...	...	1.3	2005	0.6	2010	0.7	2011	0.7	2012	0.7	2013	0.7	2014	0.7	2014	IMF
Malawi	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1.0	2015	1.0	2015	ILO
Mali	...	...	...	...	...	...	4.9	2010	...	...	...	...	...	...	...	...	4.9	2010	World Bank/WHO
Mauritania	3.6	1995	4.3	2000	4.0	2005	4.9	2010	...	...	...	...	...	...	...	...	4.9	2010	ILO/WHO
Mauritius	5.8	1995	6.9	2000	7.5	2005	9.6	2010	9.1	2011	9.0	2012	9.6	2013	9.8	2014	9.8	2014	IMF
Mozambique	3.5	1995	4.5	2000	4.7	2005	5.3	2010							4.5	2015	4.5	2015	GSW. Before 2015: ILO/WHO
Namibia[4]	3.9	1995	6.0	2000	5.5	2005	6.1	2010	8.0	2011	7.3	2012	8.0	2013	6.7	2015	6.7	2015	IMF. Before 2000: ILO/WHO
Niger	2.0	1995	1.8	2000	3.5	2005	2.9	2010	...	...	...	...	...	...	...	...	2.9	2010	ILO/WHO
Nigeria[4]	...	...	...	...	0.7	2005	0.8	2010	0.5	2011	0.5	2012	0.7	2013	...	...	0.7	2013	IMF
Rwanda	...	...	2.2	2000	4.7	2005	7.3	2010	...	...	...	...	...	...	...	...	7.3	2010	National/WHO
Sao Tome and Principe	...	...	...	...	...	...	4.9	2010	...	...	...	...	...	...	4.0	2014	4.0	2014	GSW. Before 2014: IMF
Senegal	3.0	1995	3.4	2000	4.8	2005	5.3	2010	...	...	...	...	...	...	...	...	5.3	2010	ILO/WHO
Seychelles	11.8	1995	11.5	2000	9.8	2005	5.7	2010	7.8	2011	8.0	2012	7.6	2013	7.5	2015	7.5	2015	IMF
Sierra Leone	2.0	1995	4.3	2000	4.2	2005	...	...	...	...	...	...	...	...	...	...	4.2	2005	ILO/WHO
South Africa	6.8	1995	6.7	2000	8.6	2005	9.8	2010	...	...	9.9	2012	10.0	2013	10.1	2015	10.1	2015	IMF
Swaziland[4]	2.9	1995	3.1	2000	...	...	5.5	2010	4.3	2011	4.4	2012	...	...	...	...	4.4	2012	IMF/WHO
Tanzania, United Republic of	2.0	1995	2.1	2000	3.3	2005	6.8	2010	...	...	...	...	...	...	...	...	6.8	2010	ILO
Togo	2.8	1995	3.7	2000	4.2	2005	5.7	2010	...	...	...	...	...	...	2.6	2014	2.6	2014	GSW. Before 2014: ILO/WHO
Uganda	0.9	1998	4.3	2000	4.2	2005	...	...	3.5	2011	...	...	...	...	2.2	2015	2.2	2015	IMF
Zambia	2.5	1995	3.9	2000	5.4	2005	...	...	5.5	2011	...	...	...	...	...	...	5.5	2011	ILO/WHO
Zimbabwe	3.5	1995	5.6	2000	3.9	2005	...	...	5.6	2011	...	...	...	...	...	...	5.6	2011	National

Table B.16 Public social protection expenditure, 1995 to latest available year (percentage of GDP)

Country/ territory	Total public social protection expenditure (% of GDP)																		Source
	1995	Year	2000	Year	2005	Year	2010	Year	2011	Year	2012	Year	2013	Year	2014–15	Year	Latest available	Year	
Americas																			
Latin America and the Caribbean																			
Antigua and Barbuda	5.2	1995	5.3	2000	5.5	2005	...	...	7.1	2011	...	...	...	...	...	...	7.1	2011	ILO/WHO
Bahamas[4]	2.9	1995	3.3	2000	3.6	2005	4.8	2010	4.8	2011	4.7	2012	4.7	2013	4.9	2015	4.9	2015	IMF
Barbados	9.9	1995	8.5	2000	9.7	2005	11.4	2010	...	...	...	...	...	...	...	...	11.4	2010	ILO/WHO
Belize	4.1	1995	3.4	2000	3.8	2005	...	...	5.8	2011	...	...	...	...	4.6	2015	4.6	2015	GSW. Before 2015: ILO/WHO
Bolivia, Plurinational State of	2.1	1995	8.1	2000	8.5	2005	8.8	2010	8.6	2011	8.9	2012	9.4	2013	10.2	2014	10.2	2014	ECLAC
Brazil	15.5	1995	14.2	2000	15.5	2005	16.4	2010	16.1	2011	16.6	2012	15.3	2013	18.3	2015	18.3	2015	ECLAC
Chile	13.5	1995	16.1	2000	11.1	2005	13.5	2010	...	...	...	...	13.4	2013	15.3	2015	15.3	2015	OECD
Colombia	8.3	1995	7.3	2000	9.7	2005	12.7	2010	12.6	2011	13.3	2012	13.5	2013	14.1	2015	14.1	2015	ECLAC
Costa Rica	9.4	1995	10.7	2000	9.9	2005	12.6	2010	12.7	2011	13.1	2012	13.3	2013	13.6	2015	13.6	2015	ECLAC
Cuba	18.9	1995	11.9	2000	16.6	2005	18.4	2010	18.0	2011	...	...	...	...	...	...	18.0	2011	ECLAC
Dominica	7.0	1995	6.8	2000	6.3	2005	8.0	2010	...	...	...	...	...	...	...	...	8.0	2010	ILO/WHO
Dominican Republic	2.8	1995	3.4	2000	5.0	2005	4.8	2010	...	...	...	...	...	...	6.4	2014	6.4	2014	ECLAC/PAHO. Before 2014: ECLAC
Ecuador	1.7	1995	1.1	2000	2.1	2005	4.4	2010	...	...	...	...	4.7	2013	7.8	2014	7.8	2014	ILO. Before 2013: ECLAC
El Salvador	...	...	...	...	5.2	2005	10.8	2010	10.8	2011	11.1	2012	12.1	2013	11.6	2015	11.6	2015	ECLAC
Grenada	4.1	1995	4.7	2000	4.6	2005	4.3	2010	...	...	...	...	...	...	...	...	4.3	2010	National/WHO
Guatemala	2.6	1995	3.8	2000	4.7	2005	...	...	4.4	2011	...	...	...	...	...	...	4.4	2011	ECLAC
Guyana	5.8	1995	8.2	2000	8.2	2003	8.2	2010	...	...	...	...	...	...	...	...	8.2	2010	ILO/WHO
Haiti	...	...	...	...	...	...	...	...	...	...	...	...	3.3	2013	...	...	3.3	2013	GSW
Honduras	2.5	1995	3.1	2000	3.3	2005	4.4	2010	...	...	...	...	...	...	...	...	4.4	2010	ECLAC
Jamaica	3.8	1995	3.6	2000	4.4	2005	...	...	4.4	2011	...	...	...	...	...	...	4.4	2011	IMF
Mexico	...	...	6.9	2000	7.6	2005	10.4	2010	10.4	2011	10.5	2012	11.1	2013	12.0	2015	12.0	2015	ECLAC
Nicaragua	4.2	1995	4.8	2000	6.3	2005	...	...	...	...	...	...	...	...	...	...	6.3	2005	ECLAC
Panama	4.7	1995	5.1	2000	3.7	2005	6.6	2010	...	...	...	...	...	...	9.8	2015	9.8	2015	ILO (2015). Before 2015: ECLAC
Paraguay	4.4	1995	5.0	2000	4.2	2005	6.4	2010	...	...	...	...	...	...	...	...	6.4	2010	ECLAC

Table B.16 Public social protection expenditure, 1995 to latest available year (percentage of GDP)

Country/ territory	Total public social protection expenditure (% of GDP)																	Source
	1995	Year	2000	Year	2005	Year	2010	Year	2011	Year	2012	Year	2013	Year	2014–15	Year	Latest available	Year	
Peru	4.2	1995	5.1	2000	5.9	2005	4.9	2010	4.7	2011	4.8	2012	5.3	2013	5.5	2015	5.5	2015	ECLAC
Saint Kitts and Nevis[2]	5.3	1995	5.6	2000	4.8	2005	5.6	2010	...	...	...	...	...	...	...	...	5.6	2010	National/WHO
Saint Lucia	3.9	1995	4.5	2000	4.7	2005	6.0	2010	...	...	...	...	...	...	...	...	6.0	2010	ILO/WHO
Saint Vincent and the Grenadines	6.1	1995	7.2	2000	6.7	2005	8.2	2010	...	...	...	...	...	...	...	...	8.2	2010	ILO/IMF
Trinidad and Tobago	3.7	1995	4.6	2000	5.8	2005	9.0	2010	...	...	...	...	...	...	...	...	9.0	2010	ECLAC
Uruguay	18.1	1995	17.8	2000	16.4	2005	17.9	2010	...	...	...	...	...	...	17.0	2015	17.0	2015	ILO (2015)/PAHO (2014). Before 2015: ECLAC
Venezuela, Bolivarian Republic of	4.2	1995	6.1	2000	6.9	2005	6.9	2010	...	...	...	...	...	...	8.8	2015	8.8	2015	ILO. Before 2015: ECLAC
Northern America																			
Canada	18.4	1995	15.8	2000	16.1	2005	17.5	2010	17.0	2011	17.1	2012	16.9	2013	17.2	2015	17.2	2015	OECD
United States	15.1	1995	14.3	2000	15.6	2005	19.3	2010	19.1	2011	18.8	2012	18.8	2013	19.0	2015	19.0	2015	OECD
Arab States																			
Bahrain	3.6	1995	3.3	2000	2.9	2005	4.0	2010	...	...	...	...	...	...	...	...	4.0	2010	IMF
Jordan[4]	7.4	1995	8.4	2000	16.2	2005	9.0	2010	12.1	2011	12.6	2012	9.8	2013	8.9	2015	8.9	2015	IMF
Kuwait	11.1	1995	13.5	2000	6.5	2005	...	...	11.4	2011	...	...	...	...	...	...	11.4	2011	IMF
Lebanon[4]	3.2	1995	2.3	2000	1.3	2005	1.0	2010	0.8	2011	0.7	2012	0.9	2013	2.1	2015	2.1	2015	IMF
Oman[4]	3.7	1995	3.8	2000	4.0	2005	3.1	2010	4.1	2011	3.5	2012	3.8	2013	...	...	3.8	2013	IMF
Qatar	...	...	...	...	2.3	2005	1.7	2010	...	...	...	...	...	...	...	...	1.7	2010	IMF
Saudi Arabia	...	...	...	...	...	...	...	...	3.6	2011	...	...	...	...	...	...	3.6	2011	IMF/WHO
Syrian Arab Republic	...	...	3.2	2000	3.1	2005	1.9	2010	...	...	...	...	...	...	...	...	1.9	2010	IMF/WHO
United Arab Emirates	2.3	1997	2.1	1999	...	...	...	...	3.9	2011	4.8	2012	5.0	2013	5.0	2015	5.0	2015	IMF
Yemen	...	...	1.4	2000	1.4	2005	1.9	2010	6.4	2011	9.6	2012	...	...	...	...	9.6	2012	IMF
Asia and the Pacific																			
Eastern Asia																			
China	3.2	1995	4.7	2000	2.7	2005	6.7	2010	7.3	2011	8.0	2012	8.4	2013	6.3	2015	6.3	2015	ILO. Before 2015: IMF
Hong Kong, China	...	...	2.1	2000	2.4	2005	2.3	2010	2.2	2011	2.3	2012	2.6	2013	2.7	2015	2.7	2015	ADB
Japan	14.1	1995	16.3	2000	18.2	2005	22.1	2010	23.1	2011	22.9	2012	23.1	2013	...	...	23.1	2013	OECD
Korea, Republic of	3.1	1995	4.5	2000	6.1	2005	8.3	2010	8.2	2011	8.8	2012	9.3	2013	10.1	2015	10.1	2015	OECD

Table B.16 Public social protection expenditure, 1995 to latest available year (percentage of GDP)

Country/ territory	Total public social protection expenditure (% of GDP)																		Source
	1995	Year	2000	Year	2005	Year	2010	Year	2011	Year	2012	Year	2013	Year	2014–15	Year	Latest available	Year	
Mongolia	5.6	1995	8.6	2010	8.7	2005	15.7	2010	18.5	2011	18.4	2012	...	...	14.4	2015	14.4	2015	ILO. Before 2015: IMF
Taiwan, China[3]	9.5	1995	9.9	2000	10.1	2005	9.7	2010	...	...	...	...	...	...	...	...	9.7	2010	National
South-Eastern Asia																			
Brunei Darussalam	3.6	1995	3.3	2000	2.5	2005	...	...	2.3	2011	...	...	...	...	...	...	2.3	2011	ADB
Cambodia	0.8	1995	1.1	2000	0.6	2005	0.6	2010	1.2	2011	1.2	2012	1.2	2013			1.2	2013	ADB
Indonesia	1.6	1995	1.8	1999	2.0	2005	0.9	2010	0.9	2011	1.0	2012	1.1	2013	1.1	2015	1.1	2015	IMF. Before 2010: ILO/WHO
Lao People's Democratic Republic	3.0	1995	1.7	2000	0.7	2005	0.7	2010	0.8	2011	0.7	2012	1.2	2013	...	...	1.2	2013	ADB. Before 2005: ADB/WHO
Malaysia	2.1	1995	2.4	2000	2.5	2005	3.4	2010	3.5	2011	3.8	2012	...	...	...	...	3.8	2012	ADB
Myanmar	0.8	1995	0.5	2000	0.4	2005	...	...	1.0	2011	...	...	...	...	...	...	1.0	2011	ILO/IMF
Philippines[4]	0.7	1995	1.1	2000	0.9	2005	1.6	2010	1.6	2011	1.9	2012	2.0	2013	2.2	2015	2.2	2015	IMF
Singapore	1.9	1995	1.6	2000	1.1	2005	2.3	2010	2.7	2011	3.1	2012	3.0	2013	4.2	2015	4.2	2015	IMF
Thailand	1.8	1995	2.6	2000	3.7	2005	2.7	2010	4.3	2011	4.4	2012	4.3	2013	3.7	2015	3.7	2015	ADB. Before 2011: IMF
Timor-Leste	...	...	...	...	0.7	2005	3.3	2010	2.2	2011	3.0	2012	3.4	2013	3.3	2014	3.3	2014	ADB
Viet Nam	5.0	1995	4.1	2000	4.2	2005	4.6	2010	4.5	2011	5.0	2012	5.1	2013	6.3	2015	6.3	2015	ADB. Before 2010: ADB/WHO
Southern Asia																			
Afghanistan	0.8	1995	0.8	2000	2.2	2005	7.2	2010	5.1	2011	3.5	2012	2.8	2013	...	...	2.8	2013	IMF
Bangladesh	1.1	1995	1.1	2000	1.2	2005	...	...	2.7	2011	...	...	...	...	1.7	2014	1.7	2014	GSW. Before 2014: ADB
Bhutan	2.8	1995	4.0	2000	3.1	2005	3.0	2010	2.9	2011	3.3	2012	2.9	2013	2.7	2014	2.7	2014	IMF
India	1.5	1995	1.6	2000	1.5	2005	...	...	2.6	2011	2.4	2012	...	...	2.7	2014	2.7	2014	GSW
Iran, Islamic Republic of	6.1	1995	8.9	2000	9.3	2005	12.5	2010	...	...	...	...	...	...	...	...	12.5	2010	IMF
Maldives	4.1	1995	4.0	2000	7.1	2005	5.1	2010	4.2	2011	...	...	...	...	...	...	4.2	2011	IMF
Nepal	1.2	1995	1.7	2000	1.5	2005	3.1	2010	2.3	2011	...	...	2.2	2013	3.0	2015	3.0	2015	GSW. Before 2015: GSW/IMF (health)
Pakistan[4]	0.4	1995	0.3	2000	0.2	2005	0.2	2010	0.1	2011	0.2	2012	0.1	2013	0.2	2014	0.2	2014	ADB. Before 2000: ADB/National
Sri Lanka[4]	6.5	1995	4.4	2000	5.6	2005	3.2	2010	3.3	2011	3.0	2012	8.5	2013	6.5	2015	6.5	2015	IMF

Table B.16 Public social protection expenditure, 1995 to latest available year (percentage of GDP)

Country/ territory	Total public social protection expenditure (% of GDP)																	Source
	1995	Year	2000	Year	2005	Year	2010	Year	2011	Year	2012	Year	2013	Year	2014–15	Year	Latest available	Year	
Oceania																			
Australia	16.9	1995	18.2	2000	16.7	2005	16.7	2010	17.2	2011	17.5	2012	18.1	2013	18.8	2015	18.8	2015	OECD
Fiji	2.1	1995	2.4	2000	2.3	2005	3.4	2010	...	...	...	...	...	...	3.4	2015	3.4	2015	GSW. Before 2015: ADB
Kiribati	...	...	8.5	2000	11.2	2005	...	...	10.0	2011	9.4	2012	9.3	2013	12.0	2015	12.0	2015	IMF. Before 2011: ADB
New Zealand	17.9	1995	18.5	2000	17.8	2005	20.3	2010	19.9	2011	19.9	2012	19.3	2013	19.7	2015	19.7	2015	OECD
Palau[4]	...	...	...	...	...	...	9.7	2010	8.5	2011	8.7	2012	9.5	2013	7.1	2015	7.1	2015	IMF
Papua New Guinea	3.2	1995	3.8	2000	3.5	2005	...	...	4.6	2011	4.4	2012	...	...	3.6	2015	3.6	2015	GSW
Samoa	0.9	1995	1.1	2000	1.0	2005	2.3	2010	1.8	2011	1.3	2012	1.2	2013	2.0	2015	2.0	2015	ADB
Solomon Islands	4.0	1995	4.0	2000	8.1	2005	8.2	2010	...	...	...	...	...	...	6.6	2015	6.6	2015	IMF. Before 2015: ADB
Europe and Central Asia																			
Northern, Southern and Western Europe																			
Albania	10.0	1995	10.8	2000	10.3	2005	10.9	2010	11.0	2011	11.4	2012	12.0	2013	11.9	2015	11.9	2015	IMF
Austria	26.0	1995	25.5	2000	25.9	2005	27.6	2010	26.8	2011	27.2	2012	27.6	2013	28.0	2015	28.0	2015	OECD
Belgium	25.2	1995	23.5	2000	25.3	2005	28.3	2010	28.7	2011	29.0	2012	29.3	2013	29.2	2015	29.2	2015	OECD
Croatia	17.2	1995	22.8	2000	19.2	2005	20.8	2010	20.4	2011	21.1	2012	22.0	2013	21.6	2014	21.6	2014	Eurostat. Before 2010: IMF
Denmark	25.5	1995	23.8	2000	25.2	2005	28.9	2010	28.9	2011	28.9	2012	29.0	2013	28.8	2015	28.8	2015	OECD
Estonia	15.3	1995	13.8	2000	13.0	2005	18.3	2010	16.3	2011	15.9	2012	15.9	2013	17.0	2015	17.0	2015	OECD
Finland	28.9	1995	22.6	2000	23.9	2005	27.4	2010	27.1	2011	28.4	2012	29.5	2013	30.6	2015	30.6	2015	OECD
France	28.3	1995	27.5	2000	28.7	2005	30.7	2010	30.5	2011	31.0	2012	31.5	2013	31.7	2015	31.7	2015	OECD
Germany	25.2	1995	25.4	2000	26.3	2005	25.9	2010	24.7	2011	24.6	2012	24.8	2013	25.0	2015	25.0	2015	OECD
Greece	16.6	1995	18.4	2000	20.4	2005	23.8	2010	25.9	2011	28.0	2012	26.0	2013	26.4	2015	26.4	2015	OECD
Iceland	14.7	1995	14.6	2000	15.9	2005	17.0	2010	17.2	2011	17.0	2012	16.6	2013	15.7	2015	15.7	2015	OECD
Ireland	17.5	1995	12.6	2000	14.9	2005	22.4	2010	21.0	2011	21.0	2012	20.2	2013	17.0	2015	17.0	2015	OECD
Italy	21.0	1995	22.6	2000	24.1	2005	27.6	2010	27.3	2011	28.1	2012	28.6	2013	28.9	2015	28.9	2015	OECD
Latvia	...	...	14.8	2000	12.2	2005	18.7	2010	15.9	2011	14.8	2012	14.4	2013	14.4	2015	14.4	2015	OECD
Lithuania	13.0	1995	15.7	2000	13.2	2005	18.9	2010	16.9	2011	16.3	2012	15.3	2013	14.7	2014	14.7	2014	Eurostat

Table B.16 Public social protection expenditure, 1995 to latest available year (percentage of GDP)

Country/ territory	Total public social protection expenditure (% of GDP)																		Source
	1995	Year	2000	Year	2005	Year	2010	Year	2011	Year	2012	Year	2013	Year	2014–15	Year	Latest available	Year	
Luxembourg	19.7	1995	18.6	2000	22.4	2005	22.9	2010	22.2	2011	23.2	2012	23.2	2013	22.2	2015	22.2	2015	OECD
Malta	16.0	1995	16.6	2000	17.7	2005	19.3	2010	18.9	2011	19.1	2012	18.9	2013	18.2	2014	18.2	2014	Eurostat
Netherlands	22.3	1995	18.4	2000	20.5	2005	22.1	2010	22.0	2011	22.5	2012	22.9	2013	22.3	2015	22.3	2015	OECD
Norway	22.5	1995	20.4	2000	20.7	2005	21.9	2010	21.4	2011	21.3	2012	21.8	2013	23.9	2015	23.9	2015	OECD
Portugal	16.0	1995	18.5	2000	22.3	2005	24.5	2010	24.4	2011	24.5	2012	25.5	2013	24.1	2015	24.1	2015	OECD
San Marino	...	...	23.3	2000	23.1	2005	21.4	2010	...	...	...	...	...	...	...	...	21.4	2010	IMF
Serbia	21.0	1995	20.9	2000	23.1	2005	23.9	2010	22.7	2011	24.0	2012	23.3	2013	23.4	2014	23.4	2014	Eurostat. Before 2010: IMF
Slovenia	...	...	22.4	2000	21.4	2005	23.4	2010	23.5	2011	23.6	2012	24.0	2013	22.4	2015	22.4	2015	OECD
Spain	20.7	1995	19.5	2000	20.4	2005	25.8	2010	26.3	2011	26.1	2012	26.3	2013	25.4	2015	25.4	2015	OECD
Sweden	30.6	1995	26.8	2000	27.4	2005	26.3	2010	25.8	2011	26.7	2012	27.4	2013	26.7	2015	26.7	2015	OECD
Switzerland	16.1	1995	16.3	2000	18.4	2005	18.4	2010	18.3	2011	18.8	2012	19.2	2013	19.6	2015	19.6	2015	OECD
United Kingdom	18.3	1995	17.7	2000	19.4	2005	22.8	2010	22.4	2011	22.5	2012	21.9	2013	21.5	2015	21.5	2015	OECD
Eastern Europe																			
Belarus	16.7	1995	16.0	2000	18.5	2005	18.7	2010	15.8	2011	17.2	2012	18.7	2013	19.4	2015	19.4	2015	IMF
Bulgaria	14.8	1995	17.2	2000	14.7	2005	17.0	2010	16.5	2011	16.6	2012	17.6	2013	18.5	2014	18.5	2014	Eurostat. Before 2005: IMF
Czech Republic	16.1	1995	18.0	2000	18.1	2005	19.8	2010	19.8	2011	20.0	2012	20.3	2013	19.5	2015	19.5	2015	OECD
Hungary	25.1	1995	20.1	2000	21.9	2005	23.0	2010	22.2	2011	22.5	2012	22.1	2013	20.7	2015	20.7	2015	OECD
Moldova, Republic of	18.4	1995	15.2	2000	15.5	2005	19.9	2010	18.6	2011	18.6	2012	17.8	2013	18.1	2015	18.1	2015	IMF
Poland	21.8	1995	20.2	2000	20.9	2005	20.6	2010	19.4	2011	19.0	2012	19.6	2013	19.4	2015	19.4	2015	OECD
Romania	12.7	1995	13.0	2000	13.4	2005	17.3	2010	16.4	2011	15.4	2012	14.9	2013	14.8	2014	14.8	2014	Eurostat
Russian Federation	11.1	1995	9.4	2000	11.8	2005	16.6	2010	14.9	2011	14.8	2012	15.4	2013	15.6	2015	15.6	2015	IMF
Slovakia	18.4	1995	17.6	2000	15.8	2005	18.1	2010	17.7	2011	17.9	2012	18.1	2013	19.4	2015	19.4	2015	OECD
Ukraine	19.8	1995	18.1	2000	23.1	2005	27.2	2010	17.4	2011	26.6	2012	27.2	2013	22.2	2015	22.2	2015	IMF
Central and Western Asia																			
Armenia	5.7	1995	2.1	2000	2.0	2005	7.1	2010	6.4	2011	6.5	2012	6.2	2013	7.6	2015	7.6	2015	ADB. Before 2015: GSW/ADB
Azerbaijan	...	...	8.6	2000	7.1	2005	7.9	2010	8.1	2011	9.0	2012	8.6	2013	8.2	2015	8.2	2015	IMF
Cyprus	10.3	1995	13.7	2000	16.6	2005	19.9	2010	21.5	2011	22.3	2012	24.2	2013	23.0	2014	23.0	2014	Eurostat

Table B.16 Public social protection expenditure, 1995 to latest available year (percentage of GDP)

Country/ territory	Total public social protection expenditure (% of GDP)																	Source
	1995	Year	2000	Year	2005	Year	2010	Year	2011	Year	2012	Year	2013	Year	2014–15	Year	Latest available	Year	
Georgia	5.7	1995	5.1	2000	7.2	2005	9.0	2010	8.0	2011	8.2	2012	9.4	2013	10.6	2015	10.6	2015	IMF. Before 2013: ADB/IMF (health)
Israel	17.0	1995	17.0	2000	16.3	2005	16.0	2010	15.8	2011	16.0	2012	16.1	2013	16.0	2015	16.0	2015	OECD
Kazakhstan	8.0	1995	8.7	2000	7.0	2005	7.0	2010	6.3	2011	6.4	2012	6.0	2013	5.4	2015	5.4	2015	IMF
Kyrgyzstan[4]	14.0	1995	5.2	2000	5.1	2005	8.2	2010	8.3	2011	9.4	2012	9.2	2013	9.0	2014	9.0	2014	IMF
Turkey	5.6	1995	7.7	2000	10.3	2005	12.8	2010	12.5	2011	13.0	2012	13.4	2013	13.5	2014	13.5	2014	OECD
Uzbekistan	...	...	...	...	13.1	2005	11.2	2010	12.8	2011	12.4	2012	12.0	2013	11.6	2014	11.6	2014	IMF. Before 2011: ADB/WHO

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Notes

...: Not available.

1 UNICEF; Oxford Policy Management (OPM); Ministry of Employment, Social Affairs and Solidarity. 2012. *Côte d'Ivoire. Cadre de Développement de la Stratégie Nationale de Protection Sociale en Côte d'Ivoire. Tome 1 État des lieux, Défis et Perspectives de Renforcement de la Protection Sociale* (Abidjan, UNICEF). Available at: http://www.opml.co.uk/sites/default/files/Situational%20analysis%20of%20social%20protection%20%28in%20French%29.pdf

2 St Kitts and Nevis. Social security board, statistics Digest December 2011. Available at: http://www.socialsecurity.kn/res_publist.asp?SFType=3 [June 2017]

3 Taiwan, China. National statistics. Social Indicators 2011. Available at:http://eng.stat.gov.tw/ct.asp?xItem=31978&ctNode=6410&mp=5 [June 2017]

4 The expenditure on social protection and health refers only to the central government sector.

Detailed sources, notes and definitions by country available at: http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceId=54614

Table B.17 Public social protection expenditure by guarantee (percentage of GDP)

Country/territory	Total social protection expenditure including health (% of GDP)		Public social protection expenditure for older persons (% of GDP, without health)			Public social protection expenditure for persons of active age (% of GDP, without health)													Public social protection expenditure for children (% of GDP, without health)		
						Social benefits for persons of active age (excluding general social assistance)			Unemployment			Labour market programme			Sickness, maternity, employment injury, disability			General social assistance					
	Latest available year[a]	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year
Africa																							
Northern Africa																							
Algeria	8.5	2011	5.6	[1]	2016	0.3	[5]	2009	0.0	[5]	2009	...		...	0.3	[1]	2009	0.9	[1]	2016	0.1	[1]	2016
Egypt	11.2	2015	3.0	[2]	2010	...		...	...		...	...		...	...		...	...		...	...		...
Libya	6.6	2010	2.1	[2]	2010	...		...	n.a.		...	...		...	...		...	...		...	...		...
Morocco	6.6	2010	3.0	[2]	2012	1.5	[1]	2010	n.a.	[8]	2010	...		...	1.5	[1]	2010	0.1	[1]	2010	0.1	[1]	2010
Sudan	2.3	2010	...		...	...		...	...		...	...		...	...		...	...		...	...		...
Tunisia	10.4	2011	5.2	[2]	2015	2.4	[1]	2010	...		...	...		...	2.4	[1]	2010	0.7	[1]	2010	0.2	[1]	2010
Sub-Saharan Africa																							
Angola	6.0	2015	1.7	[3]	2015	0.2	[3]	2015	0.0	[3]	2015	...		...	0.2	[3]	2015	...		...	0.0	[3]	2015
Benin	4.2	2010	1.6	[2]	2011/ 2015	0.1	[1]	2010	n.a.	[8]	2010	...		...	0.1	[1]	2010	0.1	[1]	2010	0.4	[1]	2010
Botswana	6.6	2010	1.9	[2]	2014	1.3	[1]	2009	n.a.	[8]	2009	...		...	1.3	[1]	2009	...		...	0.6	[1]	2009
Burkina Faso	2.7	2015	1.0	[1]	2015	n.a.		...	n.a.	[8]	2009	...		...	0.2	[1]	2015	1.4	[1]	2015	0.0	[1]	2015
Burundi	4.9	2010	0.7	[2]	2010	n.a.		...	0.2	[3]	2013	...		...	0.2	[1]	2010	0.0	[3]	2013	0.0	[3]	2013
Cabo Verde	6.9	2010	2.8	[2]	2013	1.9	[1]	2010	n.a.	[8]	2010	...		...	1.9	[1]	2010	...		...	0.2	[1]	2010
Cameroon	2.3	2010	0.5	[1]	2009	0.4	[1]	2009	n.a.	[8]	2009	...		...	0.4	[1]	2009	...		...	0.0	[1]	2014
Central African Republic	2.6	2012	0.6	[1]	2010	0.1	[1]	2010	n.a.	[8]	2010	...		...	0.1	[1]	2010	...		...	0.1	[1]	2010
Chad	1.3	2010	0.2	[1]	2010	0.1	[1]	2010	n.a.	[8]	2010	...		...	0.1	[1]	2010	...		...	0.0	[1]	2010
Congo	2.2	2012	1.0	[1]	2010	0.3	[1]	2010	0.0	[1]	2010	...		...	0.3	[1]	2010	0.1	[1]	2010	0.1	[1]	2010
Congo, Democratic Republic of the	3.5	2012	0.4	[2]	2005	0.1	[1]	2005	n.a.	[8]	2005	...		...	0.1	[1]	2005	...		...	0.0	[1]	2005
Côte d'Ivoire	2.0	2015	1.5	[2]	2013	0.2	[10]	2010	n.a.	[8]	2010	...		...	0.2	[1]	2010	...		...	0.3	[10]	2010
Djibouti	7.3	2007	1.5	[2]	2007	...		...	n.a.	[8]	2010	...		...	...		...	...		...	...		...

Table B.17 Public social protection expenditure by guarantee (percentage of GDP)

Country/territory	Total social protection expenditure including health (% of GDP)		Public social protection expenditure for older persons (% of GDP, without health)			Public social protection expenditure for persons of active age (% of GDP, without health)													Public social protection expenditure for children (% of GDP, without health)		
						Social benefits for persons of active age (excluding general social assistance)			Unemployment			Labour market programme			Sickness, maternity, employment injury, disability			General social assistance					
	Latest available year[a]	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year
Equatorial Guinea	2.8	2010	0.3	1	2010	0.2	1	2009	n.a.	8	2009	...		...	0.2	1	2009	...		...	0.0	1	2010
Eritrea	1.6	2011	0.3	2	2001	...		...	n.a.	8	2001	...		...	...		...	...		...	...		...
Ethiopia	3.2	2010	0.3	2	2014	...		...	...		...	...		...	...		...	...		...	...		...
The Gambia	4.2	2014	0.4	2	2006	0.2	1	2003	n.a.	8	2003	...		...	0.2	1	2003	0.2	1	2003	0.0	1	2003
Ghana	5.4	2010	0.6	2	2014	0.7	1	2009	n.a.	8	2009	...		...	0.7	1	2009	...		...	0.3	1	2011
Guinea	2.5	2010	...		...	...		...	...		...	...		...	...		...	...		...	...		...
Guinea-Bissau	5.4	2010	0.8	2	2014	0.7	1	2010	n.a.	8	2010	...		...	0.7	1	2010	0.1	1	2010	0.1	1	2010
Kenya	2.3	2012	1.6	2	2013-2015	0.1	5	2010	n.a.	8	2010	...		...	0.1	5	2010	0.1	5	2010	0.1	5	2013
Lesotho	16.3	2011	1.3	2	2014	...		...	n.a.	8	2008	...		...	0.0	1	2016	0.4	1	2016	0.3	1	2016
Liberia	3.3	2015	0.2	2	2010	...		...	n.a.	8	2010	...		...	...		...	...		...	...		...
Madagascar	0.7	2014	1.4	2	2014	...		...	...		...	...		...	...		...	...		...	0.0	3	2015
Malawi	1.0	2015	1.2	2	2015	...		...	...		...	...		...	...		...	1.0	1	2015	...		...
Mali	4.9	2010	1.6	2	2010	0.3	1	2009	n.a.	8	2009	...		...	0.3	1	2009	0.1	5	2010	0.1	5	2010
Mauritania	4.9	2010	0.7	2	2007	...		...	n.a.	8	2009	...		...	...		...	...		...	...		...
Mauritius	9.8	2014	4.5	2	2013-2015	0.9	1	2011	0.0	1	2011	...		...	0.9	1	2011	0.5	5	2011	0.3	1	2011
Mozambique	4.5	2015	1.8	2	2010	0.1	1	2010	n.a.	8	2010	...		...	0.1	1	2010	0.1	1	2010	...		...
Namibia	6.7	2015	2.4	2	2013	n.a.		...	0.1	3	2015	...		...	0.3	1	2011	0.8	1	2011	0.5	3	2015
Niger	2.9	2010	0.7	2	2006	...		...	...		...	...		...	...		...	...		...	...		...
Nigeria	0.7	2013	0.9	2	2004	0.3	1	2004	n.a.	8	2004	...		...	0.3	1	2004	0.2	1	2009	0.0	8	2004
Rwanda	7.3	2010	0.8	1	2009	n.a.		...	n.a.	8	2009	...		...	...		...	0.1	1	2009	0.2	1	2009
Sao Tome and Principe	4.0	2014	0.1	1	2013	0.0	1	2013	...		...	...		...	0.0	1	2013	0.6	1	2013	...		...
Senegal	5.3	2010	1.9	1	2015	0.2	1	2010	n.a.	8	2010	...		...	0.2	1	2010	0.1	1	2010	0.2	1	2015

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Country/territory	Total social protection expenditure including health (% of GDP)		Public social protection expenditure for older persons (% of GDP, without health)			Public social protection expenditure for persons of active age (% of GDP, without health)													Public social protection expenditure for children (% of GDP, without health)		
						Social benefits for persons of active age (excluding general social assistance)			Unemployment			Labour market programme			Sickness, maternity, employment injury, disability			General social assistance					
	Latest available year[a]	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year
Seychelles	7.5	2015	2.4	[2]	2014/2015	2.3	[3]	2015	1.9	[8]	2015	...		...	0.3	[3]	2015	...		...	0.2	[3]	2015
Sierra Leone	4.2	2005	0.3	[2]	2014	0.1	[1]	2010	n.a.	[8]	2010	...		...	0.1	[1]	2010	...		...	...		...
South Africa	10.1	2015	3.4	[2]	2014/2015	0.9	[3]	2015	0.2	[3]	2015	...		...	0.6	[3]	2015	0.0	[3]	2015	1.6	[3]	2016
Swaziland	4.4	2012	2.1	[2]	2012/15	1.2	[1]	2010	n.a.	[8]	2010	...		...	1.2	[1]	2010	0.0	[1]	2010	0.0	[8]	2010
Tanzania, United Republic of	6.8	2010	2.0	[2]	2013	0.0	[1]	2010	n.a.	[8]	2010	...		...	0.0	[1]	2010	0.4	[1]	2010	0.0	[1]	2010
Togo	2.6	2014	1.9	[2]	2014	0.0	[1]	2009	n.a.	[8]	2009	...		...	0.0	[5]	2009	0.0	[5]	2009	0.2	[5]	2009
Uganda	2.2	2015	0.4	[3]	2015	0.4	[1]	2011	n.a.	[8]	2011	...		...	0.4	[1]	2011	0.3	[3]	2015	0.0	[3]	2015
Zambia	5.5	2011	0.9	[1]	2015	0.0	[1]	2015	0.0	[1]	2015	...		...	0.0	[1]	2015	0.1	[1]	2015	...		...
Zimbabwe	5.6	2011	0.5	[2]	2015	0.1	[1]	2010	n.a.	[8]	2010	...		...	0.1	[5]	2010	0.1	[5]	2011	0.2	[5]	2010
Americas																							
Latin America and the Caribbean																							
Antigua and Barbuda	7.1	2011	0.0	[2]	2011	0.3	[1]	2006	...		...	...		...	0.3	[1]	2006	...		...	0.1	[1]	2006
Argentina	...	...	9.0	[3]	2015	n.a.		...	0.1	[3]	2015	...		...	5.1	[5]	2009	2.0	[5]	2009	1.6	[3]	2015
Bahamas	4.9	2015	1.9	[5]	2011	n.a.		...	0.1	[5]	2011	...		...	0.4	[3]	2015	...		...	0.0	[1]	2011
Barbados	11.4	2010	4.1	[1]	2009	1.8	[1]	2009	0.6	[1]	2009	...		...	1.2	[1]	2009	0.2	[1]	2009	0.0	[8]	2009
Belize	4.6	2015	0.1	[2]	2011	0.6	[1]	2010	n.a.	[8]	2010	...		...	0.6	[1]	2009	1.1	[1]	2010	0.0	[9]	2010
Bolivia, Plurinational State of	10.2	2014	1.1	[2]	2014	2.5	[5]	2009	n.a.	[8]	2009	...		...	2.5	[5]	2009	1.5	[1]	2008	0.5	[1]	2014
Brazil	18.3	2015	9.6	[2]	2013-2015	2.6	[1]	2010	0.7	[1]	2010	0.3	[1]	2010	1.7	[1]	2010	4.5	[1]	2010	0.6	[1]	2010
Chile	15.3	2015	3.0	[4]	2015	1.1	[4]	2015	0.1	[4]	2015	0.3	[4]	2015	0.7	[4]	2015	1.2	[4]	2015	1.7	[4]	2015
Colombia	14.1	2015	3.8	[2]	2015	3.9	[1]	2009	n.a.	[8]	2009	...		...	3.9	[1]	2009	0.8	[9]	2010	0.4	[9]	2009

Table B.17 Public social protection expenditure by guarantee (percentage of GDP)

Country/territory	Total social protection expenditure including health (% of GDP)		Public social protection expenditure for older persons (% of GDP, without health)			Public social protection expenditure for persons of active age (% of GDP, without health)													Public social protection expenditure for children (% of GDP, without health)		
						Social benefits for persons of active age (excluding general social assistance)			Unemployment			Labour market programme			Sickness, maternity, employment injury, disability			General social assistance					
	Latest available year[a]	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year
Costa Rica	13.6	2015	5.7	3	2015	3.4	1	2010	n.a.	8	2010	...		...	3.4	1	2010	2.3	9	2010	1.3	3	2015
Cuba	18.0	2011	...		...	...		...	...		...	...		...	...		...	2.7	1	2010	...		...
Dominica	8.0	2010	3.1	1	2011	0.5	1	2011	n.a.	8	2011	...		...	0.5	1	2011	0.2	1	2011	0.0	1	2011
Dominican Republic	6.4	2014	0.9	3	2015	2.0	1	2010	n.a.	8	2010	...		...	2.0	1	2010	0.8	3	2015	0.0	3	2015
Ecuador	7.8	2014	0.2	2	2012	0.2	1	2010	n.a.	8	2010	...		...	0.2	1	2010	0.0	9	2010	0.2	1	2014
El Salvador	11.6	2015	1.1	3	2015	0.8	1	2015	0.0	3	2015	...		...	0.8	3	2015	0.8	9	2009	0.3	9	2010
Grenada	4.3	2010	2.0	2	2006	...		...	n.a.	8	2006	...		...	...		...	...		...	...		...
Guatemala	4.4	2011	0.5	1	2016	1.7	1	2009	n.a.	8	2009	...		...	1.7	1	2009	0.0	9	2009	0.3	9	2009
Guyana	8.2	2010	1.1	2	2014	...		...	n.a.	8	2010	...		...	...		...	...		...	...		...
Haiti	3.3	2013	...		...	...		...	...		...	...		...	...		...	...		...	...		...
Honduras	4.4	2010	0.2	1	2015	0.2	1	2010	n.a.	8	2010	...		...	0.2	1	2015	0.3	9	2010	0.2	9	2010
Jamaica	4.4	2011	0.9	1	2015	0.4	1	2009	n.a.	8	2009	...		...	0.4	1	2009	0.8	1	2009	0.3	9	2011
Mexico	12.0	2015	1.7	2	2015	0.1	4	2011	0.0	8	2011	0.0	4	2011	0.1	4	2011	1.5	4	2011	1.1	4	2011
Nicaragua	6.3	2005	1.6	5	2009	0.5	5	2009	n.a.	8	2009	...		...	0.5	5	2009	0.7	1	2009	0.1	9	2009
Panama	9.8	2015	2.7	1	2015	0.1	1	2015	0.0	1	2015	...		...	0.1	1	2015	1.0	1	2015	...		...
Paraguay	6.4	2010	0.4	2	2012	1.5	1	2010	n.a.	8	2010	...		...	1.5	1	2010	0.7	1	2010	0.2	1	2010
Peru	5.5	2015	2.5	2	2010	0.8	1	2010	n.a.	8	2010	0.0	1	2015	0.8	1	2010	1.9	9	2010	0.1	9	2009
Saint Kitts and Nevis	5.6	2010	1.3	1	2009	1.5	1	2009	n.a.	8	2009	...		...	1.5	1	2009	0.2	1	2009	0.0	1	2009
Saint Lucia	6.0	2010	1.2	1	2009	0.5	1	2009	n.a.	8	2009	...		...	0.5	1	2009	0.1	1	2009	0.1	1	2009
Saint Vincent and the Grenadines	8.2	2010	1.5	2	2006	1.2	1	2006	n.a.	8	2009	...		...	1.2	1	2006	0.4	1	2006	0.2	1	2006
Trinidad and Tobago	9.0	2010	1.4	2	2012	0.2	1	2008	n.a.	8	2008	...		...	0.2	1	2008	0.5	1	2008	0.1	1	2008
Uruguay	17.0	2015	8.9	1	2015	0.8	1	2015	0.6	1	2015	...		...	0.3	1	2015	3.1	1	2010	0.4	1	2015
Venezuela, Bolivarian Republic of	8.8	2015	7.4	1	2015	...		...	...		...	...		...	1.0	1	2015	...		...	...		...

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						Social benefits for persons of active age (excluding general social assistance)			Unemployment			Labour market programme			Sickness, maternity, employment injury, disability			General social assistance					
	Latest available year[a]	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year
Northern America																							
Canada	17.2	2015	4.6	[4]	2014	1.6	[4]	2014	0.6	[4]	2014	0.2	[4]	2014	0.8	[4]	2014	2.4	[4]	2014	1.2	[4]	2014
United States	19.0	2015	7.0	[4]	2013	2.0	[4]	2013	0.4	[4]	2013	0.1	[4]	2013	1.4	[4]	2013	1.2	[4]	2013	0.7	[4]	2013
Arab States																							
Bahrain	4.0	2010	1.0	[1]	2010	0.5	[1]	2010	0.0	[1]	2010	...		...	0.5	[6]	2010	0.1	[6]	2010	0.0	[8]	2010
Jordan	8.9	2015	4.4	[3]	2015	0.7	[1]	2010	n.a.	[8]	2010	0.0	[1]	2010	0.7	[1]	2010	0.6	[1]	2010	0.0	[1]	2010
Kuwait	11.4	2011	3.5	[1]	2011	...		...	n.a.	[8]	2011	...		...	...		...	...		...	...		...
Lebanon	2.1	2015	2.7	[2]	2013	...		...	...		...	...		...	...		...	...		...	...		...
Oman	3.8	2013	...		...	...		...	...		...	...		...	...		...	...		...	...		...
Saudi Arabia	3.6	2011	0.3	[2]	2013	...		...	...		...	...		...	...		...	...		...	...		...
Syrian Arab Republic	1.9	2010	1.3	[2]	2004	...		...	...		...	...		...	...		...	...		...	...		...
Yemen	9.6	2012	0.5	[5]	2010	0.2	[1]	2010	n.a.	[8]	2010	...		...	0.2	[5]	2010	0.1	[5]	2010	0.0	[5]	2010
Asia and the Pacific																							
Eastern Asia																							
China	6.3	2015	3.7	[1]	2015	n.a.		...	0.1	[1]	2015	0.1	[1]	2015	1.6	[6]	2009	0.3	[6]	2013	0.2	[6]	2009
Hong Kong, China	2.7	2015	1.6	[2]	2011	n.a.		...	n.a.	[8]	2010	...		...	2.4	[3]	2013	0.0	[6]	2010	0.2	[3]	2013
Japan	23.1	2013	12.1	[4]	2013	1.4	[4]	2013	0.2	[4]	2013	0.2	[4]	2013	1.0	[4]	2013	0.4	[4]	2013	1.3	[4]	2013
Korea, Republic of	10.1	2015	2.7	[4]	2014	1.3	[4]	2014	0.3	[4]	2014	0.5	[4]	2014	0.6	[4]	2014	0.6	[4]	2014	1.1	[4]	2014
Mongolia	14.4	2015	5.5	[1]	2015	0.9	[1]	2015	0.1	[1]	2015	0.3	[1]	2015	0.5	[1]	2015	4.9	[1]	2015	1.3	[1]	2015
Taiwan, China	9.7	2010	4.7	[5]	2009	1.1	[5]	2009	0.3	[1]	2009	0.2	[1]	2009	0.6	[5]	2009	0.5	[5]	2009	0.4	[5]	2009
South-Eastern Asia																							
Brunei Darussalam	2.3	2011	...		...	...		...	...		...	...		...	...		...	...		...	...		...
Indonesia	1.1	2015	1.0	[2]	2015	n.a.		...	n.a.	[8]	2010	0.0	[6]	2013	0.0	[6]	2010	0.8	[6]	2013	0.7	[6]	2010

Table B.17 Public social protection expenditure by guarantee (percentage of GDP)

Country/territory	Total social protection expenditure including health (% of GDP)		Public social protection expenditure for older persons (% of GDP, without health)			Public social protection expenditure for persons of active age (% of GDP, without health)													Public social protection expenditure for children (% of GDP, without health)		
						Social benefits for persons of active age (excluding general social assistance)			Unemployment			Labour market programme			Sickness, maternity, employment injury, disability			General social assistance					
	Latest available year[a]	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year
Lao People's Democratic Republic	1.2	2013	0.2	[2]	2013	n.a.		...	n.a.	[8]	2010	0.0	[6]	2013	0.1	[6]	2010	0.1	[6]	2013	0.0	[6]	2010
Malaysia	3.8	2012	0.9	[6]	2012	n.a.		...	n.a.	[8]	2012	0.0	[6]	2013	0.1	[6]	2012	0.4	[6]	2013	0.0	[6]	2012
Myanmar	1.0	2011	0.7	[2]	2014–2015	0.1	[1]	2011	n.a.	[8]	2011	...		...	0.1	[1]	2011	0.0	[1]	2011	0.0	[5]	2011
Philippines	2.2	2015	0.6	[6]	2012	n.a.		...	0.0	[3]	2015	0.0	[6]	2013	0.2	[6]	2012	0.5	[6]	2013	0.1	[6]	2012
Singapore	4.2	2015	0.7	[1]	2011	n.a.		...	n.a.	[8]	2011	0.3	[6]	2013	0.9	[1]	2011	0.7	[6]	2013	0.0	[1]	2011
Thailand	3.7	2015	2.2	[2]	2015	n.a.		...	0.1	[6]	2011	0.0	[6]	2010	1.2	[3]	2015	0.1	[3]	2015	0.5	[6]	2011
Viet Nam	6.3	2015	5.5	[5]	2015	n.a.		...	0.0	[6]	2010	0.1	[5]	2015	0.3	[6]	2010	0.3	[5]	2015	0.0	[6]	2010
Southern Asia																							
Bangladesh	1.7	2014	0.1	[3]	2015	n.a.		...	n.a.	[8]	2011	0.4	[6]	2013	0.0	[6]	2015	0.3	[3]	2015	0.0	[3]	2015
Bhutan	2.7	2014	0.7	[1]	2010	n.a.		...	n.a.	[8]	2010	0.0	[6]	2013	0.0	[6]	2010	0.2	[6]	2013	0.0	[3]	2014
India	2.7	2014	4.3	[2]	2011	n.a.		...	...		2009	0.4	[6]	2013	0.1	[6]	2010	0.4	[6]	2013	0.1	[6]	2010
Iran, Islamic Republic of	12.5	2010	5.9	[2]	2013	1.8	[1]	2009	0.3	[1]	2009	...		...	1.5	[1]	2009	5.0	[1]	2010	1.0	[1]	2010
Nepal	3.0	2015	1.8	[2]	2013–2014	n.a.		...	n.a.	[8]	2011	0.0	[6]	2013	0.1	[6]	2011	0.8	[6]	2013	0.1	[6]	2011
Pakistan	0.2	2014	1.8	[2]	2015–2016	n.a.		...	n.a.	[8]	2010	0.0	[6]	2013	0.0	[6]	2010	0.2	[6]	2013	0.0	[6]	2010
Sri Lanka	6.5	2015	1.4	[2]	2013	n.a.		...	n.a.	[8]	2011	0.0	[6]	2013	0.0	[1]	2011	0.3	[6]	2013	0.1	[1]	2011
Oceania																							
Australia	18.8	2015	5.2	[4]	2014	3.5	[4]	2014	0.7	[4]	2014	0.2	[4]	2014	2.6	[4]	2014	0.8	[4]	2014	2.8	[4]	2014
Fiji	3.4	2015	0.8	[6]	2010	n.a.		...	n.a.	[8]	2010	0.1	[6]	2013	0.0	[6]	2010	0.6	[6]	2013	0.6	[6]	2010
Kiribati	12.0	2015	...		...	...		...	...		...	0.2	[6]	2013	...		...	1.1	[6]	2013	...		...
New Zealand	19.7	2015	5.1	[4]	2014	3.3	[4]	2014	0.4	[4]	2014	0.3	[4]	2014	2.5	[4]	2014	1.0	[4]	2014	2.6	[4]	2014
Palau	7.1	2015	5.1	[6]	2010	n.a.		...	n.a.	[8]	2010	0.0	[6]	2013	0.2	[6]	2010	0.1	[6]	2015	1.7	[6]	2010

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						Social benefits for persons of active age (excluding general social assistance)			Unemployment			Labour market programme			Sickness, maternity, employment injury, disability			General social assistance					
	Latest available year[a]	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year
Papua New Guinea	3.6	2015	0.1	6	2010	0.0	6	2013	n.a.	8	2010	0.0	6	2013	...		...	0.0	6	2013	0.1	6	2010
Samoa	2.0	2015	0.6	6	2011	0.1	6	2011	n.a.	8	2011	0.0	6	2013	0.0	6	2011	0.2	6	2013	0.1	6	2011
Solomon Islands	6.6	2015	1.3	6	2010	n.a.		...	0.0	1	2010	0.1	6	2013	0.0	6	2010	0.0	6	2010	0.3	3	2015
Europe and Central Asia																							
Northern, Southern and Western Europe																							
Albania	11.9	2015	7.5	3	2015	0.1	3	2015	0.1	3	2015	...		...	0.0	3	2015	...		...	1.4	3	2015
Austria	28.0	2015	14.0	4	2013	4.0	4	2013	1.0	4	2013	0.8	4	2013	2.3	4	2013	0.5	4	2013	2.6	4	2013
Belgium	29.2	2015	10.5	4	2013	6.9	4	2013	3.2	4	2013	0.7	4	2013	2.9	4	2013	1.1	4	2013	2.9	4	2013
Croatia	21.6	2014	9.3	7	2014	3.1	7	2014	0.5	7	2014	...		...	2.6	7	2014	0.2	7	2014	1.5	7	2014
Denmark	28.8	2015	10.1	4	2013	8.8	4	2013	2.3	4	2013	1.8	4	2013	4.7	4	2013	2.0	4	2013	3.7	4	2013
Estonia	17.0	2015	6.5	4	2013	2.7	4	2013	0.3	4	2013	0.2	4	2013	2.2	4	2013	0.1	4	2013	2.0	4	2013
Finland	30.6	2015	12.3	4	2013	6.8	4	2013	1.9	4	2013	1.0	4	2013	3.8	4	2013	1.4	4	2013	3.2	4	2013
France	31.7	2015	14.3	4	2013	4.2	4	2013	1.6	4	2013	0.9	4	2013	1.7	4	2013	1.5	4	2013	2.9	4	2013
Germany	25.0	2015	10.1	4	2013	3.7	4	2013	1.0	4	2013	0.7	4	2013	2.1	4	2013	0.8	4	2013	2.2	4	2013
Greece	26.4	2015	17.5	4	2012	2.3	4	2012	1.0	4	2012	0.3	4	2012	1.0	4	2012	0.7	4	2012	1.3	4	2012
Iceland	15.7	2015	2.5	4	2013	3.8	4	2013	0.9	4	2013	0.1	4	2013	2.8	4	2013	1.4	4	2013	3.6	4	2013
Ireland	17.0	2015	5.4	4	2013	5.5	4	2013	2.5	4	2013	0.9	4	2013	2.1	4	2013	0.6	4	2013	3.3	4	2013
Italy	28.9	2015	16.4	4	2013	3.8	4	2013	1.7	4	2013	0.4	4	2013	1.7	4	2013	0.2	4	2013	1.4	4	2013
Latvia	14.4	2015	7.7	4	2013	2.4	4	2013	0.5	4	2013	0.2	4	2013	1.8	4	2013	0.3	4	2013	1.2	4	2013
Lithuania	14.7	2014	6.6	7	2014	1.7	7	2014	0.3	7	2014	...		...	1.4	7	2014	0.4	7	2014	1.1	7	2014
Luxembourg	22.2	2015	8.5	4	2013	4.7	4	2013	1.4	4	2013	0.6	4	2013	2.7	4	2013	0.8	4	2013	3.6	4	2013
Malta	18.2	2014	9.4	7	2014	1.2	7	2014	0.5	7	2014	...		...	0.7	7	2014	0.4	7	2014	1.2	7	2014
Netherlands	22.3	2015	6.4	4	2013	5.6	4	2013	1.6	4	2013	0.8	4	2013	3.1	4	2013	1.7	4	2013	1.3	4	2013

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						Social benefits for persons of active age (excluding general social assistance)			Unemployment			Labour market programme			Sickness, maternity, employment injury, disability			General social assistance					
	Latest available year[a]	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year
Norway	23.9	2015	7.9	[4]	2013	4.5	[4]	2013	0.3	[4]	2013	0.5	[4]	2013	3.7	[4]	2013	0.8	[4]	2013	3.0	[4]	2013
Portugal	24.1	2015	14.0	[4]	2013	4.0	[4]	2013	1.6	[4]	2013	0.5	[4]	2013	1.9	[4]	2013	0.2	[4]	2013	1.2	[4]	2013
San Marino	21.4	2010	...		...	...		...	...		...	...		...	...		...	...		...	...		...
Serbia	23.4	2014	12.7	[7]	2014	2.4	[7]	2014	0.6	[7]	2014	...		...	1.8	[7]	2014	0.5	[7]	2014	1.3	[7]	2014
Slovenia	22.4	2015	12.0	[4]	2013	3.2	[4]	2013	0.7	[4]	2013	0.4	[4]	2013	2.1	[4]	2013	0.7	[4]	2013	2.0	[4]	2013
Spain	25.4	2015	12.0	[4]	2013	6.3	[4]	2013	3.1	[4]	2013	0.6	[4]	2013	2.5	[4]	2013	0.3	[4]	2013	1.3	[4]	2013
Sweden	26.7	2015	10.0	[4]	2013	6.1	[4]	2013	0.5	[4]	2013	1.4	[4]	2013	4.3	[4]	2013	1.2	[4]	2013	3.6	[4]	2013
Switzerland	19.6	2015	6.6	[4]	2013	3.6	[4]	2013	0.8	[4]	2013	0.6	[4]	2013	2.3	[4]	2013	0.8	[4]	2013	1.6	[4]	2013
United Kingdom	21.5	2015	6.6	[4]	2013	2.5	[4]	2013	0.3	[4]	2013	0.2	[4]	2013	2.0	[4]	2013	1.8	[4]	2013	3.8	[4]	2013
Eastern Europe																							
Belarus	19.4	2015	8.0	[2]	2015	1.1	[1]	2010	0.0	[3]	2015	...		...	1.1	[1]	2010	0.3	[5]	2010	0.2	[3]	2015
Bulgaria	18.5	2014	8.9	[7]	2014	1.9	[7]	2014	0.5	[7]	2014	...		...	1.4	[7]	2014	0.3	[7]	2014	1.9	[7]	2014
Czech Republic	19.5	2015	8.9	[4]	2013	2.8	[4]	2013	0.6	[4]	2013	0.3	[4]	2013	1.8	[4]	2013	0.5	[4]	2013	2.2	[4]	2013
Hungary	20.7	2015	10.8	[4]	2013	3.2	[4]	2013	0.5	[4]	2013	0.8	[4]	2013	1.9	[4]	2013	0.4	[4]	2013	3.0	[4]	2013
Moldova, Republic of	18.1	2015	7.5	[3]	2015	1.8	[3]	2015	0.1	[3]	2015	...		...	1.7	[3]	2015	1.3	[3]	2015	0.8	[3]	2015
Poland	19.4	2015	10.4	[4]	2012	2.9	[4]	2012	0.2	[4]	2012	0.4	[4]	2012	2.2	[4]	2012	0.2	[4]	2012	1.2	[4]	2012
Romania	14.8	2014	8.0	[7]	2014	0.5	[7]	2014	0.4	[7]	2014	...		...	1.1	[7]	2014	0.2	[7]	2014	1.2	[7]	2014
Russian Federation	15.6	2015	8.7	[3]	2015	2.9	[3]	2010	0.2	[1]	2010	...		...	2.7	[1]	2010	1.8	[1]	2010	0.6	[3]	2015
Slovakia	19.4	2015	7.5	[4]	2013	2.5	[4]	2013	0.4	[4]	2013	0.2	[4]	2013	1.9	[4]	2013	0.4	[4]	2013	2.1	[4]	2013
Ukraine	22.2	2015	13.7	[3]	2015	1.5	[3]	2015	0.4	[3]	2015	...		...	1.1	[3]	2015	0.7	[3]	2015	1.8	[3]	2015
Central and Western Asia																							
Armenia	7.6	2015	5.6	[3]	2015	n.a.		...	0.0	[3]	2015	0.0	[6]	2013	0.4	[6]	2011	2.0	[6]	2013	1.2	[3]	2015
Azerbaijan	8.2	2015	5.0	[2]	2014	n.a.		...	0.1	[6]	2010	0.0	[6]	2013	0.5	[6]	2010	2.0	[6]	2013	0.4	[3]	2015

Table B.17 Public social protection expenditure by guarantee (percentage of GDP)

Country/territory	Total social protection expenditure including health (% of GDP)		Public social protection expenditure for older persons (% of GDP, without health)			Public social protection expenditure for persons of active age (% of GDP, without health)													Public social protection expenditure for children (% of GDP, without health)		
						Social benefits for persons of active age (excluding general social assistance)			Unemployment			Labour market programme			Sickness, maternity, employment injury, disability			General social assistance					
	Latest available year[a]	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year	Latest available year[a]	Source	Year
Cyprus	23.0	2014	12.3	[7]	2014	2.6	[7]	2014	1.9	[7]	2014	...		...	0.7	[7]	2014	1.4	[7]	2014	1.4	[7]	2014
Georgia	10.6	2015	4.4	[3]	2015	0.8	[3]	2011	n.a.	[8]	2011	...		...	0.8	[6]	2011	1.4	[6]	2011	2.3	[3]	2015
Israel	16.0	2015	5.4	[4]	2015	3.0	[4]	2015	0.3	[4]	2015	0.1	[4]	2015	2.5	[4]	2015	0.7	[4]	2015	1.9	[4]	2015
Kazakhstan	5.4	2015	3.4	[1]	2015	0.4	[1]	2015	...		...	0.1	[1]	2015	0.3	[1]	2015	0.2	[1]	2015	0.2	[1]	2015
Kyrgyzstan	9.0	2014	9.0	[3]	2015	n.a.		...	0.0	[5]	2014	0.0	[6]	2013	3.1	[6]	2010	2.5	[6]	2013	1.2	[3]	2015
Turkey	13.5	2014	8.3	[4]	2013	0.5	[4]	2013	0.1	[4]	2013	0.0	[4]	2013	0.3	[4]	2013	0.2	[4]	2013	0.4	[4]	2013
Uzbekistan	11.6	2014	6.5	[2]	2012	0.7	[6]	2010	...		...	0.0	[6]	2013	0.7	[6]	2010	1.6	[6]	2013	1.9	[6]	2010

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Notes

... : Not available.

n.a.: Not applicable.

[a] Differences in global estimates from table B.16 result from differences in reference years and in number of countries considered.

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