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SOCIAL PROTECTION AT THE TOP OF THE INTERNATIONAL AGENDA: ISSUES AT STAKE FROM A CIVIL SOCIETY PERSPECTIVE

Discussion paper

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1 | Introduction

The rise or rebirth of social protection as a relevant policy domain for developing countries is quite remarkable. For decennia this topic has been completely absent from national and international development agendas, but since the late '90s the notion of social protection has seen a spectacular comeback, mainly under the political leadership of international organisations.

Civil societies worldwide are enthusiastic to see social protection appear at the top of the international agenda. Some civil society organisations (CSOs) experience it as recognition for their advocacy efforts in this domain. Several Belgian NGOs, for example, have been pioneers in this field, in particular supporting social protection in health schemes for over 20 years and recently also advocating on social protection at the policy level. For other CSOs, it provides a broad socially-oriented framework for the promotion of their diverse activities.

So far few civil society organisations have publicly drawn the attention to what we could call the hidden face of the current international 'consensus' on social protection. After more than 15 years of experimenting with social protection measures in different low income countries (LICs), many lessons can be learned on their effectiveness, limits and associated risks. Given the growing national and international commitment to social protection as one of the pillars of new development models, these (operational) lessons should feed into a thorough discussion on the politics and principles of social protection. Together with researchers, policy makers and practitioners, national and international CSOs should actively take part in this discussion in order to challenge some of the trends in the current operationalisation and implementation of social protection.

In most developing countries, social security systems originated in the '50s and '60s. The design of these systems was based on the assumption that their developmental processes would follow the Western model. This explains why existing social security systems, in Africa for instance, are somehow a copy/paste of the Western systems and strongly linked to the labour market. However, development processes in Africa took another turn. The majority of the population is (still) working in the informal or rural sector. State-run social security systems are offering limited benefits to a small portion of the population, namely civil servants and employees of formal enterprises. The International Labour Organisation (ILO) estimates that only about 20% of the world's working-age population (and their families) have access to comprehensive social protection (ILO, 2010). In wealthier states, such as Argentina or Brazil, this percentage reaches about 40%, but in other regions, such as Sub-Saharan Africa, it drops under 10% (Merrien, 2013). According to Merrien (2013), the idea to extend non-contribution based social security to non-salaried populations was considered prohibitively expensive and leading to the reinforcement of a culture of poverty. In addition, administrations in charge of social security issues were, especially in many African countries, considered rather inefficient and sometimes ineffective (ISSA, 2008). This contributed to the further neglect of the notion and the possible added value of social protection.

The turning point in the recent history of social protection dates back to the Asian Crisis of 1997. In its aftermath, the damage in countries that had neglected to invest in social protection systems which could protect the population against loss became painfully clear. It was recognised that if

such social protection mechanisms would have existed, the population would have been far less affected by the recession (Norton *et al.*, 2001). Actually, already in 1995 the Copenhagen UN Summit on Social Development recommended (§38) to develop ‘strategies to gradually expand social protection programs so that they apply to all population’ and encouraged ‘self-help groups, professional associations and other organisations in civil society to try new formulas in the social field.’ (Norton *et al.*, 2001). In parallel, development actors were confronted with the negative outcomes of the structural adjustment policies of the ‘80s and ‘90s, and with globalisation. These experiences triggered a shift in development paradigms and practices. Currently, social protection is seen as a powerful instrument to reduce income inequality, to tackle multidimensional vulnerability, to manage volatility and uncertainty, and to achieve inclusive economic and social development.

In its recently (March, 2013) adopted Law on Development Cooperation, Belgium devotes special attention to social protection as a policy domain. Belgium takes position in favour of a universal right-based social protection approach and subscribes to the ILO initiative on the Social Protection Floor as well as to the Decent Work Agenda (see also 2.2). Belgium also puts forward the expertise of Belgian actors: with their experience in universal health insurance coverage in Belgium, Belgian NGOs and CSOs could play a major role, not only through their support to their partners but also through their contributions to the policy debate on social protection.

The purpose of this paper is to contribute to the knowledge and above all to the critical reflection on social protection among Belgian civil society actors and NGOs. Based on existing literature and on empirical observations, this paper discusses a selection of ‘hot issues’ in the policy discussions on social protection among development actors, and within low-income countries (LICs). Depending on whether one takes a middle-income countries (MICs) or a low-income countries (LICs) perspective, this debate differs. Since most NGO interventions are currently aimed at LICs, this paper focuses on the LICs. From the analysis of these ‘hot issues’, we will suggest some possible roles for civil society actors, in the South, in the North and globally.

The following section gives a concise overview of some key conceptual approaches to social protection and of some key issues in policy debates on social protection. The third section examines the social protection policy debate from a civil society perspective and identifies four ‘hot issues’. The different reasons for concern and the possible domains of action for governments, NGOs and civil society organisations are pointed out.

2 | Overview of key conceptual frameworks on social protection

2.1 Concept of social protection: unity in diversity?

Overall, people are confronted with a multitude of risks that can compromise their livelihood and level of well-being. Some of these risks can be covered by social protection systems. For example birth, death, work (loss of work, occupational injuries or diseases), and health are common areas of risks. In low-income countries, households are in addition very sensitive to climate-related issues: floods or droughts, and climate change directly affect their level of revenue and their well-being.

Key definitions

Social protection can be defined as the set of all initiatives, both formal and informal, that provide social assistance to extremely poor individuals and households; social services to groups who need special care or would otherwise be denied access to basic services; social insurance to protect people against the risks and consequences of livelihood shocks; and social equity to protect people against social risks such as discrimination or abuse.

Social protection has two main components:

- *social insurance measures consist of programmes providing protection against risks arising from life-course contingencies such as maternity, old age, disability, work related injuries or sickness;*
- *social assistance measures provide support to those in poverty. They include various non-contributory cash- or in-kind transfer programmes for individuals and households.*

In addition, employment programmes (food-for-work, public works programmes) and labour market programmes (designed to protect workers, such as minimum wage legislation and minimise labour related risks) complement the basic components of social protection.

Source: Devereux & Sabates-Wheeler, 2007; Devereux & Barrientos, 2008

Over the years, the concept of social protection has become quite common in the discourse of all types of development actors: from the G20 or the World Bank to NGOs supporting community-based initiatives in LICs. However, the notion of social protection does not always encompass the same vision or the same functions. On the contrary, different ‘schools’ exist and their different views on social protection are the subject of long debates and a rich body of literature.

The table below characterises and explores different approaches of influential donors and international organisations. As Adesina (2010, p. 5) puts it, the approaches presented here could to a certain extent be qualified as ‘unified in their diversity’: none of the approaches or underlying discourses are clearly opposed to the others but they do diverge in terms of rationale (poverty reduction *versus* risk prevention), in terms of scope (universal *versus* target groups) or in terms of preferred social protection measures.

Table 2.1 Overview of approaches to social protection

	Approach	Goal	Focal points/priorities
ILO	Universal approach	Social protection through national systems providing universal coverage	Protection & prevention
World Bank	Targeting approach	Social protection through adapted mechanisms for different population groups. Since recently also stressing coordination at national level	Promotion (and poverty reduction)
IDS	Universal approach + transformative dimension	Social protection through universal coverage + addressing social and political structures	Protection & prevention. Transformative dimension as a cross-cutting issue in all measures
<i>Other institutions</i>			
EU	Universal approach	Improving equity, social inclusion and social cohesion	National revenue reform for fiscal space; capacity building; support to job creation and employment
DfID	Right-based approach	No specific goal defined	Social transfers
UNICEF	Progressive Universalism Equity	Inclusive and equitable development	Integrated and multisectoral national social protection systems; social transfers; access to services; social support and care services; legislation and policy reform to ensure equity and non-discrimination
UNDP	Social investment Right-based	Promoting resilient growth	Employment; poverty reduction

Source Devereux & Sabates Wheeler, 2007; UNDP, 2011; ILO, 2012; UNICEF, 2012; EU, 2012; World Bank, 2012

As Devereux and Sabates Wheeler (2007, p. 1-3) state, there are two main ‘camps’ on social protection. One camp sees social protection as an element of ‘efficient development’ and proposes to put in place risk management mechanisms and ad hoc social assistance mechanisms for the most vulnerable groups (mainly through cash transfers programs). The other camp views ‘the persistence of extreme poverty, inequality and vulnerability as symptoms of social injustice and structural inequity, and campaigns for social protection as an inviolable right of citizenship’. Because both camps often refer to the same tools and mechanisms but from different perspectives (as intermediary means or as an end), it is often difficult to classify approaches and initiatives in one or the other camp.

Three approaches will be explored in more depth in this section: the first one is promoted by the International Labour Organisation (ILO) and other United Nations (UN) institutions. The second one is developed (and widely disseminated) by the World Bank. The third has been proposed by the Centre for Social Protection of the UK Institute of Development Studies (IDS) at Sussex University. This approach has been rapidly popularised among donors and policy makers because it somehow combines elements of the influential international organisations’ policies on social protection (*i.e.* ILO and World Bank) while arguing for specific but alternative policy options. IDS and many other researchers also use this framework to address implementation challenges of a broad range of social protection mechanisms.

Social protection as a catch-all concept?

Some authors (Sabates Wheeler & Waite, 2003) consider labour migration as a social protection strategy: it could improve life chances and incomes (promotive function), it could be a way to cope with shocks (protective function) or a way to spread risks as a kind of insurance strategy. In a recent ODI blog post, Jessica Hagen-Zanker (2012) wonders whether we should include these strategies in social protection, when they are really about reducing risk and vulnerability? As Hagen-Zanker states (2012), by equating migrants' motives with social protection, we blur the picture of what migrants are actually trying to achieve, namely to reduce the risk that threaten their families: 'If we include migration in the definition of social protection, why not any other kind of informal strategy? By extension anything that earns income is also social protection, and, taking this logic even further, so is eating food'.

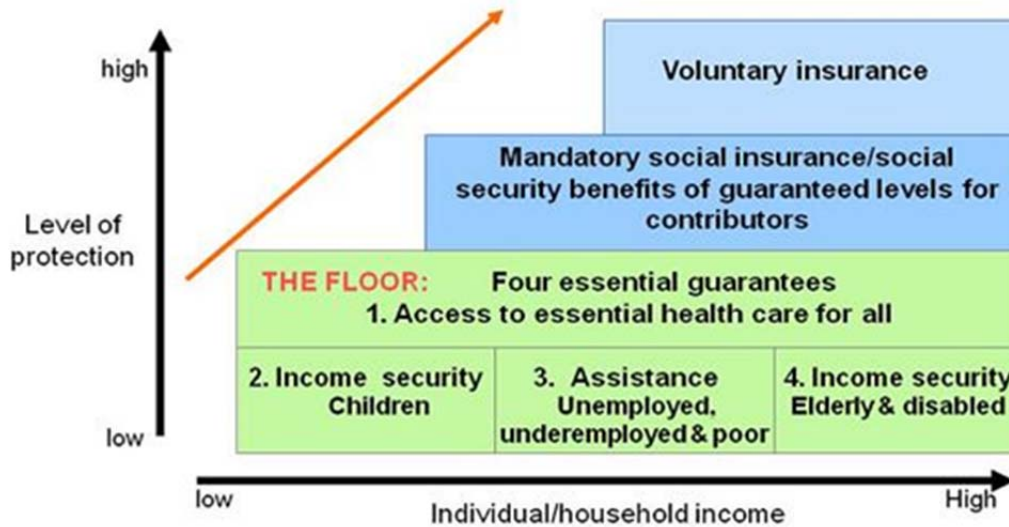
Source: <http://www.odi.org.uk/opinion/7133-migration-social-protection-livelihood-strategy>

2.2 The Social Protection Floor of the ILO

Within the UN system, the International Labour Organisation (ILO) has for long been the only organisation dealing with social security issues. Originally the ILO was promoting classical social security models for all countries, indiscriminately of their level of poverty or the structure of their labour market. In 2001, the ILO dedicated its annual conference to social security and called for a major campaign on the extension of social security coverage, *i.a.* in the developing countries. The subsequent report 'Social Security: a New Consensus' proposed an analytical framework that went beyond the classical social security models, opening a discussion on the extension of social protection to groups excluded from existing systems on the one side and on the improvement of social protection packages for all populations on the other side. In parallel, the ILO developed a Decent Work Agenda based on 4 pillars: job creation, social dialogue, workers' rights and social protection. From 1999 to 2010, the ILO also developed (partially with Belgian funds) technical programs (*e.g.* the Strategies and Tools against Poverty Programme, STEP) that initiate and support many social protection mechanisms (in particular but not only for health-related risks) in Africa, Asia and Latin America.

Following the lead of ILO, UN-agencies agreed on a Social Protection Floor (see box) in 2009, as one of several joint initiatives to address the social impacts of the global and economic crisis (ILO & WHO, 2009; UNDP, 2011). Under the ILO-WHO leadership, the Social Protection Initiative was launched. The Social Protection Floor has been defined by the 2011 International Labour Conference as 'containing basic social security guarantees that ensure that over the life cycle all in need can afford and have access to essential health care and have income security at least at a nationally defined minimum level. Social protection floor policies should aim at facilitating effective access to essential goods and services, promote productive economic activity and be implemented in close coordination with other policies enhancing employability, reducing informality and precariousness, creating decent jobs and promoting entrepreneurship' (ILO, 2011, §9). The Social Protection Floor takes a normative approach to social protection, pursuing a basic set of essential social rights and transfers, in cash and in kind, to provide a minimum income and livelihood security for all and to facilitate effective demand for and access to essential goods and services. Furthermore, in June 2012, the International Labour Conference adopted a new Recommendation (202) on social protection floors. Although not binding, it represents an important commitment of 452 state, workers' and employers' representatives who reaffirmed that social security is a human right and an economic and social necessity for development and progress (ILO Recommendation 202).

Figure 2.1 ILO's Social Protection Floor



Source ILO, 2012

The ILO approach can be classified as universalistic in the sense that the social protection floor intends to cover the basic social protection needs of all citizens, whatever their individual characteristics or their (permanent or temporary) belonging to a particular category. The ILO's social protection floor (see Figure 2.1) is based on a two-dimensional strategy: on the one hand it aspires basic social security guarantees that ensure universal access to essential health care and income security (horizontal dimension), on the other hand it aims for the progressive achievement of higher levels of protection (vertical dimension). The second dimension represents a shift in the ILO vision on social security because it somehow recognises the need to adopt a progressive universalist approach. This is driven by the pragmatic consideration that social protection for all will not be achieved in the short term in countries without any social protection systems for the majority of the population.

Due to its tripartite nature, the ILO has been relatively open to civil society organisations and their approaches. Through the technical cooperation programmes dedicated to social protection (*i.e.* STEP), the organisation also supports civil society organisations working on social protection issues. During the 2012 International Labour Conference and the preliminary discussions on the Recommendation 202, 59 NGOs, organised in an NGO Coalition for Social Protection, expressed their full support to the recommendations while proposing different changes related to the rights and dignity of social security rights holders, the full participation of civil society to social protection floors, the universal coverage at the national and international level, and rights for children, women and persons with disabilities (NGO Coalition for Social Protection, 2012; Van Ginneken, 2013).

2.3 The Social Risk Management approach of the World Bank

The Social Risk Management approach has been launched in 1990s by the World Bank. Social Risk Management is defined as a collection of public measures intended to assist individuals, households and communities in managing risks in order to reduce vulnerability, improve consumption, enhance equity while contributing to economic development. This approach rests on the rationale that

extreme poverty can be reduced through better risks management at the individual level or through individual initiative (e.g. buying insurance products).

World Bank's areas of risk aversion

The World Bank distinguishes three different areas for risk aversion (Holtzmann & Jorgensen, 1999):

- *risk reduction*, aimed at decreasing the exposure to certain risks, through labour market management (e.g. less risky production technique, preventive health care);
- *risk mitigation*, aimed at decreasing the impact of unavoidable risks, through diversification of resources or the introduction of community and/or social protection mechanisms (e.g. microfinance, various insurance schemes);
- *risk coping*, aimed at bolstering the capacity to respond to risk, through for example seasonal or temporary migration, cash transfers, credit from banks.

The Social Risk Management approach includes both protection and promotion as social protection functions. For the World Bank, social protection is conceived as a safety net to avoid falling into extreme poverty as well as a springboard to escape from extreme poverty. At the time the notion of Social Risk Management was introduced, the mainstream approach to social protection was the traditional vision promoted by the ILO, and mainly based on Western contexts. This new framework led to the introduction of vulnerability analysis as a complement to poverty analysis and also put forward the importance of a diversity of actors (public, private, for profit and not-for-profit) in social protection (World Bank, 2012).

The impact of the Social Risk Management has been huge *i.a.* due to its promotion and dissemination through the second generation Poverty Reduction Strategy Papers (PRSPs) that include a chapter on social protection based on this framework. From 1998 to 2011, the World Bank also spent about \$30 billion on social protection and labour programs in developing and emerging countries, representing about 7% of the total World Bank-wide lending commitments (World Bank, 2012). In 2012, the World Bank formulated a new strategy, linking social protection with resilience, equity and opportunity. This new strategy builds on social risk management but emphasises the need to 'build coherent and country-appropriate portfolios of social protection and labour programs or systems - that together help people deal with multiple risks' (World Bank, 2012, p. 34). In the new strategy, the World Bank also underscores the need for increased engagement in low-income countries (while the previous approach has mainly been implemented in middle-income countries).

The main criticism on the World Bank's approach is that it uses social protection as an instrument to contribute to poverty reduction rather than recognizing it as an entitled right. The Bank has also been criticised for restricting the role of non-governmental actors to the implementation of social protection initiatives instead of opening up the policy elaboration process and the monitoring and evaluation of its policies. Finally, the Bank's failure to consider inequality and structural power issues has also been condemned. In its 2010 Report on Poverty and Inequalities, United Nations Research Institute for Social Development (UNRISD) condemns in particular the Bank's primary concern with market mechanisms of provision, supplemented with narrowly targeted assistance for the most vulnerable (UNRISD, 2010; Videt, 2013). In other terms, the responsibility to cope, mitigate or reduce risks lies above all on the shoulders of the citizens, who have to buy private for-profit insurance when they can, or rely on NGOs initiatives (microfinance) or community-based schemes when they can't afford otherwise. Public investments for social protection are limited to the most vulnerable population groups.

The role the World Bank attributed to CSOs in social protection schemes has often been positively welcomed by national CSOs and interpreted as an invitation for CSO involvement within World

Bank funded programmes. Moreover, the latest World Bank Strategy elaborated on a wide participatory process including NGOs and CSOs from all over the world through national workshops (World Bank, 2012). The ILO framework explicitly reserves a strong regulatory role for the state. In comparison, the involvement of non-governmental actors in social protection proposed by the World Bank leans more towards the opening of a social protection market where price/affordability, availability and other criteria related to individual preferences would determine the interplay between supply and demand of social protection.

2.4 The transformative social protection framework

A few years ago the Institute of Development Studies (IDS) in the UK (and most notably Stephen Devereux and Rachel Sabates-Wheeler) developed a social protection analytical framework¹ that rapidly became popular with academicians and practitioners. This framework proposes to re-conceptualise vulnerability. As Devereux and Sabates-Wheeler point out (2008, p. 67), vulnerability is classically attributed to the ‘characteristics of a person or a group, an event affecting a person or group or a point in a person’s life cycle’. This is also the rationale behind the Social Risk Management approach of the World Bank. The IDS framework however suggests to conceptualise vulnerability as ‘emerging from and embedded in the socio-political context’ (Devereux & Sabates-Wheeler, 2010), instead of interpreting risk as an external, given factor that needs to be managed. This alternative view on the roots of vulnerability has significant policy implication: instead of focusing on protecting vulnerable groups against the risks of a given context, policy should focus on transforming the context and reducing the risks it presents to these groups (Devereux & Sabates-Wheeler, 2008, p. 68).

The framework proposes four dimensions that any social protection system should incorporate. The three first dimension of the IDS social protection framework cover classical functions fulfilled by social protection: protection, prevention and promotion. The fourth, transformative dimension constitutes the main innovation of this framework. The four dimensions are defined as follows (Devereux & Sabates-Wheeler, 2003, p. 70-71):

- *protective measures* provide relief from deprivation. Protective measures are narrowly targeted safety net measures in the conventional sense: they aim to provide relief from poverty and deprivation to the extent that promotional and preventive measures have failed to do so. Protective measures include social assistance for the ‘chronically poor’, especially those who are unable to work and earn their livelihood. Social assistance programmes typically include targeted resource transfers - e.g. disability benefit, single-parent allowances, and ‘social pensions’ for the elderly poor that are financed publicly - out of the tax base, with donor support, and/or through NGO projects. Other protective measures can be classified as social services. These would be for the poor and groups needing special care, and can include orphanages and reception centres for abandoned children, feeding camps and provision of services for refugees and Internally Displaced Persons, and the abolition of health and education charges in order to extend access to basic services to the very poor;
- *preventive measures* seek to avert deprivation. Preventive measures deal directly with poverty alleviation. They include social insurance for ‘economically vulnerable groups’ - people who have fallen or might fall into poverty, and may need support to help them manage their livelihood shocks. This is similar to ‘social safety nets’. Social insurance programmes refer to formalised systems of pensions, health insurance, maternity benefit and unemployment benefits, often with tripartite financing between employers, employees and the state. They also include informal

¹ Inspired by Guhan’s work (Guhan, 1994).

- mechanisms, such as savings clubs and funeral societies. Strategies of risk diversification - such as crop or income diversification - are also considered as preventive measures;
- *promotive measures* aim to enhance real incomes and capabilities, which is achieved through a range of livelihood-enhancing programmes targeted at households and individuals, such as microfinance and school feeding. The inclusion of promotive measures as a category here is open to the criticism that it takes social protection too far beyond its original conceptualisation. However, the intention is not to broaden the scope to include (potentially) all development initiatives, but to focus on promotive measures that have income stabilisation at least as one objective. A case in point are microcredits that fulfil income stabilising and consumption smoothing functions;
 - *transformative measures* seek to address concerns of social equity and exclusion, such as collective action for workers' rights, or upholding human rights for minority ethnic groups. Transformative interventions include changes to the regulatory framework to protect 'socially vulnerable groups' (e.g. people with disabilities, or victims of domestic violence) against discrimination and abuse, as well as sensitisation campaigns to transform public attitudes and behaviour and enhance social equity.

At first the authors of the social transformative framework did not prioritise the different dimensions. Recently however, IDS (2013) argued that social protection should refocus on its protective and preventive functions. Originally these were at the heart of social protection, protecting the individual workers and later all citizens against life-related risks (Castel, p. 103), but an increased focus on poverty reduction shifted the attention towards promotion. Consequently, the majority of the current programmes supported by government or international development actors focuses on promotive functions and target primarily the poorest and most vulnerable groups in societies.

It is argued that safety nets or protective/promotive measures alleviating the economic needs of certain vulnerable or discriminated groups are insufficient. They need to be complemented by campaigns and measures that explicitly address the social needs and deal with discrimination, unbalanced power relations and inequality issues. Having a transformative objective would influence how certain social protection measures are conceived (*i.e.* to what extent they contribute to the empowerment of the beneficiaries) and would open up social protection to a broader range of actions such as the introduction of regulatory frameworks, sensitisation campaigns or advocacy. For example, in the case of the health system, applying the transformative dimension would mean 'transforming the social and institutional context of the health system to counteract exclusion and deprivation of the right to health and quality care' (Michielsen *et al.*, 2010, p. 655-656).

Recently a fifth dimensions was added: adaptive social protection. Adaptive social protection stresses the need for greater integration between social protection, climate change adaptation and disaster risk reduction in order reduce the vulnerability of poor people in developing countries. It is based on the recognition of the interlinked nature of the shocks and stresses that poor people face today, and of the potential synergies to be gained from more integration and knowledge sharing between the different communities of practice addressing these risks (Béné, 2012, p. 12). In that sense, this notion broadens the range of risks that should be addressed by social protection measures.

2.5 Different approaches, common issues

This section discussed different approaches to social protection and pointed out the main differences. In the following section, we identify some of the key issues related to the design and

the implementation of social protection measures and systems. It will become clear that these key issues are not exclusively linked to one or the other approach but are cross-cutting all these approaches.

Trade union positions regarding social protection

Over the past few years the International Trade Union Confederation (ITUC) has sharpened their official positions on the need for and the required modalities of an extension of social protection. In 2010, The ITUC World Congress stressed that redistribution should be at the heart of the new development paradigm: ensuring a fairer distribution of income and reducing inequalities (including gender inequalities) was considered a precondition for sustainable development. Consequently and as part of the Decent Work Agenda, ITUC defends the extension of redistributive social protection systems in all countries. ITUC also lobbies for the inclusion in the post-2015 Development Agenda of a goal on the implementation of social protection floors. This is to ensure universal access to basic guarantees of social protection as a human right and as a direct and efficient way of reducing inequalities. In terms of financing, the ITUC affirms that social protection remains the governments' responsibility but it favours the establishment of a Global Fund for Social Protection to support and strengthen social protection floors in the poorest countries.

Sources: ITUC 2d World ITUC 2nd World Congress Resolutions, Vancouver, 2010: Extending Social Protection and Ensuring Good Occupational Health and Safety; ITUC Briefing Paper on the Post-2015 Development Agenda, 8 November 2012

In practice all policy-makers, donors and civil society actors, whatever their approach, have to deal with challenges related to inclusiveness, social transformation or rights, and they are all confronted with the same encompassing challenge: how to finance and build sustainable social protection systems? In addition, the current momentum on social protection might lead us to believe that donors and governments are about to make the necessary efforts for real and effective social protection systems in low-income countries. However, their success will depend on strategic and structural factors (resource distribution, political will, aid modalities, and participation) of which the modification could lead to resistance from influential actors such as bilateral or international donors.

Belgian NGOs and social protection

Several Belgian NGOs, often with a focus on health or with connections to the labour movement, work explicitly on social protection. In the case of NGOs linked to the labour movement, the attention for social protection can be partly explained by their focus on labour issues and informal economy. All NGOs with roots in Belgian labour movements (WSM, FOS but also the French-Speaking NGO Solidarité Socialiste) were quick to adopt the ILO Decent Work Agenda as a framework for their operational and advocacy strategies. Within the labour movement, both the Socialist and the Christian national mutual health insurance funds engage in international cooperation activities supporting the emergence of mutual health organisations in Southern Countries. For NGOs specialised in health issues, their involvement with social protection is in line with a series of international or regional initiatives related to the access to health care (*e.g.* Declaration of Alma Ata, 1978, Bamako Initiative from 1994). Also, the recent debates on free access to health care and the 2010 World Health Organisation on universal access to health care, link up strongly with the debate on social protection.

Some NGOs working on social protection issues have developed various strategies. Firstly, at the operational level, they undertake activities to support the design, the set-up and the functioning of mechanisms that aim to prevent risk (*e.g.* insurance schemes) or improve income and capabilities of certain vulnerable population groups (*e.g.* micro-finance). Secondly, but less frequently, their strategies aim to provide relief from severe deprivation. In this case, mostly the poor of the poorest are targeted through assistance mechanisms (such as classical safety nets or food/cash vouchers). Thirdly, Belgian NGOs support their partners' capacity building regarding the technical and organisational aspects of social protection mechanisms. Finally, Belgian NGOs and their partners are involved in national and international campaigns on social protection (*e.g.* 2012 Joint Campaign of WSM and FOS/Solidarité Socialiste on social protection). During the past years, advocacy has become increasingly important as many governments are planning or undertaking major social protection reforms and this opens a window of opportunity for advocacy.

Many other development NGOs use instruments and strategies that could well be part of social protection strategies. Microfinance, for example, is a perfect example of an instrument that supports household to raise and diversify their incomes. However, often these instruments are used from an economic or sectorial perspective (supporting agriculture, fishery, handicraft, *etc.*) without being designed from a human right or risk management perspective.

3 | Four key challenges in social protection

In this section, we point out four key challenges in the social protection debate and practice: (1) guaranteeing the inclusiveness and transformative dimension of social protection; (2) guaranteeing a right-based approach to social protection; (3) building social protection system with democratic ownership; and (4) mobilizing sustainable financing for social protection systems. From a civil society perspective, these challenges are important: some put at risk social justice and social cohesion principles defended by NGOs, others jeopardise the current window of opportunity to build sustainable and inclusive national social protection systems. We will review these four challenges and point out the roles that donors and national governments, but in particular CSOs and development NGOs, can play to address them.

3.1 Achieving inclusive and transformative social protection

Highlights

Inclusiveness and the transformative function of social protection are key principles of social protection frameworks. The universalistic approach could foster economic and social inclusion but this approach is often not put in practice for normative or budget-related reasons.

Current social protection interventions tend to compartmentalise the society, and consequently undermine social cohesion instead of fostering it. Moreover certain social protection measures do not tackle the structural drivers of poverty and inequalities and do not contribute to the social transformation that is needed to achieve more equitable societies.

3.1.1 Introduction

As described earlier on in this paper, several influential social protection frameworks adhere to the key principles of inclusiveness and the transformative function of social protection, yet these principles are not translated in current practice. So far, most social protection strategies being developed or discussed in developing countries are structured in silos: the population is classified into different categories according to their activities (*e.g.* public or private formal economy, rural or urban informal economy - incl. agriculture) and/or their individual characteristics (with vulnerable groups being women, people with disability, children under 5, absence of revenue). To each category or group correspond specific private, public or community-based mechanisms (*e.g.* insurance or assistance) and financing sources (*e.g.* government revenue, contribution of the population, international aid). Cross-subsidisation or redistribution mechanisms are very often not - or vaguely - included in these strategies. By providing 'something' for each population group, these emerging social protection schemes might be steps in the right direction, but they lack a comprehensive vision in terms of equity. In addition, this approach contributes to a compartmentalisation of the society while social protection schemes are expected to contribute to social cohesion. The universalist approach to social protection provides a conducive way to foster social and economic inclusiveness, but it is not promoted by some influential players. The World Bank mainly puts forward budget-related arguments to justify its focus on narrow targeting. Tenants of the universalist approach (*e.g.* ILO, IDS) do not deny these budgetary constraints but advocate for 'progressive universalism' whereby interventions are gradually expanded to include

larger parts of the population (IDS, 2013, p. 3). However, so far no-one developed and presented convincing and pragmatic theories of change to implement an universalist path (how to get there?). This enables countries and donors to remain blurry about their concrete plans while claiming to aim for universal social protection. As Mestrum (2012, p. 19) points out, the references to ‘universalism’ can be confusing: ‘it is not always clear whether universalism refers to the whole population, to all the poor or to all the deserving poor’. In addition to effects at the macro-level, the next section illustrates how the same challenges regarding inclusiveness and social transformation can also have consequences for the operational level, more specifically in social protection schemes at ground level.

3.1.2 Social protection schemes can exclude

In its recent report (October 2013) on Universal Health Coverage, Oxfam discourages policymakers and practitioners to consider mutual health organisations as part of universal health coverage schemes. According to Oxfam, a strong reliance on these community-based schemes could block progress towards achieving Universal Health Coverage by taking away incentives for governments to implement more structural solutions at the national level. What’s more, it could also lead to the exclusion of the poorest, namely those that are financially unable to join these systems or those that are victim of discrimination in their communities. Some experimental projects at the local level have tried to address this last issue of exclusion by actively working towards the social and financial inclusion of destitute or other vulnerable groups (*e.g.* widows, orphans) in mutual health organisations (Fonteneau *et al.*, 2004). Mutual health organisations, as not-for-profit and member-based schemes, certainly have some distinct features which promote inclusiveness, *i.a.* in terms of representation of the insurance holders within a social protection system and representation of the patients *vis-à-vis* health practitioners and the health sector (which contributes to a better quality of care, and a democratisation of health systems). However, pilot projects tend to have a limited scale and present little long-term potential, and thus little sustainability, because they often rely on external funding or on the goodwill (or financial capacity) of the contributory members. The observed problems with scaling-up are not limited to the experiments described above. More generally, there are concerns about the actual capacity of community-based organisations to professionalise and scale-up sufficiently to be able to manage risk pooling schemes for large groups (Fonteneau, 2013). In other words, the exclusion problem is not necessarily a consequence of the model of mutual health organisations but rather because of the limited capacity of community-based organisations as well as their difficult connection with other mechanisms or actors under state regulation.

3.1.3 Social protection schemes can marginalise

It has been demonstrated that social protection measures can have an effect on the income level, income variation and consumption of a household. However, those measures do not as such challenge the structural drivers of vulnerability or poverty. In combination with other social and economic policies, social protection can contribute to poverty reduction but it should also attempt to tackle the causes of vulnerability and inequalities, as can be illustrated through the example of the review of the well-known Oportunidades Program.

Ulrichs and Roelen (2012) critically reviewed this government-led program in Mexico, which provides conditional cash transfers to indigenous people through a targeted approach. The authors argue that ‘the particular situation of indigenous people poses program specific and structural constraints on the ‘one size fits all’ application of Oportunidades and challenges its theory of change, thereby compromising its effectiveness in both the short term and long run. The

remoteness of indigenous communities and the higher levels of marginalisation compromise Oportunidades' performance in terms of coverage, outreach and targeting for indigenous people and may exacerbate and reinforce the groups' marginalised and disadvantaged positions in comparison to the non-indigenous population. One of the shortcomings of the programme's theory of change is an insufficient focus on constraining factors in the market, unequal access to good quality education and health care services, as well as different capital and asset levels of individuals who enter the job market. Higher levels of human capital can be an important condition to achieve higher levels of income but unequal opportunity structures may seriously inhibit the successful progression out of poverty for different groups of poor people' (Ulrich & Roelen, 2012, p. 3).

As the example of Oportunidades and other studies show, the individualistic analysis of poverty and of the response to poverty can restrain a program from challenging the geographic, demographic and socio-economic conditions that disadvantage indigenous people. Potentially it may even contribute to their exclusion.

3.1.4 Social protection schemes can have negative gender effects

Women are globally confronted with an unequal access to social protection because they tend to be overrepresented in the informal economy, which is most often not covered by existing contributory social security mechanisms. Along their life-cycle, women are also confronted with specific risks and needs (pregnancy, birth giving, health, *etc.*) that have to be addressed by specific measures equally accessible to all women. Many social protection programmes specifically target women, but as Sepúlveda and Nyst (2012, p. 36) put it, 'making women the direct recipients of social protection benefits is not sufficient to ensure gender equity'. Some measures not only perpetuate and reinforce gender stereotypes (*i.e.* women as caregivers) but can also lead to extra burdening women *e.g.* with the travel to collect social protection benefits or the participation in various trainings or meetings in the framework of a programme.

Unintended negative gender effects of social protection programmes

In their study on the social protection floor and gender inequality, Tessier *et al.* (2013) point out several unintended negative side effects of social protection programmes on gender equality. They noted the example of the South Africa's Child Support Grants. A study on this programme (Patel *et al.*, 2012) revealed that it had some positive effect on women's lives in terms of self-confidence, participation in community life and decision-making power. It also revealed that a significant number of fathers withdrew from the care for their children when the children were raised in a female-headed household that benefitted from Children Support Grant. According to this study, only 24.5% of the fathers (who were not the current partners of the women recipients) continued to pay maintenance for their children and a third of the women confirmed that the fathers no longer provided any kind of support for their children since they had started receiving the grant.

Source: Tessier *et al.* (2013); Patel, 2012

Babajanian and Hagen-Zanker (2012) presented a visual representation of the dimensions and drivers of social exclusion and vulnerability (see Figure 3.1): (1) exclusion from income, for example because of insufficient qualification; (2) exclusion from services, because the modalities or conditions under which they are offered represent a barrier (*e.g.* fees too high, too much information needed to access them); (3) exclusion from participation at household, community or national level. As the figure illustrates, all these dimensions are interrelated in a vicious circle, one dimension of exclusion leading to another. Addressing those multiple dimensions of vulnerability has to be done by taking into consideration the various drivers of social exclusion and vulnerability: legal norms and rights, life course vulnerabilities, human capabilities, informal norms and practices,

governance, public policy and institutions. Instead of looking at people being vulnerable, this analytical grid emphasises the social processes and systemic failures that explain the vulnerability of some individuals and societies (Mitchell & Harris, 2012).

Figure 3.1 Dimensions of vulnerability



Source Babajanian & Hagen-Zanker (2012)

The studies above indicate that the inclusiveness and the transformative functions of social protection mechanisms should not be taken for granted. On the one hand, not all social protection measures guarantee inclusiveness or lead to structural transformation towards more equality. In terms of transformation, the test is to what extent social protection empowers the population (and specifically the groups that are suffering from discrimination, exclusion or underrepresentation) and defends their rights (Babajanian & Hagen-Zanker, 2012, p. 3). On the other hand, social protection measures - even those led by NGOs or community-based processes - can potentially lead to the exclusion of groups of the population.

Points of attention for development actors

CSOs should not build on the assumption that social protection measures are always inclusive and transformative. By taking into consideration the multidimensional nature of vulnerability, civil society organisations should critically examine social protection measures (including the ones that they are supporting). They should ensure that social protection measures do not lead to further exclusion but instead foster the inclusion and empowerment of all groups as well as the social cohesion amongst them.

Governments should elaborate comprehensive social protection systems that foster social inclusion at the national level and address structural drivers of poverty. Social protection measures which exclude certain population groups (*e.g.* for budget-reasons), should always be of a temporary nature, and be implemented only as part of a comprehensive approach guaranteeing inclusiveness.

Donors should critically screen all programs they support or implement in order to detect to what extent they address structural drivers of poverty and ensure inclusiveness of all groups. They should be more explicit about how their programs contribute towards achieving universal social protection. They should also engage in a critical dialogue with governments about the degree of inclusiveness of their social protection plans and what steps might be required to gradually improve them.

3.2 Guaranteeing (human) rights-based social protection

Highlights

The right to social security is recognised in human rights regulations and promoted by several international organisations and donor countries. Recognizing social protection as a right has important consequences: it obliges governments or international organisations to translate it in entitlements and standards and to commit to their effective delivery.

Some popular methods (*e.g.* targeting) and instruments (*e.g.* conditional cash transfers) which have been championed on the basis of pragmatic considerations and financial arguments, can be problematized from a right-based approach. The main critiques are that they can lead to the exclusion or stigmatisation of certain groups or individuals, or impose discriminating conditions to obtain the right for social protection, and in some cases display a rather paternalist attitude towards vulnerable groups.

3.2.1 Introduction

The Universal Declaration of Human Rights (articles 22 & 25) and the International Covenant on Economic, Social and Cultural Rights (article 9) recognise the right to social security for every citizen. In other words, under human rights law states are legally obligated to establish “some” social protection. Freedland (2013) notes that organisations such as the World Bank have for long been reluctant to use the term ‘social security’ or ‘social protection’, instead applying the neutral term ‘safety nets’, which feels less risky from a right-based perspective. In practice, recognizing social protection as a right has important consequences. Governments or international organisations would then have to translate this right into entitlements and standards, meaning they have to determine levels of risks and deprivation that are unacceptable within a given society. Additionally they would have to put in place policies that are deliverable, effective and sustainable (Norton, Conway *et al.*, 2001). The notion of a ‘floor’ in the ILO/UN initiative on social protection is in line with this, as it defines a ‘social minimum’ which comprises social pensions, child benefits, access to health care, and unemployment provision (Sepúlveda & Nyst, 2011) but it leaves it up to governments to decide on the exact level of these minimum standards.

3.2.2 Targeting approaches risk errors and stigmatisation

Social policies can use a targeting approach to identify individuals, categories or groups based on certain criteria. By doing so, they limit the delivery of social benefits to the ‘truly deserving’ (Mkandawire, 2005). In practice, this category of ‘truly deserving’ is often interpreted as the poorest part of the population or the population groups that are considered as vulnerable on a permanent or periodic basis. Coady *et al.* (2004) pointed out three motives for targeting: (a) the desire to maximise poverty reduction; (b) a limited poverty alleviation budget; (c) opportunity costs: the trade-off between the number of beneficiaries covered by the intervention and the level of transfers. Merrien (2013) defines targeting as a way to achieve greater efficiency in the fight against poverty by focusing efforts on poor households rather than the population at large. Various methods have been tested, from comprehensive household surveys and proxy means tests² to community-based self-targeting. Depending on the context, the resources and the types of target groups, some methods give better results than others. But whatever the method, targeting the right recipients remains difficult and one always risks making one of two errors: the inclusion error, *i.e.* the incorporation of households that should not be eligible for the program or policy and, conversely, the exclusion error, which falsely deprives recipients of the benefits (Merrien, 2013). According to Sepúlveda and Nyst (2012, p. 40), inclusion errors and exclusion errors do not have the same significance: ‘exclusion errors are much more serious, constituting a violation of

² Considering the difficulty to accurately measure household income, Proxy Means Testing relies on household assets and other proxies to estimate household welfare.

beneficiaries' right to social security. Moreover, those excluded are often those who have suffered from structural discrimination and will thus find it most difficult to claim for their inclusion'.

Aside from the issue of exclusion and inclusions errors, also other features of targeting are problematic from a human rights or social justice perspective. Targeting often leads to stigmatisation, for example in the case of support specifically targeted at HIV/AIDS orphans (Slater & Farrington, 2009): when certain children or orphans receive these benefits, everyone in the community will know that they or their parents have HIV/AIDS.

3.2.3 Can the right to social protection be conditionalised?

One of the main social protection instruments that have been promoted and implemented over the past 20 years is the transfer of cash or kind to specifically vulnerable or poor population groups. In practice, cash or in kind transfers are often conditional, demanding specific behavioural attitudes such as sending children to school, ensuring good nutrition for children, sending children to health care centres, stopping smoking or drinking, *etc.* These conditions are often binding, in that sense that non-compliance by the beneficiaries leads to the suppression of the benefits (Standing, 2011).

Effectiveness of conditional cash transfers?

One of the most famous examples of a cash transfer programme is the Brazilian Bolsa Familia programme that is often presented as a success story. As of 2010 it provided regular transfers to over 50 million people, it has alleviated poverty, and has had a positive effect on child nutrition, school attendance, women's economic situation and on macro-economic recovery from the financial crisis. Some authors (Kidd, 2013) nuance this success story by pointing out that the costs/benefits ratio of such target-based programme is lower than the ones achieved (in the same country) by universal schemes like the Minimum Wage Pensions. In addition, several authors are sceptical about the causal relationship between the conditions imposed through the conditional cash transfer schemes and the reported positive outcomes. In their views, these outcomes could have been induced by the cash transfer itself and accompanying measures and not by the conditions imposed (Freeland, 2013).

As Merrien (2013, p. 11) states, 'the dissemination of conditional cash transfer (CCTs) programmes is justified primarily on the strength of their effectiveness in fighting poverty, as confirmed by the extremely positive evaluations arising from the Mexican, Colombian and Brazilian experiences. Additionally, as CCTs combine monetary benefits with conditionalities and targeting, they may be interpreted in both economic (creation of human capital) and social rights terms, thus appealing to orthodox economists and social advocates alike'. However, from a right-based point of view, the conditional delivery of cash transfers is problematic at different levels (Standing, 2012; Kidd, 2013). Firstly, a 'conditional right' is rather contradictory: 'people cannot be said to have a right if they have to behave in ways determined by the state or its agents' writes Standing (2012, p. 6). Conditionality is therefore hard to reconcile with a rights-based approach. Secondly, Standing argues that conditionality presents a fairness issue: 'If low-income families are required to prove their children are attending school for 85 *per cent* of the time, why are the middle class and the rich not required to do the same?' (Standing, 2012, p. 6). Standing (2012) critiques conditionality-based social protection programs because of the underlying rationale that poor people should bear the main responsibility for not sending their children to school or feeding them correctly, *etc.* The author argues that such programmes potentially undermine the individual's autonomy and assume that people living in poverty cannot make rational choices that improve their livelihoods (Standing, 2012). According to Standing, this rationale derives from paternalism and a very shallow process analysis (*e.g.* 'why are poor people not sending their children to school: ignorance, cost or inaccessibility of some facility?'). Other authors support his analysis and argue that conditionality could operate as an effective policy instrument but only if the problem truly derives from the demand side of social services (Hanlon *et al.*, 2010; Ulriksttaen, 2012; cited by Merrien, 2013).

However, in many low income countries, the problem seems to be more closely related to insufficient supply and/or lack of service quality, than the stimulation of demand.

Targeting and conditionality-based programmes generally assume that the support provided should be temporary and often also have graduation strategies. Graduation can be defined as a process ‘whereby recipients of cash or food transfers move from a position of depending on external assistance to a conditions where they no longer need these transfer, and can therefore exit the programme’ (RHVP, 2010, p. 9). In practice, the graduation process is extremely difficult to operationalise, and has generally not been successful, especially in low-income countries. It requires ‘identifying robust indicators of self-reliance that incorporate resilience against future shocks, setting realistic threshold for income or asset ownership in circumstances where livelihoods are unpredictable’(RHVP, 2010, p. 1).

The advocates of both targeting and conditionality-based approaches put forward pragmatic and budget-related arguments. This discourse is largely followed by governments and donors. While there is an acknowledgement that such approaches should be complemented (in the short or long-term) by unconditioned social protection schemes, in practice, more inclusive and integrated social protection approaches are rarely part of such programmes. Civil society organisations generally subscribe to and promote a (human) right-based approach to social protection. But as we showed in this section, the main encroachment on this principle doesn’t come from discourses denying groups the right to social protection but from operational practices and program designs that contradict the right-based principles of social protection.

Points of attention for development actors

CSOs should identify and denounce the negative effects of certain conditional and targeting measures from a right-based perspective if these measures are not part of a long-term vision towards universal coverage. When needed, *CSOs* should develop and push for theories of change that explicitly ensure the gradual realisation of an effective universal right to social protection.

Governments and donors should avoid an exclusive use of conditional social protection measures because they put more pressure on the most vulnerable groups than on the rest of the population. Targeted social protection measures must be implemented only with the intention of progressively building towards universal coverage.

3.3 Building social protection systems and ensuring their democratic ownership

Highlights

There is a broad consensus within the development community that isolated social protection measures will not be enough to deliver effective universal social protection coverage. At the same time, there is a large gap between the aspirations and the reality on the ground, which lacks the required political will and joint efforts of all the (national and international) stakeholders. Especially, the lack of national ownership, a range of capacity related challenges, and patron-client relationships imbedded in the national political systems stand in the way of an integrated approach for social protection.

For civil society organisations, working hand in hand with national governments in the South to set up national social protection systems has an added value in terms of coordination and outreach, but it does pose some risks of instrumentalisation and loss of autonomy. On the other hand, working independently from governments, for example with donor funding, risks creating parallel structures with weak national ownership.

3.3.1 Introduction

In this section, we explore two issues that are intrinsically linked: the building of social protection systems and their democratic ownership. So far, the social protection ‘movement’ still appears to be largely donor-driven. As Niño-Zarazua *et al.* (2012, p. 163) put it, one can wonder ‘whether the emergence of social protection as a policy framework responds to domestic demand or is simply a new donor fad’. These authors note that, to date, donors have ‘not engaged productively with the politics of social protection in low income countries where they have more often proposed new initiatives rather than built on existing ones, worked through NGOs and parallel project structures rather than the state, failed to develop good enough baselines on which arguments for scaling-up could be based, couched their ideas in terms of welfare rather than growth, and failed to identify powerful political actors to work with’. Written in 2012, the statement of Niño-Zarazua and his colleagues unfortunately does not fundamentally differ from what others authors stated more than 10 years earlier (Norton *et al.*, 2001).

Donor practices do not always provide the right incentives for governments to invest in sustainable and comprehensive social systems. Even if governmental ownership of social protection would gradually increase over the next years - perhaps encouraged by similar evolutions in other countries - there is no guarantee that this will go beyond support at governmental level and result in broad-based democratic ownership by the broader public. However, as a social policy and a human right, social protection should be embedded in national policy making processes and submitted to democratic control.

In the next section, we first discuss what building national comprehensive social protection systems entails. We pay special attention to the factors that explain why these ownership processes are so slow (or often inexistent) and why countries are reluctant to actively foster more ownership. In the second part of this section, we will examine the functions and actors needed to ensure a broad based ownership.

3.3.2 Building social protection systems

For many years, comprehensive social security or social protection policies did not appear on the agendas of developing countries. Mwandakire (2005) attributes this to the increasing focus on poverty reduction in the international development discourse. Social policies have been allocated a residual role: they had to make up for some of the negative outcomes of macro-economic policies or alleviate to the needs of vulnerable population groups that do not benefit from these policies. The recent widespread use of instruments such as cash transfers to vulnerable population groups illustrates this trend very well. However, academicians (Merrien, 2013) and development actors (Roelen & Devereux, 2013; World Bank, 2012; ILO, 2012) all agree that the implementation of various social protection measures or policies does not automatically add up to a true social protection system, with comprehensive and permanent policies located and integrated within government structures (Norton *et al.*, 2001). Even if some national strategies on social protection are currently being developed and implemented (including with domestic funding), LICs’ governments in general show a weak commitment to transforming social protection programmes into institutionalised domestic systems. We see at least two explanations for this weak commitment: the patron-client relationships embedded in political institutions in many low-income countries; and the lack of capacity in the public administration.

As Hickey (2008, p. 249) suggests, the political institutions are key to understanding the politics of social protection in LICs, and especially in Africa. With ‘political institutions’ he refers to the formal (elections and political party systems) and informal (patron-client relationships) political institutions

that define the ‘rules of the games’ within a given society (North, 1990, cited by Hickey, 2008). For long, LICs’ political parties did not take up the issue of social protection. More recently (from 2005 onwards), several domestically funded social assistance programmes targeting pregnant women, destitute persons or elderly were launched under special initiatives, such as in Senegal Burkina Faso or Benin. We focus briefly on the *Plan Sésame* in Senegal, launched under the Wade Presidency to provide free health services for elderly. Hickey interprets such initiatives as typical patron-client politics. Other authors (Ndiaye, 2013) point out how the bad design and the high level of improvisation in the implementation of the program resulted in the weak performance of Plan Sésame. Only recently social protection in the broad sense became one of the main topics during electoral campaigns in LICs, for example during the presidential elections in Senegal (2012) and in Benin (2011). Since then both countries took steps to address the issue of social protection, but so far a true political debate regarding the design and establishment of social protection system did not take off (Fonteneau, 2013).

The reluctance to build comprehensive social protection systems can also be explained by looking at the consequences it would entail. Running social protection systems demands skills and capacities in terms of policy design, operationalisation, monitoring and evaluation. In many LICs, this would demand strong capacity development efforts. In addition, in order to effectively address social inequalities from a global perspective, social protection needs an intersectorial approach. However, weak public administrations and the lack of capacities and knowledge on social protection within ministries and academic institutions undermine the ability of LICs to design, build and run such systems.

The set-up of nation-wide social protection systems would also impact on the current roles and positions of different non-state actors, especially in those countries where they are expected to play a leading role in the implementation of these systems. In the contemporary views on social protection, the state is no longer the only actor providing and organizing social protection mechanisms. On the contrary, one of the features of new social protection paradigms is precisely to rely on non-state actors (NGOs, private sector) and decentralised state actors. Especially in social protection in the health sector the role for (not-for-profit) non-state actors is gaining importance. In countries like Ghana or Rwanda existing social protection systems in the health sector rely on the intermediary role of community-based mutual health organisations (*e.g.* for the collection of premiums, insurance of small risks, sensitisation). Although few studies on the topic exist, the experience in Rwanda shows how far such public-partnerships can lead: the government made affiliation to community-based mutual health organisations compulsory for the entire population. These kinds of ambitious nation-wide initiatives were also picked-up by other countries and already plans exist for Senegal and Burkina Faso (Fonteneau, 2013). Senegal wants this system to cover about 50% of the population by 2015 (Boidin, 2012). Burkina Faso also committed to developing an ‘effective system to protect people against risks and shocks through adequate and sustainable mechanisms by 2016’ (Action Plan 2012-2014 National Plan Social protection, 2012-2014). The role assigned to mutual health organisations (MHOs) by this social protection model has been positively welcomed by mutual health organisations and their technical and financial partners. In Burkina Faso, mutual health organisations even claimed and obtained the sole right to carry out this task (excluding other CSOs or intermediary organisations). This social protection model is an important sign of recognition of the efforts and innovations undertaken by mutual health organisations. In this way their approach and the actors involved become embedded in national strategies. There is also potential for scaling-up as their service provision activities will benefit from additional technical and financial support. However, the absorption capacity of the mutual health organisations is a serious cause of concern. There is a discrepancy between the stated ambitions of covering 80% of the population and the current number and capacity of mutual health

organisations. The fact that the majority of the population is working in the informal economy and the rural sector is an additional complicating factor. To address this issue, a massive effort needs to be done to create additional mutual health organisations at the local level, something which might be easier said than done. After almost 25 years, lots of lessons have been learned about the complex social engineering process at play in the creation and performance of mutual health organisations. Their success depends on a mix of ‘technical’ factors (*e.g.* quality of health care), financial factors (*e.g.* willingness and capacity to pay premiums) and socio-political factors (*e.g.* social cohesion, trust, leadership, collective choice, *etc.*) that cannot be created mechanically and top-down. In order to contribute to better access to health care, the next generation of mutual health organisations should have a larger community-base than the existing ones. The question remains if and under which conditions public authorities can initiate the creation of such members-based organisations (see also Section 4.1 on inclusive and transformative social protection). Again the risk looms that this might impact negatively on the autonomy and freedom of action of CSOs and NGOs, as some experiences in the health sector have already indicated.

The MASMUT platform and the Be-cause Health Working Group on Social Protection

Created in 2003, Masmut is the Belgian Platform on Micro Health Insurance and Mutual Health Organisations composed of representatives of NGOs, mutual health organisations, research institutes and the Belgian development cooperation. In order to strengthen the effectiveness of mutual health organisations in the South, the platform fosters the cooperation and information exchange between its members.

Be-cause Health is the Belgian Platform for International Health. It brings together NGOs, research institutes, mutual health organisations, government agencies, consultants (with social orientation) and individual members. Its three specific objectives are information exchange, advocacy (to authorities) and promotion of collaboration.

Together they set up joint work on social protection, universal health coverage and global health aimed at combining the technical and scientific knowledge and know-how of the members of both platforms. Together, the MASMUT and the Because Health Working Group on Social Protection published a policy document in 2011 on the roles and challenges for mutual health organisations in achieving Universal Health Coverage. Current members of MASMUT are: DGD, Belgian Development Agency, Christian Mutual Health Fund, Socialist Mutual Health Fund, Independent mutual health Fund, AIM, Institute for Tropical Medicine, HIVA, World Solidarity, Louvain Development, Solidarité Socialiste, Ecole de Santé Publique/ULB, Centre d’Economie Sociale/Université Liège, MEMISA, FOS, CDI-Bwamanda and BRS-Raiffaisen Foundation.

3.3.3 Ensuring democratic ownership of social protection systems

In many LICs, agenda-setting and decision-making on social protection issues is most often done without the participation of the broader public or of civil society actors with expertise in these areas. Social protection issues are rarely subject of intensive debates in the political institutions, nor do they feature in the political discourses. While non-state actors might be able to exercise some influence on decision-making in this area, this is however often not through existing institutions (such as the parliament, the Social and Economic Council) and procedures, which undermines a balanced selection of stakeholders and the overall legitimacy of the process. Recent research on the situation in Africa (Centre for Social Protection *et al.*, 2010) found that governments often exclude civil society actors from social protection policy making, although civil society actors are frequently involved in programme implementation and delivery. In other cases, the involvement of CSOs in the design and the implementation of these policies builds on the pioneering role they played for many years in the provision or support of social protection services. As illustrated by the case of mutual health organisations (expected to cover about 80% of the population in African countries), participation processes are of particular importance to interrogate state actors and donors about the feasibility of their plans and the conditions to achieve them. An effective and legitimate

representation of CSOs depends on strong coordination and a good balance between local civil society or member-based organisations and their international support partners. However, the weak capacity of many local CSOs and the weak negotiation position they have with government due to power imbalances, complicate an effective participation and a frank dialogue.

In a paper on the Human Rights Approach to social protection, Sepúlveda and Nyst (2012, p. 16) recommend that ‘participatory mechanisms must ensure that participation is authentic, takes into account the existing asymmetries of power within the community, and is tailored to ensure the broadest participation possible by vulnerable and disadvantage groups’. Experiences show that although these participation processes are crucial from a learning and accountability perspective, they are always difficult to put in place. As institutions experts in social protection recently pointed out (Centre, p. 5), ‘yet when ‘beneficiaries’ are asked for their feedback they often express very divergent views [...], for instance, cash transfers are not universally preferred to food aid (preferences vary by gender, distance from markets, seasons and so on). Moreover, it is not uncommon for direct recipients to share their transfers within communities, reflecting a preference for wider distribution than is stipulated by targeting criteria - even at the cost of lower benefits for themselves’. Broad-based democratic ownership of social protection systems is of course not limited to the design and implementation of the policies but also to their control and their accountability.

In addition to what we already underlined, the contribution of NGOs and CSOs to the broad-based ownership of social protection systems encompasses a multitude of possible functions and responsibilities. NGOs and CSOs have often been pioneers in experimentation with social protection mechanisms. From that perspective, they often have more experience and capacity on technical or organisational aspects than governmental institutions. Considering that a growing number of social protection policies foresees the involvement of such CSOs in the implementation stage, CSOs have to actively engage with governments in order to sensitise them about the challenges (*e.g.* scaling up, autonomy, state-driven approach) that will emerge. Connecting CSO initiatives with national social protection systems can also lead to a better coordination amongst NGOs and CSOs. Just like donors, NGOs often follow their own logics and strategies, depending on the partners they work with, the geographical scope of their actions, and their organisational characteristics. Coordination amongst CSOs is not only important in operational terms (*e.g.* building networks of CSOs supported by different donors or partners) but also for a strong representation of the interests of their constituency towards the state or other actors. Finally, CSOs with expertise on social protection should strategically raise awareness among other CSOs about the strengths and weaknesses of different social protection policies. Many CSOs see the notion of social protection popping up more and more frequently in donors’ and policy makers’ discourses. At the national level, formal CSO platforms or networks are, as interlocutor of the state, increasingly asked to take position on different social protection policy options, a role for which they are not necessarily capacitated. Awareness raising and mutual capacity development processes amongst CSOs could contribute to better informed joint positions.

Points of attention for development actors

CSOs should engage critically with governments on the pathway towards comprehensive social protection systems. CSOs with expertise on social protection should raise awareness amongst other CSOs on the importance as well as the challenges related to different social protection strategies. CSOs should organise and set priorities amongst themselves, in order to have joint lobby positions when interacting with the government. Coordination and joining forces would allow them to better represent and defend the interests of the population without compromising their autonomy. CSOs should adapt their interventions so that they scale-up and contribute to the construction of social protection systems and, when relevant, align them with the national strategies. Northern NGOs should also engage in awareness raising and mutual capacity development in order to strengthen their partners' capacities to take part in decision making processes at national level.

In dialogue with Parliament, trade unions, CSOs and other relevant stakeholders, *governments* should design comprehensive social protection systems and take progressive and articulated steps towards the full establishment of such systems. Governments should develop the capacities on social protection issues of all ministries and public services to enable them to play their role in the social protection system. In order to address the multidimensional and multisectorial aspects of social protection, governments should involve all relevant ministries, and ensure their continued involvement through the establishment and coordination of appropriate consultative policy processes. To be well-designed and effective, paths towards national social protection systems should be subject to in-depth participation of policy makers and non-state actors. Democratic ownership of social protection systems has to be structurally guaranteed and embedded in permanent consultative/decision-making mechanisms.

Donors should raise the matter of comprehensive social protection systems with national governments, and open discussions on the need and the modalities of such systems. When national priorities favouring comprehensive social protection exist, donors should adapt their programs to achieve maximal alignment.

3.4 Financing sustainable social protection systems

Highlights

On top of all other challenges, ensuring sustainable financing will be crucial for ensuring universal social protection coverage. For long, social security was neglected in low-income countries because it was considered unaffordable. To date, financing remains a key constraint in the development of nation-wide social protection systems, especially in low-income countries.

From a theoretical point of view, social protection can be financed through various mechanisms at national and international level. Studies show that, although some domestic resources could be generated in low-income countries, these resources would not suffice to ensure effective social protection for all. Donor support will remain necessary for some time, but the aid modalities should be adapted to fit the specific nature of social protection schemes (*e.g.* predictable budget support).

Civil society should demand the opening of the 'black and blurry financial box of social protection'. They should force governments and international organisations to discuss the financing of comprehensive social protection and take (innovative) actions. These efforts should be combined with action on global tax evasion and avoidance in order to (r)establish redistribution of wealth and identify new sources of financing. From a more classical aid development perspective, civil society should also push for more predictable and long term aid modalities as well as for support to comprehensive social protection systems rather than isolated programmes.

3.4.1 Introduction

It is widely recognised that social protection can contribute to positive social and economic outcomes on the long term if it benefits from structural financing. For long, social security was neglected in LICs because it was considered unaffordable. To date, financing remains a key constraint in the development of social protection systems. The costs associated with social protection systems by far exceed the costs of the provided benefits themselves.

In order to ensure effective social protection systems, states are confronted with three key financial challenges (De Schutter & Sepúlveda, 2011; Barrientos, 2008): (1) covering the cost of providing basic services; (2) supporting the risk of future surges in the cost of social protection provision. De Schutter and Sepúlveda argue that this risk is particularly high in LICs because of the rather homogeneous set of vulnerabilities the population faces: ‘(...) when considering the covariant risks of natural disasters, epidemic diseases, a sudden loss of export markets or of remittances, *etc.* If such a covariant risk materialises, the peak in demand for social protection could be too costly for one national system to bear alone, and cause its ruin’ (De Schutter & Sepúlveda, 2011, p. 11); (3) securing legitimacy for and efficiency of social protection institutions and policies. These challenges would have to be met in any social protection paradigm - targeted or universal. The same authors also argue that adopting rights-based social protection systems can entail an additional financial challenge because independent mechanisms (such as courts) deciding on claims and appeals would need to be established to protect these rights.

Table 3.1 Regional comparison of health services financing mix, 2002 (percentage of total health expenditures)

	Public funds (% of total health expenditure)		Private funds (% of total health expenditure)			
	Revenue financed	Externally financed	Social insurance	Pre-paid plans	NGO/ Occupational	Out of Pocket
OECD countries	47.2	0	25.3	7.1	2.1	18.3
Latin America and the Caribbean	38.8	3.9	13.8	6.0	2.8	34.7
South Asia	37.6	10.1	1.4	0	1.5	49.4
Sub-Saharan Africa	40.7	16.4	0.1	2.8	4.6	35.4

Source Barrientos, 2008, p. 301

The table above gives an overview of the financing sources of social protection mechanisms/systems in various regions around the world. This comparison between regions clearly shows the differences in the financing mix. The share of health expenditure financed by government revenues (mainly from consumption and trade taxes) is much less dominant in low income countries. In low income countries, we observe that the implementation of specific social protection mechanisms mainly relies on external, temporary resources made available by donors or NGOs, or on national government revenues (such as for ad hoc presidential initiatives). As Barrientos (2008, p. 302) puts it: ‘broadly, the tasks ahead for low-income countries is to reduce the share of out-of-pocket financing and raise the share of government revenue financing and perhaps - in the short run - external financing too’.

Existing national social protection strategies often don’t have a transparent financing plan. Instead they refer to the theoretical ‘financing mix’ scenario in which social protection is funded through a mix of national government revenues, aid from international donors, private funds, community and NGO funds, household savings and out-of-pocket expenditure (Barrientos, 2008). They fail to critically assess the certainty, the predictability and the sustainability of this financing scenario at both domestic and international level. We shortly review these two levels of financing.

3.4.2 Financial options at domestic level

At the domestic level, LIC governments tend to be concerned about the financial implications of introducing social protection programs in the context of high poverty incidence and fiscal constraints (Niño-Zarazua *et al.*, 2012). In theory, countries have several options to increase social protection spending from domestic resources (Barrientos, 2008), but governments are often

reluctant to continue on this path. They fear increased taxation will cost them the electoral support of elites and the growing middle-class. In countries with natural resources (oil and minerals) part of the exploitation incomes could be allocated to social protection, through direct (cash transfer) or indirect (redistribution) mechanisms, but governments often do not have political incentives to do so. Finally, out-of-pocket expenditures could be another potential source of funding. However, as the table above shows, the percentage of out-of-pocket expenditures is paradoxically already very high in low income countries where the majority of the population is poor.

Some ILO simulations (Berhendt, 2008) suggest however that well-designed programs providing primary health care to elderly, disabled people, and children would be affordable in most countries, even in low-income countries. According to these simulations, 1% of the gross domestic product (GDP) could be sufficient to cover a basic pension, 2% of GDP would also cover a child focused transfer and 2-3% of GDP could additionally finance primary health provision.³ The stated affordability of social protection programs represented a major opening in the discussions and paradigms on social protection, but it was also contested or nuanced by various authors, as we will see in the next section.

3.4.3 Financial options at the global level

The rise of social protection as a policy domain sets in the midst of major debates on the future, the objectives and the mechanisms of Official Development Aid (ODA).⁴ Severino and Ray (2009) describe the death and rebirth of ODA as a triple revolution in goals, actors and tools:

- Next to its traditional economic, political, social and cultural goals in developing countries, 'international development assistance has 'de facto' been assigned *a new grand purpose*: managing global interdependency in a globalised world' (Severino & Ray, 2009, p. 5). This challenge implies three conceptually distinct objectives: (1) accelerating the economic convergence of developing nations with industrialised economies; (2) providing for basic human welfare; (3) finding solutions for the preservation of public global goods;
- *The expansion and diversification of the range of development actors* with an increased role and influence of private for-profit and not-for-profit actors and the emergence of global institutions and initiatives (Global Fund, GEF GAVI) mostly dedicated to one specific sector (*e.g.* health, environment) but addressing worldwide global issues;
- *The emergence of a new development assistance toolkit*, that covers not only innovative financial instruments but also innovative mechanisms to pool, manage and allocate resources.

Social protection is a good example of this revolution. Social protection is more and more considered - at least conceptually - as a public good that has to be addressed at the global level to buffer for the increase in risks that the less powerful face in a globalised world (Barrientos & Hulme, 2008). The focus on social protection in developing countries has been supported by a range of actors: small NGOs as well as international organisations are involved in setting up and/or financing social protection programmes in developing countries. In developing countries too, social protection is no longer the exclusive domain of the central authorities. Many central ministries/departments as well as decentralised authorities, private/public health facilities, civil society organisations, patient organisations, *etc.* are involved in the policy making on and implementation of social protection mechanisms. Although these bottom-up participatory processes are often difficult and complex, they contribute to endogenously built social protection systems that reflect the needs and expectations of the stakeholders and receive their public support.

³ Those cost calculation cover categorical programs foreseeing entitlement to all in the respective age or category.

⁴ Part of this sub-section is based on Fonteneau, 2012.

When considering the contribution of existing aid modalities to the extension and long-term institutionalisation of social protection processes, experts point out different issues (Holmqvist, 2012). A traditional aid project does not seem relevant unless to support very specific actions in the planning and design phase. General budget support is considered as the most supportive option for social protection systems (see e.g. Oxfam, 2013; Barrientos, 2008; Merrien, 2013) but this mechanism is very sensitive to political ups and downs in recipient and donor countries. Sector-wide approaches are relevant too but associated with time constraints that are difficult to reconcile with the permanent nature of social protection costs. Some experts therefore argue for alternative modalities that could contribute to both the pooling of donor resources and the promotion of recipient countries' accountability to their citizens (Holmqvist, 2012). Birdsall, Mahgoub and Savedoff (2009, cited by Holmqvist, 2012) suggest for instance a 'cash on delivery' modality (COD-aid). The core idea of this mechanism is to establish a contract 'that defines a mutually desired outcome and a fixed payment for each unit of progress towards it. The contract is about results: choices about how to achieve these results are left to the recipient countries and disbursements are made upon delivery and after independent monitoring' (Holmqvist, 2012, p. 14). This proposition is quite innovative (although showing some similarities with the modalities of the Millennium Development Goals (MDG) as applied by the European Union; Holmqvist, 2012) and potentially challenges the political will of developing country authorities to make social protection strategies real.

At the same time, the proposal described above remains within the framework of a traditional recipient-donor paradigm. Recently academics (Gorik Ooms, Bob Deacon) as well as policymakers (De Schutter & Sepúlveda) suggested more radical alternatives. We will briefly highlight two of these recently proposed initiatives. In an in-depth analysis of international aid, international health and health financing, Ooms proposes to abandon the traditional donor-recipient paradigm and to adopt a global perspective to health (Ooms, 2011) and/or social protection (Ooms, 2012). This global perspective is defined ('as it has been so far', says Ooms, 2012, p. 24) as 'the practice of richer countries co-financing health efforts in poorer countries with the explicit intention of advancing shared interests - interests that are shared between richer and poorer countries'. Inspired by existing initiatives such as the Global Fund for Health, Tuberculosis and Malaria, Ooms suggests the construction of global social funds (dedicated to health and/or social protection) based on redistribution of wealth and cross-subsidisation between countries in the framework of a social contract that would clarify the relative contributions from richer countries and the corresponding efforts from poorer countries.

In 2012, the UN Social Rapporteur on the Right to Food together with UN Special Rapport on Human Rights published the report *Underwriting the Poor: proposing a Global Fund for Social Protection*. The global fund they defend would fulfil two functions: (1) closing the funding shortfall for putting in place a social protection floor in least developed countries (see Section 3.1); and (2) reinsuring social protection schemes against the risks of excess demand triggered by major shocks. From a financial perspective, the model of cooperation proposed by the authors could be implemented (permanently or as a first step) between a small group of rich countries and a small group of low income countries; or it could become a template for a new form of South-South cooperation (De Schutter & Sepulvéda, 2012).

The issues related to the sustainable financing of social protection systems are complex, not only because of the budget constraints but mainly because they depend on the political will to develop - at the domestic and international level - innovative policies and practices that go beyond the classical set of fiscal instruments and aid modalities. In addition, there is a lack of coordination among donors and an overall lack of political will to seriously address the financing mix needed to

build and sustain effective social protection systems (Hickey, 2008). Many studies and international organisations confirm this finding but until now very limited action has been taken.

From a civil society perspective, there is a lot of work to do on the financial issue. First of all, civil society should demand the opening of the 'black and blurry financial box'. At national and international levels, CSOs should force their governments and international organisations to open discussions and take (innovative) actions on the financing of comprehensive social protection systems. As Merrien (2013, p. 106) states: 'the broader dissemination of social protection will not be possible unless the international community accepts its obligation to provide the long-term funding for a global universal social policy'. Indeed, without such pressure, one can fear that all efforts undertaken during the past two decennia to put social protection at the top of domestic and international agenda, will not lead to the expected outcomes. Both at domestic and international levels, civil society should also take action on global tax evasion and avoidance in order to (r)establish redistribution of wealth and identify new sources of financing. From a more classical aid development perspective, civil society should push for more predictable and long term aid modalities as well as for support to comprehensive social protection systems rather than isolated programmes.

Points of attention for development actors

CSOs should always include the long term financing perspective in their interactions and discussions with donors and governments. They should force governments and international organisations to discuss the financing of comprehensive social protection and take (innovative) actions. At the domestic and international level, civil society should also take action on global tax evasion and avoidance.

Governments should unpack the long term financing plans of their social protection systems. Governments should strengthen the fight against tax evasion and avoidance in order to (r)establish redistribution of wealth and identify new sources of financing.

Donors should ensure the predictability and long term perspective of their financial support. When possible, budget support should be preferred to other financial modalities. Donors should explore innovative aid modalities based on global solidarity.

4 | Conclusion

About 15 years ago social protection (re)appeared on the international development agenda. Development actors have developed different frameworks to address social protection both from a normative perspective - on which principles social protection systems should be based? - and from a pragmatic perspective - how to design and implement social protection measures?. Since then, numerous programmes have been implemented by a range of development organisations, and several LIC governments have taken careful but real steps towards national social protection measures or systems. In theory a right-based, universal, inclusive, and transformative social protection approach may be the goal. In practice, pragmatic and reductionist approaches dominate. The principles underlying a more inclusive and comprehensive approach are indeed difficult to realise in the short-term, and especially so in contexts characterised by resource scarcity and weak delivery capacity. Progressive and gradual approaches are often the only option in the short term. Unfortunately, politicians currently only pay lip-service to progressive social protection and universal coverage. The existing political commitments do not guarantee at all that the range of ongoing implemented social protection measures are in line with the principles for progressive and gradual approaches, and therefore do not further the battle for more social cohesion, redistribution of wealth and equality/equity between population groups.

In this paper, we have presented a selection of four key issues that will determine the future of social protection and that are especially relevant from a civil society point of view. Combined, they refer to two main types of challenges in the successful realisation of social protection: Firstly, the challenges related to safeguarding the principles social protection systems should be based on. Secondly, the challenges related to the establishment of sustainable democratically owned social protection systems. Indeed, there is a risk that the current importance given to social protection in the international development agendas does not last or, more importantly, does not lead to the expected sustainable outcomes at national level. This risk exists because establishing successful social protection will mean challenging and changing current practices and policies of all governmental and development actors. This is why actions should be taken at global, donor-country and local level. Beyond the suggestions already made in each section of this paper, we would emphasise that civil society will have to take action at these different levels.

At the global level, social protection is a major topic in the discussions on the Post-2015 Agenda. The potential role of social protection as well as measurable indicators for assessing the progress made in terms of social protection, are under discussion (see ILO/WHO, 2013). These discussions will determine the international community's expectations towards social protection. Social protection can play a part in poverty reduction, job creation or tackling inequalities, but it will not be able to solve all these problems without being complemented by other socio- and macro-economic policies (IDS, 2013; Merrien, 2013). After more than 15 years of debate, the literature reflects a relative consensus: the focus should be on the effective added value of social protection, namely strengthening the population in their capacity to - individually, but above all collectively - manage life-cycle and labour related risks. In addition, the discussions on social protection should be linked with the discussions on aid modalities. The prospects to develop national sustainable and effective

social protection systems in low income countries will both depend on political will, domestic financial reforms and aid modalities that go beyond the classical formulas.

Social protection and the Post-2015 Agenda

As the expiration date of the Millennium Development Goals (MDGs) fast approaches, the two-track UN debate on what a post-2015 development framework should look like, has intensified. Social protection has big potential and strong credentials when it comes to fighting poverty, reducing income inequality, managing volatility and uncertainty, and ensuring national ownership. As those are all concerns at the top of the Post-2015 Agenda, social protecting has become a hot topic in this debate (Roelen & Devereux, 2013).

IDS researchers argue that inclusive social protection should be central to the Post-2015 Agenda because of its potential to tackle various current concerns, *i.e.* poverty reduction in its multiple dimensions, income inequalities through redistribution, implementing policies based on rights, equity, sustainability, and national ownership (Roelen & Devereux, 2013). The UN Task Team in charge of UN system-wide preparations for the Post-2015 Development Agenda subscribes to this view and suggests making social protection a development priority in the Post-2015 Agenda as way to foster inclusive development (UN Task Team, 2012).

Promoting the ILO/WHO concept of social protection floors as 'a first step towards comprehensive social protection', the UN Task Team proposed different indicators to be included in the new Development Agenda: (1) by 2030 all people have social protection at least at the level of national floors for social protection; (2) by 2030 all people with contributory capacity enjoy higher levels of social protection that were determined in a participatory national dialogue. At the national levels, an additional set of indicators to assess the progress towards social protection was proposed, such as: (1) percentages of children and of the total population with access to essential health care, education goods and services; (2) children receiving cash and in kind support guaranteeing income security during childhood; (3) men and women in active age who are not working due to unemployment, sickness, maternity or disability and who receive support; (4) elderly who receive any form of pensions; (5) percentage of employees, who have - in addition to benefiting from the social protection floor - adequate coverage against at least 3 contingencies listed in ILO Convention No. 102 of 1952 including those specified in the conditions necessary to ratify the Convention.

Civil society actions towards social protection should also be taken *at donor-country level*. Through its support to several multilateral and direct and indirect bilateral social protection programmes, Belgium has already taken important commitments towards social protection. This commitment is also inscribed officially in the Belgian Law on Development Cooperation and related policy documents. From that perspective, Belgium is well-positioned to address and relay at the global level some concerns on the prospects for social protection. At the national level, social protection programmes which are supported by Belgium should be critically examined in order to make sure that they all contribute to the universal and inclusive vision on social protection that Belgium has formulated. As it is already the case in the health sector (through the Be-cause Health and Masmut platforms), civil society and the Belgian State should join efforts on social protection. The same exercise should take place at the NGO level: to what extent are NGO supported actions and strategies in line with the normative principles (right-based, inclusive, transformative) put forward? To what extent do they contribute to the construction of national broad-based effective social protection systems?

Of course, such reflections at the donor-country level should be made in close interaction with the *partners in the Southern countries*. When necessary, the results of these reflections should be translated into new strategies of actions. The modalities for connecting the civil society organisations with the national social protection plans have to be unpacked for each national context. In some countries, where the official national social protection plans raise concerns in terms of rationale, process or expected outcomes, it is important that civil society organisations and their partners engage with the state in critical, constructive and experienced-based discussions. In countries where civil society organisations overall subscribe to national social protection plans, actions should be taken to foster

the role of CSOs in the design, implementation or evaluation of such plans. In terms of implementation, the alignment of CSO interventions on official social protection policy can lead to strategic changes that Northern NGOs should support in a coordinated way. Finally, Northern NGOs and Southern CSOs should engage in a mutual capacity development process on social protection. If this concept is already familiar to some of them (often from a sector-specific perspective), this is certainly not the case for many of others. However, such capacities will be needed not only to assess the added value of social protection tools to protect groups of population against certain risks and respond to their needs, but also to be able to critically contribute to the global and national debates and plans on social protection.

The overviews and reflections in this paper have shown that social protection is an issue with many stakeholders involved (from international organisations to trade unions and mutualities) and approached through different ideological and practical frameworks. A well-considered CSO position on this topic demands awareness of these different frameworks and players, and ideally contributes to the coordination and coalition building among civil society actors in order to build support for mass mobilisation and enhance a cross-sectoral analysis of the challenges and possible solutions for a universal social protection system.

appendix 1 Overview of social protection approaches of a selection of Belgian NGOs

To what extent do Flemish NGOs currently refer to social protection as a policy and/or operational objective? Using three sources of information we attempted to formulate a first answer to this question. First, a web survey was launched, inviting all 11.11.11 members to provide information on their approach to social protection. Six NGOs (marked in grey in the table below) responded to the survey. Secondly, we conducted a screening of the latest annual reports of a selection of Flemish NGOs. NGOs with less evident links to social protection were not included in this screening (such as for example *Vétérinaires Sans Frontières*), although we realise this might have led to excluding organisations that indirectly do work on social protection (*e.g.* related to the social protection of farmers or stockbreeders). Some additional insights and information gathered through previous studies and evaluations of NGOs have been used to complement the table.

Table 1.1 Brief overview of social protection approaches of 11.11.11 members

Organisation	Explicit mention of Social Protection	Approaches/Rationale	Sectors	Countries	Strategies related to social protection
11.11.11	No	N/A	N/A		N/A
AZV	No	N/A	N/A		N/A
Bevrijde Wereld	No	N/A	N/A		N/A
Broedelijk Delen	No	N/A	N/A		N/A
Caritas International	No	N/A	N/A		N/A
Damiaanactie	-	N/A	N/A		N/A
FOS	Yes	Next program (from 2014 onwards) on access to social protection. Decent work Agenda Right to decent work Right to Health	Labour & Health	South Africa Bolivia Ecuador Peru El Salvador Honduras Mozambique South Africa	Campaign (universal access to health care); Health Insurance; Access to basic services (health); Capacity Development
Geneeskunde voor de Derde Wereld vzw	Yes	Right to Health & Social Justice	Health	Palestine, DR Congo, Philippines	Campaign: Partnerships
Handicap International	No	Provision of social services for people with disabilities. These services include promotive measures (aiming to increase their incomes).		All countries	Sensitisation (including labour inclusion); projects (entrepreneurship); and advocacy
MEMISA	Yes	Universal Access to Health Care	Health		Community-based insurance schemes
MSF	No				
Oxfam Solidariteit	No But undertake actions related to social protection	Right to social protection (not as such labour related). Redistribution and reducing inequality strategies.	Labour	Mekong region	Active citizenship w/r social protection; Partnership with social movement and trade unions partners
TRIAS	No	N/A	N/A	N/A	N/A
Vredeseilanden	No	N/A	N/A	N/A	N/A
Wereldsolidariteit	Yes But consider social protection an important topic	Transformative Social Protection Decent Work Agenda	Health Occupational Health & Safety Income security Food Security and Autonomy	Various countries (Latin America, Asia, Africa)	Mainly promotive, preventive and transformative measures (health insurance); Advocacy; Capacity Development

Source Annual reports (latest available 2011 or 2012); Websurvey & Fonteneau, 2011

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