

## Maximizing the positive health impacts of social protection for epidemic and pandemic prevention, preparedness, and response: Emerging principles

The interplay between health and social protection is increasingly being recognized. UN member States adopted in September 2023 a political declaration which affirmed the fundamental importance of social protection mechanisms to ensuring Universal Health Coverage (UHC). Further, strengthening integration between universal social protection (USP) and UHC policies has been identified as one of six priority areas for One UN work on social protection in the next decade.<sup>i</sup>

Poverty, social exclusion, and inequity negatively impact on health, including mental health, and wellbeing because they affect nutrition, education, housing, healthcare seeking behaviours, and other social determinants of health. By directly tackling these factors and facilitating access to health services, social protection plays a critical role in promoting health equity and wellbeing. This role needs to be better acknowledged when it comes to global frameworks on pandemic prevention, preparedness and response (PPR). Most recently, the COVID-19 pandemic response illustrated just how unprepared many countries were.

Social protection's role in pandemic prevention, preparedness, and response (PPR) will increasingly be tested with intersecting crises affecting health security threats. Mutually reinforcing risks at the global level such as the climate crisis, pollution, natural habitat destruction, population ageing, non-communicable and chronic diseases,<sup>ii</sup> and rising inequality have compounding effects that are increasing the frequency, intensity, and depth of impact of health security threats moving forward.

In this context, and to advance discussions on these issues, USP 2030 members alongside other inter-agency partnerships<sup>iii</sup> working on social protection and health, met to take stock of the health impact of social protection systems in past epidemics and pandemics and inform future strategies thereof in Geneva and virtually on 4-5 October 2023. This document presents a summary of key points of agreement emerging from the workshop.

### I. USP and UHC as core components of PPR strategies

**There is no UHC without USP and vice-versa**, and they are core enablers of effective PPR. To build resilient societies prepared to face health security threats, health and social protection systems need to be universal and closely coordinated. Within the Sustainable Development Agenda, this has been expressed with two complementary targets to maximize impacts on human development - SDG 1.3 on universal social protection (USP) and SDG 3.8 on universal health coverage (UHC).

**PPR strategies should include sustainable health and social protection systems building, and the global financing put at the disposal of countries to foster PPR should be catalytic in this respect.** An important lesson drawn from past responses to health security crises has been the centrality of having strong social protection and health systems in place prior to the onset of crises to achieve timely and adequate responses that provide high and inclusive coverage. Poorly functioning health and social

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protection systems have limited capacities to control or respond to epidemics, and investments in systems and people not only support response but are also essential in catalysing the preventive functions of social protection and health. Recognition and appreciation of this interplay should not falter after the worst effects of pandemics subside, but the momentum created thereby should be built on to garner higher levels of investment and effort in strengthening adequate and sustainable social protection and health systems.

**Recognizing the interdependence of UHC and USP, countries should foster cross-sectoral approaches and ensure strong and effective coordination across responsible ministries and institutions geared towards extension of coverage and equity.** Coordination between health and social protection services is often hard to achieve. The siloed nature of governmental ministries, within-government competition for resources, underinvestment in social policies, inadequate financing architectures, and limited understanding of health, equity and their interconnectedness have contributed to this situation. Yet, it is precisely because of the complexity of the problems to be addressed to achieve health equity that it is essential to emphasise coordination in order to maximize the impacts of social protection on health outcomes and, conversely, the impact of adequate health coverage and improved health status on social protection. During pandemics, it is essential for the health sector to work closely with social protection systems to understand and prevent negative socio-economic impacts of public health and social measures on households and to mitigate possible future health damage arising from other social determinants.

**Political commitment towards a common agenda for domestic and non-domestic resource mobilization needs to be developed across health and social protection sectors, recognizing that investments in health and social protection are complementary and mutually reinforcing.** Financing of health and social protection systems are too often considered as competing priorities at country and global levels, failing to recognize that they are complementary investments. Further, international debt policies too often led to austerity measures in health and social protection systems. This leads to gaps in coverage and adequacy as well as uncoordinated administrative procedures that are burdensome for households, resulting in systems that are unable to meet regular demand or effectively respond to pandemics and epidemics. An adequate level of resources must be allocated according to national priorities and mobilized in a sustainable and equitable way based on the principles of redistribution, solidarity, and fiscal justice in order to ensure effective systems that respond to the needs of all, taking into account the socio-economic context as well as fiscal space. In that regard, reducing informality, increasing domestic economic growth and expanding the tax base is of great importance. Given the current financial situation it is expected that the Official Development Assistance (ODA) will continue to be needed to strengthen PPR in many contexts, where fragmentation should be avoided, and cross-sectoral approaches promoted. This means revisiting the vision of the social contract between all stakeholders in society, as is being promoted by the movement for well-being economies.

### II. Emerging principles for social protection systems to increase their contribution to PPR

Building on the above, sustainable social protection systems can be designed to maximize their contribution to PPR, acknowledging that this requires a deliberate effort. The following principles relating to the design and implementation of social protection systems can enhance PPR.

- Social protection schemes should aim to achieve **universal** coverage. The COVID-19 pandemic put into sharp focus the vulnerabilities faced by populations not covered by social protection systems, as the impacts of the pandemic were not uniformly felt, with the most affected population groups being those also disproportionately represented in social protection coverage gaps - typically, informal workers, women, displaced populations, older persons, persons living with disabilities and chronic conditions, migrants, essential workers, etc. In turn, social protection systems that achieved high population coverage prior to the crisis were more effective in responding to the COVID-19 pandemic and other epidemics than those with narrow coverage. With less than 50 percent of the global population having access to at least one social protection cash benefit,<sup>iv</sup> and important inequalities between population groups, countries, and regions, continued and concerted efforts remain necessary to achieve the common objective of USP.
- **Rights-based** approaches should be promoted, supporting predictability, transparency and accountability in delivery of entitlements for right-holders. Rights-based approaches rely on robust legal frameworks, which themselves can also support coordination between health and social protection systems. Rights-based approaches tend to promote sustainable entitlements over time, resilient to short-termism. The predictability and entitlement elements are also important features that contribute to avoid stigma related to benefit receipt and to foster “peace of mind” of the recipients.
- Social protection benefits need to be **adequate** to contribute effectively to PPR. Evidence – including from HIV and TB responses – consistently highlight that the adequacy of the benefits plays a vital role in shaping their impacts in many areas – this is no less true for PPR. International social security standards provide recommendations on benefit amounts that guarantee recipients a dignified life in which they are able to meet their basic needs and further evidence shows the need to ensure minimum levels that go beyond poverty lines to effectively facilitate participation in society. Adequacy of social protection benefits is essential to addressing the social determinants of health equity because benefit levels largely condition their impact on socio-economic inequalities. To effectively support households to prepare for and cope with health emergencies, social protection benefits need to be set at an appropriate level while considerations around the duration of support provided in emergency contexts should take account of the timeline and evolution of the pandemic.
- **Comprehensive** systems offering protection against all lifecycle risks, in line with international standards, underpin and augment social protection’s preventive and responsive capabilities. Globally, there are important gaps in the comprehensiveness of social protection systems, particularly in relation to benefits that can contribute significantly to PPR. For example, gaps in sickness cash benefits were repeatedly highlighted during the N1N1, SARS and more recently COVID-19 pandemics, as such benefits are central to the compliance with public health and social measures (PHSM) as they ensure income security when quarantining and

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halting disease transmissions. Comprehensive systems offer linkages with labour (market) conditions. Ad hoc sickness emergency benefits without employment guarantees may prove insufficient to persuade people to stay-at-home. Furthermore, coordination with broader policies of employment and business continuity may be required.

- Support provided by social protection benefits should be **predictable**. The predictability of benefits, as emphasized in a rights-based approach to social protection – not only facilitates consumption smoothing, and dealing with risks ex ante, but can also contribute to maintain the wellbeing and mental health of protected persons. Conversely, delayed or infrequent payments can be a source of stress and anxiety which, in turn, can push people towards risky or adverse coping behaviour.
- **Integrated and coordinated delivery** of health and social protection benefits and services can strengthen the comprehensiveness and coverage of individual programmes across the health and social protection sectors, thus deepening their respective impacts on households, whilst also achieving cost-efficiencies, improving accessibility and user-friendliness. Integrated social protection schemes combining income support with access to services can amplify the outcomes of public health measures. Conversely, primary health care approaches that create a point of contact at community level with a holistic vision of wellbeing can be powerful awareness and referral mechanisms towards social services and social protection programmes. Important lessons from these and other experiences in integrated delivery point to the need for improved communication between ministries, underpinning institutional coordination arrangements on improved trust and joint monitoring and budgeting mechanisms. The development of bottom-up systems for care – whether in health or social care – need to embed principles of universalism so that financing is channelled to social and health care services organized according to local priorities but still embodying universal principles.
- Efforts to **monitor** the impact of USP on inequality, health and wellbeing need to be strengthened. Regular monitoring and analysis of unmet needs that feed into well-constructed policies to support the diversity of population groups are important. While the interplay between USP and UHC is widely acknowledged, the impacts of social protection schemes and systems on health and wellbeing are not systematically monitored, a gap that requires deliberate action to fill. Accurate data enables informed policymaking to realize people's rights to health and social security..
- Effective participation and **community engagement** can foster trust and improve the governance of health and social protection systems alike. Through community engagement and social dialogue, Governments can better ensure awareness, adherence, and feedback in the design and implementation of social protection and health measures.
- Greater **adaptability** of social protection systems is needed. Flexible systems that can adapt to evolving health security threats can tailor their support to **provide a timely response**. Social protection programs should be deployed swiftly in the early stages of an epidemic / a pandemic to mitigate economic and health impacts.

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In line with previous calls for stronger linkages between USP and UHC, there is a need for more collaboration and joint support between multilateral organizations working on social protection and health, including the ILO and the WHO.

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<sup>i</sup> ILO, FAO and UNICEF. 2022. *UN Collaboration on Social Protection: Reaching Consensus on How to Accelerate Social Protection Systems-Building*. Available [here](#)

<sup>ii</sup> WHO [website](#): “Noncommunicable diseases (NCDs) – mainly cardiovascular diseases, diabetes, cancers and chronic respiratory diseases – are the leading cause of death worldwide. They represent 7 of the 10 main causes of death equivalent to 74% of all deaths globally.”

<sup>iii</sup> These are USP2030, SPIAC-B, United Nations Social Protection Floor Initiative, the P4H Network Working Group on PPR and the SPARKS network.

<sup>iv</sup> ILO. 2020. *World Social Protection Report 2020-2022*. Available [here](#)