European Working Group on Social Protection and Decent Work and
the Grow Up Free from Poverty Coalition

PROTECTING PEOPLE, TRANSFORMING LIVES

Why social protection should be an essential part of the EU's development cooperation strategy

CONTENTS

ABOUT THE BRIEFING

There is increasing recognition among international agencies, donors, governments and civil society organisations that social protection can play a pivotal role in preventing and reducing poverty, and promoting social and economic development. Nevertheless, only 20 % of the world's population has adequate social security coverage, and more than half lack any coverage at all. Furthermore the EU does not have a coherent policy or strategy to promote social protection through its development cooperation. It is now time to address this policy incoherence.

This briefing explains what social protection is, and why it should be an essential component of the EU's development cooperation. It outlines key social protection mechanisms that can help to reduce poverty and vulnerability and promote social and economic development (social transfers, access to healthcare and legislative measures) as well as the role of microfinance and decent work to promote access to social insurance. Case studies illustrate the difference that social protection can make to people's lives. The briefing concludes with recommendations that would enable the EU to deliver a strategy to support sustainable social protection systems in developing countries.

About the European Working Group on Social Protection and Decent Work in Development Cooperation

Formed in 2007, The European Working Group on Social Protection and Decent Work in Development Cooperation, is made up of Civil Society Organisations* who want to see social protection given the prominence it deserves in EU aid policy and as part of the Decent Work Agenda.

* Including Help Age International, World Solidarity, Light for the World, Stop Aids Alliance and SOLIDAR.

1. SOCIAL PROTECTION

Why social protection?

Social protection is a right. Social protection is affordable. Social protection is a proven and powerful instrument for poverty reduction and social cohesion. Developing countries are calling for support to enable them to extend or implement social protection systems. The African Union's Social Policy Framework, for example, agreed in 2008, calls on African governments to implement costed, national, social protection plans based on a "minimum package"[1]. Yet, the EU has no policy and no strategy to promote social protection through its development cooperation. This represents a major policy incoherence that needs to be addressed if the EU is to achieve its development cooperation objectives.

Social protection is recognised as a crucial step in ensuring that poverty reduction initiatives reach the poorest, most vulnerable people in any society. It is therefore a growing focus area for many international agencies, donors and governments, including the International Labour Organization (ILO) and the World Bank. The EU has recognised the importance of social protection in its response to the global financial crisis and food and fuel price hikes. It acknowledges that social protection measures are a critical factor in dealing with these crises at global, national and local levels. For example, the 2009 Communication: Supporting Developing Countries in Coping with the Crisis, recommends that the Commission and EU Member states support developing countries to create and strengthen social protection programmes, such as cash transfers[2].

Is it affordable?

It is often assumed that poor countries cannot afford to provide social protection programmes. However, it is now recognised, by the ILO and World Bank among others, that social protection programmes are affordable[3]. A universal old age pension (depending on the level of the pension and the size of the population) would cost as little as 0.5 % to 2 % of gross domestic product (GDP)[4]. But international donors need to provide increased support (that is predictable) to enable developing country governments to implement long-term and sustainable social protection measures[5]. Governments need to ensure that people who are usually excluded from public schemes, such as those in the informal economy, can benefit from them. And civil society organisations have a key role to play in helping them to achieve this.

Why now?

The ILO estimates that the global financial crisis could push 200 million people worldwide into poverty and extreme poverty[6]. This demonstrates the urgent need to establish and expand social protection systems around the world to mitigate the effects of such crises. Failure to act now will have a significant impact on aid effectiveness in future.

Social protection can also help to achieve the targets set out in the Millennium Development Goals (MDGs) (see box on next page). Cash transfers, for instance, can provide families with the income necessary to improve access to food and healthcare, thereby reducing the likelihood of malnutrition as well as child and maternal mortality. Improved access to healthcare does not just save lives; but contributes significantly to people's well being. Food security schemes can mitigate the effects

What is social protection?

Social protection refers to a broad package of measures to prevent and reduce poverty, vulnerability and inequality. They include: legislative measures that promote equality and social inclusion; social transfers; social insurance; social services; education and health for all; decent work, and access to financial services.

The purpose of social protection is to ensure that all people have the means to fulfil their economic and social rights to the fullest extent. Social protection provides people with the means to invest in their families' futures, to protect themselves from shocks, and to improve their ability to respond to risk. At both national and global levels, it is crucial to tackling chronic poverty and social exclusion.

of drought. Microfinance can provide a vital investment in the future for individuals who are normally excluded from sources of credit. And legislative changes can remove unjust barriers to decent work.

Why the EU?

While there are several references to social protection in EU external relations documents, the EU does not have a coherent policy or strategy on the role of social protection in its development cooperation, or how to deliver it[7]. If the EU is to effectively fulfil its commitments to global poverty reduction, it should assist developing countries by developing a policy framework in which support for a social protection package can be developed in a manner that is appropriate to both country and context.

The EU has substantial technical expertise gained through implementing a range of successful, context-specific approaches to social protection. Moreover, as the largest donor in the world, it is in a good position to provide leadership and assistance in this area, and to facilitate cross-sectoral involvement.

Ensuring access to social protection is not an optional policy choice or a gesture of charity, but an obligation enshrined in international human rights law[8]. Moreover, ensuring universal access to social protection is a sound economic decision. The investments that European countries have made in the last 60 years in measures such as social security mean that the poorest people are more able to withstand shocks such as the global economic crisis. The EU can assist developing countries to provide their citizens with the same material security and sense of empowerment.

How social protection can help to achieve the MDGs

MDG 1 Nutrition: Regular and predictable income through cash transfers such as child benefit and old age pension can help those struggling with chronic poverty to sustain adequate levels of nutrition, particularly in the event of 'shocks' such as a poor harvest or unemployment. The improvements in nutrition that such schemes can bring are of particular value in terms of long-term investment in the population, given the high proportion of women, children, older people and people with disabilities among the chronically poor.

MDG 2 Education[9]: Where schemes are not conditional on school attendance, there is also evidence to show that poor families receiving social assistance prioritise education and health spending. Increased income security can reduce the burden on children to contribute to family income, thus freeing them up to attend school. Equality legislation obliges school authorities to ensure inclusion of all children in education.

MDG 3 Empowerment: Having a predictable minimum income can enable poor women and their families to plan for the future and make long-term investments, such as in their children or grandchildren's education. An increased sense of security can empower the poorest women to renegotiate unfavourable terms of trade or employment.

MDGs 4, 5 and 6 Health[10]: In addition to the health benefits that result from improved nutrition, universal and equitable access to healthcare can improve health outcomes, either by making health services more accessible for the poorest people through increasing their ability to pay, or by reducing the cost of services at the point of delivery.

2. SOCIAL TRANSFERS

State-provided social assistance is a key social protection instrument, as "combining transfers with public services is the safest approach to tackling multidimensional poverty"[11].

Social transfers are effective. They are increasingly recognised by national governments and the international community not only as an effective means of reducing poverty, but also as a catalyst to achieving broader development objectives, such as accelerating progress towards the MDGs. The ILO has initiated a campaign to put in place a basic social security floor in all countries – including a pension, disability benefit and child grant[12]. In November 2008, the African Union approved a Social Policy Framework that recognises the importance of cash transfer systems in establishing a minimum level of social protection across the continent.

Social transfers are affordable. Evidence shows that state-administered cash transfer programmes are affordable, even in the poorest countries. A universal pension for older people has been put in place at a cost of 0.5 % of GDP in Botswana, and 1.7 % of GDP in Mauritius. Nepal, one of the poorest countries in the world, will spend just over 1 % of GDP on its universal pension following the expansion of its scheme announced in 2008. Save the Children has estimated that the average cost of providing child benefit in the poorest 57 countries would range from 0.5 % of GDP (for all children under the age of two living below the poverty line) to 6.26 % (for a universal transfer aimed at all children under 18)[13].

Social transfers can reduce child mortality. Cash transfers have demonstrated impressive impacts on factors that lead to unnecessary child deaths. The evidence indicates that cash transfers can help to reduce illness, improve children's nutritional status, increase access to healthcare and food, and improve maternal welfare thereby tackling many of the determinants of child mortality.

Social transfers can break the poverty cycle. Social transfers can directly and immediately reduce the vulnerability of the young and the old. This is particularly important in contexts where AIDS has led to a huge increase in the number of children who are orphaned, leaving older people, particularly widows, to care for their grandchildren with no support. Cash transfers that bring about improvements in children's health, nutrition and education have long-term effects on productivity and earnings, thus contributing to breaking the intergenerational poverty cycle. The impact of social transfers on marginalised groups can be even greater when supported with legal measures to combat discrimination in areas such as employment, access to education and healthcare, access to credit, inheritance and land ownership.

Social transfers can reduce vulnerability to shocks. Well-designed social transfer schemes can prevent the non-poor from falling into poverty as a result of economic or environmental shocks. Globalisation is continually creating new groups of people who are poor and excluded, who 'lose out' as market and production patterns change. And climate change threatens to bring unprecedented changes in production and migration patterns, which will create new pockets of poverty. Social transfers will be important in mitigating the effects of this economic and environmental change on people's livelihoods[14].

Social transfers can promote economic growth. Evidence shows that cash transfers can increase the participation of poor households in work, through reducing days of work lost due to ill health, lessening the burden of childcare responsibilities, and covering the costs of job-seeking. Injecting cash into local communities can also stimulate markets. In Malawi, every dollar provided to beneficiaries in one small cash transfer programme had a cash multiplier effect of 2.45 in the local economy[15]. Furthermore, there is evidence that beneficiaries of cash transfer programmes use some of the cash to invest in productive activities and to access credit[16]. In Zambia, for example, beneficiaries of the Kalomo cash transfer programme invested 29 % of the cash[17].

What are social transfers?

Social transfers are regular and predictable grants – usually in the form of cash – that aim to directly increase or protect the incomes of those living in poverty or at risk of falling into poverty. Typical transfer programmes include pensions, child benefits, disability benefits, work programmes and other forms of direct, regular and predictable transfers to households.

3. ACCESS TO HEALTHCARE

Tackling health inequalities

Health inequalities correlate with poverty. Ill health is both a cause and a result of poverty. At least 20 million people in developing countries die because they lack access to basic healthcare. According to the World Health Organization (WHO), almost half (42 %) of all child deaths (under fives) occur in Africa. In addition, every year some 536,000 women die as a consequence of complications during pregnancy or childbirth, 99 % of them in developing countries. They die from causes that are both preventable and easily treatable[18].

In most developing countries, many people do not have access to healthcare unless they can pay for it. These 'out-of-pocket' payments for healthcare exacerbate social exclusion and poverty.

Improving access to healthcare through mutual health associations

Reflecting the wide range of actors involved in healthcare, there are many different mechanisms to achieve universal access to services. They include social health insurance (from national, mandatory schemes to community-based voluntary schemes) and tax-funded national health services etc. Access to basic healthcare is cost-effective. The WHO calculated that ensuring access to basic healthcare services in developing countries costs on average €25 per year, per person[19].

The international community acknowledges that all of these mechanisms have their strengths[20]. If combined in an adequate way in a national health policy, they are the best guarantee to achieve universal coverage. Since access to healthcare is a human right, the state has the overarching responsibility to coordinate and regulate the different actors involved in providing health services.

World Solidarity (WSM) and the Alliance nationale des Mutualités Chrétiennes (ANMC), two organisations that are part of the Belgian Christian labour movement, have considerable experience of supporting community-based health insurance schemes in various developing countries: Benin (see below), Burkina Faso, Mali, Senegal[21], Guinea, the Democratic Republic of Congo (DRC), Burundi, Cameroon, Guatemala and the Dominican Republic[22]. These health insurance schemes, known as "mutual health associations", have had a tremendous impact in areas where people used to make out-of-pocket payments for health services. They are improving people's access to healthcare (members tend to visit health centres more regularly, and before complications arise). They are changing people's attitudes to health services, and making health workers more accountable to the communities they serve.

CASE STUDY: Mutual health associations transform health services in Benin

There are some 150 mutual health associations in Benin. In Bembèrèkè, a rural municipality in the north, there are nine – one in each district or village with a functioning health centre or health post. They provide primary healthcare services for around 6,000 people (6 % of the total population). In 2005, all nine associations merged to become the Bembèrèkè Municipal Union of Mutual Health Associations (UCMSB), expanding their remit to provide coverage for secondary healthcare as well, at a reduced cost.

Before the mutual health association was set up, people rarely went to a health centre if they were ill. There were a number of reasons for this: they couldn't afford to pay for treatment, the quality of health services was poor, medicines were often unavailable, and there was a certain mistrust vis-à-vis health workers.

How do the mutual health associations work?
- Members contribute 200 CFA francs (€0.30) per month for primary healthcare. Families that join the UCMSB to have better access to secondary healthcare, have to pay an additional 2,500 FCFA (€3.81) per year.
- When they are ill, members pay 25 % of the cost of primary healthcare services, and 40 % for secondary healthcare. The mutual health association covers the remainder of the costs.

However, part of their success lies in the fact that mutual health associations are more than just a financing mechanism – they promote public health through information and awareness raising on issues such as HIV and AIDS, nutrition, and how to prevent malaria and other leading causes of child deaths.

Since the mutual health association was set up in Be-

mbèrèkè, people's access to healthcare has improved considerably. In certain districts, the number of consultations has increased dramatically, quadrupling the country's average of 30 %. Pregnant women are taking up more pre- and postnatal consultations, and are now more likely to give birth in the health centres.

Health workers' attitudes are changing, the standard of care has improved, and prices are now standardised across all health centres and posts. The average price of a first admission has dropped by 47 % over the last three years. It is important to remember that these changes benefit all healthcare users, not just members of the mutual health association.

© Leila Amanpour/HelpAge International 2006

CASE STUDY: Social transfers in South Africa (see chapter 2 on social transfers)

Emily Ngcobo, 74 years old

"I had 11 children, six of whom have passed away. Two are married and live away from home and three daughters live with me. One of my daughters has come back to live with me because her husband was abusing her and she is sick with HIV-related illnesses. She has brought her three sons with her: the eldest is in prison; the second one lives with me but is unemployed, and the third one is 17 years old and I send him to school.

The second daughter who lives with me is unemployed so I pay her three children's school fees also. The third daughter and her four children live with me but thankfully she is a domestic worker and can afford to send her children to school. She can't afford to pay for much else so she relies on my pension to pay for bills and food.

I receive 820 rand (€79) a month from my pension and I spend the money on paying the bills, food and education for my grandchildren. I also pay for my daughter's transport to hospital every month. She's been sick for a few years now but she is not bedridden yet.

I supplement my pension with my beadwork – I make necklaces and other jewellery and sell them locally. I can't survive without the pension. I wouldn't be able to buy food and pay the bills.

Sometimes I go without food so the kids can eat. Sometimes the electricity gets cut off because I don't quite have enough to pay it. But as soon as I sell a beaded necklace, I can afford to be reconnected again."

4. MICROFINANCE AND DECENT WORK

According to the ILO[23], microfinance can make a powerful contribution to decent work by providing opportunities for small investments in self-employment and job creation. It can have considerable impact in the following areas: job creation (microcredit is a key element in promoting self-employment, helping people to start or expand businesses and thereby create jobs); empowerment of individuals; and reducing vulnerability, as it provides a safety net for the working poor – whether they work for wages or are self-employed.

Moreover, microfinance schemes can simultaneously provide both social insurance and economic opportunities, and often have knock-on effects by empowering individuals within their households, and households within their communities.[24]

In India, the Self Employed Women's Association (SEWA) provides a strong example of how microfinance schemes can be designed to achieve a number of goals (see case study). SEWA's main focus is on employment as a means of work security, income security, and food security. Its approach is rooted in social security and self-reliance.

©ISCOS - Christian women in Islamabad

CASE STUDY: SEWA's microcredit scheme

SEWA is a trade union that represents 700,000 women working in the informal economy in India. These women do not have regular, salaried employment with welfare benefits, like workers in the formal sector. Nor are they covered by protective labour legislation. They work long hours, and because of the nature of their employment, they do not have even basic social protection such as health insurance, maternity benefits and sick leave.

Women workers, especially those in the informal sector, are largely excluded from services provided by formal banks. However, self-employed women need loans for a variety of purposes: to buy assets, raw materials, and finished goods for resale, to redeem old debts, to arrange transportation, etc. SEWA responded to this need by setting up its own bank to provide savings and credit to women in the informal economy. SEWA Bank offers credit for a range of areas: repaying old debts; rescuing mortgaged/pledged assets; providing working capital for business; buying trade equipment, etc. But it also offers savings accounts (eg, for children's school fees, to cover emergencies like sickness or accidents, or for investment in housing).

From credit to health insurance

In 1977, SEWA undertook a study to find out why some women were not repaying their loans regularly. The findings revealed that sickness (of the woman or a family member) was the main cause for non-repayment. In many cases, women were selling or mortgaging their assets and using their hard-earned savings at times of illness. Health-related expenditure was also a major cause of their continued indebtedness.

For that reason, SEWA decided to develop affordable, appropriate and sustainable health services for its members and their families. It set up a community-based primary healthcare programme (People's Health Cooperative) as well as an integrated insurance programme – known as VIMO - which includes life insurance, health insurance, asset and accident insurance. The VIMO insurance scheme offers three insurance packages that SEWA members can pay through an annual fee or through the interests accrued from a fixed rate deposit at the SEWA bank.

The cost of the insurance varies between 400 and 825 rs (€6-13) for the annual premium option and 3600 and 9000 rs (€57-144) if the fixed deposit option is taken. In this second case, the insurance package includes maternity benefits and reimbursements for the purchase of hearing aids and dentures.

Source: www.sewa.org

5. LEGISLATIVE MEASURES

Protection by the law and empowering legal measures can play an important role in extending people's rights to social protection and decent work (see case study).

The Commission on Legal Empowerment of the Poor, an initiative of UNDP, estimates that 4 billion people are excluded from opportunities "to better their lives and climb out of poverty, because they are excluded from the rule of law… It is not the absence of assets or lack of work that holds them back, but the fact that the assets and work are insecure, unprotected, and far less productive than they might be."[25] This lack of legal protection is a source of vulnerability and poverty.

Similarly, certain population groups are actively discriminated against in some countries (for instance, where women are prohibited from inheriting land). In these cases, it is not the absence of law that is the problem, but the fact that laws support discrimination. Equitable access to legal structures and processes, and protection from discrimination, are fundamental for the enjoyment of social protection.

Protection: Poor people must be able to seek redress when they are badly treated, unpaid or denied basic employment protections. The law can also ensure that certain groups of people are not discriminated against when it comes to accessing the labour market or public and financial services. Crucially, the legal system should serve citizens where they are arbitrarily denied access to other existing social protection measures.

Empowerment: Social assistance programmes tend to be most effective when supportive policies and legislation are in place. Affirmative action is an example of a legislative measure that can enhance social protection and decent work. Also known as positive discrimination or "temporary special measures"[26] in key human rights instruments, affirmative actions are state-designed actions that help redress imbalances in social equality. The purpose is also to empower discriminated or marginalised groups so that they can participate fully in their country's economic and social life.

CASE STUDY: Protecting employment rights for people with disabilities

There are 70 million persons with disabilities in India and only 100,000 have succeeded in gaining employment in industry. According to the ILO in some countries unemployment of persons with disabilities is as high as 80% and the World Bank estimates that one in five of the world's poorest people have a disability and are regarded in their own communities as the most disadvantaged[27].

In 2008, Indian Railways in Assam, the biggest of the seven states in north east India, advertised 907 jobs. Although India's Disabilities Act stipulates that 3 % of all jobs have to be filled by people with disabilities, not one person with a disability was employed for these vacancies.

The Disability Law Unit North East fights discrimination against people with disabilities. It was founded in 2003 as a branch of Shishu Sarothi an NGO in the region and works to increase the availability of specialised legal aid to disabled people in the region and advocates for the introduction of appropriate state and national policies for people with disabilities. It also empowers people with disabilities to know and claim their rights, and raises awareness with their families and within the legal community. With support from LIGHT FOR THE WORLD (a European confederation of disability and development NGOs), it filed a case in the Guwahati High Court to sue the railway company for discrimination. The High Court decided in their favour, and ruled that the railway company must employ more than 100 people with disabilities.

Successes like this, which gain a lot of local media coverage, play an important role in reminding employers in India of their legal obligations to provide jobs employment for people with disabilities, as well as protecting the right of persons with disabilities to be employed. This kind of legislation also reduces the barriers to decent work for persons with disabilities over time.

6. CONCLUSIONS AND RECOMMENDATIONS

The EU has always regarded social investment – including investment in social protection – as fundamental to social cohesion and economic development. Without social protection measures, levels of poverty and inequality in OECD countries would be similar to those in developing countries.

The EU already recognises the importance of social protection within the development process – both within ope itself, and in several development cooperation policies and programmes. However, social protection must be a central component of EU development cooperation policy, with a clear strategy for implementation, if it is to achieve its goals with regard to poverty eradication and the MDGs.

An EU social protection policy would respond to requests from developing country governments for financial assistance and technical advice to implement and extend long-term social protection measures. The European Working Group on Social Protection and Decent Work in Development Cooperation calls on EU policy makers to listen to these requests and build on the progress made so far by making social protection a top priority in development cooperation policy.

In order to achieve this, the EU should:

• Ensure greater coherence in external relations policies by developing a Communication on Social Protection in development cooperation as suggested by the Council in its Conclusions on Promoting Employment through EU Development Cooperation (21 June 2007). This Communication should be tied to a concrete, time-bound action plan with dedicated resources.

The Communication should deliver a strategy to support the implementation of long-term and sustainable social protection systems in developing countries. The Communication should:

• Reinforce the **United Nation's Social Protection Floor**.

• Capitalise on EU member states' varying areas of expertise to provide more **technical and financial support** to developing country governments to implement and extend social protection systems.

• Include **social protection and decent work as focus sectors** in more country and regional strategy papers by providing guidance for sector and budget support policy dialogue in this area. This will ensure that EU funds benefit the most marginalised people, including those living in chronic poverty and those working in the informal economy.

• Ensure that social protection is a **focus area in the post-2010 action plans of the EU–Africa strategy**.

• Devise **mandatory training programmes** for Commission staff, especially those in country delegations, on the role of social protection in reducing poverty and achieving decent work.

7. ENDNOTES

1. African Union, Social Policy Framework for Africa, CAMSD/EXP/4(1), pp. 17–18

2. The Communication on Supporting Developing Countries in Coping with the Crisis and accompanying staff working documents, http://ec.europa.eu/development/services/dev-policy-proposals_en.cfm

3. International Labour Organization, World labour report 2000: income security and social protection in a changing world, Geneva, International Labour Organization, www.ilo.org/global/About_the_ILO/Media_and_public_information/Press_releases/lang--en/WCMS_007901/index.htm

4. For example, in Uganda a universal old age pension to all people over 60 would cost 0.77 % of GDP. HelpAge International, 2009, 'Projections based on data from the UN Population Division, Department of Economic and Social Affairs', World population prospects: the 2008 revision population database, http://esa.un.org/unpp

5 . See presentation by Michael Cichon (International Labour Organization) and Isabel Ortiz (UN Department of Economic and Social Affairs), 'A global social floor', at the UNICEF Rosa Regional Symposium on Social Protection, 15–17 April 2008, Dhaka, Bangladesh, www.foodsecurity.gov.kh/otherdocs/Global-Social-Floor-16-10-09-Eng.pdf

6. International Labour Organization, 'Unemployment, working poor and vulnerable employment to increase dramatically due to global economic crisis', International Labour Organization, Geneva, 2009, http://www.ilo.org/global/About_the_ILO/Media_and_public_information/Press_releases/lang--en/WCMS_101462/index.htm

7. Council of the European Union, 'Council conclusions on Supporting developing countries in coping with the crisis', 2943rd External Relations Council meeting, Brussels, 18 May 2009, http://ec.europa.eu/development/icenter/repository/COMM_PDF_COM_2009_0160_F_EN_COUNCIL_CONCLUSIONS.PDF

8. United General Assembly, Report of the independent expert on the question of human rights and extreme poverty, 2009

9. See, for example, Barrientos A and Dejong J, 'Child Poverty and Cash Transfers', Childhood Poverty Research and Policy Centre (CHIP), 2004, report no. 4; Devereux S, 'Social Pensions in Namibia and South Africa', IDS Discussion Paper 379, 2001, Brighton: Institute of Development Studies

10. See, for example, Aguero JM, Carter M and Woolard I, From flows to stocks: the impact of unconditional cash transfers on human capital, 2005; Rawlings L, 'A new approach to social assistance: Latin America's experience with conditional cash transfer programmes', Social Protection Discussion Paper Series, no. 416, 2004, Human Development Network, Washington, The World Bank

11. Chronic Poverty Research Centre (CPRC), Chronic poverty report 2008–9: escaping poverty traps, Northampton, Belmont Press Limited, 2008, p.108

12. International Labour Organization and World Health Organization, The Social Protection Floor, 'A Joint Crisis Initiative of the UN Chief Executives Board for Co-ordination on the Social Protection Floor', International Labour Office and World Health Organisation, Geneva, October 2009, http://www.un.org/ga/second/64/socialprotection.pdf

13. Save the Children, 'Lasting benefits: the role of cash transfers in tackling child mortality', 2009

14 . Schipper L and Pelling M, 'Disaster risk, climate change and international development: Scope for, and challenges to integration', Disasters 30 (1), 2006, pp.19–38

15 . Davies, S and Davey, J 'A regional multiplier approach to estimating the impact of cash transfers: The case of cash aid in rural Malawi ', University of Bath, Concern Worldwide (Malawi), June 2007, MPRA Paper No. 3724, http://mpra.ub.uni-muenchen.de/3724/

16. Devereux S, 'Social Pensions in Namibia and South Africa', IDS Discussion Paper 379, Brighton, Institute of Development Studies, 2001

17. Ministry of Community Development and Social Services and GTZ, 'First Monitoring Report: Pilot Cash Transfer Scheme', Kalomo District, Zambia, 2005

18. World Health Organization, World health statistics 2009, Geneva, WHO, pp. 10–12

19. WHO, Investing in health - A Summary of the Findings of the Commission on Macroeconomics and Health, Geneva, 2001, p.15

20. ILO Governing Body, Second supplementary report: tripartite meeting of experts on strategies for the extension of social security coverage, 17th item on the agenda, 306th session, Geneva, November 2009, pp. 6–7, www.ilo.org/global/What_we_do/Officialmeetings/gb/GBSessions/GB.306/lang--en/WCMS_113967/index.htm (4 February 2010); ILO Social Security Policy Briefing Paper 1, 'Social health protection: an ILO strategy towards universal access to health care', Geneva, ILO, 2008, p.33, www.ilo.org/gimi/gess/RessShowRessource.do?ressourceId=5956

21. In these four countries, as part of a programme co-financed by the Belgian Survival Fund

22. In these six countries, as part of a programme co-financed by the Belgian Directorate-General for Development Cooperation (DGCD)

23. ILO, 'Facts on microfinance for decent work', Geneva, ILO, www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_098967.pdf

24. Devereux S and Sabates-Wheeler R, 'Transformative social protection', IDS Working Paper 232, Brighton, Institute of Development Studies, October 2004, p.11, www.ntd.co.uk/idsbookshop/details.asp?id=844

25. Commission on the Legal Empowerment of the Poor, 'Making the law work for everyone', Volume 1, New York, Commission on the Legal Empowerment of the Poor/United Nations Development Programme (UNDP), 2008, p.1, www.undp.org/publications/Making_the_Law_Work_for_Everyone%20(final%20rpt).pdf

26. United Nations General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, Article 4.1, 1979

27. UN Enable Factsheet on Persons with Disabilities: http://www.un.org/disabilities/default.asp?id=18

Printed on recycled paper

Written by Kamala Truelove (HelpAge International), Bart Verstraeten (World Solidarity), Barbara Caracciolo (SOLIDAR) and Celia Cranfield (Light for the World).

Edited by Kathryn O'Neill

Design by Abigail Goundry (SOLIDAR)

Published by the European Working Group on Social Protection and Decent Work and the Grow Up Free from Poverty Coalition.

February 2010

Contact: euoffice@helpage.org

solidar

LIGHT FOR THE WORLD

HelpAge International age helps

WSM

growup free from poverty international action against child poverty