<u>IDA21 and Social Protection</u>

<u>IDA21 and social protection:</u> Comments on proposed Policy commitments through the document: IDA21 Policy Package Overview, Discussion Note on Vulnerability Considerations in IDA's Policy and Financing Framework, IDA21 Focus Areas, IDA21 Lenses.

Prepared by the <u>Global Coalition for Social Protection Floors (GCSPF)</u> and the <u>Social Security Campaign</u>.

<u>General objective:</u> To promote IDA21 support for universal approaches and strengthening capacity to build social protection floors in line with the right to social security rather than social safety net to target the poorest.

Draft text	Suggested wording	Comments and justifications for suggestions
IDA21 POLICY PACKAGE: THE 'FOCUS AREA S' PAPER		
People's focus		
43. "…" In building country capacities for UHC and health emergency requirements, it is key to enable countries to leverage the full capabilities of the public ~~and the private sector~~. This involves developing a strong enabling environment ~~to unlock the private sector~~, strengthening demand financing for health, and ~~creating appropriate public-private collaboration mechanisms to increase access to available services for all income groups~~. In IDA21, the focus on strengthening systems for resiliency will be key.	43. "…" In building country capacities for UHC and health emergency requirements, it is key to enable countries to leverage the full capabilities of **the public sector and public systems of delivering public services including health, education, water, hygiene and sanitation (WASH).** This involves developing a strong enabling environment to support **equitable and sustainable public system** strengthening demand financing for health.	The **GCSPF** welcomes the emphasis put on Universal Health Coverage (UHC) goal which was agreed in 2015 and reiterated through the resolution adopted by the General Assembly in October 2023 during the high-level meeting on universal health coverage[1].

Thus, health should not be bound to market logics and depend on private investment. We are deeply concerned by the strong focus put on the involvement of the private sector. Research has demonstrated that private sector investment in health is not necessarily a guarantee for positive public health outcomes. Indeed, aside from conflicts of interest, which arise in having private |

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[1] UN (2023). Political declaration of the high-level meeting on universal health coverage. Resolution adopted by the General Assembly on 5 October 2023. 78th Session, Agenda Item 125. Accessed from https://documents.un.org/doc/undoc/gen/n23/306/84/pdf/n2330684.pdf?token=qDzh91G0o0EjPmpfBu&fe=true on 07/06/2024.

		sector finance or implementing health development projects, the intervention of the private sector does not necessarily deliver on health outcomes. Therefore, the use of the private sector to deliver on human rights goals should not be a default solution. We support **to build strong, rights-aligned social protection floors and strengthening public systems of delivering public services in health care to address these challenges.** Strong health systems are critical to realizing human rights, breaking the cycle of poverty, promoting equality and fostering social stability. Over the past 20 years, the average public healthcare spending among low-income countries has stagnated, which increases the reliance on private healthcare systems and regressive out-of-pocket costs. Evidence demonstrates clear risks with this model of financing health access, leading to the systematic exclusion of marginalized groups including women particularly from lower income groups[2]. However, if the private sector is involved, IDA21 should establish strict rules of engagement, especially when it comes to the pursuit of the public interest, accountability and transparency to limit conflicts of interest between the private sector and citizens.
45. IDA21 will engage across the health, education, social protection, water, agriculture,	45. IDA21 will engage across the health, education, social protection, water, agriculture, energy, and	It's important to keep in mind and let appear clearly that inaccessibility to those essential services is not only about disadvantage but also about

[2] Marriott, A (2023) Sick Development: How rich-country government and World Bank funding to for-profit private hospitals causes harm and should be stopped. Oxfam Briefing Paper. Accessed from https://policy-practice.oxfam.org/resources/sickdevelopment-how-rich-country-government-and-world-bank-funding-to-for-prof-621529/ on 07/06/20

energy, and other sectors to change policy, environmental, and social factors that prevent disadvantaged groups from accessing the services they need.	other sectors to change policy, environmental, and social factors that prevent disadvantaged **and/or discriminated** groups from accessing the services they need.	direct or indirect discrimination against which it's possible to fight only if there're clearly identified.
46. While striving to achieve UHC, IDA21 will work with governments to ~~reach those most in need of quality health services.~~ IDA21 will expand essential services promoting quality maternal and child health, nutrition, and sexual and reproductive health services, as well as the growing burden of Non-Communicable Diseases (NCD), anti-microbial resistance, mental health and long-term care associated with aging	46. While striving to achieve UHC, IDA21 will work with governments **to extend universal social protection mechanism, including quality health services for all.**	We welcome this initiative to reiterate the expansion of essential services that guarantee the expansion of health such as nutrition, SHRH services etc. However universal health coverage goal was reiterated through the resolution adopted by the General Assembly in October 2023 during the high-level meeting on universal health coverage[3]. The 1 paragraph reiterate the *"right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health"*[4] and the recognition that universal health coverage implies *"that all people have access to health" (*Paragraph 11[5])
47. At the same time, IDA21 will expand healthcare coverage to ~~reach more people by targeting communities~~ that are not receiving health services. This will contribute to the WBG-wide goal of reaching 1.5 billion people with quality affordable health services	47. At the same time, IDA21 will expand healthcare coverage **for all,** and ensure that all communities receive health services. **This expansion will require leveraging the full capabilities of the public sector and assisting IDA**	Few analysis[6] highlight that Public-Private partnerships (PPPs) and the involvement of the private sector into delivering public services suffer several critics. First, the relative financial cost of the involvement of the private sector is not necessarily

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[3] UN (2023). Political declaration of the high-level meeting on universal health coverage. Resolution adopted by the General Assembly on 5 October 2023. 78th Session, Agenda Item 125. Accessed from https://documents.un.org/doc/undoc/gen/n23/306/84/pdf/n2330684.pdf?token=qDzh91G0o0EjPmpfBu&fe=true on 07/06/2024.

[4] UHC-Final-Text.pdf (un.org)

[5] UHC-Final-Text.pdf (un.org)

[6] Why public-private partnerships are still not delivering - Eurodad

by 2030. This expansion will require leveraging the full capabilities of the public ~~and private sectors.~~ ~~For the private sector element, the Private Sector Window (PSW) will help to enable impactful private sector investments that expand access to health care and lower financial barriers to accessing health services for the poor~~.	recipient countries' efforts to invest in universal, rights-aligned public systems health care that ensure the availability, accessibility, acceptability and quality of these services.	advantageous for the public body[7]: borrowing fees, and expected higher returns by investors to compensate for presumed higher risks. In turn, this means a heavy cost for citizens/tax payers, in a context where the first justification for private sector involvement is dire public domestic resources. Private sector can be controversial when it comes to transparency and accountability (not transparencies of contract etc...), as well as create hidden debt, can costs more than government borrowing, and public authorities still bear the risk of project failure, they don't guarantee better value for money and distort public policy priorities and universal access. Indeed, private sector involvement in essential services often leads to restricted access of citizens to services and reduce service quality, hampering people's human rights to these services. Access is particularly at risk when private involvement leads to the establishment of user fees. Additionally, being profit-led, projects and programs including the private sector rarely develop in sectors that are not profitable, despite social needs, public health and human rights, hence increasing inequalities. It is important to specify that when projects are well designed with fees effectively affordable, (by following social tariff for instance) they may help increase a sense of ownership of a service and finance its maintenance. Building strong, rights-aligned social protection floors and strengthening public systems of delivering basic

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[7] Eurodad, European Public Service Union, *Why public-private partnerships (PPPs) are still not delivering* (2020), Brussels

		social services like health care, water and sanitation systems, education should be a priority for IDA21. Strong public services are critical to realizing human rights, breaking the cycle of poverty, promoting equality and fostering social stability. Essential services for everyone can only be achieved with increased public investment, better staffing levels and working conditions and enhanced public participation in our health systems. Thus, we **encourage IDA21 to support recipient countries' efforts to invest in universal, rights-aligned public systems of education and health care that ensure the availability, accessibility, acceptability and quality of these services.**
48. IDA21 will focus on malnutrition, with special attention to the prevalence of stunting, the effects of which are inter-generational and largely irreversible. (...) IDA21 will: (i) engage countries to ensure the integration of nutrition services in essential health benefit packages; (ii) design adaptive safety net programs to target children (and women) in the first 1,000 days of life; (iii) deliver high-impact nutrition services for children to prevent stunting and wasting and improve women's nutrition; and (iv) strengthen supply chains to integrate and deliver nutrition commodities. Furthermore, IDA21 will accelerate action to improve	48. IDA21 will focus on malnutrition, with special attention to the prevalence of stunting, the effects of which are inter-generational and largely irreversible. (...) IDA21 will : (i) engage countries to ensure the integration of nutrition services in essential health benefit packages **as well as Sexual and Reproductive Health care and mental health care ;** (ii) design adaptive safety net programs to target children (and women) in the first 1,000 days of life **and in long term promote universal social protection mechanism ;** (iii) deliver high-impact nutrition services for children to prevent stunting and wasting and improve	We welcome the emphasis of IDA in accessing health systems that include nutrition services. In order to reduce nutrition insecurity, a multi-sectoral approach is needed, including an access to health benefit package that include, of course, nutrition services as well as s**exual and reproductive health care (including contraceptive, antenatal care, FP, reproductive, maternal, newborn, and child health (RMNCH), safe abortion service) and mental health care. An integrated vision of sexual and reproductive health, mental health and nutrition need to be adopted. For more info, you can read :** Cadre d'intervention : droits et santé sexuels et reproductifs (actioncontrelafaim.org) In addition to the treatment and management of malnutrition, the prevention of malnutrition must also be integrated into public health

access to clean water and sanitation.	children and women's nutrition; and (iv) strengthen supply chains to integrate and deliver nutrition commodities. Furthermore, IDA21 will accelerate action to improve access to clean water and sanitation.	policies in line with recent WHO guidelines: WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years and WHO Guideline for complementary feeding of infants and young children 6-23 months of age
51. Social protection has a key role to play in reducing both poverty and inequality. The coverage of social safety net programs has grown in recent years but still covers only 20 percent of the poorest quintile in the poorest countries, where it is most needed. IDA21 will support the achievement of SDG1.3: "Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial ~~coverage of the poor and vulnerable.~~ Doing so helps the poor to protect their human capital, assets, and enterprises during hard times and to make investments in improving these at other times, with long-term benefits not just for individuals but for entire societies.	51. Social protection has a key role to play in reducing both poverty and inequality. The coverage of social safety net programs has grown in recent years but still covers only 20 percent of the poorest quintile in the poorest countries, where it is most needed. IDA21 will help countries build social protection floors in line with human rights obligations. IDA21 will support the achievement of SDG1.3 and the ILO R202 recommendation" as well as implement nationally appropriate social protection systems floors and measures for all and by 2030 achieve substantial coverage for all. Doing so helps build trust in governments and societies, a key foundation for a strong social contract. It also helps individuals to protect their human capital, assets, and enterprises during hard times and to make investments in improving these at other times, with long-term benefits not just	We, the GCFSPF welcome the reference to SDG1.3. The importance to recall the align to R202 is essential as it is defining international consensus that national floors of social protection are the minimum standard (ILO202 and SDG1.3). This text should always refers to these two standard and recall for the right to social security and social protection floors as a set of universal guarantees including access to adequate health care and income security recognized in numerous human rights instruments, including the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of all Forms of Discrimination Against Women (1979) and the International Convention on the Rights of the Child (1989). This section should recall the need for a universal approach of social protection and access to all public services. We welcome a strong focus on social protection, and a general reminder in the narrative that the goal is universality. However, the narrative around these commitments also uses terminology such as safety nets and targeting ("most vulnerable", "poorest" etc) shouldn't be in the text as it appears to take an impossibly long and exclusionary road to universality

	for individuals but for entire societies.	under the banner of progressive realisation.
52. ~~IDA21 will build countries' capacity to accurately identify the poorest and most vulnerable and prioritize them for support. While working toward protecting all in need in times of crisis, prioritizing the poorest ensures that social protection systems, including non-contributory social assistance, social insurance, and jobs for the extreme poor, maximize both the equity and efficiency of public spending. Proposed Policy Commitment: "Improve the resilience of health and/or education and/or social protection delivery systems in all active IDA countries." This commitment focuses on resilient service delivery and aims to ensure that health, education, and social protection systems are fit for purpose to support poor people to prepare for and cope with shocks in all IDA countries.~~	52. IDA21 will build countries' capacity to build protection floors in line with human rights that cover everyone, including people in extreme poverty. The universal entitlements included in social protection floors is the most efficient and effective way to reach people in poverty, as well as groups often excluded from social security systems, such as informal workers, displaced persons and refugee. IDA21 should be a step towards the implementation of universal social security and should support recipient countries' efforts to invest in universal, rights-aligned public systems of education and health care that ensure the availability, accessibility, acceptability and quality of these services.	We call for this policy to be deleted and replaced by this paragraph. To realise social and economic rights as mentioned before, IDA21 should focus on progressively building universal lifecycle schemes as part of a broader lifecycle social protection systems including all.
57. Ditalization will also bring resilience benefits to people living in IDA countries. IDA21 will support countries to upgrade and integrate their health data systems, expand broadband coverage for health facilities, and scale up the use of mobile		GCSPF advise against a belief that technology can answer to all social needs, relying on digital technologies and big data. If technology can indeed help achieve human rights, the recourse to new technologies is here used as non-debatable solutions in lieu of nation-wide/broad

diagnostics, telehealth services, and other digital health tools. In education, learning, and teaching materials can be digitized and delivered at low cost, teachers can be trained and supported cost-effectively at scale, and the - 23 - management of education systems can be greatly strengthened. In social protection, digital technology has improved registries capable of identifying the poorest, including the use of new ways to collect and process data, such as through mobile phones, satellite imagery, and machine learning. This will require investments in digital infrastructure, human capacity, organizational capabilities, and regulatory capacity. Digitally enabled human development services will require broader strategy and investments in digitalization. For example, digital IDs can be used to identify patients across different health facilities, authenticate persons receiving social grants, or validate teacher qualification		coverage of the most essential services. This tends to divert policy debate from the need to expand fiscal space for services, towards more dependency on the private sector to roll-out such technological systems, while also ignoring the ethical questions around social protection benefits conditioned to massive data collection. Research[8] has also shown that some forms of automation are excluding people from social security and public services and singling them out for investigation based on errors, discriminatory criteria, or stereotypes about poverty. Data and technology use can perpetuate lack of access, discrimination, and other issues. Development and use should be crafted and monitored in a participatory manner including dialogue with trade unions, women's organisations, and social and community groups including those representing the marginalized. For instance, mobile diagnostics, telehealth services, and other digital health tools must be remain an option and not the only way to access healthcare services : they must be developed and implemented only in context where health professionals are effectively available, to ensure patients the possibility to choose which kind of health care services they wanted to use. And speaking about digital technology for registries in social protection, theses tools, if they could be interesting and in someway

[8] https://www.hrw.org/report/2023/06/13/automated-neglect/how-world-banks-push-allocate-cash-assistance-using-algorithms

		efficient, are always based on human algorithms through which discriminations and mistakes are always possible. So they need to be implemented through strict rules on transparency, governance and evaluation.
65.c The Digital GCP promotes the use of digital technology to improve health, education, and social protection services. Social security programs use civil registries social registries and digital payments for safety net transfers; in health, digital technology is being used to help health professionals reach people where they are through telehealth, improving diagnostics, and expanding access to screening and medicines; and digital technology and edtech facilitate hybrid systems so learning can continue in times of crisis.		Same comments than the one from 57.

Moreover, IDA22 should not be used to support the construction of social registries, since they are expensive and inaccurate, and result in the exclusion of a large proportion of intended target groups. Instead, resources should be used to improve quality of civil registries and guarantee all residents' access to legal identification. (Social registries: a short history of abject failure). |

Question to ask to the European meeting with IDA :
Does the replenishment will be achieved? How much is in so far?