

# Comment to IDA21 Replenishment Report

14 November 2024

## Introduction

The short input below concerns the **social protection aspects of the People Focus Area** (p 17-18) and is signed by Act Church of Sweden and ARDD (Arab Renaissance for Democracy and Development), both of which are members of the [Global Coalition for Social Protection Floors](#) (GCSPF) and the [Right to Social Security Campaign](#).

The comments are in line with

- the parts about social protection in the [Civil Society Organizations' recommendations on IDA21's People Focus Area](#) (signed by 40+ organisations) sent to the IDA21 Third Replenishment Meeting in Nepal, and
- the [detailed input](#) sent by the Global Coalition for Social Protection Floors (GCSPF) and the Right to Social Security Campaign to the IDA21 Regional Forum for Europe and Central Asia.

## Comments

**1. We welcome that one of the three elements of the 'People' focus area is "social protection services for all, with particular attention to equitable access for the most vulnerable".** We interpret this wording as a step away from the Bank's current focus on narrow poverty-targeted social safety nets. In particular, we appreciate the focus on *specific vulnerabilities* (e.g. disability or being a refugee), including lifecycle vulnerabilities (old age), as these are, in contrast to "the poorest in society" possible to identify in a correct and transparent manner.

- a) We suggest that an explicit reference to international standards and the ILO recommendation (202) on social protection floors is made, incorporating the same wording as in the policy framework for IDA20 (see footnote 85, and para 88 in the IDA20 Report to Governors):  
*The 'People' focus area targets three important elements: first, a focus on equity, supporting quality, affordable health (including universal health coverage, nutrition, and pandemic preparedness), education, and social protection services for all, through building social protection floors in line with the framework for action towards universal social protection systems adopted by the International Labour Conference, with particular attention to equitable access for the most vulnerable.*
- b) We also suggest the following changes, to make the focus on specific and lifecycle vulnerabilities consistent:  
*This includes ~~the poorest in society~~, children, adolescents, persons with disabilities, refugees, ethnic, sexual and gender minorities, the elderly, and other marginalized groups.*

**2. We welcome the focus on lifecycle vulnerabilities**, including the focus on childhood and adolescence, and expect that this will motivate IDA to support client countries introduce universal (or affluence tested) child benefits. Children are disproportionately exposed to poverty, which has far-reaching human, social and economic consequences, and there are strong reasons for addressing children’s vulnerability through universal social protection: [More than a billion reasons: The urgent need to build universal social protection | UNICEF](#)

3. To the extent that IDA21 will support narrowly targeted safety nets, we reiterate earlier arguments that **clear and transparent criteria must be used in identifying the target groups** – such as age and disability – rather than proxy means tests. Otherwise, large numbers of persons will be excluded. (for reference, see [Hit and Miss: An assessment of targeting effectiveness in social protection](#), [Social registries: a short history of abject failure](#), and a recent [case study Serbia](#))

4. We welcome the institutional action on crisis-readiness and continuity of services during various shocks, while emphasising that **universality is a precondition for truly adaptive programs**. So-called ‘adaptive social protection’ programs are in reality often narrowly targeted and impossible to expand quickly in times of crisis, while universal programs provide the structure for quick expansion if needed.

5. We agree that the private sector plays an important role in the social sectors, but insist that governments’ responsibility is fundamental, and propose the following small adjustment of the text at the end of p 17:

*Private investment remains a key enabler with an important role of private providers of health, education, private sector in supplementary social insurance, and the production of medical goods.*

*For more information:*

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