

ILO Subregional Office – New Delhi

Brief overview of social security interventions in India

India is still facing the daunting challenge of providing some level of social security benefits to some 92% of the work force operating in the informal economy. One key distinctive feature of the Indian experience is the wide diversity of actors from both public and private sectors already found involved in extension initiatives. Another one was the commitment taken in 2004 by the Government of India in its National Common Minimum Programme (NCMP) to ensure, through social security, health insurance and other schemes the welfare and well-being of all workers, and most particularly those operating in the informal economy.

Given this context, ILO's strategy was to develop an active advocacy role aiming at facilitating the design and implementation of the most appropriate extension strategies and programmes especially with regards to medical care, maternity protection and old-age benefits which were increasingly being recognized as the top protection priorities of informal economy workers and their families. Since any efficient advocacy role has to rely on some practical evidence, the ILO first engaged a wide knowledge development process, aiming at identifying and documenting the multiple on going extension initiatives. This strategy relied on a multiple partnership approach aiming at encouraging new interventions and at mobilizing additional resources.

The following two studies, which were widely disseminated and displayed on ILO website (2005), were already enough to establish ILO's important role in terms of knowledge development:

- Inventory of micro-insurance schemes;
- Insurance products provided by insurance companies to the disadvantaged groups.

These first studies were followed by a long list of survey reports (assessment of social security priority needs), case studies (on health micro-insurance schemes, maternity vouchers...) and additional studies (showing the way forward – India's redistribution experience...) that allowed ILO to be recognized as the most prominent actor in the knowledge development process. This widespread recognition was further strengthened through ILO's participation and intervention in all major conferences dealing with social security issues (19 in 2005, 42 in 2006) as well as through the organization of several technical workshops (2003, 2006 and 2007).

These various interventions were instrumental for the preparation of the DWCP (adopted in March 2006 by ILO's constituents) that was the only one in South Asia to adopt the extension of social protection as a priority. They also opened the door to direct advisory and technical assistance services that gradually expanded to the following major actors:

2004 National Rural Health Mission (NRHM) set up by the Government of India:
Consultations for the development of appropriate health insurance mechanisms

- 2005 Ministry of health and Family Welfare (Government of West Bengal): Interactions for the promotion of a new health insurance extension initiative targeting the Below Poverty Line Population in two districts (target: 400,000)
- 2005-06 National Commission for Enterprises in the Unorganized Sector (NCEUS) set up by the Government of India:
- Sharing of all relevant documents and materials
 - Joint participation in various conferences to promote the proposal
 - Comments on Social Security Bill proposal
 - Support to the organization of a broad consultation on health insurance and pension issues (Employment Community - Solution Exchange Network)
- 2005-07 Ministry of Health and Family Welfare (Government of Jharkhand): Collaboration on the design and implementation of a social health insurance scheme targeting the entire Below Poverty Line population (target: 15 million):
- Organization of a broad consultative process with all stakeholders
 - Design of the scheme's main features
 - Joint publication presenting the new scheme to be implemented
- 2006 Ministry of health and Family Welfare (Government of India): Consultations for the drafting of health micro-insurance guidelines aiming at facilitating new state government sponsored initiatives
- 2007 Ministry of health and Family Welfare (Government of Orissa): Interactions for the promotion of a new health insurance extension initiative targeting the tribal population (target: 500,000)
- 2007 Health Security Task Force (HSTF) set up by the Government of India: Preparation, in collaboration with Ministry of Labour and Employment, Ministry of Health and Family Welfare and the World Bank, of a report recommending the most appropriate ways to implement the health insurance component of the NCEUS social security proposal (target: one billion):
- Analysis of on-going experiences
 - Preparation of an information paper on innovations and trends in the health micro-insurance subsector
 - Preparation of the joint TF report

In addition, the following initiatives are currently being prepared with partner organizations in order to further strengthen ILO's advocacy role towards policy makers:

- 2007 Country Letter of Agreement with German Agency for Technical Cooperation (GTZ – Health Program) on Social Health Protection (SHP) and setting up of a national platform of people led social security initiatives supported by various international organizations (such as UNDP, WHO, UNIFEM, CARE, PLAN...)

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Research work with Centre for International Comparative Labour and Social Security Law (CICLASS), University of Johannesburg, South Africa on: Developing a conceptual and normative framework for health micro-insurance as a social security instrument in India