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▶ ILO-WHO Joint Workshop

Epidemics and pandemic prevention, preparedness and response: How to maximize the health impact of social protection systems?

Session 2: Integrated delivery of social protection interventions in Senegal

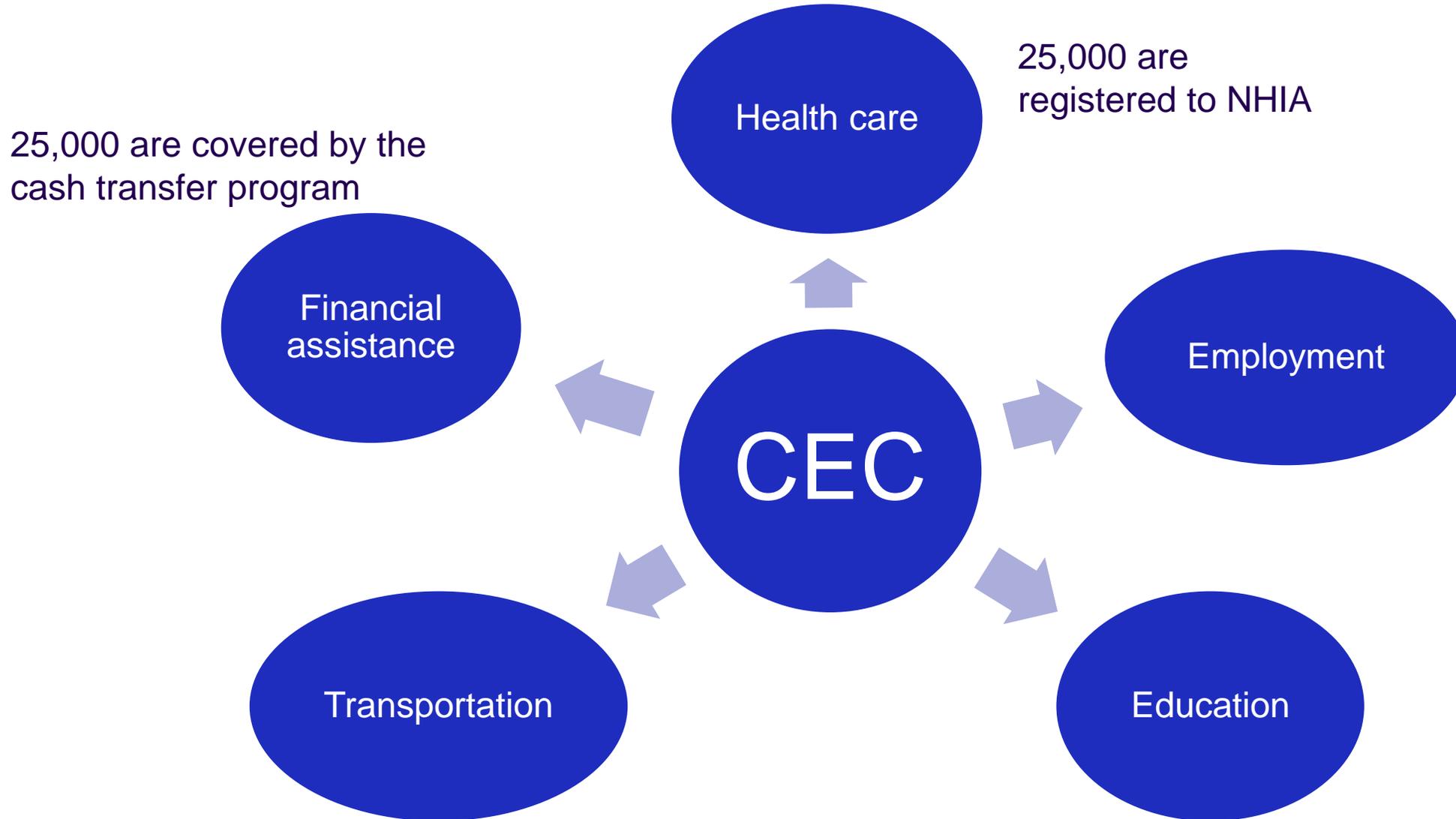
BACKGROUND

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- The prevalence of disability in Senegal is estimated at 5.9%, equivalent to 1,046,588 individuals in 2022. It is higher among women than among men, with 6.2% and 5.6% of people with disabilities respectively.
- Disability results in significant direct and indirect costs
- Only 6.8% of disabled people of working age are in employment compared to the activity rate of the Senegalese population estimated at 48%.
- Over the recent years, the Government of Senegal has implemented various flagship social protection programs, especially social assistance and health coverage.
- The Social orientation law relating to the promotion and protection of the rights of disabled people established the “Equal Opportunities Card”. Art 4: “Any disabled person receives a specific card proving their disability called an “equal opportunities card (CEC)”.

Integrated delivery of social protection interventions to people with disabilities in Senegal

The “Equal Opportunities Card (CEC)” provides the right to benefit from various interventions



Lessons learnt from the experience

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- The “Equal Opportunities Card” programme is an innovative mechanism to facilitate access of people with disabilities to social interventions, especially health care.
- The integrated delivery mechanism played a crucial rôle in responding to the impacts of the COVID 19 pandemic on people with disabilities.
- Effective implementation of the integrated approach requires good coordination between the institutions involved, robust Management and information systems with interoperability between systems, a good identification mechanism and availability and quality of services provided.



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Rania Eghnatios

Date: 04-05 / October / 2023

► Characterization of the Social Health Protection System in Lebanon

- **Pre-existing structural gaps in health & SHP systems:**
 - predominance of tertiary care over preventive, promotive and primary care + supply-induced demand
 - a weakened public health sector
 - multiplicity of public funds with different HBP and co-payments → fragmentation at policy, governance, financing and operational levels
 - heavy reliance on fee-for-service payments
- **Impact of the crisis on financial access to healthcare:**
 - Decrease in availability, affordability, accessibility and quality of health care
- **Access of Persons with Disabilities to Health services:**
 - Personal Disability Card provided by Ministry of Social Affairs
 - Legal entitlement (to MOPH primary health care and hospitalization), but lack of enforcement & financing

► Scale up of Social Assistance programs with a cash-plus approach

- **Continued scale-up of poverty-targeting programs from 1.5% to 22.5% of the population**
- Through World Bank loan of \$246mil (ESSN I), in addition to grants (NPTP)
- Ongoing efforts to pilot linkages between safety nets beneficiaries and PHCCs – subsidized services to the extreme poor
- **Lifecycle Social Grants: The design and roll out of a National Disability Allowance (NDA)**
- Roll out of an NDA starting with youth with disabilities to support in facing the extra cost of disability
- In addition to cash, NDA aims to link beneficiaries to services including health, employment activation, and social services.

► Coordinated delivery of Social Assistance and SHP in Lebanon: Challenges and Opportunities

- Cash assistance spread out too thin, amidst major gaps in services
- Facilitate access vs direct provision: bridging the service gap necessitates a combined approach
- UHC – Beyond Primary Health Care for the poor and fee waivers
- Leverage Management Information Systems (at programs level + integrated system) – E.g. support to disability registry, as part of the NDA
- Address structural challenges of a failing health financing system hindering coordinated delivery
- Policy-level coordination and integration – case of the National Health Strategy and the National Social Protection Strategy in Lebanon