



International
Labour
Organization

► Disability schemes and programmes around the world

Design and compliance with international social security standards



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Foreword

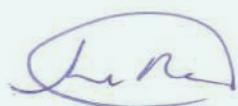
In times of multiple overlapping crises and transitions, including natural disasters, demographic change and violent conflict, the need for universal social protection becomes all the more palpable. Having comprehensive, adequate and sustainable social protection systems in place that ensure income security and access to essential healthcare for all members of society across the life cycle is a top priority for sustainable development and a *sine qua non* to ensure structural transformations are truly inclusive. For people with disabilities, this is even more important as they suffer disproportionately from the above risks, are often less resilient in coping with such shocks, and yet are among the population groups that are least covered by social protection schemes (ILO 2021d).

People with disabilities are more likely to face social exclusion, higher levels of poverty, limited economic opportunities, low levels of participation in society, and fewer opportunities to seek education. Social Protection Systems that are well-designed and effectively implemented can contribute greatly to reducing these disadvantages and contribute to the full and effective participation of people with disabilities in the social, economic, cultural and political life of their communities and societies. The UN Convention on the Rights of People with Disabilities (UNCRPD) and international social security standards lay down important principles to maximize results in this regard.

The ILO, UNICEF and other development partners have worked jointly to produce a guidance note based on concrete experience and the current state of knowledge regarding scheme design and implementation modalities. The present report complements this important effort by giving an overview of where we are at regarding the provision of social protection benefits for people with disabilities (focusing on cash transfers and income security). It is important that social protection schemes facilitate inclusion, in line with the UNCRPD, by being accessible for people with disabilities, ensuring income security and covering disability-related extra costs, facilitating access to services and fostering economic inclusion. The latter also requires making disability benefits compatible with work.

Accessibility of schemes requires paying attention to being inclusive along all the steps of the delivery chain: communication and awareness-raising activities, registration processes, disability assessments and determination processes, payment of benefits and delivery of services, as well as complaints and appeal mechanisms all need to consider the diversity of people with disabilities and their specific needs. Inclusive design and implementation processes are unlikely to succeed if people with disabilities and their representative organizations are not involved in the planning and implementation from the start. The participation of organizations of people with disabilities throughout the process is a key element of success.

We hope that this report will be a valuable source of information for all involved in the planning and implementation of social protection schemes that promote the full and effective participation of people with disabilities.



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Acronyms

BPC	Benefício der Prestação Continuada
CRPD	Convention on the Rights of Persons with Disabilities
GDP	gross domestic product
GNI	gross national income
IDA	International Disability Alliance
ILO	International Labour Organization
ISSA	International Social Security Association
NDA	National Disability Allowance
OECD	Organisation for Economic Co-operation and Development
OPDs	organizations of persons with disabilities
SSI	Social Security Inquiry
SSPTW	Social Security Programs Throughout the World
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

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Executive summary

People with disabilities are often marginalized and experience higher levels of poverty, limited economic opportunities, low levels of participation in society and fewer opportunities to seek education. They incur higher costs of living, for example costs arising from care needs, transportation and an increased need for health services, as well as costs associated with other daily activities. Accordingly, social protection for people with disabilities should provide both income security and coverage of these extra costs. This report, then, explores existing disability schemes and programmes and analyses the extent to which these are in line with the principles and benchmarks laid out in international social security standards. It achieves this by referring to the International Social Security Association (ISSA) database on Social Security Programs Throughout the World (SSPTW).

The evidence shows that very few people with a disability actually receive a disability benefit. Although about 2.9 per cent of the global population have a severe disability and 15.3 per cent of the global population have a mild or moderate disability, only 1.6 per cent of the global population receive a disability benefit, with significant disparities between high-income- and low-income- countries.

Regarding the adequacy of the benefits, this report analyses whether the current schemes are providing at least basic income security as defined at the national level in line with Paragraph 4 of the Social Protection Floors Recommendation, 2012 (No. 202). More than half (62 out of 103) of the schemes paying benefits as a percentage of previous earnings compare well with the minimum benchmark of 40 per cent set in international standards; out of these 62 schemes, 31 calculate the benefit level as a percentage of previous earnings and the number of contribution years and require a minimum of 15 years of contributions to reach the 40 per cent, in line with the provisions of the Social Security (Minimum Standards) Convention, 1952 (No. 102). Schemes paying flat-rate benefits do not always provide adequate income security. For example, the level of disability benefits paid at a flat rate is on average only 17.6 per

cent of per capita gross domestic product (GDP) or 33.4 per cent of the national minimum wage, which is insufficient to enable beneficiaries and their families to live in health and dignity (Convention No. 102 and Recommendation No. 202).

Social protection systems should support persons with disabilities throughout their life cycle to enable them to overcome various barriers to their participation in economic, social, cultural and political life. This should also be achieved through disability-specific benefits that at least partly cover the higher living expenses that people with disabilities face. The Convention on the Rights of Persons with Disabilities (CRPD) explicitly calls on States to ensure that disability-related needs are given adequate consideration, including through coverage of disability-related expenses (UNCRPD, Article 28). In this vein, some of the disability-related extra costs, such as the cost of personal assistance, are taken into account in 68 out of 343 schemes which explicitly include a constant-attendance supplement to cover carers' opportunity costs.

Regarding eligibility criteria, 132 out of 293 contributory schemes require a certain qualifying period of contributions to be eligible to receive benefits. The average qualifying period is 4.15 years, though international standards recommend three years. Age thresholds are another frequently used eligibility criterion. Around 43 per cent of disability benefits explicitly restrict eligibility based on age, assuming that recipients of disability benefits can transition to old-age pensions upon reaching retirement age since in many cases beneficiaries are entitled to only one benefit. Yet this fails to take into account the higher costs older people face if they also suffer from physical impairments compared to those who do not.

Many disability benefit schemes require a means-test, with around 68 per cent (52 out of 76) of non-contributory schemes applying one. This is in line with international standards provided that the means-test follows a rights-based approach, including the consideration of disability-related costs in setting eligibility thresholds. Finally, many schemes are incompatible with employment, which may compel persons with disabilities to forego employment opportunities in order not to lose disability benefits that they require to meet their needs.

Employment injury social protection schemes are designed to replace income lost owing to a work-related accident. The impairment can be of varying degrees and temporary or permanent. Over 75 per cent of such schemes pay benefits in relation to previous earnings. In line with international standards, almost all schemes (97.5 per cent) provide a replacement rate of 50 per cent or higher with an average replacement rate of 77.9 per cent. At a median level of 15.2 per cent of GDP per capita, benefit levels of flat-rate benefits tend to be much lower. While international social security standards require that benefits should be paid throughout the duration of the contingency, around half of the schemes provide temporary benefits with a maximum duration. If individuals have not recovered from their disabling condition by this point, they may need to transition to other benefits. Many employment injury schemes (105 of the 427 considered in this report) are designed as employer liability schemes, which are known to produce suboptimal results in terms of honouring workers' entitlements to benefits.

It is important that countries comply with the minimum requirements set in international social security standards and provide adequate support to ensure a life in health and dignity for people with disabilities. In line with the global agenda for social protection for persons with disabilities, this requires taking into account the needs of these individuals, in particular the extra costs related to their disabilities, as well as income replacement. Eligibility criteria, such as means-testing, minimum years of contribution and incompatibility with work or other benefits, should be minimized so that universal coverage may be achieved and aligned with the UNCRPD. This approach will better fulfil the needs of persons with disabilities and contribute to eliminating barriers to their participation in society.





1. Background and method of analysis

It is recognized that people with disabilities tend to suffer from exclusion; thus, they are more likely to face discrimination; children living with a disability are more likely to be out of school; people with disabilities in working age have fewer economic opportunities; and many older persons with disabilities cannot participate in society. As a result, people with disabilities are more likely to be poor. In view of such a situation, many countries offer support for people with disabilities and their families, including through their social protection systems. Social protection schemes can greatly contribute to inclusion and promote the full and effective participation of people with disabilities in society. However, if not well designed, disability benefit schemes may re-enforce or perpetuate exclusion. Also, benefit levels and availability or quality of services are often inadequate and financing, insufficient. The international normative framework, in particular UNCRPD, and international social security standards adopted by the ILO lay down key principles and objectives for a rights-based approach to achieving the inclusion and empowerment of people with disabilities in line with their needs. In 2019, a broad coalition of agencies and institutions¹ adopted the [Joint Statement: Towards Inclusive Social Protection System Supporting Full and Effective Participation of Persons with Disabilities](#) (hereinafter, the Joint Statement). The Statement reflects a broad consensus on how social protection systems could better promote inclusion, in line with the international normative framework. Since its adoption, agencies and institutions have worked on a [Guidance Note: Towards Inclusive Social Protection Systems Enabling Participation and Inclusion of Persons with Disabilities](#) that explores how countries can achieve this in practice. In light of these recent developments, the current report aims to provide a situational analysis of where countries are at in transforming their social protection systems in line with this consensus and the guidance note.

The human right to social security is enshrined in the Universal Declaration of Human Rights (Article 22) and in the International Covenant on Economic, Social and Cultural Rights (Article 9), which the vast majority of ILO Member States are party to. This importance of providing universal social protection has been repeatedly affirmed in international law, most recently with the adoption of the [Social Protection Floors Recommendation, 2012](#) (No. 202), [the 2030 Agenda for Sustainable Development](#) and in [the 2021 Conclusions of the International Labour Conference](#), which view universal social protection as being crucial for the prevention and reduction of poverty, inequalities, social exclusion and insecurity and as a means to maintain people's income and living standards.

The following instruments lay down the principles and set minimum requirements for disability benefits, including benefit levels:

- ▶ Social Security (Minimum Standards) Convention, 1952 (No. 102)
- ▶ Employment Injury Benefits Convention, 1964 [Schedule I amended in 1980] (No. 121)
- ▶ Employment Injury Benefits Recommendation, 1964 (No. 121)
- ▶ Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128)
- ▶ Invalidity, Old-Age and Survivors' Benefits Recommendation, 1967 (No. 131)
- ▶ Social Protection Floors Recommendation, 2012 (No. 202).

¹ The following agencies and institutions endorsed the Joint Statement: Australia - Department of Foreign Affairs and Trade (DFAT); Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Germany - Federal Ministry for Economic Cooperation and Development (BMZ); Global Action on Disability Network (GLAD); Global Coalition for Social Protection Floors; European Disability Forum; International Centre for Evidence in Disability; International Disability Alliance (IDA); International Disability and Development Consortium (IDDC); International Labour Organization (ILO); Japan International Cooperation Agency (JICA); Joint United Nations Programme on HIV/AIDS (UNAIDS); Leonard Cheshire International-University College London (LCD-UCL); United Nations Children's Fund (UNICEF); United Nations Development Programme (UNDP); United Nations Economic and Social Commission for Western Asia (UN ESCWA); United Nations Economic Commission for Latin America and the Caribbean (UN ECLAC); United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); United Nations Research Institute for Social Development (UNRISD); and United Nations Special Rapporteur on the Rights of Persons with Disabilities.

Adequate social protection for people with disabilities requires a combination of cash benefits to ensure income security and effective access to quality health care and to support services to meet the specific needs related to this contingency across the life cycle. To ensure adequate and comprehensive protection for people with disabilities, it is therefore important that the social protection system adopt a twin-track approach to cover people with disabilities, one ensuring that they can access mainstream social protection benefits and services on equal terms with others and providing disability-specific benefits and services to cover disability-related extra costs and specific needs. In order to ensure schemes are sustainably financed while at the same time capable of covering the entire population, many countries have a combination of contributory and non-contributory schemes that provide disability benefits, as well as care and other support services. These blended schemes may also grant concessions. Contributory social insurance schemes provide earnings replacement for workers who acquire a disability during working age and as a result of which lose their income or part of it. Non-contributory disability cash benefits are either provided universally to all people with disabilities to cover their disability-related extra costs or else they are directed at people with disabilities that do not benefit from a contributory scheme, for example children, the elderly or members of the working-age population that have not acquired entitlements under social insurance. Since replacing part of the income lost due to a disability may not be sufficient to address all the support needs of people with disabilities, many countries offer additional support, for which people with disability often need to apply separately. This may include rehabilitation, assistive devices, care services, constant-attendance support, personal assistance or concessions.

Disability benefits have historically focused on income security, aiming to compensate people for a reduced ability to generate income resulting from a physical impairment. This approach does not address the barriers to participation in society that people with disabilities are confronted with nor the extra expenses which persons with disabilities face, including those who participate in the labour market. According to the new paradigm focusing on inclusion as expressed by the UNCRPD, disability benefits need to meet people's needs and be compatible with work and mainstream social protection benefits (see Article 28 of UNCRPD). Adequate coverage of disability-related extra costs is one of the core principles of the UNCRPD and is reflected in the Joint Statement and guidance note. People with disabilities face extra costs, for example costs related to transportation, the obtaining of assistive devices and for other services and support costs such as sign language interpretation. Disability-related extra costs also include indirect or opportunity costs at the level of the household, resulting for example from a household member foregoing other income-generating activities owing to time spent on caring for another household member with a disability.

This report explores existing disability schemes and programmes and analyses the extent to which these are in line with the principles and benchmarks laid out in the previously mentioned international social security standards, in particular Convention No. 102. A key challenge for this analysis is the lack of reliable, accurate and up-to-date information regarding both people with disabilities and their access to social protection schemes and programmes. These data limitations also mean that the current report cannot satisfactorily reflect the diversity of situations of people with disabilities. The main sources of information for this report are the International Social Security Association (ISSA) database on Social Security Programs Throughout the World (SSPTW) (ISSA and SSA 2019a; 2019b; 2018a; 2018b), the ILO World Social Protection Database (ILO 2021c) and ILOSTAT (ILO 2023a). The analysis includes 343 disability-specific schemes and 427 employment injury disability schemes from 179 countries.

All the schemes are analysed in terms of their benefit levels; eligibility criteria payment modalities; whether they are contributory or not, or categorical or poverty targeted; whether they are located in low-, middle- or high-income countries and in which region. To the extent possible, effective population coverage and benefit expenditure are also analysed, although only limited information is available on these parameters. Table 1 gives an overview of the parameters that have been used in the analysis.

► Table 1. Overview of parameters analysed and related provisions in international social security standards

Parameter analysed (section)	Example	Relevant international social security provisions
Population coverage (2.1 and 3.1)	Residents, employees, self-employed, public/private sector, children etc.	Recommendation No. 202, Para. 6
Benefit adequacy (2.2.4, 2.2.5, 2.2.6, 3.2.3, and 3.2.4)	Replacement rate or level of flat rate compared to benchmarks (poverty line, minimum wage etc.)	Convention No. 102, Art. 65; Recommendation No. 202, Para. 8, clause (b)
Source of financing (2.2.7)	Contributions or publicly financed	Recommendation No. 202, Para. 11
Required contribution years (2.3.1)	The period of contributions required to be eligible for benefits (e.g., “must have at least 180 days of contributions in the last five years”)	Convention No. 102, Art. 57 and Convention No. 128, Art. 11
Age limit (2.3.2)	The age limit to be eligible for benefits (e.g., “must be younger than age 60”)	Convention No. 102, Art. 58
Means-tested or categorical targeting (2.3.3 and 3.2.8)	Benefits are paid only for individuals or households below a certain threshold of income and assets	Convention No. 102, Art. 55(c) and Joint Statement (ILO and IDA 2019)
Severity of disability (2.3.5)	Assessed loss of earning capacity and/or degree of disability	Recommendation No. 131, Para. 5
Compatibility with work (2.3.4)	Conditional on some level of inability to work or complete inability to work	Convention No. 102, Art. 54
Duration of payments (2.2.3 and 3.2.7)	Benefit length (e.g., up to one year)	Convention No. 102, Art. 56 and Recommendation No. 121, Para. 10
Income level	High-income, upper-middle-income, lower-middle-income and low-income (see Annex 2)	NA
Geographic region	Africa, Americas, Arab States, Asia and the Pacific and Europe and Central Asia (see Annex 3)	NA

The SSPTW database only includes statutory schemes, meaning schemes stipulated in law and that provide rights-based and stable support to persons with disabilities. Also, the database tends to focus on nationwide schemes although it includes some regional/federal state ones, depending on the country. Thus, the schemes analysed in this report do not cover disability social protection programmes, which are temporary, pilot efforts, charity-based or donor-financed – although these schemes can provide important support for the inclusion of people with disabilities where national social protection systems are weak.

In this report, schemes addressing disability resulting from employment injury are discussed separately from the general disability schemes since these benefits are typically provided through different social protection mechanisms. The main sources of information for the analysis of employment injury are the same as for disability, coming from the ISSA database on SSPTW and the ILO World Social Protection Database. Employment injury is generally addressed through contributory schemes and tends to set higher benefit levels. However, in practice, in particular in the case of employer liability schemes, workers often are not able to obtain their entitlements as many countries face difficulties with putting in place reliable implementation structures that effectively determine whether a disability has resulted from a work injury and reliably deliver employment injury benefits to the worker.





2. Disability schemes

► 2.1 Population coverage

The principle of universal social protection is firmly anchored in human rights treaties and international social security standards. The Social Protection Floors Recommendation (No. 202) sets out that at a minimum, over the life cycle, all in need must have access to essential health care and to basic income security, including in relation to disabilities. Specifically, basic social security guarantees should be ensured for at least all residents and children, as defined in national laws and regulations (Recommendation No. 202, Paragraph 6). Beyond social protection floors, national social protection systems should strive to provide higher levels of protection for as many people as possible and as soon as possible (Paragraph 1(b)).

Persons with disabilities who do not earn sufficient income for a life in health and dignity thus should be entitled to adequate social security and income support,² provided in a dignified manner and taking into account situations of physical or mental dependency and family members and others who provide unpaid care.³ In this vein, Article 28 of the UNCRPD states that social protection systems need to guarantee an “adequate standard of living for themselves and their families, including adequate food, clothing and housing”. At a minimum, income security should be provided in cases of total disability, although progressively, in line with Paragraph 5 of the Invalidity, Old-Age and Survivors’ Benefits Recommendation, No. 131. National schemes should also provide for those with a partial disability, hence entailing a reduced benefit.

In reality, however, coverage of people with disabilities is very limited; thus, evidence suggests that only 33.8 per cent of all persons with severe disability are legally covered by any type of disability social protection scheme, whether it be contributory or non-contributory (ILO 2021d). Effective coverage for persons with severe disability is estimated at 33.5 per cent globally (ILO 2021d). This figure implies that two out of three people with severe disabilities are not receiving any disability benefit.

The disability prevalence rate and total number of people with disabilities are difficult to measure and as a result the estimates for the legal and effective coverage rate may not be very accurate. Furthermore, the disability prevalence calculation method varies among countries, with some having no national disability statistics. There are countries that reflect only the number of those with severe disabilities while other countries include persons with moderate disabilities. Even where the same method is applied across countries, results may vary because disability is understood and perceived differently. Therefore, this report presents the effective coverage rate of people with disabilities as a percentage proportion of the total population and working-age population.

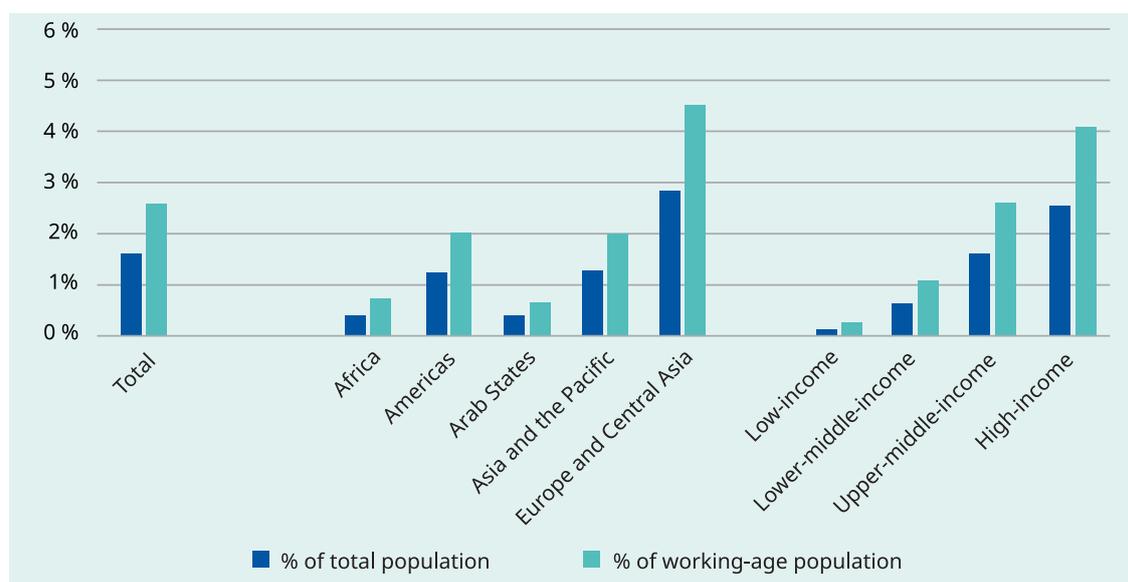
² Convention No. 102, Art. 54, defines the contingency of invalidity as the “inability to engage in any gainful activity, to an extent prescribed, which inability is likely to be permanent or persists after the exhaustion of sickness benefit”.

³ Convention on the Rights of Persons with Disabilities, Preamble; Art. 2; Art. 23 (para. 5); Art. 28 (paras 1 and 2(c)); and Invalidity, Old-Age and Survivors’ Benefits Recommendation, 1967 (No. 131), Para. 25.

The ILO World Social Protection database shows the number of recipients of at least one disability benefit for 139 countries (ILO 2021d). While according to WHO, approximately 2.9 per cent of the global population have a severe disability and 15.3 per cent of the global population have a mild and moderate disability (WHO and World Bank 2011), only 1.6 per cent of the global population receive a disability benefit (see figure 1). There are clear regional patterns regarding the proportion of the population receiving disability benefits, with Europe and Central Asia having the highest rate at 2.85 per cent; while Africa is the lowest at 0.39 per cent (see Annex 1). Brunei and Chile stand out as the only two countries outside Europe and Central Asia with proportions above 3 per cent. When looking at countries by income groups, the proportion of the population receiving benefits is greater in high-income countries, at 2.53 per cent of total population compared to only 0.13 per cent of the population in low-income countries.

Most of the disability benefits are received by those in the working-age population and on average 1.62 times more people in working age receive benefits compared to the total population. This trend is more pronounced in Africa and low-income countries, where the proportion of the working-age population receiving benefits is 1.90 and 2.08 times higher than the total population. Figure 1 further provides a comparison between the number of disability benefit recipients and the working-age population, showing that the average proportion of the working-age population receiving benefits is 2.59 per cent. Again, Europe and Central Asia exhibit the highest proportion with a regional average of 4.52 per cent of the population receiving benefits. In contrast, in Africa, only 0.74 per cent of the working-age population receive benefits. A similar trend can be observed in relation to income levels; thus, 4 per cent of the population in high-income countries receive benefits while this is the case for only 0.27 per cent of the working-age population in low-income countries.

► **Figure 1. Percentage of total population and of working-age population (15–64) receiving disability benefits by region and income level, 2021 or latest available year**



Source: ILO, World Social Protection Database, based on the SSI; World Bank, World Development Indicators; national sources.

► 2.2 Disability benefit design

2.2.1 What are adequate levels of benefits?

Disability benefits should take into account the higher living costs of people with disabilities in comparison with people without disabilities. Disability-related costs include higher daily costs of living, for example higher health or transport costs, the costs of necessary support services or assistive devices, personal assistance, sign language and interpretation and similar needs. They also include indirect opportunity costs such as time spent on support activities by family members or lower earned income due to barriers faced in education and labour market opportunities. The level and type of costs incurred depend on the extent of each individual's functional limitations and support needs and obstacles within their environment, as well as their level of participation in social and economic life (see section 2.2.6). In this regard, the Joint Statement, in line with the UNCRPD, elaborates that "benefits should be calculated in a way that truly enables persons with disabilities to afford both ordinary and disability-related goods and services necessary to escape poverty and participate equally in society". There are no specific provisions in the international social security standards regarding the disability-related extra costs individuals may incur. However, the Preamble of Recommendation No. 202 emphasizes the important role of social security as a "tool to prevent and reduce ... social exclusion and ... to promote equal opportunity". Fulfilling these objectives for people with disabilities requires coverage of disability-related extra costs.

International social security standards, particularly Article 66 of Convention No. 102, provide concrete guidelines to assess the adequacy of benefits. Also, they state that social protection benefits should, at a minimum, guarantee effective access to at least essential health care and basic income security as defined at the national level (Recommendation No. 202, Paragraph 4). Furthermore, international standards recognize that while the benefit levels are defined at the national level, benefit determination should take into account the needs of the population, as well as the capacity to finance and deliver the benefits and services. This implies that, at a minimum, benefit levels should ensure effective access to essential goods and services that are defined as necessary at the national level. Taken together, cash and in-kind benefits should at a minimum secure protection against poverty, vulnerability and social exclusion and enable a life in health and dignity (Recommendation No. 202, Paragraphs 2 and 8(b)) (Stern-Plaza, forthcoming).

2.2.2 How are benefit levels of different schemes and programmes determined?

There are a variety of methods that countries use to calculate benefit levels and to provide benefits. Adequacy will vary according to how the benefit amounts are calculated. The level of benefits that are to be provided in accordance with Convention No. 102 may either represent a certain minimum percentage of the beneficiary's previous earning, be set at a flat rate, which should not be less than a specified amount (determined with reference to the level of earnings in the country), or, in the case of social assistance, supplement the other means of subsistence of the beneficiaries so as to secure life in health and decency.⁴

Out of the 311 schemes for which data was available on the method of determining benefit levels, 131 (42 per cent) calculate the benefit amount as a percentage of previous earnings (and occasionally also on the basis of the number of contribution years) and 61 (20 per cent) only in relation to the amount of previous contributions, i.e., the account balance (see table 2). The latter are mostly defined contribution schemes, being either provident funds or individual account saving schemes (see section 2.2.3).

These schemes are informed by a rationale of income replacement that compensates people for the loss of income following the onset of a disability. While this is important for maintaining income security, the

⁴ Convention No. 102, Arts 65, 66 and 67 respectively.

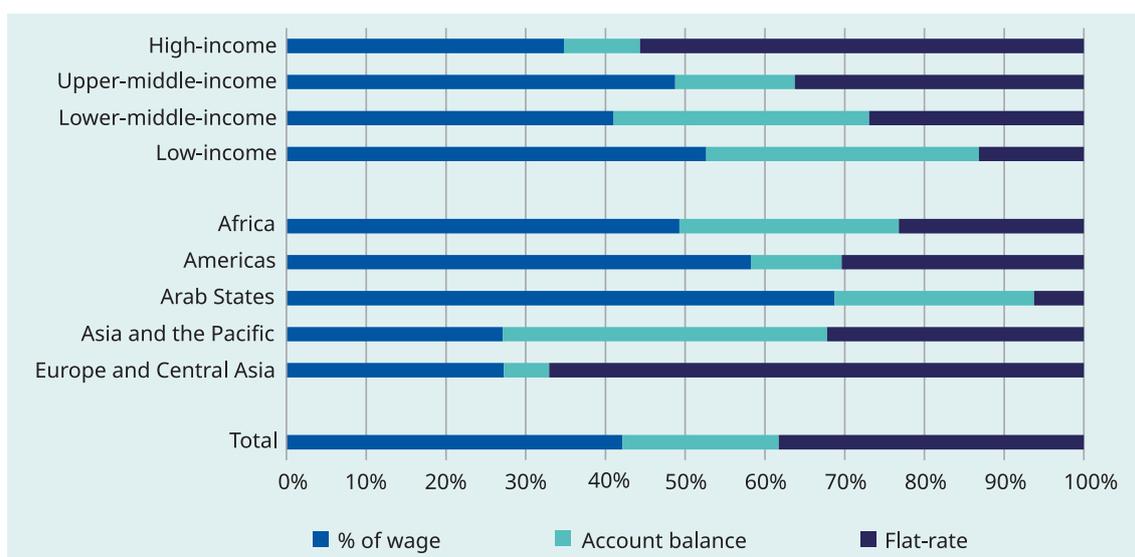
benefit may not be sufficient to meet the support needs of the person with disabilities, in particular when aspiring to meet the objectives of inclusion for full and effective participation as articulated in the UNCRPD. This is also acknowledged in international social security standards, for example Recommendation No. 131, Paragraph 23, which stipulates that national legislation should fix minimum benefit amounts so as to ensure a minimum standard of living. Paragraph 25 of Recommendation No. 131 also states that “increments in benefits or supplementary or special benefits should be provided, under prescribed conditions, for pensioners requiring the constant help or attendance of another person”. In all, 119 schemes (or almost 38 per cent) set benefit amounts at a fixed rate. When a flat rate is determined, the adequacy of benefit levels is typically benchmarked in relation to a certain threshold such as national poverty lines, minimum wage, average wage, minimum or average pensions or GDP per capita.

► **Table 2. Disability benefit calculation method**

How the benefit is calculated	No. of schemes
Percentage of previous earnings or combination of previous earnings and contribution years	131
Flat Rate	119
Account Balance	61

The majority of schemes paying flat-rate benefits are in high- or upper-middle-income countries (93 out of 119), and the majority of them are non-contributory (59) and means-tested (69). The analysis by region shows that Europe and Central Asia have far more flat-rate schemes (59) than schemes providing benefit levels calculated as a percentage of previous earnings (24). In Africa, Americas and Arab States, and in low- or lower-middle-income countries, a majority of countries calculate benefit levels based on previous earnings (see figure 2).

► **Figure 2. Disability benefit calculation method by region and income level, 2021 or latest available year**

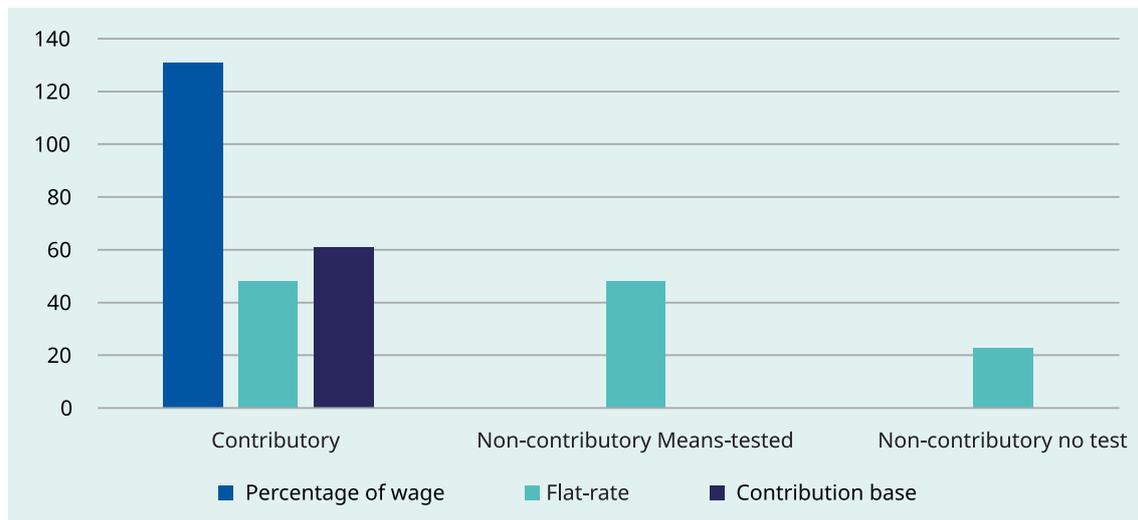


Source: ISSA/SSA, Social Security Programs Throughout the World.

Most of the schemes paying benefits as a percentage of wage or contribution duration are contributory and not means-tested (see figure 3). On the other hand, the 119 schemes paying flat-rate benefits are mostly non-contributory (71 of 119) and more than half do not require a means-test (68 of 119). There are 23 schemes that are non-contributory and with which no means-test is required. As for schemes

providing universal disability protection, these are all in high-income or upper-middle-income countries, namely Albania, Armenia, Azerbaijan, Belarus, Plurinational State of Bolivia, Brunei Darussalam, Bulgaria, Estonia, Finland, Georgia, Greece, Kyrgyzstan, Mauritius, Moldova, Portugal, Russia, Seychelles, United Kingdom, Uruguay and Viet Nam (i.e., 20 countries with 23 schemes).

► **Figure 3. Disability benefit calculation method by type of scheme, 2021 or latest available year**



Source: ISSA/SSA, Social Security Programs Throughout the World.

The majority of schemes provide flat-rate benefits at a specific rate; others (35 schemes) define benefit levels relative to an external reference point, such as the minimum wage or national pension rate. For example, in Mozambique, disability benefits are equivalent to 60 per cent of the old-age pension, while in Brazil, the monthly benefit is equivalent to the legal monthly minimum wage. Out of the 35 schemes, 25 refer to the old-age pension, followed by contributory disability schemes in the same country (six schemes) and the minimum wage (four schemes) (see figure 4). Some disability benefit schemes that take old-age pensions as a reference point provide higher benefit levels than the old-age pension itself, such as in Japan, where the benefit is 125 per cent of the old-age pension. In Bulgaria, 120 per cent of the old-age social pension is paid for an assessed loss of working capacity greater than 90 per cent. In other countries such as Senegal, the benefit rate is the same as the old-age pension while in others such as Gabon and Mozambique, it is as low as 60 per cent of the old-age pension. Several countries, such as Canada, use a combination of a fixed rate and a specified percentage of the old-age pension.

► **Figure 4. External reference point for defining benefit levels: number of schemes, 2021 or latest available year**



Source: ISSA/SSA, Social Security Programs Throughout the World.

Disability benefit levels (for both contributory and non-contributory schemes) should be periodically reviewed or automatically indexed to ensure that their purchasing power is maintained over time. Thus, international standards require that “the rates of current periodical payments in respect of old age, employment injury (except in case of incapacity for work), invalidity and death of breadwinner, shall be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living” (Article 65, Paragraph 10 of Social Security (Minimum Standards) Convention, 1952 (No. 102)). This is the case with the non-contributory disability supplement in the United States. In Mauritius, benefits are adjusted annually in January based on changes in the cost of living. In total, there are 190 schemes from 134 countries having a statutory provision that stipulates that the benefits are to be regularly adjusted.

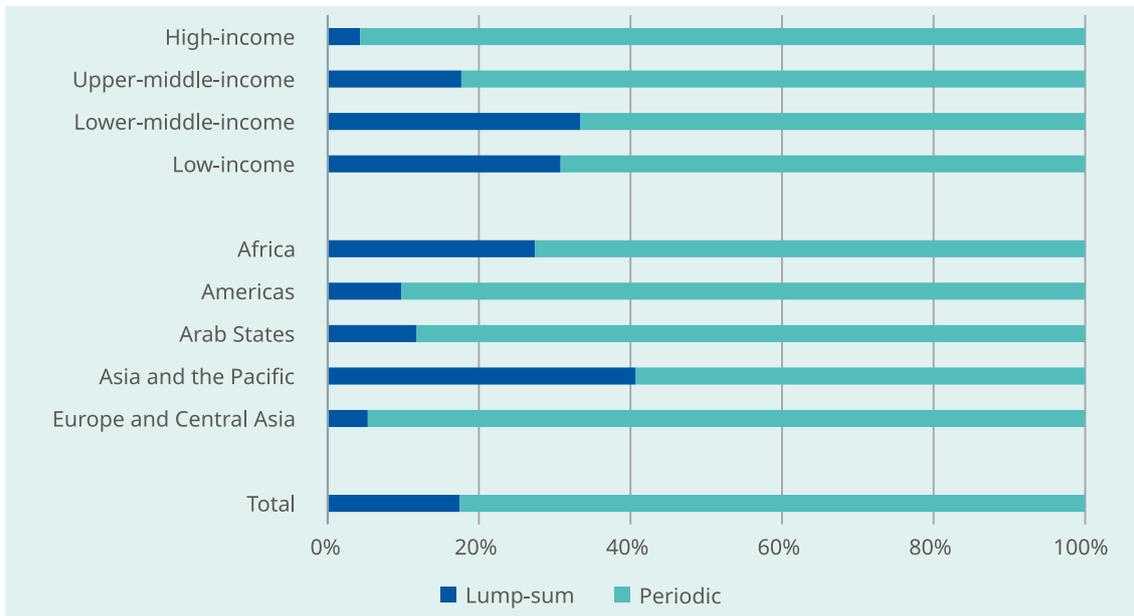
2.2.3 How the benefit is paid: periodic or lump-sum payment

Disability benefits are paid periodically or as a lump sum. However, lump-sum payments do not provide adequate income security and are not in line with international social security standards regarding principles such as participatory management, collective financing, the provision of periodic payments and ensuring the predictability of benefits. International standards require periodic payments throughout the duration of the contingency as social protection benefits play the role of partially replacing lost income, maintaining the living standard and meeting the financial obligations of beneficiaries. In the section on invalidity benefits, Article 56 of the Social Security (Minimum Standards) Convention (No. 102), states: “The benefit shall be a periodical benefit...”. However, a lump-sum payment, in the case of a disability arising from an employment injury, is acceptable under certain conditions according to Employment Injury Benefits Recommendation No. 121 (Paragraph 10(2)). With regard to the latter principle of providing predictable benefits, schemes making lump-sum payments are typically provident funds or individual account defined contribution schemes that do not specify a guaranteed benefit amount. This was confirmed in the General Survey Concerning the Social Protection Floors Recommendation (ILO 2019) and the General Survey Concerning Social Security Instruments in the Light of the 2008 Declaration on Social Justice for a Fair Globalization (ILO 2011).

Lump-sum payments make up less than 20 per cent of the schemes while the vast majority of schemes pay benefits periodically. Periodic payments are made weekly, monthly, yearly or on the basis of other intervals, with monthly payments being the most common. Many countries have both lump-sum and periodic payment schemes for disability benefits. Typically, lump-sum schemes are defined contribution, individual account or provident fund systems and separate social assistance or social insurance schemes exist for periodic payments. For example, Armenia, Gambia and Panama take this approach. Overall, there are 60 lump-sum schemes across 49 countries, out of which 37 also have periodic payment schemes. However, there are 12 countries that do not offer any periodic payment schemes for disability benefits, namely Bhutan, Eswatini, Fiji, Kiribati, Lebanon, Pakistan, Papua New Guinea, Singapore, Solomon Islands, Sri Lanka, Uganda and Vanuatu.⁵ In Europe and Central Asia, most disability benefit schemes include periodic payments. Similarly, most high-income countries offer periodic payments. Lump-sum schemes are more common in Asia and the Pacific and Africa, and the proportion of lump-sum schemes is higher in lower-middle-income and low-income countries compared to other income groups (see figure 5).

⁵ Most of these countries opt for a provident fund scheme.

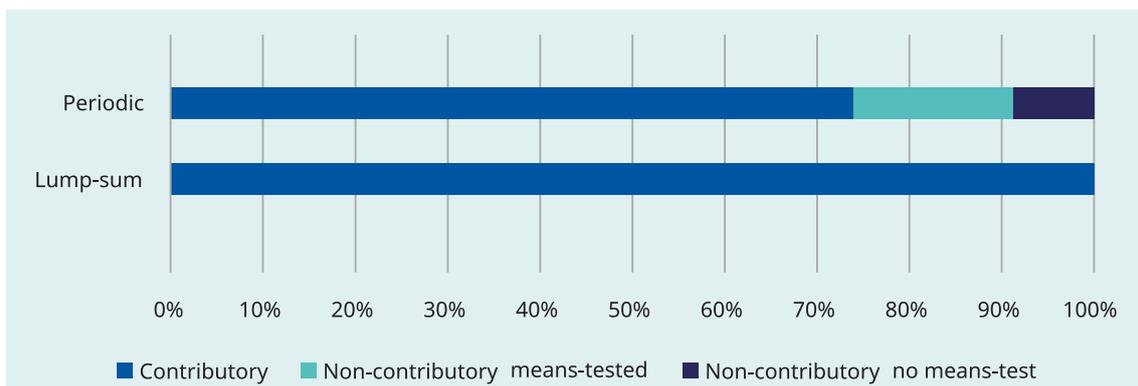
► **Figure 5. Percentage of disability benefits paid periodically or as a lump sum by region and income group, 2021 or latest available year**



Source: ISSA/SSA, Social Security Programs Throughout the World.

All lump-sum schemes are contributory and as such, no tests are required. This implies that all non-contributory social assistance schemes are periodic (see figure 6). In the case of lump-sum schemes, a one-time payment of the total contribution can be received. For instance, Uganda's benefit entails that "a lump sum of total employee and employer contributions plus accrued interest is paid" (ISSA and SSA 2019a).

► **Figure 6. Periodic or lump-sum payments of disability protection benefits by type of scheme, 2021 or latest available year**



Source: ISSA/SSA, Social Security Programs Throughout the World.

2.2.4 Benefit levels of earnings-related schemes

For a “standard beneficiary” (defined as a typical adult male labourer with wife and two children), ILO Convention No. 102 prescribes the following minimum percentages of previous earnings for the different branches of social security:

- ▶ 50 per cent for temporary incapacity allowances or permanent invalidity resulting from employment injury;
- ▶ 45 per cent for short-term benefits, including sickness, unemployment and maternity allowances; and for temporary incapacity allowances in case of employment injury;
- ▶ 40 per cent for long-term benefits, including old age, invalidity and survivors’ pensions.

These benchmarks have been subsequently raised through the adoption of more advanced social security standards. For the purposes of this report, the above percentages are applied indiscriminately to all levels of income. A more thorough assessment would require identifying the earnings of a person deemed typical of skilled or unskilled employment in each country in order to assess whether the disability benefits received is equal to at least 40 per cent of the previous earnings of this representative individual. This is because Article 65 of Convention No. 102 provides that the full benefits for a standard beneficiary must attain or exceed this percentage. A maximum limit may be prescribed for the rate of the benefit or for the earnings taken into account for the calculation of the benefit. In the case of higher earnings, the benefits need only amount to the prescribed rate of the typical worker’s earnings.⁶ As a result, persons earning above this ceiling often receive a benefit that is smaller in proportion to their previous earnings and hence less than the above percentages. It is therefore common for national laws to also set a maximum contribution for earnings-related schemes. The law may also establish a minimum amount below which the benefit cannot fall, such as a minimum subsistence level (Stern-Plaza, forthcoming).

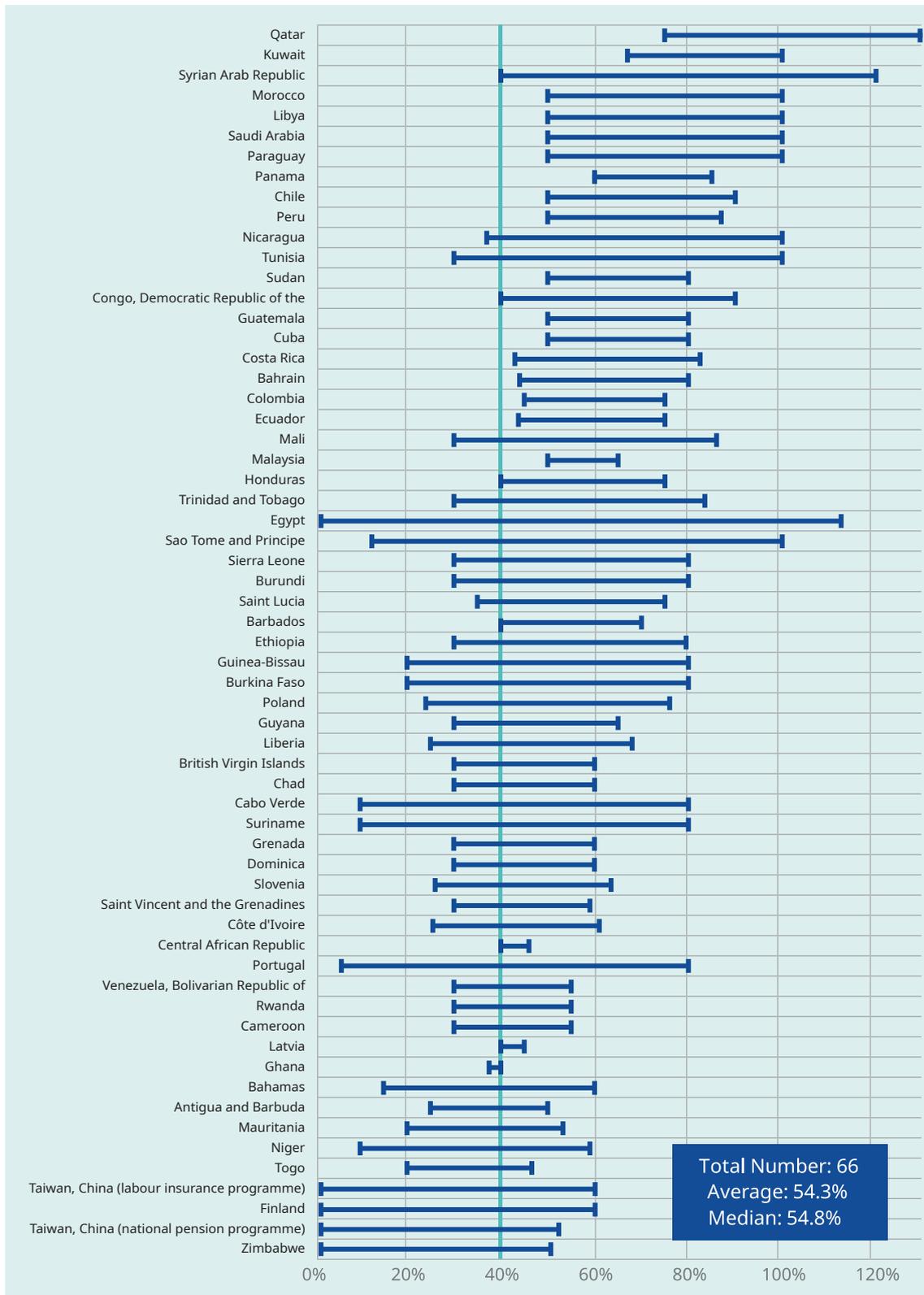
In practice, the level that countries set varies and sometimes they set a range of values, depending on the severity of the impairment or the duration of contributions. Out of 131 earning-related schemes, data was available on 101 of them for use in calculating the benefit level. Thus, the most frequently used method for determining benefit levels is a combination of a percentage of previous earnings and the period of contributions or employment. Among the schemes for which data is available globally, 66 schemes calculate the benefit range as a percentage of previous earnings at a rate depending on the number of contribution years (see figure 7). In calculating this, we have assumed a maximum of 40 years of contributions.⁷ For many countries, this results in a wide range of benefit amounts. For instance, Guinea-Bissau’s benefits range from 20 per cent to 80 per cent of the amount of previous earnings, based on a benefit formula that multiplies 2 per cent of the insured’s average monthly earnings by the number of years of contributions with a minimum required contributory period of ten years.

Convention No. 102 (Article 57) and Convention No. 128 (Article 11) propose a possible requirement of 15 years or more for receiving a full benefit. Out of 66 of the schemes, 31 exceed the 40 per cent benchmark after 15 years of contributions, while the remaining 35 schemes provide less than 40 per cent of replacement rate even with 15 years of contributions. Although the replacement rate increases with a longer contribution history, many schemes start to increase benefit levels from the ten or 15 year threshold for a full entitlement. For example, in Rwanda, 30 per cent of the insured’s average monthly earnings in the last five years is paid in contribution with a history of up to 15 years. For every 12 months of contributions exceeding these 15 years, an additional 2 per cent of average monthly earnings is paid.

⁶ ILC, Report V(1a), p.19, 1952

⁷ We base our calculation on a maximum of 40 contributory years since we assume that most workers will not accumulate more than 40 years of contributions throughout their working life, having entered the labour market sometime between the age of 15 and 25 and working possibly with some interruptions up to pensionable age, which is 65 years in most countries.

► **Figure 7. Replacement rates (%) of disability schemes paying benefits in relation to previous earnings and based on number of contribution years, compared with 40 per cent benchmark, 2021 or latest available year**



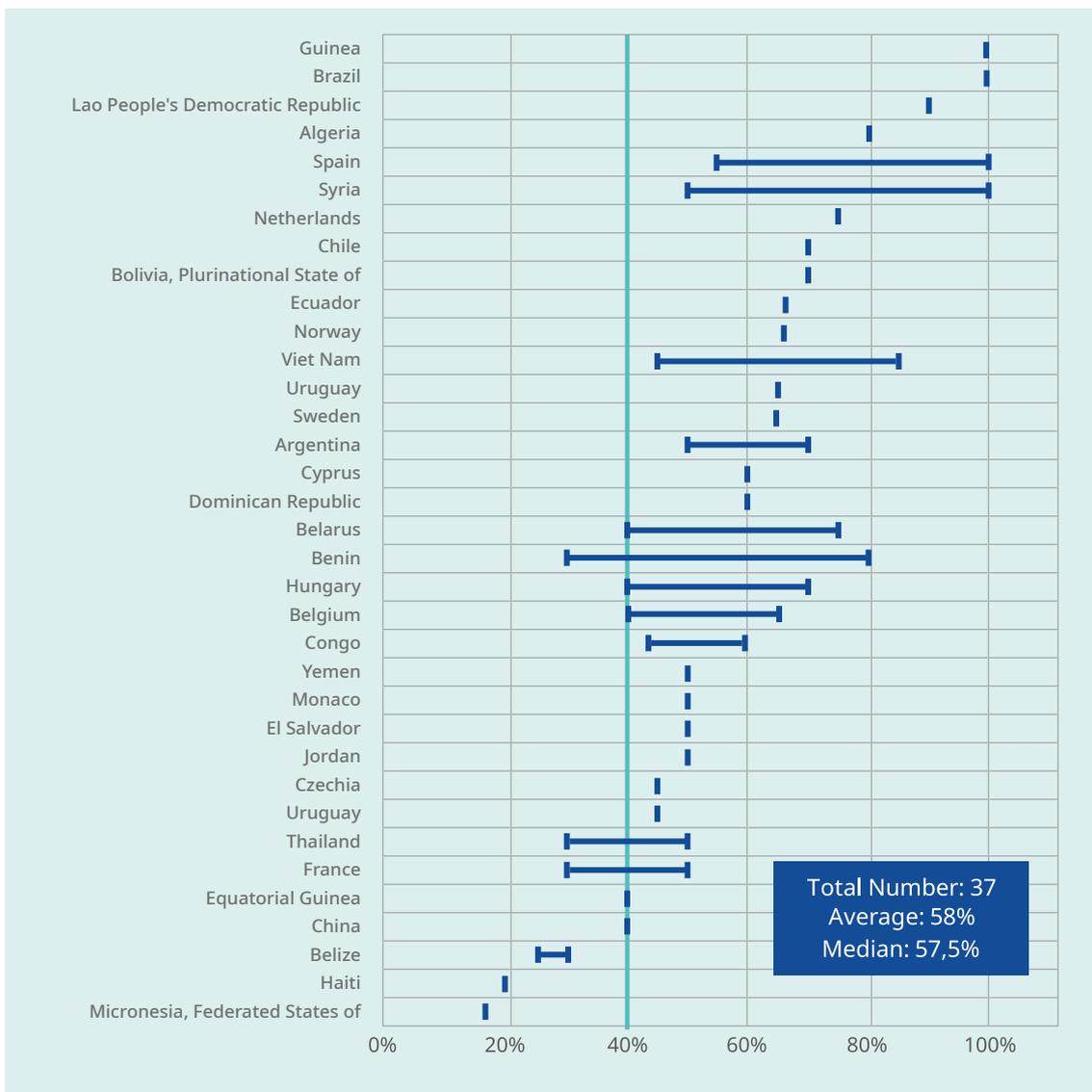
Note: The range of benefit levels is based on number of contributory years.

Source: ISSA/SSA, Social Security Programs Throughout the World.

There are 37 schemes that use a fixed percentage of the wage as the benefit level or in relation to the severity of the disability, irrespective of the contributory history. Hungary, for example pays “40% of the insured’s average earnings in the last 180 days before the incapacity began for a category B2 disability, 60 per cent for C2, 65 per cent for D, and 70% for E” (ISSA and SSA 2018b). Sometimes there are additional socio-demographic variables included in the benefit calculation, such as the number of dependants in the household, for example in Belgium “65% of reference earnings is paid with dependants; 40% if the insured cohabits but has no dependants; 55% if the insured lives alone” (ISSA and SSA 2018b).

Most of the schemes (31 out of 37) meet the 40 per cent minimum replacement rate laid down in international standards (see figure 8). Only three schemes out of the 37 meet the benchmark in case of additional factors such as severity of disability or not engaging in gainful activities. Among all earnings-related schemes, over 80 per cent of the schemes pay at least 40 per cent of an insured person’s previous earning. The countries paying over 60 per cent include Plurinational State of Bolivia, Brazil, Chile, Cyprus, Ecuador, Guinea, Lao People’s Democratic Republic and Panama. Brazil and Guinea pay 100 per cent of previous income. The average replacement rate is 58 per cent and the median is 57.5 per cent.

► **Figure 8.** Replacement rates (%) of disability schemes paying benefits in relation to previous earnings, severity of disability or other factors compared with a 40 per cent benchmark, 2021 or latest available year



Note: the range of benefit levels results from variations in severity of disability or other socio-demographic variables such as household composition.

Source: ISSA/SSA, Social Security Programs Throughout the World.

2.2.5 Flat-rate benefit levels

Schemes that provide flat-rate benefits aim at guaranteeing a minimum subsistence level during the contingency irrespective of the beneficiary's previous earnings. In other words, for all beneficiaries fulfilling the qualifying conditions, and being in a similar family situation, the benefit rate will be the same. The amount of the benefits payable to the typical beneficiary must in these circumstances attain or exceed the prescribed percentage of the earnings of a typical unskilled male labourer calculated, for example, according to Article 66 of Convention No. 102.

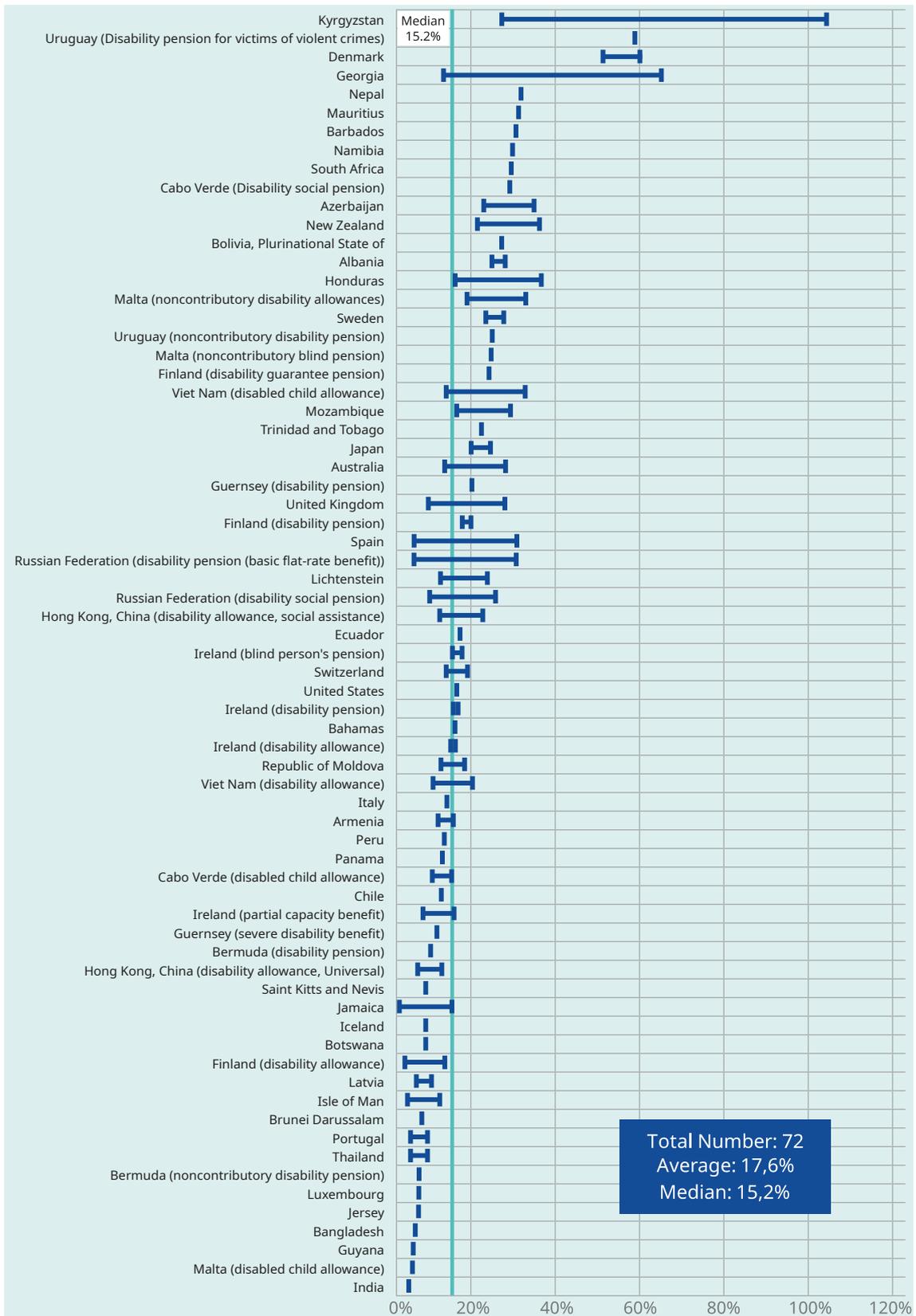
Minimum subsistence means that the benefit will enable the beneficiary and their family to live in health and decency (Convention No. 102) or, in other words, a life in dignity (Recommendation No. 202). The principle is therefore necessarily related to the cost of living and national poverty lines and implies taking into account family responsibilities and the size of the family. The level of benefits should ensure basic income security that ensures effective access to essential goods and services and prevents or alleviates poverty, vulnerability and social exclusion.

Thus, one proxy for adequacy is considering the general level of income and cost of living by using metrics such as the percentage of GDP per capita in local currency. Thus, there are 39 schemes that differentiate benefits levels according to the degree of disability and/or living conditions such as household composition and 35 schemes that have fixed rates (see figure 9). For instance, in Honduras in 2019, a household living in extreme poverty might receive 600 Honduran lempiras per month, whereas a household living in relative poverty might receive 400 lempiras per month; similarly, a household not living in poverty might receive 250 lempiras per month. This example from Honduras shows that, while some schemes use means-testing for determining eligibility, there are also schemes that use means-testing to determine the level of benefits. In Ireland, weekly benefit amounts vary based on location or the number of family members living together; thus, in addition to the €198.50 that all persons with disabilities can receive, an insured person living alone receives an additional €9 per week while someone living on certain offshore islands receives an additional €12.70 per week.

There are 119 schemes in 82 countries providing flat-rate benefits. Among these schemes, 74 pay periodic benefits (mainly on a monthly basis) without stating any reference point against which benefit level is benchmarked (such as minimum wage or national pension rate).⁸ In figure 9, the average, minimum and maximum benefit amounts across schemes are shown. On average, disability benefits amount to 17.6 per cent of GDP per capita, with a median of 15.2 per cent. Denmark, Georgia, Kyrgyzstan and Uruguay in certain cases even pay benefits above 50 per cent of GDP per capita.

⁸ 72 out of 74 schemes could be calculated with sufficient data.

► **Figure 9. Level of flat-rate disability benefits as a percentage of GDP per capita, 2021 or latest available year**

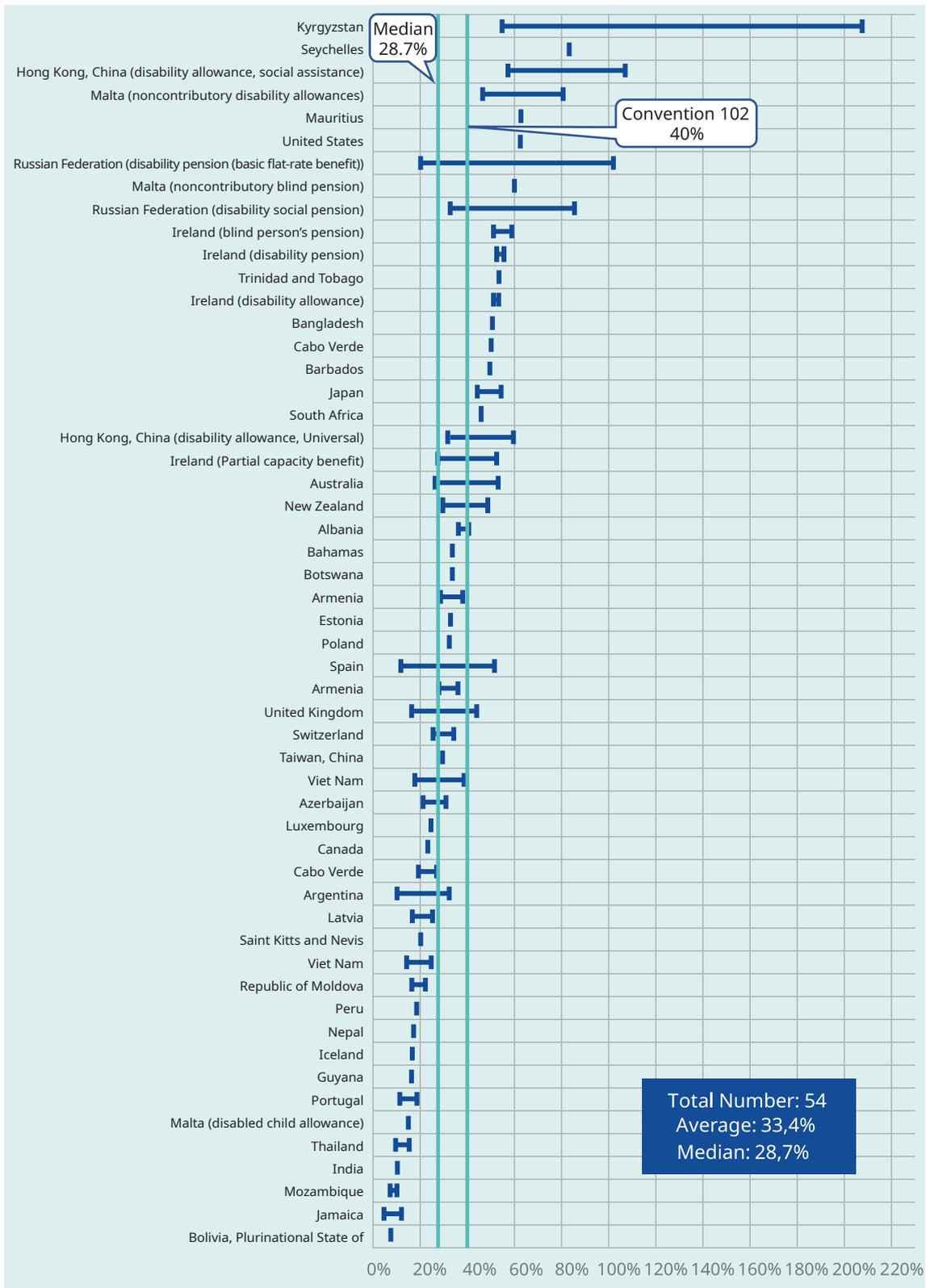


Source: ISSA/SSA, Social Security Programs Throughout the World; World Bank, World Development Indicators.



Another benchmark for use in comparing the level of flat-rate disability benefits is the minimum wage. It could be observed that only 19 out of 54 schemes provide benefit levels of at least 40 per cent of the country's minimum wage. The average disability benefit level is 33.4 per cent and the median is 28.7 per cent of the minimum wage (see figure 10). A high level of disability benefits in comparison with the minimum wage may discourage people from joining the labour market if the benefit is not compatible with employment. However, with benefit levels of less than one-third of the minimum wage, this suggests that flat-rate benefits will not even provide basic income security for a life in health and dignity.

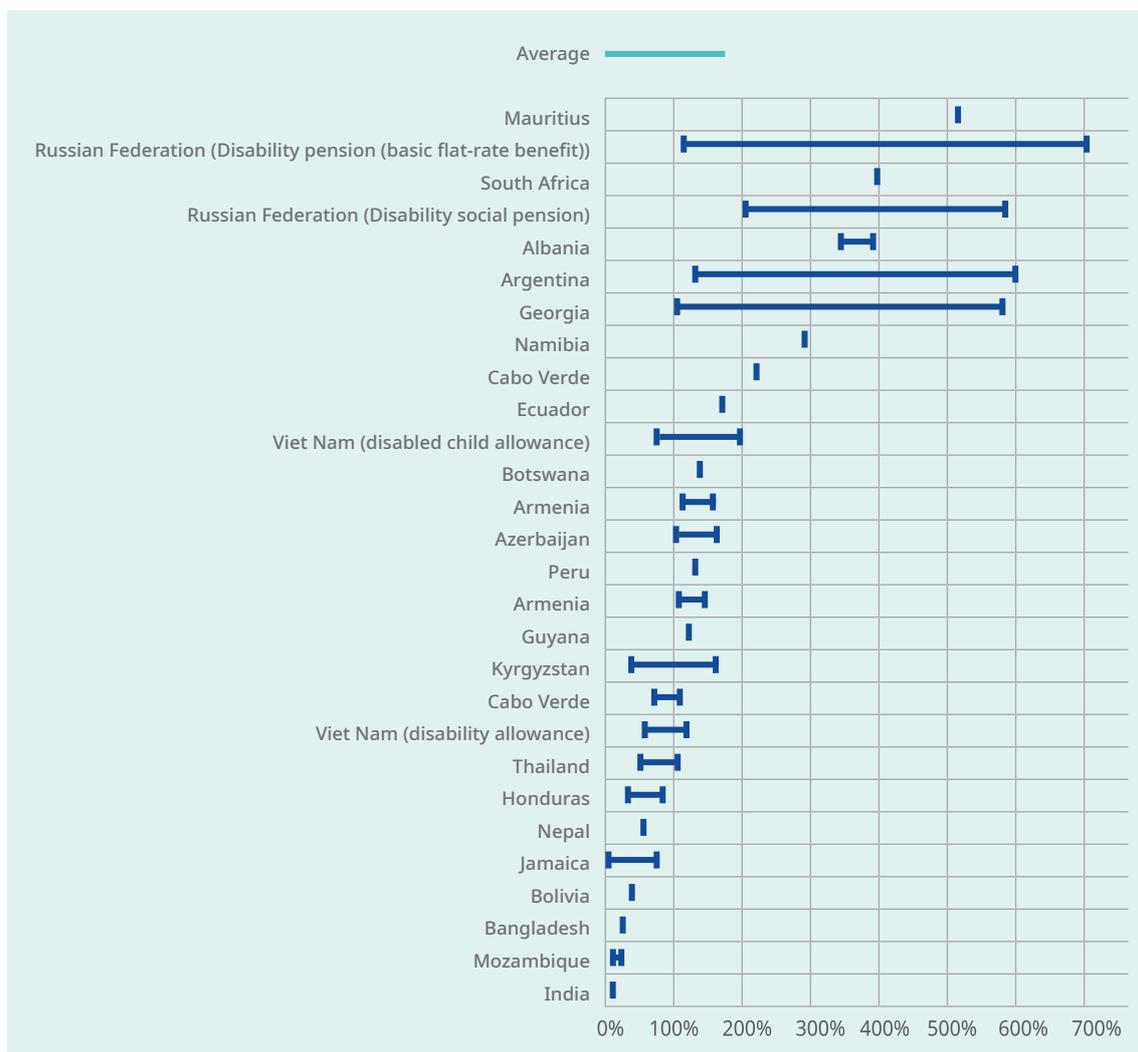
► **Figure 10. Level of flat-rate disability benefits as a percentage of the minimum wage, 2021 or latest available year**



Source: ISSA/SSA, Social Security Programs Throughout the World; ILOSTAT.

Likewise, the national poverty line might also serve as another benchmark (see figure 11). Among the countries for which data was available regarding both the national poverty line and a flat rate for disability benefits, the benefit amount of schemes in 17 out of 28 countries exceeds the national poverty line. All of these 28 countries are low-income, lower-middle-income, and upper-middle-income countries. The average percentage of disability benefits compared to the national poverty line is 172 per cent with significant variations across countries; thus, Mauritius provides the largest amount of disability benefits paid at approximately 4.9 times the national poverty line. This would suggest that disability benefits in these countries have been set with the objective of both providing income security and covering extra costs. On the other hand, there are some countries with disability benefits amounting to only around 20 per cent of the national poverty line. As observed above, this would imply that these disability benefits do not meet the objective of providing income security for a life in health and dignity.

► **Figure 11. Level of disability benefits as a percentage of the national poverty line**



Source: ILO, World Social Protection Database, based on the SSI; ISSA/SSA, Social Security Programs Throughout the World, national sources.

2.2.6 Disability extra cost and meeting the diverse needs of persons with disabilities

As previously mentioned, owing to impediments in society to accessing such essentials as transportation, services and infrastructure, persons with disabilities and their family members incur a higher cost of living than those who are without disabilities (Mont and Cote 2020). These extra costs associated with disability are categorized as direct costs such as transportation costs; indirect costs such as reduced education and employment opportunities; and opportunity costs such as the unpaid care provided by family members to persons with disabilities, which result in loss of income to these carers. The [Joint Statement](#) broaches the necessity of taking into account these disability-related costs in social protection programmes (ILO and IDA 2019) (see section 2.2.1). Recently developed schemes include those such as the one employed in Lebanon and the National Disability Allowance (NDA), established by ILO and UNICEF, in which it is clearly stated that in order for persons with disabilities to adequately address the extra costs incurred owing to disability, they have to pay an additional 30–40 per cent of their average income to achieve similar standards of living (ILO 2023c; ILO 2023, n.d.).

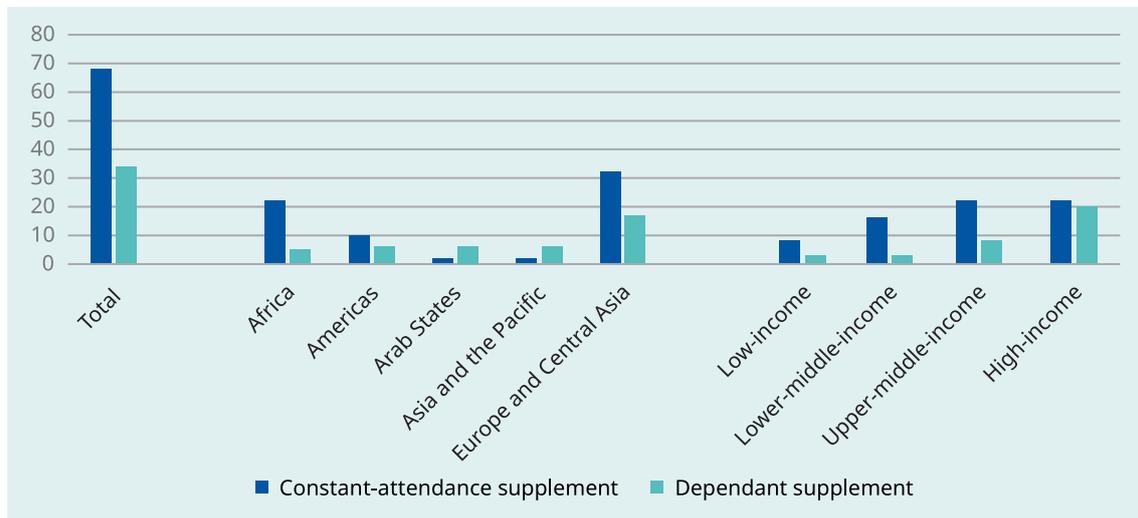
Many disability benefit schemes do in fact take into consideration in various ways some of these costs. Firstly, since the costs of caring for persons with disabilities can be considerable, with them requiring support in their daily living, 70 countries have made it a legal obligation for family members to provide support to their older relatives (Addati et al. 2022). In most countries where such care is provided by family members or relatives, it is mainly the responsibility of women, who are often unpaid and hence not included in social protection schemes such as ones related to employment injury, unemployment or pensions. In these situations, it is important to ensure that those who provide unpaid care have access to at least a basic set of social protection guarantees ensuring their income security and access to needed services (Tessier et al. 2022a). Some of the schemes in the dataset acknowledge the costs associated with care needs, in particular in those situations where people with disability require constant attendance. Among the 343 schemes, 68 provide a supplement in cases where there is a need for constant attendance and this is paid as a top-up to the disability allowance (see figure 12). The constant-attendance supplement is commonly added if constant care support is required. In Kyrgyzstan, for example, there is a constant-attendance supplement that is paid if the insured person requires the constant attendance of others to perform daily functions. A similar benefit is provided in Lao People's Democratic Republic and Rwanda; thus, in Lao People's Democratic Republic a constant-attendance allowance is paid in cases where the person's assessed loss of work capacity is at least 81 per cent and the person is receiving care. Similarly, in Rwanda, a constant-attendance allowance is paid if the insured person requires the constant attendance of others to perform daily functions. A doctor approved or appointed by the Rwanda Social Security Board periodically assesses the disability. Constant-attendance allowance can typically be observed in Europe and African countries, and high-income countries as well as upper-middle-income countries have greater amounts of constant-attendance supplement.

In addition, there are several cases where national disability benefit takes into account the need for care. Oman recently developed universal disability benefits whereby all Omanis assessed with a permanent disability and who require care or support receive 130 Omani rial (around US\$340) per month. New government-funded universal benefits for children and persons with disability will also support women, who typically bear the burden of care at home and it is envisaged that these benefits will unlock new opportunities for their active labour participation (ILO 2023d).

Dependant supplements are paid in addition to the basic disability entitlement to persons with disabilities who have family responsibilities, either dependent children or dependent spouses. At the same time, the supplement can function as support for the unpaid carer in the family. There are in total 34 schemes listed which support dependant carers, whether spouses or children. Thus, in the case of the Philippines, dependant's supplement is paid to a disability pensioner with a total disability for each of his or her five youngest unmarried, unemployed children below the age of 21 (with no age limit if disabled) conceived on or before the date the disability began. In Libya, dependant's supplement is paid for an unemployed wife and each child below the age of 18 (with no limit for an unmarried daughter). Out of 34 dependant supplements, 20 are provided in high-income countries. Over 80 per cent of constant-attendance, as well as dependant-supplement, schemes are also contributory schemes (see figure 13). There are 13 schemes

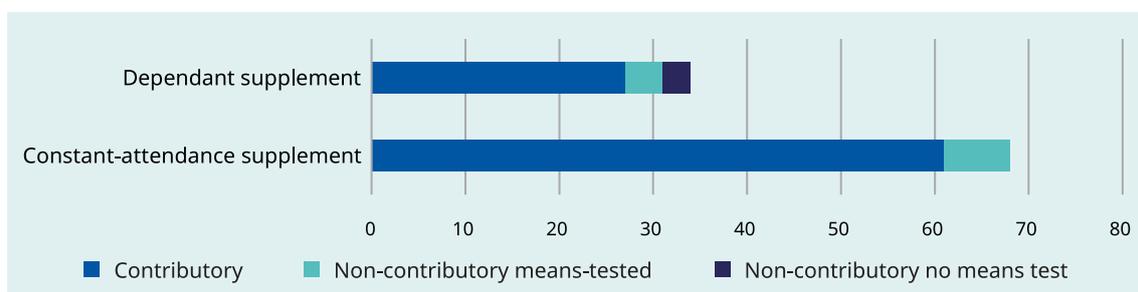
in 11 countries that provide both supplements: Albania, Austria, Burkina Faso, Finland, Guatemala, Israel, Libya, Mexico, Nicaragua, Switzerland and Turkmenistan.

► **Figure 12: Number of disability benefit schemes that provide constant-attendance supplement or dependant supplement by region and income level, 2021 or latest available year. N=343**



Source: ISSA/SSA, Social Security Programs Throughout the World;

► **Figure 13. Number of disability social protection benefits that provide constant-attendance supplement and dependant supplement by type of scheme, 2021 or latest available year. N=343**



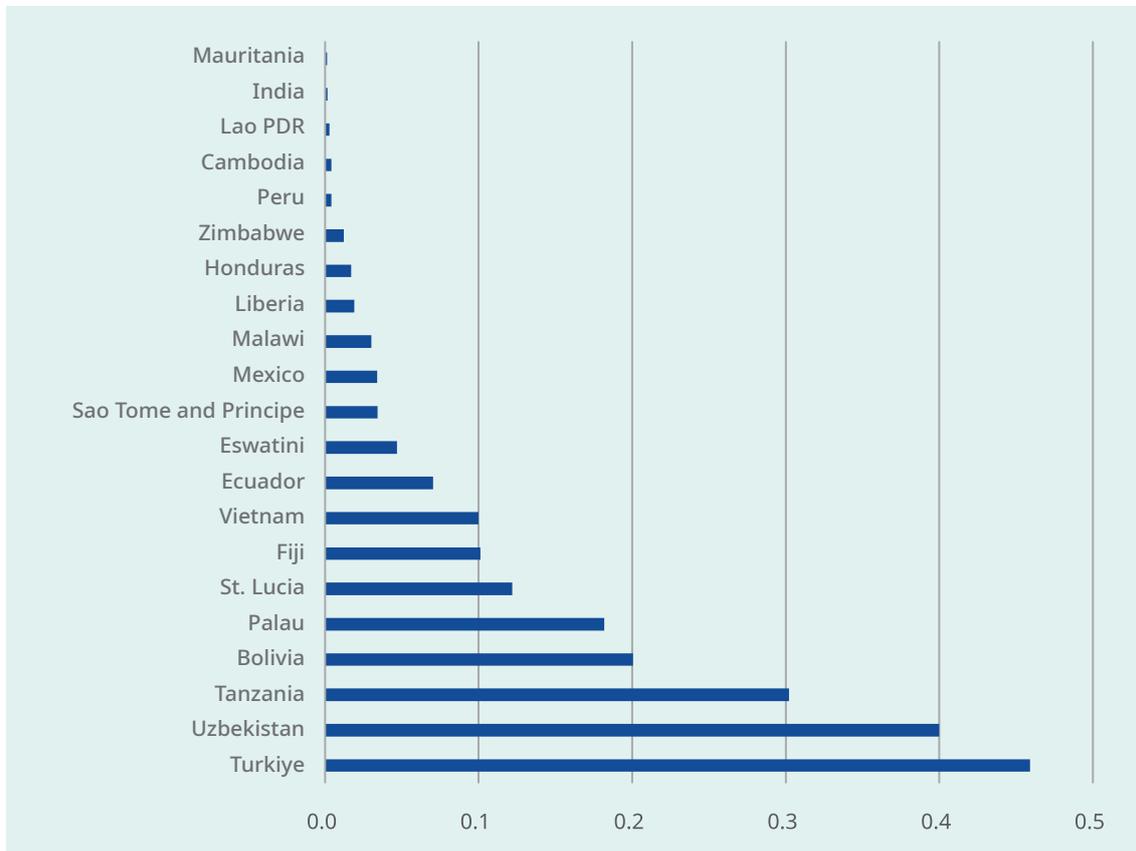
Source: ISSA/SSA, Social Security Programs Throughout the World.

In addition to constant-attendance allowance or dependant allowance, many countries provide different types of benefits and concessions to meet the diverse needs of persons with disabilities, such as education, accommodation, transportation or assistive devices. Thus, in the case of Uruguay, in addition to the disability benefits, which is “65% of the insured’s reference earnings” (ISSA and SSA 2019a), a special allowance is paid to low-income persons according to their assessed need for transportation and other costs related to attending special education institutions. In New Zealand, there is coverage for a variety of disability extra costs; thus, it is stated that “an accommodation supplement, a family tax credit, an advance payment of benefit, a training incentive allowance, transition-to-work assistance, a disability allowance, a temporary additional benefit, a special needs grant, and other benefits may be paid to disability pensioners who meet certain conditions” (ISSA and SSA 2018a). Portugal’s non-contributory disability social protection scheme provides a “special education allowance” (Subsídio de educação especial), which is paid to children with a disability below the age of 24 who are attending special education or a private school, kindergarten or receiving support from a specialized institution. This allowance is paid in addition to the disability allowance for children.

2.2.7 Expenditure on disability benefits

In order for the social protection system to achieve its functions of ensuring income security, covering disability-related extra cost and ensuring effective access to services, it is crucial that sufficient and sustainable funding is made available to support it. From a review of the World Social Protection Database and of national sources, data on disability-related expenditures is available on only 20 low-, lower-middle- or upper-middle-income economies.⁹ Individual high-income countries are not included in this analysis since they spend more than 1.5 per cent of GDP (see figure 15). National expenditure data sources available from such bodies as the Ministry of Finance and the Social Security Institution have been used to calculate the percentage of GDP allocated for this purpose. Among the 20 selected countries, it was observed that some spend as little as a few hundred thousand United States dollars on disability social protection schemes. Contrastingly, at the higher end, there are countries that spend up to 0.4 per cent of GDP on persons with disabilities (see figure 14).

► **Figure 14. Public expenditure on disability cash benefits as a percentage of GDP, selected countries, latest available year**

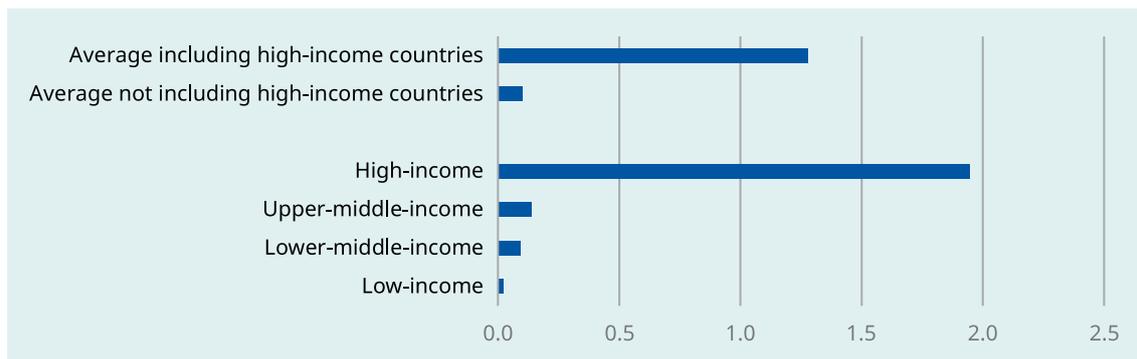


Source: ILO, World Social Protection Database, based on the SSI; national sources.

⁹ The World Bank's definition of a country's income was utilized, where a GNI per capita of US\$1,085 or less defines low-income countries, US\$1,086 to US\$4,255 defines lower-middle-income countries, US\$4,256 to US\$13,205 defines upper-middle-income countries and US\$13,205 or more defines high-income countries (World Bank 2022).

An examination of the data on these 20 selected countries reveals that the average proportion of GDP spent on disability social protection schemes is 0.102 per cent, with 0.025 per cent, 0.094 per cent and 0.139 per cent spent in low-income, lower-middle-income and upper-middle-income countries respectively. However, data from the OECD indicates a significant difference in expenditure on disability social protection schemes in high-income countries compared to the rest of the countries. Thus, the average proportion of GDP allocated for disability social protection benefits in high-income countries (from 39 countries with available data) is 1.946 per cent (see figure 15).

► **Figure 15. Average public expenditure on disability cash benefits as a percentage of GDP by country income level**



Source: ILO, World Social Protection Database, based on the SSI; national sources.

The UNCPRPD stipulates that “States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing, and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability” (UNCPRPD, Article 28). To establish a nationally defined social protection floor, members should, “in accordance with national circumstances, establish as quickly as possible and maintain their social protection floors comprising basic social security guarantees” (Recommendation No. 202, Paragraph 4). The above percentages of GDP for public expenditure on disability cash benefits suggest that in many countries, the resources invested in supporting people with disabilities fall short of these commitments. Of course, cash is only one of the ways to meet the diverse needs of persons with disabilities; services also form a significant part of what states should provide to these individuals yet investments in services are not included in the aforementioned percentages of GDP dedicated to public expenditure on disability cash benefits. It nevertheless appears that there is an urgent need for low-income, lower-middle-income and upper-middle-income countries to increase spending for persons with disabilities. According to ILO estimates for 2020, the financing gap for covering all people with severe disabilities with a minimum level of income security amounts to a total of US\$196.3 billion, which on average would require 0.6 per cent and 0.7 per cent of GDP in lower-middle- and upper-middle-income countries respectively and 2 per cent of GDP in low-income countries to offset it (Durán Valverde et al. 2019). With the recent overlapping crises, the figures for these percentages will in likelihood have increased.

► 2.3 Eligibility criteria and scheme characteristics

2.3.1 Minimum years of contribution

To qualify for benefits under contributory schemes, there are typically a number of minimum requirements to be satisfied with regard to the number of years of contributions. According to Convention No. 102 (Article 57, paragraph 1(a) and (b)) and Convention No. 128 (Article 11, paragraph 2(a) and (b)), the law shall secure entitlement to a full benefit “to a person protected who has completed, prior to the contingency, in accordance with the rules, a qualifying period which may be 15 years of contribution or employment, or ten years of residence” or in the case of all economically active persons that are protected, to persons who have three years of contribution “and in respect of whom ... the prescribed yearly average number of contributions has been paid.” Furthermore, where benefits are “conditional upon a minimum period of contribution or employment”, the law should prescribe a reduced benefit upon the completion of a “qualifying period of five years of contribution; ... or, where in principle, all economically active persons are protected, to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period of three years of contribution and in respect to whom half of the yearly average number or of the yearly number of contributions prescribed... has been paid” (Stern-Plaza, forthcoming).

The foregoing emphasizes the importance of non-contributory schemes complementing contributory schemes in the situation of a person who does not meet the minimum threshold of required contributory years. In addition to a requisite minimum period of contributions, the number of contributory years in many countries is also used as a basis for calculating the benefit level (see Section 2.2.2). For example, in the case of Barbados, individuals must have at least 150 weeks of paid contributions. Likewise, Panama's contribution scheme has a progressive increase in the required number of years of contributions as the age of the individual increases, with its scheme prescribing for the following age categories the following periods of contribution: “if aged 30 or younger; at least four years of contributions, including at least two years in the last four years, if aged 31 to 40; at least five years of contributions, including at least 30 months in the last five years, if aged 41 to the normal retirement age; or at least 20 years of contributions at any age” (ISSA and SSA 2019b). Slovenia's contribution scheme also has age-specific requirements for the number of years of contributions and mandates that the insured should “have at least three months of paid or credited contributions or been insured when the disability began if younger than age 21; at least 25% of the total possible years of paid or credited contributions (15 years) if aged 21 to 29; or at least 33.3% (20 years) if aged 30 or older” (ISSA and SSA 2018b).

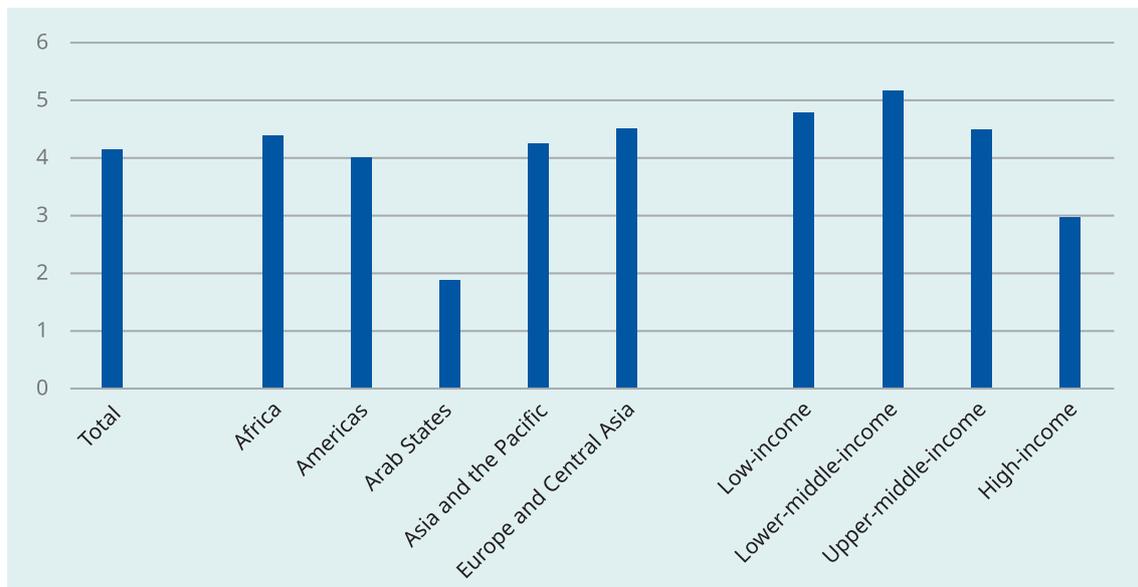
On the other hand, countries such as Sudan do not have a minimum qualifying period for disability benefits. Depending on the cause of the disability, the minimum contribution requirement may in certain cases be waived. Similarly, with regard to Chad, “there is no minimum qualifying period if the disability is the result of a nonoccupational accident” (ISSA and SSA 2019a); in the case of Slovenia, however, it is contrastingly stated that “there is no minimum qualifying period if the disability is the result of a work injury or occupational disease” (ISSA and SSA 2018b).

Although some countries have specific rules, the vast majority of them use a simple calculation to determine the minimum required number of years of contribution, either in total or as a figure of several years preceding the commencement of the disability benefit; thus, in Rwanda, for example, the calculation for the minimum number of years of contribution is set “at least 60 months of contributions, including six months of contributions in the 12 months before the disability began” (ISSA and SSA 2019a).

To ensure consistency in comparing different contributory schemes, this analysis of the minimum years of contribution has set the recipient's age at 40 years old; for, the minimum required years of contribution can vary depending on the age of the recipient. Out of all contributory schemes (293 schemes in total), 158 schemes explicitly mention the required number of contributory years. Conversely, 26 schemes explicitly mention that a minimum number of years of contribution is not required; among countries with such schemes are Albania, Bahrain, Belize, Benin, Bulgaria, Croatia, Czechia, Estonia, India, Ireland, Israel, Kenya, Luxembourg, Marshall Islands, Mexico, Palau, Philippines, Qatar, Sudan, Switzerland, Trinidad and Tobago and Viet Nam. The average minimum required duration of 158 schemes that explicitly mention

the required years of contribution is 4.15 years and the median is 3.00 years.¹⁰ It is noticeable that as a country's economy develops, the average number of contributory years decreases. In low-income countries, an average of 4.77 years of contribution is required to be eligible in the scheme while in high-income countries this qualifying period declines to 2.96 years (see figure 16).

► **Figure 16. Average number of years of contribution required to qualify for disability benefits by region and income level, 2021 or latest available year. N=293**



Source: ISSA/SSA, Social Security Programs Throughout the World.

2.3.2 Age limit

Disability is a contingency that affects people throughout all stages of their lives. It can be manifested as congenital disabilities at birth, childhood disabilities, disabilities acquired during working age owing to work-related injuries and physical impairments acquired during old age. The recent paradigm shift in the UNCRPD emphasizes the importance of considering disability issues through a lifecycle approach. Hence, the UNCRPD recognizes that “persons with disabilities are more exposed throughout the life cycle than those without disabilities to the risks and vulnerabilities which are addressed by social protection systems”. In the past, disability benefits were largely targeted at working-age individuals to cover loss of income. However, the recent paradigm shift recognizes disability as a risk that cuts across the lifecycle, and that disability benefits fulfil a function similar to that of health protection and poverty assistance. As a result, it is imperative to ensure that social protection schemes are in place for people with disabilities at all stages of life, from children through to the elderly.

In general, disability benefits cater to the working-age group. Since most of the schemes are contributory and designed to compensate for an acquired incapacity to work, many schemes fail to provide coverage for children with disabilities. Separate social protection schemes, such as family or child benefits and old-age pensions, exist to cater to those not in working age, but these do not take into account their disability status. People with disabilities of all ages incur additional expenses related to their condition. At the same time, certain disability-related expenses are commonly associated with specific age groups, such as in the cases of early childhood intervention or educational support for children or in connection with caring costs for the elderly with disabilities. Therefore, disability benefits should be inclusive of all ages and compatible with other social protection benefits, including these aforementioned child benefits

¹⁰ This calculation does not include the 26 schemes that explicitly mention that they do not require a minimum number of contributory years.

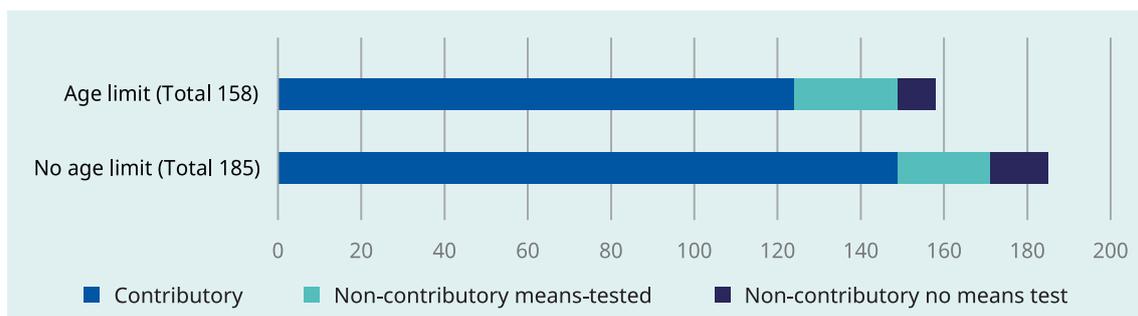
or old-age pensions. This is amplified by Convention No. 102, which states in Article 58 that invalidity benefits should be granted throughout the period of the contingency or until an old-age benefit becomes payable.

One significant cost encountered with respect to elderly persons with disabilities is the cost of care. As individuals age, the prevalence of disability increases, resulting in higher medical and care expenses. Therefore, social protection schemes for persons with disabilities should also support these extra costs related to care needs (see section 2.2.6). At a minimum, disability benefits that cover disability-related extra costs, including care costs, should continue to be available regardless of age. In many countries, old-age pensions are paid to people reaching retirement age without exception and regardless of disability status. To ensure inclusion, older persons with disabilities should receive in addition to their old-age pension support that is consonant with their needs though most social security systems do not allow for combining disability benefit with an old-age benefit (see section 2.3.6).

Of a total of 343 disability schemes included in the ISSA SSPTW database, while 185 of these do not provide specific age ranges for the benefit, 158 schemes specify an age range (see figure 17). With regard to the latter, once a person reaches a certain age, they typically become ineligible for disability benefits although they may yet be able to receive an old-age pension benefit instead. In Asia and the Pacific, as well as lower-middle-income and upper-middle-income countries, most schemes do not have an age limit. In high-income countries, the majority of disability schemes come with an age limit. The maximum age for eligibility varies and is often set in relation to the retirement age, such as in Argentina, Indonesia and Togo, which specify that beneficiaries “must be younger than the normal retirement age” (ISSA and SSA 2019b, 2018a and 2019a). In other countries, a specific age limit is set. Typically, this limit ranges from 58 years (Saudi Arabia) to 67 years (Norway).

There are also age limits in non-contributory schemes, whether means-tested or not (36 out of a total of 70 non-contributory schemes). Many disability social assistance benefits are converted into an old-age pension as people enter pensionable age. Similarly, 124 out of 273 contributory schemes have an age limit. In the case of Costa Rica, for instance, the provision clearly states that “the disability pension ceases at the normal retirement age and is replaced by an old-age pension” (ISSA and SSA 2019b) although it is a contributory scheme. Likewise, Liechtenstein also explicitly mentions that “the mandatory occupational disability pension ceases at the normal retirement age and is replaced by the mandatory occupational old-age pension” (ISSA and SSA 2018b).

► **Figure 17. Age limit to qualify for disability benefits by type of scheme, 2021 or latest available year**

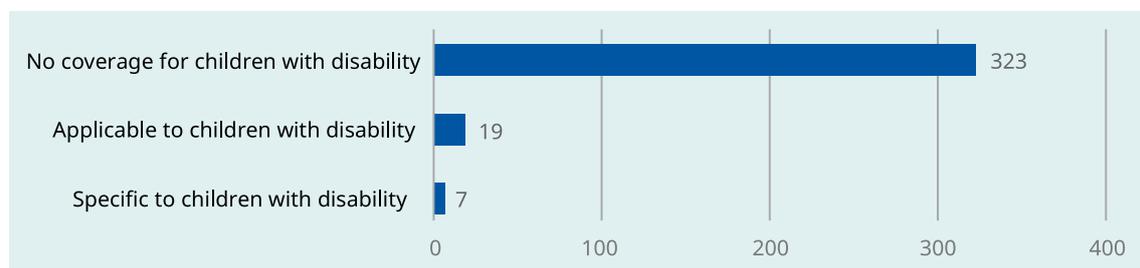


Source: ISSA/SSA, Social Security Programs Throughout the World.

While the majority of schemes are designed with a focus on the working-age population, children with disabilities also require specific support from the social protection system. Owing to their disabilities, they have additional healthcare and educational needs that can result in extra costs. Without access to education and healthcare, they face higher risks of exclusion. The majority of disability schemes are contributory, which means that children with disabilities may not be eligible to receive them. Even non-contributory schemes may require proof of incapacity to work or employment, which can exclude children with disabilities.

Globally, we have identified 26 schemes that include children with disabilities out of which seven are specifically designed for them (see figure 18). The benefits for children with disabilities are paid either through a flat rate (21 schemes) sometimes set in reference to another social protection benefit, for instance a certain percentage of the old-age pension or disability benefit (five schemes).

► **Figure 18. Number of disability benefits applicable to children with disabilities, 2021 or latest available year**



Source: ISSA/SSA, Social Security Programs Throughout the World.

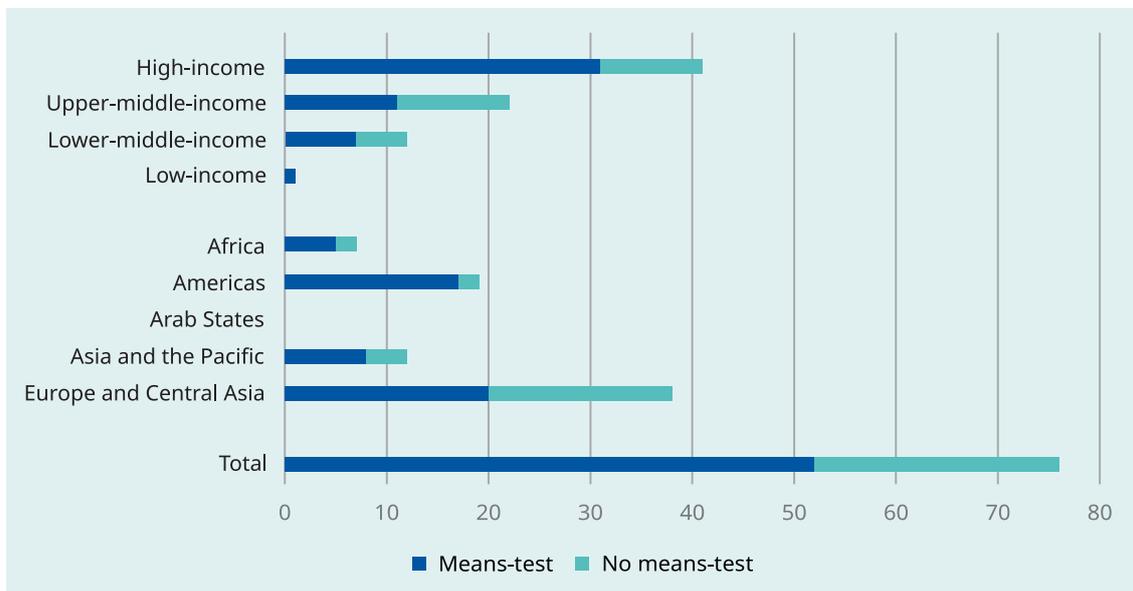
2.3.3 Means-testing

Many countries provide disability benefits only for people below a certain income threshold and in such a case, means-tests are often used to assess the situation of the entire household and not just that of the particular person with disabilities. In principle, means-testing is one of the possibilities for social protection coverage articulated in international social security standards, which prescribe as one option for meeting minimum standards that social protection systems provide benefits to “all residents whose means during the contingency do not exceed prescribed limits...” (Convention No. 102, Article 56). Where benefits are means-tested, the eligibility thresholds should take into account that households with members with disabilities have higher overall costs. However, this typically turns out not to be the practice. Further still, uniform social assistance thresholds are also applied for determining eligibility for means-tested disability benefits, disregarding disability-related extra costs.

In practice, means-testing can unintentionally exclude persons with disabilities who might also be in need, discourage engagement in the labour market and have adverse implications for intra-family relations (ILO 2021d). Countries that apply means-tests should therefore ensure a rights-based approach that is in line with international standards and should further consider disability-related extra costs when determining eligibility thresholds. The Joint Statement encourages a twin-track approach whereby benefits to cover disability-related extra costs are not means-tested since these costs accrue to people with disability at any level of income. These benefits may in turn be complemented, as required, by social assistance benefits to address insufficient household income.

The analysis of existing schemes has shown that out of 76 non-contributory disability benefit schemes, 52 include some form of means-tests, such as income or earning tests (see figure 19). Countries that use means-tests include Brazil, Chile, Finland, South Africa and the United States. Overall, high-income countries have an above-average number of means-tested schemes in place.

► **Figure 19. Number of non-contributory disability benefit schemes with and without means-test requirements by region and income level, 2021 or latest available year. N=76**



Source: ISSA/SSA, Social Security Programs Throughout the World.

Further still, means-testing of non-disability-related social assistance benefits can also be problematic for people with disabilities. Where eligibility thresholds do not take into account disability-related costs, households with persons with disabilities might be excluded despite their actual living standards being below the national agreed minimum (ILO and IDA 2019).

2.3.4 Working capacity and compatibility of disability benefits with work

According to Article 54 of Convention No. 102, disability benefits should address the “inability to engage in any gainful activity, to an extent prescribed, which inability is likely to be permanent or persists after the exhaustion of sickness benefit”. Recommendation No. 131 broadens the definition of the contingencies that should be covered under national schemes by including partial disability, which should give rise to a reduced benefit, and by introducing the incapacity to engage in an activity involving substantial gain among the criteria for disability assessments. Convention No. 128 also requires the provision of rehabilitation services designed to enable persons with disabilities to either resume their employment or perform another activity suited to their aptitudes.

The UNCRPD initiated a paradigm shift in the thinking about people with disabilities with a move away from their perceived incapacity to work, which was replaced by a focus on their support needs. This new approach emphasized ensuring the empowerment of people with disabilities and their social, economic, political and cultural inclusion. From this perspective, it is not deemed sufficient for social protection systems simply to provide income replacement; rather, social protection systems have to facilitate the inclusion of people with disability in society by fulfilling three core functions: i) ensuring income security to allow a “life in health and dignity”; ii) covering disability-related extra costs; and iii) facilitating access to requisite assistive devices, health care and other essential services along the life cycle, such as early childhood development, education, employment services and care services.

In line with the UNCRPD, the Joint Statement in 2019 also lays down as a key principle “Full and effective participation and inclusion also implies moving away from an incapacity to work”. People with disabilities face discrimination and other barriers in accessing the labour market and in many cases, the disability benefit may be the only source of steady income for a household. The commonly used “incapacity to work” requirement as an eligibility criterion for persons of working age with disabilities intrinsically implies their permanent exclusion from the labour market even if some are capable of finding employment.



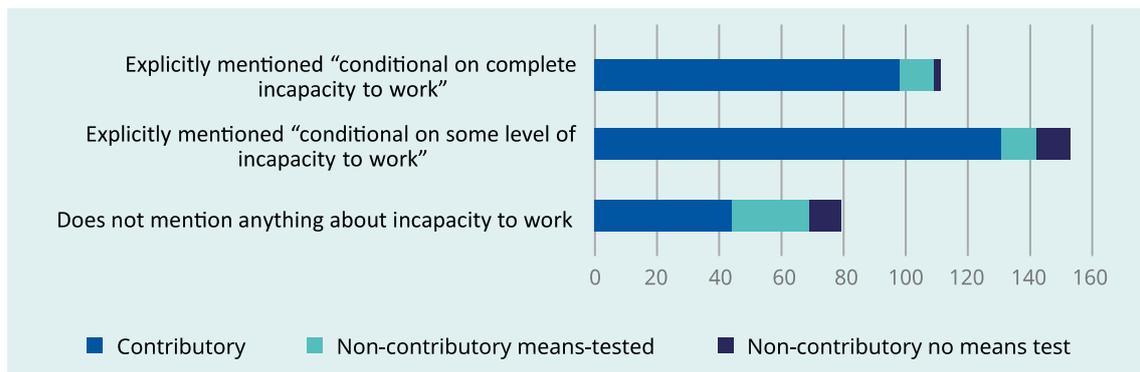
© Photo by ILO

Where the benefit requires a certification of a person's incapacity to work, people with disability may lose their entitlement to a disability benefit when they take up employment. This way of designing the eligibility criteria fails to acknowledge that the large majority of people with disabilities, regardless of their employment status, have higher expenses for their daily living.

In fact, people with disabilities who work face higher disability-related extra costs than people with disabilities who stay at home; examples of such extra costs incurred by them are sign language interpretation, mobility needs, braille materials or personal assistance. Overall, the question of how to design the eligibility criteria is a sensitive and controversial issue, one that is the focus of debate among the disability community and social protection experts alike. Ideally, however, benefits should be designed in such a way that they ensure income security to allow for a decent standard of living regardless of one's earning capacity and facilitate inclusion and autonomy. This then requires that benefits be tailored to individual needs and circumstances and potentially combined so that they might cover disability-related extra costs associated with working.

Among the 343 disability benefit schemes listed on the ISSA SSPTW database, the vast majority, or 264 (79 per cent) of them, explicitly mention either "inability to work" or "some level of inability to work". Among them, 111 stipulate a complete inability to work and 153, some level of incapacity to work. Only 21 per cent of the schemes (a total of 79 schemes) do not specifically mention an incapacity to work requirement (see figure 20); however, there is an underlying assumption that disability schemes must provide benefits in a situation where an individual does not have the capacity to generate income owing to a disability.

► **Figure 20. Number of schemes with an incapacity to work requirement by type of scheme, 2021 or latest available year. N=343**



Source: ISSA/SSA, Social Security Programs Throughout the World.

Of 78 schemes that do not specifically mention an "incapacity to work" requirement, 43 are contributory. It is not entirely clear to what extent these are compatible with work. In the case of Japan, for example, it is in principle possible for people to receive disability benefits when working though it is difficult to pass the eligibility assessment. On the other hand, 35 out of 78 schemes are non-contributory and of these 35 schemes 25 are means-tested.

In line with the new paradigm, there are some countries that have endeavoured to make their schemes compatible with work. For example, in Brazil, under the original scheme design of the Benefício der Prestação Continuada (BPC), benefits would be stopped in the case of a person with disabilities engaged in formal employment. In 2015, the Lei Brasileira de Inclusão (Persons with Disability Act) created a monetary incentive for inclusion of persons with disabilities in the labour market, the Auxílio Inclusão (Inclusion Aid), and as of 2021, BPC beneficiaries have continued to receive 50 per cent of the BPC benefits if they are employed. Moreover, benefits received by workers with disabilities from the Auxílio Inclusão and their earnings do not count as household income for consideration in other means-tested social assistance benefits (Guerreiro Osório 2022).

Kyrgyzstan distinguishes between three specific groups of people with disabilities. Thus, Group I includes people requiring assistance and care from another person and they are usually assessed as unable to work. People in Group II can perform some self-care and are mobile with the assistance of

others or when using technical assistive devices and are often assessed as capable of performing work activities in tailor-made working conditions with the use of assistive devices in a specially equipped workplace and/or with the assistance of others. Persons in Group III are deemed to have the ability to perform work activities independently, without assistance and without the need for adjustment of working conditions. For disability Groups I and II, under the contributory programme, the disability benefits are equivalent to the full amount of the old-age pension (though they are not compatible with the old-age pension); for disabled persons in Group III, the disability pension is capped at 50 per cent of the old-age pension. With regard to the non-contributory scheme, persons in Groups I, II and III with disabilities from childhood are eligible to receive respectively 8,000, 6,600, and 5,400 Kyrgyz som. The majority of people with disabilities are included in Group II (see figure 21). The two Groups that are considered as having work capacity, Groups II and III, constitute around 85 per cent of people with disabilities (ILO 2023b); for these two Groups (i.e. II and III), both contributory and non-contributory benefits are fully compatible with work.

► **Figure 21. Number of persons with disabilities in Kyrgyzstan in 2023, Groups I, II and III**



Source: (ILO 2023b).

2.3.5 Severity of disability, disability assessment and accessibility

People's level of functional loss varies greatly and is usually expressed in national disability assessment mechanisms in terms of differing degrees of disability, ranging from partial disability, which refers to a limited capacity in daily life or work, through to total disability, which denotes a situation where individuals are unable to work or carry out daily activities without support from others. While social protection schemes may design different packages of benefits and services according to different needs, eligibility criteria and related assessment mechanisms should be clear, transparent, affordable, easily accessible and applied in a uniform manner. If social protection schemes are only available for those with severe, total or permanent disability, many people whose disabilities are not assessed as total or permanent will be ipso facto excluded from the schemes.

It is explicitly stated in 105 disability benefit schemes that total or permanent (100 per cent) disability is the criterion for eligibility. On the other hand, 129 schemes (from 80 countries) accept partial disability or partial loss of earning capacity as qualifying grounds for eligibility, with an average loss of earning capacity of 55.12 per cent and a median of 61 per cent, ranging from 5 per cent to 80 per cent. Thus, the requirement in Niger is that an individual "must have at least a 66.7% assessed loss of earning capacity" (ISSA and SSA 2019a), which while going some of the way towards accommodating those with partial disabilities nonetheless still leaves all those with less than 66.7 per cent completely uncovered.

A number of countries lack either a countrywide definition of disability or a disability identification, assessment and registration system. Without a reliable system in place for identifying disabilities, social protection schemes cannot reach those who are in the greatest need and hence exclusion will result. Furthermore, the identification of disability in many countries still relies upon a medical approach that fails to accord consideration to the various obstacles encountered by people with disabilities in their

environment. The principal method used to determine the degree of disability is medical assessment. However, this medical examination needs to be complemented by a needs assessment that takes into account the obstacles encountered by people with disabilities in their environment along with their support requirements (Cote et al. 2023). Since the adoption of the Convention on the Rights of Persons with Disabilities, the Washington Group Short Set on Functioning (WG-SS) of questions has become the standard tool relied upon for determining the extent of disability. Overall, most countries still rely on a medical approach for the determination of disability but increasingly, disability assessments are being carried out that also analyse individual disability-related support needs.

In the case of Kyrgyzstan, where in many aspects the disability social protection scheme is quite advanced, the causes of disability and classification into groups, as well as the onset of disability, are established by a body, the Physical Disability Board of Review, using an exclusively medical assessment (ILO 2023b). Information regarding how each country assesses disability is not systematically collected through SSPTW or SSI.

The implementation modalities of disability assessments, in particular through medical examinations, practically speaking often exclude people with disabilities from receiving their entitlements. Therefore, the implementation of both mainstream and disability-specific social protection schemes needs to be designed to ensure inclusion at every step along the delivery chain. This sequence comprises: communication and outreach; the registration process; disability assessment; payment modalities; and complaint and appeal mechanisms (Development Pathways, forthcoming). In the case of Bangladesh, persons with disabilities need to apply personally for non-contributory disability benefit. However, it is assumed that there is a certain percentage among the disability population who will not register and hence lose their entitlement. Re-assessments are periodically made to determine the eligibility, or sometimes changes in the level of disability, of beneficiaries to reflect changes in their needs and circumstances as well as to determine any adjustments in the level of care needed (Tessier et al. 2022b). National social protection schemes typically include in the legal provisions a timeline such as the specific intervals for when a re-evaluation must take place, or else they simply stipulate that beneficiaries are required to undergo periodical medical examinations (Stern-Plaza, forthcoming). Thus, in Japan for example, with regard to situations involving long-term care and the assessment of functional loss, under article 28 of the Long-Term Care Insurance Act, Japan's Ministry of Health, Labour, and Welfare determines the basic period of re-assessment as 12 months; however, municipalities are granted flexibility in adjusting the re-assessment period such that it may take place every three to 48 months (Tessier et al. 2022b).

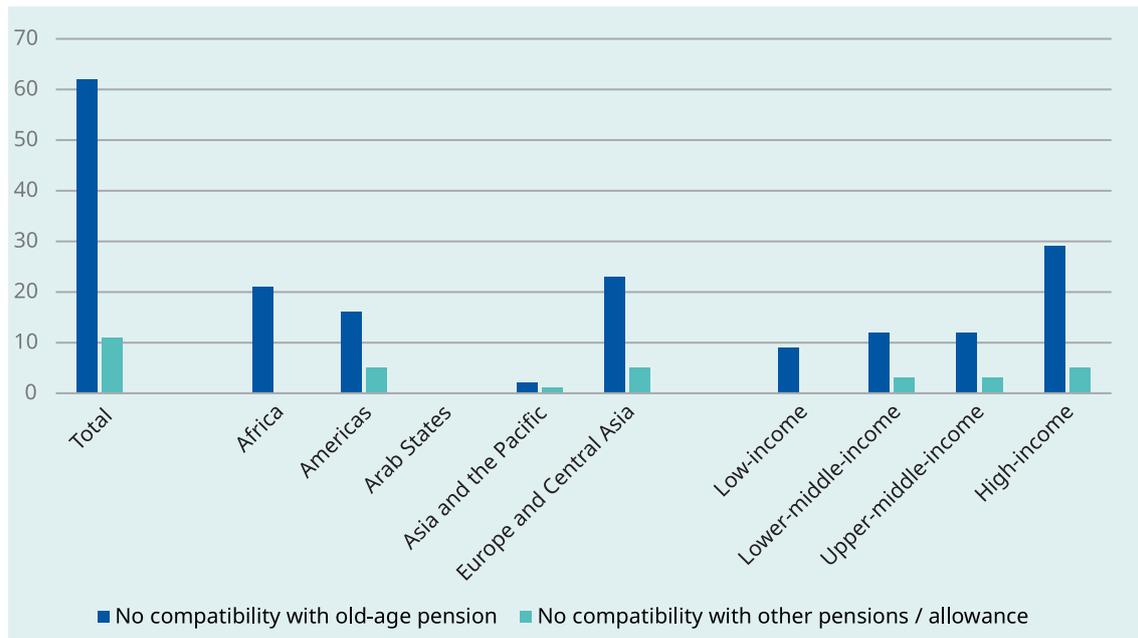
2.3.6 Compatibility of disability benefits with other social protection benefits

In the Joint Statement, agencies and institutions have agreed on the importance of a twin-track approach to covering people with disabilities. This entails ensuring access to mainstream social protection benefits by persons with disabilities while also developing adequate disability-specific benefits to provide the support for needs that are not met through mainstream programmes. Disability-specific benefits that aim to cover disability-related extra costs should be compatible with other benefits, in particular in the case of household-targeted cash transfers. For example, a person with disabilities should still be entitled to his or her disability-related benefit even if the household is impoverished and already in receipt of a social assistance benefit. There are schemes that explicitly mention that the disability allowance cannot be combined with other schemes; in Malta, for example, benefits are paid on the condition that the person is not in receipt of any other government or non-government allowance. Nine cases could be observed where benefits cannot be combined with other social protection schemes, five of them in high-income countries. On the other hand, there are countries that allow for a combination of benefits; for example, in Oman, the newly established universal disability benefits make it possible for the benefit of persons with disabilities to be combined with all benefits and pensions, but with the exception of child benefit and the old-age benefit.

In most countries, however, legislation is framed in such a way as to ensure the receipt of only one benefit at a time. As mentioned above in the discussion of age limit and entitlement to disability benefits (see section 2.3.2), there are many disability-specific benefits that are replaced by old-age pensions once

people with disabilities reach pensionable age. There are in total 62 schemes which explicitly mention that disability benefits cannot be combined with old-age pensions (see figure 22). This is in line with international social security standards, with Article 12 of Convention No. 128 providing that invalidity benefit “shall be granted throughout the contingency or until an old-age benefit becomes payable”. To illustrate, in Guatemala, the disability pension ceases at the normal retirement age and is replaced by an old-age pension. The schemes that are replaced by old-age pensions at retirement age are mostly found in high-income countries (Europe and Central Asia), as well as in Africa.

► **Figure 22. Number of disability benefits incompatible with old-age pensions or other benefits by region and income level, 2021 or latest available year. N=343**



Source: ISSA/SSA, Social Security Programs Throughout the World.

However, this leaves people with disabilities worse off than older peers not affected by impairments. A disability top-up of old-age pensions or a non-contributory disability allowance paid to all people with disabilities universally, irrespective of other entitlements, would help to cover at least some of disability-related extra costs. For example, Azerbaijan’s old-age pension, or “old-age labour pension” scheme (ISSA and SSA 2018a), makes available a special supplement payable to certain older persons with disabilities and persons caring for a child with a disability.



3. Employment injury schemes

Disabilities do not only affect individuals who were born with them; there are still many people who acquire disabilities, with occupational injuries or occupational diseases being a major reason for such disabilities. Many workers sustain injuries ranging from minor wounds to permanent impairments. Employment injury insurance provides benefits both through in-kind and cash support to serve as compensation for the inability to work, as well as for covering medical expenses. Under Convention No. 102, employment injury is categorized as a different contingency compared to invalidity pensions. Usually, the benefit level for disabilities or occupational diseases acquired at work is higher than in disability-specific schemes. This chapter focuses on these employment injury disability benefits.

States should ensure the protection of workers who are affected by workplace injuries and occupational diseases by providing them with adequate benefits in the form of access to free-of-charge health care and periodical cash benefits that address a suspension in earnings as a result of temporary or permanent incapacity for work.¹¹ Employment injury schemes should therefore cover partial and total disability, as well as any loss of support suffered by the worker's dependants as a result of the worker's death. Entitlement to benefits should not be made conditional upon the worker's length of employment, duration of insurance or payment of contributions.¹² It is important that cost-of-living adjustments be made for long-term benefits such as permanent disability and survivors' benefits.

Employment injury schemes should also encompass, or at least be coordinated with, rehabilitation and return-to-work services to enable beneficiaries to undertake suitable employment and reintegrate into the labour market.¹³ Where possible, and in the context of long-term care needs related to disabilities, it is also recommended that the cost of constant help or attendance be covered when it is required (Stern-Plaza, forthcoming).¹⁴

The main sources of information for this section on employment injury schemes are the ISSA database on SSPTW and the ILO World Social Protection Database. This analysis includes 427 employment injury disability schemes from 179 countries. The schemes are analysed in terms of the types of benefits provided, benefit levels, duration of payments and eligibility criteria. The SSPTW database only includes public statutory schemes, meaning that all schemes referred to are mandated in law. Thus, the schemes analysed in this report do not cover employment injury programmes that are pilot-efforts, private, charity-based or donor-financed.

► 3.1 Population coverage

The World Social Protection Report measures the coverage rate of employment injury as being the proportion of workers covered in the event of receiving an employment injury, i.e., the ratio of workers protected by injury insurance to total employment, or the labour force. Unlike the data presented for disability social protection schemes above, the coverage rate does not refer to people who receive a benefit, but rather to the proportion of workers contributing to a scheme and thus potentially entitled to a benefit should they suffer a work accident or occupational disease. The effective coverage of

¹¹ Article 32 of Social Security (Minimum Standards) Convention, 1952 (No. 102)

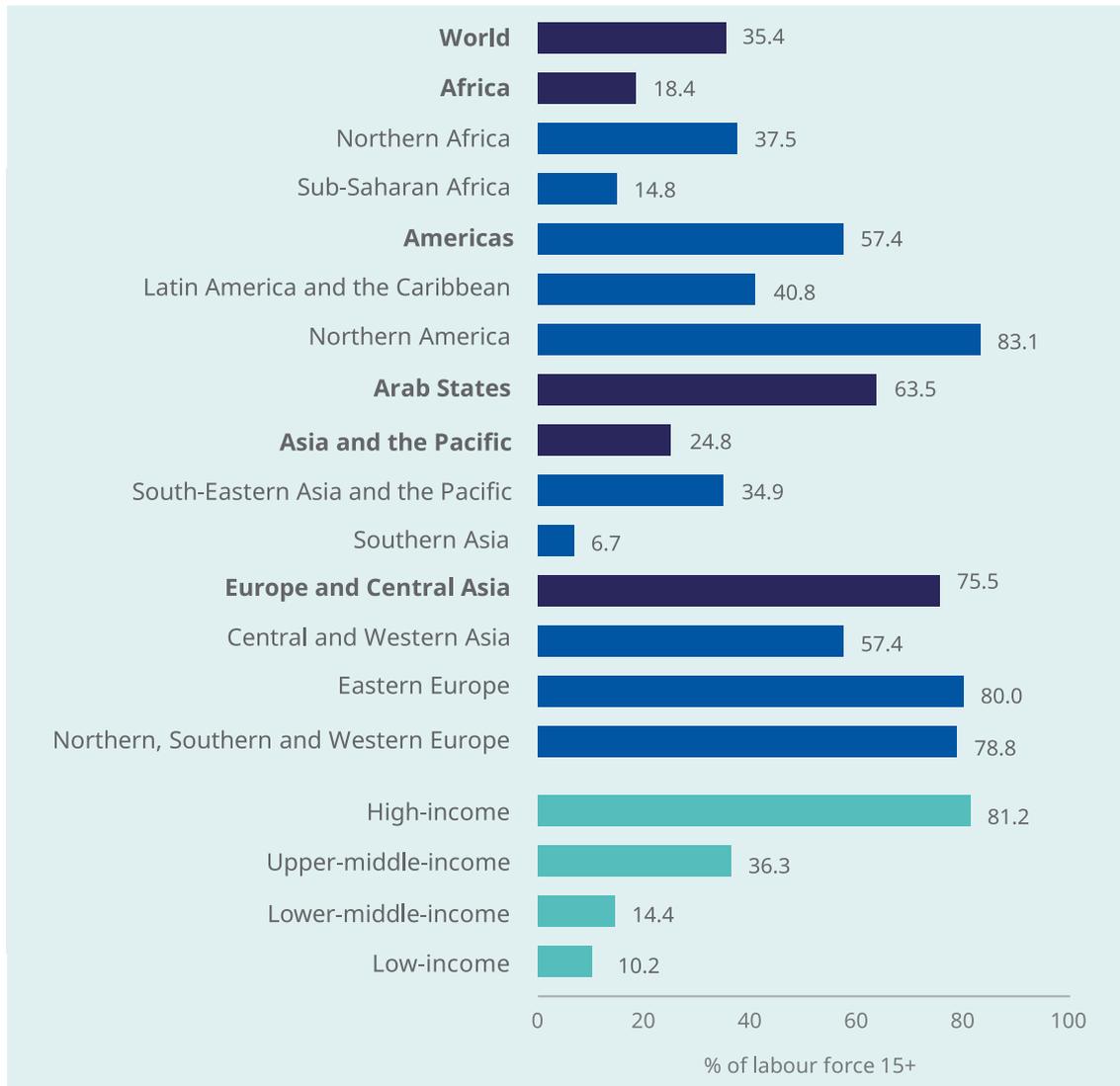
¹² See CESCR GC No. 19, A 2. 12 (e).

¹³ Social Security (Minimum Standards) Convention, 1952 (No. 102), Article 35; Employment Injury Benefits Convention, 1964 (No. 121); and Employment Injury Benefits Recommendation, 1964 (No. 121)

¹⁴ Employment Injury Benefits Recommendation, 1964 (No. 121)

employment injury globally stands at 35.4 per cent. In high-income countries, the coverage rate recorded is 81.2 per cent; however, low-income countries only indicate a coverage rate of 10.2 per cent. Europe and Central Asia, the Arab States and America have relatively higher coverage rates, with 75.5 per cent, 63.5 per cent and 57.4 per cent respectively. On the other hand, Asia and Africa display limited coverage, with rates of 24.8 per cent and 18.4 per cent respectively.

► **Figure 23. Effective coverage for employment injury protection: percentage of labour force aged 15+ years covered by cash benefits in the event of employment injury (active contributors) by region, subregion and income level, 2020 or latest available year**



Source: World Social Protection Database, based on the SSI.

There is no available data regarding effective coverage of persons receiving benefits following a work accident or occupational disease. In many countries, there are barriers for workers and their families to accessing their entitlements, including lack of awareness and administrative hurdles. Schemes based on employer liability (instead of social insurance solutions) are particularly prone to deliver suboptimal results since the employee is dependent on the employer to make the claim and there is no independent governance to realize the right to the benefit. Where employers take out private insurance for employees, it can be easier for workers to claim their entitlements. Out of the 427 employment injury schemes considered in this analysis, there are a total of 105 employer liability schemes.

► 3.2 Employment injury benefit design and scheme characteristics

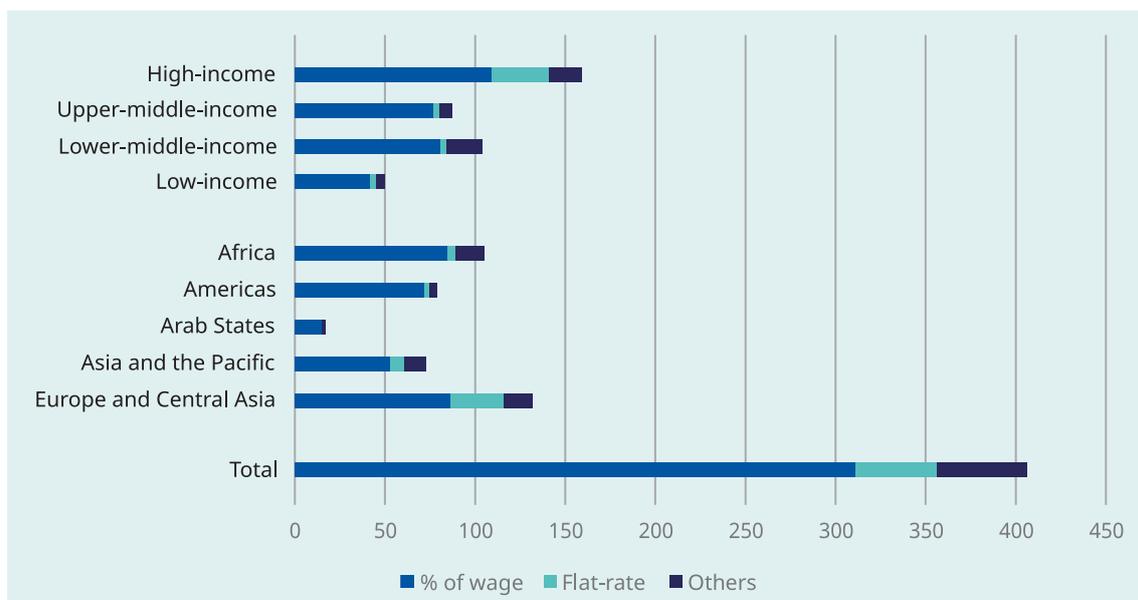
3.2.1 How benefit levels are determined

Employment injury is considered a means of compensating for the loss of income resulting from an occupational accident. Therefore, reference to previous earnings is commonly used to determine the benefit level. The international social security standard specifies a certain percentage of previous earnings as the minimum benefit level to be paid. This replacement rate is typically higher for employment injury schemes than for invalidity schemes (the Convention No. 102 benchmark is 50 per cent replacement rate for employment injury benefits compared to 40 per cent for invalidity).

Out of 406 schemes that clearly prescribe how the benefit rate is determined, 311 schemes pay benefit amounts in relation to previous earnings. The next most common approach is the flat-rate benefit, which is used in 45 schemes. For 43 schemes, the benefit rate is determined by referring to other schemes (see figure 24). For example, in Italy, “the pension is calculated based on the reference minimum salary in the industrial sector” (ISSA and SSA 2018b) and in Bhutan, “a lump sum of 360 times the national daily minimum wage is paid if the employee is unable to return to work after five years” (ISSA and SSA 2018a). In some cases, invalidity benefits paid for disabilities not arising from an employment injury may be used as a benchmark, such as in Israel where “a lump sum of 43 months of the permanent disability pension is paid” (ISSA and SSA 2018a). Seven schemes specifically take into account the wage difference between the beneficiaries’ previous earnings and their earnings after the injury.

Most low-income, lower-middle-income, and upper-middle-income countries use a percentage of previous earnings to determine the benefit level. Conversely, flat-rate schemes are primarily found in Europe and Central Asia and high-income countries. Of the 45 flat-rate schemes, 30 are in Europe and Central Asian countries and 32 are in high-income countries.

► **Figure 24. Employment injury benefit calculation method by region and income level, 2021 or latest available year. N=406**

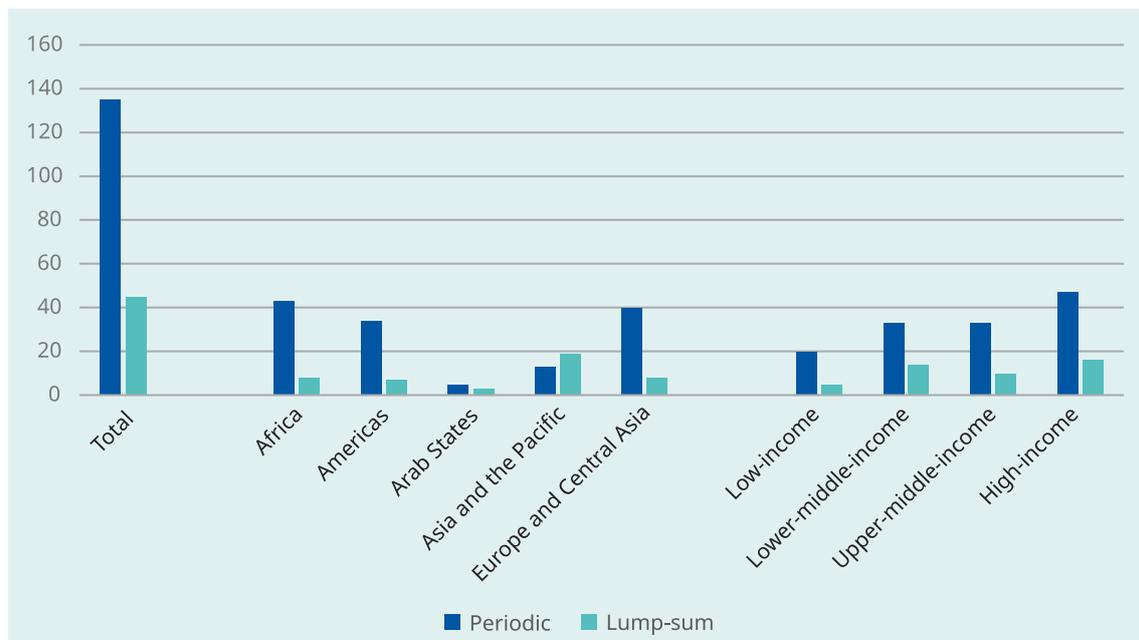


Source: ISSA/SSA, Social Security Programs Throughout the World.

3.2.2 How the benefit is paid: periodic or lump-sum payment

As with disability benefits, employment injury benefit is paid periodically, as a lump sum or a combination of the two. Article 14 of Convention No. 121 states that “the benefit shall be a periodical payment” and Paragraph 10(1) of Employment Injury Benefits Recommendation 121 states that “the cash benefit payable by reason of loss of earning capacity likely to be permanent, or corresponding loss of faculty, should take the form of a periodical payment for the duration of such loss in all cases in which the degree of loss equals at least 25 per cent”. Similarly, Paragraph 10(2) of Recommendation No. 121 states that “In cases in which the degree of loss of earning capacity likely to be permanent, or corresponding loss of faculty, is less than 25 per cent” a lump-sum payment is acceptable, when a competent authority is satisfied that the lump sum will be used properly. The amount of the lump sum, established by law, should be an actuarial equivalent to the present value of periodical payments for higher degrees of incapacity or disability and preferably not less than the periodical payments that would be due in respect of a period of three years (Stern-Plaza, forthcoming). In our dataset, 45 out of 180 employment injury schemes providing benefits in case of permanent disability pay a lump-sum benefit (see figure 25).

► **Figure 25. Number of lump-sum or periodic payments of employment injury social protection schemes by region and income group (in the event of permanent disability), 2021 or latest available year. N=180**



Source: ISSA/SSA, Social Security Programs Throughout the World.

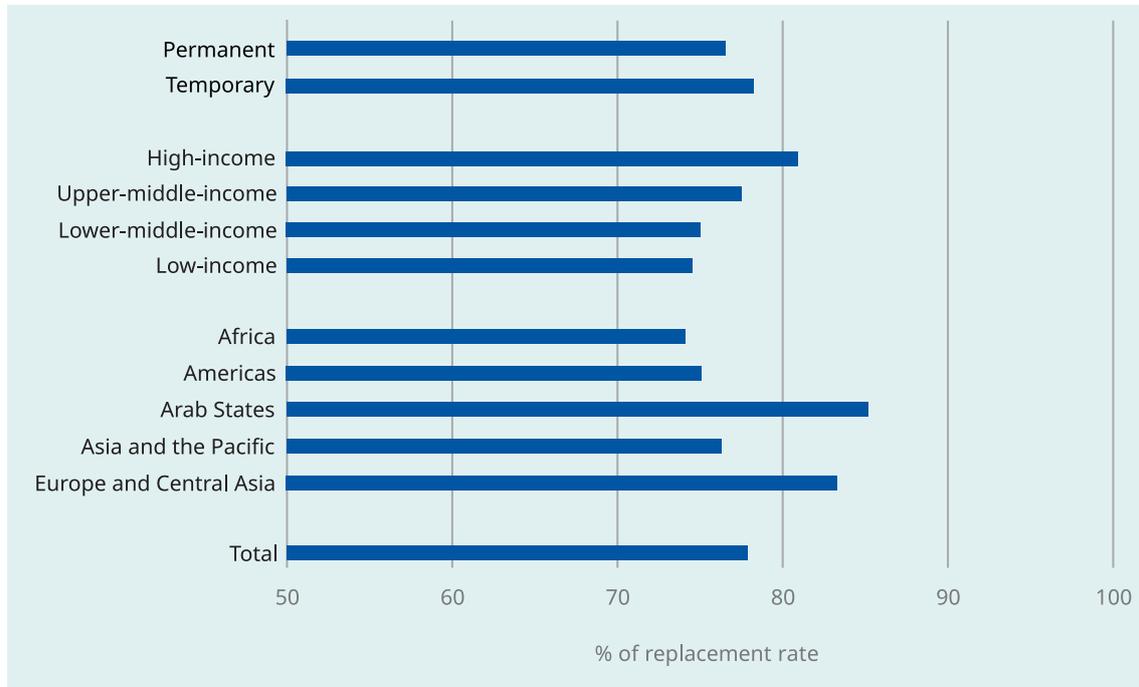
3.2.3 Benefit levels of earnings-related schemes

Article 66 of Convention No. 102 stipulates that the replacement rate of employment injury benefits should be at least 50 per cent for a man with a wife and two children for both total or partial and temporary or permanent incapacity to work compared to 40 per cent for disability benefits. Of the 311 earnings-related schemes, replacement rate data is available for 258 schemes. Only seven out of these 258 schemes provide benefits that are less than 50 per cent of the previous earning while 97.5 per cent of the schemes provide 50 per cent or more. The average replacement rate is 77.9 per cent and the median is 75 per cent.

High-income countries have the highest replacement rates at 81 per cent on average. As the GDP of a country decreases the replacement rate also tends to decrease. The lowest average percentage can be seen in low-income countries at 74.6 per cent. When comparing permanent and temporary benefit

schemes, not much difference is apparent between the two with averages of 78.3 per cent and 76.6 per cent respectively (see figure 26).

► **Figure 26. Average replacement rates of employment injury benefits by region and income level, 2021 or latest available year. N=311**

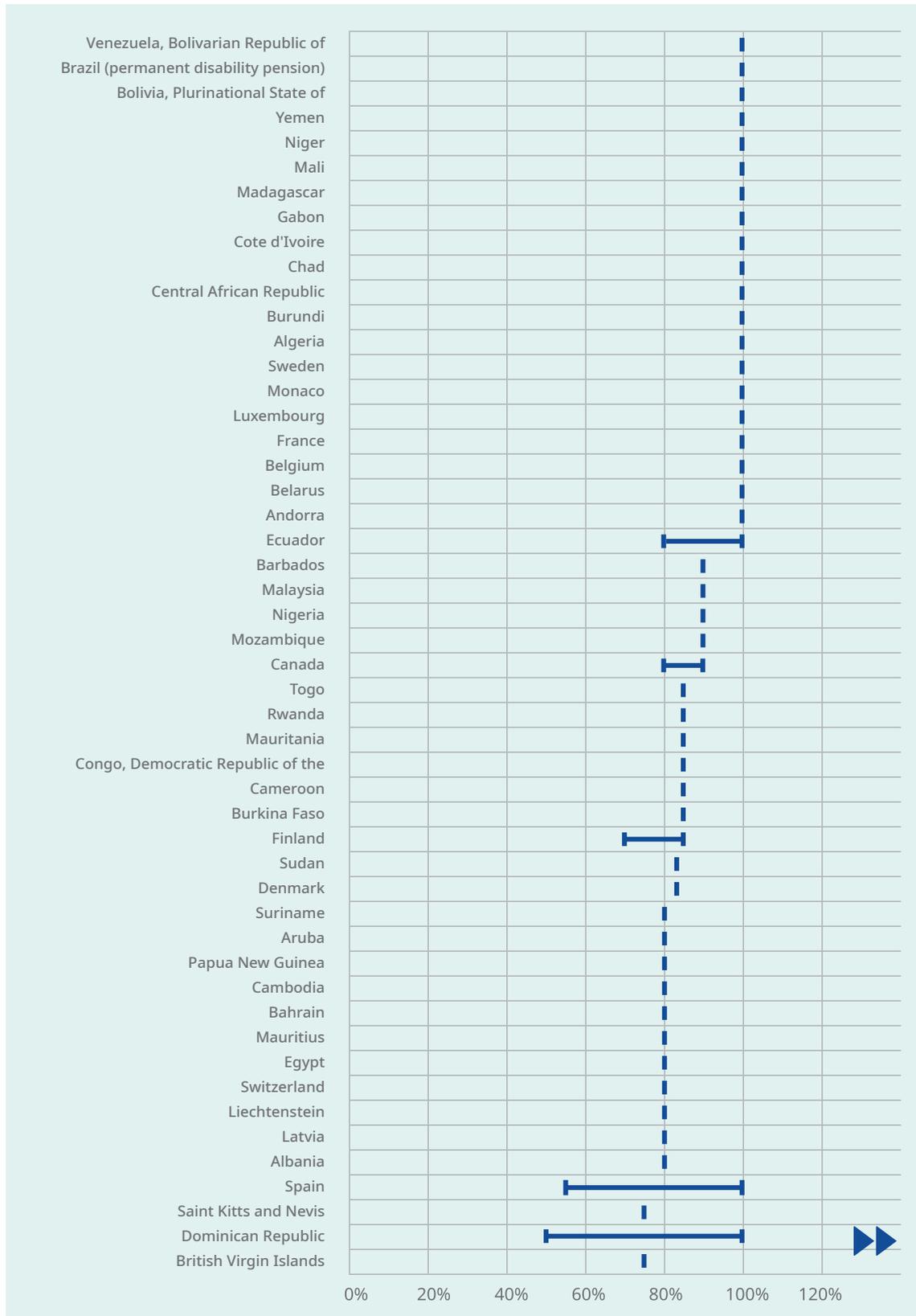


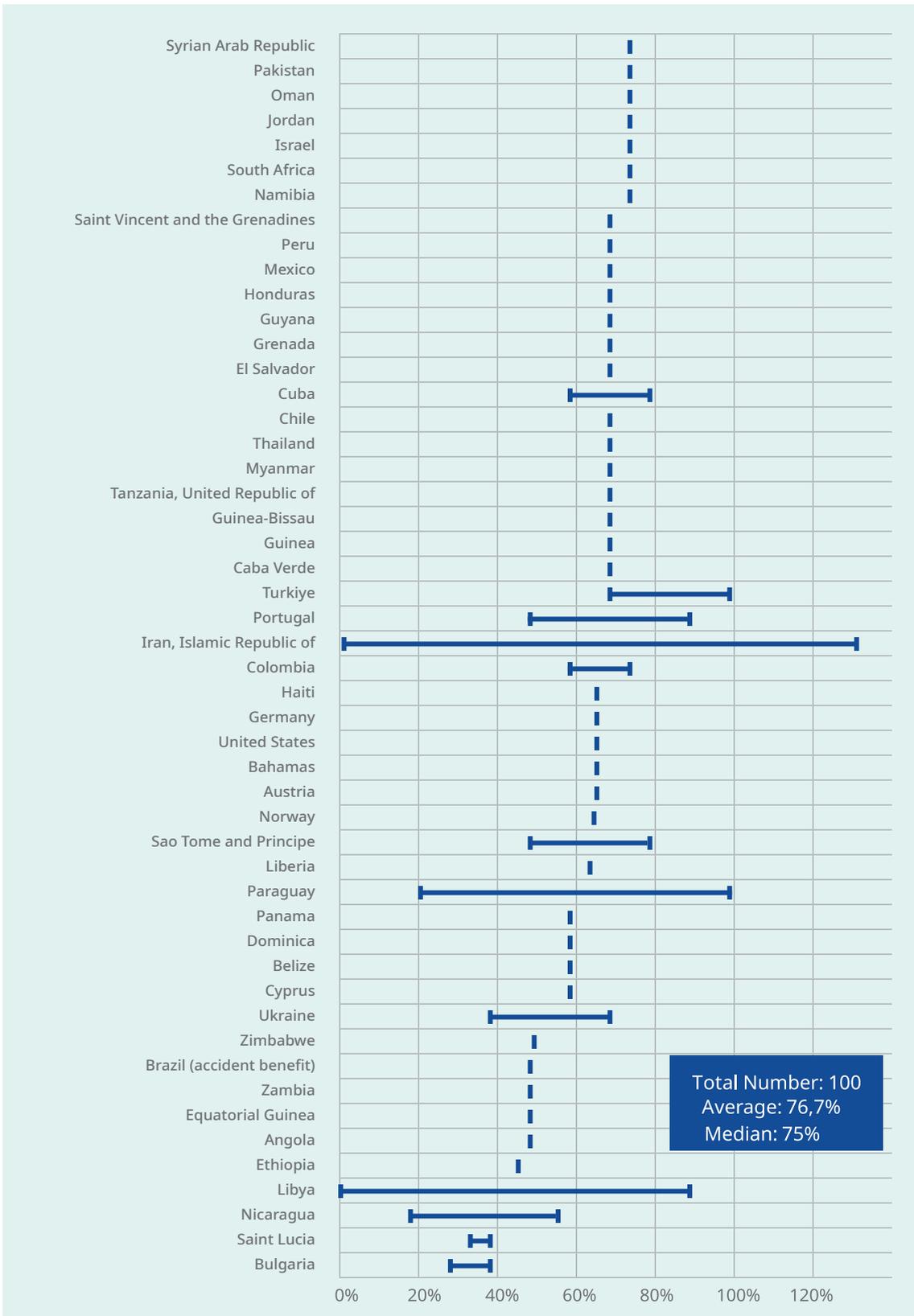
Source: ISSA/SSA, Social Security Programs Throughout the World.

Figures 27 and 28 show replacement rates of permanent and temporary schemes respectively. The range of benefits varies according to several factors. A common determining element is the number of days that have passed since the injury occurred. For instance, in Guinea, “50% of the insured’s average daily covered earnings in the month before the disability began is paid for the first 28 days of incapacity; thereafter, 66.7% of the average daily covered earnings” are paid (ISSA and SSA 2019a). Similarly, in Kuwait, “100% of the employee’s earnings are paid for up to six months; thereafter, 50% of the employee’s earnings is paid until full recovery or certification of a permanent disability” (ISSA and SSA 2018a).

Another determinant of the benefit level is the degree of loss of earning capacity. In Colombia, “for an assessed degree of disability of at least 66%, 75% of the insured’s base earnings is paid; for an assessed degree of disability of at least 50% but less than 66%, 60% of base earnings is paid” (ISSA and SSA 2019b). In Pakistan, the type of disease makes a difference in the benefit level, with 50 per cent of the employee’s monthly earnings paid for certain diseases and 33 per cent of monthly earnings paid for lung disease. The number of years of contribution can also be a determining factor. Regarding the contributory years, this report has set 40 years as a maximum. For example, in Poland, “For a total disability, the pension is the sum of 24% of the base amount, 1.3% of the insured’s earnings multiplied by the number of contribution years, 0.7% of the insured’s earnings multiplied by the number of eligible non-contributory years (for example, for years spent raising children or while receiving certain benefits), and 0.7% of the insured’s earnings multiplied by the number of projected years needed to reach a maximum of 25 years of coverage from the day of the claim up to age 60” (ISSA and SSA 2018b).

► **Figure 27. Replacement rates of permanent disability benefits following an occupational accident or disease (as percentage of wage, 2021 or latest available year)**

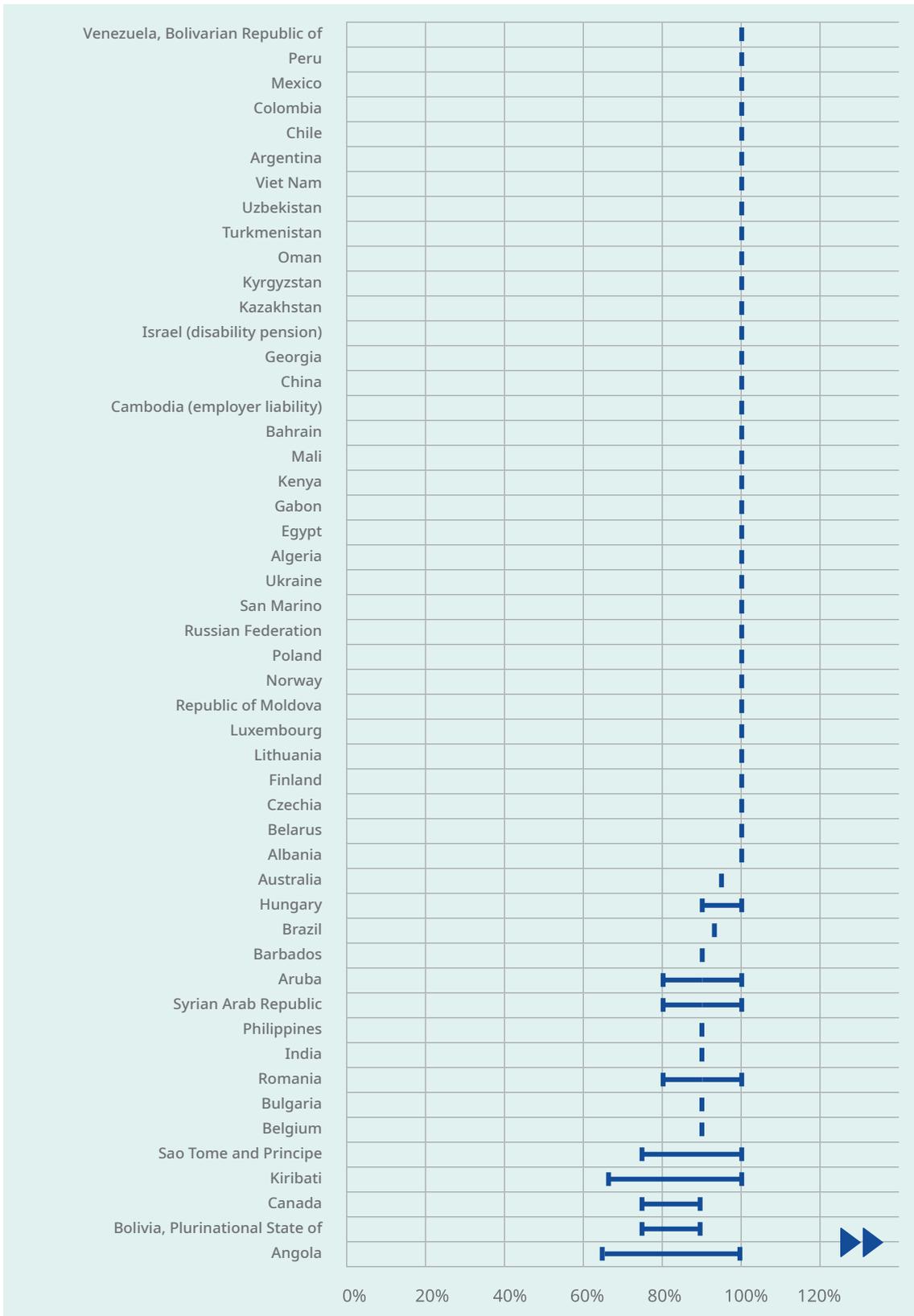


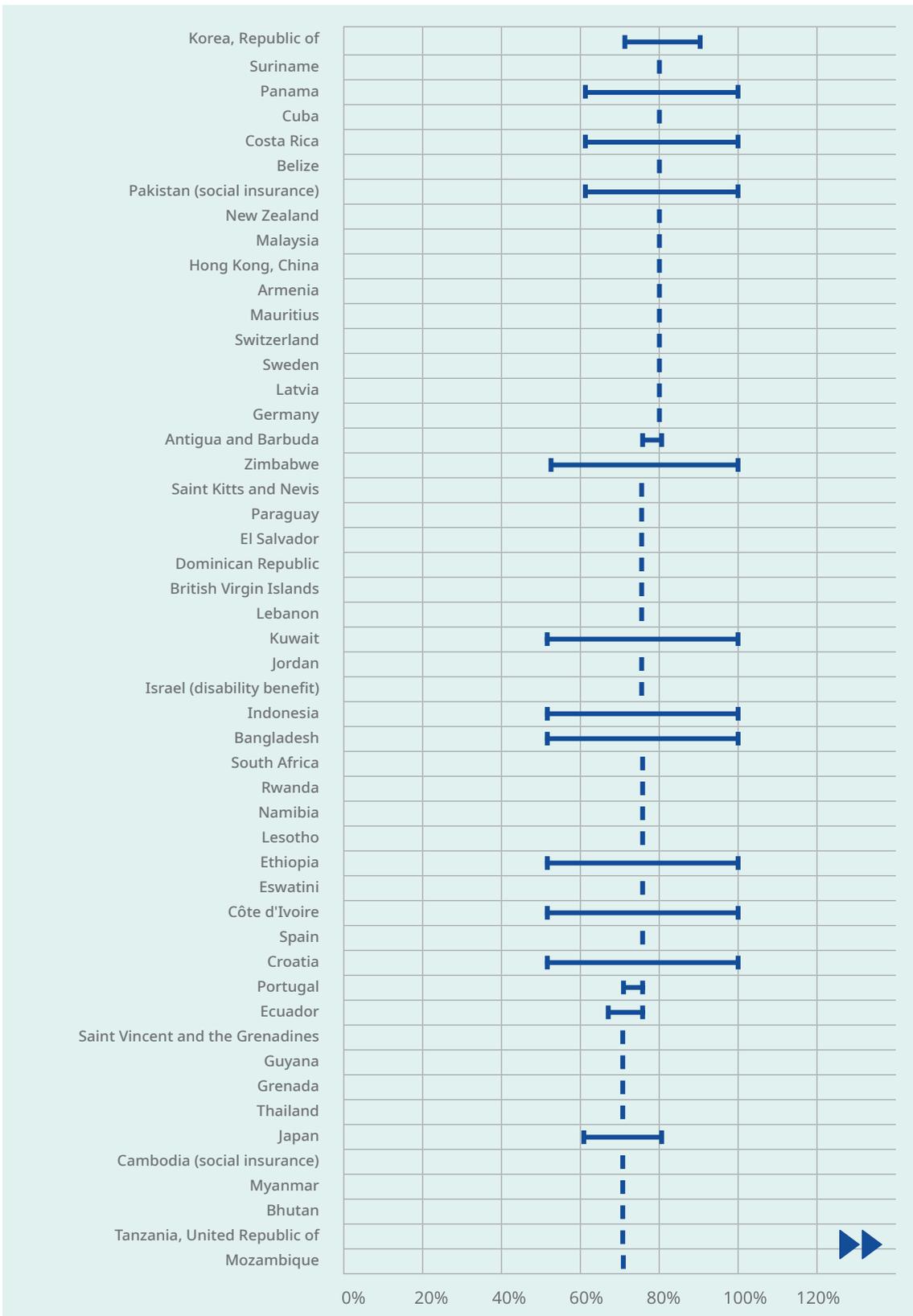


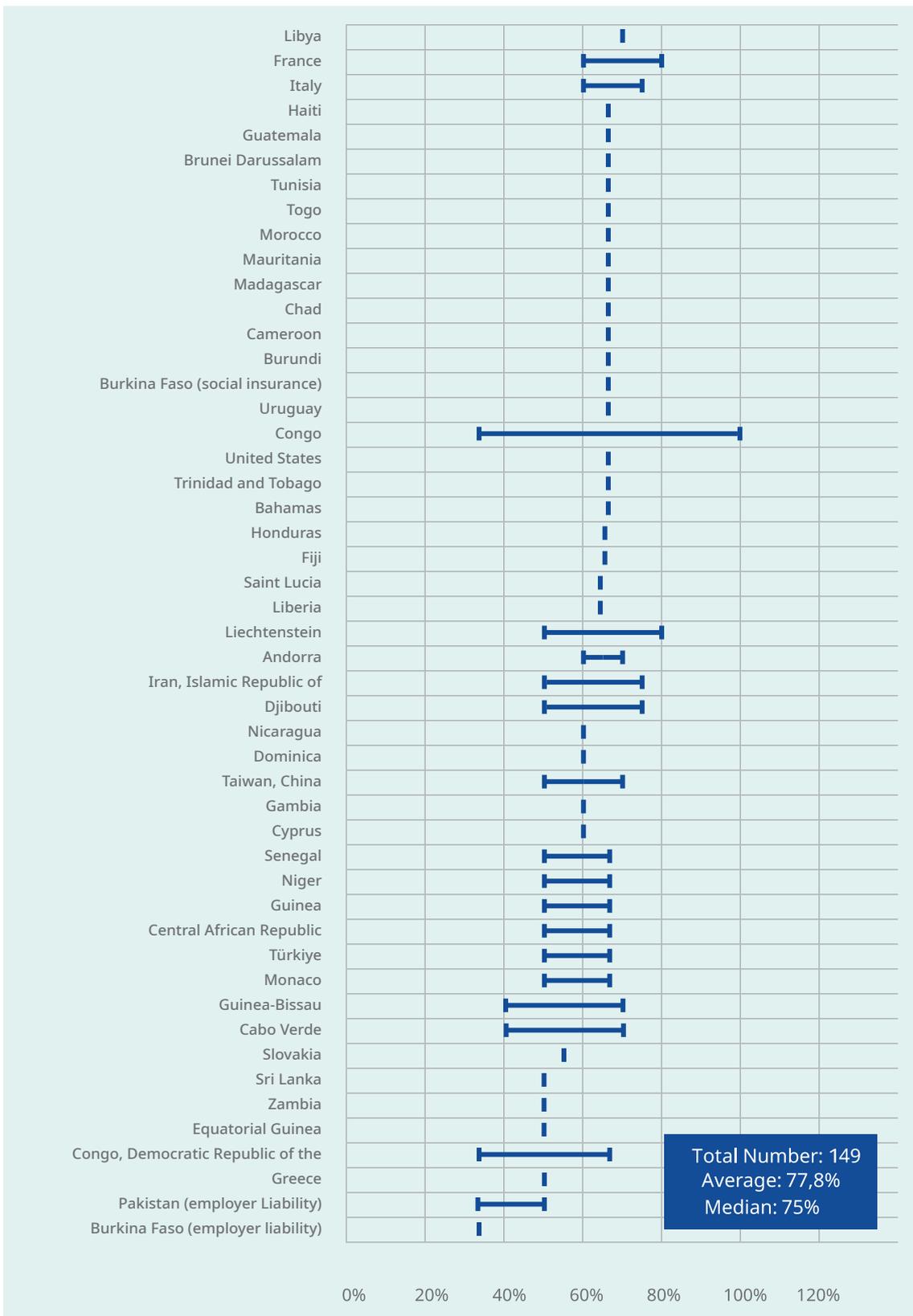
Note: the range of benefit levels results from variations in severity of disability or other socio-demographic variables such as household composition.

Source: ISSA/SSA, Social Security Programs Throughout the World.

► **Figure 28. Replacement rates of temporary disability benefits following an occupational accident or disease (as percentage of wage), 2021 or latest available year**







Source: ISSA/SSA, Social Security Programs Throughout the World.



© Photo by ILO/M. Crozet

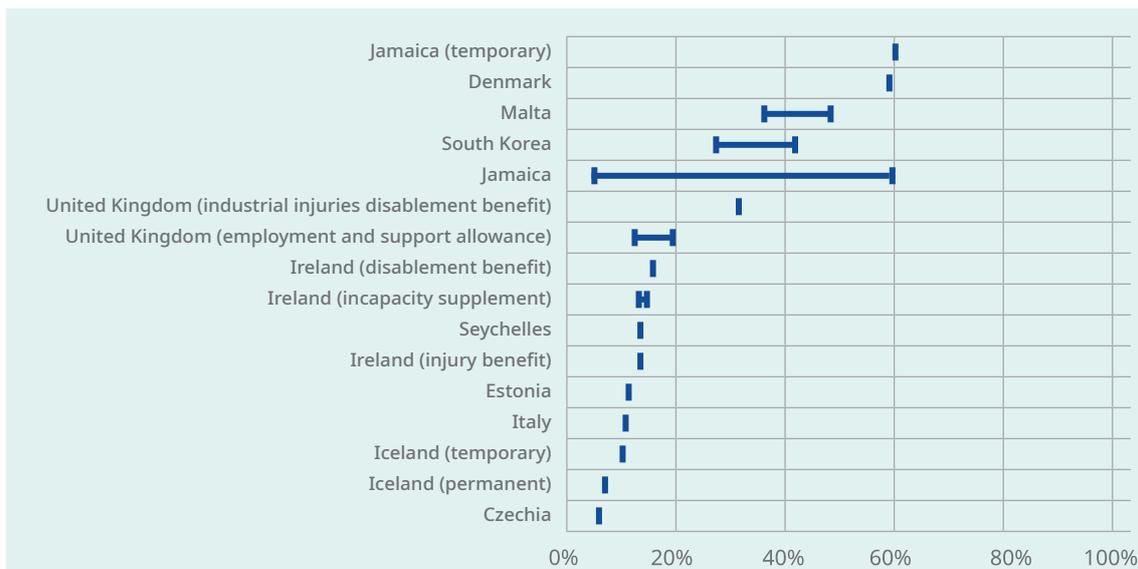
3.2.4 Flat-rate benefit levels

If we exclude lump-sum schemes, data for only 16 schemes (from 11 countries) providing periodic flat-rate benefits for disabilities resulting from a work injury is available (see figure 29). For example, in Jamaica, a benefit of 3,200 Jamaican dollars per week is provided, while in Malta, the benefit amount depends on family status and is set at “€30.77 per day for a divorced person or a married person supporting a spouse or ex-spouse who is not in full-time employment”, and “€23.16 per day for other insured persons” (ISSA and SSA 2018b).

International standards provide guidance on benefit levels, specifying that “rates of cash benefits in respect of temporary or initial incapacity for work, or in respect of total loss of earning capacity likely to be permanent, or corresponding loss of faculty, should be: ... where such benefits are provided at flat rates, not less than two-thirds of the average earnings of persons employed in the major group of economic activities with the largest number of economically active male persons” (Recommendation 121, Paragraph 9(b)). Given persistent gender wage gaps, the reference to male workers provides a higher reference point than referring to average earnings.

The benefit levels of the 16 schemes are at 24.4 per cent of GDP per capita on average, and the median is 15.6 per cent. This is considerably less than the required two-thirds of average earning of persons employed, which is laid down as a minimum standard in Article 66 of Convention No. 102.

► **Figure 29. Level of employment injury disability benefit as a percentage of GDP per capita, 2021 or latest available year**



Source: ISSA/SSA, Social Security Programs Throughout the World; World Bank, World Development Indicators.

3.2.5 Medical (in-kind) Benefits

An employment injury scheme should provide benefits for all the possible consequences of an employment injury. This includes both medical care to treat the disease or injury and periodical payments to respond to the interruption of earnings owing to an incapacity following the injury. Where there is residual loss of physical or mental faculty or fatalities, a pension should be granted.

Thus, employment injury benefits are provided not only as cash benefits but also as medical (in-kind) benefits. It is crucial that health protection services be provided without prepayments to ensure that injuries are immediately treated. Universal health protection is solidly based on international conventions and standards, including the ILO Medical Care Recommendation, 1944 (No. 69) and the ILO Social Protection Floors Recommendation, 2012 (No. 202). As exemplified by Paragraph 8 of

Recommendation No. 202, these standards stipulate that medical services should be provided without causing financial hardship (ILO 2020). Ideally, regardless of whether injuries are work-related or due to other causes, the goal of universal health protection should be achieved. However, as of the latest report, the effective coverage of the social health protection scheme remains at 65.69 per cent (ILO 2021d). Employment injury medical benefits, encompassing both employer liability and social insurance, can function effectively to protect workers in terms of coverage and the adequacy of the services provided.

Generally, medical care is provided in one or more of the following ways:

- ▶ directly through the medical establishments, including polyclinics and hospitals of the persons or bodies responsible for providing the medical care;
- ▶ by contracting and paying medical practitioners, pharmacists, hospitals, etc.;
- ▶ by refunding medical expenses incurred.

ILO social security standards provide guidance on the types of medical care that should, at a minimum, be awarded in case of employment injury. For example, Article 34 of Convention No. 102 stipulates that the medical care shall comprise the following:

- ▶ general practitioner;
- ▶ specialist in-patient and out-patient care, including domiciliary visits;
- ▶ dental care;
- ▶ nursing care at home or in hospital, or other medical institutions;
- ▶ maintenance in hospitals, convalescent homes, sanatoria or other medical institutions;
- ▶ pharmaceuticals;
- ▶ other medical or surgical supplies, including prosthetic appliances (such as artificial limbs and surgical appliances) and eyeglasses;
- ▶ the care furnished by members of other professions recognized as allied to the medical profession, under the supervision of a medical or dental practitioner.

Article 9 of the Employment Injury Benefits Convention (No. 121) also provides that: “Each Member shall secure to the persons protected, subject to prescribed conditions, the provision of the following benefits: (a) medical care and allied benefits in respect of a morbid condition; (b) cash benefits in respect of the contingencies specified in Article 6, clauses (b), (c) and (d)”. Article 10 of Convention No. 121 likewise specifies the provision of medical services, which in addition to those included in Convention No. 102, also comprise “emergency treatment of persons who have sustained a serious accident” and “follow-up treatment of those whose injury is slight and does not entail discontinuance of work”.

Countries prescribe their provisions differently. For instance, in Vietnam, “medical benefits include inpatient and outpatient treatment, surgery, medicine, and rehabilitation, until recovery” (ISSA and SSA 2018a). Also, “the employer pays the medical costs for an insured employee who receives treatment as an inpatient in the hospital up to the day the insured is discharged from the hospital” (ISSA and SSA 2018a). In the case of the Philippines, “benefits include medical, surgical, and hospital services; rehabilitation, physical and occupational therapy; medical appliances and prostheses; skills and entrepreneurial training; and meal and transportation allowances” (ISSA and SSA 2018a).

The provisions of the services vary depending on the country and sometimes include, for example, allowances for transportation or meals. Coverage for transportation costs is a highly relevant factor given that persons with disabilities often incur extra costs for transportation, particularly if accessing public transport is difficult for them. This is recognized by many countries, including low-income countries like Burundi or Mozambique.

Moreover, access to rehabilitation services following a work accident or occupational disease is another important consideration. Coverage for these services functions as an investment to help these individuals return to work (Tessier et al. 2022a). Rehabilitation services are included in the provisions of several countries, including some low-income ones such as Central Africa or Madagascar.

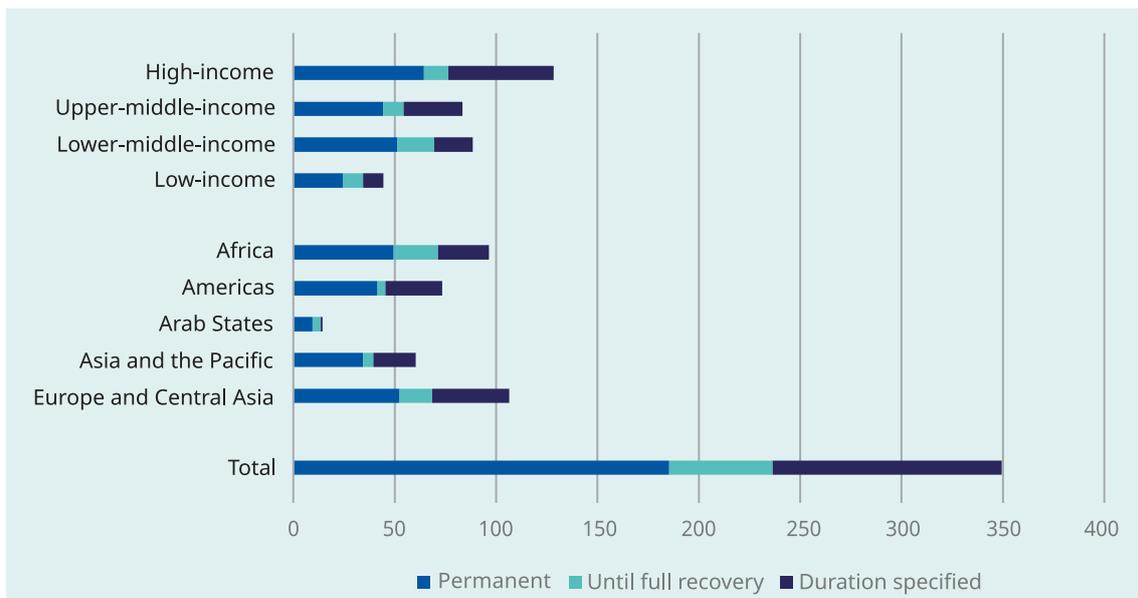
In some cases, there is a maximum amount for medical cost support. For instance, in Botswana, the law demands that “employers cover medical, surgical, and dental care, hospitalization, skilled nursing services, and medicine, up to 75,000 pula; the costs of prostheses, up to 10,000 pula; and transportation costs, up to 1,500 pula” (ISSA and SSA 2019a).

3.2.6 Permanent and temporary disability and duration of benefits

Impairments resulting from an injury at work may be temporary or lifelong. In cases involving temporary injury, since the objective is to replace a total suspension of earnings, as with a suspension of earnings resulting from sickness, the law will generally stipulate the need for a medical attestation that confirms the need to refrain from working by specifying whether the injured person is incapable of work and if so, for how long. Regarding permanent incapacity, it is important to assess the effect a permanent injury has on the earning capacity of the beneficiary. The law should reflect whether the degree of incapacity is evaluated with reference to physical disablement (impairment of the psycho-physical integrity of the injured person), occupational incapacity (the loss of earning capacity likely to be permanent) or a combination of both (Stern-Plaza, forthcoming). Even in the case of acquiring permanent disabilities, some people may thus be able to regain working capacity if receiving the requisite rehabilitation and reintegration support. In the case of a permanent impairment, temporary employment injury benefits cover medical expenses and temporary loss of income related to a work accident. However, if paid only for a limited duration, they do not address the additional costs of disability when people return to work. For example, a person with a physical disability acquired from an employment injury may have additional transportation costs that are not covered if the benefit ceases upon returning to work. It is thus important that workers are able to receive partial disability benefits after returning to work to cover the extra costs of disability.

Out of 349 schemes that clearly state the duration of benefits (including permanent ones), 185 schemes provide permanent disability benefits, followed by 51 schemes that explicitly prescribe benefits until recovery (see figure 30). There are also 113 schemes that offer temporary disability benefits with a maximum duration for entitlement and which are discussed below.

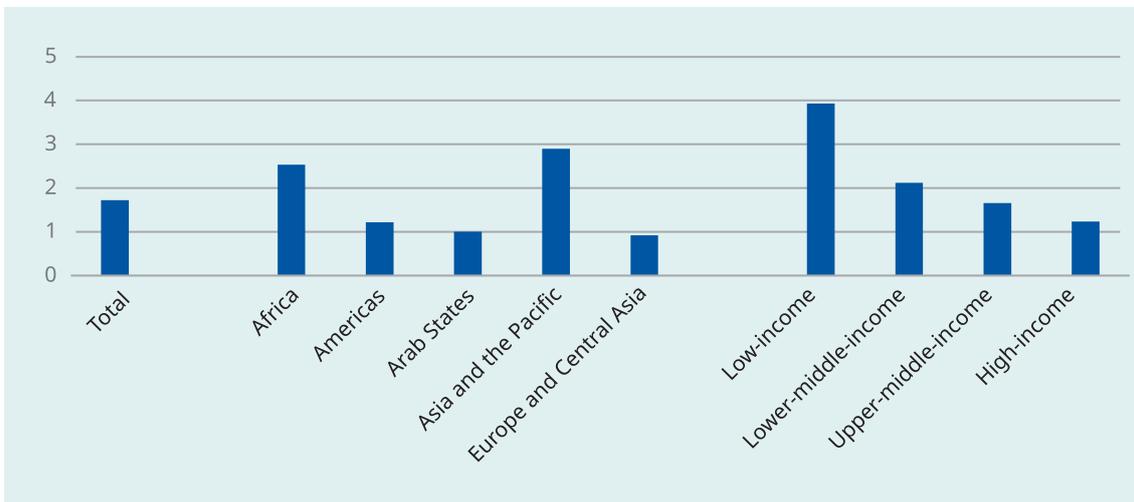
► **Figure 30. Duration of employment injury disability benefits by region and income level, 2021 or latest available year (number of days)**



Source: ISSA/SSA, Social Security Programs Throughout the World.

Article 38 of Convention No. 102 clearly states that the employment injury benefit shall be granted throughout the contingency. Regardless of this provision, 113 out of the 349 schemes provide only temporary disability benefits for employment injury and specify the maximum entitlement period, with the average specified period to receive the temporary benefit being 1.72 years (628.5 days). The median duration among the 113 schemes is exactly 1 year (365 days). Considering the details by region, Asia and the Pacific and Africa anticipate benefit payments over a maximum of 2.5 years on average, whereas the Americas, Arab States, and Europe and Central Asia respectively cover relatively shorter periods with a maximum of around one year. Furthermore, the analysis by income levels shows that high-income countries have a relatively shorter period of 1.24 years while low-income, lower-middle-income, and upper-middle-income countries pay benefits over longer periods, i.e., 3.94, 2.12 and 1.65 years respectively (see figure 31). In countries, where employment injury benefits are paid for only a limited period, it is important that workers with permanent impairments have access to invalidity benefits and the necessary support services once the employment injury benefit is discontinued.

► **Figure 31. Average duration of temporary disability benefits by region and income level, 2021 or latest available year (number of years)**



Source: ISSA/SSA, Social Security Programs Throughout the World.

3.2.7 Means-testing

Employment injury benefits should be provided universally. If people sustain work injuries and are subsequently unable to work in the short term or permanently, they will incur additional costs as well as loss of income. Likewise, as most employment injury schemes are contributory, those paying their contributions are entitled to receive the benefits by virtue of having contributed to the scheme. Employment injury benefits, therefore, are not means-tested. Article 4 of Convention No. 121 states: “National legislation concerning employment injury benefits shall protect all workers, including apprentices, in the public and private sectors, including co-operatives, and, in respect of the death of the breadwinner, prescribed categories of beneficiaries”.

Only 13 out of 427 employment injury schemes examined in this report include any type of test. These are typically earnings tests to determine the benefit level or to determine eligibility for dependant supplements. For example, in Estonia the non-contributory scheme requires an earnings test to determine the benefit level. The allowance (for no or partial work ability) is reduced by €1 for every €2 of monthly earnings. Some schemes apply an income test for the dependant supplement. Seven out of the 13 schemes with a test have a dependant supplement and its eligibility depends on an income test of the household.





Conclusion

Globally, social protection coverage for people with disabilities still remains low, presenting a significant gap between low-income and high-income countries. The UNCRPD and international social security standards provide important guidance to countries for further improving the design and implementation of disability schemes. To this end, the Joint Statement (ILO and IDA 2019) and guidance note, *Towards Inclusive Social Protection Systems Enabling Participation and Inclusion of Persons with Disabilities* (Cote et al. 2023), elaborate on how countries can strengthen the social protection of persons with disabilities.

Based on a global analysis of the current state of disability schemes, this report provides important insights that might contribute to designing schemes consonant with international standards to meet the needs of persons with disabilities and to support their full and effective participation in line with the UNCRPD. Reinforcing social protection systems through a twin-track approach includes both ensuring that mainstream social protection schemes are inclusive and provide disability-specific benefits and services. In particular, it is necessary to cover the additional costs incurred by people with disabilities, including through benefits based on previous earnings. In addition to providing social insurance benefits that largely focus on disabilities acquired during working age, social protection systems need to provide support to people born with disabilities, those who acquire disabilities during childhood or old age or to those who for other reasons have not been in a position to build up sufficient entitlements. Many countries have closed this gap by introducing tax-financed disability benefits alongside contributory schemes while at the same time extending social insurance coverage to those who are not yet sufficiently protected (ILO 2021a; ILO, ISSA and ITCILO 2021).

In terms of benefit adequacy, replacement rates of contributory schemes in many cases meet the minimum benchmarks laid down in international social security standards and pay significantly higher benefits than tax-financed schemes, thus showing the importance of social insurance as a key pillar of a social protection system architecture that provides predictable and sustainable benefits. However, disability benefits calculated solely on the basis of previous earnings may not always be sufficient to cover extra costs or provide adequate income security in line with needs.

Benefit levels of non-contributory disability benefits tend to be very low, indeed often well below national poverty lines. The lack of data on disability-related extra costs poses a challenge in determining adequate benefit levels. Further research is needed to provide an accurate and evidence-based assessment of these expenses. Nevertheless, there are schemes that do give consideration to some of the additional costs of disability, for example by incorporating supplements for constant attendance and dependants, thereby recognizing some of the diverse needs of individuals with disabilities.

As the disability social protection paradigm evolves the global agenda should take into account the minimum requirements of social protection that countries must establish in line with Convention No. 102 and it should also ensure the full and effective inclusion of people with disability in society as articulated in the UNCRPD. To achieve this goal, countries would optimally establish a universal disability allowance for all persons with disabilities as well as social insurance for income replacement. Most disability schemes are not compatible with work and this often forces people with disabilities to choose between receiving benefits or trying to integrate into the labour market. As argued in this report, in addition to income replacement, it is imperative to cover the additional costs associated with disabilities irrespective of employment status.

While this report has focused on the design of cash benefits, there is a need for further analysis to examine the extent to which the implementation modalities also often de facto exclude people with disabilities from receiving their entitlements. The extent to which people with disabilities are able to access needed support services must also be examined. The delivery chain for both mainstream and disability-specific social protection schemes needs to be designed for inclusion at every stage, from

the registration process, disability/eligibility assessment, payment modalities through to complaint and appeal mechanisms. A number of countries lack a countrywide definition of disability or a registration system. Without a reliable identification system for disabilities, social protection schemes cannot reach those who are in greatest need, thus leading to exclusion. Furthermore, in countries where disability identification systems exist, many still rely exclusively on a medical approach that fails to consider the various obstacles encountered by people with disabilities in their environment. Disability assessments should also analyse the diverse barriers and support requirements faced by people with disabilities. Adequate disability social protection must consist of both cash benefits and support services that address the diverse needs of people with disabilities. Yet cash alone is not enough. Thus, for example, in the case of health protection, assistive devices, rehabilitation and care services coverage for catastrophic health expenditures must be included in a country's social health protection schemes.

Building universal social protection systems in line with the 2021 Conclusions of the International Labour Conference (ILO 2021b) requires ensuring that persons with disabilities enjoy effective access to adequate disability-specific and mainstream benefits. Countries should develop inclusive social protection systems that promote the social inclusion and economic empowerment of persons with disabilities in line with the UNCRPD and international social security standards and including consultations with organizations of persons with disabilities (OPDs). The forthcoming guidance note provides concrete recommendations for such policies (Cote et al. 2023).

Annexes

► Annex 1 – Population coverage with disability benefits by country as a proportion of the total population and as a proportion of the working-age population, 2021 or latest available year

Country	The number of person who receive disability benefits	Effective coverage versus total population (percentage)	Effective coverage versus working-age adult (percentage)
Croatia	129,898	3.33	5.05
Norway	176,364	3.26	5.02
United Kingdom	2,191,933	3.26	5.25
Russian Federation	4,665,790	3.25	4.76
Macau, China	21,360	3.24	4.35
Australia	834,202	3.24	4.98
Austria	290,135	3.24	4.91
Germany	2,684,276	3.23	5.04
Brunei Darussalam	14,254	3.23	4.42
United States	10,713,769	3.23	5.17
Belgium	373,385	3.22	5.05
Luxembourg	20,556	3.22	4.67
Georgia	119,063	3.21	5.04
Uruguay	111,873	3.21	4.80
Czechia	343,576	3.21	5.16
Finland	177,759	3.21	5.23
Slovakia	174,727	3.21	4.87
France	2,162,582	3.20	5.30
Poland	1,207,674	3.20	5.29
Ireland	160,647	3.19	4.81
Denmark	186,719	3.19	5.01
Chile	612,359	3.19	4.53
Estonia	42,301	3.18	5.08
Slovenia	66,497	3.16	5.03

Country	The number of person who receive disability benefits	Effective coverage versus total population (percentage)	Effective coverage versus working-age adult (percentage)
Latvia	59,163	3.14	5.02
Netherlands	550,767	3.14	4.88
Sweden	327,008	3.14	5.05
Switzerland	271,991	3.13	4.76
Greece	330,133	3.10	4.97
Lithuania	85,175	3.05	4.64
Azerbaijan	309,006	3.05	4.44
Montenegro	18,839	3.04	4.44
Kazakhstan	576,152	3.03	NA
Belarus	282,985	3.03	4.50
North Macedonia	62,440	3.02	5.20
Armenia	89,159	3.00	4.53
Bosnia and Herzegovina	97,480	2.99	4.25
Romania	570,941	2.99	4.66
Italy	1,762,520	2.98	4.73
Bulgaria	205,338	2.98	4.73
Iceland	11,053	2.97	4.63
Hungary	288,189	2.97	4.67
Ukraine	1,295,764	2.96	5.65
Mongolia	97,965	2.94	4.98
Portugal	288,804	2.80	4.41
Puerto Rico	90,555	2.77	4.11
Israel	254,817	2.72	4.68
Thailand	1,869,687	2.67	3.88
Brazil	5,599,194	2.62	3.79
Argentina	1,196,266	2.61	6.37
New Zealand	128,529	2.51	3.87
Viet Nam	2,397,575	2.44	3.61
Spain	1,155,758	2.44	3.71
Libya	162,433	2.33	4.39
Hong Kong, China	167,019	2.25	3.33
Canada	835,332	2.18	3.37

Country	The number of person who receive disability benefits	Effective coverage versus total population (percentage)	Effective coverage versus working-age adult (percentage)
Trinidad and Tobago	30,645	2.18	3.42
Costa Rica	107,225	2.09	3.11
South Africa	1,252,488	2.09	3.11
Cambodia	349,044	2.06	3.22
Singapore	109,688	2.01	3.95
Kyrgyzstan	131,401	1.96	3.19
Namibia	47,386	1.83	3.32
Japan	2,254,277	1.79	3.04
Bahamas	6,533	1.65	NA
Malta	8,492	1.64	2.39
Tajikistan	146,418	1.50	2.88
Barbados	4,211	1.46	2.45
United States Virgin Islands	1,478	1.40	NA
Maldives	6,701	1.23	2.29
Uzbekistan	409,491	1.17	1.76
Egypt	1,218,739	1.17	1.91
Mexico	1,383,271	1.06	1.60
Guyana	7,928	1.00	1.60
Ecuador	175,540	0.98	1.57
China	13,683,755	0.97	1.44
Cabo Verde	5,297	0.94	1.43
Bahrain	16,333	0.93	1.55
Occupied Palestinian Territory	45,859	0.93	1.45
Malaysia	293,551	0.90	1.28
Jamaica	24,157	0.81	1.29
Korea, Republic of	406,815	0.79	1.13
Venezuela, Bolivarian Republic of	215,347	0.75	1.00
Cyprus	8,855	0.73	1.48
Timor-Leste	8,590	0.64	1.15
Jordan	57,563	0.56	0.83
Tonga	587	0.55	1.02
Fiji	4,941	0.55	0.90
Bangladesh	892,220	0.54	0.88
Oman	27,199	0.52	0.85
Nicaragua	34,156	0.51	0.87
Sri Lanka	112,844	0.51	0.80

Country	The number of person who receive disability benefits	Effective coverage versus total population (percentage)	Effective coverage versus working-age adult (percentage)
Paraguay	30,841	0.43	0.65
Nepal	120,270	0.41	0.65
Afghanistan	161,125	0.40	1.03
Saint Lucia	637	0.35	0.52
Myanmar	169,226	0.31	0.50
Saudi Arabia	107,326	0.30	NA
Kuwait	11,780	0.27	0.35
Dominican Republic	29,802	0.27	0.44
Iran, Islamic Republic of	230,984	0.27	0.40
Bolivia, Plurinational State of	31,971	0.27	0.43
Iraq	109,498	0.27	0.45
Belize	1,041	0.26	0.38
Colombia	115,837	0.23	0.34
Morocco	79,496	0.21	NA
Qatar	6,127	0.21	0.27
Peru	64,008	0.19	0.27
Türkiye	143,220	0.17	0.26
India	2,284,370	0.16	0.28
Tunisia	18,507	0.16	0.24
Saint Vincent and the Grenadines	155	0.14	NA
Algeria	50,554	0.11	0.19
Cameroon	28,921	0.11	0.26
Philippines	106,929	0.10	0.16
Honduras	9,269	0.09	0.16
Mozambique	27,047	0.08	0.22
Indonesia	204,976	0.07	0.11
El Salvador	4,823	0.07	0.11
Guatemala	10,397	0.06	0.10
United Arab Emirates	5,807	0.06	0.06
Sao Tome and Principe	113	0.05	NA
Pakistan	110,028	0.05	0.09
Zimbabwe	6,340	0.04	0.08
Ethiopia	48,879	0.04	0.09
Rwanda	4,685	0.04	0.06
Sudan	10,461	0.02	0.06
Mauritania	1,079	0.02	0.05

Country	The number of person who receive disability benefits	Effective coverage versus total population (percentage)	Effective coverage versus working-age adult (percentage)
Mali	4,018	0.02	0.04
Tanzania, United Republic of	11,774	0.02	0.04
Central African Republic	519	0.01	NA
Lao People's Democratic Republic	613	0.01	0.01
Burkina Faso	1,760	0.01	0.02
Kenya	3,485	0.01	0.01
Guinea-Bissau	107	0.01	0.01
Ghana	1,580	0.00	0.01
Yemen	1,111	0.00	0.01
Nigeria	4,703	0.00	0.0041

Source: ILO, World Social Protection Database, based on the SSI; ILOSTAT; World Bank, World Development Indicators

► Annex 2 – Regional groupings

Region	Subregion	Countries and territoriesw
Africa	Northern Africa	Algeria, Egypt, Libya, Morocco, Sudan, Tunisia, Western Sahara
	Sub-Saharan Africa	Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Congo (Democratic Republic of the), Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Mozambique, Namibia, Niger, Nigeria, Réunion, Rwanda, Saint Helena, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Tanzania (United Republic of), Togo, Uganda, Zambia, Zimbabwe
Americas	Latin America and the Caribbean	Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Falkland Islands (Malvinas), French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Montserrat, Netherlands Antilles, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Martin (France), Saint Vincent and the Grenadines, Sint Maarten (Kingdom of the Netherlands), Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands, Uruguay, Venezuela (Bolivarian Republic of)
	North America	Bermuda, Canada, Greenland, Saint Pierre and Miquelon, United States
Arab States	Arab States	Bahrain, Iraq, Jordan, Kuwait, Lebanon, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen
Asia and the Pacific	Eastern Asia	China, Hong Kong (China), Japan, Korea (Democratic People's Republic of), Korea (Republic of), Macau (China), Mongolia, Taiwan (China)
	South-Eastern Asia	Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam
	Southern Asia	Afghanistan, Bangladesh, Bhutan, India, Iran (Islamic Republic of), Maldives, Nepal, Pakistan, Sri Lanka
	Oceania	American Samoa, Australia, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, New Caledonia, New Zealand, Niue, Norfolk Island, Northern Mariana Islands, Palau Islands, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Wallis and Futuna Islands

Region	Subregion	Countries and territoriesw
Europe and Central Asia	Northern, Southern and Western Europe	Albania, Andorra, Austria, Belgium, Bosnia and Herzegovina, Channel Islands, Croatia, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Gibraltar, Greece, Guernsey, Iceland, Ireland, Isle of Man, Italy, Jersey, Kosovo*, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Portugal, San Marino, Serbia, Slovenia, Spain, Sweden, Switzerland, United Kingdom
	Eastern Europe	Belarus, Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania, Russian Federation, Slovakia, Ukraine
	Central and Western Asia	Armenia, Azerbaijan, Cyprus, Georgia, Israel, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Türkiye, Uzbekistan

* As defined in UN Security Council Resolution 1244(1999). Note: Figures do not always include all the countries in a region because of missing information or unreliable data.

► Annex 3 – Income groupings

Region	Subregion
High-income	Andorra, Australia, Austria, Antigua and Barbuda, Aruba, Bahrain, Bahamas, Barbados, Belgium, Bermuda, British Virgin Islands, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Chile, Croatia, Curaçao, Cyprus, Czechia, Denmark, Estonia, Faroe Islands, Finland, France, French Guiana, French Polynesia, Germany, Gibraltar, Greece, Greenland, Guam, Guernsey, Hong Kong (China), Hungary, Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Jersey, Korea (Republic of), Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau (China), Malta, Martinique, Monaco, Nauru, Netherlands, Netherlands Antilles, New Caledonia, New Zealand, Niue, Norfolk Island, Northern Mariana Islands, Norway, Oman, Panama, Poland, Portugal, Puerto Rico, Romania, Qatar, Réunion, Saint Kitts and Nevis, Saint Martin (France), Saint Pierre and Miquelon, San Marino, Saudi Arabia, Seychelles, Singapore, Sint Maarten (Kingdom of the Netherlands), Slovakia, Slovenia, Spain, Sweden, Switzerland, Taiwan (China), Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States, United States Virgin Islands, Uruguay, Wallis and Futuna Islands
Upper-middle-income	Albania, American Samoa, Argentina, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Georgia, Grenada, Guadeloupe, Guyana, Iraq, Jamaica, Jordan, Kazakhstan, Kosovo*, Libya, Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Montserrat, Namibia, North Macedonia, Palau, Paraguay, Peru, Russian Federation, Saint Lucia, Saint Vincent and the Grenadines, Serbia, South Africa, Suriname, Thailand, Tonga, Turkmenistan, Tuvalu, Türkiye
Lower-middle-income	Angola, Algeria, Bangladesh, Benin, Bhutan, Bolivia (Plurinational State of), Cabo Verde, Cambodia, Cameroon, Comoros, Congo, Côte d'Ivoire, Djibouti, Egypt, El Salvador, Eswatini, Ghana, Haiti, Honduras, India, Indonesia, Iran (Islamic Republic of), Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Lebanon, Lesotho, Mauritania, Micronesia (Federated States of), Mongolia, Morocco, Myanmar, Nepal, Nicaragua, Nigeria, Occupied Palestinian Territory, Pakistan, Papua New Guinea, Philippines, Republic of Moldova, Samoa, Sao Tome and Principe, Solomon Islands, Sri Lanka, Tajikistan, Timor-Leste, Tunisia, Ukraine, Uzbekistan, Vanuatu, Viet Nam, Zambia, Zimbabwe
Low-income	Afghanistan, Burkina Faso, Burundi, Central African Republic, Chad, Congo (Democratic Republic of the), Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Korea (Democratic People's Republic of), Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Syrian Arab Republic, Togo, Uganda, Yemen Republic, Zimbabwe

* As defined in UN Security Council resolution 1244 of 1999.

Note: Figures do not always include all the countries in a region owing to missing information or unreliable data

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