

► Social Protection Spotlight

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Towards solid social protection floors? The role of non-contributory provision during the COVID-19 crisis and beyond

Key points

- The COVID-19 crisis has exposed gaps in social protection coverage, adequacy and comprehensiveness across all countries, regardless of their income level. This has left workers in temporary, part-time or self-employment, as well as workers in the informal economy and their families, very vulnerable.
- Many countries have responded by introducing, scaling up or adapting social protection measures during the pandemic to protect previously uncovered or inadequately covered population groups. Many of these measures were financed from tax revenues or other state revenues, demonstrating the significance of non-contributory provision to ensure at least basic levels of protection for all.
- The crisis has emphasized the importance of guaranteeing access to at least essential health care and to basic income security for all over the life cycle, as stipulated in the Social Protection Floors Recommendation, 2012 (No. 202). These basic social security guarantees protect the health, incomes and dignity of all children, persons of working age and older persons. They have also demonstrated their importance for protecting public health and stabilizing economies and societies at large during this major crisis.
- Social dialogue and social participation are key to devising national social protection extension strategies and achieving an optimal balance between different interests and should be respected at all times, including during crises. This increases collective buy-in and consensus around social protection and therefore its sustainability.
- Going forward, the COVID-19 crisis has confirmed the urgent need to build and maintain a social protection floor to continuously guarantee at least a basic level of social security within national social protection systems for all throughout their lives. It is therefore essential that the temporary measures introduced in the context of this crisis to close protection gaps are understood and utilized as building blocks for establishing rights-based national social protection floors, rather than remaining mere stopgap responses.
- This will require continued and increased investments in social protection, ensuring financial and fiscal sustainability from a mix of financing sources. This will include drawing on taxes and social security contributions – ideally in conjunction with strategies to facilitate the transition from the informal to the formal economy – in order to ensure a balanced mix of financing sources and reduce pressure on government budgets. In the short term, deficit-based spending during the crisis and recovery, as well as the allocation of international resources where needed, can help to close temporary financing gaps. A core underpinning principle at both national and international levels is solidarity in financing that contributes to ensuring sustainability and equity

The role of non-contributory social transfers in the COVID-19 social protection response

Worldwide, the COVID-19 pandemic has exposed the vulnerability of those who are not covered at all by social protection or only inadequately covered. Contemporary coverage gaps are staggering. Only 45 per cent of the world's population has access to at least one social protection benefit; less than one third is covered comprehensively; and even fewer persons enjoy adequate protection when they are in need (ILO 2017). Half of the global population lacks access to health services and about 40 per cent is not affiliated to a publicly mandated programme that guarantees affordable access to health care, with huge differences among regions and income groups (ILO 2017; WHO and World Bank 2017). Countries that already had strong social protection systems were able to rapidly guarantee access to much-needed health care, ensure income security and protect jobs. Countries without sufficiently strong social protection systems in place have had to adopt measures under duress, sometimes with a fair degree of improvisation and teething problems.

The crisis has shown once more the importance of national social protection floors that guarantee access to essential health care and basic income security to all throughout their lives. However, despite the strong commitments made to realize the human right to social security after the 2008 financial crisis, most notably through the adoption of the Social Protection Floors Recommendation, 2012 (No. 202) and the 2030 Agenda for Sustainable Development (see box 1), too little progress has been made. Consequently, the world was woefully unprepared to face the health and socioeconomic repercussions of the COVID-19 crisis and to protect people's health and income security by reducing the trade-offs that people would otherwise have to make between the two.

Worldwide, countries mobilized their existing social protection systems to respond to the COVID-19 crisis by protecting people's health and incomes. However, the scale of the crisis required that many countries had to fill gaps in their social protection systems. Countries have therefore had to extend social protection coverage, ensure adequacy of benefits, and adapt their benefits and delivery mechanisms. As of November 2020, virtually all

countries and territories have implemented or have announced close to 1,600 social protection measures to address the COVID-19 crisis (ILO 2020n).

Non-contributory social transfers, typically financed from taxes and other state revenue, including external grants and loans (see box 2), have played a major role in responding to the crisis. They constituted three quarters of the measures deployed, while the remaining responses have used existing contributory mechanisms, especially social insurance (ILO 2020n). In particular, such non-contributory transfers have been used to urgently extend social protection to population groups that were not covered by existing measures. This encompasses persons who were not affiliated with contributory schemes and who have also not been reached by narrowly targeted "safety nets" because they were not considered "poor enough" to qualify. These population groups constitute the so-called "missing middle". Specifically, this includes many of the 2 billion workers in the informal economy, 1.6 billion of whom work in the sectors most adversely affected by the COVID-19 crisis (ILO 2020c; 2020i; 2020k). The crisis has also exposed the vulnerability of workers in the formal economy who are insufficiently covered, including many workers in temporary, part-time and self-employment.

This brief looks at non-contributory social transfers as part of countries' COVID-19 response through a life-cycle lens, demonstrating the variety of measures that have been adopted to close coverage gaps in different national contexts. It discusses the extent to which the temporary COVID-19 response measures have the potential to become building blocks towards establishing and reinforcing national social protection floors that can guarantee at least a basic level of social security for all. Finally, it outlines policy observations for what would be needed for countries to establish or strengthen their floors as part of comprehensive and shock-responsive social protection systems during the crisis and beyond.

► **Box 1: The Social Protection Floors Recommendation, 2012 (No. 202) and the 2030 Agenda**

Adopted by governments, workers and employers of the ILO's 187 member States, ILO social security standards provide important guidance for ensuring the protection of those in need. In 2012, the International Labour Conference adopted the Social Protection Floors Recommendation, 2012 (No. 202), which complemented existing ILO conventions and recommendations related to social security, notably the Social Security (Minimum Standards) Convention, 1952 (No. 102). Recommendation No. 202 outlines a two-dimensional strategy for the extension of social protection by:

- establishing and maintaining national social protection floors as a fundamental element of their national social security systems; and
- implementing their floors within strategies for the extension of social security that progressively ensure higher levels of social security to as many people as possible.

National social protection floors should comprise at least four basic social security guarantees:

- (a) access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality;
- (b) basic income security for children, at least at a nationally defined minimum level, providing access to nutrition, education, care and any other necessary goods and services;
- (c) basic income security, at least at a nationally defined minimum level, for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; and
- (d) basic income security, at least at a nationally defined minimum level, for older persons.

Recommendation No. 202 emphasizes the overall and primary responsibility of the state in providing this protection and highlights the principles that should be applied, including the universality of protection and non-discrimination; solidarity in financing; sound governance and tripartite participation; and coherence within the social protection system and coordination with other public policies. Within the framework of these universal principles, Member States can and indeed should consider a variety of benefits, schemes and financing options and the most effective and efficient combination to achieve universal social protection in their specific national contexts. Importantly, strategies for extending social protection should be formulated and implemented with the participation of workers' and employers' organizations, as well as in consultation with organizations of other persons concerned.

Reference to social protection floors is also made in Sustainable Development Goal 1.3, by which countries committed to "implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable".

Ensuring access to health care and income security during the crisis: Country responses

In this section, we outline how countries deployed a range of non-contributory measures across the life cycle to protect health and income security. These measures functioned so as to provide the temporary elements of a social protection floor during the crisis. Most of these measures were financed from government budgets or other sources.¹ The brief also cites examples of applied

social dialogue, which is one of the four pillars of the ILO policy response to the pandemic. Effective social dialogue can provide a solid basis to design policies that are balanced and can respond to the needs of society, while maintaining trust and supporting the social contract (ILO 2020f). During this crisis, social dialogue more commonly guided contributory measures than non-contributory measures. This partly reflects the tripartite governance structure of social insurance administrations. Nevertheless, examples of social dialogue informing non-contributory responses did occur and are outlined in box 3.

¹ Unless otherwise specified, country information in this section is referenced in two briefs (ILO 2020k; 2020i), drawing on national sources and existing compilations (Gentilini, Almenfi, Dale, Palacios, et al. 2020); please consult these sources for a full account of references.

Guaranteeing access to health care

Many countries took measures to enhance effective access to health care, close gaps in social health protection and extend financial protection. This included channelling additional fiscal resources into the health system to enhance the availability, accessibility, acceptability and quality of health services for all (ILO 2020h), for example in the Philippines and Thailand. To optimize institutional and staff capacity, Spain and the United Kingdom temporarily bolstered the provision of public health services by commandeering private health facilities and

placing them under public regulation. In other countries, such as China, the prevention, testing and treatment measures, including telemedicine, were integrated within health care benefit packages. Other measures have included safeguarding and extending the coverage of existing social health protection mechanisms and ensuring the universality and continuity of such coverage, such as guaranteeing treatment for foreign residents, as occurred in Thailand.

► **Box 2. Beyond a strict dichotomy of contributory and non-contributory schemes: acknowledging their complementarity and need for integration**

In discussions about social protection, it is common to distinguish between contributory and non-contributory schemes, yet a binary categorization impedes a more integrated vision of social protection systems as reflected in international social security standards.

Non-contributory schemes are usually financed through taxes or other state revenues, including in some cases through external grants or loans. Although recipients do not contribute to financing through social security contributions, they still participate in the financing of these schemes through the tax system, including through payment of income and consumption taxes. In addition to taxation, there is a full range of unpaid care activities through which all members of society and give meaning to their communities and societies and contribute to the economy in ways that are often not measured in terms of economic output, such as child-raising; caring for older persons; continuing training and education; or volunteering. Furthermore, redistribution is justified on the basis that the present-day wealth of all societies is the cumulative social effort of generations and ought to benefit all their descendants. For this reason, some observers argue that the term “non-contributory” may have stigmatizing connotations and give rise to a detractive charity paradigm that undermines rights-based entitlements (McClanahan 2019).

At the same time, many contributory schemes, in particular social insurance schemes, are not entirely financed by contributions but rely partly on government revenue from various sources, including the subsidization of contributions of low-income workers or the financing of policy elements that are considered to be a societal responsibility, such as providing a minimum benefit guarantee or the recognition of care credits in pension schemes.

The distinction between the contributory and non-contributory provision of social protection has become even less pronounced during this crisis since there was a melding of the two in terms of financing and delivery. Contributory schemes were propped up and expanded with significant government subsidies so that they could deal with a shock of unforeseen magnitude; this is especially true for sickness and unemployment schemes, social assistance and other cash transfers and the health system.

The complementarity of contributory and non-contributory provision is also manifested in integrated delivery structures. Countries that could draw on such integrated structures were able to quickly reach the affected categories of the population. For example, in Argentina, a generalized one-off cash benefit was provided through the existing channels of the national social security institution responsible for providing family benefits, thereby facilitating a rapid response. In this case, because the social security institution already administered contributions and benefits for broad categories of workers, including self-employed workers, and because it combined the administration of contributory and non-contributory benefits, it was well-placed to rapidly distribute new benefits to those who were already registered in the system and at the same time extend coverage to more people (Argentina 2020). Similarly, Mozambique proposed the provision of income support to low-income, informal own-account workers by affiliating them with the National Institute of Social Security.

Guaranteeing at least basic income security for children

Evidence demonstrates that health epidemics compound pre-existing vulnerabilities and inequalities and can have disproportionate effects on children (Gavrilovic et al. 2020; UNICEF 2020). To protect families with children from poverty and deprivation and address an increased care burden engendered by school closures, policymakers extended and topped up existing benefits and revised entitlement conditions and delivery mechanisms.

Providing child and family benefits. More than 100 countries have provided explicit support to address the socioeconomic impacts of the crisis on children and their families. Key response measures have included universal child benefits and other child benefits, as well as utility cost waivers and food assistance. Mongolia and South Africa significantly increased the value of their main child benefit, while Canada and Germany provided a one-off child bonus in addition to their main child benefit.

The conditionalities attached to family benefits were suspended in Austria, the Philippines and Guatemala. This adaptation protected the health of beneficiaries and reflected widespread school closures. Uzbekistan temporarily extended the duration of its social allowances for low-income families with children by an additional six months from June, by postponing the recertification

process for qualifying. Moreover, existing in-kind programmes were adapted to support families with children during the crisis. For example, Jamaica adapted its flagship cash transfers programme (PATH) and provided nutritional support through designated distribution points to 10,000 students during school closures. Families later received a cash benefit while schools remained closed to reduce their travel time and costs (Jamaica 2020).

Introducing exceptional family leave and care policies.

With the closure of schools, universities and childcare services in more than 100 countries, impacting more than 800 million children and youth (UNESCO 2020), family leave policies moved to the centre of attention (UNICEF, ILO, and UN Women 2020). Governments expanded special family leave to support working parents affected by school closures (France, Italy). They also subsidized employers, providing paid family leave (Japan) or provided cash transfers or vouchers for babysitting or other childcare services, especially for health care workers (Italy, Poland, Portugal, Republic of Korea). Childcare facilities for the children of health care workers (Austria, France, Netherlands) have been ensured, while those who provide long-term care for older family members, who are particularly vulnerable to COVID-19, have been supported.

► **Box 3. Non-contributory responses negotiated through social dialogue**

Azerbaijan: The Government created a special coordination council to bring together relevant stakeholders, including workers' and employers' representatives, so as to formulate policy responses. This resulted in temporary wages subsidies to 300,000 employees working in sectors affected by the pandemic amounting to 215 million manats (US\$ 127 million); a temporary (April–May 2020) lump-sum payment to 600,000 persons registered as unemployed and informal workers who lost their jobs due to quarantine; and increased social assistance coverage for an additional 12,000 families, which was prolonged to cover the quarantine period (ILO 2020a; 2020f).

Denmark: The Government and the social partners concluded a tripartite agreement on a temporary wage compensation scheme for companies at risk of having to lay off at least 30 per cent or 50 of their employees. The Government and employers covered 75 and 25 per cent of employees' salaries, respectively, for six months up to a capped amount at 30,000 kroner (US\$ 4,410) provided that no workers were laid off. Each employee had to use five vacation days to be eligible (Batchelor and Gram 2020).

Ireland: Workers' and employers' organizations advocated for a temporary wage subsidy scheme that was subsequently adopted by the Government, providing 70 per cent of take-home pay up to a maximum weekly tax-free amount of €410 per week for three months (Government of Ireland 2020; ILO 2020b).

Guaranteeing at least basic income security for the working-age population

Most of the world's working-age population have been adversely affected by the pandemic and especially impacted by lockdown measures that affect employment. According to the latest global estimates, employment declined significantly, as measured by a 17.3 per cent reduction in working hours for the 3rd quarter of 2020 compared with the 4th quarter of 2019. This is equivalent to 495 million full-time jobs (ILO 2020d). The plight of workers meant that policymakers had to quickly reach affected workers in all forms of employment and their families and, where existing schemes were inadequate, efforts were made to introduce entirely new benefits for this category of the population. This was necessary since unemployment protection is one of the least developed functions in social protection, with only one in five of unemployed people worldwide able to count on unemployment benefits (ILO 2017).

Preventing job losses and providing unemployment protection to those who lost their jobs through a combination of tax and contribution-based financing.

Unemployment protection schemes, supported by additional allocations of funds from the general government budget, have been used widely to cope with the devastating employment impact of the crisis (ILO 2020g). This has included measures to support enterprises in retaining workers that aim to prevent unemployment, also referred to as short-time work benefits, partial unemployment benefits or furlough schemes. Several countries introduced employment retention programmes, such as Botswana, France (*activité partielle*), Malaysia, the Netherlands (NOW) and Spain (ERTE). Some countries have significantly prolonged their schemes owing to the protracted nature of the crisis. For example, Germany's worker-retention scheme (*Kurzarbeit*) has been extended to the end of 2021. Similarly, the United Kingdom extended its job retention scheme from an initial six months to one year (United Kingdom 2020). Botswana provided some sectors with a wage subsidy equal to 50 per cent of the employee's monthly wages for three months (Botswana 2020). Elsewhere, one-off emergency payments were made to laid-off workers ineligible for unemployment insurance (such as in Australia, Italy and Japan).

Adapting public employment schemes to provide income support without work requirements or amending their design for a pandemic context. Public employment

programmes can to some extent act as functional equivalents of unemployment protection schemes by guaranteeing a minimum number of workdays and/or wages for equivalent days of work to support income security (ILO 2017; 2020l). Ethiopia amended its Productive Safety Net programme to allow participants to receive an advance three-month payment and at the same time waived work obligations for that period. Rwanda temporarily waived work requirements for participants in its main public work programme, while still paying the cash transfers to respect physical distancing. The Philippines introduced a public employment programme that focused on workers' sanitizing and disinfecting their homes and the immediate vicinity. In addition, to mitigate the adverse impact of quarantine policy on certain workers, the programme provided its 220,320 participants with the highest prevailing regional minimum wage for up to 10 days.

Providing other income support to replace lost earnings for uncovered workers. Many countries have temporarily

extended income support to workers who lost their earnings because of the crisis (ILO 2020c; WIEGO 2020). Viet Nam's crisis response included providing cash transfers to individuals who had lost their earnings but were ineligible for unemployment insurance, including categories of workers with typically high informality risks, such as street vendors and waste pickers. In addition, a cash transfer was provided to family businesses with tax declaration revenues of less than 100 million dong (US\$ 4,200) per year that suspended their activity, therefore potentially reaching both formal and informal workers in these small enterprises.

Brazil and Costa Rica both provided emergency means-tested benefits for three months to newly unemployed formal and informal workers. Both countries also made extensive use of online and phone applications to facilitate access to these benefits. Namibia and Argentina paid a one-off benefit to a wide category of affected workers. Argentina provided its benefit through the existing channels of the national social security institution responsible for providing family benefits (Argentina 2020). Early evidence indicates that Brazil and Argentina managed to significantly reduce coverage gaps for informal workers and encouragingly, it seems that extreme poverty actually declined in response to COVID-19 (Blofield, Giambruno, and Filguera 2020).

Ensuring income security during sick leave through tax-financed sickness benefits. Sickness benefits allow workers to stay at home until they recover, thereby protecting their own health and, in the case of communicable diseases, the health of others (ILO 2020j). Many countries extended sickness benefits to workers who would not otherwise be entitled, financed from the general government budget (such as Germany, Ireland, Portugal and the United Kingdom). One emerging challenge from COVID-19 might be that symptoms can be chronic for some individuals (Rayner, Lokugamage, and Molokhia 2020) and persist beyond the periods covered by sickness benefits. This underscores the importance of ensuring protection beyond the crisis period, with recourse even to tax-financed long-term disability support for those most severely affected.

Extending provision to migrants and the forcibly displaced. In view of the challenges that migrant workers face in accessing social protection in countries of origin, transit and destination, some countries have made a conscious effort to design their responses in a way that considers the specific needs and acute challenges of migrants (ILO 2020m) and the forcibly displaced (ILO 2020e) in the context of COVID-19. For example, Ireland's new unemployment payment is paid to employees and self-employed workers for a maximum of 12 weeks, benefiting students, non-European Economic Area nationals and part-time workers who have lost their employment due to the pandemic.

In France and Spain, residence permits for migrant workers were extended for three additional months to ensure broad access to health care (France and Spain), while in Qatar, migrant workers were provided with medical services, including medical check-ups for COVID-19 and quarantine services free of charge. In Portugal, the status of non-nationals, including asylum-seekers with pending applications, was temporarily regularized, giving them certain rights and support, including health care, social support, employment and housing (ILO 2020k).

Providing income support and access to social services for persons with disabilities. Many countries bolstered existing measures for persons with disabilities. This was critical given the pre-existing barriers and inequalities that were further accentuated by COVID-19 (ILO and IDA 2019; United Nations 2020; UNPRPD et al. 2020). Countries maintained the provision of existing disability pensions (Argentina, Hong Kong (China), Peru, Singapore); introduced an emergency cash payment in addition to in-

kind benefits and existing cash transfers (Bolivia and Egypt); temporarily increased benefit levels (Bahrain doubled the disability pension); and adapted access to social services, including care and support for persons with disabilities (Australia, France). The United Kingdom suspended conditions and sanctions for a limited three-month period for the disability dimension of its main "universal credit" income support measure. Some persons with disabilities also benefited from improved opportunities for telework and employment retention schemes.

Guaranteeing at least basic income security for older persons

Given the acute vulnerability of older persons to COVID-19, ensuring the continued adequacy as well as adjusting the delivery mechanisms of old-age pension benefits have been important policy responses. Some countries advanced the payment of old-age pension benefits (Argentina, Peru and Ukraine). This larger sum of money supported the satisfaction of urgent needs and reduced the upfront income shock. However, in order to prevent subsequent hardship, it may also be necessary to increase benefit levels in order to avoid a deferred income-security shock. Other measures have included ensuring effective access to health care and reducing the physical exposure of older persons when collecting benefit payments. To support the spatial distancing protocol and reduce older persons' potential exposure to the virus, social pension recipients in Algeria were permitted to elect proxies to collect their entitlements.

Providing income support across the life course through social assistance

Extending or introducing new social assistance benefits for vulnerable population groups. Many countries provided social assistance benefits to support the incomes of vulnerable populations. This encompassed poor households, including the working poor; older persons who either have no pension or whose pension is insufficient; or the long-term unemployed who do not qualify for unemployment benefits. Some of these people may have received support prior to the crisis; others were pushed into poverty by the crisis and subsequently became eligible for social assistance support. This policy response was crucial for ensuring that basic needs could be met.

In China, local governments were instructed to increase the benefit levels of their national social assistance scheme (*Dibao*) for either all beneficiaries or those who were infected, depending on the province. Indonesia increased the benefit amounts of its affordable food programme by one third for nine months. Ireland and the United Kingdom relaxed eligibility criteria to increase coverage of their main low-income support measures. Additional support for particularly vulnerable populations, such as homeless persons, was provided in countries such as El Salvador, France and Spain. Cabo Verde extended for one month its poverty-targeted Social Income for Emergency Inclusion Programme (*Rendimento Social de Inclusão Emergencial*) from 4,500 households to an additional 2,788 extremely poor households with at least one child aged 15 or older. Many countries prioritised support for vulnerable groups by not only addressing monetary poverty, but also addressing other types of deprivation through in-kind benefits, such as food items or meals (such as Kerala, India) or cash vouchers to ensure access to food (Federal District (Brazil), Indonesia).

The crisis has expedited much-needed reform in Spain (Alston 2020) when it introduced a new guaranteed minimum income – *Ingreso Mínimo Vital* – programme in May 2020 (Spain 2020). This marks an important extension of the provision of social protection to 2.3 million people (Gómez 2020), including low-income workers, the unemployed and other vulnerable groups. Canada introduced a temporary guaranteed minimum income programme – the Canadian Emergency Response Benefit – for eligible self-employed persons and employees laid off as a result of COVID-19, or whose regular employment or sickness insurance benefits have expired, or low-income workers earning less than 1,000 Canadian dollars (US\$ 780) a month. The programme provides Can\$500 (US\$ 390) a week for up to 24 weeks (March–October) (Canada 2020).

Cash transfers in the context of the humanitarian-development nexus. Where national social protection systems were inadequate, some humanitarian interventions attempted to fill urgent gaps during the COVID-19 crisis. Building government capacities to provide social protection to their populations is essential for longer-term recovery strategies. For example, the Somali Government launched the *Baxnano* programme to provide – for the first time – cash transfers to 1.3 million poor and vulnerable households. As part of the Government’s vision to move away from humanitarian interventions and provide social protection benefits, the

programme is implemented by the Ministry of Labour and Social Affairs, in close collaboration with the World Food Programme and the United Nations Children’s Fund. Iraq also introduced a temporary monthly grant (US\$ 253) to support various groups that have been adversely affected by the nationwide curfew. Introducing social protection measures can also be a means to signal the intention to commence and build elements of a social contract and support social cohesion. While several countries considered in fragile or conflict-affected situations have introduced new measures, it is a matter of concern that some highly fragile humanitarian settings, such as the Central African Republic and Yemen, still lack any COVID-19 social protection measures.

Exceptional, society-wide generalized one-off universal payments and emergency universal basic income.

Recognizing the pervasive impact of the socio-economic crisis caused by COVID-19, some countries or territories introduced universal one-off payments to the entire population in order to mitigate the economic shock and stabilize aggregate demand. Such universal one-off cash transfers were disbursed in Japan (Japan 2020), Hong Kong (China), the Republic of Korea, Serbia, Singapore and a quasi-universal payment in the United States. While such one-off transfers can help mitigate acute shocks to people’s incomes, they are less suited to containing the adverse impacts of a protracted crisis like COVID-19, and their potential to generate multiplier effects is limited unless they are sustained and made more regular. Moreover, ad hoc one-off measures do not build a solid social protection floor, while their ability to guarantee income security and financial planning over the long term is limited.

Limited social protection coverage and the shortcomings of one-off measures partly explains calls for an emergency universal basic income (see box 4) that covers a longer period. However, to date, only Tuvalu, with donor support, has implemented such a response, providing just over US\$17 a month to all citizens (approximately 11,500) for the duration of the crisis (RNZ 2020).

► **Box 4. A renewed public debate about a universal basic income as part of the COVID-19 response**

There has been growing interest in a universal basic income (UBI) as an emergency stability measure during the crisis (Cooke and De Wispelaere 2020). In addition, some proposals for cash transfers were advanced as UBI measures, although they are not full UBIs but either targeted transfers with moderate to high coverage (Gray Molina and Ortiz-Juarez 2020) or universal cash transfers with limited coverage that are envisaged to gradually evolve into full UBI transfers (ECLAC 2020). Only two countries (Iran 2011–present day;² and Mongolia, temporarily from 2010–2012) have ever had a full UBI for all (Gentilini, Grosh, Rigolini, and Yemtsov 2020).³

Parts of the discussions around an emergency UBI as a COVID-19 crisis response has focused on some high-income countries (such as the United Kingdom and the United States) that are considered to have significant coverage gaps or inequitable social protection provision (Standing 2020; Widerquist 2020). Another stream focuses on lower-income contexts, with prevailing poverty and weak social protection systems, to ensure survival, maintain social stability and support physical distancing policies (that is, by providing guaranteed income security during workplace or school closure) and economic recovery. Proponents argue that universal schemes are easier and cheaper to administer in contexts in which limited institutional capacity makes complex eligibility conditions and targeting mechanisms difficult to implement. In such contexts, universal schemes allow the expediting of emergency cash disbursement while minimizing risks of exclusion. There are, however, concerns about the significant financing requirements of a UBI that is set at an adequate level. A modest UBI benefit, in turn, may risk spreading resources too thinly across the population and providing insufficient support to those strongly affected. While a UBI may have intuitive appeal as a simple solution, in practice this instrument may fall short of its objective of guaranteeing at least a basic level of income security to all members of society.

While a UBI could potentially provide all the income security guarantees of a social protection floor if implemented in line with ILO Recommendation No. 202, it is not the only possible solution to achieve universal social protection coverage (Ortiz et al. 2018). Universal social protection does not necessarily require that everyone receives an equal benefit on a continuous basis (universal provision), but can be achieved through other ways of adequately protecting people against the full range of life cycle risks, as long as it is guaranteed that people receive an adequate benefit if and when needed (ILO 2019).

Whether a UBI could contribute to building long-term comprehensive social protection systems, decent work and social justice depends on a range of factors. The principles embodied in the ILO Social Protection Floors Recommendation, 2012 (No. 202) are highly relevant for countries that are considering pursuing an emergency UBI or providing universal benefits to specific categories of the population, such as universal child benefits or universal pensions, or other measures (ILO 2017; ILO and UNICEF 2019; ITUC 2018). They provide a useful tool to evaluate the potential of such universal benefits for contributing to a social protection floor with regard to the adequacy of provision and to equitable and sustainable financing anchored in human rights and international social security standards, as well as to questions around the setting and review of benefit levels through inclusive social dialogue (Ortiz et al. 2018). Following these principles would be essential for ensuring the adequacy and sustainability of a solid social protection floor as opposed to a meagre safety net, and for supporting the transition to higher and more comprehensive social protection coverage. This is important considering that emergency measures are needed to a lesser extent where solid social protection systems, including floors, are in place.

² The UBI amount has remained constant in local currency but has dropped from US\$ 40 per person per month in 2011 to less than US\$ 2 today owing to a variety of internal and external reasons.

³ It is important to note that both countries conceived their UBIs almost entirely incognizant without reference to mainstream UBI debates. The conversion of the Islamic Republic of Iran's fuel subsidy to a UBI and the expansion of Mongolia's universal child benefit (Child Money Programme) to all population groups were never articulated as UBIs by national policymakers. Rather, they were conceptualized as such ex-post-facto by UBI proponents.

Utilizing complementary policies to provide additional support to health and income guarantees

Many governments have used complementary policies to reduce financial pressures on households. These measures have also supported virus-containment efforts and prevented the displacement of people into destitution, homelessness and worsening sanitary conditions. One common response was to provide waivers or postponements of utility and financial obligations. For instance, fuel or utility subsidies were widely utilized. The Government of Bahrain footed the bill for water and electricity provision from April to June. Similarly, Indonesia covered the electricity costs of 40 per cent of the population over the same period. Mortgage and rent deferments were permitted in many countries too (such as Bolivia and Spain). Suspensions of forced evictions to prevent homelessness (such as in Argentina, Belgium) were also commonplace. Angola changed its tax code in May and introduced an exemption threshold, therefore increasing tax progressivity, which supported lower-income workers (ANGOP 2020). Additional measures to shield incomes may include price controls of staple goods and services to prevent price speculation and to maintain the purchasing power of low-income households and the purchasing value of social transfers.

Harnessing synergies to facilitate transitions to formality

Some countries have provided income support to informal workers with a longer-term perspective in mind, aimed at facilitating their transition from the informal to the formal economy, in line with the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204). Through the Novissi programme, Togo has implemented a social transfer for informal economy workers that provided 12,500 CFA francs (US\$21) per month to women and CFAF10,000 (US\$17) to men (April–June), reaching more than half a million workers within a month. Discussions are under way on how to build on this measure and incentivize informal workers to join the social insurance scheme for independent and informal workers later in 2020. Cambodia has proposed the use of its National Social Security Fund to identify and register

informal economy workers to support the future formalization of self-employed workers and micro and small enterprises (ILO 2020c). Jordan plans to set up a COVID-19 Emergency Unemployment and Employment Stabilization Fund (see below) with a strong emphasis to supporting the transition of vulnerable unregistered workers (including non-Jordanian workers) towards their gradual inclusion in contributory schemes.

If these strategies succeed, the extension of social protection to workers in the informal economy can have a triple dividend: it can provide workers with the necessary social protection and corresponding economic security and peace of mind; contribute to productivity gains and transitions from the informal to the formal economy; and in the longer term also contribute to broadening the tax base, among other things, thereby supporting government revenue for further policy action. This can also help shore up the social contract by building trust in the system.

Financing non-contributory provision

In response to the exceptional scale of this crisis, countries have put in place extraordinary fiscal stimulus programmes for their COVID-19 responses that exceed by far the fiscal stimulus packages introduced during the 2008 crisis.⁴ As of 3 September 2020, more than 196 countries had introduced domestic fiscal measures, totalling approximately US\$10.6 trillion (not limited to social protection only), or roughly 12 per cent of global gross domestic product (GDP) in 2019 (Durán Valverde et al. 2020).

Fiscal stimulus responses to COVID-19, however, have been strongly concentrated in high-income countries, with only 15 per cent of the total being mobilized in low- and middle-income countries. In the latter countries, national fiscal measures were predominantly allocated to health and social protection. In Ethiopia, Kenya and Paraguay, for instance, virtually all COVID-19 related funding was allocated to these sectors (Durán Valverde et al. 2020). In addition to domestic efforts, international financial institutions and development cooperation agencies have pledged about US\$1.3 trillion, including US\$1 trillion by the International Monetary Fund (IMF) and about US\$160 billion by the World Bank, as of 3 September 2020). Approximately one tenth of these amounts had been

⁴ COVID-19 fiscal stimulus packages in G20 countries were equivalent to 4.5 per cent of GDP as of 17 April 2020, compared to an average of 1.4 per cent of GDP in 2008, of which roughly one fifth was spent on social protection (ILO and ILS 2011; Battersby, Lam, and Ture 2020).

effectively approved and allocated to countries at that time. This includes emergency assistance packages, credit lines, debt service and relief grant, but most funds come in the form of concessional and regular loans which must be repaid (Durán Valverde et al. 2020).

An innovative example of financing the extension of social protection to workers in the informal economy is the planned COVID-19 Emergency Unemployment and Employment Stabilization Fund in Jordan. The fund will provide immediate income support to previously uncovered workers, while also supporting their gradual inclusion in contributory schemes. The fund will be co-financed by the Government of Jordan and international partners. A first contribution to the fund has been agreed by the Governments of Norway and Netherlands and it is expected to begin its operations in the first quarter of 2021. Such solidarity or basket funds have also been established in other countries, such as Bangladesh, Côte d'Ivoire, Nigeria and Togo.

What is needed for countries to build social protection floors during the crisis and beyond?

COVID-19 is a protracted crisis on a scale incommensurate with other crises. Effective policymaking is further complicated as there is little certainty of when and how quickly economies and societies will recover. The temporary nature of most response measures, typically lasting for just over three months (Gentilini, Almenfi, Dale, Palacios, et al. 2020), gives rise to serious concerns. Many countries are experiencing multiple waves of infection. This means that for the foreseeable future they might be caught in a repeated cycle of full or partial lockdowns. Countries will need to prolong, extend, increase or introduce new social transfers to ensure access to essential health care and income security. Such measures are also necessary to maintain aggregate demand and social stability given the scale of socioeconomic disruption. Moreover, since vaccines should be available soon, for the health and security of everyone, governments and the international community should strive to make these accessible and affordable and to remove impediments such as out-of-pocket expenses as far as possible.

Going forward, countries should carefully consider the extent to which temporary crisis measures could be utilized as building blocks for establishing rights-based

national social protection systems, including floors. This will also ensure preparedness for future crises and shocks and avoid “benefit cliff” fall scenarios in crises contexts. Recommendation No. 202 provides important guidance to countries that are embarking on this trajectory.

Ensuring that the state can effectively fulfil its role. Many states have decisively intervened in this crisis to ensure that people can effectively access health care while supporting job and income security for those most affected. It is the primary responsibility of the state to maintain and further strengthen national social protection systems, including floors, as a matter of urgency beyond the crisis. This is a unique policy window in which states can make unprecedented leaps forward in extending social protection provision, as exemplified by the expansion of welfare states in Europe after the Second World War or the investments into social protection after the Asian financial crisis of 1997.

The examples discussed in this brief show how some countries have not only improved coverage, adequacy and the comprehensiveness of provision of social protection benefits, but have also started addressing structural issues, such as by improving registries, facilitating access to benefits and incentivizing the affiliation to contributory schemes. Going forward, additional measures may be needed to reinforce social protection systems, such as improving legal frameworks; establishing sustainable financing arrangements, delivery mechanisms and monitoring systems; addressing governance challenges; and increasing the shock-responsiveness of these systems. Undertaking such reforms will support efforts to extend coverage.

Enshrining social protection in law. The serious, often existential impact of the COVID-19 crisis on peoples' lives signifies the urgency of moving from emergency responses to a rights-based social protection approach in line with international human rights instruments and social security standards. COVID-19 has reiterated the importance of guaranteeing access to at least a basic level of social security, including health care and income security, for all members of society over their life cycle. Enshrining schemes that ensure universal coverage in national legislation can avoid the need for ad hoc and fragmented approaches. They are an important step in substantiating the right to social security today and in the future. In the context of this crisis and beyond, universal social protection systems hold a major comparative advantage over more limited and fragmented systems. In

the event of a covariant shock, benefits can be bolstered and extended quickly and with relative administrative ease. In a complex, fast-moving and unpredictable crisis like COVID-19, universal schemes that are inclusive of large categories of the population are preferable to and more practicable than targeted approaches. Beyond the crisis, they can be seen as the “bricks and mortar” of social protection systems, providing a solid floor for all to further build upon.

Closing financing gaps by considering a diversity of mechanisms and ensuring sustainable and equitable financing is a matter of priority. The question of how to finance these measures will only become more urgent as the crisis persists, in particular in developing countries. Taking into account the effects of COVID-19 that have already been identified, nearly US\$ 1.2 trillion would be needed in 2020 alone to close gaps in social protection floors in developing countries, or 3.8 per cent of their GDP. Low-income countries account for US\$ 77.9 billion of this total financing gap, equivalent to 15.9 per cent of their GDP (Durán Valverde et al. 2020). These increased financing needs are occurring in conjunction with a sharp decline in government revenue, with the prospects of slow economic recovery and looming austerity.

The IMF warns countries against the premature withdrawal of policy support and advises them to safeguard social spending, use stimuli for job creation and cushion the impact on workers through unemployment insurance and sickness benefits. To service the debt incurred by the deficit spending used to support these measures, governments may need to increase the progressivity of their taxes and ensure that corporations pay their fair share of taxes (IMF 2020; Georgieva 2020). While such policy advice is welcome, there are however concerns about the insufficient availability of financial support for lower-income countries, especially those lacking strong international currencies, a lack of action over debt cancellation (including debt to private financial institutions) and the deadlock on the issuance of special drawing rights (Gallogly-Swan 2020; UNCTAD 2020).

This calls for concerted effort to enhance solidarity in financing both nationally and internationally; with due consideration for ensuring sustainable financing to guarantee social justice. To increase the available fiscal space for social protection, countries could do more to expand the tax base, increase the progressivity of the tax system, redress informality and facilitate transitions to the formal economy. This would also require that all countries

take responsibility beyond pledges and commitments in the current crisis context. This will include combating tax base erosion and profit-shifting (BEPS) by conducting meaningful and coordinated international tax reforms, such as those led by the BEPS initiative of the Organisation for Economic Cooperation and Development, as well as by honouring commitments on official development assistance. If solidarity in financing is pursued, both at the national and international levels, there is sufficient wealth to ensure universal social protection for all.

Better coordination between United Nations agencies, development partners and international financial institutions on the design and financing of social protection. While there is a broad acceptance of the need for coordinated, one United Nations activity on social protection, the crisis has poignantly illustrated the need for such activity to be further enhanced and accelerated. The pre-eminent internationally agreed instrument in this area, Recommendation No. 202, provides critical guidance on the objectives to which efforts to build social protection should be oriented. It offers a framework for coordination to systematically advance joint United Nations collaboration on social protection, as well as collaboration with other development partners, in order to serve country needs; particularly with respect to non-contributory elements. This is especially pertinent to countries where social protection is nascent or absent, as is the case in fragile or humanitarian contexts. The Recommendation’s guidance precludes a policy drift towards an “anything goes” scattershot policy response during crises by providing a guiding framework for the transition from humanitarian support to building social protection systems, including floors, that may serve the population beyond the immediate crisis moment.

Social dialogue and social participation. The pandemic has highlighted the importance of social dialogue for understanding, negotiating and adequately responding to the needs of all, regardless of the contingency (ILO 2020f). While social dialogue more commonly informed adaptations to the provision of social insurance during the crisis, it also informed non-contributory responses but only rarely. This underscores the importance of having in place social protection systems and crisis contingency plans that are already informed by social dialogue before crises strike, in order to ensure preparedness. The ILO’s Employment and Decent Work for Peace and Resilience Recommendation, 2017 (No. 205) stresses the importance of social protection and social dialogue for preventing crises, as well as for responding to and recovering from

them. Whether at times of crisis or not, social protection responses that are designed and implemented without the involvement of social partners and other representatives of persons concerned run the risk of delivering low-quality provision and excluding persons in need or duplicating efforts. The need to involve these actors is imperative for defining national social protection floors, as well as for possibly building on the experiences during COVID-19 that have exposed gaps in coverage, comprehensiveness and adequacy.

Coherence with social, economic and employment policies. The coordination of social protection policies with employment policies, including employment promotion and active labour market policies, will speed up and sustain recovery. The close coordination of employment and social protection policies can support integrated solutions, such as providing workers who are temporarily out of work not only with income security through employment retention or unemployment schemes, but also with online or distanced training opportunities to enable them to reskill or enhance their existing skills and prepare themselves for return to work upon resumption of economic activity.

When the current crisis abates, countries will not be without policy choices with regard to the recovery trajectories to be pursued. Even before the outbreak of the COVID-19 pandemic, most countries have experienced persistent and deep poverty and growing levels of inequality and income insecurity. Combined, these challenges have eroded trust in public institutions and weakened social cohesion (Razavi et al. 2020). Against this background, it is more evident than ever that individuals need to be able to trust in strong social protection systems, including floors, to navigate their uncertain and increasingly complex and interdependent lives. Pursuing a human-centred recovery that contributes to social cohesion and inclusive growth can help to reinvigorate the social contract and enhance countries' resilience in the face of future crises (Razavi et al. 2020). The guidance provided by Recommendation No. 202 is highly pertinent for charting a course out of this crisis and establishing socially just societies.

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This brief was prepared by Mira Bierbaum, Ian Orton and Christina Behrendt, and benefitted from comments from Shahra Razavi, the Social Protection Global Technical Team, ACTRAV, ACT/EMP, CABINET and DDG/P. The Editor of the Social Protection Spotlight brief series is Shahra Razavi, Director, Social Protection Department.

Additional publications, tools and data dashboards related to social protection responses to the COVID-19 crisis are available [here](#).

Contact details

**International Labour Organization
Social Protection Department**
Route des Morillons 4
CH-1211 Geneva 22
Switzerland

T: +41 22 799 7321
E: socpro@ilo.org
W: www.ilo.org
www.social-protection.org