Exploring public options of social health protection for refugees

West and Central Africa

UNHCR The UN Refugee Agency

International Labour Office

Extending social protection to refugees

Since 2014, the International Labour Organization (ILO) and the United Nations High Commissioner for Refugees (UNHCR) have worked together in line with their respective mandates to strengthen access to decent work among refugees, especially as regards income generation and social protection. This partnership has led to the elaboration of joint technical studies in a number of West and Central African countries.

These joint studies have enabled the development of tailored approaches that take into account each country's policies and progress on social health protection and its extension to the informal economy and the agricultural sector. The United Nations Convention relating to the Status of Refugees, 1951, calls for refugees to have the same access to health services as host country nationals. This equality of treatment is also enshrined in ILO standards concerning social protection.

The integration of refugees into initiatives aiming at universal health coverage now demands the development of tailored strategies that are closely tied to the improvement of refugee livelihoods and their economic inclusion. In certain countries, this will require adjustments to the legal framework governing their status and modifications to the social health protection system to improve social inclusion.

National social protection floors (SPFs) guarantee access to essential health care and basic income security for children, people of working age and elderly people. SPFs are essential to reach SDG targets 1.3 and 3.8.

The Social Protection Floors Recommendation, 2012 (No. 202), which seeks to achieve universal social protection, has been adopted by 185 countries.

This document presents a successful experience of the expansion of social protection at the national level.

Figure 1. Kouankan II camp, Guinea Forest Region

Key lessons learned

- The situations in West and Central African countries vary greatly in accordance with the maturity of each country's social health protection system. It is therefore important to develop new strategies in line with the humanitarian-development nexus and national efforts to extend social protection.
- Approaches aiming at integrating refugees into national social protection systems should be designed in accordance with national contexts, combining the contribution of economically integrated refugees with the provision of assistance to the most vulnerable and those with specific needs.
- The vast majority of refugees living in urban areas and camps operate in the informal economy and the agricultural sector, and a significant proportion are in vulnerable situations. The inclusion of refugees in social health protection mechanisms is therefore closely linked to the extension of social protection to the informal economy in line with empowerment and economic integration programmes.

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1. A partnership for the right of refugees to social protection

The extension of social protection towards the attainment of goals 1 and 3 of the UN's 2030 Agenda for Sustainable Development applies to all, including displaced persons and refugees. The number of refugees, asylum seekers or internally displaced persons worldwide has reached an all-time high of over 70 million people (UNHCR, 2019).

ILO instruments such as the Equality of Treatment (Social Security) Convention, 1962 (No. 118) and the Employment and Decent Work for Peace and Resilience Recommendation, 2017 (No. 205) acknowledge the importance of ensuring that displaced persons and refugees are covered by social protection mechanisms (ILO, forthcoming).

Access to health care, including prenatal and postnatal care, is the first guarantee of social protection floors for all. The Social Protection Floors Recommendation, 2012 (No. 202) states that social protection is a universal human right and an economic and social necessity for development and progress. It also underscores the importance of guaranteeing access to "essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality [while preventing] hardship and an increased risk of poverty due to the financial consequences of accessing essential health care".

The health of refugees and other forcibly displaced persons is a key element of the protection provided by UNHCR, the aim of which is to secure their access to quality health services equivalent to those enjoyed by host country populations. Public health and community development programmes are therefore developed in close collaboration with governments and partner organizations and seek to reduce morbidity and mortality among refugees and other persons of concern to UNHCR. These programmes now align with the humanitarian-development nexus and feature initiatives that aim at promoting sustainable local solutions for refugees and host populations.

Since 2014, through this partnership on social health protection, the ILO and UNHCR have worked in several West and Central African countries to strengthen advocacy and provide technical support towards the inclusion of refugees in national social protection systems. The aim of this partnership is to identify opportunities and strategies to integrate refugees into national social protection systems, with health as a starting point.

2. A variety of situations

Although in some cases individuals have gained access to formal work and do not depend on UNHCR assistance, in general, refugees in countries supported through this partnership are, in economic terms, part of the informal economy and the agricultural sector. These refugees therefore fall within the scope of the extension of social protection. The variety of situations at play, especially as regards health coverage, calls for a tailored approach. The countries in question can be broadly grouped into three categories:

- Some countries, such as Rwanda, Djibouti, Sudan and Senegal, have sought to include the entire population in a social health protection system combining contributory and non-contributory mechanisms. However, the integration of refugees is not necessarily a given, and countries sometimes need to be reminded of their international commitments before the technical and financial arrangements for integration can be considered.

- Other countries, such as Cameroon and Burkina Faso, are in the process of implementing their national health coverage systems. In such cases, the inclusion of refugees requires first that they be taken into account in the design of these systems, when developing the technical and financial architecture of the system.

- Finally, some countries have not yet taken the decision to develop a universal health coverage system. Substantive work is therefore needed to support the development of national social protection systems, in particular through inclusive national dialogue. UNHCR may occasionally opt for transitional measures in these countries. For example, in the Democratic Republic of the Congo, where there are currently no public options for coverage for refugees, UNHCR has decided to register refugees in urban areas with a mutual

health fund already accessed by nationals. Conversely, existing mutual and private funds in Guinea do not have the technical capacity and minimum management structure required and refugees are therefore covered by UNHCR directly.

The inclusion of refugees in social health protection coverage schemes feeds into the broader question of extension of social protection to the informal economy, which requires strategies aiming at gradual integration to be formulated and closely aligned with programmes focused on economic integration. Technical studies conducted in these countries have also demonstrated the limits of strategies based around private mechanisms such as community health mutual funds and commercial insurance.

3. A promising example of integration in Rwanda

The national social health protection system in Rwanda comprises several schemes addressing different professional and socioeconomic groups. Aside from a number of students registered with the national university mutual fund and workers covered by Rwandan Health Insurance scheme (RAMA, from the French Rwandaise d'Assurance Maladie), all other refugees are covered by community-based health insurance (CBHI). CBHI is a public social security scheme administered by the Rwanda Social Security Board (RSSB). In 2017, the Rwandan Government pledged to integrate refugees gradually into the national social health protection system. A technical feasibility study was conducted by the ILO and UNHCR the following year. The enrolment of urban refugees began in September 2019 along with the issuance of identity cards by the Rwandan Government. The feasibility study effectively revealed close links between legal protection measures for refugees, such as access to identification documents in the host country, and administrative barriers to accessing social protection and care.

Just over 6,200 adults and children are now covered by CBHI. The short-term goal is to enrol the 12,000 refugees living in urban areas onto the system, with this coverage to be extended to those living in camps at a later stage. Any adaptations are discussed in the context of a memorandum of understanding between the ministry responsible for refugees, CBHI and UNHCR, with the aim of ensuring that refugees can access conditions similar to those enjoyed by host communities. In particular, this will require the application to refugees of a contribution categorization system and registration and membership renewal procedures that are similar to those available to Rwandan households operating in the informal economy. At some point in the future, the cost of this health coverage will be shared between refugees and UNHCR, which will continue to cover contributions for children, people in vulnerable circumstances and those with specific needs.

Figure 2. Mentao camp, Burkina Faso

4. Next steps

Based on initial experiences of integrating refugees into national social health protection systems, it is necessary to develop a tailored approach for each country concerned. To this end, tools should be developed to analyse national health coverage systems and UNHCR public health and protection teams should see their capacities reinforced on this theme. It will also be important to formulate a strategy tailored to each country's situation in cooperation with public institutions and agencies that support the extension of social protection (such as the ILO), which should align with programmes aiming at improving livelihoods led by UNHCR and partner organizations.

The ILO and UNHCR will continue their joint work with the development of pilot experiences in Africa and Central America.

REFERENCES

ILO. 2017. World Social Protection Report 2017 - 2019: Universal Social Protection to Achieve Sustainable Development Goals. Available: https://www.social-protection.org/gimi/ShowRessource.action?id=54922

ILO. 2019. Building Social Protection Systems: International Standards and Human Rights Instruments. Available: https://www.social-protection.org/gimi/ShowRessource.action?id=55345

ILO. Forthcoming. How-To-Guide on Social Protection for Migrants, Refugees and other displaced persons. ILO: Geneva.

ILO and UNHCR. 2017. Joint letter for all staff. ILO-UNHCR Joint Action Plan. Available: https://www.social-protection.org/gimi/gess/ShowProjectRessource.action?ressource.ressourceId=55006&pid=2657

ILO and UNHCR. 2018. Technical Study "Exploring Public Social Health Protection Options for Refugees in Rwanda".

UNHCR. 2010. Public health equity in refugee and other displaced persons. Available at: https://www.social-protection.org/gimi/ShowRessource.action?id=20040

HCR. 2019. Global Trends – Forced Displacement in 2018. Disponible: https://www.unhcr.org/5d08d7ee7.pdf

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