

# COVID-19 and social protection in Europe and Central Asia

A moment of opportunity to expand and strengthen social protection mechanisms to safeguard health, well-being and livelihoods, leaving no one behind



# Abstract

The COVID-19 epidemic is a health and a socioeconomic crisis without precedent. Governments across the WHO European Region and Central Asia have introduced a variety of policy responses to mitigate the consequences of the containment measures on well-being and the economy, employment and incomes, and on families and children who are not able to access social and health services. This discussion paper considers some of the key social protection interventions, including health protection, unemployment, family and child support, and measures against social exclusion and housing insecurity. Where comprehensive social protection systems and policies are already well established, they protect people from risks during normal circumstances, but are also better equipped to respond when emergencies hit and mitigate against social and health inequalities. The crisis is a moment of opportunity to accelerate long-postponed reforms in well developed welfare states and to work towards the establishment of national social protection floors in countries whose social protection systems are still fragmented to ensure universal access to health and income security for all.

# Keywords

- COVID-19
- ECONOMIC CRISIS
- HEALTH EMERGENCIES
- HEALTH INEQUALITIES
- SOCIAL PROTECTION
- UNIVERSAL HEALTH COVERAGE

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# Key messages

Adequately funded and well designed social protection is key to building the resilience of households and economies to health, social, economic and climate-related shocks, promoting inclusive economic growth and investing in human capabilities, addressing health, economic and social exclusion and building social cohesion and peace. The following key messages are intended for governments, UN organizations and policy-makers involved in work on reducing income and health inequities.

- 1. COVID-19 poses a moment of opportunity for countries to accelerate the establishment of national social protection floors containing basic social protection guarantees that ensure universal access to health care and income security** at least at a nationally defined minimum level, with the progressive achievement of higher levels of protection within comprehensive social protection systems (1).
- 2. Learning from the past shows that underinvestment in and inadequate design of, social protection systems increase the health and poverty risks that arise from economic and health crises. These risks are not evenly distributed across the population:** the shutdowns have revealed important coverage gaps and highlighted how difficult it is to fill them quickly in a crisis. Those working in self-employment, informal and precarious work risk severe health consequences and economic deprivation simply because countries have not developed robust mechanisms to address income insecurity before the crisis occurred. Extending social protection coverage to these workers is possible, as many country experiences in this document show (2-4).
- 3. The capacity of governments to engage in social dialogue with workers, employers and other groups in society is essential to enabling quick and effective responses to mitigate the impact of social and economic shocks.** Some countries were able to arrive at collective agreements quickly, while others have either relied on firms to act responsibly in light of new policy announcements or have been forced to implement shutdowns that stop companies and industries from acting in their own interests. In this context, organized labour is an important lever for guaranteeing basic social protection rights. Groups that currently are excluded from formal employment should urgently be considered integral

parts of the labour force and be afforded access to adequate representation in a way that will ensure their voices are heard.

- 4. The impact of the crisis has highlighted the imperative of more effective financing of social protection systems, including universal health care (UHC).** Reforms in national tax systems will be necessary. This may include, among others, corporate-tax reforms to ensure that all companies, including multinationals, contribute to the process of recovery and beyond. Financial transaction taxes for the financial sector, including taxes on global currency transactions, present another option, as does implementation of progressive income and wealth taxes and policies to reduce illicit financial flows. In the short term, countries clearly will need more flexibility with regards to deficit financing rules and concessional international borrowing to be able to support immediate investments; this already is happening within the European Union and at international level, with the International Monetary Fund providing debt relief to 25 countries.
- 5. The current crisis, which prevents children and families from accessing many essential services, is a reminder of the key role social transfers play in shielding children and families from some of the worst effects of social and economic insecurities.** Beyond that, greater focus should be placed on extending programmes aimed at alleviating social exclusion, particularly for the most deprived families and children. Such programmes should connect material support (both cash and in-kind programmes) with complementary measures like counselling, parenting classes and information about services.
- 6. Enforcing tenancy rights enshrined in law that protect tenants and guarantee safe shelter is key in a crisis situation.** The COVID-19 pandemic also showcases the need for national governments to invest in and secure social housing that enables the provision of adequate accommodation and basic services to less affluent population groups and enables national politics to have a stronger influence on housing supply and price levels (5–9).
- 7. Social protection policies, in particular social assistance, need to be more generous and be more pro-poor to have a meaningful impact.** In many countries across the WHO European Region, social assistance fails to reach the most marginalized and those most in need due to restrictive

targeting, fragmentation and cumbersome enrolment processes. Benefit levels tend to be too low to have an effective and sustained impact on household poverty, health equity and well-being. Several policy options exist to allow governments to extend support to affected families; for instance, governments are revising their eligibility criteria, waiving conditionalities, enabling fast-tracking enrolments, delaying recertification and providing additional top-up transfers to social assistance claimants.

**8. Recovery must lead to a more sustainable, equitable and inclusive economy in which health, social and environmental conditions that determine well-being are central to the development of a new normal.** While the health system response is critical, important public policy levers lie outside the health sector with those responsible for fiscal policy and social protection. Countries with weaker health and social protection systems struggle more in responding to health and economic shocks (10). Building more resilient health and social protection systems requires sustained increases in public funding. This is a political choice. Economic recovery should not lead to fiscal austerity for health and social protection systems in the medium term; in fact, austerity would be highly likely to undermine the economic recovery.

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# Introduction

The COVID19 virus continues to spread in some part of the world while in others, including in some parts of Europe and Central Asia, countries are seeing a sustained reduction in the numbers of reported new cases and in the numbers of lives lost. This is due to a range of public health measures, including social distancing, hygiene practices and large-scale public and commercial lock-downs. However, almost all countries are facing unprecedented social and economic effects in the form of reduction and loss of incomes, unemployment and the closures of businesses. This implies increasing income insecurity and the associated risk of social exclusion for many, but in particular for those who were already finding it hard to make ends meet prior to COVID-19.

While the transition period to a new normal is likely to last several months, COVID-19 stresses the need for comprehensive social protection systems that can protect households against crises and provide rapid support when emergencies hit.

Social protection refers to policies aimed at protecting against the risks and needs associated with unemployment, maternity, parental and caring responsibilities, disability, old age, housing and social exclusion. In relation to sickness benefits and health care, it means alleviating the burden caused by ill health and reducing the indirect costs of disease and disability, such as lost months or years of income due to short- and long-term disability, care of family members, lower productivity, and the impaired education and social development of children (11–14).

Effective social protection systems play an important role in enabling households and individuals throughout the life-course to better prepare for, and cope with, social and economic shocks of all kinds (15–18). Some countries, including most Member States of the European Union (EU), have mature and relatively comprehensive social protection systems in place, albeit with some important gaps. In other parts of the WHO European Region, especially in Central Asia, social protection systems face challenges of fragmentation, low levels of public social spending, limited coverage and inadequate benefit levels (19). Even countries with more wide-reaching systems have gaps in coverage and adequacy, especially for the most vulnerable groups, including refugees, migrants and those in the informal economy. This highlights the need for more flexibility in delivering social protection in emergencies but also, most of all,

for creating sustainable solutions to extending social protection in a comprehensive and systemic way.

The gradual relaxation of containment measures in many countries has allowed for the gradual re-opening of economic activities, but this will not be enough to mitigate the social and economic fallouts of the pandemic.

As a result of the shutdowns, the International Labour Organization (ILO) estimates that working hours will decline by 10.5% in the second quarter of 2020 compared to the last pre-crisis quarter (the last quarter of 2019), the equivalent of 305 million full-time jobs. For Europe and Central Asia, estimates suggest an 11.8% loss in working hours for the second quarter of 2020, with relative poverty rates for informal workers in the WHO European Region predicted to rise from 34% before the crisis to 80% four months into the crisis (20).

The economic consequences of COVID-19 will also have a severe impact on the remittance economies. In Tajikistan – one of the most remittance-dependent countries in the world – the overall volume of cash transfers from the Russian Federation had decreased between 30% and 35% in March 2020 compared to 2019. The insecurity created around COVID-19 has also led to an upsurge in food prices in the WHO European Region (in Tajikistan and Turkmenistan, for instance), with severe negative impacts on large parts of the population (21). The International Monetary Fund estimates that global growth is projected to contract sharply by -3% in 2020 (22) and the Organisation for Economic Co-operation and Development estimates that output will decline by one fifth or one quarter in many economies, with consumer expenditure dropping by around one third.

World Bank scenarios for Europe and Central Asia predict that regional growth will contract between -4.4% to -2.8% due to the coronavirus pandemic, with a subsequent rebound to roughly 5.6–6.1% in 2021 as policy measures are introduced, global commodity prices gradually recover and trade strengthens (23). Forecasts for the EU are similar, with the European Commission predicting a fall in real gross domestic product (GDP) in 2020 to well below zero or even substantially negative as a result of COVID-19 (24). This would outweigh by far anything experienced during the global financial crisis in 2008–2009 (25,26).

Social protection, health and well-being are closely linked (27,28). Protecting livelihoods and guaranteeing access and quality of health-related goods and services such as shelter,

food, fuel, family support and caring services are mutually reinforcing in the way they protect the economic well-being and health of people. Social protection is in this way an important public health measure (29). Evidence from prior to the crisis shows that there is a direct correlation between income insecurity and higher rates of poor mental health, well-being, early-onset morbidity and premature mortality. Those who are out of work or in insecure and part-time employment, those with unpaid caring roles and those with few savings are most at risk of poverty and poor health. This affects young people aged 18–28 and those with fewer years in education and adult training, women, single-household families and migrants (27). People who were already in a vulnerable position before the pandemic are expected to be among the hardest hit in terms of their economic well-being and health.

United Nations agencies participating in the United Nations Sustainable Development Goals Europe and Central Asia Issue-based Coalition on Social Protection support governments in the Region to react to the crisis through social protection strategies both in the short term, to mitigate the immediate consequences of the crisis, and in the long term, to support recovery (30). These measures include expanding social health protection (such as introducing or expanding sickness benefits and universal health care (UHC)) and short-time work benefits that support enterprises in retaining workers during troughs in demand, extending unemployment protection coverage and benefits levels, and reinforcing social assistance and social services (31).

This discussion paper aims to stimulate debate and inspire action among governments, UN organizations and policy-makers who are involved in response and recovery on what is possible to protect vulnerable groups during the crisis. It also draws attention to the fact that the COVID-19 pandemic is a moment of opportunity to learn from the past and go beyond the immediate crisis to expand and strengthen social protection mechanisms to safeguard health, well-being and livelihoods in the long run, prevent social and economic inequalities from further deepening, and ensure that economic recovery does not become fiscal austerity for health and social protection systems in the medium term.

## Methodology

The research and writing for this paper is based on key strategic and policy documents of the WHO Regional Office for Europe, the United Nations Children's Fund (UNICEF) Regional Office for Europe and Central Asia and the ILO and ILO Regional Office for Europe and Central Asia, the United Nations and scientific publications on social protection, health and well-being. It has benefitted from inputs and review from technical experts across the organizations involved, including experts from the WHO European Scientific Advisory Expert Group on Health Equity (SAGE). All contents referring to countries have been validated by country offices and subregional offices of the UN agencies involved, country national focal points, WHO country representatives and UN country teams. Examples have been selected to provide a balanced picture from across the WHO European Region and illustrate key social protection interventions. They do not represent a systematic and comprehensive review of countries' actions.

# Background

Health crises and global recessions have been witnessed before, and those experiences can inform the current response.

- Established social protection systems are important social and economic stabilizers during crisis periods, not only softening impacts on individuals, but also acting as an effective countercyclical stabilizer for the economy. During the 2008 financial crisis, social protection measures, including health, helped to cushion the adverse impacts on the labour market, contributed to maintaining social cohesion and stimulated aggregated demand, which greatly facilitated a speedier recovery (32–35). Conversely, countries with weaker social protection systems in terms of coverage, funding and benefits levels were not only hit harder by the immediate impacts of the last crisis, but also had a much harder time recovering economically, showing continuing downward trends and high unemployment rates. To maximize their impact, social protection measures must be linked appropriately to a conducive macroeconomic framework, including fiscal and monetary policies that promote full and decent employment and support the fiscal sustainability of social protection systems. Social protection policies need to be adequately financed even in periods of economic downturn to ensure the needs of populations – which typically are greater during times of crisis because of higher unemployment and poverty – can be met and that the social protection system can play its role as an automatic stabilizer in the economy (19).
- Social protection policy responses must not lose sight of a long-term perspective that ensures the financial sustainability of social protection promises. While countries and governments typically are introducing a number of economic stimulus packages, including social protection measures during crisis periods, these may (depending on the length and depth of the recession) fall victim to fiscal consolidation measures in the long run, reinforcing inequality, poverty and deteriorating living conditions, particularly for the most vulnerable groups. Cuts in public social spending, especially cuts in public spending on health and privatization of health care in the aftermath of the 2008 financial and economic crisis in Europe (10), weakened the financial capacity of these systems to respond to shocks, potentially exposing governments to new financial, economic and social

risks.<sup>1</sup> Meanwhile, the partial shift towards private provision through, for example, third-pillar pension funds, individual saving schemes or private health insurance is exposing many of these mechanisms to the risk to fluctuations in financial markets.

It is important that social protection and health policies are mutually reinforcing and complementary, pointing to the need for comprehensive and integrated social protection schemes that, for example, link health coverage and income security, or cash benefits and access to good-quality public welfare and employment services, including health. Implemented in isolation, they are likely to be much less effective (36).

- Investing in social protection is a long-term investment in society, strengthening economic growth and social cohesion in good times and cushioning both in bad times. Countries with strong fiscal space naturally are better able to provide financial stimuli. Both tax-financed benefits, especially if universal in nature (such as universal child benefits), and social insurance schemes are highly relevant in this regard (37). Social protection, however, is not a question of fiscal space alone; it is also an issue of political will and commitment to invest in a recovery for all (38).<sup>2</sup> Richer countries with established welfare states tend to spend more on social protection than poorer countries, but there is no global relationship between a country's income level and social protection spending. Evidence suggests that countries at similar levels of GDP display considerable differences in their level of social protection expenditure, illustrating the role of political choices in the process (19,39).<sup>3</sup>

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1. The consequences of short-term austerity measures in public spending, including social protection, in the aftermath of the 2008 crisis, when many countries started to cut back on social protection expenditure despite continued heightened need, are well documented, especially for high-income countries. Together with persistent unemployment, lower wages and higher taxes, these measures have contributed to an increase in poverty, now affecting 86 million people in the EU, representing more than 17% of the population; many are children, women and persons with disabilities (32).
  2. As part of the crisis response, social protection measures made up a significant part of fiscal stimulus packages in rich and poor countries. In middle- and higher-income countries, it is estimated that on average about 25% of fiscal-stimulus spending represented some form of social protection (32).
  3. An analysis of the spending pattern of social assistance programmes (non-contributory interventions) suggests that there is no global relationship between a country's income level and social assistance spending as a percentage of GDP. The proportion of social assistance spending as a percentage of GDP does not differ that much between high-income and upper-middle-income countries (1.9% and 1.6% respectively) and low-income and lower-middle-income countries (1.4 % and 1.5%), reflecting different policy preferences rather than economic conditions (39). More affluent countries, however, spend a higher proportion of their GDP on social insurance that tends to provide a higher level of protection than social assistance.

- Age and gender are intimately connected to the burdens created by responses to the virus and need to be explicitly considered to develop comprehensive and balanced responses. There is a serious risk that social protection policies aimed at ensuring livelihoods in the short term and the economic recovery in the medium term will overlook the specific situation of women and people with disabilities (40), as well as children and young and older people. During the financial and economic crisis of 2008, children, particularly disabled children and their families, as well as lone-mother families, bore the major burden of cuts to social protection in some European countries (41,42). As a consequence, child poverty increased in many countries, as did the number of so-called NEETs (low-skilled young people aged between 15 and 29 who are not in employment, education or training) (43). Inattention in policy responses to the situation of women, children, young people and people with disabilities can have long-lasting consequences in terms of greater poverty and inequality, and lower engagement in the labour force and economic growth.
- Programmes and policies that are already well established will have the greatest impact on the crisis and recovery (44). Countries best able to defuse the impacts of the 2008 crisis were those that already had comprehensive social protection systems in place (45). Schemes in operation provided policy-makers with immediate solutions to respond to the crisis and offer adequate protection to those affected (32,46). At the same time, they could easily be scaled up to include other groups affected by the crisis and raise benefits levels, which supported beneficiaries in a more effective and sustainable way than short-term interventions. They also tended to be more efficient and cost-effective than the start-up expenses required when introducing new programmes (47). This is also true for social protection schemes with limited but well functioning programmes. Although limited in coverage and far from comprehensive, Central Asian countries with functioning programmes were much more effective in shielding people against sudden crisis situations than those without established systems (48).

## **Challenges posed by inadequate social protection coverage and policy options to address them**

COVID-19 is exposing critical gaps in social protection coverage for different types of benefits that undermine the realization of the human right to social security. It highlights important gaps in health and sickness benefit coverage for large numbers of workers, which constitutes a critical challenge for public health and income security.

Latest ILO estimates indicate that a little over 85% of the labour force in Europe and Central Asia is legally covered, but de facto coverage is probably much lower due to practical barriers of access and/or under-registration. Of concern is the fact that this group represents less than half of the formal working-age population in the WHO European Region, with segments of informal workers growing overall but being particularly high in Central Asia (13,14,49). Many self-employed workers, workers in non-standard employment and those working in the informal economy (many of whom are women and people who come from disadvantaged groups) are insufficiently covered or not covered at all. These gaps are important in the WHO European Region, where informal and precarious employment has been increasing as a share of employment, leaving large swathes of the population without social protection coverage. The incidence of non-standard forms of work has increased in the EU over the past decade. The share of the labour force working on standard open-ended full-time contracts fell from 62% in 2003 to 59% in 2014 (50).

This crisis highlights that many of the most essential occupations are also those with the greatest deficits in terms of decent working conditions and pay. These include, but are not limited to, delivery workers, workers in food production (particularly agricultural workers), warehouse workers, cleaners, domestic workers and workers on temporary jobs in the health and care sectors (51,52). Many of these have a very clear gender aspect to them, such as frontline workers in both the health- and social-care sectors. Workers who cannot rely on sickness benefits during sick leave may be compelled to report to work while sick or feel reluctant to self-isolate, thereby potentially passing on the virus to colleagues and clients (14). A lack of universal coverage of sickness benefits is therefore one of the major challenges to successful virus

containment strategies, especially going forward when formal lockdowns are relaxed (44).

Coverage gaps in other areas of social protection, such as unemployment protection or old-age pensions, also impact on management of the current crisis. In countries where, for example, agricultural or domestic workers are not covered by pension schemes, they have to rely on small ad hoc jobs or their families for income support. Older people, who are at higher risk for COVID-19 infection, are in a particularly vulnerable situation. Overall, 5% of people above retirement age in Europe and Central Asia still do not receive an old-age pension, with wide variations between countries and social groups. The proportion is twice as high in Central Asia (19).

## Extending social protection coverage

Against this background, an increase in social protection coverage through immediate measures in the short term and a longer-term approach that also takes into account new risks is key. As of 12 May 2020, 168 countries, including 50 in Europe and Central Asia, had utilized over 915 new or existing social protection programmes to mitigate the consequences of COVID-19 (53). Measures have included: anticipating payments of cash transfer programmes, often on a one-off basis (such as in Armenia and Turkey); increasing the coverage of existing pension and other social protection schemes (Ukraine) and public works (Uzbekistan); increasing social insurance sickness benefits and extending health insurance coverage on a temporary basis (Kazakhstan) to guarantee access to health-care services; and subsidizing social protection contributions and unemployment insurance (Austria). Portugal provides a social benefit for employees, self-employed and domestic workers who have children aged up to 12 years and therefore have to be absent from work to care for them. To date, more than 270 000 people have received the daily allowance: in March, beneficiaries on average received the allowance for 13–15 days, but the average number of days increased to up to 27 in April. Though a temporary measure, this benefit will continue over subsequent months, as most schools will remain closed until September. Around 80% of applicants are women, indicating the major role of women in taking on the burden of care work as a consequence of the lockdown (54).

Immediate extension of coverage may imply simplifying registration and adjusting eligibility criteria, and putting in place measures to extend social protection coverage for domestic workers, cleaning staff and others who often are not registered for social protection. Portugal also expedited the process of regularization of immigrants and asylum seekers, allowing them access to social protection benefits, and regularization of rental and work contracts (access to the health system is universal and therefore unlikely to change as a result) (55,56). Countries such as Bulgaria have taken measures to adjust the procedures of claiming pensions and other benefits to support physical distancing, as has Kosovo.<sup>4</sup>

The current crisis highlights that collectively financed mechanisms are more robust in terms of protection. For example, paid sick leave can be financed by the employer as a legal liability (often referred to as statutory paid sick leave) or through social protection financed via contributions, taxes, or a combination of both. There are limitations to relying on employer liability, as by definition it does not cover the self-employed, and in a context in which businesses are already hit by an economic slowdown, employers are often unable to pay for such leave (13,31). Payment for benefits that cannot properly be met by contributions should be complemented through general taxation (57). Several governments have already followed this recommendation by taking measures to extend sickness benefits financed from general taxation or social insurance contributions to workers who otherwise are not entitled to statutory paid sick leave or sickness benefits; for example, in Ireland<sup>5</sup> and the United Kingdom, sickness benefits have been extended to all workers currently excluded and the benefit level increased (58,59).

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4. For the purposes of this publication, all references to "Kosovo", including in the bibliography, should be understood/read as "Kosovo (in accordance with Security Council resolution 1244 (1999))".

5. In Ireland, a COVID-19 enhanced illness benefit has been introduced. The programme compensates those who have been diagnosed with COVID-19 or are medically certified to self-isolate as a result of COVID-19. Eligible people will be paid at a rate of €350 per week (as compared with the normal illness benefit rate of €203). This is available to employees and those who are self-employed.

## Increasing the scope and adequacy of benefits

One important measure for coping with the crisis is to increase the scope of benefits and/or render access to benefits and services easier. For example, governments may consider amending policies to waive or relax the requirement for a medical certificate if an employee takes sick leave and receives sickness benefits. This measure may be particularly relevant in situations where governments are advising people who present COVID symptoms to not go directly to doctors, hospitals or medical services to avoid overwhelming the health system, but rather to stay home or call a hotline for advice.

Australia, Canada, Ireland and Sweden have taken measures to suppress the waiting period for accessing sickness benefit in response to COVID-19 by simply waiving them. Sweden decided to temporarily discontinue the sickness benefit standard deduction. The decision means that workers will get sickness benefits from the first day they have to be absent from work due to illness (60). In some contexts, it might also be necessary to extend sickness benefits to carers of sick dependants (61): France extended the sickness benefit to caregivers of children or people in self-isolation during COVID-19.

Another important measure in responding to the crisis is the vertical expansion of benefits through a temporary top-up to existing cash benefits for social assistance claimants hit by the COVID-19 crisis. Most countries in the WHO European Region have social assistance programmes in place that can be leveraged to deliver emergency cash transfers quickly and cost-efficiently. Around 8500 claimants of family allowances in Montenegro will receive a one-off transfer of €50 (62). In Ukraine, the government introduced one-off cash assistance of UAH 1000 (US\$ 35) to pensioners receiving less than UAH 5000 a month (63), and Kazakhstan has announced an increase in pensions and welfare payments of 10%. An alternative measure is to subsidize the costs of nutrition, fuel and utilities. In the United Kingdom, fuel duty will remain frozen for another year to ease costs on all households (64). Similar measures have been taken in Kazakhstan and Azerbaijan, where the government has increased the limits for discounted electricity.

## Social health protection

Out-of-pocket (OOP) payments to access health-care services may lead to underdiagnosis and consequent inadequate planning of resources to tackle the epidemic. Levels of OOP payments for health in the Region range from 7.1% to 80.6% of current total health expenditure, with figures remaining stagnant or even increasing in half of countries (65). High OOP payments place a particular burden on low-income groups. Across countries in Europe, people in the poorest consumption quintile are consistently at highest risk of experiencing catastrophic health spending (66).

COVID-19 has clearly shown the gaps in health coverage (67) and the limited capacity of many health systems to respond to the crisis, even in high-income countries where health systems are well established (68). As a consequence, vulnerability to health risks has increased for a large number of people. This will most likely continue to be the case for an extended period.

## Move towards universal health coverage

UHC means that everyone can use the quality health services they need without financial hardship. The goal of UHC was set out as early as 1944 in the ILO Medical Care Recommendation (69) and is also reflected in the Sustainable Development Goals (Goal 3) through target 3.8. The Political Declaration of the High-level Meeting on Universal Health Coverage, “Universal health coverage: moving together to build a healthier world”, has gathered commitments from United Nations Member States to progressively cover 1 billion additional people with UHC by 2023.

Achieving UHC entails stopping and reversing the trend of catastrophic OOP health expenditure by providing measures to assure financial protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on poor people and those who are vulnerable or in vulnerable situations. COVID-19 provides a strong incentive to do so. Although being designed as a temporary measure due to the crisis, the Government of Kazakhstan has extended health coverage to people without health insurance to 1 July 2020. This involves mostly those in informal employment, who will

be entitled to full care. The Government has also increased the salaries of doctors and auxiliary medical workers to protect sick people from additional OOP payments due to corruption caused by weak salaries (70).

## Ensure solidarity in financing

Even among countries with universal coverage, inequalities in health status and unmet needs for care persist. On average, 10% of the inequity in self-reported health between the most and least affluent 20% of adults in European countries is the result of systematic differences in the quality, availability and affordability of health services (27,68). The crisis will most likely increase these inequalities further.

To limit OOP expenditure to a minimum, the cost of access to health-care services should be borne collectively through broad risk-pooling mechanisms and should be financed by public sources, including taxes and social contributions (69). This should also include removing co-payments, particularly for beneficiaries who cannot afford them or in case of “diseases recognized as entailing prolonged care” (61). Health financing models based on a broad risk-pooling mechanism are also more flexible in coping with unforeseen shocks, such as COVID-19. In Germany, statutory health insurance takes over the costs of COVID-19 tests provided on a doctor’s recommendation. Patients who are not deemed to need testing may still purchase tests privately at a higher price.

## Protection against unemployment

Unemployment protection has a critical role in supporting household incomes and stabilizing aggregate demand, but coverage of unemployment protection schemes is limited. Globally, only 21.8% of unemployed workers actually receive unemployment benefits, and only 38.6% of the global labour force has a legal entitlement to unemployment insurance (19). In the context of COVID-19, some countries have adjusted physical-contact requirements for job searches (attendance at job centres and interviews).

In view of the expected repercussions of COVID-19 for employment, unemployment benefits play a major role in helping people and economies ride out the crisis, recover and adjust, providing income security to individuals and households and, by stabilizing aggregate demand, fostering rapid recovery from the crisis.

## Implement job-retention programmes

The next 18 months will probably see countries easing lockdowns while maintaining physical-distancing measures as they try to counter the spread without decimating the economy. For these subtle shifts to work effectively, firms will need support to keep staff on payroll, prevent unemployment and allow companies to relaunch their businesses. This can be achieved through measures that support job retention, such as partial unemployment benefits, short-time work schemes and wage subsidies.

Employers receive financial support during the crisis that enables workers to maintain their employment relationship and allows for a quick recovery after the crisis. Social partners in Austria have negotiated a new short-time work scheme that allows a reduction in working hours while maintaining the employment relationship and income security. Employees are obliged only to work an average of 10% of their normal working time over a period of three months; if necessary, working time can temporarily be reduced to as few as zero hours. Depending on the former income level, the scheme grants compensation of between 80% and 90% (including special remuneration) and

can be implemented by all companies independent of size or branch of activity. While companies need to pay for the actual working time, additional costs are fully funded by the state. This allows workers to maintain employment relationships. Similar models have been implemented in Denmark, Germany, Ireland, Norway and the United Kingdom, partly channelled through unemployment protection schemes (71).

As of 30 April 2020, more than 751 000 enterprises in Germany had applied for short-time work benefits, with millions of workers benefiting. The Government has initiated a programme of urgent financial aid to support the self-employed without employees and employers with small businesses, with cash money of €9000 for employers with up to five employees and €15 000 for employers with up to 10. German law has recently been changed to pay short-term work benefits to employees (60% of their salary, and 67% in cases where a household has at least one child) for a period of up to 12 months. These payments are also given to employees with fixed-time contracts and to foreign/seasonal workers with precarious contracts, as long as there is a contract with social security contributions (Leiharbeitnehmer). Germany has also announced a relaxation of pre-paid taxes and easy access to credits to help cope with the additional costs of extending the coverage of unemployment benefits (72).

Spain has put in place an extraordinary subsidy for domestic workers who have been dismissed or have reduced their working hours during the health crisis. The benefit amounts to 70% of the regulatory base of the domestic employee and completes the proportional part corresponding to the reduction in working hours (73,74).

## Expand eligibility criteria for unemployment benefits

Governments should make sure that all workers are eligible for unemployment insurance benefits through adjusting eligibility conditions and expanding coverage to people working on temporary contracts, seasonal workers and other groups in precarious employment. Expanding coverage also means that the contributory base towards social protection mechanisms is widened which, in turn, improves their medium- and long-term sustainability.

The Government of Azerbaijan has allocated around AZN 215 million from the state budget to pay part of the wages of 300 000 employees and another AZN 80 million to financially support 300 000 microentrepreneurs (75). The Government has also introduced a temporary unemployment benefit: from April–May, 200 000 unemployed people will be paid 190 manat per month (around €103) (minimum subsistence level), and 50 000 people employed in public sector jobs created in the period of April–May will be paid 300 manat (around €162) per month (21).

The Parliament of Ukraine has approved a new law aimed at providing additional social and economic guarantees due to the spread of COVID-19. The law allows for the payment of partial unemployment benefits to employees of small- and medium-size enterprises and retention of their jobs during quarantine with salaries that should be no less than two thirds of the base salary (76). In Italy, self-employed workers can apply for a one-time compensation payment of €600 as part of the emergency measures (77). The response to COVID-19 in Spain includes expansion of temporary employment regulations to encompass all workers who have been dismissed or have had their hours reduced during this period (78). This right is recognized for all workers, even those who do not comply with the minimum contribution period (360 days in the last six years). The period during which the benefit is received will not be credited against people's total unemployment rights benefits (79).

## Suspend/adjust job-search requirements

Many job-search requirements attached to claiming various forms of social security would require people to break physical isolation requirements. Recognizing this, most countries have suspended conditionalities in the context of active labour-market policies related to unemployment benefit. In the United Kingdom, the requirements of the universal credit programme will be temporarily relaxed for those who have COVID-19 or are self-isolating for the duration of the outbreak, according to Government advice. People will be able to claim universal credit and access repayable advanced payments upfront without the current requirement to attend a job centre if they are advised to self-isolate (80).

## Family support

Evidence to date suggests that children are less susceptible to the health consequences of COVID-9 but are highly vulnerable to the economic effects. In Europe and Central Asia, the rate of child poverty is higher than that of adults; this is true across high-, medium- and low-income countries. Children in particularly vulnerable households, those without members in formal employment, and migrant, lone-parent and large households are over-represented in the poorest deciles. The loss of parents' employment and income can cause children to feel anxious and stressed (43).

The impacts of the crisis on poverty are not fully known, but the 2008 economic crisis can provide an indication. While social spending initially increased, austerity measures in the aftermath resulted in a declining share of social protection spending on family and child benefits. This, together with low employment rates, made child poverty rates increase disproportionately compared to other age groups in the majority of EU countries. As a result, in 2012 2.6 million more children were living in poverty than would have been the case otherwise (37).

Children are already facing a significant lack of access to basic services, such as health care, childcare and education, due to the crisis. To date, over 48 million children in 18 countries and areas<sup>6</sup> in the European and Central Asian subregion have been affected by school closures, including early childhood centres and preschools. Not only do school closures negatively impact on learning outcomes, but the loss of school meals and other school-based welfare measures may drive some families into hardship, particularly in relation to food insecurity and protection issues.

The shutting of schools and childcare facilities places additional burdens (usually on women) through increased caring responsibilities for children and other family members, including sick family members. The increase in caring responsibilities can decrease the time available for women to engage in economic activities. There are heightening concerns about domestic violence and child abuse as containment measures intensify.

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6. This figure includes Kosovo, in accordance with Security Council resolution 1244 (1999).

Experiences of poverty and social exclusion in childhood can lead to deficits in child development, the effects of which can last a lifetime, with implications for greater poverty and inequality and lower economic growth in the future. Family-support policies, including family and child benefits and social-care services, are key social protection instruments that allow families to shield their children from the impacts of the crisis. Such measures, particularly with regards to material support measures to maintain household consumption and care services, therefore are essential.

## Family-friendly care policies

Families in which both parents work, single-parent families and those without adequate social protection coverage are coming under increasing strain as the crisis protracts. Before the crisis, the gender care gap disproportionately affected women, with women taking on three times as much childcare, domestic work and care for older relatives than men (81). The closure of schools and childcare facilities has increased unpaid care work, with families, particularly women, having to juggle increasing family responsibilities, including home-schooling, with work. Family-friendly policies and practices that enable parents to better balance work and caring commitments are therefore needed.

In addition to employment and income protection, flexible work arrangements, such as adjusted working hours, reduced workload and home-based work, and paid time off can support parents in fulfilling their new and existing family and work obligations while keeping themselves safe (82).

Not all work allows for home-based working, however, and this is particularly true for those who work in essential services. Ensuring the continued functioning of childcare services and the provision of childcare vouchers for essential workers is critical to allow parents to perform essential services without concerns about children's safety and well-being.

A range of countries, including Austria, Belgium (83,84), Germany and the United Kingdom, have made special arrangements to keep schools open for children of so-called key professionals. This includes the children of health-care

workers (Germany),<sup>7</sup> postal workers and transport workers, among others. In Italy, the Government has introduced 15-day special leave compensated at 50% of salary for all employees (private, public and (probably) self-employed) with children up to 12 years to support working parents affected by the closure of schools and other childcare facilities. Italy has also introduced a so-called baby-sitting bonus to support families to access baby-sitting services for children under the age of 12 as an alternative to parental leave (77,85).

## Expand family and child benefits

Governments provide family and child benefits, typically cash or in-kind transfers (universal and quasi-universal),<sup>8</sup> with the objective of reducing poverty and promoting child development. Additional benefits targeting certain categories of vulnerable families, such as children with disabilities and single-parent households, are also provided in a number of countries. Several countries in the Region (those in Western Europe) already provide universal or quasi-universal benefits, creating a much-needed income floor for families. In other parts of the Region, however, many marginalized families are not able to access family benefits due to narrow eligibility criteria, complicated registration processes and low levels of awareness.

Family and child benefits are being scaled-up in countries with limited social protection schemes for the working-age population to provide support to affected households. Some countries are temporarily increasing the transfer amount or providing a top-up payment to existing claimants. In Armenia, the Government is providing additional one-time assistance (equal to 50% of the benefit) to eligible families enrolled in the family benefit system as of April 2020 (86). Uzbekistan will increase the number of social allowance recipients, targeting poor families with children (87), and Georgia has introduced measures to adjust the eligibility threshold for its targeted social

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7. In Germany, emergency care is regulated by the federal states, including the catalogues of occupational groups that are considered to be key professionals in an emergency. Employees in the health sector are covered in all federal states.

8. According to the ILO/UNICEF classification (37): **universal child benefits** are universal tax-financed cash or tax transfers paid on a regular basis for a minimum of 10 years to the primary caregiver for dependent children under 18 years of age (or 18 and above, in some circumstances); **quasi-universal child benefits** share some common properties with universal child benefits but do not cover all children under the age of 18 years.

assistance programme, resulting in an additional 70 000 families receiving support (88).

Countries also are making adaptions to programme design to ensure that families and children continue to receive support. This includes waiving of conditionalities for social assistance programmes, especially those related to school attendance and work requirements, such as attending training or meetings at employment centres. Some countries (North Macedonia, Romania (89) and Turkey) that tie the receipt of child benefits to school attendance are allowing children to receive child benefits despite school closures. Several programmes require recertification and the provision of documentation to support reapplication, but these are now being waived. Kyrgyzstan, for instance, is automatically extending the one-year enrolment period for those receiving poverty-targeted cash transfers that are due to expire during the quarantine period. Germany has made it easier for families who have lost their income to access the child grant, with families needing to provide only one month's proof of income instead of six months'.

Countries are introducing new short-term measures to support households. In Kyrgyzstan, the Government is working with municipal and social services departments to draw up a list of families they believe will be eligible for food packages to tide them over a two-week period. It is estimated that around 210 000 families in need of support will qualify for the food packages (90).

## Strengthening social inclusion programmes

Greater focus should be placed on extending programmes aimed at alleviating social exclusion, particularly for the most deprived people and children. Such programmes should connect material support (both cash and in-kind programmes) with complementary measures like counselling, parenting classes and information about services. Governments should introduce innovative service-delivery methods, such as mobile money or e-vouchers, and online or social media-based counselling and parenting classes to support households facing difficulties during quarantine. Bulgaria is expanding its home-visiting services for vulnerable groups, such as children, older people and people with disabilities, by including the delivery of food and medicines (5,91).

The United Kingdom has initiated a voucher scheme to support food security for the 1.3 million school-aged children eligible for free school meals. Schools can provide each eligible child with a weekly £15 voucher, either electronically or as a gift card, for use at supermarkets (6).

Prolonged experiences of quarantine can take a toll on mental health and psychological well-being and, in extreme circumstances, can lead to spikes in domestic violence and abuse. The situation of women, children, older people and people with disabilities therefore needs to be given particular attention. Governments should ensure the continued functioning of social services and safeguard the health of the social-care workforce and clients. This means providing adequate personal protective equipment to social workers and other frontline responders for home visits and introducing innovative measures, such as remote case management. Italy has stressed the crucial role that social services play in the crisis, committing to the continued functioning of social-work services and providing services in a way that protects the health of social workers and clients in line with physical-distancing guidelines. It also is promoting the use of technological solutions to maintain contact with families, particularly vulnerable women and minors (7).

## Policies to cope with challenges related to social exclusion

The reduction of income associated with isolation measures, increased health expenditure and insufficient social protection may drive individuals and families into negative coping mechanisms such as chronic indebtedness, sale of assets and seeking money from the exploitative loans industry. These negative coping mechanisms may lead to poor mental health and associated risk behaviours, such as increases in gambling, excessive alcohol consumption or drug use, all of which have been documented in previous crises.

While long-term investments in building sustainable and comprehensive social protection systems are crucial to supporting public health efforts in the prevention of disease, improving health outcomes and reducing poverty risks, the current situation calls for an articulated set of measures across social protection and broader health systems. This is especially true when it comes to reaching those exposed to multiple sources of vulnerability. Tightening the regulatory framework around the exposure to some of these sources of vulnerability is key.

## Strengthening regulatory frameworks

This may include tightening regulation and regulatory enforcement on predatory lending to protect vulnerable people from entering the debt spiral. Tightening regulation and regulatory enforcement around gambling, especially online gambling, is especially timely now that isolation measures keep many at home. Tight controls should ensure that the affordability and availability of alcohol and tobacco do not increase during the implementation of lockdowns and other social-distancing measures. Consideration should be given to altering taxes on alcohol, tobacco, sugar and gambling to finance expansion of the coverage and intensity of benefits. WHO best buys offer practical policy guidance on how to formulate and implement these policies.

# Housing

COVID-19 leaves many people in a precarious income situation. In this context, paying rent or mortgages may become a huge challenge.

## Strengthening security in housing

Enforcing tenancy rights enshrined in law that protect tenants is key in this situation. In contexts where tenants have few rights, suspending evictions, combined with giving landlords mortgage holidays, will create balance on both sides of the rental arrangement. In Italy, the Government has prohibited any type of eviction – both of private tenants and for commercial purposes – until 30 June 2020 (77). Measures have been taken in Belgium to suspend loan repayments for six months (8,9). Mortgage-payment obligations have also been frozen in the United Kingdom (62). In Spain, evictions have been suspended for individuals or families in a situation of economic vulnerability for a maximum period of six months from 2 April 2020 (74).

The COVID-19 pandemic further showcases the need for national governments to invest in and secure social housing that enables the provision of adequate accommodation and basic services to less affluent population groups and enables national politics to have a stronger influence on housing supply and price levels (92–96).

## An eye towards the recovery

Beyond the immediate response, the specific nature of this crisis and its prolonged character show more clearly than ever the need to take action and build comprehensive social protection systems, as stipulated in the United Nations Social Protection Floor initiative as one of the nine joint crisis initiatives (97). While many countries have embarked on a broad range of short-term measures, the crisis emphasizes the need to expand and strengthen them in the long term and, where necessary, adapt them to changing social and economic circumstances, including the environmental dimension.

The degree of income and socioeconomic inequalities and vulnerabilities across countries and regions revealed by COVID-19 are to a large extent the results of austerity measures taken in the aftermath of the global economic crisis of 2008. They are also most likely to influence the way countries react to the pandemic and the socioeconomic recovery. Current developments across the WHO European Region seem to indicate that countries and regions within countries in which cuts in public spending and service delivery were severe and the shift to private health provision more substantial have so far shown weaker capacity to respond to the crisis, both in terms of provision of health services and in addressing the socioeconomic consequences. Conversely, countries and regions that have comprehensive social protection measures in place and where service delivery, particularly with regards to health, remained largely public have mounted the COVID-19 crisis response in a more efficient and effective way, including reducing the length of shutdowns for firms and the productive sector

The severity of this health and socioeconomic crisis shows that so-called muddling through and postponing necessary reforms at national, regional and/or global level are no longer options. Instead, concrete and more daring solutions and decision-making processes are needed to accelerate economic and social recovery. A further deepening of existing social and economic inequalities across the WHO European Region and within countries and different socioeconomic groups will not only have a negative impact on economic recovery, but will also most likely have a severe and irreversible effect on the political stability and social cohesiveness of societies. The cracks already are showing.

The analysis of old and new policy measures put in place in the context of the crisis indicates a set of health and social protection instruments that seem to be crucial not only for individuals to be able to address social, economic and health risks across the life-cycle, but also to help them cope with emergency situations in a more effective and efficient way. Both dimensions are important to avoid social and economic inequalities to deepen in the long run.

## Combining job retention, business support and unemployment protection

Adequate social protection does not just protect people in the short term, but also ensures faster economic recovery later. One crucial dimension of the current crisis is that by placing massive restrictions on economic activity, physical distancing poses a much greater risk to firms than a typical recession. Many firms will simply be unable to operate during this period, and this could force them to close. Of course, it would be expected during a typical recession that some firms would stop operating, but it would be far more typical for companies to lay-off workers or simply reduce their hours.

While some uncertainty remains about the course of this pandemic, it seems likely that countries will experience temporary surges in the number of deaths once economic shutdowns are relaxed. This cycle of shutdown and then relaxation followed by another shutdown may minimize the economic harm, but will only do so if people can go back to work quickly, and this can only happen if the firms in which they were employed still exist. To address this new normality of temporary shut-down and support firms to survive and continue to pay their workers, it will be important for governments to better combine direct business support with job-retention programmes and unemployment benefits. While current job-retention programmes and wage-subsidy schemes are often designed as temporary measures, COVID-19 has shown that there may be a need to expand and institutionalize them. This also includes programmes for self-employed workers.

## Measures to extend protection to informal workers and support their transition to the formal economy

While many governments are currently putting in place short-term measures to support informal workers, it will be important that these extension policies are converted from a short-term measure to institutionalized policies based on sustainable and equitable financing.

Some countries in the European Region have put initiatives in place to formalize traditional highly informal labour sectors. The Belgium National Employment Office, for example, has introduced a service-voucher scheme to move the house-cleaning sector out of informal status. Belgian companies approved for the national scheme employ workers to provide domestic services (such as cleaning and cooking) in the home and other non-home-based services like ironing, sewing or grocery shopping. The service user pays the worker a service voucher for each hour worked. In turn, the worker is paid a proper monthly salary by their employer. Under this highly subsidized voucher system, domestic workers have access to social protection services (including unemployment allowance, invalidity and retirement pension, paid holidays, sick leave and maternity leave). A worker must, however, be able to work legally in Belgium or have Belgian citizenship to access the voucher system (98).

## Access to health

The crisis underlines the need to extend UHC in an affordable way to countries and population groups that are not yet covered. People will only access health-care services in a timely and responsible manner and, therefore, better allow for the containment of future emergencies and avoid negative economic consequences, if they can afford them. This is also true for countries that already have achieved 100% coverage rate: the COVID-19 crisis shows that economizing on health – as many countries in the Region have been doing since 2008, particularly those that have been hit hard by the crisis – is counterproductive in the long term (99). UHC also implies that the health-care system is functioning and is providing adequate care through sufficient doctors, nurses and other health-care personnel.

## Universal pensions

The way countries across the Region have addressed the crisis so far has shown the importance of social assistance programmes in cushioning the worst impacts, particularly for groups that were vulnerable already before the crisis. Universal programmes like social pensions that were functioning as efficient poverty-reduction tools before the crisis have been shown to work well as short-term measures during the crisis period by, for example, delivering emergency support through top-ups.

Social pensions are of specific relevance to countries with a large informal labour market as they provide social benefits even for people who have not been able to make regular social insurance contributions. Some countries in the WHO European Region, including Georgia, Ukraine and Uzbekistan, have universal pension schemes in place. In addition to the accumulated pension scheme based on mandatory individual accounts, Georgia has a non-contributory pension scheme that provides a flat-rate benefit of 220 GEL (2019) to all older men over 65 and women over 60. While the primary objective of the social pension is to prevent poverty in old age, the scheme has also had a significant impact on the reduction of child poverty in the country. The 2017 UNICEF Household Welfare Monitoring Survey found that if pension income was removed from households, extreme poverty among pensioners would rise sharply from 3.7% to 34.1%, and among children from 6.8% to 13.1% (100). The impact of the pension scheme on child poverty in Uzbekistan is even larger: while the child benefit system targeted to low-income families is responsible for only 12% of the overall reduction in the child-poverty rate, around 70% of the reduction can be attributed to pension schemes (101).

Georgia and Uzbekistan provide evidence of well established old-age universal schemes that are in line with Social Protection Floor Recommendation (102), are easy to administer at relatively low cost and contribute significantly to poverty reduction in old age, but even more so to intergenerational poverty reduction. Strengthening and expanding these schemes as a basic tier of social protection for old age would be an important step beyond the current crisis situation.

## Universal child benefits

The current crisis, which deprives children and families of many essential services, is a reminder of the essential role social transfers can play in shielding children and families from some of the worst effects of social and economic insecurities. It also affords governments the opportunity to take steps to increase coverage of social protection schemes and can offer a pathway towards the progressive realization of universal coverage. Efforts should be made to expand and strengthen family and child benefits, particularly to children who are hard to reach and excluded, not only to protect children during the crisis, but also to achieve Sustainable Development Goal 1.

An example of such an extension comes from Kyrgyzstan. The country inherited a set of social assistance programmes from Soviet times, including two targeted cash-based social transfer programmes: the unified monthly benefit is a means-tested programme targeting low-income families with children from 1.5 to 16 years (or 21 years if still studying) that includes a fixed birth grant and an allowance for children under 1.5 years; and the monthly social benefit is categorically targeted at disadvantaged groups, including children and adults with disabilities, orphaned children, families with many dependants and older people not qualifying for state pensions. Families can receive both benefits if they meet the requirements. Transfer values vary depending on family size and demographic composition. Together, the programmes accounted for 0.5% of GDP in 2009. Despite discussions in 2017 on reforming the child benefit system into a universal age-restricted cash grant with much higher benefit levels, the country has maintained the targeted approach (103).

The fact that the programme is well established allows it to be built on in emergency situations. During the civil unrest in 2010, the system was horizontally expanded to provide temporary support to affected families and children. Households enrolled in the programme during the emergency became part of the regular beneficiary caseload, continuing to receive assistance even after the emergency response and recovery ended (103).

## Financing options

Increasing coverage and building sustainable social protection systems over both short and long terms requires financial resources. To this end, countries have put in place emergency measure packages to cope with the health crisis and to support individuals and the economic sector to deal with the socioeconomic consequences.

The EU is supporting Member States with a range of financing mechanisms to support these programmes, including a solidarity fund for severely hit countries, an initiative for investments and the Pandemic Emergency Purchase programme. The EU has also announced a relaxation of deficit financing rules to allow countries to recover and to free up resources to invest in measures to cope with the crisis.

In the same vein, the international finance institutions and the Regional Development Bank have started to disburse emergency loans to a variety of countries in the WHO European Region. Kyrgyzstan, for example, was the first country in the world to qualify for coronavirus-related financial aid from the International Monetary Fund. The US\$ 121 million support grant will be put towards budget support particularly in ring-fenced areas, including salaries of state employees, pensions and welfare support. The country will also receive a US\$ 50 million loan from the World Bank.

Similarly, the World Bank will provide a loan of US\$ 1.2 billion to support Uzbekistan's anti-crisis programme. The funds will be used to fund health-care costs and social welfare programmes. As a reaction to the crisis, the international finance institutions have granted immediate debt relief to 25 of the poorest countries in the world, including Tajikistan.

Temporary measures will not be enough, however, if this crisis engenders a protracted recession, as it looks set to do. Given the fact that most financial aid is provided in the form of loans, the debt situation of most of these countries is likely to deteriorate further as a consequence. More systemic long-term approaches to sustainably finance social protection are needed.

A joint report by ILO, UNICEF and UN Women puts forward eight policy options to increase the fiscal space for social protection (104):

- 1.** reallocating public expenditure;
- 2.** increasing tax revenues by taxing consumption on luxury goods, corporate profits, financial transactions, personal income, property, imports or exports, natural resource extraction or tourism; expanding the tax base may also be achieved through strengthening the efficiency of tax-collection methods and overall compliance;
- 3.** expanding social security coverage and contributory revenues through strengthening employment-based programmes;
- 4.** lobbying for increased international aid and transfers;
- 5.** eliminating illicit financial flows (such as money laundering, tax evasion or bribery);
- 6.** using fiscal and foreign exchange reserves;
- 7.** borrowing or restructuring debt; and
- 8.** adopting a more accommodative macroeconomic framework, allowing for higher budget deficit paths and/or higher levels of inflation without jeopardizing macroeconomic stability.

Some of these measures, such as the provision of foreign aid, debt relief and relaxation of budgetary rules, are already being implemented in response to the crisis. Beyond their crisis-management modality, there is an urgent need to use these instruments in a more systematic, integrated way to provide a sustainable flow of resources to build up comprehensive, sustainable social protection mechanisms that are able to react not only under normal circumstances, but also when crisis hits.

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## **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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