Mobilizing social and solidarity economy units towards universal social protection

Despite significant progress, the human right to social security is not yet a reality for most of the world’s population. In June 2021, the International Labour Conference (ILC) called for the realization of universal social protection, understood as access to comprehensive, adequate and sustainable protection over the life cycle, in line with ILO standards.

Social and solidarity economy (SSE) units can support these efforts by partnering with social protection institutions along three pathways:

- Facilitating access to national social protection systems for their members, including informal economy workers, through awareness raising, advocacy and collective registration.
- Acting as service providers in the areas of health, social care and housing for the national social protection system.
- Performing delegated administrative functions for the national social protection system when appropriate to the country context.

To maximize SSE units’ contributions to the extension of social protection, it is especially important to:

- Ensure that universal social protection is a priority and that urgent measures are taken for the extension of coverage to uncovered groups.
- Lift existing legal and administrative barriers, when they exist, to facilitate the coverage of SSE units by national social protection systems.
- Enhance SSE units’ internal management capacities and governance so that they can effectively contribute to the transition from the informal to the formal economy for their members, including through advocating for and registering to social security.
- Create an enabling legal and administrative environment for partnerships between social protection institutions and SSE service providers in areas such as health, social care and housing.

1 This ILO Spotlight brief is jointly developed by the Social Protection Department and the Cooperatives Unit in the Enterprises Department. It focuses on mobilizing social and solidarity economy units towards universal social protection. The brief builds on the related section of the Office Report on “Decent work and the social and solidarity economy” prepared for general discussion at the International Labour Conference 110th Session, 2022 (paras 73 et seq.).
Introduction

Despite significant progress in the extension of social protection in many parts of the world, the human right to social security is not yet a reality for most of the world’s population. Less than half of the global population is covered for at least one cash benefit along the life cycle, and only two thirds are covered for health benefits, with important disparities across countries and income groups (ILO 2021h).

In June 2021, the International Labour Conference (ILC) called for the realization of universal social protection, understood as access to comprehensive, adequate and sustainable protection over the life cycle, in line with ILO standards (see box 1). It entails progressively building and maintaining nationally appropriate social protection systems (ILO 2021g).

Box 1. Social protection: definition and main standards

Social protection, or social security, is a human right and is defined as the set of policies and programmes designed to reduce and prevent poverty, vulnerability and social exclusion throughout the life cycle.

Social protection includes nine main areas: child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection (medical care, including maternity care and long-term care), old-age benefits, invalidity/disability benefits, and survivors’ benefits. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits (including social assistance).

"Social protection" is a current term used to refer to “social security”, and generally the two terms are used interchangeably (ILO 2021h).


In June 2021, the ILC adopted the following definition of universal social protection (USP): “Universal social protection entails actions and measures to realize the human right to social security by progressively building and maintaining nationally appropriate social protection systems, so that everyone has access to comprehensive, adequate and sustainable protection over the life cycle, in line with ILO standards.”

The Conference further recalled the primary responsibility of the State for establishing adequate social protection governance frameworks and the urgent need for additional efforts to close coverage gaps and to facilitate the transition from the informal economy to the formal economy. SSE units can support these efforts by partnering with social protection institutions. Usually SSE units are community-based and locally rooted organizations. As such, they set in motion self-help mechanisms and forms of collective action that can simultaneously create opportunities, facilitate empowerment, foster livelihood security and facilitate access to social protection. This way, they can further contribute to the achievement of the Sustainable Development Agenda, in particular Goal 1 (no poverty), Goal 3 (good health and well-being), Goal 5 (gender equality), Goal 8 (inclusive growth and decent work), Goal 10 (reduced inequalities) and Goal 17 (multi-stakeholder partnerships).

In view of this potential, in March 2021, at its 341st Session, the Governing Body decided to place on the agenda of the 110th Session (2022) of the International Labour Conference an item related to decent work and the social and solidarity economy (SSE), for general discussion. One of the expected outcomes of the general discussion is to assess the contribution of the SSE to decent work and to managing and promoting the overall support for people through the transitions they face throughout their working lives, including its role in advancing the realization of universal social protection (see box 2).

Three pathways can be identified for SSE units to contribute to the extension of social protection, as to ensure that workers in all types of employment have access to adequate social protection (ILO 2021e):

- SSE units can facilitate access to national social protection systems for their members, including informal economy workers, through awareness raising, advocacy and collective registration.
- SSE units can also play an essential role as service providers of health, social and housing services that are part of the national social protection system in some countries.
- SSE units can be further integrated into the social protection system when some administrative functions are delegated to them, depending on the country context.
SSE units can facilitate access to national social protection systems for their members, including informal workers, through advocacy and collective registration

SSE units, in particular cooperatives and mutual associations, can facilitate access to social protection, for example through awareness-raising, evidence gathering and participation as well as collective registration campaigns or group registration agreements with social security institutions. In turn, facilitating access to social protection can be a powerful incentive for organizing and creating cooperatives (ILO and WIEGO 2017). This is of particular interest for categories of workers that are typically less organized and subject to instable incomes, such as home-based workers, agricultural workers, waste pickers, and street vendors. For instance in Argentina, home-based workers’ cooperatives register their members to the Simplified Scheme for Small Contributors known as Monotributo (single tax) designed for independent workers (Bertranou 2007).

Facilitating access to existing national social protection schemes is crucial to expand coverage universally, and can be a challenge in rural and remote settings (OIT and FAO 2021). Cooperatives and other producers’ organizations can raise awareness among their members on their rights and modalities of access to social protection. For those SSE units to play an effective awareness raising role, it is important that they understand well the social protection schemes and benefits that can be accessed by their members and how (FAO 2021). In this respect, collaborating with social partners is of great value. In the Dominican Republic, the trade-union-supported Mutual Association of Solidarity Services (AMUSSOL) facilitates access to the public social insurance scheme for self-employed and other categories of vulnerable workers (WSM 2016; ILO 2021e, 121).

Partnerships between trade unions and SSE units have also addressed the widespread exclusion of informal economy workers from public social protection and social services. In Brazil for instance the Central de Cooperativas e Empreendimentos Solidários (UNISOL Brasil), a hybrid organisation of associations, cooperatives and other SSE units created in partnership with the national Central Única dos Trabalhadores (CUT), increased social security coverage of waste pickers under the 2010 National Solid Waste Policy (Política Nacional de Resíduos Sólidos, or
PNRS), through advocacy activities conducted with other partners grouped under the Waste and Citizenship forum (Dias and Ogando 2019).

SSE units can also be important platforms to collect evidence on social protection coverage gaps or inadequacies and advocate for adapted solutions. For example, in Brazil the Asmare Waste Pickers Cooperative advocated within municipal participatory budgeting assemblies for the childcare needs of their members to be met. Thanks to their advocacy strategy and the supports they found in local government and civil society, the cooperative was able to push for the creation of a childcare service for their members. Eventually, the municipality even took over the management and financing of the community childcare centre which is now fully integrated within the early childhood development municipal network. The opening hours are adapted to the working hours of the waste pickers (ILO and WIEGO 2018). Similarly, some features of social insurance schemes such as periodicity and level of contributions may need to be adapted to account for the seasonality of activity over the year in specific sectors such as agriculture, something cooperatives and producers’ associations are best placed to advocate for.

Cooperatives can also play a key role in facilitating access to public social security schemes for their members and workers including self-employed workers in other sectors, such as artists or taxi drivers, including those who use digital labour platforms (ILO 2021e; 2021d; Galian, Licata, and Stern Plaza 2021). Indeed, “platform cooperativism” is developing as an alternative to the dominant platform models with a view to put workers’ needs at the centre (ILO 2021f). For example, SMArt is a Belgian-based cooperative for freelancers which employs them so that they can contribute to social security and in particular to the unemployment insurance scheme (ILO 2021b). Similarly, in France Coopaname is a cooperative open to most professions, especially those who rely on several occupations, which acts as an employer and allows its members to contribute to social security (Coopaname 2022). To be successful, this requires that governments ensure that the mandatory coverage of members of cooperatives by social protection systems is enshrined in the law and that administrative procedures and financing mechanisms are adapted to their situation. This needs to be part of a larger effort to ensure access to adequate social protection for workers in all types of employment (ILO 2021e).

SSE units can also enter into group registration agreements with social security institutions. For example, in Costa Rica, farmer cooperatives concluded group registration agreements with the Costa Rican Social Security Fund (CCSS). The cooperatives are responsible for collecting and transferring the contributions of their members, thereby simplifying procedures, reducing costs and facilitating access to social security in rural areas (OIT and FAO 2021). In the Philippines, cooperatives facilitate the enrolment of their members with the national health insurance agency (PhilHealth) and the collection of contributions, which has helped to improve coverage levels, among a comprehensive set of measures (ILO 2021c).

In addition to facilitating social security coverage, organizing into cooperatives can also improve legal recognition, enhance economic efficiency and security and provide a basis for accessing finance (Durán Valverde et al. 2013).

Some countries have recognized the importance of engaging SSE units in their national strategy to extend social protection coverage. They are seen as a vector for organization in sectors where informal employment has been widespread, such as agriculture or services. For example, in Djibouti the National Social Protection Strategy 2018-22 specifically acknowledges the role of the social and solidarity economy in facilitating the registration of people to social security and fostering a culture of participation (Djibouti 2018, 2018–22). Similarly, at the regional level, the ten year SSE strategy of the African Union underlines the importance of engaging SSE units in releasing the protective, productive and redistributive functions of social protection to vulnerable, marginalised and excluded people (African Union Forthcoming).

**SSE units can be service providers for the national social protection system**

In many countries, the social protection system contracts service providers, especially in the areas of social health protection, childcare, long-term care and housing. In such
contexts, social enterprises, and cooperatives and associations add value to the provision of such services as part of social protection systems.

In countries with pluralistic health systems (where the provision of health services encompasses both public and private provision), social health protection systems often contract health service providers in the private sector. This can create challenges for social health protection institutions in guaranteeing that the quality of service provided is adequate while containing costs in a context of relative asymmetry of information. In some countries, SSE units providing health services can appear as an easier option as they are not-for-profit. For example, in Uruguay the national health fund (Fonasa) recognizes and contracts 41 private service providers, the overwhelming majority of which are cooperatives (Uruguay n.d.). Similarly, cooperatives and associations can cater to specific vulnerable groups and communities that may be hard to reach. For example, the Tubusezere Cooperative in Rwanda provides prevention, diagnosis and treatment for HIV and AIDS to women, including sex workers, who did not frequent their district health services for fear of stigma (ILO 2017). The International Health Cooperative Organization estimates that some 100 million households worldwide access healthcare through 3,300 health cooperatives in 76 countries. Many are integrated as providers of national social health protection systems (UN General Assembly 2019).

In June 2021, the International Labour Conference recalled that Members should “invest in the care economy to facilitate access to affordable and quality childcare and long-term care services as an integral part of social protection systems” (ILO 2021g). With the increasing integration of long-term care within the scope of social protection systems, SSE units have a potentially growing contribution to make as service providers. SSE units address care needs for diverse populations. They are often multipurpose, reflecting the beneficiaries’ diverse care needs (ILO 2016). They also involve multiple stakeholders, including care providers, beneficiaries, governments and community agents (ILO 2016). In Italy, 85 per cent of care services for children, the elderly and vulnerable persons in the municipality of Bologna are provided by social cooperatives, which are co-owned by the providers and receivers of care (Walljasper 2016). SSE units that address long-term care and senior housing needs exist in Japan, the Republic of Korea and Singapore (ILO 2017, 2). In Spain, the SSE represents 43.5 per cent of the total supply of care services, which increases to 59.3 per cent in social services without accommodation (CEPES 2019). In the United Kingdom, during the COVID-19 pandemic, over 30 per cent of all National Health Service community nursing and other services were provided by social enterprises (UN Economic Commission for Europe 2020).

SSE units often are bottom-up organizations that emerge within local communities as a response to shared needs or opportunities among groups of citizens. They can therefore be key actors in contributing to social innovation which can be understood as “a process by which several actors coordinate and organize themselves locally to propose a new and effective solution to a social need of vulnerable groups that is not or insufficiently catered for, with a view to improving sustainable living conditions and intended to be disseminated in other territories” (ILO Forthcoming). They can intercept emerging social needs and include vulnerable people as members, workers, and users. In Morocco for instance, the Moroccan Friendly Group of the Handicapped (AMH), an associative group created in 1992, answers to gap in the provision of care services for people with disabilities. The AMH offers an integrated medical rehabilitation care for people with disabilities (approx. 2,600 beneficiaries per year) in partnership with national actors (ILO Forthcoming).

Social protection systems directly address some of the risk factors that drive homelessness and inadequate housing. They can reduce poverty and facilitate access to adequate housing, social assistance and housing benefits (ILO 2020). With this objective, social protection measures can be complemented by affordable housing projects. SSE units can provide affordable and adequate housing and act in synergy with social protection systems to prevent homelessness and inadequate housing. Community-based building associations in rural areas and housing cooperatives in urban areas are among SSE units that help

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2 A social enterprise is a unit that utilizes market means but primarily to serve social purposes, such as employing and training disadvantaged individuals (for example, persons with disabilities and the long-term unemployed), producing products of particular social value or serving disadvantaged persons in other ways. Source: United Nations, Satellite Account on Non-profit and Related Institutions and Volunteer Work, 2018.

3 As in this situation the social health protection institutions do not provide the services themselves, quality control is more difficult. Similarly there is an inherent imbalance of information between patients and medical personnel, which makes quality control from the patient’s end difficult as well.
low-income populations access affordable housing. In Egypt, one third of all households are affiliated to one of 2,320 housing cooperatives that have built half a million dwelling units (ICA Housing and European Federation of Public, Co-operative & Social Housing 2012). In the Republic of Korea, the 177 housing welfare self-sufficiency enterprises that initially emerged from an initiative led by inhabitants of poor areas are now creating jobs through cooperatives while improving housing (Fonteneau and Pollet 2019).

Cooperative values of democratic inclusion and participatory decision-making can make cooperatives of health and social care suitable service providers for social protection systems. Their costs can be lower than private for-profit alternatives, satisfaction higher and their reach can complement institutional capacities of public services (ILO 2017).

This pathway is particularly promising in view of the growing care economy. Encouraging sectoral public policies relevant for SSE units as important partners for public authorities in the provision of social, health and care services is urgently needed. Workers providing services in those sectors (with a predominantly female workforce) face low wages and precarious working conditions. Boosting social policies, such as policies on the care economy, can raise the profile of SSE units, while improving working conditions (European Commission 2021).

While this pathway seems extremely promising as it contributes to the overall care policies, it is not sufficiently documented.

Selected administrative functions of the social protection system can be delegated to SSE units

In some contexts, social security institutions delegate selected front office functions to community-based organizations, especially mutuals and cooperatives, to improve proximity with some population groups. This is mostly the fruit of historical construct and the cost-efficiency of such delegation is questioned in countries that inherited such models (Door 2015). Conversely, mutuals, when not integrated into the national social protection system, have had limited success in the expansion of coverage, as they do not allow for broad risk pooling and are prone to adverse selection (Mathauer et al. 2017).

In most countries, mutuals tend to play a small role in social security systems. For instance, in most European countries, where they exist, they tend to provide supplementary benefits to existing national social security schemes for those who can afford it, and are therefore not involved in the extension of population coverage (Broek et al. 2012). While this holds true, it is important to acknowledge that in some countries, some administrative functions of the national social protection system, such as social mobilization, affiliation and contribution collection are delegated to mutuals, usually for specific population groups. This is mostly the fruit of historical developments where mutual funds organized by specific economic sectors pre-existed the social security system. In many instances, they fostered demand for social security guaranteed by the State (Palier 2005). This is the case in Ghana where they were subsequently integrated in the National Health Insurance Fund.

Examples of delegation of administrative functions exist in different settings and for different types of benefits. For instance, in Belgium, compulsory social health insurance is provided through mutuals (Gerkens and Merkur 2020). In France, the national health insurance agency delegates front office administrative functions to mutuals for specific categories of workers and sectors of activity (Sauvignet 2004). In Senegal, the newly created social security regime for independent workers is implemented through mutuals (ILO 2021i). In Spain and Chile, the administration of social security benefits in case of employment injury and occupational diseases is delegated to mutuals of employers (Oyanedel et al. 2014; García-Gallego, Arias-Castillo, and Mures-Quintana 2013). As mentioned above, this is mostly the fruit of historical construct and the efficiency of such delegation is sometimes put into question, which encourages to reflect on the pertinence of establishing such models in countries where similar historical construct do not exist (Mathauer et al. 2017).

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4 The ILO’s Workers’ Housing Recommendation, 1961 (No. 115), recognizes SSE units such as house-building cooperatives, cooperative and similar non-profit housing societies and other housing associations for their contributions to workers’ housing.
Maximizing the contribution of SSE units to the extension of social protection

To maximize SSE units' contribution to the extension of social protection, it is especially important to:

- Ensure that universal social protection is a priority and that urgent measures are taken for the strengthening of national social protection systems and the extension of coverage to uncovered groups.
- Support effective social dialogue on the extension of social protection to all.
- Ensure that laws and policies regulating and promoting SSE are in place at the national level.
- Remove legal and administrative barriers to the coverage of employers, workers and their families in SSE units by national social protection systems if necessary.
- Enhance SSE units' internal management capacities and governance so that they can effectively contribute to the transition from the informal to the formal economy for their members, including through advocating for and registering to social security, and strengthen their linkages with organizations of workers and employers.
- Strengthen participation of SSE units in public policy design and implementation, including in relevant sectoral policies notably in health, care and housing, by establishing consultative processes inclusive of SSE units and their umbrella organizations, both at the national and local levels.
- Ensure that the awareness-raising role of SSE units is recognized by social security institutions and that they have the necessary information on social protection schemes and benefits to empower their members to register and claim their entitlements (Sesan 2021).
- When it is adapted to the country context, enhance the legal capacities and internal competencies of institutions responsible for social protection so that they can contract SSE units in the framework of delegation of administrative functions or as service providers in the areas of health and social care for example. This may require rethinking tenders processes, towards socially responsible public procurement. Such processes would allow to take into account SSE units' labour and social policy objectives, which in turn impact working conditions and service quality (European Commission 2021).

References


CEPES, CE. 2019. ‘La Contribución de La Economía Social a Los Objetivos de Desarrollo Sostenible. 4° INFORME Sobre La Experiencia de Las Empresas Españolas’.


FAO. 2021. ‘Producer Organizations Have a Key Role to Play in Improving Social Protection Coverage in
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---. 2021g. ‘Resolution and Conclusions Concerning the Second Recurrent Discussion on Social Protection (Social Security), 109th Session of the International Labour Conference.


ILO and WIEGO. 2018. ‘Cooperatives Meeting Informal Economy Workers’ Child Care Needs: A Joint ILO and WIEGO Initiative’. ILO and WIEGO.


Mathauer, Inke, Benoît Mathivet, Joseph Kutzin, and World Health Organization. 2017. ‘Community Based Health Insurance: How Can It Contribute to Progress towards UHC?’ In Community Based Health Insurance: How Can It Contribute to Progress towards UHC?


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