



## SOCIAL AND ECONOMIC POLICY WORKING BRIEFS

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# Social Protection: Accelerating the MDGs with Equity

- MDG progress is measured in terms of national averages but these statistical averages often disguise that progress has not accrued to those at the bottom - arguably those who need it most.
- Social protection is essential to accelerate MDGs with equity by facilitating access to essential services and decent living standards.
- Specifically, there is strong evidence that social protection contributes to MDGs 1, 2, 3, 4, 5 and 6 - with stronger impacts for the disadvantaged.
- In the aftermath of the global crisis there is a historical opportunity to expand social protection in developing countries.

The UN Secretary-General has highlighted the urgent need for social protection to achieve the MDGs in his report to the UN General Assembly: Keeping the promise: a forward-looking review to promote an agreed action agenda to achieve the Millennium Development Goals by 2015. To quote:

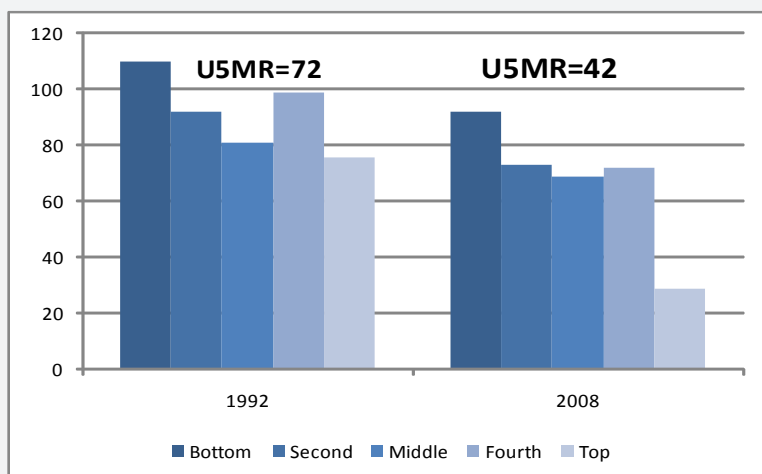
“Achieving the Millennium Development Goals will need accelerated interventions in key areas. These interventions should be framed within the broader development framework of national development strategies. The immediate priority would be to ensure the sustainability of economic recovery.../... Progress must be protected in an era of increased economic insecurity arising from global economic instability, volatile food prices, natural disasters and health epidemics. This requires universal social protection and measures to support the most vulnerable communities.”

This Brief illustrates how social protection programmes can help to accelerate progress to the MDGs by facilitating access to essential services and decent living standards; summarizes evidence on the breadth and effectiveness of social protection programmes in promoting development, enhancing equity and delivering results for vulnerable children, women and households; and highlights opportunities for using these programmes more widely in the global context of a recovery for all.

### SOCIAL PROTECTION AND THE IMPORTANCE OF MDGS WITH EQUITY

A significant amount of MDG progress has been achieved in recent years. However, the overall evidence suggests that improvements have often not reached those who most need them. Figure 1 shows how a country like Namibia has substantially reduced its under-five mortality rate, from 72 per thousand deaths in 1992, to 42 in 2008; however, disaggregating this reduction by income quintiles shows that most of this progress is due to a reduction of under-five mortality in the richer income groups. Many other countries that have made overall progress show a similar pattern when national data on child mortality are disaggregated (Garde 2010; Yablonski and O'Donnell 2009).

Figure 1. MDGs and Inequality – Beware of National Averages  
 Namibia: Reduction of Under-five Mortality Rate 1992-2008



Source: Vandermoortele, J. (2010). Presentation on equity, UNICEF (June 2010).

It is widely recognized that pre-economic crisis progress on the MDGs was uneven across and within countries. Much of the progress in reducing income poverty has been concentrated in a few countries – notably China and India – where pre-crisis growth patterns also fuelled domestic inequalities. Across the developing world, evidence shows how progress has left behind large groups of disadvantaged children, women and families. Despite global reductions in under-five mortality, child death rates remained intolerably high in many countries. Only half of the developing world’s population has access to improved sanitation, such as toilets or latrines. Although school enrollment has improved, girls in the poorest quintile of households are still 3-4 times more likely to be out of school than those from the richest households, and four times more likely than boys from this background. In some developing regions still less than half of the women benefit from maternal care by skilled health personnel when giving birth.

The Millennium Declaration, signed by all UN Member States in 2000, stresses the importance of equality, where no individual or nation is denied the chance to benefit from development. While tackling inequality requires structural change, social protection mechanisms and approaches have proven effective in advancing

MDG results. Crucially, well-designed social protection can help to achieve greater equity by channeling resources to disadvantaged, poor areas and expanding access for vulnerable populations who are excluded from services.

## SOCIAL PROTECTION ACCELERATES MDG 1: POVERTY, EMPLOYMENT AND HUNGER

*Poverty:* Social protection is a crucial instrument to reduce income poverty. Cash transfer schemes have successfully reduced poverty in Africa, Asia, Central and Eastern Europe and Latin America, potentially delivering much faster results than those expected from the trickle-down effects of economic policies. Although in practice benefits have tended to be lower than needed, a cash transfer at an adequate benefit level can bring a person or household above the income poverty line. Equally important, cash transfers have had even larger effects on reducing the depth of poverty and inequality.

- For example, the *Oportunidades* programme in Mexico reduced the poverty headcount ratio by 10%, the poverty gap by 30%, and the poverty severity index by 45% (Skoufias and Parker 2001).
- Social pensions and transfers have reduced South Africa’s poverty gap by 47% (Economic Policy Research Institute 2004). In countries such as Senegal and Tanzania, the International Labour Organization (ILO) estimates that poverty could be reduced by 35% to 40% (Gassmann et al 2006).
- The Kyrgyz Republic’s Social Protection Programme is estimated to have reduced extreme poverty headcount and poverty gap among beneficiaries by 24% and 42%, respectively. Overall poverty ratios are estimated to have reduced by 10% and 22% for the extreme poverty headcount and poverty gap respectively (World Bank 2003).
- In Brazil the combination of the Continuous

Cash Benefit (BPC) —a means-tested pension and disability grant— and the *Bolsa Familia* contributed an estimated 28% of the fall in the Gini coefficient between 1995 and 2004 (Soares et al 2006).

- A WHO cross-country study showed how poor households can be protected from poverty resulting from catastrophic health expenditures by reducing the health system's reliance on out-of-pocket payments and providing more financial risk protection (Xu et al 2003).
- EUROSTAT data show how social protection reduces poverty in most European countries by 50%; for lower income countries, a basic social security system can make the difference between achieving or not achieving MDG 1 of halving poverty by 2015 (Ortiz and Yablonski 2010).

*Employment:* Social protection has a major role in achieving full and productive employment and decent work for all, including women and young people, through cash transfers, active labour market, health insurance and family support policies. These have been shown to encourage labour market participation in low- and middle-income countries through guaranteeing public work opportunities, covering the costs of job-seeking and supporting family childcare responsibilities – with strong effects for women in particular.

- In South Africa, labour market participation among those receiving cash transfers increased by 13 - 17% compared to similar non-recipient households with strongest effects for women (Economic Policy Research Institute 2004).
- The impact of vouchers, which provided a wage subsidy to employers in Argentina increased the probability of employment for the workfare recipients, particularly for women and young workers (World Bank 2003).
- For young people who are structurally

unemployed or at high social risk, the *Joven* programme in Chile combines work experience, training and apprenticeships, and this model has been replicated in other South American countries (World Bank 2003).

*Hunger:* The evidence of nutritional impacts of cash transfers is also strong, including protection against shocks and their long-term effects for children's physical and cognitive development:

- There is strong evidence across programmes in Africa, Asia and Latin America that cash transfers improve quantity and diversity of food consumption, and protect food consumption during shocks or lean periods. Programmes in Mexico, Malawi, and Colombia all demonstrate reductions in stunting (Yablonski and O'Donnell 2009).
- The *Red de Protección* cash transfer programme in Nicaragua reduced stunting among children 6-59 months by 5.3 percentage points within a two year period (2000-2002) in an area with a malnutrition rate 1.7 times the national average, with stronger impacts among poorer families. (Maluccio and Flores 2004). Moreover, following the coffee price shock between 2000-2001, beneficiaries of this programme were able to maintain and modestly increase per capita food consumption, while in other comparable households per capita consumption declined sharply (Maluccio 2005).
- Children in South African households receiving a pension have on average 5cm greater growth than those in households without a pension – this is the equivalent of approximately half a year's growth for Black and Coloured children (Case 2001).

## SOCIAL PROTECTION ACCELERATES MDGS 2 AND 3: BETTER EDUCATION AND GENDER OUTCOMES

Social protection programmes can lead to higher school enrolment rates, less school drop-outs and



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child labour by removing demand-side barriers to education, reducing the need for families to rely on harmful coping strategies, and addressing barriers to gender equality and empowerment of women (MDG 2, 3 and 5). Social protection policies can also support inclusive education by introducing changes in the supply side to address the specific needs of children who are marginalized or excluded (such as children with disabilities and learning difficulties or girls who may not go to school if families consider it unsafe for them) to ensure they can access and benefit from education.

Cash transfers, removal of user fees, and school feeding programmes have been shown to lead to higher enrolment and attendance, and lower incidence of child labour. In addition, there is some evidence of better cognitive and language skills and fewer behavioural problems. With few exceptions, the increases as a result of these programmes are as strong, or stronger, for girls.

- Transfer programmes in Ethiopia, South Africa, Malawi, Mexico, Nicaragua, Brazil, Ecuador, Cambodia, Pakistan and Turkey have all demonstrated significant percentage point increases in enrolment and/or attendance (Adato and Bassett 2008).
- Between 2002 and 2005, the gross enrollment rate in Kenya increased from 88% to 112%, linked to the abolition of school fees (World Bank and UNICEF 2009).
- Between 1996 and 2002/3, girls' net primary enrolment in Bangladesh increased from 48% to 86%. Many researchers attribute this increase in part to the stipend program for girls' education (Raynor 2006).
- In the Malawi cash transfer scheme, new enrolment was twice as high in participating households (8.3% vs. 3.4%) within a one year period (Miller et al 2008).
- *Oportunidades* in Mexico had little impact at primary level (where enrolment was already high), but at increased secondary school enrolment of girls increased by 11-14%, compared to 5-8% for boys. It also resulted

in a reduction in probability of working for children aged 8-17 (Skoufias and Parker 2001).

- In Brazil, the *Programme for the Eradication of Child Labour* (PETI) reduced both the probability of children working and their likelihood to be engaged in higher-risk activities (Yap et al 2002).

## SOCIAL PROTECTION ACCELERATES MDGS 4, 5 AND 6: IMPROVED HEALTH CARE AND REDUCED ILLNESS

Social protection can contribute to better and more equal health outcomes (MDG 4, 5 and 6) through various pathways. Clearly progress on several MDG targets – including targets on child and maternal mortality – will require addressing inadequate supply of public or affordable health services. Poor health infrastructure, insufficient staff and unaffordable drugs, lack of sanitation tend to plague those countries and geographical areas where the burden of illness is also the heaviest.

However, evidence shows that progress can be accelerated when countries use social protection programmes and approaches to complement supply side interventions by increasing demand and access to services. Basic education and awareness raising campaigns have long been considered important in underpinning demand for health. More recently, cash transfers have emerged as particularly successful tools to generate effective demand with measurable results in anthropometric outcomes and accessing health services.

- The *Oportunidades* programme combined cash transfers and free health services with improvements in supply of health services, leading to a 17% decline in rural infant mortality (8 percentage points on average) in Mexico over a three year period. Maternal mortality was also reduced (by 11%); and both impacts were stronger in

more marginalized communities (Barham 2010, Adato and Bassett 2008).

- In Peru, the Juntos conditional cash transfer programme reduced the number of women giving birth at home, in geographical areas with high levels of maternal mortality (Jones et al 2007).
- Newborns whose mothers participated in the Colombian *Familias en Acción* in urban areas increased in average weight by 0.58 kilograms in one year, which is attributed to improved maternal nutrition (LaGarde et al 2007).
- In all cash transfer programmes for which there is data, with the exception of the PATH programme in Jamaica, incidence of illness has decreased among children, particularly younger children (Yablonski and O'Donnell 2009)
- In Malawi, 80% of households participating in the Mchinji District reported that their children received enough healthcare when they were ill, compared to 20% of other households (Miller et al 2008).

The evidence of social protection impacts on service utilization and health expenditure is strong; and in cases where it has been possible to measure differences between groups, poorer and more marginalized participants often benefit more.

- In Ghana, user fee exemptions for pregnant women led to a reduction in their maternal mortality rate. In the Volta region, the largest increase in facility utilization was amongst the poorest (Witter et al 2007; Witter et al 2009).
- In Niger, consultations for children under 5 quadrupled and antenatal care visits doubled after the removal of user fees in 2006 for children under 5 and pregnant women (Monde 2008).
- User fee removal was also associated with an increase in health service utilization by 40%

for under-fives in Burundi (Médecins Sans Frontieres 2008).

More recently, there is also evidence on the usefulness of broader social protection interventions in HIV and AIDS prevention, treatment and care and support. Cash transfers, for example, were found effective in supporting families to care for those impacted by HIV/AIDS and in improving access to treatment and adherence. The evidence shows that social protection measures which are more broadly targeted, rather than AIDS-exclusively targeted, work better and with fewer negative consequences (e.g. stigma) for policies which aim to address the multiple vulnerabilities that underlie – or result from – HIV/AIDS. For certain interventions which address specific vulnerabilities of people living with HIV/AIDS, such as ARV distribution, specific targeting still makes sense.

In Malawi, cash transfers to adolescent girls increased school attendance, and led to a significant decline in early marriage, pregnancy, self-reported sexual activity and HIV prevalence among beneficiaries in a one year period (Baird et al. 2010). In Kenya, cash transfers were used by households to increase anti-retroviral treatment for children and adults (Adato and Bassett 2008).

A multi-country review of HIV workplace policies - anti-discrimination policies, access to workplace-based HIV related education and services - found improved attitudes towards people living with HIV and awareness of HIV-related services. The review also found increased condom use among participants, although there was no comparison group (ILO 2008a). Within six months of introducing Namibia's pilot basic income grant programme, women participants reported more control over their sexuality - an important factor in the gendered risks of HIV infection (Temin 2010).



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Universal Cash Transfer to  
Children Under 5  
Cost in Percentage of GDP  
Select Countries

|                          |      |
|--------------------------|------|
| Angola                   | 0.66 |
| Azerbaijan               | 2.26 |
| Bangladesh               | 1.43 |
| Benin                    | 2.23 |
| Bolivia                  | 0.65 |
| Botswana                 | 0.15 |
| Brazil                   | 0.11 |
| Burkina Faso             | 3.22 |
| Cambodia                 | 0.93 |
| Cameroon                 | 1.20 |
| Central African Republic | 5.10 |
| Chad                     | 2.50 |
| China                    | 0.25 |
| Congo Rep                | 1.18 |
| Cote d'Ivoire            | 1.44 |
| Djibouti                 | 0.73 |
| Egypt                    | 0.23 |
| Ethiopia                 | 3.25 |
| Gabon                    | 0.12 |
| Gambia                   | 2.58 |
| Ghana                    | 1.89 |
| Guinea                   | 3.70 |
| Guinea-Bissau            | 5.17 |
| Haiti                    | 3.45 |
| India                    | 0.54 |
| Indonesia                | 0.31 |
| Kenya                    | 1.86 |
| Laos                     | 1.18 |
| Lesotho                  | 2.00 |
| Madagascar               | 3.81 |
| Malawi                   | 5.41 |
| Mali                     | 3.52 |
| Mauritania               | 1.39 |
| Mexico                   | 0.09 |
| Morocco                  | 0.32 |
| Mozambique               | 5.13 |
| Nepal                    | 2.64 |
| Nigeria                  | 1.94 |
| Pakistan                 | 0.56 |
| Papua New Guinea         | 1.09 |
| Peru                     | 0.16 |
| Philippines              | 0.52 |
| Rwanda                   | 5.36 |
| Senegal                  | 1.75 |
| Sierra Leone             | 5.65 |
| South Africa             | 0.17 |
| Swaziland                | 0.63 |
| Tajikistan               | 0.00 |
| Tanzania                 | 3.60 |
| Togo                     | 2.75 |
| Turkmenistan             | 0.40 |
| Uganda                   | 4.29 |
| Yemen                    | 1.03 |
| Zambia                   | 3.32 |

Source: Save the Children UK (2009)

Note: Cost calculations are based on a transfer amount per child equal to the national average poverty gap to reach the \$1.25 PPP per day poverty line, plus 15% administrative costs. For full methodology see Yablonski and O'Donnell (2009).

## FACING THE CHALLENGES

The lack of adequate pre-existing social protection systems became a liability during the current global economic crisis, translating into exacerbated hardship for many households. This gap continues, due in part to the ongoing challenges to building and strengthening social protection systems:

- *Low coverage.* According to the ILO, 80% of the world population remains without social protection
- *Financing.* Social protection programmes tend to be under-budgeted, with inadequate financial and human resources, or receive erratic yearly funds so that the benefits they provide do not achieve their intended objective. Many argue that social protection is not affordable in developing countries because of a loss in potential investment/GDP and the fear of unmanageable fiscal deficits. However, social protection is an important investment. Many governments are now realizing that investing in people enhances their education, health, current and future productivity and thus growth; further, raising household income increases domestic demand and, in turn, encourages growth by expanding domestic markets. ILO (2008b) calculations in 12 low-income developing countries also show that a basic social protection floor could be afforded by virtually all countries.
- *Integrated systems and collaboration across sectors.* Particularly when viewed through the MDG lens, social protection requires an integrated approach - which combines different social protection interventions with investments in basic services - in order to be most effective in achieving human and economic development outcomes. However, adopting this approach faces both political and practical challenges in terms of coordination, technical

design sequencing and resources. Such synergies are often under-utilized, and in some cases programme weaknesses or inconsistencies arise.

- *Context-specific design.* The growing body of practice and evidence on social protection offers substantial lessons across countries. Nonetheless, work remains in understanding and learning from carefully assessed experience, which programmes and modalities work best in different contexts.

Such challenges should be fully recognized and addressed. Experience shows that progress is both possible and necessary. In the face of the substantial evidence of the potential of social protection to help accelerate MDG progress, particularly for the most disadvantaged, there is an imperative to overcome these obstacles. Many countries are doing so.

## A HISTORIC OPPORTUNITY TO EXPAND SOCIAL PROTECTION IN THE DEVELOPING WORLD

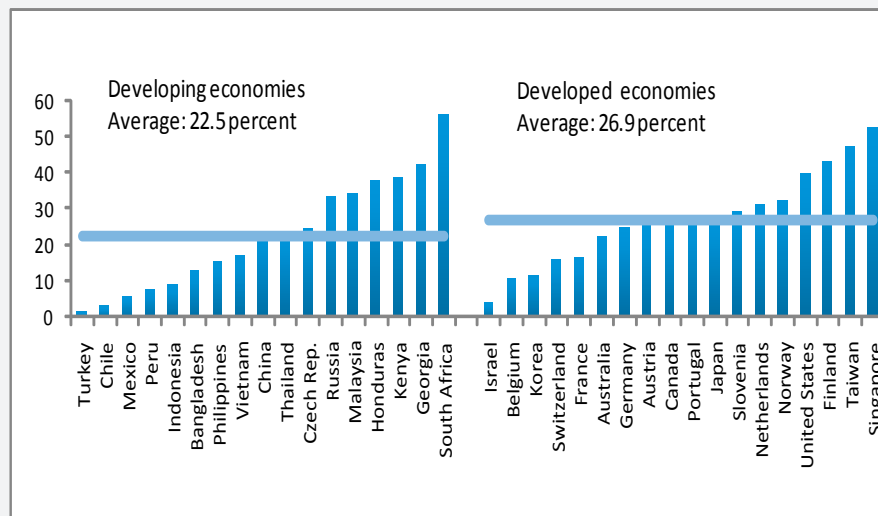
Crises often oblige policy-makers to rethink development models. The 1929 Financial Crash led to a New Deal in which forms of social protection were used as a powerful tool to raise living standards and domestic demand in many countries. Likewise, the current crisis is a historical opportunity to rethink development. The crisis has triggered a shift in the way the international community sees the relationship between growth, public intervention and social protection. In the Asia-Pacific region, for example, policymakers are increasingly shifting away from export-led growth approaches alone towards more inclusive employment-intensive recovery strategies which emphasize the need to reduce high domestic savings rates and improve the region's underdeveloped social protection programmes (UNDP 2010). In Africa and

elsewhere, the food price crisis highlighted the limitations of family and community-based traditional support systems in responding to aggregate shocks and spurred efforts to strengthen local agriculture and livelihoods and to put more formal social protection mechanisms in place. At the global level, there is awareness now on the need to reduce poverty, expand internal markets and be better prepared for future shocks by building up stronger systems during the current recovery period.

In response to the crisis, social protection has been a major component of fiscal stimulus plans; on average, an estimated 25% of fiscal stimulus was invested in social protection measures in both middle and higher income countries (Figure 2). Also in response, the chiefs of the United Nations called in April 2009 for nine urgent UN Joint Initiatives to confront the crisis, ensure progress in development goals and build a more inclusive globalization. One of them is the Social Protection Floor Initiative, which brings together national governments, civil society partners and international organizations such as the ILO, WHO, UNICEF, UN, UNFPA, UNDP, FAO, UNDP and the World Bank in a forward-looking collaborative strategy to build a recovery for all.

However, there is a need to keep up the momentum. Investments in social protection rose during the crisis: current calls for fiscal consolidation should not sacrifice progress. There remains potential fiscal space in the wake of the crisis. Economic growth is projected to be strong in the coming years in those countries and regions where social protection programmes are comparatively weak or absent. According to the World Bank, low and middle-income countries will grow at an annual rate of 6% on average. Even excluding China and India, the developing

Figure 2. Size of Social Protection Component of Stimulus Packages (In percent of total announced amount)



Sources: UNICEF staff calculations based on Zhang et. al (2010)

world is expected to post 4-5% growth annually over 2010-2012. According to IMF country reports, about half of governments in middle and low income countries continue to think they have other ways to maintain fiscally sustainable budgets than introducing belt-tightening measures.

Countries that succeed in building a stronger social protection system in the current recovery period will be in a better position to achieve faster and more equitable results along the Millennium Development Agenda up to 2015 and beyond.

In words of the UN Secretary General:

“We must act now. We must avoid reverting to the pre-crisis conditions that denied too many of our fellow human beings a fair chance at a decent living... We must work together to establish the basis for a more secure, prosperous and equitable world for all.”

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### About the Working Brief Series

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