SHELTER FROM THE STORM

The global need for universal social protection in times of COVID-19

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As 2020 draws to a close, the economic devastation caused by the COVID-19 pandemic shows no sign of abating. Without urgent action, global poverty and inequality will deepen dramatically. Hundreds of millions of people have already lost their jobs, gone further into debt or skipped meals for months. Research by Oxfam and Development Pathways shows that over 2 billion people have had no support from their governments in their time of need. Our analysis shows that none of the social protection support to those who are unemployed, elderly people, children and families provided in low and middle-income countries has been adequate to meet basic needs. 41% of that government support was only a one-off payment and almost all government support has now stopped.

Decades of social policy focused on tiny levels of means-tested support have left most countries completely unprepared for the COVID-19 economic crisis. Yet, countries such as South Africa and Bolivia have shown that a universal approach to social protection is affordable, and that it has a profound impact on reducing inequality and protecting those who need it most.

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Research for this report was conducted by Daisy Sibun, Stephen Kidd, Diloá Athias and Anh Tran of Development Pathways.

A table with the research data, as well as additional information on the scope and adequacy of social protection responses with country examples, is available here.

For further information on the issues raised in this paper please email advocacy@oxfaminternational.org

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Cover photo: Nuvis, 64, sells coffee and cigarettes at the Port of Maracaibo, Venezuela. Since the pandemic hit, she has been unable to earn enough to feed her family. Credit: Ivan Ocando.

SUMMARY

'This virus will starve us before it makes us sick.'

Micah Olywangu. A taxi driver in Nairobi, Kenya, Micah has three children, including a new baby born in December 2019. The closure of the airport and collapse in tourism have hit his business hard.

The COVID-19 pandemic is causing tremendous loss of lives and livelihoods. The virus itself, and the lockdown measures to contain it, have hit millions of people hard. Hundreds of millions of people have lost their jobs and income; the working time lost due to the lockdown just in the second quarter of 2020 was equivalent to 495 million full-time jobs.[1] Women workers in low- and middle-income countries in particular are suffering, as they work in the worst-affected sectors, such as garments, services and domestic work. The income of informal women workers dropped by 60% during the first month of the pandemic.[2] In almost every country, unless action is taken now, poverty is set to increase sharply for the first time in decades.

While the wealthy G20 countries have injected $9.8tn into their economies,[3] including significant measures to support workers and the general population, the majority of low- and middle-income countries have not been able to deploy the same 'whatever it takes approach' to protecting their people and economies. In total, countries around the world have raised $11.7tn in additional spending this year in order to cope with the fallout of COVID-19. Of this amount, 83% has been mobilized by 36 rich countries against just $42bn (0.4%) in 39 lower-income ones.[4] When it comes to additional cash poured specifically into social protection programmes, 28 rich countries have spent at the rate of $695 per person. In contrast, 42 low- or middle-income countries have spent from$28 down to as little as $4 per person.

Despite efforts to increase support for workers and families in many countries, 2.7 billion[5] people have not received any public financial support to deal with the economic devastation caused by the coronavirus pandemic. Oxfam and Development Pathways' research, published in this paper, shows that eight out of 10 countries did not manage to reach even half of their population – and women are more likely to be left out of any direct support.

In addition, most of the benefits provided in low- and middle-income countries have been both tiny and temporary. Oxfam's research shows that none of the benefits provided were enough to pay for basic needs. We also found that 41% of payments to support people were a one-off. Almost all payments have now stopped, despite the hardship continuing.

Ten months into the crisis – as many countries are facing continued brutal economic recession and a second wave of the pandemic – there is an urgent need for every government to implement universal social protection measures to support its people. Social protection measures include unemployment support, payments to elderly people, financial support for children and families, and any public transfer aiming to help households to cope with losses, risks and vulnerabilities. These are a vital lifeline. The governments of South Africa and Bolivia have already shown that a lot can be done by providing unemployment benefits, child support and pensions on a nearly universal and long-term basis; others, such as Timor Leste, have been able to invest in social protection at the level of the economic stimulus needed to keep their economy going. Every nation can do far more to help their people, and our research shows this is possible.

Rich nations must provide financial support to poorer nations to do this, through the urgent provision of increased aid and the cancellation of debts, among other options.

The majority of humanity has spent 2020 trying to survive the unfolding economic chaos. Many have been unable to pay their rent, have gone into unsustainable debt, sold their crops or assets cheaply or skipped meals. Many are struggling to care for their children, especially those who remain out of school. As always, women are paying the highest price. They cannot continue to do this on their own. They need large-scale systematic support from their governments if we are to avoid mass poverty and hunger.

In normal times, universal social protection plays a vital role in making our societies fairer and more equal. It reduces the gap between rich and poor people. The IMF, World Bank and OECD have all warned that unless something is done, the pandemic will lead to a sharp increase in inequality in almost every country. While the richest will bounce back from this crisis rapidly without help, ordinary families will take years to get back on their feet. To prevent a terrible increase in global inequality, a huge investment in universal social protection is needed.

Oxfam and Development Pathways have analysed emergency social protection cash transfers in 126 low- and middle-income countries between April and September 2020. Our findings show that a broader response is needed to avoid deepening inequality between and within countries:

- **Overall investment is low.** Across all low- and middle-income countries that have introduced emergency social protection, the average investment is just 0.46% of GDP. Just two countries have reached 2%, the rule of thumb benchmark for avoiding deep recessions.
- **Too few people are protected.** Unemployment schemes do not exist in the majority of the countries analysed; they lack automatic mechanisms that protect people who lose their income. The emergency responses in 81% of the countries cover less than half their population. In 29% of the countries, fewer than one in 10 people have been protected.
- **Inadequacy of protection.** There is little a family can do if pay-outs are too small, irregular or do not last long enough. All of the benefits analysed are short-lived and too low to pay even for basic needs. In Colombia, a newly created scheme, reaches 3 million households of informal workers with a monthly transfer equivalent to only 2.5 days of the national minimum wage.

For decades, most countries pursued a failed model of social protection, often with the support and advice of the World Bank. Instead of learning from the history of now-rich countries, which rebuilt their societies after World War II with universal benefits, they have pursued a path more similar to Europe in the 19th century. Government support is often based on means testing of who is ‘poor’ and who is not, which invariably leaves out large numbers of people in need of support. Such systems seek to stigmatize people who are poor. Often, support is given only on the condition that poor people behave in certain ways, on the assumption that money is needed to improve the behaviour of people living in poverty. As a result of these insufficient support systems, most countries were completely unprepared to support their citizens when the pandemic hit. Now is the time to change course and invest in universal social protection – both in response to the crisis, and to lay the foundation for fairer, more equal societies in the long term.

Low- and middle-income countries should:

- **Increase their budgets for social protection by 2% of GDP on average,** to close existing financing gaps and ensure a minimum income package for children, elderly people, mothers and people with disabilities.[6] This is the lesson from the best-performing countries. Only investment at this level can act as an automatic stabilizer that supports faster economic recovery.
- **Maximize the poverty- and inequality-reducing effects of social protection** by aiming to reach all people with one or more benefits, delivering benefits to women, informal workers, migrants, refugees, young people and other groups often excluded; and providing universal coverage to everyone who fits into one of the contingencies (e.g. unemployed, living with disability, maternity, etc.). Aiming for greater benefit adequacy, move income replacement social assistance benefits closer to – at the least – 15% GPD per capita.
- **Increase taxes on their richest citizens and corporations** in order to pay for universal social protection. New wealth taxes should be introduced to respond to the pandemic, as is happening in Argentina.[7]

Rich countries have a role to play in ensuring everyone has access to universal social protection, including by:

- **Establishing a Global Fund for Social Protection** that supports low- and middle-income countries in realizing social protection for all, through better and increased technical cooperation, and the provision of co-financing to incentivize low-income countries to invest more in social protection.

- **Significantly increasing the quantity of international aid in support of social protection** from rich economies in the G20 and other OECD Development Assistance Committee members. Rich countries have only increased their aid for social protection to lower-income countries by $5.8bn – the equivalent of less than five cents for every $100 raised to tackle COVID-19.
- **Cancelling debt, profoundly revising the Debt Service Suspension Initiative and extending debt relief.** A cancellation would make a huge difference, particularly in highly indebted countries. Our research shows that if the resources saved from debt relief were channelled into social protection, 26 countries could provide a six-month public transfer to everyone above the age of 60 at a level able to cover basic needs, as well as provide support to every person with disabilities and every child.
- **Allocating $3tn in Special Drawing Rights through the IMF,** alongside a commitment from the IMF and the World Bank to give immediate loans and grants without imposing conditions on future social spending, such as austerity.

1 INTRODUCTION

Nuvis, shown in the cover image of this report, is 64 years old. She has been selling coffee and cigarettes in front of the Port of Maracaibo in Venezuela since she was a child. Her son, who is sick with cancer, and her two granddaughters, whose mother passed away eight years ago, all depend on her earnings. They were able to survive on what little income she generated, but due to the restrictions on movement because of the COVID-19 emergency, she could no longer sell enough to be able to eat as before. On lucky days, she could exchange some cigarettes for rice and get something to feed her family. Nuvis and her family are not alone. By July 2020, up to 495 million people around the world had lost their jobs, according to the International Labour Organization (ILO).[8] This was a result of global value chains grinding to a halt when consumption and production in rich countries plummeted, as well as informal vendors having to cease trading when containment measures were introduced. Remittances from migrant workers to low- and middle-income countries are projected to decline by 20% in 2020.[9] An additional 88–115 million people will be pushed into extreme poverty by the COVID-19 crisis in 2020 alone, according to the World Bank.[10]

While COVID-19 is a significant driver of the current rise in extreme poverty, the reversal of progress is also a result of the cumulative effect of the climate crisis, conflicts and the lack of robust social protection systems in most low- and middle-income countries. The expected rise in extreme poverty is equivalent to a billion additional person years spent in extreme poverty over the next decade.[11] Moreover, billions of people in low- and middle-income countries had only just managed to cross the thin line out of 'extreme poverty', but were still poor if a somewhat higher threshold is applied. Nearly half of the world's population, 3.3 billion people, live on less than $5.50 per person a day, and 1.8 billion live on less than $3.20.[12] The ILO estimates that about 10% of incomes have been lost globally, with higher losses in middle-income countries.[13] This could force an additional 250 million people to live on less than $5.50 a day, and 290 million more to live on less than $3.20 a day, according to earlier projections.[14]

However, a lot can be done to avoid the worst projections. The pandemic and the economic fallout from measures to contain it must not lead to more catastrophic events. If governments make the right choices now and invest in social protection for all, then public policies can make a difference.

Social protection is one of the most powerful tools for governments to reduce inequality, vulnerability, poverty and need. It is an essential pillar of redistributive policies when it puts money that has been gathered through progressive taxation into the hands of those who have less. If designed with a gender lens, social protection can make a substantial contribution to gender equality and the empowerment of women.

For this study Oxfam and Development Pathways have analysed emergency social protection cash transfers in 126 low- and middle-income countries between April and September 2020 (see the **Annex** for a selection of countries and programmes) to understand the scope and adequacy of the social protection response, and to understand the mechanisms that have allowed some countries to fare better than others.

The analysis shows that investments in social protection have been highly unequal between countries, and, in most cases, within countries. The consequence may be an increase in global inequality and the erosion of social cohesion. However, there are also examples of countries that decided to make significant investments, and we provide calculations on how much can be achieved by investing in universal social protection (USP) now.

Box 1: What is social protection?

Formal social protection includes public policies and programmes that transfer resources – mainly financial, but sometimes in kind – to individuals or households. It aims to reduce and prevent poverty and vulnerability throughout people's lifecycles; during unexpected shocks, it ensures income security.

This definition of public social protection purposefully excludes two non-public components: private insurance and informal social protection. Profit-oriented private insurance lacks any interpersonal aspect or redistribution and is not fit to guarantee the human right to social protection,[15] especially in contexts of widespread poverty. Informal social protection is common where formal public institutions are absent, and it is the first lifeline for many households.[16] It is essential, but is often limited in its reach, redistributive capacity and ability to cope with wider societal shocks.

Benefits related to vulnerabilities throughout the lifecycle – also called contingencies – are given to children and families, as well as in cases of maternity, unemployment, employment injury, sickness, old age, disability and survival (e.g. surviving children and partners).

The four basic guarantees of social protection floors, as defined in ILO Recommendation No 202,[17] contain three elements of income security: for children, for elderly people, and for people of working age without income, including because of disability or maternity. The fourth component is access to essential health services, which is excluded from this review, as our study focuses on the income-securing component of social protection through cash transfers.[18]

Social protection is an individual right with many individual benefits, such as increased resilience and room to develop capabilities. This protection is situated in contexts of societies that increasingly face large-scale inter-related shocks due to climate breakdown, economic crises, conflicts and other disasters. During these times of upheaval, social protection systems need to provide adequate support to meet the needs of everyone – including migrants. The COVID-19 crisis should be cause for governments to consider how to promote inclusive and cohesive societies through social protection policy design. This way they can build a better and more equal future.

Box 2: Oxfam supports a rights-based approach to social protection all over the world.

In Cambodia, Laos and Vietnam, Oxfam supports cooperation between trade unions, informal workers' organizations, migrant workers' organizations and women's groups to jointly dialogue with the relevant government institutions for a more inclusive and comprehensive social protection system, especially for women and other marginalized workers. In Cambodia, national platforms engage with the National Social Protection Council to review the financial management and shock-responsiveness of social protection policies.

In the Occupied Palestinian Territory, Oxfam advocates for more responsive, inclusive and efficient social protection services. This is done through evidence-based advocacy on the impact of Israeli occupation policies and how they strongly affect different groups who are not targeted by governmental social protection schemes. Oxfam and its partner organizations lobby relevant Palestinian Authority institutions to improve targeting and ensure people affected by shocks are entitled to social protection coverage.

In Guatemala, Oxfam has taken the opportunity presented by the COVID-19 crisis to highlight the need to strengthen social protection policies. Together with other actors it has engaged in participatory research on the Bono Familia grant, which is given to households according to their electricity consumption. The research revealed that poor households without electricity were being excluded from the grant. Evidence-based advocacy towards the government has resulted in improved support to the population in the most precarious circumstances through the Bono Familia programme.

At the global level, Oxfam is a member of the Global Coalition for Social Protection Floors[19] and USP 2030.[20]

2 A SMART INVESTMENT, NOT A COST

Investing in USP, both during crises and in the longer term, may seem like a challenge, but it is affordable in almost all contexts.[21] Although it may seem counter-intuitive, USP systems reduce poverty and inequality more than narrowly targeted and poverty-tested systems do.[22] They tend to have larger budgets and are therefore more redistributive in absolute numbers.[23] Making social protection available to all requires courage and political will. Our analysis provides some encouragement: increasing spending on social protection has such impressive returns that it makes it a cost-effective investment.

Box 3: What do we mean by universality of social protection?

Universal social protection (USP) refers to universal coverage of social protection which ensures that every person is protected, regardless of their socioeconomic situation or legal status, with a full, comprehensive range of contingencies across their lifecycle, providing adequate benefit levels to support a dignified life. [24] It is a right grounded in international human rights frameworks.

Universal programmes provide transfers on the basis of contingencies – such as support for elderly people, children and people with disabilities – covering all people in each category.

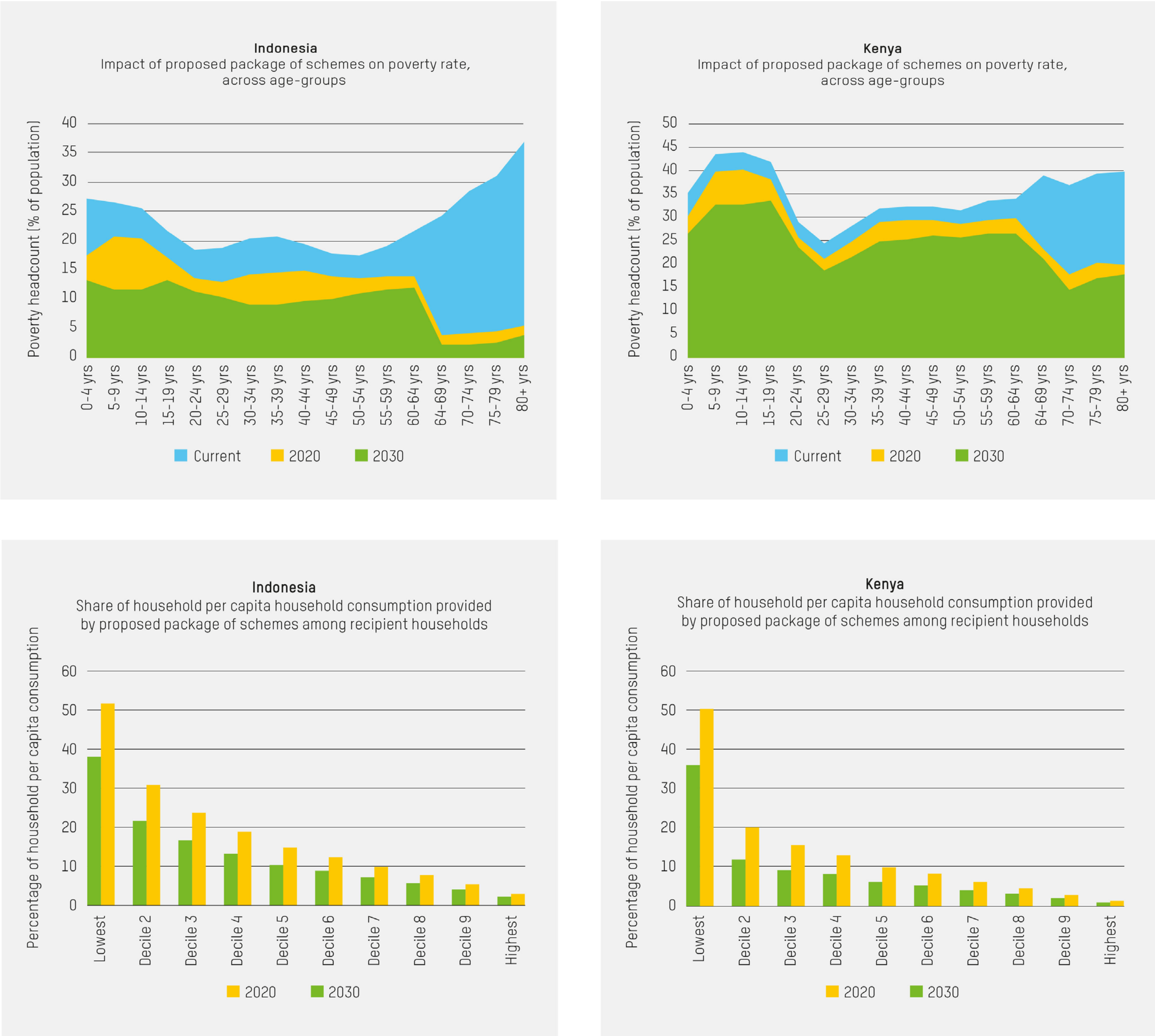
USP should not be confused with universal basic income (UBI), which means everyone receives a regular public transfer independently of any personal contingency. The concept of an emergency UBI has also been promoted as a crisis response. [25] However, there are a number of different conceptions of UBI, [26] and not all aspire to achieve a basic level of income security. [27]

SOCIAL COHESION AND POVERTY REDUCTION: LOW COST FOR HIGH IMPACT

We calculated the costs of a lifecycle package of universal schemes in one low- and one middle-income country: Kenya and Indonesia, respectively. Both would need to allocate 1.7% of their GDP by 2030 if they want to put in place a package of universal schemes, including an old-age pension equivalent to 15% of GDP per capita,[28] disability benefits and universal child benefit paying the equivalent of 5% of GDP per capita (see **Annex** for more on this calculation).

What they would get in return is huge. In 2030, when 89% of Kenya's population would hypothetically be reached by this package, the country's poverty rate would have dropped from the current 36% to 27%, using the national poverty line.[29] Similarly, Indonesia would reach 82% of its population by 2030, and in this scenario its poverty rate would have dropped from 22% to 15%.[30] The largest reductions in poverty would be among children and older people. The majority of households in each country would have a guaranteed level of income regardless of unemployment or sickness. Recipients in poorer households would receive a larger proportion of their pre-transfer consumption, on average, and this would increase over time. 1.7% of GDP is not a high price to pay for such a reward in terms of poverty reduction, income redistribution and social cohesion.

Figure 1: Projected results of hypothetical USP schemes in Indonesia and Kenya



Source: Secondary analysis of Kenya Integrated Household Budget Survey 2015/16 and secondary analysis of the Indonesian National Socioeconomic Survey (SUSENAS) 2017. See the **Annex**.

THE VIRTUOUS CIRCLE OF SOCIAL PROTECTION INVESTMENTS

Building a USP programme is not only an affordable and effective means to protect the welfare of residents and save economies in the short term by keeping or increasing the level of consumption – it is also a smart investment that is likely to boost economic development in the medium- to long-term. Investing in social protection becomes even more affordable over time, once countries begin the virtuous circle of investing in USP and good quality public services.[31]

Investments in welfare states that benefit everyone increase trust in government and strengthen the social contract; this, in turn, encourages a greater willingness among residents to pay taxes, which generates more revenue to provide a bigger budget for investments in universal programmes and public services. While the benefits of investing in public services like healthcare and education can take a while to become visible, the rewards of investing in social transfers can be a quick and effective way to generate greater trust in government and stimulate higher government revenues.[32]

Social protection, as part of a broader set of redistributive policies, can contribute to reducing inequality, which also contributes to increased trust and social cohesion.[33]

Figure 2: The virtuous circle of investing in USP and good-quality public services

Source: Kidd, et al. (2020). *The social contract and the role of universal social security in building trust in government.* Working paper. Development Pathways. https://www.developmentpathways.co.uk/publications/the-social-contract-and-the-role-of-universal-social-security-in-building-trust-in-government/

Box 4: Oxfam's five principles for effective social protection policy development

Oxfam advocates for social protection as a transformative tool to build just, inclusive and thriving societies. To realize this potential there are five guiding principles:

1. A **rights-based approach** to social protection enshrines universal human rights in national laws. This enables rights holders (citizens, migrants, refugees and stateless people) to hold duty bearers (mostly governments) to account, and to be heard in policy development and delivery.
2. **Universal** social protection means all people should be adequately covered in all contingencies. Given that this is a high aspiration, providing a social protection floor, including essential health provision and income security throughout the lifecycle, is a good start.

3. Focusing on **solidarity,** not charity. This implies a system of redistribution and risk pooling in which everyone contributes and benefits according to their means and needs, respectively.
4. **Gender-transformative** social protection takes into account the specific needs of women and girls and guarantees independent and equal access to social protection benefits and services. It also promotes change in deeply rooted gender power relations.
5. Systematically **integrated** social protection works with public policies for health and education. It also has a close relationship with taxation, the economy and labour markets, housing, transport and environmental sustainability.

3 RESPONSES TO THE COVID-19 PANDEMIC

Even before the pandemic hit, more than 4 billion people lacked access to any form of social protection.[34] According to the World Bank, the pandemic-related expansion of social protection transfers has reached only an additional 1.34 billion people.[35]

Most high-income countries have done 'whatever it takes' to protect their economies and citizens. The fiscal measures taken by the 10 richest countries in the G20 averaged 7.8% of GDP; the remaining 10 allocated 3.3% on average.[36] These measures include ambitious policies such as the US stimulus of $1,200 to every household, as part of a $2tn package;[37] the €35bn Spanish Record of Temporary Employment Regulation (ERTE) schemes;[38] or the German €5000 transfer to self-employed workers who do not quality for unemployment assistance.[39]

Nonetheless, even rich countries face challenges in covering their entire populations during the COVID-19 crisis. For low- and middle-income countries, protecting large sections of their populations is even more difficult. According to the World Bank, When it comes to additional cash poured specifically into social protection programmes, 28 rich countries have spent at the rate of $695 per person. In contrast, 42 low- or middle-income countries have spent from $28 down to as little as $4 per person.[40]

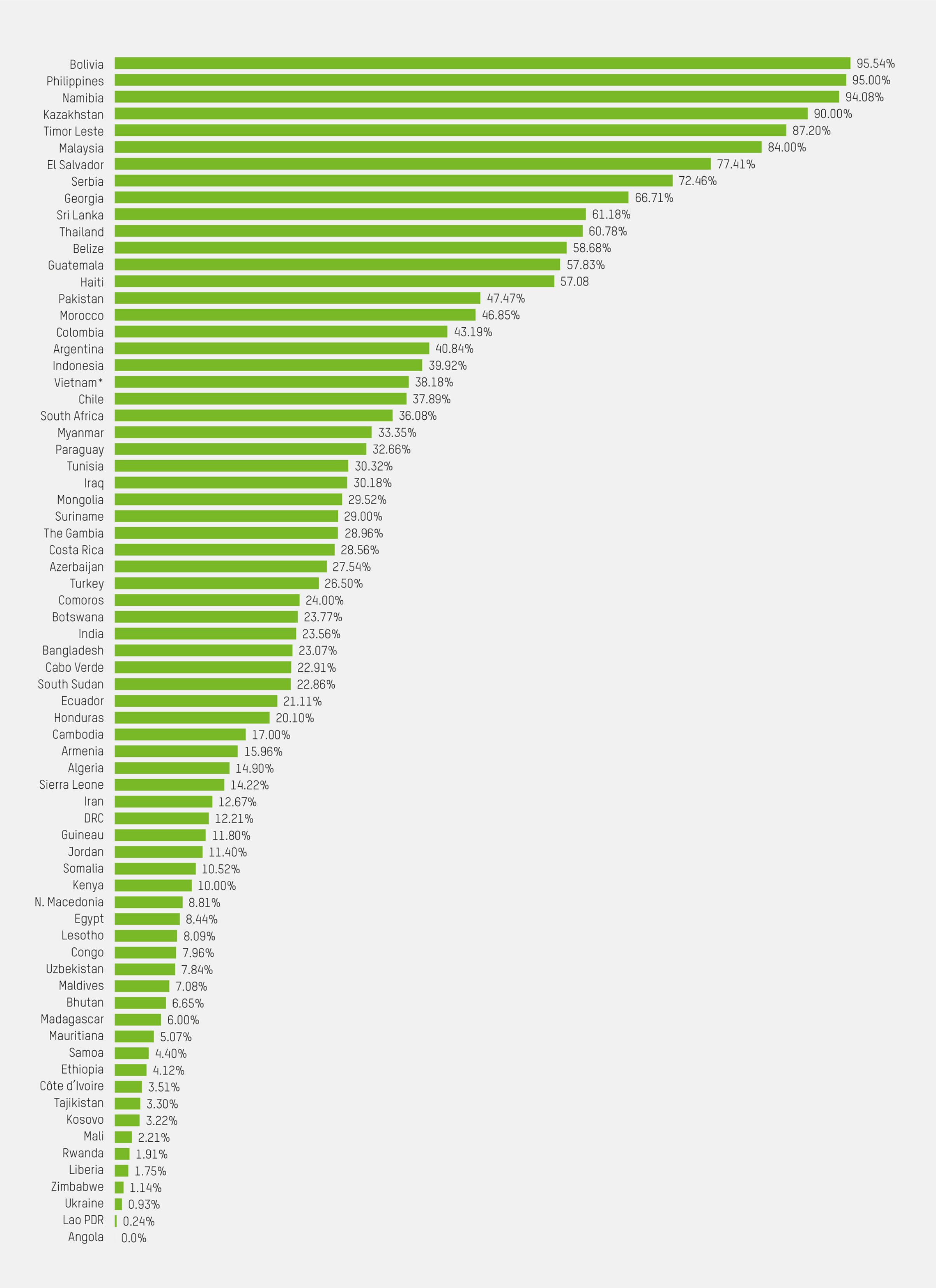
Analysis of 126 low- and middle-income countries shows that 75% introduced a cash-based emergency social protection response to mitigate the effects of the economic crisis, either through a 'horizontal' expansion of their social protection programmes (i.e. reaching more people), or by a 'vertical' expansion (i.e. increasing the value of the benefits).[41] The other 25% have not put in place any additional social protection support mechanisms.

PROTECTING INDIVIDUALS AND HOUSEHOLDS

Our analysis shows that the proportion of each country's population covered by emergency social protection programmes ranges from less than 0.01% in Angola to around 95% in Bolivia, the Philippines and Namibia (see **Figure 3**). However, the responses in 81% of the countries cover less than half their populations.

At the bottom of the list are countries with very high poverty rates such as Angola, Ethiopia and Liberia, and others that could perform better based on their income, such as Kosovo and Ukraine. Such low coverage could contribute to increased domestic inequalities.

Figure 3: Percentage of population covered by emergency social protection responses[42]



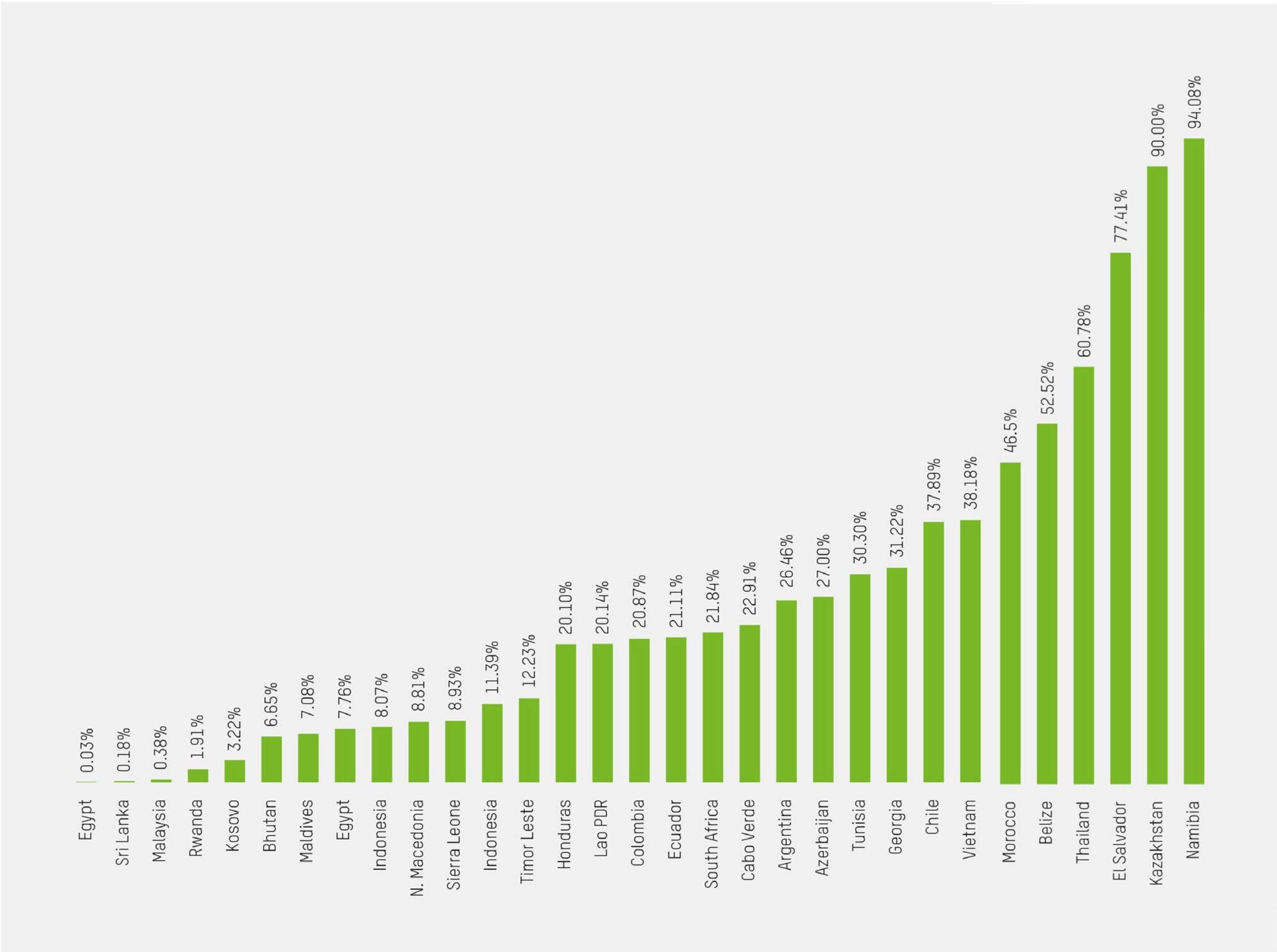
Source: Development Pathways' calculations based on Gentilini, Ugo; Almenfi, Mohamed; Orton, Ian; Dale, Pamela. (2020). *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. World Bank, IMF Fiscal Monitor and additional national sources as listed in the **Annex**. Population information: World Bank. *Vietnam: for more information regarding the figure for Vietnam, please see note 43.[43]

Unemployment schemes

Effective unemployment benefits can automatically stabilize an economy in times of crisis, when large sections of the population lose their jobs but can access benefits without the need for new programmes or restructures. However, very few low- and middle-income countries have such schemes. Prior to the pandemic, only one in five unemployed workers globally was effectively protected from unemployment, and in Africa, this figure was barely three in every 50 workers.[44]

As a crisis response, just 32 of the countries analysed have introduced unemployment-related schemes.[45] These include schemes for people who have lost income or employment and are not covered by contributory employment insurance. However, as **Figure 4** shows, the size of these schemes varies widely. For example, Egypt, Sri Lanka and Malaysia have introduced small schemes for specific groups of workers – in the tourism sector, unemployed graduates and drivers for platform services, respectively – that cover less than 0.5% of their respective populations. The one-off payment under the Informal Worker's Subsidy in El Salvador – targeted at the households of informal workers – covers around 77.4% of the population. However, management problems and structural weaknesses, common in many countries, have prevented El Salvador from reaching all beneficiaries on time.[46]

Figure 4: Percentage of population covered by emergency social protection based on employment



Source: Development Pathways' calculations based on Gentilini, Ugo; Almenfi, Mohamed; Orton, Ian; Dale, Pamela. (2020). *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. World Bank, IMF Fiscal Monitor and additional national sources as listed in the **Annex**. Population information: World Bank.

Box 5: The impact of the pandemic on an informal worker in Guatemala

Brenda Carolina lives in a small town in Guatemala, and her situation is a good example of the consequences of social protection programmes with very limited coverage: households that are deeply in need are left out because the threshold for public transfers is extremely low.

Brenda works in the informal economy, sewing for others in her home. During the crisis, she is having a hard time finding clients, since 'people don't have money to fix their clothes or make them. At this point in the quarantine, I am unable to cover the food budget that we had on a regular basis. Regarding the government support programme, I signed up and they rejected me, they told me that I do not qualify for the bonus'. No one told her why. Her family now depends on food aid that is distributed from time to time by the city council.

Covering children and elderly people

In the absence of unemployment or income-guarantee schemes, providing support to every child and every elderly person could be a way to protect every household.

Despite the development and welfare of children being particularly at risk during the economic fallout from the COVID-19 pandemic,[47] just 23 of the 94 low- and middle-income countries that introduced emergency social protection measures introduced schemes specifically for children. Mongolia's Child Money Programme has been vertically expanded in response to the crisis, with a 'top-up' of $27 per month per child for six months, reaching an estimated 81% of children. The lowest coverage of children in Angola's small child benefit in an area of Luanda for children under four, which reaches less than 0.01% of all children for which it is intended.

Only 14 low- and middle-income countries have introduced schemes specifically for older people. Among those that have done so, Suriname achieves the highest coverage, with an estimated 99% coverage through the vertical expansion in the transfer value of the Old Age Provision.

Covering women

Across the 94 countries in our study that have introduced emergency social protection, very few have taken into account the specific needs of women. Around 49% have introduced schemes to reach people experiencing income or job loss not covered by unemployment insurance, which may benefit women in precarious and informal employment. However, this is not enough to guarantee that women will access these benefits, especially when many of these schemes intended for informal workers are small and narrowly targeted at very poor people even in contexts of widespread job and income loss. Pakistan demonstrates plainly the gendered flaws in its social protection response, Ehsaas Emergency Cash payments. 78% of poor women risk being excluded as direct recipients of the programme due to large gender gaps in mobile phone ownership and national ID possession, two conditions for access to the grant.[48]

Direct support for care burdens is hardly ever integrated into national responses. Indirectly, however, women might benefit from financial support to children or people with disabilities. While this type of scheme is essential to meet the additional costs within a household and may relieve pressure on the responsibilities of caregivers – mostly women – these transfers are usually the entitlement of the child or the person with disabilities.

Box 6: The impact of the pandemic on a single mother in Cambodia

Sovann Vary, a 38-year-old single mother in Cambodia, lost half of her income as a domestic worker when her employer decided to reduce her hours due to the pandemic. With an income of just $80 per month, she was no longer able to cover her expenses. Bravely, she decided to become an informal transport worker, which required a loan of $5000 to buy a tuk tuk. Earning $3–5 per day, she is hardly getting by. When schools closed, she had to bring her daughter with her in the tuk tuk.

Due to her considerable debt, she remains very vulnerable. As an informal worker, she has applied to join social insurance schemes and access the Health Equity Card with the help of the Tuk Tuk Workers' Association, but has had no response. She is not eligible for the pandemic support measures that the government has put in place.

Box 7: A need for gender-transformative design of emergency social protection programmes

Although more analysis is needed, it is clear that the crisis is exacerbating existing gendered vulnerabilities and inequalities. Women operate in economic sectors that have been seriously hit. In the care sector, which has a 70% female workforce globally, women workers are dangerously exposed to the virus, and face overtime and exhaustion. Other highly feminized sectors bear the biggest impact of the economic slowdown, such as the garment sector; the service sector (including domestic work) and the informal sector. A UN Women report[49] estimates that globally, women's employment is 19% more at risk compared to that of men. During the first month of the pandemic, informal workers – who in low- and middle-income countries are mainly women – lost an average of 60% of their income. By 2021, an additional 47 million women and girls will be pushed below the poverty line of $1.90 a day. In addition, reports[50] of violence against women have risen, and women are carrying the increased burden of unpaid care and domestic work.

UN Women has stated that *'without gender-responsive policies, the crisis risks derailing hard-won gains. COVID-19 forces a shift in priorities and funding across public and private sectors, with far-reaching effects on the well-being of women and girls. Women must be the architects as well as the beneficiaries of efforts to build back stronger.'*[51]

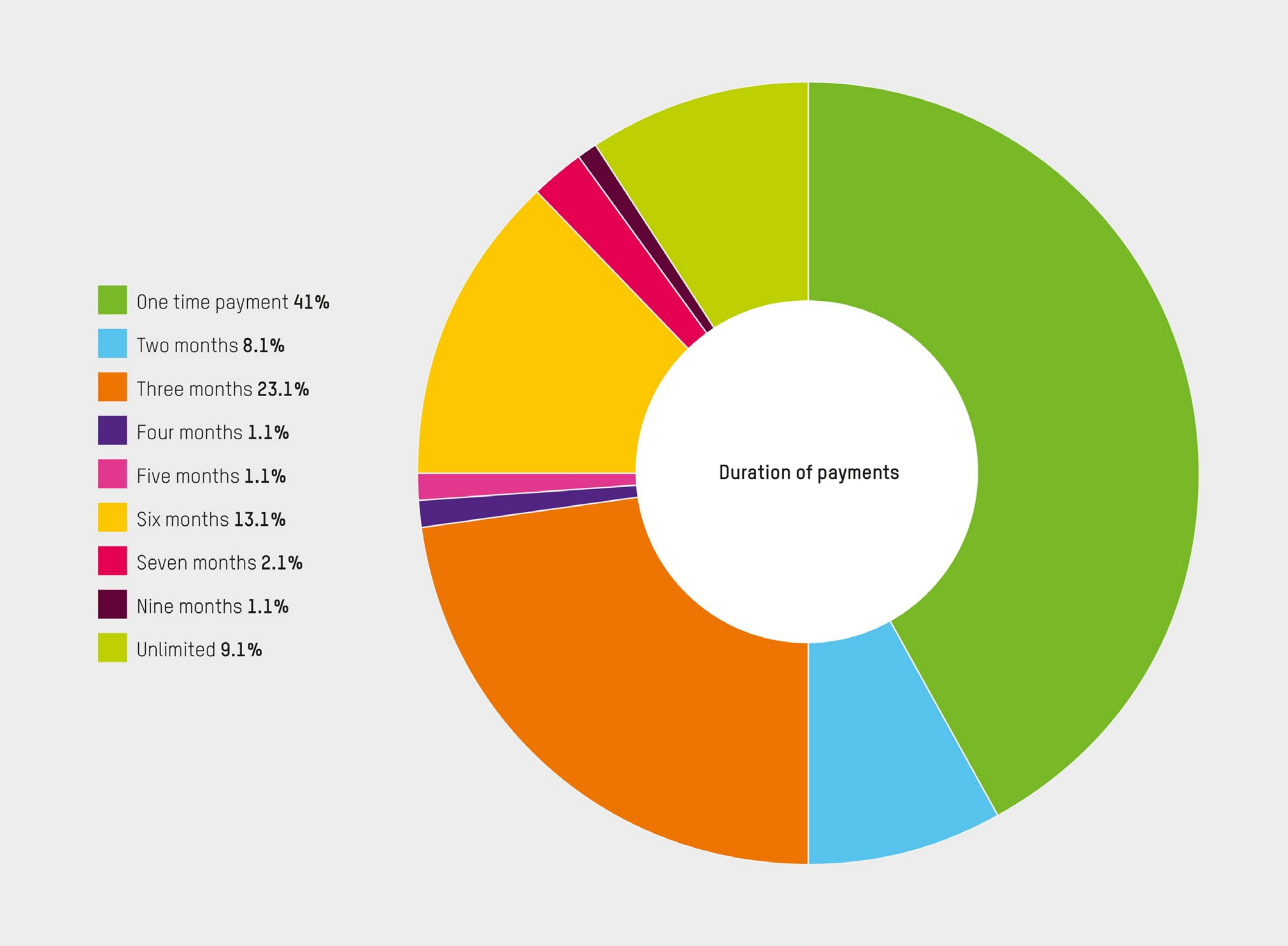
A gender-transformative social protection response to the crisis can address many of the problems faced by women. Such a policy may include an individual entitlement to universal transfers to all residents that can be collected at recipients' personal discretion. Ensuring income security to all women is paramount during the crisis. This will require large-scale subsidies to contributory schemes to cover unemployment and underemployment and expanding unconditional social transfers to all informal workers. As women are less likely to hold ID cards, own mobile phones, have personal bank accounts or be mobile in the public arena, specific consideration to ensure equal access for women must be the first priority in the design of social protection delivery. In addition, governments can put in place transfers to support individuals with parenting, care and other domestic responsibilities to reduce women's increased time scarcity due to higher care burdens. Free access to childcare services and access to skills training are of particular importance to allow women equal access to the labour market during the economic recovery. Women experiencing domestic abuse must be supported, and access to sexual and reproductive health guaranteed.

The value and duration of emergency transfers

The value and duration of transfers is as important as the share of the population covered. There is little a family can do if a pay-out is irregular or covers too short a period. There is major divergence between countries, but our analysis shows that the value of the transfers has been, in most cases and in most countries, low and too short in duration.

The most common form of transfer has been one-time payments (41% of the total). However, the crisis is lasting much longer than many families could have foreseen. Just 16 of the programmes are providing transfers for a period longer than six months.

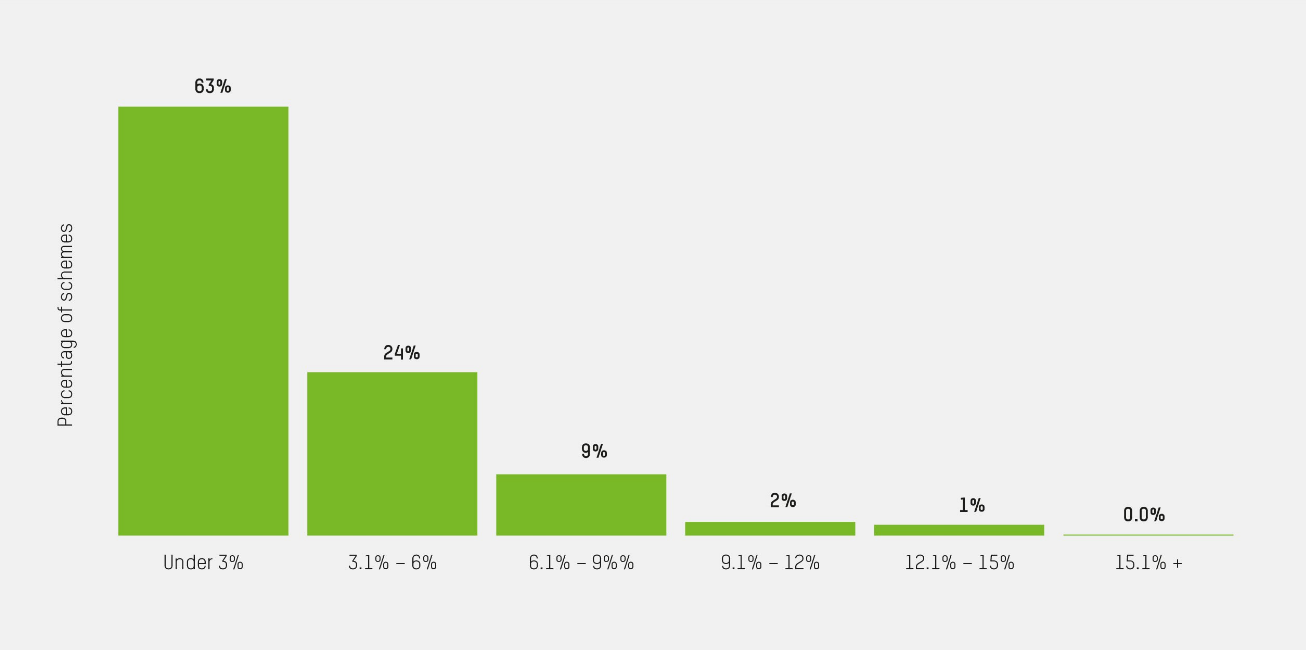
Figure 5: Duration of emergency social protection schemes



Source: Development Pathways' calculations based on World Bank (Ugo Gentilini) and IMF Monitor, plus additional national sources as listed in the **Annex**.

The value of social protection emergency transfers varies widely across and within countries. Overall, most (62%) emergency social protection schemes provided very low transfer values of less than 3% of GDP per capita, assuming that all benefits will be used over a crisis period of six months. The average benchmark value for a per capita transfer that can provide sufficient income replacement is around 15% of GDP per capita.[52] No country and no scheme has reached this benchmark. The result is that all of the benefits provided to families during the pandemic have simply been too meagre to cover basic needs.

Figure 6: Value of the transfers as proportion of the 15% of GDP per capita – the benchmark for paying for basic needs



Source: Development Pathways' calculations based on Gentilini, Ugo; Almenfi, Mohamed; Orton, Ian; Dale, Pamela. (2020). *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. World Bank, IMF Fiscal Monitor and additional national sources as listed in the **Annex**. Population information: World Bank.

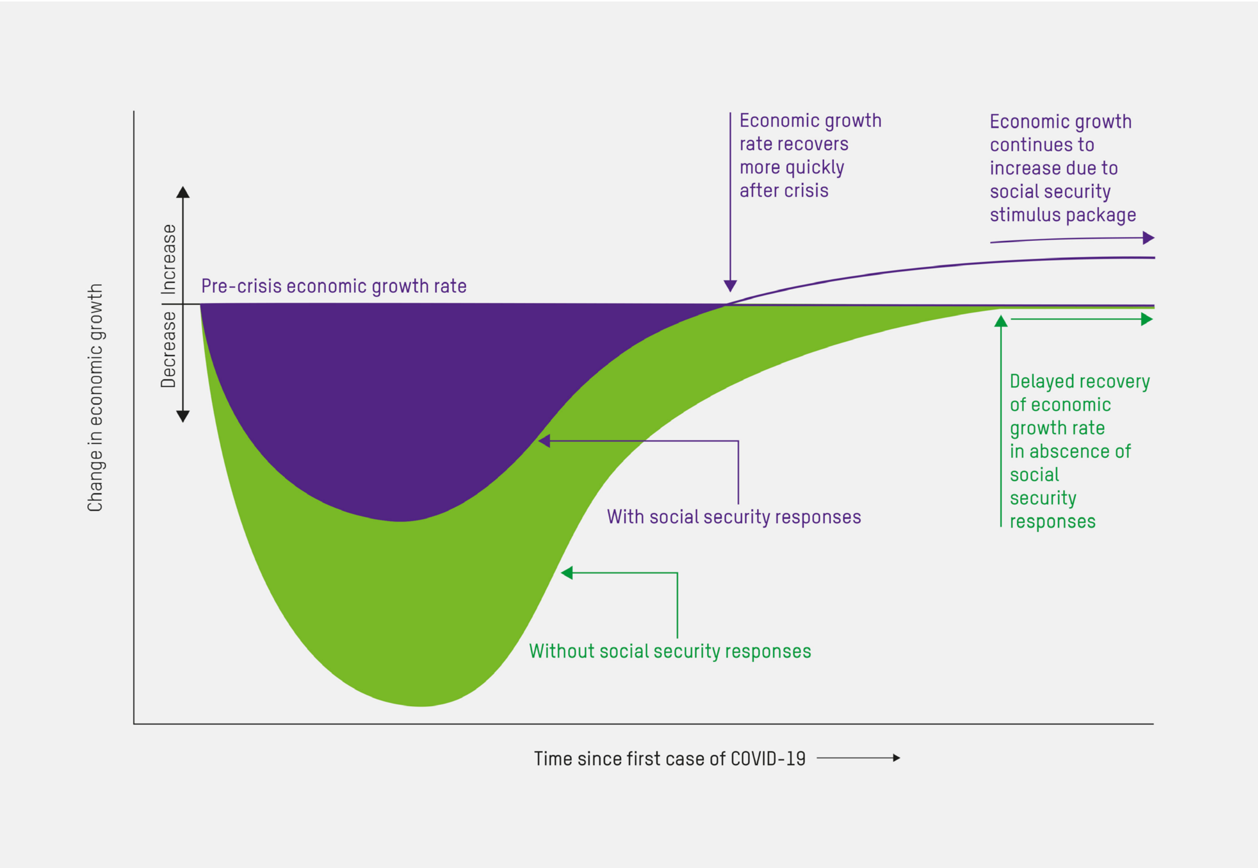
The cases of Colombia and Serbia illustrate the problems of low transfers. The government of Colombia has been able to reach 43.2% of its population through a combination of schemes. The biggest, a newly created scheme, reaches 3 million households of informal workers with the equivalent of a $20 transfer per month for six months. This is too little to be a real replacement for the income of a Colombian family, as it is equivalent to just 2.5 days of the national minimum wage.[53]

The Serbian government transferred a one-time payment to every adult in the country. While ambitious, this was too little and too time-limited for people with scant resources to survive long-term income losses. The average Serbian salary is around 30 times the temporary universal basic income put in place, spent over a six-month period.[54]

PROTECTING SOCIETIES

In addition to helping the beneficiaries of programmes, social protection measures need to be powerful enough to affect macroeconomics, in order to shorten and soften recessions. As **Figure 7** shows, a big enough fiscal stimulus package should enable countries to mitigate the depth of the recession they are facing and, importantly, recover more quickly as they limit the fall in the demand that drives the economy.

Figure 7: Potential impacts on economic growth as a result of COVID-19, with and without social protection responses



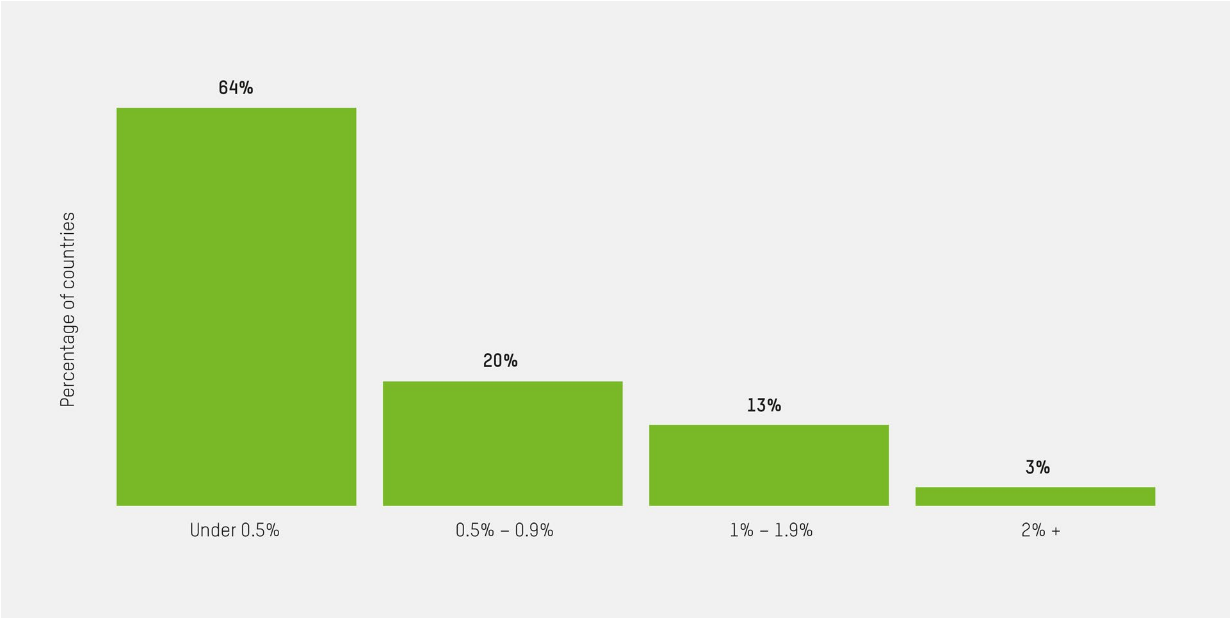
Source: Development Pathways and UNDP Asia Pacific (2020).[55]

Economists suggest the minimum level of response needed for such a stimulus should be no less than 2% of GDP.[56] However, across all low- and middle-income countries that have introduced emergency social protection, the average investment is just 0.46% of GDP (see **Figure 8**).[57] Just two countries from the 126 analysed have reached the 2% benchmark.

'As a rough rule of thumb…I think that a near term fiscal injection of transfers less than 2% of GDP should be judged as inadequate.'

Martin Ravallion, World Bank Chief Economist

Figure 8: Percentage of countries that introduced an emergency social protection package across different ranges of investment (as a percentage of 2019 GDP)



Source: Development Pathways' calculations based on Gentilini, Ugo; Almenfi, Mohamed; Orton, Ian; Dale, Pamela. (2020). *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. World Bank, IMF Fiscal Monitor and additional national sources as listed in the **Annex**. Population information: World Bank.

The gap between what richer and poorer countries can do means that their recovery paths will be radically different; the most vulnerable economies with the most people living in poverty are facing longer-term impacts.

4 SOCIAL PROTECTION RESPONSES IN FIVE COUNTRIES

The state of pre-existing social protection systems in most low- and middle-income countries has influenced the effectiveness of their COVID-19 responses. **Table 1** presents the scale-up efforts of five countries for which more detailed information is available. It compares the investment, coverage and comprehensiveness of their social protection responses in the form of cash transfers. These were resourced by national budgets, some of which are supported by loans, and in the case of Angola, by overseas development assistance (ODA).

The countries represent different categories of social protection systems: from those with lifecycle schemes in place that achieve very high coverage of the population (on the left), to countries that depend on a few donor-funded social protection schemes (on the right).

Table 1: Social protection responses to the crisis in five countries (over six months) in the context of existing programmes

Non-contributory cash-based transfers	South Africa	Bolivia	Kenya	Indonesia	Angola
Pre-crisis investment (% GDP)	3.42%	1.65%	0.98%	0.11%	0.46%
Additional investment (% GDP)	0.72%	1.20%	0.16%	0.29%	0.0001%
Pre-crisis direct and indirect coverage of population	63% (likely higher)	68%	13.0%	20%	8.05%
Direct and indirect coverage of the population (at least one benefit) during the crisis	63% (likely higher)	97%	13.6%	42%	8.06%
Pre-crisis life cycle contingencies (grants)	Child Disability Old age Poverty	Child School Disability Old age	Old age Orphans Disability Poverty	School Poverty Old age Disability	Child Poverty
Vertical expansion during the crisis	Child Disability Old age	Scaled up as: Family bonus Family Basket bonus	Orphans Disability	Poverty	None
Horizontal expansion and new contingencies	Distress	Universal grant	Old age Poverty	Poverty Skills grant	Child

Source: Development Pathways, analysis based on secondary sources listed in the **Annex**.

SCALING SOCIAL PROTECTION SYSTEMS

Social protection systems that were well-resourced prior to the crisis were already providing a good level of protection for many people. Of the countries in **Table 1**, South Africa only had to invest an additional 0.72% of GDP to close gaps in coverage, because its pre-crisis investment was 3.42%. Bolivia, which was investing only 1.65% of GDP pre-crisis, had to invest an additional 1.2% in an attempt to close the social protection gaps. The other three countries represented in the table had very poorly resourced social protection systems. To close the gaps would have require a sudden and massive investment, which is not easy for low- and middle-income countries unless it is done through debt financing.

A social protection system with universal coverage for one or more contingencies via non-contributory systems can be more easily scaled up vertically. South Africa's old-age grant already reached 77% of the population over 60 years old. The impact of the crisis could be partly mitigated by topping up this grant. It has not only served elderly people themselves, but also their relatives indirectly. Bolivia used the recipients lists of the existing school grant, the pension scheme for those over 60, and the mother and child grant to distribute emergency social protection bonuses, topping up the usual benefits with a Family bonus or a Family Basket bonus. As the two largest schemes (school and old-age grants) were already reaching 68% of the population, directly or indirectly, Bolivia was able to react quickly. Kenya topped up existing Older Persons Cash Transfers. Indonesia and Angola only had small poverty-targeted systems in place, and these were more difficult to scale up vertically to a bigger group of people. Indonesia managed to cover about 42% of the population with additional transfers[58] and Kenya only 13%, while Angola's coverage has been negligible.

Countries with a more comprehensive social protection system, covering the main contingencies across the lifecycle, were in a much better position to scale up horizontally, usually through the introduction of additional contingencies or adding people to existing schemes. South Africa's social assistance programme ordinarily provides income support to children, elderly people and people with disabilities, reaching more than 18 million people. These social grants were expanded as a 'Social Relief of Distress' grant for a period of six months to additional unemployed citizens aged 18–59 who meet the eligibility criteria. Hence, more than 63% of the population should receive government support through one or more grants, directly, or as a member of a recipient household.

Similarly, the Bolivian government added three new contingencies to the existing ones of child, school and old-age benefits: a Family bonus, a Family Basket and a Universal bonus targeted at people not yet covered. For instance, the Family bonus was paid to all 2.2 million recipients of the school grant normally meant for children in state schools, and an additional 1.6 million children in private schools. The Universal bonus is a new scheme for citizens aged 18–60 who do not receive any other benefit and is meant to address the exclusion of informal workers and self-employed people. As a result, about 95% of Bolivia's population can directly access support or benefit indirectly as a member of a recipient household.

The social protection gaps in the three other countries proved difficult to fill through scaling up horizontally or the addition of contingencies. Indonesia managed to cover about 42% of the population with additional support. Kenya managed only 13% on average, although the old-age pension scheme was extended to an additional 300,000 people, reaching an estimated 80% of all over-70s. Angola's additional coverage has been negligible.

Besides these non-contributory schemes, South Africa, Bolivia and Indonesia had contributory insurance schemes in place. South Africa's private Unemployment Insurance Fund, which covered 18% of the working population pre-crisis, normally covers income loss due to illness. The Fund introduced an additional $200-per-month benefit for lockdown-affected workers for a maximum of three months. However, most workers, who are usually in the informal sector, are not members of this scheme.

Indonesia is the one country on the list putting in place a national health insurance scheme, which currently reaches two-thirds of the population. The government subsidizes the premium for the poorest 40% of the population, but the scheme leaves many informal workers uncovered. Indonesia also has a social insurance system in place for private waged workers and public sector workers, including pensions, survivors' benefits and work injury compensation, but lacks unemployment benefits. The country's many informal workers, about 50% of the workforce, are not insured at all. As a response to the crisis, the Indonesian government subsidized the national health insurance scheme to temporarily include an additional 30 million non-waged workers on top of the 179.5 million individuals already insured. This left about 56 million citizens without health insurance.

In Kenya, only about 15% of workers aged 18–65 have an employer contributing to the national social security fund that provides pensions. Bolivia's contributory pension schemes cover about 14% of the population, mostly men, compared to the 91% covered by the social pension scheme.[59]

These examples show that the contributory insurance systems in these three countries were not yet ready to absorb the economic shocks of the crisis, in particular to cope with unemployment and loss of income.

AVOIDING DESTITUTION

In addition to expanding coverage, it is important to assess how adequate the additional cash transfers have been to replace lost incomes, and whether resources have been fairly redistributed.

Table 2: Adequacy of social protection responses in five countries (over six months)

Non-contributory cash-based transfers	**South Africa**	**Bolivia**	**Kenya**	**Indonesia**	**Angola**
Additional investment (% GDP)	0.72%	1.20%	0.16%	0.29%	0.0001%
Value of benefit per capita (% GDP/capita)	2.81–6.14%	1.11–3.89%	1.6–10.8%	2%	N/A

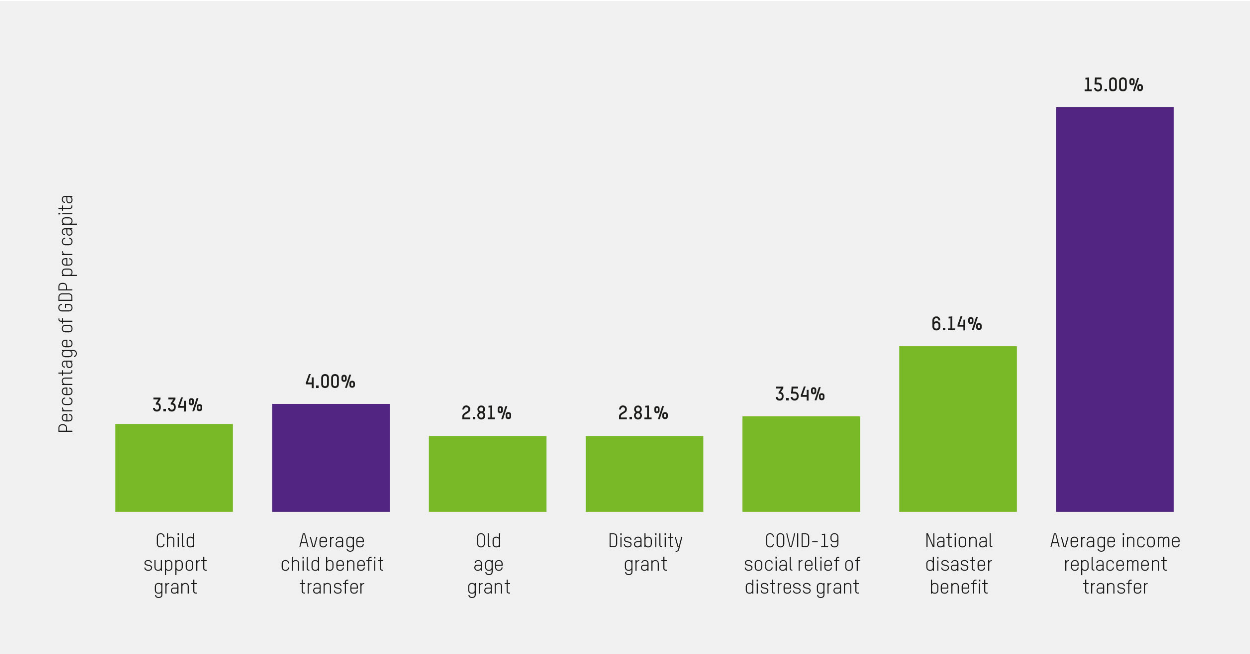
Source: Development Pathways. Analysis based on secondary sources listed in the **Annex**.

Over a six-month period, none of these five countries reached the 2% GDP benchmark needed to have the impact of an economic stimulus (see **Table 2**). At 1.2% of GDP, Bolivia's response ranks fairly high among low-to-middle-income countries (LMICs) but was still unlikely to have been adequate to stimulate consumption sufficiently to protect against major economic harm (see **Figure 6**). Again, assuming a six-month crisis period and the benchmark of 15% of GDP per capita[60] as adequate, none of these five countries has provided enough to replace lost incomes.

In Bolivia, transfers are made as individual entitlements so that households can access multiple benefits at the same time; large households should therefore be able to access benefits proportionate to their size and needs. However, the one-off nature of the payments means that the value is reduced when it is distributed over an assumed crisis period of six months. Even when adding up the grants (the universal grant provides on average 3.89% of GDP per capita per month), the average benefit level is nowhere close to providing an adequate level of income replacement.

The monthly transfers provided under South Africa's emergency response schemes range from $13–18 for cash transfers to $200 for the National Disaster Benefit[61] disbursed by the private insurance scheme. **Figure 9** shows the value of these transfers over a period of six months as a percentage of 2019 GDP per capita. South Africa's child support grant, at 3.34% of GDP per capita, is still below the global average of 4% for child benefits. However, the child support grant is provided per child, meaning that larger households with more children will receive an increased level of support proportionate to their greater consumption needs. The old-age grant, disability grant and COVID-19 Social Relief of Distress grant each provide less than a quarter of the benchmark value. The transfers will likely represent a welcome boost to the income of recipient households, but it is unlikely that they will be able to protect recipients from income and job loss.

Figure 9: Value of new transfer or top-up over a period of six months as a percentage of 2019 GDP per capita in South Africa



Source: Development Pathways. Analysis based on global COVID-19 social protection response database.

Kenya's additional payment to recipients of Older Persons Cash Transfers is just 1.6% of GDP per capita for each household member over a period of six months. With the regular payment included, it amounts to 7.2%, but the grant will likely be shared with other members of the household. In Indonesia, no one transfer exceeds 2% of GDP per capita over an assumed period of six months. The Swedish International Development Cooperation Agency's poverty targeted emergency child grant scheme in Angola provides 5.74% of pre-crisis GDP per capita, but this is a pilot scheme.

REDUCING POVERTY AND INEQUALITY

Using social protection to respond to the crisis can have an impact on poverty and inequality reduction. People living in poverty are more exposed to health risks and are more likely to lose their jobs or incomes. Emergency social protection measures should have the capacity to correct this inequality. We were able to analyse four emergency programmes' coverage and adequacy across income levels, and the adequacy of the benefits compared to recipients' previous incomes or consumption levels.[62]

Coverage across income levels

Figure 10: Percentage of population directly or indirectly covered by COVID-19 emergency transfers across pre-crisis per capita income deciles (South Africa, Bolivia) or per capita consumption deciles (Kenya, Indonesia)

Sources: Development Pathways. Analysis based on secondary sources listed in the **Annex**.

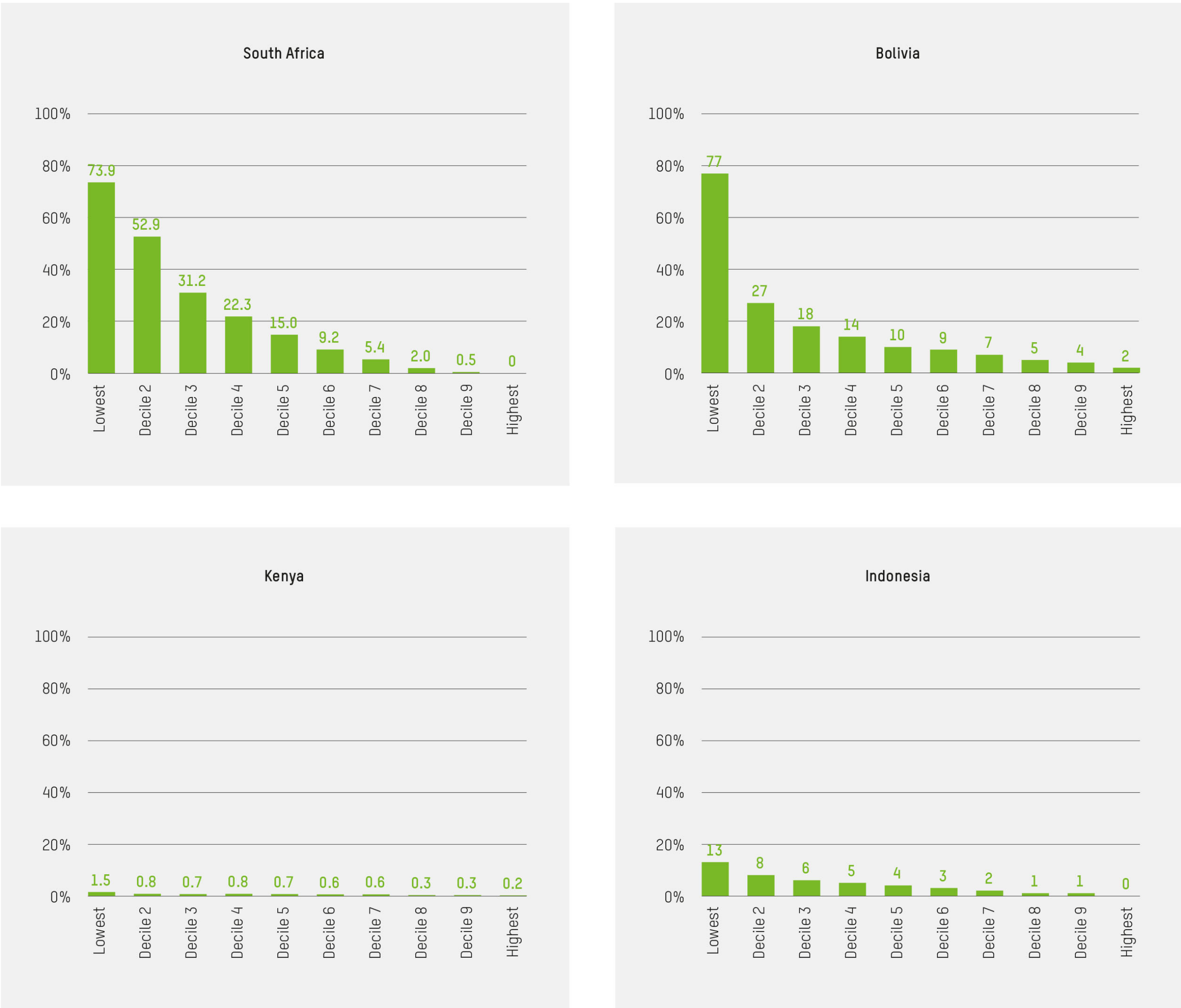
In South Africa, in addition to the high coverage overall, the top-ups reach the largest proportion of people in the second poorest decile, with 97% of this group either directly or indirectly covered. Among the poorest 20% of the population, very high coverage is achieved, with roughly 95% benefiting from an emergency top-up. Coverage is also high among middle-income beneficiaries. The fact that the pre-crisis system was means-tested is a factor.

Bolivia aspires to a universal approach that provides the same value for all citizens. This means that direct and indirect coverage is high across all income levels, as many people live in a family that receives at least one benefit. Families in low-income deciles can even receive multiple benefits. In Kenya, which has a poorly resourced and fragmented social protection system, the emergency social protection measures do not reach any income deciles effectively, and there is no differentiation between rich and poor people. In Indonesia, the low-income deciles of the population are much better covered than the middle- and high-income deciles, but the coverage figures are still low.

Adequacy across income levels

Figure 11 shows the scale of emergency grants received compared to pre-crisis income or consumption.

Figure 11: Average monthly value of COVID-19 top-ups over six months as a percentage of pre-crisis per capita income (South Africa, Bolivia) or per capita consumption (Kenya, Indonesia)



Sources: Development Pathways. Analysis based on secondary sources listed in the **Annex**.

In Bolivia, people in the poorest deciles receive up to 77% on average of their pre-crisis income. This indicates better adequacy of the grants for people in the poorest deciles than for those in richer deciles. However, people who did not earn much in the first place, and who are now without a job or income, still do not receive enough for a decent livelihood. Moreover, they need to spend their resources on basic needs, even borrowing money to get by, while the upper deciles are able to continue accumulating savings. According to a recent study by the ARU Foundation, the consumption capacity in Bolivia calculated over a three-month window has been be severely impacted in spite of the grants. In a best-case scenario in which only non-waged workers lose their income, only the poorest quartile of the population would see its income losses compensated. In a scenario of all workers losing income, only the poorest 15% would able to replace their pre-crisis consumption capacity thanks to the grants. With no support beyond a period of three months, it can be expected that, in a six-month window, the income replacement effect would weaken even more, as the benefit would need to serve them over a longer period of time.[63]

South Africa has also made an effort to better protect poor people than rich people. Nearly three-quarters of the pre-crisis income of people in the poorest decile has been compensated for by one or more benefits.

Indonesia shows a less adequate replacement of lost incomes across the population, providing a level insufficient to protect lower deciles from falling deeper into poverty. In Kenya, the value of the benefits is totally inadequate to maintain spending levels across all consumption deciles, and the response shows a negligible equalizing effect.

THE GENDERED IMPACTS OF SOCIAL PROTECTION RESPONSES TO THE CRISIS

Little gender-specific data is available. The measures above are neither directed at women's specific needs nor take gender diversity into account. Women's increased care burden during the crisis and the loss of their productive activities is hardly addressed. Indeed, the social protection measures taken could reinforce gender stereotypes, rather than maintain or strengthen women's agency in the household and labour market in a post-COVID-19 world.

South Africa, Bolivia and Indonesia have implemented mother and child grants, and grants for poor women. Where this helps women to support their children and households, it will not address all of their concerns, in particular when they lose their jobs and are pushed (back) into unpaid caring roles. South Africa's non-contributory social protection instruments are targeted at individuals rather than families. This provides equal access to women and prevents male heads of household withholding access to transfers. Nevertheless, women are structurally excluded from unemployment benefits, as most women work in the informal economy.

In Bolivia, individual entitlements allow women to access emergency benefits and receive payments directly. Female recipients of the Family Basket grant can directly claim this emergency payment on behalf of themselves and children under two. Around 247,000 mothers are estimated to receive this assistance.[64] Underage mothers can also request the payment without bureaucratic hurdles.

In Kenya, the universal old-age pension benefits elderly women equally to men, but all poverty-targeted cash transfers are provided at the household level, and likely to serve men better than women because the latter tend to have less control over household resources.[65]

In Indonesia, the situation is even worse. Most benefits are directed at households, and most women work in the informal economy, so are not benefitting from emergency measures. The participation of women in the labour force remains low. For instance, only 12% of female retirees receive a pension, compared to 25% of the retired population overall.[66] Non-contributory responses to the crisis could address the problem of many women being excluded from support.

5 FINANCING SOCIAL PROTECTION

As most social protection investments to date have been small, considerably more resources need to be made available to realize universal social protection systems. Ensuring that those resources are available in low- and middle-income countries relies on four main pathways:[67]

1. immediate debt cancellation;
2. the creation of new international reserves by the IMF;
3. the adoption of emergency progressive taxes; and
4. a significant injection of ODA.

DEBT CANCELLATION

The COVID-19 pandemic hit when many economies were already heavily indebted. Analysis by the IMF in February 2020 stated that half of African low-income countries were either in debt distress or at high risk of being so.[68] According to a recent analysis by the Jubilee Debt Campaign, 64 low-income countries spend more on debt repayments than healthcare.[69] In 2014–18, resources spent on public services dropped by more than 18% in Latin America and the Caribbean, and by 15% in sub-Saharan Africa, while debt repayments grew by 84% on average.[70]

As debt levels are expected to rise for many countries due to the COVID-19 pandemic, the G20 created the Debt Service Suspension Initiative (DSSI) in April 2020. While it was a fast response, it is also very limited.[71] Out of the 73 countries eligible,[72] 46 have agreed to a temporary suspension of debt payments to bilateral creditors. This affects about $5.7bn of debt, equivalent to roughly 24% of the debts due in 2020 for these states, but only about 1.66% of the full stock of debt owed by the 73 eligible countries.[73]

The remaining debts continue to be serviced amid the pandemic. The 73 DSSI countries will still pay up to $33.7bn in debt repayments to the end of 2020, mostly to private creditors (including commercial banks and investments funds) and to multilateral institutions, including to the World Bank itself.[74] The DSSI has been extended until June 2021, but the scope of debt postponed has not been increased.

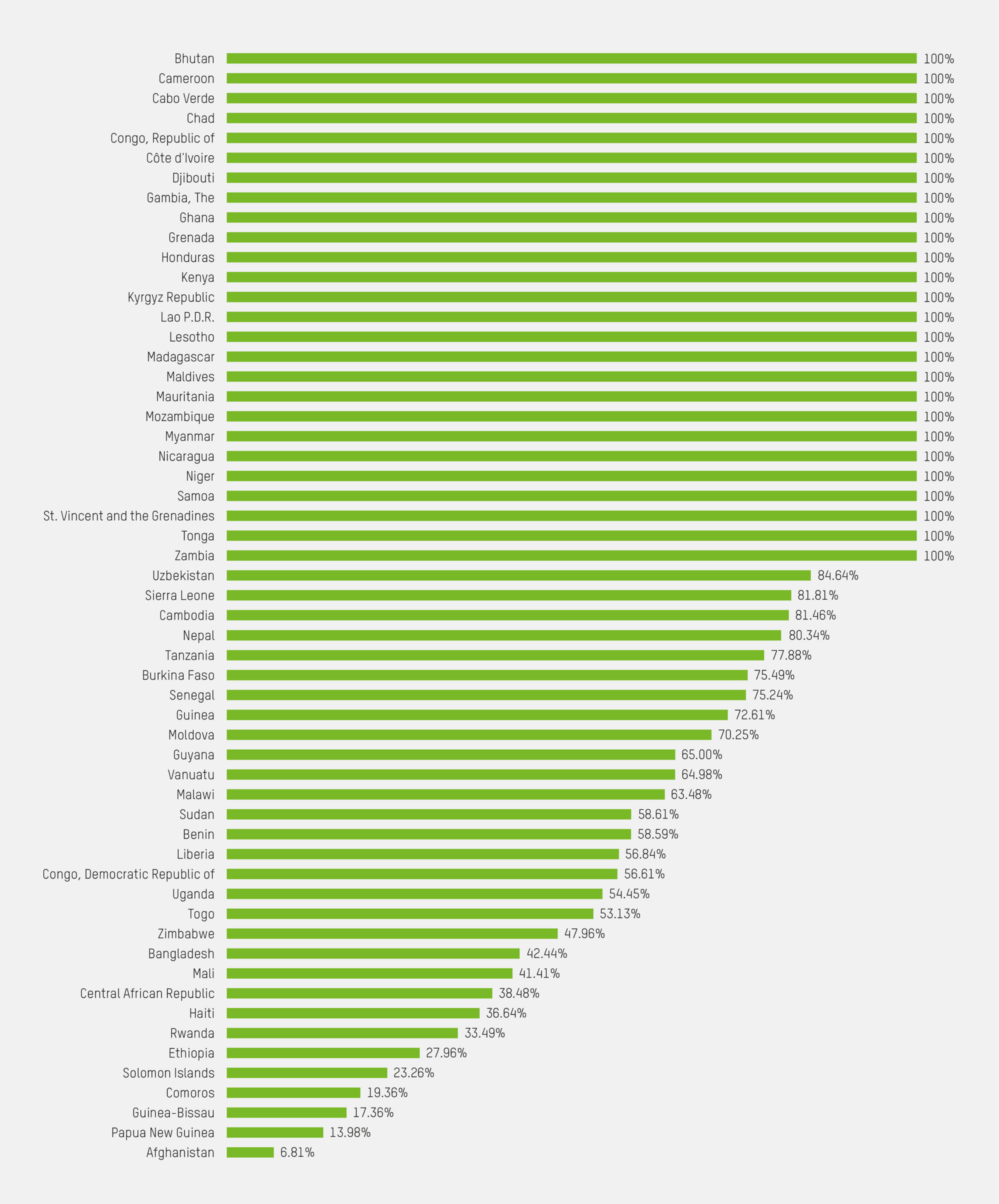
Hence, the core problem remains untouched: debt postponement, suspension or moratoria only defer repayments to the future, making recovery even more of an uphill battle. Without urgent and significant debt relief, the task of substantial expansion of health and social protection coverage is impossible for many countries. A profound revision of DSSI and extension of debt relief is urgently needed.

What if debt was cancelled?

We calculated how many people could be provided basic income protection if low- and middle-income countries did not have to service debt. We estimated the cost of a six-month package of emergency social protection programmes in 56 of the 73 DSSI countries for which sufficient data was available.[75] We then compared this to the cost of servicing debt to all private and public external creditors. The assumption was that no debt or interest would need to be paid to external creditors in 2020, using the official debt data from the DSSI initiative. The hypothetical USP packages included universal pension and disability benefits set at the 15% of GDP per capita threshold, and a child grant to the value of 5% of GDP per capita.[76]

Figure 12 shows what share of the eligible population could receive such a transfer solely through using resources freed up from debt service payments. According to our calculations, 26 of the 56 countries included in this analysis could reach everyone under 18, every person with disabilities and everyone over 60.

Figure 12: Percentage of children, people with disabilities and older people that could be reached directly by rechannelling debt-servicing obligations



Source: Development Pathways. Calculations based on DSSI data by the World Bank (https://www.worldbank.org/en/topic/debt/brief/covid-19-debt-service-suspension-initiative). Calculations include all external debt, both private and institutional. Population Data UNDESA 2020 population estimates. For the methodology behind the USP package, please see the **Annex**.

The risk of taking on more credit

Despite the fact that loans contribute to future debt challenges, many COVID-19 response mechanisms have been funded in this way. Information on the source of funding used is available for only 59 countries out of the low- and middle-income countries that introduced emergency social protection measures. Of these, 41% are funding their responses through domestic revenues backed up by financial support from international financial institutions (IFIs) through loans and temporary debt suspension. While temporary debt service suspension means postponing repayments into the future, loans mean increasing the amount of debt owed. Both will eventually need to be repaid.

Of the countries that have financed their response in this way, the most common source has been Rapid Financing Instrument (RFI) or Rapid Credit Facility (RCF) loans from the IMF to meet an actual and urgent balance-of-payments need. These countries include both low- and middle-income countries such as Bangladesh, Ethiopia, Mongolia, Pakistan, the Philippines, South Africa, Kenya and Kosovo.[77] These are budget-support loans, which are not tied to specific social protection programmes. South Africa, for example, has presumably financed its 0.86% of 2019 GDP emergency social protection response through its domestic revenues, but has also received a disbursement of $4.3bn (1.2% of 2019 GDP) through the RFI facility.[78]

Other countries have accessed loans from IFIs that are earmarked to finance specific emergency social protection programmes. Among them are low-income countries that are already allocating too much of their budget to debt repayments. In Liberia, for example, the government is accessing $8.8m in additional financing for the Liberia Social Safety Nets Project for the express purpose of assisting the expansion of social cash transfers during the pandemic from a World Bank-managed trust fund, the Rapid Social Response Program.[79] The Maldives' temporary Income Support Allowance was funded by the World Bank's International Development Association (IDA) – half in grant form, and half with a concessional loan.[80]

Early in the crisis, the IMF announced it would make $1tn available for the pandemic response.[81] Between April and October 2020, it committed $102bn in support to 83 countries, and cancelled $488m of debt service payments for 29 countries.[82] Overall, of the funds distributed by the IMF and the World Bank, the vast majority is in the form of loans.

While the IMF plays a crucial role in social protection financing through its lending, it also has great influence over future policy through its policy advice and especially through the conditions attached to financing. In recent years, the IMF has made a bigger effort to discuss the importance of social protection.[83] However, the Fund's engagement is still at odds with goals set by the international community, such as the realization of social protection floors – which was unanimously adopted by governments, workers and employers in the ILO in 2012 – and the achievement of the Sustainable Development Goals (SDGs) on universal health coverage and free, equitable and quality education.[84]

The IMF has emphasized the importance of social protection in policy responses to the crisis – including expanded unemployment and health benefits, sick leave, cash transfers and public works programmes – potentially funded by increasing income and wealth taxes.[85] Despite the IMF's messages on the need for social protection and inequality reduction, 84% (76 of 91) of the IMF's COVID-19 loans encourage, and in some cases require, countries to adopt tougher austerity measures in the aftermath of the pandemic.[86] This could result in deep cuts to public healthcare systems and pension schemes; wage freezes or pay cuts for public sector workers such as doctors, nurses and teachers; and/or cuts to unemployment benefits.

Past conditionalities impact the ability of countries to cope with the current crisis. For example, in Ecuador, the fiscal adjustment required by its 2019 IMF loan programme has led to cuts in health and social security spending that have seriously undermined its capacity to respond to the pandemic.[87] IMF-imposed austerity has impacted countries' ability to protect their citizens during the crisis, and those same policies will impact them after the crisis.

If support is given in the form of loans nonetheless, the method used for fiscal consolidation – e.g. whether through introducing taxes on wealth, as opposed to increasing VAT – will be critical to determine the impact of such conditions on inequality. Repayment must leave the fiscal space necessary to establish and expand universal social protection floors. Resorting to reducing social protection or to targeted social assistance to reduce budgets would run the risk of leaving vulnerable populations lacking coverage.

Special drawing rights (SDRs) are another potential source of financing for social protection. SDRs are a type of international currency used by governments, issued by the IMF.[88] Once created by the IMF, they are added to all IMF members' foreign exchange reserves according to each country's share of IMF capital. Governments can then convert them into hard currency to meet their external financing needs,[89] and they do not ever have to pay the IMF back. SDRs are particularly useful to provide liquidity to avert balance-of-payments crises and were last used to respond to the 2008 global financial crisis. Oxfam is calling for a major emergency issuance of SDRs to alleviate the global economic crisis brought on by the pandemic.[90] The IMF could also issue SDRs annually in smaller amounts as a reliable source of financing. Governments that choose to use SDRs for domestic spending like social protection programmes would need to manage their economies carefully to avoid excessive inflation.[91]

EMERGENCY PROGRESSIVE TAXATION

While many people have lost, or are on the brink of losing, their livelihoods or lives, there are others who have earned windfall profits as a result of the COVID-19 pandemic.

For example, Oxfam has found that 17 of the 25 most profitable US corporations – including Microsoft, Johnson & Johnson, Facebook, Pfizer and Visa – were expected to make almost $85bn more profit in total in 2020 compared to previous years.[92] The same can be said about large corporations outside the USA. Reliance Industries in India, owned by India's richest man, Mukesh Ambani, BUA Cement in Nigeria and the South African telecoms giant MTN have emerged as significant winners during the pandemic.[93] MTN's profits are expected to jump 169%, as the company benefits from lockdowns across Africa.

There has been a significant increase in billionaire wealth since the start of 2020 across the US, Latin America and the Middle East.[94] Jeff Bezos, the world's richest man, has seen his fortune increase so dramatically that he could afford to give a $105,000 bonus to all of his 876,000 employees and would still be as rich as he was at the beginning of the pandemic.[95]

Oxfam has proposed a Pandemic Profits Tax of 95% on the excess profits of corporations with a turnover of over $500m or more.[96] Such a tax on just 32 super-profitable corporations would raise $104bn this year.[97] This money could save lives and speed up the recovery by, for example:

- funding global coronavirus testing needs, which are estimated at $6bn;
- delivering a COVID-19 vaccine to everyone on the planet, including the necessary research and development, manufacturing, procurement, distribution and delivery, at an estimated cost of $71bn;[98] and
- with the remaining $33bn, covering nearly-two thirds of the financing gap for low-income countries to realize basic income security for children, mothers, elderly people and disabled people.[99]

Excess profit taxes are not a new idea. US President Woodrow Wilson proposed a tax of up to 60% on profits that were deemed to be over and above normal in World War I.[100] The UK enacted a similar tax, as did France, Germany and many other countries.[101] Excess profit taxes were subsequently repealed, but were put in place again during World War II and the Korean War. In fact, over the last 250 years, most innovations in the taxation of the richest people have either been conceived of or increased at a time of crisis.[102] The current crisis, too, call for excess profit taxes.

INTERNATIONAL AID

High-income countries – through their ODA – should help pay for low- and middle-income countries' efforts to achieve universal social protection. Aid is a unique tool in the fight to end poverty and reduce inequality;[103] it is the only public policy of high-income countries that puts poor people around the world first. It is one form of global redistribution, creating an opportunity to reduce the inequality gap between countries. It is not an act of charity. In a world of plenty, where the wealth of the richest countries is at least partly the result of past and ongoing exploitation of low- and middle-income countries, it is a matter of justice, and goes, if only in a small way, towards making up for historical colonial exploitation.

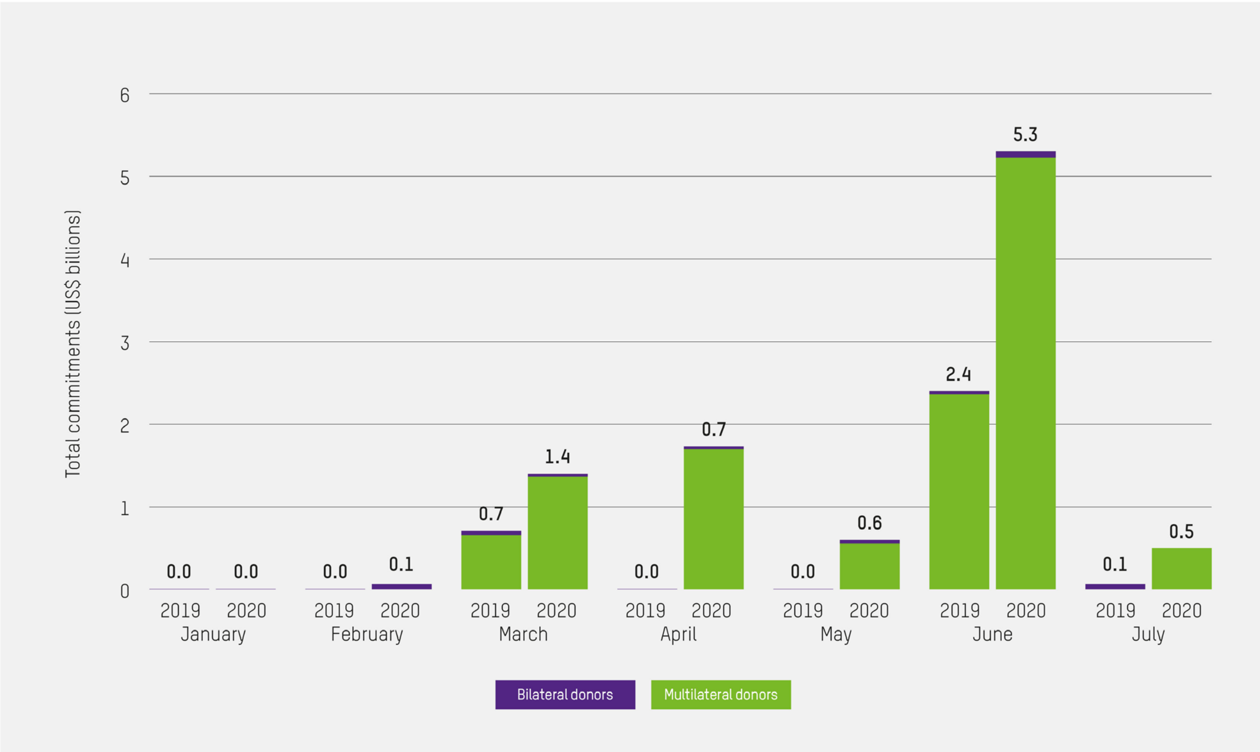
When the COVID-19 pandemic hit, aid donors only allocated, on average, 0.3% of their gross national income (GNI) to ODA, falling short on their 50-year old promise of allocating at least 0.7% of their GNI to aid.

Recent Oxfam analysis shows that donor countries would have paid an extra $5.7tn to help low- and middle-income countries fight poverty and inequality had they reached the 0.7% target from the start.[104] Furthermore, before the pandemic, supporting social protection constituted only 0.7% of overall ODA by OECD donor countries, amounting to just over $1bn in 2018.[105] The available data also indicates that aid to social protection has stagnated over the long term; today, donors give roughly the same share of their aid to this crucial sector as they did in the 1990s, with the exception of the global recession in 2009–10.[106] Although small, this support goes a long way: in some low-income countries, ODA has been a significant resource to finance social protection systems.[107]

During the pandemic, ODA spending on social protection has rapidly increased, particularly ODA channelled through key multilateral donors. Real-time aid tracking data from the International Aid Transparency Initiative (IATI) shows that aid commitments to spending on social protection increased by 182% in the first six months of 2020 ($9bn) compared to 2019 ($3.2bn).

However, it is still a very low amount. Rich countries have only increased their aid for social protection to lower-income countries by $5.8bn – the equivalent of less than five cents for every $100 raised to tackle COVID-19.[108]

Figure 13: Total social protection commitments reported to the International Aid Transparency Initiative by selected donors in the first seven months of 2019 and 2020



Source: Development Initiatives. (2020, September 21). *Tracking aid flows in light of the Covid-19 crisis*. Figure 5. https://www.devinit.org/acfe5e#dcd1fe53

Specific examples include a $40m IDA grant to fund the World Bank's South Sudan Safety Net Project.[109] In Samoa, an additional emergency payment made to recipients of the Senior Citizen's Benefit was financed by a $20m grant from the Asian Development Bank.[110]

Yet, since the pandemic hit, donors have not committed to increasing their overall ODA budgets in a way that reflects the severity of the crisis, and have instead only committed to 'strive to protect ODA budgets'.[111] One of the world's largest donors, the UK, has announced it will cut aid dramatically in the coming year, and will no longer meet the UN target of 0.7%.[112] Nor have donors committed to scaling up their ODA in the form of grants rather than loans, which as described earlier is crucial to avoid adding to countries' debt distress.

If donors do not increase their share of GNI allocated to ODA, the OECD projects that ODA budgets could be cut by $11bn to $14bn in 2020.[113] In March 2020, the UN called for $500bn in aid to help low- and middle-income countries respond to the pandemic.[114] Oxfam calculated that OECD Development Assistance Committee (DAC) countries' fair share of this response would amount to nearly $300bn.[115] This is well within the realms of possibility, as many governments are pumping trillions into their own domestic responses. According to Oxfam's calculations, this fair share is just 6% of what the world's richest countries have pledged for domestically focused economic packages.[116] Boosting aid budgets is possible. They could be increased through innovative financing mechanisms – for example, a Financial Transaction Tax.

Donors have also provided a significant $5.6bn worth of humanitarian support in the form of cash grants.[117] These constitute a much-needed emergency response to protect or provide incomes, especially in enabling flexibility, dignity and choice, and supporting markets to function.[118, 119]

Investing in resilience and shock-responsive social protection is key to reflect the needs of those who are most vulnerable: people living in fragile and conflict-affected contexts.[120] Special attention should be paid to the inequality of risk in scaling up and managing social protection systems in conflict contexts. Scaling up national systems at this time could be a step change for aid effectiveness, including reform of the humanitarian system. Donors must support systems that have the responsibility to protect their citizens, those living under their protection. Now is the time to collectively push for scalable and inclusive social protection systems where duty bearers – governments – can meet urgent needs during crises.[121]

6 A GLOBAL FUND FOR SOCIAL PROTECTION

Providing social protection for all and making the right to social protection a reality is first and foremost the duty of domestic governments. However, international human rights standards on social protection also make it an international obligation.[122] There is a need for greater international solidarity at least in the medium term.

The call for a global instrument of solidarity in providing social protection is not new.[124] However, during the COVID-19 pandemic, it has become louder than ever, echoed by many more actors.[125] More than 200 civil society organizations and networks, Oxfam among them, have issued a call for a Global Fund for Social Protection.[126] The French government launched an initiative at the G20, with the support of UN Special Rapporteur on Extreme Poverty and Human Rights Olivier de Schutter, to discuss the possible mission and modalities for the establishment of a 'Global Fund for Social Protection for All'.

The mission of the Global Fund for Social Protection should be twofold:[127]

- provide policy and technical coordination to support countries to introduce or complete social protection floors – this is a minimum social protection package available to all – and prepare them to expand benefits in times of crises; and
- co-finance social protection transfers in specific cases in which countries would require a prohibitively high share of their total tax revenue to do so and provide co-financing for social protection transfers during shocks (e.g. weather-related disasters, significant refugee flows and major economic crises).

'The pandemic won't be controlled until it is controlled everywhere, and the economic downturn won't be tamed until there is a robust global recovery. That's why it's a matter of self-interest – as well as a humanitarian concern – for the developed economies to provide the assistance the developing economies and emerging markets need. Without it, the global pandemic will persist longer than it otherwise would, global inequalities will grow, and there will be global divergence.'

Joseph Stiglitz[123]

A fund with such a mandate could support states to adopt rights-based social protection systems without having to fear that they might prove fiscally unsustainable in the face of shocks. It could help avert future crises and become a critical component in supporting the resilience of countries and people in the face of climate breakdown.

To make sure that the Global Fund for Social Protection becomes a tool that supports governments and citizens in realizing their aspirations, rather than an instrument dominated by donor preferences and decisions, the fund must meet a number of criteria. It must be based on the principles of the Global Partnership for Effective Development Co-operation, as defined in the Busan Partnership Agreement of 2011 and its predecessor documents,[128] as well as the relevant ILO labour standards and recommendations, in particular Recommendation R202 (2012) and R204 (2015). The following principles are essential:

1. **Democratic country ownership:** The decision as to what kind and with which priorities social protection programmes are to be implemented has to remain the responsibility of the governments of the recipient countries. Moreover, wherever possible, existing structures in the respective countries must be used for the administrative implementation of these programmes.
2. **Representation and inclusivity:** Donor and recipient states need to be adequately represented in the highest decision-making body of the organization, alongside civil society organizations representing affected populations – including women, people with disabilities, minorities, those living in poverty, trade unions and informal workers' organizations.
3. **Accountability and transparency:** Not only should the partners involved in the establishment of the new fund be mutually accountable, but there should also be accountability towards the people who are to be covered by social protection floors. This must be ensured by representation; effective control and monitoring procedures, including internal and external audits; evaluations; and complaint and redress mechanisms. Transparency is essential to realize effective and participatory monitoring and accountability.
4. **Sustainability of financing:** An essential feature of social protection and realizing its full potential for individuals and societies is its reliability.[129] Therefore, it is vital that international financing strategies as well as domestic strategies work towards sustainable financing for social protection. For donor governments this means long-term, reliable and sufficient commitment to the financing branch of the fund.

The amount of international resources to be mobilized for the Global Fund depends heavily on its exact mandate. It is clear that the COVID-19 pandemic and its economic impacts have increased the amount required to close financing gaps significantly.[130]

The ILO has estimated the cost of a social protection floor package consisting of:

- child benefits, set at 25% of the national poverty line to all children aged five or under;
- a four-month maternity benefit;
- a benefit to all severely disabled people; and
- a benefit to all people aged 65 or over.

The last three benefits above are set at 100% of the national poverty line.[131] This definition of a social protection floor package is rather limited in scale and does not include social assistance for able-bodied people of working age. However, as discussed above, universal child and pension benefits would reach the majority of households in low-income countries.

The annual incremental financing needed to achieve a universal social protection floor package by 2030 in the 31 low-income countries included in the ILO study[132] is $48bn in 2020, taking into account the impact of the COVID-19 pandemic, reaching $100.9bn by 2030. Lower-income countries, however, require a huge effort in terms of their GDP, namely 9.8% in 2020 and up to 11.49% by 2030, which seems unattainable in the short to medium term.

The incremental financing needs for 47 lower-middle-income countries to achieve such a package in 2020 is significantly higher, at $203bn, in order for them to be able to reach more than double the amount in 2030 ($413.4bn).[133] However, for these countries, the financing gap represents just 2.8% of GDP in 2020, rising to 3.4% in 2030. For the majority of lower-middle-income countries, financing social protection floors from domestic revenues should thus be achievable. These countries could receive some support from the new Fund to raise the necessary resources and widen fiscal space to achieve universal social protection through domestic revenues.

7 RECOMMENDATIONS

Universal social protection is an essential component of a better future for all. It is an indispensable social guarantee that just and sustainable economies and societies must deliver. Realizing the human right to social protection for everyone is ambitious, but not out of reach if the following recommendations are implemented. Three dimensions are key:

- **Quantity:** the level of investments made;
- **Quality:** how the resources are spent; and
- **Solidarity:** how the resources for social protection are raised.

This is true both for the domestic and the global context of realizing social protection for all.

Governments of low- and middle-income countries should:

- **Increase their budgets to provide a minimum social protection package for all children, older people, mothers and people with disabilities.** This will cost about 2% of GDP on average.[134] This level is also the estimated amount of investment in social grants that will act as an automatic macroeconomic stabilizer and enable a faster economic recovery by allowing people to maintain a critical level of consumption in the face of crisis.
- Make the right choices in design and delivery to **maximize the poverty- and inequality-reducing effects of social protection,** in particular:
    - Aim to ensure that **all people receive one or more benefits**. A comprehensive lifecycle approach, including support for people of productive age, is needed now and in the future. Job and income losses are a crucial contingency to include in social protection systems, enabling people to absorb economic shocks.
    - **Increase the inclusivity of benefits** by making sure that they are designed for and delivered to women, informal workers, migrants, refugees, young people and other groups who are often excluded. While supporting the most vulnerable people, do not overlook the middle deciles, who may be at risk of being pushed back into poverty.
    - **Invest in universal, rights-based social protection and refrain from poverty-targeting.** Comprehensive programmes for large sections of the population are better at setting in motion the virtuous cycle of social protection, which supports social cohesion, encourages solidarity and trust in the government, and discourages stigmatization. Including social accountability mechanisms and ensuring participation by civil society groups both contribute to increased trust.
    - Promote a **gender-transformative approach** to social protection, which allows women to better cope with excessive time scarcity, care burdens, domestic violence and their weakened position in the labour market. Recognition of unpaid care and domestic work as a crucial contribution to the economy and a shared responsibility is a necessary starting point.
- Universal social protection needs to be **financed by taxes rather than social security contributions**, because eligibility should not depend upon having a job in the formal sector. In times of crisis, tax shortfalls should be compensated for by external financing or emergency excess profit taxes on those who benefit from the crisis.

While social protection is first and foremost a responsibility of national governments, **the international community, especially the countries with the strongest economies**, have a responsibility to support the realization of the human right to social protection. In this crisis, they must act not in short-sighted self-interest, but in recognition that humanity can only leave this pandemic behind if it acts collectively and provides protection for the most vulnerable people on the planet. Thus:

- The rich economies of the G20 and other donor governments need to **significantly increase the quantity of international aid in support of social protection**. This support should be new additional aid money, so as not to divert existing aid budgets away from other important humanitarian and development needs.
- Aid should encourage sustainable and universal social protection programmes rather than means-tested ones.
- **Debt service payments should be cancelled**, not merely postponed, for all developing countries and by all creditors (bilateral, multilateral and private).
- **The IMF must ensure that its loans allow countries to maintain adequate levels of social spending** and must immediately stop promoting or imposing austerity conditions that would result in cuts to social protection programmes or other social spending after the crisis.
- The IMF should approve a significant general allocation of up to $3tn in special drawing rights.
- The international community should establish a **Global Fund for Social Protection**. This fund would support low- and middle-income countries in realizing social protection for all, through both better and increased technical cooperation and the provision of co-financing for social protection floors.

ANNEX

COUNTRIES INCLUDED

The analysis includes 126 countries named in the latest DAC list of ODA recipients, excluding Peru and territories and countries that have recently exceeded the high-income threshold.[135] This list provides an inventory of all low- and middle-income countries based on gross national income (GNI) per capita as published by the World Bank.

Afghanistan
Albania
Algeria
Angola
Antigua and Barbuda
Argentina
Armenia
Azerbaijan
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia
Bosnia and Herzegovina
Botswana
Brazil
Burkina Faso
Burundi
Cabo Verde
Cambodia
Cameroon
Central African Republic
Chad
China (People's Republic of)
Colombia
Comoros
Democratic Republic of Congo
Congo
Cook Islands
Costa Rica
Côte d'Ivoire
Cuba
Djibouti
Dominica
Dominican Republic
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Ethiopia
Fiji
Gabon
Gambia
Georgia
Ghana
Grenada
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iran
Iraq
Jamaica
Jordan
Kazakhstan
Kenya
Kiribati
Democratic People's Republic of Korea
Kosovo
Kyrgyzstan
Lao People's Democratic Republic
Lebanon
Lesotho
Liberia
Libya
Former Yugoslav Republic of Macedonia
Madagascar
Malawi
Malaysia
Maldives
Mali
Marshall Islands
Mauritania
Mauritius
Mexico
Micronesia
Moldova
Mongolia
Montenegro
Montserrat
Morocco
Mozambique
Myanmar
Namibia
Nauru
Nepal
Nicaragua
Niger
Nigeria
Niue
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Philippines
Rwanda
Saint Helena
Samoa
São Tomé and Príncipe
Senegal
Serbia
Sierra Leone
Solomon Islands
Somalia
South Africa
South Sudan
Sri Lanka
Saint Lucia
Saint Vincent and the Grenadines
Sudan
Suriname
Swaziland
Syrian Arab Republic
Tajikistan
Tanzania
Thailand
Timor-Leste
Togo
Tokelau
Tonga
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
Uzbekistan
Vanuatu
Venezuela
Vietnam
Wallis and Futuna
West Bank and Gaza Strip
Yemen
Zambia
Zimbabwe

EMERGENCY SOCIAL PROTECTION PROGRAMMES INCLUDED

The primary source of information on the programmes analysed here is an inventory of emergency social protection interventions by the World Bank: Gentilini, Ugo; Almenfi, Mohamed; Orton, Ian; Dale, Pamela. 2020. *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. World Bank, Washington, DC. © World Bank. https://openknowledge.worldbank.org/handle/10986/33635. License: CC BY 3.0 IGO.

This is complemented by data from the IMF Fiscal Monitor and additional verified domestic sources listed here. The inventory includes measures taken between March and September 2020.

For the purpose of this analysis, 'emergency social protection' is defined as public non-contributory cash-based transfers given to a household or an individual on either a one-off, temporary or permanent basis that are not conditional on the recipient participating in any work in exchange.

As such, the emergency responses examined in this analysis will not include additional investment in public works programmes, except where an expansion of these programmes has been accompanied by the suspension of work obligations (as in Ethiopia, for example). The emergency responses examined in this analysis also do not include programmes that provide in-kind transfers or that are from contributory insurance schemes.

Furthermore, the emergency responses included in the analysis only include investments that are made strictly in addition to social protection spending that was budgeted pre-crisis. For example, the responses do not include reforms taken to give advances on payments that are already budgeted, since this does not represent an additional investment. Where existing schemes have been expanded horizontally to include additional recipients, only the coverage of and the investments made to pay the additional recipients are included. Where existing schemes have been vertically expanded vertically to increase the value of a benefit to existing recipients, only the additional value is included.

METHODOLOGY

Determining coverage

Since household transfers are intended to benefit all household members, the coverage achieved by household transfers is calculated by multiplying the number of households reached by the average number of household members (as listed on the UNDESA household size and composition database).[136] For individual transfers, only the individual receiving the transfer is counted as a recipient. This is consistent with the way in which the value of the transfers is calculated, with the calculation of transfers as a percentage of GDP per capita assuming that household transfers are divided between all household members, and individual transfers are for the direct recipient.

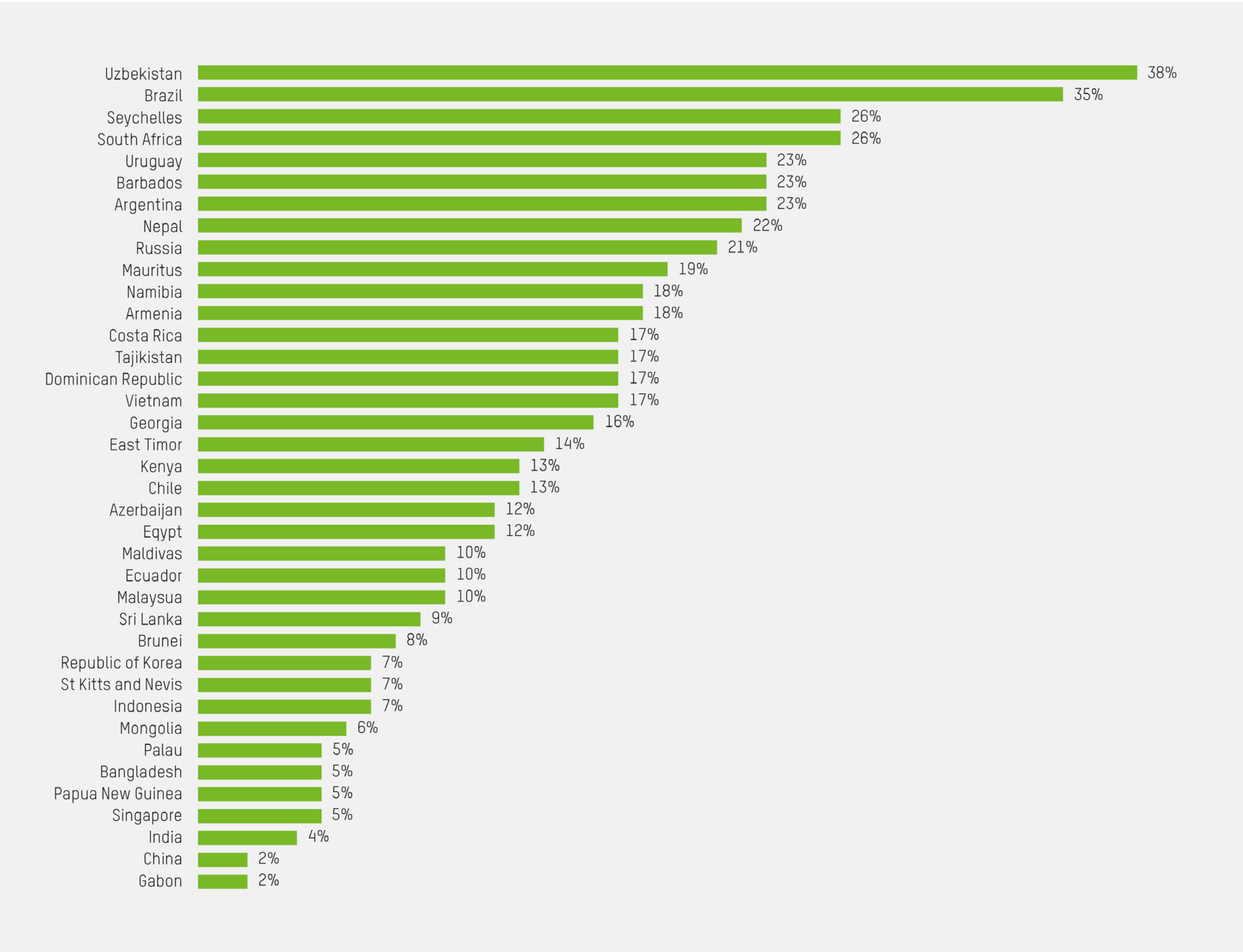
Calculating transfer values as a percentage of GDP per capita

The value of transfers as a percentage of GDP per capita is calculated by dividing the value of a transfer that would be received per capita by the 2019 GDP per capita recorded for the country in the IMF Economic Outlook Database.[137] The per capita transfer is derived assuming that any transfers received would be divided over a six-month crisis period. For household transfers, the value of the transfer is divided by the average household size to estimate the value of the transfer received per household member.

Determining adequate transfer values

Oxfam used a percentage of per capita GDP instead of an absolute figure to allow for the huge variation across countries, and takes into account a country's ability to pay for a benefit. The choice of 15% is based on the benchmark of the median benefit for a tax-financed pension across low- and middle-income countries as calculated by Oxfam partner Development Pathways from their survey of government schemes across the world carried out for this paper. Given that a pension is meant to provide income replacement to allow an individual to live without working, it represents a good indication of what level benefits need to reach to be adequate. **Figure 14** provides information on the value of tax-financed old-age pensions and disability benefits in LMICs.

Figure 14: Value of tax-financed old-age pensions as a percentage of GDP per capita



Source: Development Pathways compilation based on several official sources.

Calculating universal packages in Kenya and Indonesia

Table 3: Package of USP lifecycle transfers

Type of scheme	Eligibility	Change over time	Adequacy of benefit (% of GDP per capita)
Universal child benefit	All children aged 0–4 years	Children stay on until their 18th birthday	5%
Child disability benefit	Children aged 0–17 years with a disability	Constant	15%

Adult disability benefit	Adults aged 18–64 with a disability	Constant	15%
Universal social pension	All people aged 65+	Constant	15%

Implementing this package of universal lifecycle schemes would be affordable for both Kenya and Indonesia. The package would cost just 1.5% of GDP in Kenya and 1.8% in Indonesia in its first year, when the child benefit would reach all children under five. Over time, as more children are born and become eligible and children already receiving it stay on the scheme, the size of the benefit will grow, but increases in economic growth should accommodate this gradual expansion. By the end of the fifteenth year, all children aged 0–17 would be receiving child benefit, and the overall package of the four universal schemes is projected to cost just 1.7% of GDP in Kenya and 1.7% in Indonesia.

Base calculations for temporary lifecycle schemes to be paid with debt relief (Figure 12)

Table 4: Package of proposed universal lifecycle schemes

Scheme	Eligibility	Adequacy of monthly benefit	Duration	Source of financing
Universal child benefit	All children 0–17 years	5% of GDP per capita	6 months	Debt relief and domestic revenue
Disability benefit	Persons with disabilities, estimated at 3% of the population	15% of GDP per capita	6 months	Debt relief and domestic revenue
Universal pension	All persons aged 60+	15% of GDP per capita	6 months	Debt relief and domestic revenue

SOURCES

Oxfam and Development Pathways have used, as the main source for this research, the World Bank database *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures* (Gentilini, Ugo; Almenfi, Mohamed; Orton, Ian; Dale, Pamela), available at https://openknowledge.worldbank.org/handle/10986/33635.

Other sources have been reviewed and used for the calculations. All are listed in the database available here.

To generate the data for the five country case studies, Development Pathways used World Bank data on the COVID-19 response. This was complemented by secondary analysis of data from the following sources:

South Africa

Statistics South Africa. (2016). *South Africa's General Household Survey 2015*. https://www.statssa.gov.za/publications/P0318/P03182015.pdf

Development Pathways (2020). Kidd, S., D. Athias, and A. Tran. *Addressing the COVID-19 economic crisis in Asia through social protection*. https://www.developmentpathways.co.uk/publications/addressing-the-covid-19-economic-crisis-in-asia-through-social-protection/

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Republic of South Africa. (2020). *Easy-Aid Guide for Employers*. Department of Employment and Labour, Pretoria. https://www.mazars.co.za/content/download/985398/51526284/version//file/NationalDisasterBenefitUIF.pdf

ILO. (2020). *COVID-19 and the World of Work: Country Policy Responses.* https://www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm

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Economic Commission for Latin America and the Caribbean (CEPAL). (2018). CEPALSTAT | Databases and Statistical Publications. https://estadisticas.cepal.org/cepalstat/portada.html?idioma=english

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Plurinational State of Bolivia. (2020). *Bono Salud*. https://www.minsalud.gob.bo/

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Republic of Kenya. (2019). *Kenya Social Protection Review.* https://www.developmentpathways.co.uk/wp-content/uploads/2019/10/Kenya-Social-Protection-Sector-Review-Report-1.pdf

World Food Programme. (2020). *Emergency Response for Persons with Affected by COVID-19 in Nairobi's Informal Settlements.* https://reliefweb.int/report/kenya/wfp-kenya-emergency-response-persons-affected-covid-19-nairobi-s-informal-settlements

Indonesia

Central Statistical Agency, Indonesia. (2017). *National Socioeconomic Survey (SUSENAS)*. https://mikrodata.bps.go.id/mikrodata/index.php/catalog/814

OECD Development Pathways. (2019). *Social Protection System Review of Indonesia*. https://www.oecd.org/social/inclusivesocietiesanddevelopment/SPSR_Indonesia_ebook.pdf

ILO. (2020). *COVID-19 and the World of Work: Country Policy Responses: Indonesia.* https://www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm#ID

ILO. (2020). *Social protection responses to the Covid-19 crisis: Country responses in Asia and the Pacific*. https://www.ilo.org/asia/publications/WCMS_753550/lang--en/index.htm

Republic of Indonesia. (2018). *The future of the social protection system in Indonesia: Social protection for all*. Jakarta: Republic of Indonesia and Development Pathways. http://www.developmentpathways.co.uk/wp-content/uploads/2018/11/44293181123-SP-ReportFinal-ENG-web.pdf

World Bank. (2020). *Additional Financing for Indonesia Social Assistance Reform Program: Project summary*. https://projects.worldbank.org/en/projects-operations/project-detail/P172381

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2 G. Azcona, A. Bhatt, J. Encarnacio, J. Plazaola-Castanño, P. Seckj, S. Staab and L. Turquet. (2020). *From Insights to Action: Gender equality in the wake of COVID-19*. UN Women. https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19

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4 Ibid.

5 Prior the coronavirus pandemic, up to 4 billion people lacked social protection, according to the ILO (*World Social Protection Report 2017–19*. Available at: https://www.ilo.org/global/research/global-reports/world-social-security-report/2017-19/lang--en/index.htm). Using World Bank estimates of social assistance cash transfer coverage expansion thanks to social protection COVID-19-related measures, an additional 1.3 billion people have been reached. Therefore, about 2.7 billion have been left behind.

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42 The graph estimates the maximum percentage of the population covered by emergency schemes in each country, assuming that each programme could cover 'new' recipients who do not access other emergency schemes. For Malaysia and Peru, it assumes that overall coverage is achieved by the main schemes, with additional schemes targeted at the same recipient population. As such, it assumes coverage at 84% and 75%, respectively. See **Annex** for the criteria according to which schemes have been included.

43 To asses Vietnam's COVID-19 related social protection measures, two different but reliable sources are available with regard to the relief package provided to eligible households and people who have lost jobs. However, the budget allocated to this programme differs from one source to the other, impacting the calculations for this paper slightly. It is not possible at this point in time to identify which of the sources is correct.

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We have opted to use source 1, but below we present the differences in outcome if using source 2:

On coverage (Figure 3): for both source 1 and source 2 the coverage remains the same (38.18%), comprising direct and indirect coverage, which includes every member of a household in the case of a transfer to a household rather than to an individual.

On the level of investment in additional social protection measures as a percentage of GDP (Figure 8): calculations based on source 1 amount to 0.5% of GDP, while source 2 amounts to 1% of GDP. If we had used source 2 to calculate the average allocation of all countries included in our calculations, the outcome would be slightly different:

According to source 1:

- 20% of all countries allocate between 0.5% and 0.9%; and
- 13% of all countries allocate between 1.0% and 1.9%.

According to source 2:

- 19% of all countries allocate between 0.5% and 0.9%; and
- 14% of all countries allocate between 1.0% and 1.9%.

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133 The lower-middle-income countries included in the ILO study are Armenia, Angola, Bangladesh, Bhutan, Bolivia, Cabo Verde, Cambodia, Cameroon, Congo, Côte d'Ivoire, Djibouti, Egypt, El Salvador, Micronesia, Georgia, Ghana, Guatemala, Honduras, India, Indonesia, Jordan, Kenya, Kiribati, Kosovo, Kyrgyzstan, Lao PDR, Lesotho, Mauritania, Mayotte, Moldova, Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Occupied Palestinian Territories, Pakistan, Papua New Guinea, Philippines, Saint Helena, São Tomé and Príncipe, Solomon Islands, Sri Lanka, Sudan, Eswatini, Syrian Arab Republic, Tajikistan

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