International Labour Organization

SAFE Angola

Comparative study on sickness benefits to support recommendations for Angola

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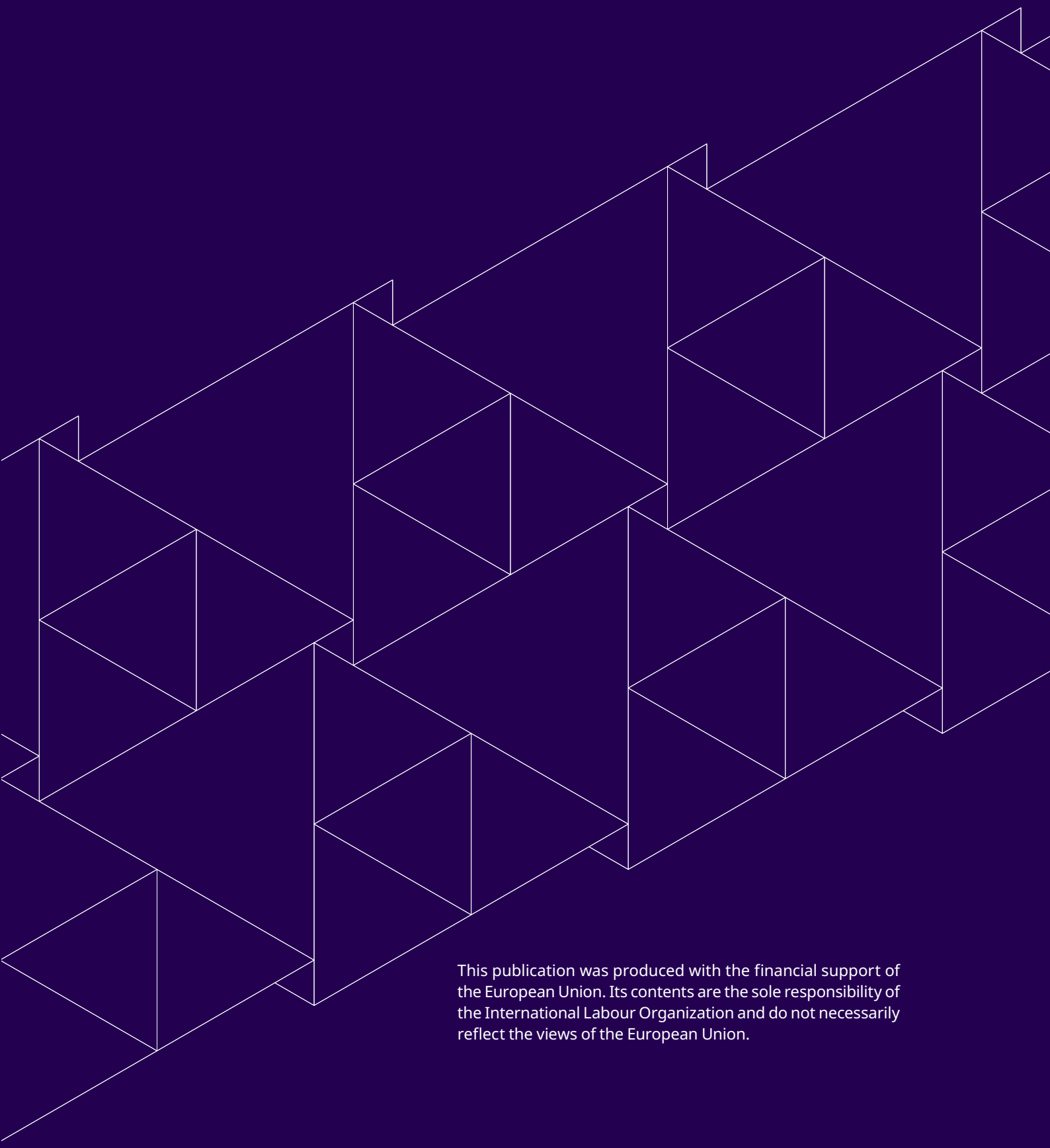

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Printed in Angola

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▶ Acknowledgments

This study was prepared under the ILO development cooperation project "Expanding Social Security to Support the Formalization of the Angolan Economy" (ESSAFE Angola). The work was carried out under the overall supervision of Denise Monteiro, Project Manager for the ESSAFE Angola project. The study was reviewed by Lou Tessier, Health Protection Specialist; Ricardo Irra, Social Protection Specialist for Central Africa; and Simeon Bond, Technical Officer, Social Protection.

The findings of the study were discussed with the National Social Security Institute (INSS) in January 2025 and with employers' and workers' organizations during a bipartite consultation organized by the ILO on 7 February 2025. The ILO expresses its gratitude to all representatives who contributed to these discussions.

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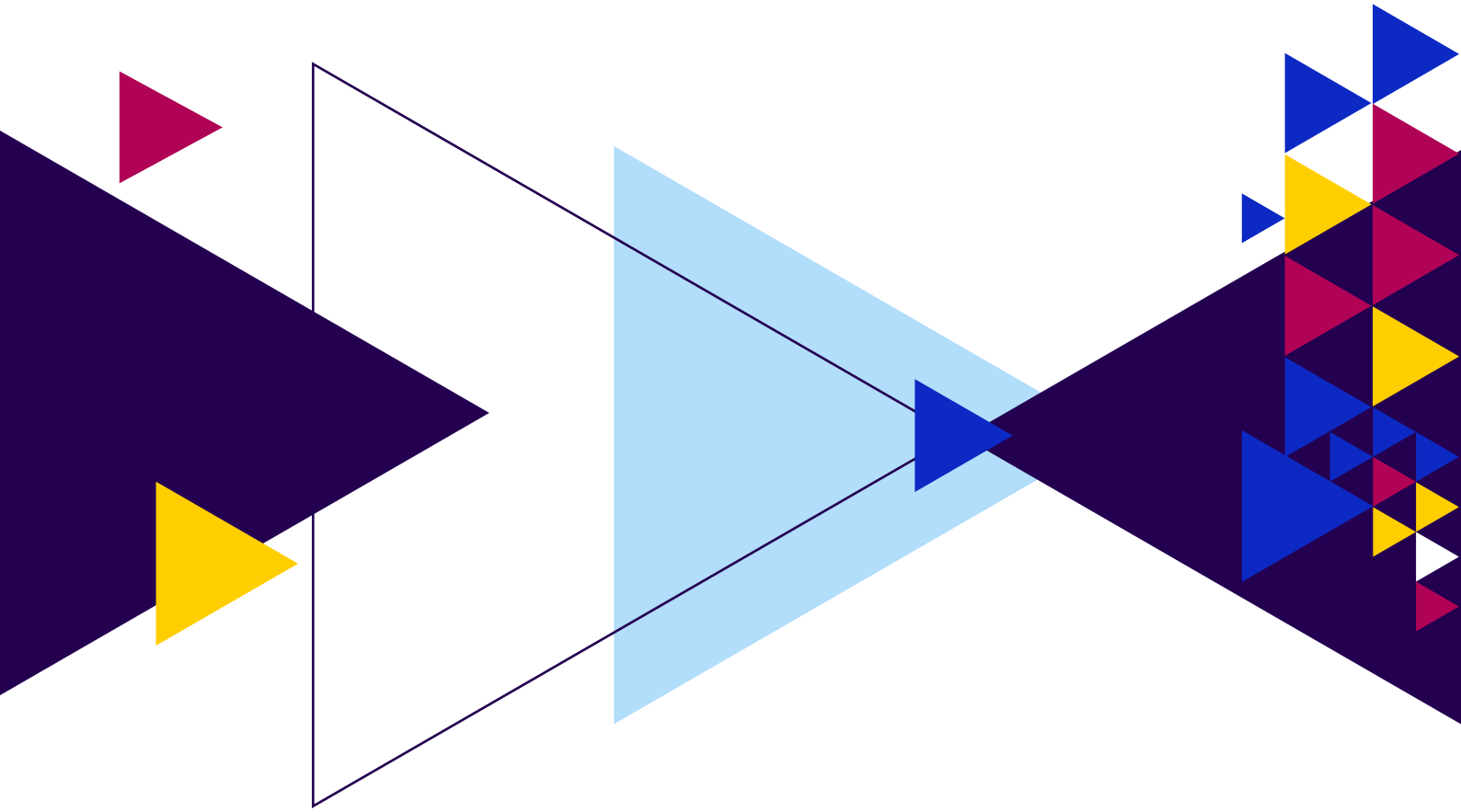

▶ Abbreviations

CIT	Temporary Incapacity Certificate
CPLP	Community of Portuguese Language Countries
CVI	Incapacity Verification Committee (Cabo Verde), Incapacity Verification Centre (Angola)
INPS	National Social Insurance Institute (Cabo Verde)
INSS	National Social Security Institute (Angola, Brazil, Mozambique)
ISSA	International Social Security Association
IAS	Social Support Index (Portugal)
MITSS	Ministry of Labour and Social Security (Mozambique)
PCCS	Public Administration Job, Career and Salary Plan (Cabo Verde)
PSO	Compulsory Social Protection (Angola)
REMPE	Special Legal Regime for Micro and Small Enterprises (Cabo Verde)
RR	Reference remuneration
SADC	Southern African Development Community
SVI	Incapacity Verification Service (Portugal)

▶ Introduction

The National Institute of Social Security of Angola (INSS) is examining the possibility of introducing three benefits that are not yet covered by its social protection system: sickness benefits, disability benefits (Presidential Decree (PD) No. 15/25 of 29 January established only the absolute invalidity benefit) and unemployment benefits. The present report focuses on sickness benefits.

To support this initiative, the ILO, through the European Union–funded project "Expanding Social Security to Support the Formalization of the Angolan Economy" (ESSAFE Angola), undertook a comparative study. The purpose of the study was to examine good practices, in light of international social security standards, and to identify lessons learned in countries with comparable socio-economic contexts.

More specifically, the comparative study on sickness benefits aimed to support policy recommendations for Angola by: identifying countries with social protection systems and socio-economic contexts similar to those of Angola – namely Brazil, Cabo Verde, Mozambique, Portugal and Thailand – and analysing the design, structure and effectiveness of their sickness benefits in relation to the requirements of international social security standards; discussing the feasibility and relevance of different policy options and implementation strategies for Angola; and presenting recommendations on the feasibility, relevance and key design features of sickness benefits in the Angolan socio-economic context.

The comparative study on sickness benefits begins with a brief presentation of the overall framework of the work, followed by a description of the methodology. Chapters 3 and 4 provide a description of the sickness benefit schemes in each selected country and a comparative analysis of these schemes. Finally, Chapter 5 presents the main conclusions and recommendations, based on the comparative analysis and consultations with key stakeholders, regarding the relevance and policy options for the design, implementation and administration of sickness benefits in Angola.

▶ 1. Study Framework

Sickness cash benefit schemes have historically been among the first social security measures to be implemented. Their main objectives are to ensure access to healthcare, provide income replacement and prevent poverty in the event of temporary health problems, thereby ensuring adequate financial protection. They also support adequate recovery before return to work, while reducing employers' liability and productivity loss (ISSA 2022a).

At the international level, sick leave and adequate sickness benefits are enshrined in the Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Medical Care and Sickness Benefits Convention, 1969 (No. 130), which sets out more advanced standards on benefits, as well as in the ILO Decent Work Agenda, the Social Protection Floors Recommendation, 2012 (No. 202), and the Universal Declaration of Human Rights (Articles 22 and 25).

Under the Social Security (Minimum Standards) Convention, 1952 (No. 102), each Member for which this Part of the Convention is in force must secure the provision of sickness benefit to protected persons (Article 13) in the event of incapacity for work resulting from a morbid condition involving suspension of earnings, as defined by national legislation (Article 14). A qualifying period may be prescribed in order to prevent abuse. The benefit should be granted throughout the contingency, subject to the provision that its duration may be limited to 26 weeks for each case of sickness and that it need not be paid for the first three days of suspension of earnings.

The Medical Care and Sickness Benefits Convention, 1969 (No. 130), covers preventive and curative medical care, as well as incapacity for work resulting from sickness and involving suspension of earnings. It extends coverage to all employees, including apprentices, or to prescribed classes of the economically active population constituting at least 75 per cent of the economically active population and, in the case of medical care, also to their spouses and children. With regard to sickness benefits, it provides for higher periodic payments than Convention No. 102, increasing the minimum replacement rate from 45 per cent to 60 per cent of the reference wage.

In 1969, the Medical Care and Sickness Benefits Recommendation, 1969 (No. 134), further broadened the sickness contingency, personal coverage and the range of medical benefits to be provided. The Recommendation specifies that periods of absence from work with suspension of remuneration due to convalescence, preventive or curative medical care, rehabilitation, quarantine and the care of dependants should also be covered. It also recommends that sickness benefits be paid throughout the contingency, at a rate of 66.66 per cent of the reference wage, and that coverage be extended to persons in casual employment, family members of the employer living and working with the employer, all economically active persons and all residents.

The following table identifies the main elements of ILO standards in relation to sickness benefits.

▶Table 1. Main requirements: ILO social security standards on sickness benefits

	Convention No. 102 Minimum standard	Convention No. 130 and Recommendation No. 134 More advanced standards	Recommendation No. 202 Basic protection
What should be covered?	Incapacity for work resulting from a morbid condition and involving suspension of earnings.	**C.130:** Incapacity for work resulting from a morbid condition and involving suspension of earnings. **R.134:** Also covers periods of absence from work resulting in suspension of remuneration due to convalescence, preventive or curative medical care, rehabilitation, quarantine or the provision of care to dependants.	At least a basic level of income security for all persons who are unable to secure sufficient income due to sickness.
Who should be protected?	At least: ▶ 50 per cent of all employees; or ▶ prescribed classes of the economically active population constituting at least 20 per cent of all residents; or ▶ all residents whose means do not exceed prescribed limits.	**C.130**: All employees, including apprentices; or prescribed classes of the economically active population constituting at least 75 per cent of the economically active population; or all residents whose means do not exceed prescribed limits. **R.134:** Extension to persons in casual employment, members of the employer's family living and working with the employer, all economically active persons and all residents.	At least all residents of working age, in accordance with the country's international obligations.
What should the benefit include?	Periodical payments of at least 45 per cent of the reference wage.	**C.130:** Periodical payments of at least 60 per cent of the reference wage; in the event of the death of the beneficiary, a funeral benefit is provided. **R.134:** The benefit should amount to 66.66 per cent of the reference wage.	Cash or in-kind benefits set at a level that ensures basic income security, so as to secure effective access to necessary goods and services; prevent or alleviate poverty, vulnerability and social exclusion; and enable life in dignity. Benefit levels should be reviewed periodically.
What should be the duration of the benefit?	For the entire duration of the incapacity for work resulting from a morbid condition and involving suspension of earnings; a waiting period of no more than three days may apply before payment of the benefit; the duration of the benefit may be limited to 26 weeks for each case of sickness.	**C.130:** For the entire duration of the incapacity for work resulting from a morbid condition and involving suspension of earnings; a waiting period of no more than three days may apply before payment of the benefit; the duration of the benefit may be limited to 52 weeks for each case of sickness. **R.134:** The benefit should be paid for the full duration of the sickness or other contingencies covered.	For the entire period during which the person is unable to secure sufficient income due to sickness.
What conditions may be required for entitlement to the benefit?	Completion of a qualifying period considered necessary to prevent abuse.	**C.130:** Completion of a qualifying period considered necessary to prevent abuse.	Conditions should be defined at national level and established by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and respecting the rights and dignity of persons.

Source: ILO, 2021.

In line with international standards and guidance, sickness benefits should be extended to all and delivered in the most effective and efficient way, based on broad risk pooling and solidarity, for example through universal schemes, national social security schemes, social assistance schemes or a combination of these. The cost of such benefits and their administration should be borne collectively rather than by employers or workers alone (ILO 2020).

The South African Development Community (SADC) Code on Social Security, with reference to Convention No. 102, emphasizes that, in the area of health, States should ensure adequate healthcare for the population, including curative, preventive and health-promoting care, and should also provide appropriate cash benefits in the event of sickness and invalidity.

Analysing sickness benefits requires a distinction between three concepts: sick leave, employer-liability sickness benefits and sickness benefit schemes as social protection instruments (ISSA 2022a; ILO 2020):

- Sick leave refers to the entitlement to be absent from work during sickness and to return to work once recovery has taken place.
- Employer-liability sickness benefits refer to the continued payment, for a limited period, of all or part of the worker's wage by the employer during a period of sickness.
- A sickness benefit within the social protection system is a benefit granted to beneficiaries to compensate for loss of earnings due to temporary incapacity for work resulting from sickness not arising from an occupational cause. It may take the form of a fixed proportion of previous earnings or a flat-rate amount, ensuring adequate income during sick leave when earnings are suspended.

According to the International Social Security Association (ISSA), the earliest health protection arrangements established employer liability for the continued payment of wages during sick leave, usually through provisions in labour legislation. However, this system has several limitations: it tends to provide more limited coverage, excluding self-employed workers and, in some cases, temporary or casual workers and workers paid by the hour; support is of short duration, reducing its protective capacity in cases of prolonged serious illness; implementation may be constrained by limited awareness of labour legislation among employers and workers; labour inspection capacity may be limited; and employers face a double burden, as they may also need to pay for the replacement of the absent worker (ISSA 2022a). In addition, financing under this model is limited because the full cost is borne exclusively by enterprises. This may place pressure on workers not to take sick leave and may lead to discrimination in recruitment against workers who declare medical conditions or health problems, particularly in small enterprises with more limited financial capacity (ILO 2024).

By way of example, in the European Union (EU), all Member States grant entitlement to sick leave and provide sickness benefits through the social protection system. Almost all Member States also provide for a dual-payment arrangement for sick leave, consisting of an initial period financed by the employer followed by a period during which benefits are paid by the social protection system. Exceptions include Cyprus, Denmark, Greece, Ireland and Portugal, where employer support is not mandatory and instead depends on collective agreements or the employer's discretion (European Commission et al., 2016).

Sickness protection in Africa, the Americas, Asia and the Pacific

According to data from the ILO *World Social Protection Report 2024–26*, an estimated 56.1 per cent of the global labour force, corresponding to 34.4 per cent of the working-age population, is legally entitled to sickness benefits, whether contributory or non-contributory. The report identifies major regional disparities, with high levels of coverage in Europe and Central Asia and in Latin America and the Caribbean, and lower levels of coverage in the Arab States, Africa, and Asia and the Pacific. Certain categories of workers are also frequently excluded from these benefits, including part-time workers, workers in temporary employment and self-employed workers. In addition, 8.6 per cent of the labour force is legally entitled to sickness benefits paid directly by the employer, and in 65 countries this is the only form of sickness protection available (ILO 2024, 122).

The analysis carried out for the present study, based on data provided by ISSA, reinforces these findings. As already noted, all countries in Europe provide sickness benefits. In the Americas, this proportion falls to 87 per cent. In Asia and the Pacific, only 44 per cent of countries provide protection for this contingency, while in Africa the proportion is only 28 per cent. Indeed, based on the most recent data from the ISSA country profiles (see Annex II), of the 50 African countries, 33 (66 per cent) provide only a period of employer-liability support, while only 13 (26 per cent) provide sickness benefits within the social protection system.

In Angola, protection for workers in the event of sickness is provided for in the country's social protection legislation. Under the Basic Law on Social Protection (Law No. 7/04 of 15 October), Article 18, which defines the material scope of the scheme for employees, includes protection in the event of sickness. Likewise, for self-employed workers, Article 23 provides for the possibility of an extended scheme of benefits covering the sickness contingency.

Under Article 47, as this benefit forms part of social protection, it must be administered by the managing institution of compulsory social protection (PSO). "The administrative apparatus of compulsory social protection comprises the central services, the managing institutions and their respective services, established to manage the various schemes that make up compulsory social protection."

Although provided for by law, the sickness benefit has not yet been implemented in Angola. To date, protection in the event of sickness therefore consists only of employer-liability support.

The General Labour Law, Law No. 12/23 of 27 December, provides in Article 226, with regard to justified absences from work due to accident, sickness or care responsibilities, that inability to work for these reasons is paid by the employer for a period of six months. However, the law already refers to a right of recourse by the managing institution of compulsory social protection, while leaving the specific terms of that recourse to separate legislation.

The General Labour Law also provides for justified and paid absences for urgent care of household members. In cases of sickness or accident affecting the spouse, parents or children up to 18 years of age, such absence is remunerated up to a maximum of eight days per year.

▶ 2. Methodology

The comparative study on sickness benefits to support recommendations for Angola is essentially comparative and qualitative in nature. It sought to identify good practices and models for the design and implementation of sickness benefits that could inform recommendations and provide guidance for the introduction of these benefits within Angola's social security system.

In general terms, the methodology adopted comprised:

i) Literature review: a comprehensive review of the literature, reports and available data on sickness benefits, with a focus on countries with social security systems and socio-economic contexts similar to those of Angola. This provided a theoretical and empirical basis for analysing the design, structure, governance and effectiveness of benefits, and their variations across different contexts.

ii) Development of the conceptual framework: based on the literature review, a conceptual framework was developed setting out not only the criteria for selecting the countries to be analysed, but also the main components of benefit design, structure, governance and effectiveness, the institutional arrangements and actors involved, and the interactions between them.

iii) Selection of countries for the case studies: based on three dimensions of analysis – social security systems, economic structure and demographic situation.[1]

iv) Data collection: primary and secondary data were collected on various aspects of sickness benefits in the selected countries – Brazil, Cabo Verde, Mozambique, Portugal and Thailand (see Annex III for the rationale for the selected case studies). Secondary data were collected from relevant documents and databases, while primary data were collected mainly through interviews and contacts with counterparts in the reference countries.[2]

v) Comparative analysis of the selected countries: different models of benefit design, structure, governance and effectiveness were compared and contrasted on the basis of the analytical grid developed from the conceptual framework.[3]

vi) Meetings with the National Institute of Social Security (INSS) and social dialogue with employers and workers: to discuss the feasibility and relevance of different policy options and implementation strategies for Angola.

vii) Presentation of recommendations: on the feasibility and relevance of sickness benefits in the socio-economic context of Angola, as well as general options and preliminary recommendations for the development, implementation and key features of the new benefit within Angola's social security system.[4]

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1 Information was collected from several sources (ISSA, United Nations data on the Sustainable Development Goals and the Human Development Index (HDI), and the ILO's ILOSTAT database) for countries with unemployment benefit and social security systems similar to those of Angola (that is, a classical social security system based on social insurance), excluding European countries from the analysis. See the table in Annex I.

2 On 11 November 2024, an interview was conducted via Zoom with Dr Marcelino Monteiro, Head of the Office for Strategic Studies, Actuarial Affairs and International Relations at the National Social Insurance Institute of Cabo Verde.

3 The two main benchmarking domains were:
- **benefit design:** coverage; qualifying conditions; type, level and duration of benefits; and conditions for suspension;
- **structure:** institutional structure; complementarity with non-contributory benefits covering the sickness contingency; employer liability; financing mechanisms; and administrative structures, including the social security, labour and employment administrations.

4 A discussion meeting was organized in January 2025 with the Board of Directors of INSS (Dr Anselmo Monteiro, Dr Samuel Mulaza and Dr Iuri Cardoso), DNSS (Dr Domingos Filipe), the Director of GACA at INSS (Dr Edson Cambala), the Director of SS (Dr Geraldo Culivela), the Director of GJC (Dr Edgar dos Santos), the Head of Department at INSS (Dr Conceição Sousa) and five additional legal officers from GJC. A bipartite social dialogue session (see agenda in Annex IV) was held on 7 February 2025 with employers' organizations and workers' representatives, namely representatives of the Chamber of Commerce and Industry of Angola (6), the Federation of Women Entrepreneurs of Angola (4), the Industrial Association of Angola (4), the National Union of Angolan Workers – Trade Union Confederation (6), the General Confederation of Independent and Free Trade Unions of Angola (4) and the Angolan Trade Union Force – Trade Union Central (4).

▶ 3. Case studies

Brazil

Brief description

Within its social insurance system, Brazil provides a temporary incapacity benefit for insured persons affiliated with the National Institute of Social Security (INSS) who are temporarily incapable of work due to sickness or accident.[5]

This benefit forms part of the social security system, as established by the 1988 Federal Constitution and regulated by Law No. 8,213/91. It has been amended several times over the years, most recently by Constitutional Amendment No. 103 of 12 November 2019, which introduced changes to various provisions of the Brazilian social insurance system, including this benefit, which prior to that reform was known as *auxílio-doença* [sickness benefit].

Coverage

This benefit is available to all persons insured by the INSS. This includes urban and rural employees; *trabalhador avulso* [a worker who provides services to multiple companies without an employment relationship]; domestic employees; individual contributors, that is, self-employed workers, including entrepreneurs, self-employed workers and equivalent categories, and individual microentrepreneurs; *segurado especial* [primarily a rural worker engaged mainly in agricultural activity, either individually, with the assistance of others or under a family-based production arrangement, as well as an artisanal fisher]; and *segurado facultativo* [a person over 16 years of age who voluntarily affiliates to the INSS and does not engage in remunerated activity that would classify them as a compulsory insured person].

Eligibility conditions

Access to the benefit is subject to the following conditions:

- possession of INSS insured status, a condition attributed to any person affiliated with the INSS who is registered and makes monthly social insurance contributions, and which may be maintained for a certain period even in the absence of contributions;
- proof, through medical assessment, of incapacity to perform their work or usual activity for more than 15 consecutive days;[6]
- completion of a qualifying period of 12 monthly contributions.

It is important to note that the qualifying period does not apply in cases of accidents of any nature or cause, or in cases of occupational diseases or diseases arising from work. It is also waived for beneficiaries who contract the following conditions: active tuberculosis, leprosy, mental disorder, multiple sclerosis, severe liver disease, malignant neoplasm, blindness, irreversible and incapacitating paralysis, severe heart disease, Parkinson's disease, ankylosing spondyloarthrosis, severe kidney disease, advanced Paget's disease (osteitis deformans), HIV or radiation contamination, subject to confirmation by specialized medical assessment.

5 There is also an accident benefit, which consists of compensation paid to the beneficiary following an accident that leaves permanent sequelae and definitively reduces their capacity for work.

6 It is not required that the worker be incapable of carrying out any activity, but rather that they be incapable of performing their current work or usual activity.

Level and duration of benefit

For employees, the temporary incapacity benefit is payable from the 16th day of incapacity to carry out their activity. During the first 15 consecutive days of absence from work, the employer is responsible for paying the insured employee their full wage. For all other beneficiaries, the temporary incapacity benefit is payable from the date on which the incapacity begins.

For all insured persons, where the benefit is claimed by a person who has been absent from their professional activity for more than 30 days, the benefit is payable from the date on which the claim is submitted.

The benefit wage (reference earnings) used to calculate the amount payable varies according to the date on which the beneficiary affiliated to the social insurance system, in accordance with Law No. 8,213/91 and Decree No. 3,048/1999, as amended:

- for persons registered up to 28 November 1999, it corresponds to the simple arithmetic average of the highest 80 per cent of contribution wages throughout the entire contribution period from July 1994 onwards, adjusted monthly;
- for persons registered after 29 November 1999, it corresponds to the simple arithmetic average of the highest contribution wages corresponding to 80 per cent of the entire contribution period, adjusted monthly;
- for beneficiaries claiming the benefit after the publication of Constitutional Amendment No. 103 of 12 November 2019, it corresponds to the simple arithmetic average of all contribution wages from July 1994 onwards.

The benefit amount corresponds to 91 per cent of the benefit wage. The amount payable may not exceed the simple arithmetic average of the last 12 contribution wages, including in cases of variable remuneration, or, where the beneficiary has fewer than 12 contribution wages, the simple arithmetic average of the existing contribution wages.

For a *segurado especial* [special insured person], the benefit amount corresponds to the minimum wage (R$1,412.00 in 2024, equivalent to approximately €231.53 at the Banco de Portugal exchange rate of 22 July 2024).

At the time the benefit is granted, an estimated duration is established. This may be extended up to a maximum of 120 days from the date on which the benefit is granted or reactivated. Requests for extension must be submitted during the final 15 days of the period originally established for the temporary incapacity benefit where that period proves insufficient for the insured person's recovery and return to work. A new medical assessment is required to confirm the need for an extension.

Grounds for suspension and termination of benefit

Entitlement to the benefit ceases if, during receipt of the temporary incapacity benefit, the beneficiary engages in a professional activity, is found fit for work, retires, has the benefit converted into an accident benefit, or dies.

Institutional set-up and operational system

The benefit is administered by the INSS, and claims may be submitted either online, through *Meu INSS*, or in person.

The medical assessment required to obtain the benefit may be conducted in three ways:

- **in-person medical assessment**, which is the general rule and takes place at INSS units, where the claimant presents documentation attesting to their incapacity and is assessed by a physician (a federal medical examiner);
- **medical assessment based on documentary review**, which may be requested in localities where the waiting time for an in-person assessment exceeds 30 days. This type of assessment may be requested only online and is based on the submission of a medical certificate and other medical documents proving incapacity;

- **hospital or home-based medical assessment**, applied in cases of hospitalization or for bedridden persons who are unable to travel to the location of the in-person medical assessment. In such cases, a representative of the claimant attends the INSS office on the scheduled date and time and submits documentation attesting to the hospitalization or bedridden condition.

If the claimant is unable to attend the medical assessment on the scheduled date and time, they may request rescheduling only once. If the claimant fails to attend the medical assessment, does not reschedule it, or requests cancellation of the claim, they are prevented from applying for the benefit again for a period of 30 days.

The benefit may be reviewed either at the request of the INSS or at the request of the beneficiary for the purpose of its continuation.

Under Article 62 of Law No. 8,213/1991, a beneficiary of the temporary incapacity benefit who is unable to recover sufficiently to resume their usual activity must undergo a process of vocational rehabilitation in order to be able to carry out another activity.

Financing

As this is a benefit within the social insurance system, it is financed through contributions from workers and employers, where applicable.

Employers currently contribute 20 per cent of the total remuneration paid to workers to social security. In addition, they pay a supplementary contribution ranging from 1 per cent to 3 per cent, depending on the level of risk associated with the enterprise's activity, to finance benefits granted in cases of incapacity arising from occupational environmental risks. Domestic employers contribute 12 per cent of the contribution wage of the domestic employee in their service. For employers participating in the Individual Microentrepreneur Programme, the rate is 3 per cent.

Workers' contributions vary according to the following tables, which are based on the national minimum wage (R$1,412.00 in 2024, equivalent to approximately €231.53 at the Banco de Portugal exchange rate of 22 July 2024).

▶Table 2. Contribution rate for employees, domestic employees and trabalhador avulso

Contribution wage	Contribution rate, %
Up to R$1,412.00 (€231.53)	7,5
From R$1,412.01 to R$2,666.68 (€437.26)	9
From R$2,666.69 to R$4,000.03 (€655.89)	12
From R$4,000.04 to R$7,786.02 (€1,276.69)	14

Source: Adapted from Government of Brazil, INSS monthly contribution table.

▶Table 3. Contribution rate for individual contributors, optional contributors and Individual Microentrepreneurs

Contribution wage	Contribution rate, %	Amount
R$1,412.00	5*	R$70.60 (€11.58)
R$1,412.00	11**	R$70.60 (€11.58)
R$1,412.00	12***	R$169.44 (€27.78)
R$1,412.00 up to R$ 7,786.02	20	Between R$282.40 (€46.31) (minimum wage) and R$1,557.20 (€255.34) (ceiling)

Source: Adapted from Government of Brazil, INSS monthly contribution table.
Note: * Rate applicable only to low-income voluntary insured persons and individual microentrepreneurs.
** Rate applicable only under the Simplified Social Insurance Plan.
*** Rate applicable only to individual microentrepreneurs who are self-employed cargo transport workers.

Relationship with other social security benefits

The temporary incapacity benefit may be converted into permanent incapacity retirement where there is no prospect of recovery of the capacity to carry out a professional activity.

Under Article 421 of Normative Instruction No. 45/2010, this benefit may not be combined with retirement, accident benefit in respect of the same accident or sickness, maternity benefit, social assistance benefit or *auxílio-reclusão* [imprisonment benefit], except in cases of acquired rights. However, it may be combined with accident benefit and supplementary benefit where these arise from a different accident or sickness, as well as with survivors' benefit and the service permanence allowance. This benefit may also not be combined with unemployment benefit.

Cabo Verde

Brief description

In Cabo Verde, the sickness benefit is a cash benefit intended to compensate for loss of wages resulting from temporary incapacity for work due to sickness. Sickness is defined as a morbid and evolving condition resulting in temporary incapacity for work, excluding cases arising from an occupational cause, road traffic accidents or acts of third parties.

This benefit existed in the country prior to independence, within the framework of the Social Insurance Fund for Employees in Commerce, Related Trades and Maritime Transport and Related Activities, which aimed to provide protection to beneficiaries against various contingencies, including sickness, alongside old-age, death, maternity and family benefits.

In 2001, Law No. 131/V/2001 of 22 January was adopted, establishing the foundations of social protection and structuring the Safety Net, Compulsory Social Protection and Complementary Social Protection. Sickness benefit falls within the material scope of both the scheme for employees and the scheme for self-employed workers.

According to data from the National Social Insurance Institute (INPS), in May 2024, 1,494 beneficiaries were receiving sickness benefit, of whom 901 were women (60.3 per cent) and 593 were men (39.7 per cent), representing expenditure of 26.753 million Cape Verdean escudos (€242.62) (INPS, 2024). The values in euros in this section are based on the Bank of Portugal exchange rate of 15 July 2024.

Coverage

This benefit is available to beneficiaries under the scheme for employees, the scheme for self-employed workers, the domestic service scheme and the Special Legal Scheme for Micro and Small Enterprises (REMPE) who are temporarily incapable of work;[7] pensioners engaged in remunerated professional activity; insured persons accompanying a hospitalized child up to 6 months of age; and insured persons authorized to accompany sick family members who have been medically evacuated.

> The benefit is currently under review, and its extension is being considered to include insured persons accompanying hospitalized children up to 10 or 12 years of age.

Eligibility conditions

To qualify for the benefit, sickness must be certified through the Temporary Incapacity Certificate (CIT), which must be duly completed by a recognized physician belonging to the public services or accredited by the INPS, and submitted to the INPS either directly or through the employer within a maximum of 10 calendar days from the date on which the incapacity begins. In cases of hospitalization, the period begins from the date of discharge from hospital.

7 In these last two schemes, workers are entitled to benefits under the conditions laid down in the legislation for employees.

The CIT contains several fields, including the worker's identification details (name, age, sex and INPS identification number), the type of sickness, the date of commencement or extension of the incapacity, and the date on which it ends.

The conditions for entitlement to sickness benefit also include the requirement to satisfy a qualifying period of four months, consecutive or non-consecutive, with registered remuneration by the date on which the incapacity for work begins, and to satisfy the Professionality Index, a qualifying condition based on a minimum period of actual paid work with registered remuneration prior to the contingency, namely 30 days of effective work in the three months preceding the start of the incapacity and, for discontinuous, seasonal and irregular activities, 15 days of effective work. In the case of self-employed workers, contributions must also be up to date until the second month immediately preceding the start of the incapacity.

Level and duration of benefit

The period for which sickness benefit is granted depends on the duration of the sickness and is subject to maximum periods, as shown in the table below.

▶Table 4. Maximum duration of the benefit

Beneficiaries	Maximum period of entitlement
Employees	1,095 days
Self-employed workers	365 days
Pensioners in professional activity and in a situation of incapacity Workers accompanying evacuated persons	90 days

Source: Adapted from INPS, *Subsidios.*

Once the maximum period of entitlement to the benefit has been exhausted, it may be granted again only after completion of a new qualifying period and a favourable opinion from the Incapacity Verification Commission (CVI).

The CVI is also consulted for the award of sickness benefit in cases of repeated incapacity exceeding 20 days, whether consecutive or non-consecutive, in the previous three months. The Commission is composed of three medical experts, appointed by joint order of the members of the Government responsible for health and social protection. One of the Commission's doctors is responsible for liaison with the INPS, and an INPS staff member is responsible for arranging appointments with the CVI. These appointments are scheduled every two weeks, although they may be scheduled weekly during periods of higher demand.

The waiting period for entitlement to sickness benefit differs according to status: three days for employees and 30 days for self-employed workers.

The amount of the sickness benefit corresponds to 70 per cent of the beneficiary's reference earnings. This amount is calculated by adding together the worker's declared earnings in the four months preceding the month in which the contingency occurs and dividing the total by 120 days.

Grounds for suspension and termination of the benefit

Under Ordinance No. 23/2019 of 25 June, in order to receive the benefit, the beneficiary is required to:

- provide truthful and complete declarations and information, particularly where these may affect entitlement to benefits or the amount payable;
- comply with the medical prescriptions necessary for a rapid recovery under the best possible conditions;
- not leave their residence except for treatment or where authorized by the attending physician and duly indicated in the CIT;
- receive and cooperate with home control visits while in a situation of temporary incapacity for work;

- refrain from carrying out any activity, whether remunerated or not, during the period of incapacity;
- attend any medical examinations to which they are summoned by the CVI;
- report any other circumstances liable to affect recognition of entitlement to benefits or their termination.

Payment of the benefit may be suspended in the following cases:

- during receipt of maternity, paternity or adoption benefit;
- in the event of absence from the residence without express authorization;
- in the event of failure to attend a medical examination for which the beneficiary has been summoned;
- where the CVI declares that the sickness no longer subsists.

Payment of sickness benefit ceases:

- at the end of the period stated in the CIT;
- if the beneficiary carries out any professional activity, whether remunerated or not;
- if, during the period of incapacity, the Health Service or the CVI declares that the sickness no longer subsists;
- where no duly reasoned justification is provided for absence from the residence;
- where no duly reasoned justification is provided for failure to attend a medical examination for which the beneficiary has been summoned;
- where the beneficiary is considered incapable of carrying out their professional activity.

The INPS has a monitoring and control service, which is relatively recent. In the case of sickness benefit, monitoring focuses essentially on verifying whether the worker is at their residence and whether they are carrying out a professional activity.

Where a penalty must be applied, this consists of the immediate suspension of benefit payment and may also involve the initiation of administrative offence proceedings and recovery of the benefit already paid. The fine for fraud ranges from 10,000 to 200,000 escudos (between €90.69 and €1,813.81).

Institutional set-up and operational system

The INPS is the institution responsible for administering the compulsory social protection system within which this benefit is included, ensuring, among other functions, compliance with contribution obligations and the regular payment of benefits.

Claims for sickness benefit must be submitted by the worker or the employer through the INPS service points, in person. For evacuated insured persons and those accompanying them, claims are also submitted through INPS services, from the date of evacuation.

The INPS services validate the information provided, that is, they verify whether the worker meets all eligibility criteria and subsequently carry out the process of replacing wages with the benefit, which is paid at the end of each month.

Financing

As part of the compulsory social protection system, sickness benefit is financed, among other sources, through workers' contributions and, where applicable, employers' contributions.[8]

For employees, the monthly contribution rate is 24.5 per cent, of which:

- 16 per cent is the share payable by the employer (contributor);
- 8.5 per cent is the contribution payable by the worker (insured person).

8 Other sources of revenue for Compulsory Social Protection include transfers or subsidies from the General State Budget and from other entities, where duly authorized; income from own assets; default interest and fines imposed for infringements of compulsory social protection legislation; counterpart funding from international organizations within the framework of the implementation of social security conventions; and all other revenue, fines and penalties provided for or authorized by law (Article 16 of Decree-Law No. 50/2009 of 30 November).

For self-employed workers, entitlement to protection in the event of sickness requires affiliation to the extended scheme, which has a total contribution rate of 19.5 per cent.[9]

For these workers, the amount of contributions is calculated on the basis of a conventional remuneration chosen by the self-employed worker from a set of bands indexed to the remuneration corresponding to Reference 1, Grade A of the Public Administration Job, Career and Salary Plan (PCCS), as shown in the following table.[10]

▶Table 5. Bands for the conventional remuneration of self-employed workers

Bands	Conventional remuneration base = remuneration corresponding to Reference 1, Grade A of the Public Administration PCCS*
1º	Reference 1/Grade A
2º	2 × Reference 1/Grade A
3º	3 × Reference 1/Grade A
4º	4 × Reference 1/Grade A
5º	5 × Reference 1/Grade A
Other classes	n × Reference 1/Grade A

Source: Decree-Law No. 48/2009 of 23 November.
Note: * In 2024, the remuneration corresponding to Reference 1, Grade A of the Public Administration Job, Career and Salary Plan (PCCS) is 15,000 escudos (€136.04).

The ceiling for reference remuneration may not exceed the ceiling established as the tax base in the supplementary table of the Single Income Tax (IUR) for the respective professional group.

Under the domestic service scheme, the monthly contribution rate is 23 per cent, of which:

- 15 per cent is the share payable by employers (contributors);
- 8 per cent is the contribution payable by workers (insured persons).

The contribution base for these workers may not be lower than 80 per cent of the remuneration corresponding to Reference 1, Grade A of the Public Administration Job, Career and Salary Plan (PCCS). Where remuneration is calculated on a daily basis, the minimum contribution base is one thirtieth of 80 per cent of that remuneration. In such cases, the number of days declared for contribution purposes may not be fewer than 15.

Finally, under REMPE, workers pay a monthly contribution of 8 per cent, while employers make their social security contribution through the Unified Special Tax.[11]

Relationship with other social security benefits

An insured person who reaches the maximum period of entitlement to sickness benefit and remains unable to work due to sickness is converted ex officio into an disability/invalidity pensioner, subject to a favourable opinion from the CVI, regardless of whether the qualifying period for access to that benefit has been completed.

Sickness benefit may not be combined with maternity, adoption, paternity or unemployment benefits.

9 Self-employed workers may choose between two protection schemes: a restricted scheme, which covers disability/invalidity, old age and survivorship; and an extended scheme, which adds protection in the event of sickness and maternity.

10 This provision has been in force since 2008, reflecting the fact that, at that time, there was no national minimum wage, which was introduced only in 2012 and thereafter became the reference for social protection. However, as the national minimum wage was lower than the remuneration corresponding to Reference 1, Grade A of the Public Administration Job, Career and Salary Plan (PCCS), alignment of this provision with the national minimum wage was deferred until the two amounts converged. In 2024, the remuneration corresponding to Reference 1, Grade A of the PCCS and the national minimum wage reached the same level. The conditions are therefore in place to amend Article 27(1) of Decree-Law No. 48/2009 of 23 November, and this amendment is expected to take effect from 2025.

11 Under REMPE, the Unified Special Tax replaces the Single Income Tax, Value Added Tax, Fire Tax and the employer's social security contribution. Its rate is 4 per cent of the gross sales value for the relevant period. A microenterprise with an annual turnover not exceeding 1 million escudos pays a minimum annual amount of 30,000 escudos (€272.07) (Law No. 70/VIII/2014 of 26 August).

Mozambique

Brief description

In the event of sickness, a beneficiary of compulsory social security in Mozambique is entitled to sickness benefit in order to secure their subsistence in the face of reduced capacity for work.[12]

This benefit has formed part of the social security system since its establishment in 1989 under Law No. 5/89 of 18 September, which explicitly recognized the need to secure the material subsistence of workers in the event of sickness, old age, reduced capacity for work and the survival of their family members. Subsequently, Decree No. 53/2007 of 3 December established Compulsory Social Security. Ten years later, this framework was revised by Decree No. 51/2017 of 9 October, which remains in force and sets out the criteria for entitlement to this benefit.

According to the Ministry of Labour and Social Security (MITSS, 2023), in 2022, 8,064 beneficiaries received sickness benefit, of whom 4,822 were men (59.8 per cent) and 3,242 were women (40.2 per cent). Total expenditure on this benefit in 2022 amounted to 181,893,747.25 Mozambican meticais (€2,661,697.86). The values in euros in this section are based on the Bank of Portugal exchange rate of 29 July 2024.

Coverage

This benefit is available to beneficiaries under the scheme for employees and the scheme for self-employed workers, which includes domestic work, in cases of:

- sickness or non-occupational accident, provided that it was not intentionally caused by the worker;
- absence from work in order to accompany a dependent child up to 18 years of age who is hospitalized;
- convalescence of a dependent child up to 18 years of age who, on medical advice, requires special care.

The age limit does not apply where the hospitalized person has a physical or psychosocial disability that renders them dependent, as duly certified by a medical board. In addition, the last two provisions do not apply where the child is engaged in remunerated professional activity.

Eligibility conditions

For entitlement to sickness benefit, the beneficiary must meet the following conditions on the date on which the incapacity for work begins:

- a qualifying period of six months, consecutive or non-consecutive, with contributions paid during the 12 months preceding the start of the incapacity;
- satisfaction of the Professionality Index, namely 20 days of actual paid work with registered remuneration in one of the two months preceding the month in which the incapacity begins.

The incapacity due to sickness must be certified by a physician or duly authorized medical technician attached to a hospital institution, through the submission of a sickness certificate or, in cases of hospitalization, proof of hospitalization.

Sickness benefit is not paid if the worker continues to receive remuneration from the employer during the period corresponding to the incapacity for work.

12 There is also a hospitalization benefit, paid either to the hospital establishment or to the person who can provide documentary proof of having borne the relevant costs, in accordance with the daily rate in force under the national health system. This benefit is granted in cases of sickness or non-occupational accident, and also to a worker accompanying a dependent child, except where the child is engaged in remunerated professional activity. No age limit applies where the hospitalized person has a physical or psychosocial disability that renders them dependent, as duly certified by a Medical Board.

Level and duration of the benefit

The daily amount of the sickness benefit is equal to 70 per cent of the average wage, calculated according to the following formula:

SM = R/180

SM = amount of the average daily wage.

R = total remuneration for six months, consecutive or non-consecutive, recorded during the 11 months preceding the month in which the incapacity begins.

Sickness benefit is not paid for periods of incapacity for work of up to three days, but is paid in full where the period of incapacity exceeds three days.

Sickness benefit is paid without application of the waiting period in the following cases:

- hospitalization of the worker;
- contagious disease, provided that this is expressly indicated by the physician in the relevant medical certificate;
- incapacity for work resulting from pregnancy, as certified by a physician, or incapacity that began during the period of entitlement to maternity benefit and continues beyond the end of that period.

Under the scheme for self-employed workers, sickness benefit is subject to a waiting period of 30 days. The first day of certified sick leave is the day on which the physician confirms the incapacity.

Sickness benefit is payable for a maximum continuous period of 365 days.

Grounds for suspension and termination of the benefit

The benefit is suspended if the beneficiary obtains it unduly, makes false declarations, fails to report changes, updates, termination or suspension, or maintains a professional activity. Sickness benefit is not paid if the worker receives remuneration from the employer during the period corresponding to the incapacity.

Institutional set-up and operational system

The institution responsible for administering the social security system is the National Social Security Institute (INSS), a public entity with legal personality, administrative and financial autonomy, and its own assets, operating under the supervision of the Minister of Labour and Social Security.

The benefit may be claimed from the INSS by the beneficiary, their legal representative or the employer. The required documents are the sickness or hospitalization certificate, the identity document and the bank identification number (NIB), certified by the bank with signature and stamp.

The sickness or hospitalization certificate must indicate the number of days of incapacity for work and the date on which the incapacity ends. The original must be submitted to the INSS within 15 days of the end of the incapacity for work.

Financing

As a benefit under Compulsory Social Security, sickness benefit is financed, among other sources, through contributions from workers and, where applicable, employers.[13]

Under the scheme for employees, the contribution rate is 7 per cent, of which 3 per cent is deducted from the worker's wage and 4 per cent is paid by the employer.

13 The following are also Compulsory Social Security receipts: current financial receipts, supplementary receipts, transfers and other receipts (article 109 of Decree 51/2017 of 9 October 2017).

Under the scheme for self-employed workers, the contribution rate is 7 per cent of the conventional remuneration chosen by the worker, which must be declared at the start of the activity and may not be lower than the minimum wage applicable to the relevant sector of activity, as shown in the following table.

▶Table 6. Minimum wages in force in Mozambique from 1 April 2024

Sector	Minimum wage
Sector 1. Agriculture, livestock, hunting, forestry and silviculture	MZN6,338.00 (€93.52)
Sector 2. Industrial and semi-industrial fishing	MZN6,531.79 (€96.38)
2.1. Kapenta fishing	MZN4,941.68 (€72.92)
Sector 3. Extractive industry	–
3.1. Large enterprises	MZN14,183.80 (€209.29)
3.2. Medium-sized enterprises – quarries and sand extraction	MZN7,700.00 (€113.62)
3.3. Micro and small enterprises – salt works	MZN6,335.70 (€93.49)
Sector 4. Manufacturing industry	MZN9,497.50 (€140.14)
4.1. Bakery	MZN6,800.00 (€100.34)
4.2. Cashew	MZN6,278.21 (€92.64)
Sector 5. Production and distribution of electricity, gas and water	–
5.1. Large enterprises	MZN11,625.00 (€171.54)
5.2. Small and medium-sized enterprises	MZN9,433.30 (€139.20)
Sector 6. Construction	MZN8,000.00 (€118.05)
Sector 7. Non-financial service activities	MZN9,560.00 (€141.07)
7.1. Hotels, tourism and related activities	MZN8,900.00 (€131.33)
7.2. Private security	MZN8,190.00 (€120.85)
7.3. Fuel retailing	MZN9,204.00 (€135.81)
Sector 8. Financial service activities	–
8.1. Insurance companies and banks	MZN17,881.32 (€263.85)
8.2. Microfinance	MZN15,741.29 (€232.28)

Source: INSS, 2024

Relationship with other social security benefits

If, after 365 continuous days, the worker's incapacity due to sickness persists, the beneficiary begins to receive an disability pension, which is granted ex officio by the INSS. It may not be combined with maternity or paternity benefits.

Portugal

In Portugal, protection in the event of sickness consists of sickness benefit. The system also provides a Childcare Allowance and a Grandchild Care Allowance.

Sickness benefit[14]

Brief description

Sickness benefit is a benefit granted to compensate for loss of earnings resulting from temporary incapacity for work due to sickness. Sickness is understood as any morbid and evolving condition, not arising from an occupational cause or from an act for which a third party is liable to pay compensation, that results in incapacity for work.

14 Information in this section reflects the ISS portal content as consulted in 2024.

Its origin is linked to the creation of the social security system itself. This benefit, together with protection in the event of disability/invalidity, old age, survivorship, unemployment and employment injury, began to be planned in 1919, when the first attempt was made to establish a system of compulsory social insurance aimed at protecting most employees whose wages or earnings were below a certain threshold. Despite this initial attempt, it was only in 1935, through Law No. 1,884 of 16 March and its subsequent implementing instruments, that the framework was established for the creation of a system of compulsory social insurance covering employees in commerce, industry and services, limited to sickness benefits (healthcare and sickness benefit), disability/invalidity, old age and death. Over time, the system was progressively developed and expanded. In 1984, the first Basic Law on Social Security (Law No. 28/84 of 14 August) was adopted, integrating sickness benefit, including tuberculosis benefit, maternity benefit, and disability/invalidity, old-age and death benefits into the general social security scheme.

The legal framework for social protection in the event of sickness was revised in 2004 and 2005 through Decree-Law No. 28/2004 of 4 February and Decree-Law No. 146/2005 of 26 August, extending coverage to beneficiaries under the general scheme for employees, self-employed workers and the Voluntary Social Insurance scheme. This reform also strengthened anti-fraud mechanisms in access to sickness benefit and introduced improvements in the protection of long-term illnesses through more flexible qualifying periods and benefit calculation rates.[15]

According to data from the Institute of Informatics, I.P., in 2023, 783,159 persons were covered by sickness benefit, of whom 41.2 per cent were men (322,906 persons) and 58.8 per cent were women (460,253 persons).[16]

Coverage

In Portugal, entitlement to sickness benefit extends to employees contributing to social security, including domestic workers, self-employed workers and beneficiaries under the Voluntary Social Insurance scheme who work on ships of foreign companies and on ships of joint fishing enterprises (national maritime workers and lookouts), crew members working on ships registered in the International Shipping Register of Madeira, scientific research grant holders and voluntary firefighters, subject to payment of the relevant contribution.

The following are also entitled to this benefit:

- provided that they are working and contributing to social security:
  - beneficiaries receiving compensation for an employment injury or occupational disease, provided that the amount of compensation is lower than the sickness benefit;
  - beneficiaries receiving pensions for an employment injury or occupational disease;
  - beneficiaries receiving pensions of a compensatory nature;
  - beneficiaries in a pre-retirement situation;
- home-based workers;
- disability or old-age pensioners exercising public functions, provided that they are not receiving the pension (that is, where the pension is suspended);
- workers belonging to the Banco Português de Negócios (BPN) economic group;
- employees in the cultural sector under very short-duration employment contracts, provided that they are registered in the Register of Cultural Professionals (RPAC).

Eligibility conditions

Entitlement to sickness benefit requires six calendar months, consecutive or non-consecutive, with registered remuneration by the date on which the sickness begins, and fulfilment of the Professionality Index, namely 12 days of actual work performed during the four months immediately preceding the date on which the incapacity begins.[17] It is also necessary to have a Temporary Incapacity Certificate (CIT) for

15 Source: https://www.seg-social.pt/evolucao-do-sistema-de-seguranca-social

16 Source: https://www.seg-social.pt/estatisticas .

17 This condition does not apply to self-employed workers and seafarers covered by Voluntary Social Security.

work issued by the physician of the competent health service.[18] The beneficiary must send this certificate, within five working days of its issue, to the District Social Security Centre with which they are registered, which will calculate the amount of the benefit and make the corresponding payment to the beneficiary.

Self-employed workers and beneficiaries under the Voluntary Social Insurance scheme must have their contribution record up to date on the date on which entitlement to the benefit is recognized.

Level and duration of the benefit

A waiting period of three days from the onset of incapacity applies to employees, as sickness benefit is paid from the fourth day. For self-employed workers, the benefit is paid from the 11th day, and for beneficiaries covered by the Voluntary Social Insurance scheme, from the 31st day.

The benefit is paid from the first day, for all beneficiaries, in cases of hospitalization or outpatient surgery, sickness beginning during the period of entitlement to parental benefit, and incapacity resulting from tuberculosis.

The period for which the benefit is granted depends on the duration of the sickness and is subject to maximum periods, as shown in the following table.

▶Table 7. Period of entitlement to sickness benefit

Maximum period of entitlement	Beneficiaries
Up to 1095 days	Employees
	National maritime workers working on board ships of joint fishing enterprises
	National maritime workers working on board ships on ships of foreign companies
	Crew members working on ships registered in the International Shipping Register of Madeira (MAR)
Up to 365 days	Self-employed workers
	Scientific research grant holders
No time limit	Workers with tuberculosis

Source : ISS, 2024

When the beneficiary exhausts the maximum period of entitlement to sickness benefit, a new qualifying period must be completed in order to become entitled to the benefit again.

The amount of sickness benefit also varies according to the duration and nature of the sickness. It is calculated by applying a percentage to the reference earnings (RR), calculated as follows:

$$\mathbf{RR} = R/180$$

R = total remuneration in the six months preceding the second month before the month in which the incapacity was confirmed.

Where the beneficiary has no remuneration in the six-month period because contribution periods have been totalized, the formula is as follows:

$$\mathbf{RR} = R/(30 \times n)$$

R = total remuneration recorded from the start of the reference period up to the day preceding the incapacity for work

n = number of months to which that remuneration relates.

The percentages applied to the RR increase with the duration of the sickness, with specific rules applying in cases of tuberculosis, as shown in the following tables.

18 As well as confirming the beneficiary's incapacity and the nature of the illness, the CIT indicates whether it is an initial leave or an extension.

▶Table 8. Amount of sickness benefit

Reference remuneration, %	Duration of sickness
55	Up to 30 days
60	From 31 to 90 days
70	From 91 to 365 days
75	More than 365 days

Source : ISS, 2024

▶Table 9. Amount of sickness benefit in cases of tuberculosis

Reference salary, %	Household composition
80	Up to two dependants
100	More than two dependents

Source : ISS, 2024

It should also be noted that, in the case of the 55 and 60 per cent rates, an additional 5 percentage points are applied in the following situations:

- where the reference earnings are equal to or lower than €500;
- where the household includes three or more descendants up to 16 years of age, or up to 24 years of age if they receive family allowance for children and young persons;
- where the household includes descendants receiving the disability supplement under the family allowance for children and young persons.

In Portugal, minimum and maximum limits are established for sickness benefit. The amount of cash sickness benefit may not be lower than 30 per cent of the daily value of the Social Support Index (IAS), or of the reference earnings where these are below that minimum threshold, and the benefit may not exceed the net value of the reference earnings.

Grounds for suspension and termination of the benefit

While receiving this benefit, the beneficiary is required to:

- leave home only for medical treatment or, where authorized by the physician in the Temporary Incapacity Certificate (CIT), between 11 a.m. and 3 p.m. and between 6 p.m. and 9 p.m.;
- attend medical examinations whenever summoned by the Incapacity Verification Service (SVI);
- notify Social Security, within five days from the start of the situation:
  - if they are receiving pre-retirement payments, pensions or compensation for an employment injury, indicating the amount received and the paying entity;
  - in cases where provisional sickness benefit has been paid in relation to an employment injury or an act giving rise to third-party liability, identify the responsible party and the amount of compensation;
  - if they change address;
  - if they are imprisoned;
  - if they work, even if the work is unpaid.

Failure to comply with any of these obligations gives rise to fines, as shown in the following table.

▶Table 10. Infringements giving rise to fines

Infringement	Fine
Failure to notify, within 5 working days from the start of the situation, of: ▶ temporary incapacity resulting from an employment injury, including identification of the responsible parties ▶ temporary incapacity resulting from an employment injury, including the amount of compensation received, where there is an agreement with the responsible parties ▶ temporary incapacity resulting from an act of a third party, including identification of the responsible parties ▶ temporary incapacity resulting from an act of a third party, including the amount of compensation received, where there is an agreement with the responsible parties	€24.94 to €249.40
Carrying out professional activity during the period in which sickness benefit is being paid, even where payment of the corresponding remuneration is not proven	€74.82 to €498.80

Source : ISS, 2024

Payment of the allowance is suspended:

- during receipt of benefits under social protection in the event of parenthood;
- in the event of absence from the residence without express medical authorization;
- in the event of failure to attend a medical examination for which the beneficiary has been summoned by the SVI;
- where the SVI declares that the incapacity no longer subsists;
- where the person is a self-employed worker or is covered by the Voluntary Social Insurance scheme and has not regularized their contribution record by the end of the third month preceding the month of incapacity.

Entitlement to the benefit ceases when:

- the period stated in the CIT comes to an end;
- during the period of incapacity, the competent health services or the re-evaluation commission declare that the sickness no longer subsists, or the beneficiary resumes professional activity on the grounds that they are considered fit for work;
- the beneficiary has worked during the sick leave period, even where there is no proof of remuneration;
- the beneficiary has failed to provide an acceptable justification for absence from the residence without express medical authorization, or for failure to attend a medical examination for which they were summoned;
- the beneficiary does not request a re-evaluation of the decision of the verification commission not to maintain the sick leave;
- the self-employed worker (green receipt holder or sole trader) or beneficiary under the Voluntary Social Insurance scheme has not regularized their contribution record by the end of the third month immediately preceding the month in which the incapacity began and does not regularize it within the three months following the month in which suspension occurred.

Institutional set-up and operational system

The benefit is administered by the Institute of Social Security, I.P., a special public institute established by law, forming part of the indirect administration of the State and endowed with administrative and financial autonomy and its own assets.

As the CIT must be sent electronically by the Health Services to Social Security, except in exceptional circumstances, the beneficiary does not need to submit any document and the process is carried out automatically. On the basis of the data received, the Social Security Services verify whether the conditions for entitlement to the benefit are met and, where appropriate, proceed with payment.

In cases where the health service is unable to send the CIT electronically, or where verification of the sickness is carried out manually by the physician, the original CIT is given to the beneficiary, who has five working days from the date of issue to send it to the Social Security service for their area of residence.

Whether the CIT is submitted electronically or in person, the beneficiary receives an authenticated copy from the Health Services to be delivered to the employer.

The benefit is paid monthly by bank transfer or postal order.

Financing

As this benefit forms part of the contributory social security system, it is financed through workers' contributions and employers' contributions, where applicable.

For most employees, the monthly contribution rate is 34.75 per cent, of which 23.75 per cent is payable by the employer and 11 per cent by the worker.[19]

For domestic workers not covered for unemployment, the contribution rate is 28.3 per cent, of which 18.9 per cent is payable by the employer and 9.4 per cent by the worker. Where unemployment protection is included, the rate is 33.3 per cent, of which 22.3 per cent is payable by the employer and 11 per cent by the worker.

Self-employed workers are subject to a contribution rate of 21.4 per cent, while for sole traders and sole proprietors with limited liability the rate is 25.2 per cent. For workers not covered by the organized accounting regime, the rate is applied to a monthly contribution base corresponding to one third of the relevant income. Relevant income is calculated as 70 per cent of the value of services provided in the three months preceding the month of the quarterly declaration, or 20 per cent in the case of the production and sale of goods or the provision of services within hotel and similar activities, restaurants and beverages. For workers covered by the organized accounting regime, the rate is applied to one third of the taxable profit assessed in the immediately preceding calendar year.

Under Voluntary Social Insurance, the amount of contributions is calculated by applying the contribution rate to a conventional remuneration chosen by the beneficiary from one of the 10 contribution base bands, which are indexed to the value of the Social Support Index (IAS).

▶Table 11. Contribution rates under Voluntary Social Insurance

Beneficiaries	Rate, %
General cases	26.9
Cooperation workers	26.9
High-performance sports practitioners	26.9
Crew members working professionally on ships registered in the International Shipping Register of Madeira	26.9
Social volunteers	27.4
National maritime workers and lookouts working professionally on ships of foreign companies	29.6
National maritime workers working on board ships of joint fishing enterprises	29.6
Research grant holders	29.6
Voluntary firefighters	27.4*
Main informal carers	21.4

Source : ISS, 2024
Note: * Voluntary firefighters may opt for coverage in the event of sickness and parenthood. In that case, payment of the corresponding contribution is their responsibility, and the contribution rates applicable to each contingency are 1.41% and 0.76% respectively.

19 Workers employed by non-profit entities are subject to a total contribution rate of 33.3 per cent, of which 22.3 per cent is paid by the entities and 11 per cent by the workers.

▶Table 12. Contribution base under Voluntary Social Insurance

Band	Amount	IAS multiple
1st	€509.26	1 × Social Support Index (IAS)
2nd	€763.89	1.5 × IAS
3rd	€1,018.52	2 × IAS
4th	€1,273.15	2.5 × IAS
5th	€1,527.15	3 × IAS
6th	€2,037.04	4 × IAS
7th	€2,546.30	5 × IAS
8th	€3,055.56	6 × IAS
9th	€3,564.82	7 × IAS
10th	€4,074.08	8 × IAS

Source : ISS, 2024

Relationship with other social security benefits

Sickness benefit may not be combined with:

- Invalidity Pension;
- Old-age Pension;
- Unemployment Benefit;
- Social Unemployment Benefit;
- Benefit for Cessation of Activity for economically dependent self-employed workers;
- Benefit for Cessation of Activity for self-employed workers with business activity;
- Benefit for Cessation of Activity for members of the statutory bodies of legal persons;
- Partial Unemployment Benefit or Partial Benefit for Cessation of Activity for economically dependent self-employed workers;
- benefits under parenthood protection in the event of maternity, paternity and adoption, under the contributory system and the solidarity subsystem;
- benefits under the solidarity subsystem, with the exception of the Social Integration Income;
- wage compensation in lay-off situations where the worker's contract is suspended;
- support benefit for the main informal carer.

It may be combined with the compensatory benefit for holiday and Christmas bonuses and with the Social Integration Income.

When the maximum duration of sickness benefit comes to an end, if the incapacity for work persists, the beneficiary becomes covered by a provisional Invalidity Pension.

Childcare Allowance

Brief description

The Childcare Allowance is a cash benefit available to persons who need to be absent from work in order to provide urgent and necessary care to a child, whether the child is biological, adopted or the child of their spouse, in the event of sickness or accident. It applies to both minors and adult children, provided that adult children form part of the beneficiary's household. It also applies to children who, regardless of age, have a disability or a chronic illness.[20]

20 In Portugal, there is also an allowance for assisting children with disabilities, chronic illnesses or oncological diseases, which consists of cash support given to people who take time off work to accompany their children (biological, adopted or their spouse's) due to a disability, chronic illness or oncological disease for a period of up to six months, which can be extended for up to four years. However, if there is a need to extend the care beyond four years, confirmed by a specialist doctor, the leave can be extended up to six years. In order to qualify, the child must have a disability, chronic illness or oncological disease and be part of the beneficiary's household. The amount of the allowance corresponds to 65% of the reference salary, with a maximum monthly limit of twice the IAS (€1,018.52 per month) and a minimum limit of €13.58 per day (80% of 1/30 of the IAS, which in 2024 is €509.26). This allowance is similar to the childcare allowance in its coverage, qualifying period, reference remuneration and relationship with other social security benefits.

Coverage

The following may access this allowance:

- employees under contract contributing to Social Security, including domestic workers and home-based workers;
- self-employed workers (green receipt holders or sole traders);
- beneficiaries under the Voluntary Social Insurance scheme:
  - national maritime workers and lookouts working professionally on ships of foreign companies;
  - national maritime workers working on board ships of joint fishing enterprises;
  - crew members working on ships registered in the International Shipping Register of Madeira (MAR);
  - scientific research grant holders;
  - voluntary firefighters, subject to payment of the relevant contribution;
- beneficiaries receiving a relative Invalidity Pension, Old-age Pension or Survivors' pension who are working and contributing to Social Security;
- beneficiaries in a pre-retirement situation with reduced working time.

Foster families are also entitled to this allowance, under the same terms as apply to people who have to miss work to provide urgent and necessary care for their children.

Eligibility conditions

To access the Childcare Allowance, the beneficiary:

- must claim the benefit within six months from the day on which they stopped working in order to care for the child;
- must satisfy the qualifying period and have worked and contributed for six months, consecutive or non-consecutive, to Social Security or to other national or foreign social protection systems, provided that these periods do not overlap and that the systems concerned provide a benefit in such cases;
- must show that the other parent is working and has not claimed the allowance for the same reason, or is unable to provide care.

In the case of young adults, entitlement to this benefit also requires that they form part of the beneficiary's household.

Self-employed workers (green receipt holders or sole traders) and beneficiaries under the Voluntary Social Insurance scheme must also have their contribution record up to date on the date on which entitlement to the allowance is recognized.

Level and duration of the benefit

The daily amount of the Childcare Allowance corresponds to 100 per cent of net reference earnings, subject to a minimum of 65 per cent of reference earnings.[21] Reference earnings correspond to the average remuneration recorded with Social Security in the oldest six months of the last eight months preceding the month in which the incapacity for work begins, excluding holiday bonus, Christmas bonus and other payments of a similar nature. Net reference earnings are calculated by deducting from the gross reference earnings the amounts corresponding to the personal income tax rate and the social security contribution rate applicable to the beneficiary.

21 If the beneficiaries live in the autonomous regions, the amount of the allowance is increased by 2%.

This benefit is payable for up to 30 days in each year, from 1 January to 31 December, for children, whether biological, adopted or the child of the spouse, plus one additional day for each child beyond the first.

In cases of hospitalization, if the child is under 12 years of age or, regardless of age, has a disability or a chronic illness, the benefit is granted for the entire period of hospitalization.

This entitlement may not be used simultaneously by both parents.

Grounds for suspension and termination of the benefit

The benefit ceases when the beneficiary no longer needs to be absent from work in order to care for the child, where fraud is established, or where the beneficiary is working while receiving the benefit.

The beneficiary is required to notify Social Security within five working days if any event occurs that leads to termination of the benefit. If the beneficiary fails to comply with their obligations or uses fraudulent means to gain access to the benefit, they must repay the amount received and pay a fine ranging from €100 to €700.

Institutional set-up and operational system

As with sickness benefit, the Childcare Allowance is administered by the Institute of Social Security, I.P.

The claim may be submitted online, directly through Social Security service points, or by post to the District Centre corresponding to the beneficiary's area of residence.

In addition to the duly completed form, the following documents must also be submitted:

- medical certification or a hospital declaration confirming the child's sickness, identifying the child and the parent providing care, as well as the start and end dates of the period of incapacity for work;
- medical certification of the disability where the child is aged 12 or over, unless a disability benefit is already being paid;
- medical certification of the chronic illness where the child is aged 12 or over, required only when the first claim is submitted;
- a document from the banking institution confirming the IBAN (International Bank Account Number), where payment is to be made by bank deposit and the beneficiary has not yet opted for this method of payment.

The benefit may be paid by bank transfer, basic banking services or postal order.

Financing

The same as for sickness benefit.

Relationship with other social security benefits

The Childcare Allowance may be combined with:

- Social Integration Income;
- Survivors' Pension, provided that the beneficiary is working and contributing to Social Security;
- pensions or compensation for employment injury or occupational disease;
- relative Invalidity Pension, provided that the beneficiary is working and contributing to Social Security;
- Old-Age Pension, provided that the beneficiary is working and contributing to Social Security;
- Solidarity Supplement for Older Persons;
- pre-retirement with suspension of the employment contract, provided that this is also combined with gainful activity subject to Social Security contributions.

It may not be combined with:

- earnings from work;
- unemployment benefits Unemployment benefit, Social Unemployment Benefit, Benefit for Cessation of Activity for economically dependent self-employed workers, and Benefit for Cessation of Activity for sole traders and members of the statutory bodies of legal persons;

- Sickness Benefit;
- Benefits granted under the Solidarity Subsystem, except for the Social Integration Income and the Solidarity Supplement for Older Persons.

Grandchild Care Allowance

Brief description

The Grandchild Care Allowance is a cash benefit granted to grandparents who need to be absent from work due to the birth of a grandchild or in order to provide care to a grandchild. It is intended to replace the earnings lost during the days of absence from work.

This allowance has two modalities:

- allowance for care following the birth of a grandchild born to a child under 16 years of age;
- allowance for care of a minor grandchild or, regardless of age, of a grandchild with a disability or chronic illness, in the event of sickness or accident, in place of the working parents.

Only one person may claim this allowance. Thus, if one grandparent is absent from work in order to care for the grandchild, neither another grandparent nor the parents may be absent for the same reason.

Coverage

Coverage is the same as for the Childcare Allowance, with the necessary adjustments for foster families. In this case, foster families are entitled to the allowance under the same rules that apply to grandparents who need to be absent from work due to the birth of, or to provide care for, a biological or adopted grandchild.

Eligibility conditions

To qualify for the Grandchild Care Allowance of a minor grandchild or, regardless of age, of a grandchild with a disability or chronic illness, in the event of sickness or accident, the beneficiary:

- must claim the allowance within six months from the day on which they stopped working in order to care for the grandchild;
- must satisfy the qualifying period and have worked and contributed for six months, consecutive or non-consecutive, to Social Security or to other national or foreign social protection systems, provided that these periods do not overlap and that the systems concerned provide a benefit in such cases;
- must show that the parents are working or are unable to provide care and have not claimed the allowance for the same reason.

In the case of the Grandchild Care Allowance due to birth, the following conditions apply:

- the grandchild must be the child of a person under 16 years of age and must reside with the beneficiary, that is, the grandfather or grandmother;
- the beneficiary must declare the period to be taken or already taken, whether exclusively or shared;
- the allowance must be claimed within six months from the day on which the beneficiary stopped working in order to care for the grandchild, and the qualifying period referred to above must be met;
- where the period of allowance is not shared, the other grandparent must be working or unable to provide care and must not have claimed the allowance.

Self-employed workers (green receipt holders or sole traders) and beneficiaries under the Voluntary Social Insurance scheme must also have their contribution record up to date on the date on which entitlement to the allowance is recognized.

Level and duration of the benefit

In the event of the birth of a grandchild born to a child under 16 years of age, the benefit amounts to 100 per cent of the reference earnings. In the case of care provided in the event of sickness or accident, it amounts to 65 per cent of the reference earnings.[22] Reference earnings correspond to the average remuneration recorded with Social Security in the oldest six months of the last eight months preceding the month in which the incapacity for work begins, excluding holiday bonus, Christmas bonus and other payments of a similar nature.

The Grandchild Care Allowance is subject to a minimum amount and may not be lower than €13.58 per day, corresponding to 80 per cent of 1/30 of the Social Support Index (IAS), which in 2024 was €509.26.

In the event of the birth of a grandchild who is the child of a person under 16 years of age, the benefit is paid for 30 consecutive days. Where both grandparents are working, either of them may exercise this right, and the 30 days may be taken entirely by one grandparent or shared between them.

Where the benefit is granted for care of a minor grandchild in the event of sickness or accident, or regardless of age where the grandchild has a disability or chronic illness, grandparents are entitled to be absent from work for the number of days to which the parents are entitled and have not yet used. Each parent is entitled to be absent from work for up to 30 days in each year to care for children under 12 years of age, or regardless of age where they have a disability or chronic illness, or for up to 15 days in each year to care for children over 12 years of age.[23]

The benefit is paid from the first day on which the beneficiary is absent from work in order to care for the grandchild.

Grounds for suspension and termination of the benefit

The allowance ceases where fraud is established, where the beneficiary is working while receiving the allowance, or where the beneficiary dies, in which case the allowance ends on the following day.

The beneficiary is required to notify Social Security within five working days if any event occurs that leads to termination of the allowance, in particular any change in the conditions relating to periods of leave, absences and unpaid exemptions provided for in the Labour Code, or equivalent periods. If the beneficiary fails to comply with their obligations or uses fraudulent means to gain access to the allowance, they must repay the amount received and pay a fine ranging from €100 to €700.

Institutional set-up and operational system

As with the preceding benefits, the Grandchild Care Allowance is administered by the Institute of Social Security, I.P.

The claim may be submitted online, directly through Social Security service points, or by post to the District Centre corresponding to the beneficiary's area of residence.

In addition to the duly completed form, the following must also be submitted:

- in all cases, a document from the banking institution confirming the IBAN, which must include the name of the claimant or beneficiary as the account holder, where payment is to be made by bank deposit and the beneficiary has not yet opted for this method of payment;
- for the Grandchild Care Allowance due to birth, a declaration from the physician of the health establishment or service confirming the birth of the grandchild, or the grandchild's civil identification document;
- for the Grandchild Care Allowance due to sickness or accident, a medical declaration indicating the period of incapacity for work necessary to ensure urgent and indispensable care for the grandchild.

22 Where beneficiaries reside in the autonomous regions, the amount of the benefit is increased by 2 per cent.

23 In both cases, these periods are increased by one additional day for each child beyond the first.

The allowance may be paid by bank transfer, basic banking services or postal order.

Financing

The same as for sickness benefit.

Relationship to other social security benefits

The Grandchild Care Allowance may be combined with:

- provided that the beneficiary is working and contributing to Social Security:
  - Relative Invalidity Pension;
  - Old-age Pension;
  - Survivors' Pension
- pensions or compensation for employment injury or occupational diseases;
- Social Integration Income;
- Solidarity Supplement for Older Persons;
- pre-retirement with suspension of the employment contract, provided that this is also combined with gainful activity subject to Social Security contributions.

It may not be combined with:

- earnings from work;
- unemployment benefits (Unemployment benefit, Social Unemployment Benefit, Benefit for Cessation of Activity for economically dependent self-employed workers, and Benefit for Cessation of Activity for sole traders and members of the statutory bodies of legal persons);
- Sickness Benefit;
- benefits granted under the solidarity subsystem, with the exception of Social Integration Income and the Solidarity Supplement for Older Persons.

Thailand

Brief description

Sickness benefit in Thailand, established to protect workers against the contingency of sickness, was introduced in 1991 under the Social Security Act, B.E. 2533 (1990) of 11 August and has undergone successive reforms over the years, the most recent being under Social Security Act No. 4, B.E. 2558 of 2 June 2015.

Coverage

The benefit covers employees ("formal sector") and self-employed workers ("informal sector" under the voluntary scheme), in accordance with sections 33 and 40 of the Social Security Act, B.E. 2533 (1990). In the case of employees, coverage also extends to workers who, although unemployed, may continue to make voluntary contributions for six months, provided that they have contributed to social security for at least 12 months, and may retain access to benefits during that period. After that period, they must re-enter the scheme as employees in order to regain access to benefits, as per section 39 of the Social Security Act, B.E. 2533 (1990).

Excluded categories include employees of foreign governments or international organizations; certain agricultural, forestry and fishery workers; seasonal and temporary workers; and domestic workers. In the case of self-employed workers, foreign nationals are also excluded (ISSA, 2022b).

Eligibility conditions

For employees, entitlement to this benefit requires that the sickness is not work-related, that the beneficiary is receiving medical care, and that contributions have been paid to social security for at least three months within the 15 months preceding receipt of medical care.

Self-employed workers are subject to a different qualifying period, requiring at least three months of contributions within the four months preceding the onset of sickness.

Level and duration of the benefit

For employees, the beneficiary receives a cash benefit corresponding to 50 per cent of reference earnings. Reference earnings consist of the average daily remuneration during the three highest-paid months within the 15 months preceding the onset of incapacity. Unemployed workers who continue contributing voluntarily under this scheme receive approximately 4,800 Thai baht (€124.32) per month (ISSA, 2024b). All euro equivalents of Thai baht amounts in this section are based on the Banco de Portugal exchange rate of 31 July 2024.

For these workers, the duration of the benefit may not exceed 90 days for each spell of sick leave and, at the same time, may not exceed 180 days of sick leave in each year. Where the sick leave results from chronic disease, the cash benefit may be paid for up to 365 days.

Self-employed workers receive:

- THB200 (€5.18) per day if the sickness lasts at least three days;
- THB50 (€1.29) per day, up to three times per year, if the sickness lasts fewer than three days, although this does not apply to insured persons covered under the more comprehensive scheme.

In these cases, the benefit may be paid for up to 30 days per year if the sickness lasts at least three days, or up to 90 days if the insured person has opted for the higher level of coverage.

Institutional set-up and operational system

The Office of Social Security is the institution responsible for the country's contributory social security scheme. Among its functions are registering employers and workers who are required to pay contributions, processing sickness benefit claims, and approving or rejecting benefit payments. Claims for sickness benefit are submitted to this institution.

The Ministry of Labour is responsible for overall supervision and regulation.

Financing

As this benefit is regulated by the Social Security Act, B.E. 2533 (1990), it is financed through contributions from workers and employers. Employees contribute 5 per cent of their remuneration, up to a maximum contribution of THB750 per month. Employers also contribute 5 per cent, and the State also provides financing.

For self-employed workers, the contribution varies according to the benefits package selected:

- THB100 (€2.59) per month for old-age, invalidity, survivors' and sickness benefits;
- THB300 (€7.77) per month if family benefits are also included.

For old-age benefits, it is possible to make additional voluntary contributions of up to THB1,000 (€25.89) per month.

Relationship with other social security benefits

In cases of chronic disease resulting in death, the dependants or survivors of the insured person receive a funeral grant and a death benefit.

▶ 4. Comparative approach: possible features of sickness benefit in Angola

Throughout this report, the importance of protection in the event of sickness has been examined as a key form of benefit for preventing loss of earnings and, consequently, loss of means of subsistence in situations of sickness.

These benefits assumed particular importance during the COVID-19 pandemic, as they acted as a measure to mitigate the spread of the disease by ensuring income protection for those who became ill, thereby allowing people to remain away from work. The attention given to these benefits also highlighted a number of weaknesses in some systems, including in relation to coverage, eligibility criteria and implementation arrangements, and led to new regulations in several countries (ISSA, 2022a).

Based on the comparative analysis of sickness benefits in the countries under review, the consultations carried out, and with reference to international social security standards, the following section sets out a number of reflections and conclusions regarding the design and implementation of a contributory sickness benefit in Angola.

Coverage

International standards define minimum coverage thresholds for sickness benefits. Convention No. 102 establishes a minimum of 50 per cent of all employees, prescribed classes of the economically active population, or all residents whose means do not exceed prescribed limits. Convention No. 130 and Recommendation No. 134 broaden coverage further: the former refers to all employees, or 75 per cent of the economically active population, or all residents whose means do not exceed prescribed limits; the latter extends coverage to all economically active persons, including those in casual employment, members of the employer's family who live and work with the employer, and all residents. Recommendation No. 202, in turn, covers all residents of working age.

In general terms, all the countries analysed provide fairly broad levels of coverage, including, at a minimum, employees and self-employed workers under sickness benefits, while some countries, such as Portugal and Brazil, specify additional categories of workers. In Brazil, all persons insured by the INSS are entitled to the temporary incapacity benefit, including self-employed workers, employees, workers providing services to multiple companies without an employment relationship, domestic workers, persons who affiliate voluntarily, and rural workers engaged mainly in agricultural activity, either individually, with the assistance of others or under a family-based production arrangement, as well as artisanal fishers. In Portugal, entitlement extends to employees contributing to social security, including domestic workers, self-employed workers and beneficiaries under the Voluntary Social Insurance scheme.

▶Table 13. Comparative analysis of the coverage of sickness benefits

Convention/ Recommendation/ Country	Inclusions	Exclusions
Convention No. 102	At least ▶ 50 per cent of all employees; or ▶ prescribed classes of the economically active population constituting at least 20 per cent of all residents; or ▶ all residents whose means do not exceed the prescribed limits.	
Convention No. 130 and Recommendation No. 134	**C.130:** All employees, including apprentices; or prescribed classes of the economically active population constituting at least 75 per cent of the economically active population; or all residents whose means do not exceed prescribed limits. **R.134:** Extension to persons in casual employment, members of the employer's family living and working with the employer, all economically active persons and all residents.	
Recommendation No. 202	At least all residents of working age, in accordance with the country's international obligations.	
Brazil	All persons insured by the INSS who are temporarily incapable of work due to sickness or accident.	-
Cabo Verde	▶ Insured persons under the scheme for employees, the scheme for self-employed workers and REMPE who are temporarily incapable of work; ▶ pensioners engaged in remunerated professional activity; ▶ insured persons accompanying a hospitalized child up to 6 months of age; ▶ insured persons authorized to accompany sick family members who have been medically evacuated.	Incapacity for work may not arise from an occupational cause, a road traffic accident or acts of third parties.
Mozambique	Beneficiaries under the scheme for employees and the scheme for self-employed workers, which includes domestic work, in cases of: ▶ sickness or non-occupational accident, provided that it was not intentionally caused by the worker; ▶ absence from work in order to accompany a dependent child up to 18 years of age who is hospitalized; ▶ convalescence of a dependent child up to 18 years of age who, on medical advice, requires special care. The age limit does not apply where the hospitalized person has a physical or psychosocial disability that renders them dependent. The last two provisions do not apply where the child is engaged in remunerated professional activity.	-
Portugal	▶ Employees contributing to social security, including domestic workers, self-employed workers and beneficiaries under the Voluntary Social Insurance scheme; ▶ also entitled, provided that they are working and contributing to social security, are beneficiaries receiving compensation for employment injury or occupational disease where the amount is lower than the sickness benefit, beneficiaries receiving pensions for employment injury or occupational disease, beneficiaries receiving pensions of a compensatory nature, and beneficiaries in a pre-retirement situation; ▶ other specific categories of workers are also included. ▶ All must be temporarily incapable of work due to sickness.	Incapacity for work may not arise from an occupational cause, a road traffic accident or an act of a third party for which compensation is payable.
Thailand	Employees and self-employed workers	Excluded categories include employees of foreign governments or international organizations; certain agricultural, forestry and fishery workers; seasonal and temporary workers; and domestic workers. In the case of self-employed workers, foreign nationals are also excluded.

Source: Author's compilation

In the case of Thailand, although the benefit covers both employees and self-employed workers, it is the only country analysed that excludes certain categories of workers, namely employees of foreign governments or international organizations, certain agricultural, forestry and fishery workers, seasonal and temporary workers, and domestic workers. In addition, under the scheme for self-employed workers, foreign nationals are excluded from sickness benefits. This runs counter to international guidance, in particular Recommendations Nos 134 and 202, which specifically envisage the inclusion of all residents within the scope of such benefits.

In Portugal and Cabo Verde, certain categories of pensioners who continue to contribute to social security are also entitled to this benefit.

Mozambique and Cabo Verde include within sickness benefits absences from work to care for dependent minors hospitalized in a medical facility or requiring special care, in the case of Mozambique, and absences to accompany a hospitalized sick child up to 6 months of age or sick family members who have been medically evacuated, in the case of Cabo Verde. These countries are therefore aligned with Recommendation No. 134, which states that sickness benefits should cover periods of absence from work due to the provision of care to dependants, and also refers to absences due to convalescence, preventive or curative medical care, rehabilitation or quarantine, the latter being especially relevant during the COVID-19 pandemic.

Portugal, unlike Mozambique and Cabo Verde, does not include these situations within sickness benefits, but provides separate benefits covering these contingencies, as described in the case study: the Childcare Allowance and the Grandchild Care Allowance.

Finally, with regard to exclusions, Portugal and Cabo Verde explicitly exclude incapacity for work resulting from an occupational cause, a road traffic accident or an act of a third party, with Portugal specifying that, in the latter case, this applies where compensation is payable.

Strategic vision and position of Angola's Managing Institution of Compulsory Social Protection, employers' and workers' organizations regarding coverage

Consultations with the relevant stakeholders showed unanimous agreement that sickness benefit should cover all workers registered with the INSS, being implemented initially for self-employed workers and subsequently extended to the remaining compulsory social protection schemes: employees, domestic workers, insured persons without an employment relationship and sports practitioners. However, according to the Managing Institution of Compulsory Social Protection, this should be a benefit available only to workers who, where there is a choice between contribution rates, as is the case for self-employed workers, opt for the highest contribution rate. Workers whose incapacity arises from an occupational cause, a road traffic accident or an act of a third party should be excluded from the benefit, as they are covered by other compensation schemes.

The scope of the benefit should be aligned with Convention No. 130 and Recommendation No. 134, covering incapacity for work resulting from a morbid condition that leads to suspension of earnings, as well as periods of absence from work that result in loss of remuneration due to convalescence, preventive or curative medical care, rehabilitation or quarantine. The benefit should also cover absence from work to provide care to members of the household, including dependent minors and/or children and parents requiring medical care.

The following good practices are also relevant to the design of a sickness benefit in Angola:

- including persons receiving unemployment benefits, once this benefit is introduced in Angola, so that they may also be entitled to sickness benefit when they are not physically fit to seek employment;
- including chronic and long-term diseases;
- considering coordination with employment injury insurance, since the diagnosis of occupational diseases may be complex and conditions may develop gradually, making it necessary to ensure adequate coordination between the systems, including arrangements for transition from sickness benefits to temporary invalidity benefits under employment injury insurance.

Eligibility conditions

International standards do not define specific eligibility conditions for sickness benefits. Conventions Nos 102 and 130 state that a qualifying period may be prescribed where this is considered necessary to prevent abuse, while Recommendation No. 202 provides that eligibility conditions should be defined at national level and established by law, in accordance with the principles of non-discrimination, responsiveness to special needs and social inclusion, and with due respect for the rights and dignity of persons.

▶Table 14. Comparative analysis of eligibility conditions for sickness benefits

Convention/ Recommendation/ Country	Eligibility conditions
Convention No. 102	Completion of a qualifying period considered necessary to prevent abuse.
Convention No. 130 and Recommendation No. 134	**C.130:** Completion of a qualifying period considered necessary to prevent abuse.
Recommendation No. 202	Conditions should be defined at national level and established by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and respecting the rights and dignity of persons.
Brazil	▶ possession of INSS insured status; ▶ completion of a qualifying period of 12 monthly contributions; ▶ proof, through medical assessment, of incapacity to perform one's work or usual activity for more than 15 consecutive days.
Cabo Verde	▶ qualifying period of four months, consecutive or non-consecutive, with registered remuneration by the date on which incapacity for work begins; ▶ satisfaction of the Professionality Index, namely 30 days of actual work in the three months preceding the onset of incapacity and, for discontinuous, seasonal and irregular activities, 15 days of actual work; ▶ sickness must be certified through the CIT. In the case of self-employed workers, contributions must be up to date until the second month immediately preceding the start of the incapacity.
Mozambique	▶ qualifying period of six months, consecutive or non-consecutive, with contributions paid during the 12 months preceding the start of the incapacity; ▶ satisfaction of the Professionality Index, namely 20 days of actual work with registered remuneration in one of the two months preceding the month in which the incapacity begins; ▶ sickness must be certified by means of a sickness or hospitalization certificate.
Portugal	▶ six calendar months, consecutive or non-consecutive, with registered remuneration by the date on which the sickness begins; ▶ satisfaction of the Professionality Index, namely 12 days of actual work performed during the four months immediately preceding the date on which the incapacity begins; ▶ sickness must be certified through a CIT. Self-employed workers and beneficiaries under the Voluntary Social Insurance scheme must have their contribution record up to date.
Thailand	**Employees:** ▶ qualifying period of at least three months of contributions within the 15 months preceding receipt of medical care; ▶ the sickness must not be work-related; ▶ the beneficiary must be receiving medical care. **Self-employed workers:** qualifying period of at least three months of contributions within the four months preceding the onset of sickness.

Source: Authors' compilation.

The qualifying periods for access to benefits in the case-study countries range from three months, within the 15 months preceding receipt of medical care, in Thailand to 12 monthly contributions in Brazil.

Cabo Verde, Mozambique and Portugal have all established Professionality Index requirements for access to the benefit:

- **Cabo Verde:** 30 days of actual work in the three months preceding the onset of incapacity and, for discontinuous, seasonal and irregular activities, 15 days of actual work;
- **Mozambique:** 20 days of actual work with registered remuneration in one of the two months preceding the month in which the incapacity begins;
- **Portugal:** 12 days of actual work performed during the four months immediately preceding the date on which the incapacity begins.

Portugal, Cabo Verde and Thailand have established specific conditions for self-employed workers to access these benefits. In Thailand, self-employed workers are subject to a specific qualifying period, while in Portugal and Cabo Verde they must have their contribution record up to date in order to access the benefit.

In all the countries analysed, a procedural requirement for entitlement to sickness benefits is that the sickness be certified by a health authority, with a medical certificate or similar document forming part of the documentation required when claiming the benefit.

Strategic vision and position of Angola's Managing Institution of Compulsory Social Protection, employers' and workers' organizations regarding eligibility conditions

The qualifying period for sickness benefit should follow Recommendation No. 202 by applying the principles of non-discrimination, responsiveness to special needs, social inclusion, and respect for the rights and dignity of persons. The Managing Institution of Compulsory Social Protection and the representatives of employers' organizations propose a qualifying period of six months of contributions for this benefit, whereas workers' representatives propose a period of four months in order to ensure broader access.

It is considered relevant to establish a Professionality Index, as in Portugal, Cabo Verde and Mozambique, and distinct eligibility criteria for access to the benefit should not be established across the different worker schemes existing in Angola.

There is unanimous agreement on the requirement for medical certification of sickness to validate claims for sickness benefits. This could be carried out through the Incapacity Assessment and Verification Service, established by Presidential Decree No. 16/25 of 29 January and integrated into the Incapacity Verification Centre (CVI) of the Managing Institution of Compulsory Social Protection.

Level and duration of the benefit

International standards provide that sickness benefits should be granted for the full duration of incapacity for work due to sickness. However, Convention No. 102 states that the duration of the benefit may be limited to 26 weeks, while Convention No. 130 sets this limit at 52 weeks.

All the countries analysed establish limits on the duration of sickness benefits. In Brazil, the limit is 120 days. In Cabo Verde, it varies between 1,095 and 90 days depending on the type of worker. In Mozambique, the maximum limit is 365 days. In Portugal, it varies between 1,095 days for employees and 365 days for self-employed workers and scientific research grant holders, while there is no time limit for workers with tuberculosis. Finally, in Thailand, for employees, the benefit may not exceed 90 days for each spell of sick leave, up to a limit of 180 days per year, or 365 days in the case of chronic diseases. For self-employed workers, where the sickness lasts at least three days, the benefit may be paid for 30 days per year, or 90 days where the higher level of coverage has been selected, while if the sickness lasts fewer than three days, the benefit may be received up to three times per year.

▶Table 15. Comparative analysis of the duration and calculation formula of sickness benefits

Convention/ Recommendation/ Country	Duration of the benefit	Benefit formula
Convention No. 102	For the full duration of incapacity for work resulting from a morbid condition and involving suspension of earnings; a waiting period of no more than three days may apply before payment of the benefit; the duration of the benefit may be limited to 26 weeks for each case of sickness.	Periodical payments of at least 45 per cent of the reference wage.
Convention No. 130 and Recommendation No. 134	**C.130:** For the full duration of incapacity for work resulting from a morbid condition and involving suspension of earnings; a waiting period of no more than three days may apply before payment of the benefit; the duration of the benefit may be limited to 52 weeks for each case of sickness. **R.134:** The benefit should be paid for the full duration of the sickness or other contingencies covered.	**C.130:** Periodical payments of at least 60 per cent of the reference wage; in the event of the death of the beneficiary, a funeral benefit is provided. **R.134:** The benefit should amount to 66.66 per cent of the reference wage.[1]
Recommendation No. 202	For the entire period during which the person is unable to secure sufficient income due to sickness.	Cash or in-kind benefits set at a level that ensures basic income security, so as to secure effective access to necessary goods and services; prevent or alleviate poverty, vulnerability and social exclusion; and enable life in dignity. Benefit levels should be reviewed periodically.
Brazil	Up to a maximum of 120 days from the date on which the benefit is granted or reactivated. **Waiting period:** ▶ employees: the benefit is payable from the 16th day of incapacity to carry out the activity; during the first 15 consecutive days of absence from work, the employer is responsible for paying the insured employee their full wage; ▶ other beneficiaries: the benefit is payable from the date on which the incapacity begins. ▶ For all insured persons, where the claim is submitted by a person who has been absent from professional activity for more than 30 days, the benefit is payable from the date on which the claim is submitted.	**Employees:** the benefit amount corresponds to 91 per cent of the benefit wage. Following Constitutional Amendment No. 103 of 12 November 2019, the benefit wage corresponds to the simple arithmetic average of all contribution wages from July 1994 onwards. **Special insured persons** [primarily rural workers carrying out their activity mainly in the countryside, individually, with the assistance of others or under a family-based production arrangement, as well as artisanal fishers]: the benefit amount corresponds to the minimum wage. However, where it is established that the person has made additional voluntary contributions to the system, the general rule described above applies.
Cabo Verde	The period for which sickness benefit is granted depends on the duration of the sickness: ▶ employees: up to 1,095 days; ▶ self-employed workers: up to 365 days; ▶ pensioners engaged in professional activity and in a situation of incapacity, and workers accompanying evacuated persons: up to 90 days. **Waiting period:** • employees: three days; • self-employed workers: 30 days.	70 per cent of the beneficiary's reference earnings, calculated by adding together the worker's declared earnings in the four months preceding the month in which the contingency occurs and dividing the total by 120 days.
Mozambique	Sickness benefit is payable for a maximum continuous period of 365 days. **Waiting period:** • employees: three days; • self-employed workers: 30 days.	70 per cent of the average wage, calculated according to the following formula: **SM = R/180;** **SM** = amount of the average daily wage; **R** = total remuneration for six months, consecutive or non-consecutive, recorded during the 11 months preceding the month in which the incapacity begins.

Convention/ Recommendation/ Country	Duration of the benefit	Benefit formula
Portugal	▶ employees: up to 1,095 days; ▶ self-employed workers and scientific research grant holders: up to 365 days; ▶ workers with tuberculosis: no time limit. **Waiting period:** ▶ employees: three days; ▶ self-employed workers: 10 days; ▶ Voluntary Social Insurance scheme: 30 days.	The percentage varies from 55 to 75 per cent of reference earnings depending on the duration of the sickness. For workers with tuberculosis, the percentage varies from 80 to 100 per cent depending on whether they have up to two dependants or more than two dependants. Additional increments apply in specific situations. Reference earnings are calculated as follows: **RR = R/180;** **R** = total remuneration in the six months preceding the second month before the month in which the incapacity was confirmed. Where there is no remuneration in the six-month period: **RR = R/(30 × n);** **R** = total remuneration recorded from the start of the reference period up to the day preceding the incapacity for work; **n** = number of months to which that remuneration relates.
Thailand	**Employees:** the benefit may not exceed 90 days for each spell of sick leave and, at the same time, may not exceed 180 days of sick leave in each year. In the case of chronic diseases, the cash benefit may be paid for up to 365 days. **Self-employed workers:** where the sickness lasts at least three days, the benefit may be paid for 30 days per year, or 90 days where the higher level of coverage has been selected; where the sickness lasts fewer than three days, the benefit may be received up to three times per year, under the less comprehensive level of coverage only.	Employees: 50 per cent of the average daily remuneration during the three highest-paid months within the 15 months preceding the onset of incapacity. Self-employed workers: fixed daily amounts according to the duration of the sickness.

1 It is important to analyse minimum benefit levels in the light of what is currently provided. As a rule, it is not politically acceptable to propose a replacement rate of 45 per cent in countries where full wage payment is currently the responsibility of the employer.
Source: Authors' compilation.

In order for beneficiaries to remain protected for the full duration of incapacity for work, in line with international standards, most of the countries analysed provide for sickness benefits to be converted into invalidity benefits where entitlement to sickness benefit ends and the beneficiary remains incapable of work:

- in Brazil, the temporary incapacity benefit may be converted into permanent incapacity retirement where there is no prospect of recovery of the capacity to carry out a professional activity;
- in Cabo Verde, an insured person who reaches the maximum period of entitlement to sickness benefit and remains unable to work due to sickness is converted ex officio into an invalidity pensioner, subject to a favourable opinion from the CVI, regardless of whether the qualifying period for access to that benefit has been completed;
- in Mozambique, if the worker's incapacity due to sickness persists after 365 continuous days, the beneficiary begins to receive an invalidity pension granted ex officio by the INSS;
- in Portugal, when the maximum duration of sickness benefit comes to an end and incapacity for work persists, the beneficiary becomes covered by a provisional invalidity pension.

Conventions Nos 102 and 130 provide for a possible waiting period of three days before payment of the benefit, an approach followed by most of the countries analysed.

Brazil, Mozambique, Cabo Verde and Portugal all establish waiting periods for sickness benefits. Mozambique and Cabo Verde have established a waiting period of three days for employees, in line with

the Conventions, and 30 days for self-employed workers. In Portugal, the waiting period is three days for employees, 10 days for self-employed workers and 30 days for beneficiaries under the Voluntary Social Insurance scheme. Brazil has a much longer waiting period of 15 days. However, during this period, the employer is responsible for paying the insured employee their full wage.

With regard to the benefit formula, international standards have progressively increased the percentage to be applied in calculating the benefit: Convention No. 102 establishes at least 45 per cent of the reference wage, Convention No. 130 at least 60 per cent, while Recommendation No. 134 states that the benefit should amount to 66.66 per cent of the reference wage.

Among all the countries analysed, only Thailand provides a lower percentage for employees, setting the benefit at 50 per cent of average daily remuneration. It is also the only country to establish a specific benefit value for self-employed workers, consisting of flat-rate amounts that vary according to the duration of sickness.

In Mozambique and Cabo Verde, the benefit amounts to 70 per cent of average wage or reference earnings, while in Brazil it amounts to 91 per cent. In Portugal, the rates vary between 55 and 75 per cent depending on the duration of the sickness: up to 30 days, the benefit amounts to 55 per cent of reference earnings; from 31 to 90 days, 60 per cent; from 91 to 365 days, 70 per cent; and beyond 365 days, 75 per cent.

Strategic vision and position of Angola's Managing Institution of Compulsory Social Protection, employers' and workers' organizations the level and duration of the benefit

According to the consultations carried out, the duration of sickness benefit should extend to 52 weeks, that is, 12 months, in accordance with Convention No. 130, thereby exceeding the six months currently provided for in Angola's General Labour Law. The benefit should take the form of periodical payments of at least 60 per cent of the reference wage, in line with Convention No. 130 and with the rate established for the Absolute Invalidity Pension. Representatives of employers' organizations, however, referred to a rate of 70 per cent, in line with the arrangements in Mozambique and Cabo Verde.

Representatives of employers' organizations support different benefit durations and amounts according to the worker's contribution period and the type of sickness, including its duration and nature, and consider that different maximum periods of entitlement should be established for the various worker schemes within compulsory social protection. The Managing Institution of Compulsory Social Protection, by contrast, considers that the maximum duration of sickness benefits should be the same across all schemes.

With regard to waiting periods, the social partners expressed different strategic views and positions. Workers' representatives consider that sickness benefit should provide for different waiting periods according to the different schemes within compulsory social protection, as in Portugal, or a waiting period of 30 days for self-employed workers, as in Cabo Verde. Representatives of employers' organizations, by contrast, support a waiting period of three days, in line with Convention No. 102 and Convention No. 130, which could be borne by the employer, as in Brazil.

In this regard, it is important to emphasize that, according to good practices, waiting periods should be avoided, as they are not helpful in preventing the spread of communicable diseases or in avoiding the aggravation of health conditions.

Grounds for suspension and termination

In the countries analysed, a range of factors may lead to the suspension or termination of sickness benefits. In general, the main grounds for suspension are absence from the residence without medical authorization, failure to attend medical examinations for which beneficiaries have been summoned, or a determination that incapacity no longer subsists.

▶Table 16. Grounds for suspension and termination of sickness benefits

Country	Reasons for suspension	Reasons for termination
Brazil	-	▶ where the beneficiary engages in a professional activity while receiving the temporary incapacity benefit; ▶ where the beneficiary is found fit for work; ▶ where the beneficiary retires; ▶ where the benefit is converted into an accident benefit; ▶ where the beneficiary dies.
Cabo Verde	▶ During receipt of maternity, paternity or adoption benefit; ▶ In the event of absence from the residence without express authorization; ▶ in the event of failure to attend a medical examination for which the beneficiary has been summoned; ▶ where the CVI declares that the sickness no longer subsists.	▶ where the period stated in the CIT comes to an end; ▶ where the beneficiary carries out any professional activity, whether remunerated or not; ▶ where, during the period of incapacity, the Health Service or the Incapacity Verification Commission declares that the sickness no longer subsists; ▶ where no duly reasoned justification is provided for absence from the residence; ▶ where no duly reasoned justification is provided for failure to attend a medical examination for which the beneficiary has been summoned; ▶ where the beneficiary is considered incapable of carrying out their professional activity.
Mozambique	▶ where the beneficiary obtains the benefit unduly, makes false declarations, or fails to report changes, updates, termination or suspension; ▶ where the beneficiary maintains a professional activity.	-
Portugal	▶ during receipt of benefits under social protection in the event of parenthood; ▶ in the event of absence from the residence without express medical authorization; ▶ in the event of failure to attend a medical examination for which the beneficiary has been summoned by the Incapacity Verification Service (SVI); ▶ where the Incapacity Verification Commission declares that the incapacity no longer subsists; ▶ where the person is a self-employed worker (green receipt holder or sole trader) or is covered by the Voluntary Social Insurance scheme and has not regularized their contribution record by the end of the third month preceding the month of incapacity.	▶ where the period stated in the CIT comes to an end; ▶ where, during the period of incapacity, the competent health services or the re-evaluation commission declare that the sickness no longer subsists, or the beneficiary resumes professional activity on the grounds that they are considered fit for work; ▶ where the beneficiary has worked during the period of sick leave, even where there is no proof of remuneration; ▶ where the beneficiary has failed to provide an acceptable justification for absence from the residence without express medical authorization, or for failure to attend a medical examination for which they were summoned; ▶ where the beneficiary does not request a re-evaluation of the decision of the verification commission not to maintain the sick leave; ▶ where the self-employed worker (green receipt holder or sole trader) or beneficiary under the Voluntary Social Insurance scheme has not regularized their contribution record by the end of the third month immediately preceding the month in which the incapacity began and does not regularize it within the three months following the month in which suspension occurred.

Source: Author's compilation

The most common grounds for termination of sickness benefits in the countries analysed are the simultaneous exercise of a professional activity while receiving the benefit; expiry of the period stated in the CIT; a determination that the beneficiary has recovered their capacity for work; and reaching retirement age, at which point the beneficiary becomes entitled to an old-age pension, in the countries that allow this substitution.

Strategic vision and position of the Strategic vision and position of Angola's Managing Institution of Compulsory Social Protection, employers' and workers' organizations for suspension and termination

As in the countries analysed, continued entitlement to sickness benefit in Angola should be conditional on compliance with regulatory and behavioural requirements. The main criteria to be defined for suspension or termination of the benefit relate essentially to the restoration of the beneficiary's health and recovery of the capacity to return to work, as evidenced by the relevant certificate; the exercise of a professional activity while receiving the benefit; identification of fraudulent situations; and failure to comply with prescribed treatment or to attend medical examinations. Beneficiaries should have the right to appeal decisions terminating the benefit.

Monitoring compliance with the conditions for entitlement requires an assessment of the effective capacity of the institutions involved and the definition of procedures that do not create excessive administrative burdens, so that fraud can be prevented effectively.

Institutional set-up and financing

As the sickness benefits analysed form part of contributory schemes, they are financed, in the case of employees, through contributions from workers and employers, with part of those contributions in some cases allocated to specific benefits.

According to ISSA data for the countries analysed, Cabo Verde allocates 8 per cent of the total 24.5 per cent contribution rate to social security to sickness and maternity benefits, while Thailand allocates 3 per cent of the total 10 per cent contributed by workers and employers.[24]

▶Table 17. Comparative analysis of contribution rates for sickness and maternity benefits, percentage

Country	Employer	Worker	State	Total	Observations
Brazil	11 to 20	7.5 to 14	-	-	The overall contribution rates are indicated and vary according to workers' earnings, subject to the wage ceiling.
Cabo Verde	16	8.5	-	24,5	Of the total 24.5% contributed by workers and employers, 8 percentge points finances sickness and maternity benefits.
Mozambique	4	3	-	7	The overall contribution rate is indicated.
Portugal	23.75	11	-	34.75	Of the total 34.75% contributed by workers and employers, 1.41 percentage points finances sickness benefits.
Thailand	5	5	1.5 of gross monthly renumeration	10	Of the total 10% contributed by workers and employers, 3 percentage points finances sickness benefits.

Source: Authors' compilation based on data from the ISSA country profiles.

Self-employed workers, voluntary schemes, domestic workers and others also have access to these benefits and are subject to contribution rates that differ from those applicable to employees. In some cases, the rates also vary according to the level of coverage provided.

24 Sickness and maternity/parenthood benefits are administered jointly in several countries, as both are intended to ensure that workers have means of subsistence during periods of vulnerability and both function as income-replacement benefits. In other words, they are designed to compensate workers for loss of earnings during periods when they are temporarily unable to work, whether due to temporary incapacity resulting from a health problem, in the case of sickness benefits, or due to the birth or adoption of a child, allowing care for the newborn or child, in the case of maternity or parenthood benefits.

For employees, Angola has a contribution rate of 11 per cent, of which 3 per cent is paid by workers and 8 per cent by employers (Presidential Decree No. 227/2018 of 27 September). These contributions currently finance the following benefits:

- breastfeeding allowance;
- family allowance;
- temporary survivors' pension;
- lifelong survivors' pension;
- death grant;
- pre-maternity benefit;
- maternity benefit;
- funeral grant;
- old-age allowance;
- early retirement pension;
- old-age retirement pension.

Adding a further benefit may place an additional financial burden on the system.

Strategic vision and position of Angola's managing institution of Compulsory Social Protection, employers' and workers' organizations regarding institutional set-up and financing

In establishing a sickness benefit, it is essential to assess its scope and analyse whether the system has the financial capacity to support a new benefit. Consultations with the relevant stakeholders emphasized that the creation of the benefit should be preceded by an actuarial study and/or an analysis of the contribution rate structure in order to identify the most appropriate solution for financing the benefit.

As regards the possible need to increase the contribution rate in order to finance a new benefit, there is unanimous agreement on the need to adjust the contribution rates of the different schemes so as to ensure sustainable financing.

▶ 5. Conclusions and recommendations

Sickness benefits are essential for the protection of workers, as their main purpose is to ensure access to healthcare, provide income replacement and prevent poverty in the event of temporary health problems. Their importance became particularly evident during the COVID-19 pandemic, when they served as measures to mitigate the spread of the disease by ensuring income protection for those who became ill.

The analysis of the countries selected for the case studies shows that the arrangements for granting this type of benefit vary from country to country, particularly with regard to coverage, eligibility conditions, and the level and duration of benefits. Despite this diversity, however, there is a clear concern to comply with ILO social security standards on sickness benefits, namely Conventions Nos 102 and 130 and Recommendations Nos 134 and 202.

Accordingly, with a view to establishing a contributory sickness benefit within Compulsory Social Protection, as provided for in the Basic Law on Social Protection, and taking into account the analysis set out in this report, the following conclusions and recommendations are presented regarding the design and implementation of a contributory sickness benefit in Angola. They are based on the analysis and literature review carried out, international social security standards, and the tripartite consultation undertaken.

First, in order to establish a sickness benefit in Angola, it is essential to assess its coverage and analyse whether the system has the financial capacity to support an additional benefit. This requires the preparation of an actuarial study and/or an analysis of the contribution rate structure in order to identify the most appropriate solution for financing the benefit. All relevant stakeholders agree on the need to adjust contribution rates in order to ensure sustainable financing.

Implementation should be phased, beginning with self-employed workers and subsequently extended to the remaining Compulsory Social Protection schemes: employees, domestic workers, insured persons without an employment relationship, and sports practitioners. It should also be assessed whether the benefit should be available only to workers who, where such an option exists, choose the highest contribution rate. As they are covered by other compensation schemes, workers whose incapacity arises from an occupational cause, a road traffic accident or an act of a third party should be excluded from the benefit.

The benefit should be available to persons whose earnings are suspended due to incapacity for work resulting from sickness, convalescence, medical care, whether curative or preventive, rehabilitation, quarantine, or the need to provide care to members of the household, including dependent minors and/or children and parents requiring medical care.

The qualifying period for sickness benefit should follow the principles of non-discrimination, responsiveness to special needs and social inclusion, while respecting the rights and dignity of persons. A qualifying period of six months of contributions is recommended, or four months where the objective is to provide broader access to the benefit.

It was made clear that distinct eligibility criteria for access to the benefit should not be established across the different worker schemes, and that a Professionality Index should be defined in order to ensure that the worker was in active employment up to the date on which the incapacity for work arose.

In order to validate a claim for the benefit, the submission of medical certification of the sickness should be mandatory, and this could be carried out through the Incapacity Assessment and Verification Service of the CVI.

The duration of the benefit should be 52 weeks, that is, 12 months, and it should take the form of periodical payments of at least 60 per cent of the reference wage. Consideration should also be given to the possibility of setting the rate at 70 per cent, in line with the arrangements in Mozambique and Cabo

Verde. Both the amount and the duration of the benefit should provide for different modalities according to the contribution period and the type of sickness affecting the worker. In view of the different worker schemes within Compulsory Social Protection, it should be examined whether they should be subject to different maximum periods of entitlement or whether, on the contrary, the duration of entitlement should be the same across all schemes.

With regard to the waiting period, in line with Convention No. 102 and Recommendation No. 130, it should be three days for all schemes, with the possibility that these days be borne by the employer. The proposal for different waiting periods according to the various schemes was raised during the meeting with the social partners. However, it is important to note that such waiting periods should be avoided, as they are not useful for preventing the spread of communicable diseases or avoiding the aggravation of health conditions.

Continued entitlement to sickness benefit in Angola should be conditional on compliance with regulatory and behavioural requirements. The main criteria to be defined for suspension or termination of the benefit are:

- restoration of the beneficiary's health and recovery of the capacity to return to work, as evidenced by the relevant certificate;
- the exercise of remunerated professional activity while receiving the benefit;
- fraudulent situations;
- failure to comply with prescribed treatment or to attend medical examinations.

Beneficiaries should have the right to appeal decisions terminating the benefit.

Finally, a number of good practices should be taken into account in the design of sickness benefit in Angola:

- extending coverage to persons receiving unemployment benefits, once this benefit is introduced in Angola, so that they may also be entitled to sickness benefit when they are not physically fit to seek employment;
- including chronic and long-term diseases;
- ensuring coordination between sickness benefit and employment injury insurance, since the diagnosis of occupational diseases may be complex and conditions may develop gradually, making adequate coordination between the systems necessary, including arrangements for transition from sickness benefits to possible temporary invalidity benefits under employment injury insurance.

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▶ Annex I. Socio-economic and demographic profile of countries with sickness protection

Considering only the countries that provide sickness protection and excluding OECD countries from the analysis, since as advanced economies they do not share socio-economic contexts comparable to that of Angola, the following table presents the socio-demographic profile of the pre-selected countries.

▶Table I.1. Matrix of socio-economic and demographic indicators of countries with sickness benefits

	Country/territory	Population covered by at least one social protection benefit (%)	Population under 15 (%)	Population aged 16-64 (%)	Life expectancy at birth (years)	Population growth (%)	Fertility rate (number of children per woman)	Unemployment rate	Labour market participation rate			Informal employment (%)	GDP per capita (USD)	Population living below the international poverty line (%)	Human Development Index
									Human Development Index	Men	Women				
AFRICA	**Angola**	**10.5**	**46.62 (2019)**	**49.78 (2019)**	**57.74 (2015)**	**3.54 (2015)**	**6 (2015)**	**8.9 (2019)**	**77.6 (2019)**	**78.16 (2022)**	**74.3 (2022)**	**68.1**	**4247.41 (2017)**	**30.85 (2023)**	**0.591 (2022)**
	Algeria	-	30.55 (2019)	59.77 (2019)	75.51 (2015)	1.98 (2015)	2.96 (2015)	9.94 (2019)	**41.2 (2019)**	65.53 (2022)	17.57 (2022)	-	4055.25 (2017)	0.87 (2023)	0.745 (2022)
	Cabo Verde	39.2	28.41 (2019)	64.25 (2019)	71.53 (2015)	1.26 (2015)	2.5 (2015)	10.36 (2019)	**69.3 (2019)**	62.76 (2022)	46.71 (2022)	57.8	3244.67 (2017)	3.41 (2023)	0.661 (2022)
	Egypt	34.7	33.83 (2019)	58.05 (2019)	70.83 (2015)	2.21 (2015)	3.45 (2015)	11.58 (2019)	**48.1 (2019)**	69.1 (2022)	15.34 (2022)	54.2	2000.3 (2017)	2.53 (2023)	0.728 (2022)
	Equatorial Guinea	-	36.96 (2019)	59.17 (2019)	56.48 (2015)	4.28 (2015)	4.99 (2015)	8.09 (2019)	**62.3 (2019)**	-	-	-	9850.35 (2017)	-	0.650 (2022)
	Guinea	-	43.45 (2019)	51.85 (2019)	58.01 (2015)	2.3 (2015)	5.13 (2015)	4.46 (2019)	**64.6 (2019)**	66.95 (2022)	44.6 (2022)	-	802.73 (2017)	9.87 (2023)	0.471 (2022)
	Guinea-Bissau	0.9	42.15 (2019)	53.27 (2019)	55.94 (2015)	2.64 (2015)	4.9 (2015)	6.02 (2019)	**73 (2019)**	66.12 (2022)	52.11 (2022)	-	723.63 (2017)	25.99 (2023)	0.483 (2022)
	Libya	46.2	28.07 (2019)	65.18 (2019)	71.74 (2015)	0.7 (2015)	2.45 (2015)	14.95 (2019)	**52.4 (2019)**	59.86 (2022)	32.76 (2022)	-	3941.77 (2017)	-	0.746 (2022)
	Morocco	20.5	26.97 (2019)	61.59 (2019)	75.03 (2015)	1.39 (2015)	2.6 (2015)	9.33 (2019)	**45.2 (2019)**	69.6 (2022)	19.8 (2022)	-	3069.67 (2017)	1.41 (2023)	0.698 (2022)
	Mozambique	13.4	44.37 (2019)	51.23 (2019)	54.21 (2015)	2.78 (2015)	5.23 (2015)	24.77 (2019)	**78.4 (2019)**	80.05 (2022)	73.94 (2022)	86.7	426.44 (2017)	68.02 (2023)	0.461 (2022)
	Namibia	24.2	36.91 (2019)	57.5 (2019)	60.39 (2015)	1.77 (2015)	3.62 (2015)	23.16 (2019)	**61.2 (2019**	61.19 (2022)	54.12 (2022)	47.0	5227.18 (2017)	15.93 (2023)	0.610 (2022)
	Sao Tome and Principe	11.5	42.15 (2019)	52.97 (2019)	68.49 (2015)	2.01 (2015)	4.6 (2015)	13.52 (2019)	**59.5 (2019)**	-	-	-	1921.28 (2017)	15.66 (2023)	0.613 (2022)
	Seychelles	-	23.74 (2019)	63.77 (2019)	73.07 (2015)	0.8 (2015)	2.38 (2015)	4.1 (2011)	**65 (2011)**	65.25 (2022)	65.23 (2022)	14.1	15 692.74 (2017)	-	0.802 (2022)
	South Africa	49.3	28.97 (2019)	62.62 (2019)	60.95 (2015)	1.56 (2015)	2.55 (2015)	27.63 (2019)	**55.5 (2019)**	63.46 (2022)	50.82 (2022)	35.2	6151.09 (2017)	21.59 (2023)	0.717 (2022)
	Tunisia	50.2	24.23 (2019)	62.71 (2019)	75.45 (2015)	1 (2015)	2.25 (2015)	15.13 (2019)	**46.3 (2019)**	71.81 (2022)	29.25 (2022)	-	3474.54 (2017)	0.79 (2023)	0.732 (2022)
ASIA AND THE PACIFIC	Armenia	54.4	20.77 (2019)	61.32 (2019)	73.99 (2015)	0.33 (2015)	1.72 (2015)	18.39 (2019)	**58.9 (2019)**	71.84 (2022)	62.8 (2022)	33.7	3936.8 (2017)	0.99 (2023)	0.786 (2022)
	Azerbaijan	39.0	23.44 (2019)	65.49 (2019)	71.57 (2015)	1.27 (2015)	2.09 (2015)	5.02 (2019)	**66.1 (2019)**	69.6 (2022)	61.9 (2022)	-	4146.37 (2017)	0.0 (2023)	0.760 (2022)
	China	70.8	17.80 (2019)	65.36 (2019)	75.14 (2015)	0.55 (2015)	1.64 (2015)	4.75 (2019)	**68.2 (2019)**	74.54 (2022)	53.76 (2022)	-	8682.25 (2017)	0.77 (2023)	0.788 (2022)
	India	24.4	26.62 (2019)	63.51 (2019)	67.77 (2015)	1.19 (2015)	2.4 (2015)	3.54 (2019)	**51.8 (2019)**	76.14 (2022)	28.26 (2022)	80.3	1923.32 (2017)	3.34 (2023)	0.644 (2022)
	Iran, Islamic Republic of	27.8	24.65 (2019)	65.36 (2019)	75.04 (2015)	1.24 (2015)	1.91 (2015)	12.23 (2019)	**43.8 (2019)**	67.54 (2022)	13.58 (2022)	-	5679.65 (2017)	1.40 (2023)	0.780 (2022)
	Kyrgyzstan	41.7	32.5 (2019)	59.66 (2019)	70.27 (2015)	1.89 (2015)	3.3 (2015)	7.41 (2019)	**61.4 (2019)**	78.01 (2022)	52.49 (2022)	68.1	1251.38 (2017)	0.15 (2023)	0.701 (2022)
	Lao People's Democratic Republic	12.1	32.3 (2019)	61.06 (2019)	65.49 (2015)	1.52 (2015)	2.93 (2015)	0.69 (2019)	**78.3 (2019)**	70.76 (2022)	61.47 (2022)	75.5	2457.38 (2017)	7.35 (2023)	0.620 (2022)
	Malaysia	27.3	23.70 (2019)	65.68 (2019)	74.96 (2015)	1.41 (2015)	2.11 (2015)	3.33 (2019)	**64.8 (2019)**	80.47 (2022)	55.08 (2022)	-	9951.45 (2017)	0.50 (2023)	0.807 (2022)
	Myanmar	6.3	25.91 (2019)	64.39 (2019)	64.68 (2015)	0.81 (2015)	2.25 (2015)	0.81 (2019)	**61.8 (2019)**	78.56 (2022)	44.17 (2022)	79.6	1257.28 (2017)	8.60 (2023)	0.608 (2022)
	Pakistan	9.2	35.05 (2019)	58.31 (2019)	66.02 (2015)	2.11 (2015)	3.78 (2015)	4.3 (2019)	**53.4 (2019)**	80.67 (2022)	24.53 (2022)	71.2	1533.58 (2017)	3.81 (2023)	0.540 (2022)
	Philippines	36.7	30.48 (2019)	61.18 (2019)	70.23 (2015)	1.66 (2015)	3.05 (2015)	1.75 (2019)	**59.9 (2019)**	68.77 (2022)	44.06 (2022)	-	2988.95 (2017)	4.83 (2023)	0.710 (2022)
	Taiwan, China	76.7	-	-	-	-	-	-	**-**	-	-	-	-	-	-
	Tajikistan	26.6	37.07 (2019)	57.38 (2019)	69.39 (2015)	2.32 (2015)	3.61 (2015)	10.31 (2019)	**43.6 (2019)**	52.09 (2022)	33.31 (2022)	-	800.96 (2017)	2.51 (2023)	0.679 (2022)
	Thailand	68.0	16.82 (2019)	64.72 (2019)	75.18 (2015)	0.45 (2015)	1.53 (2015)	1.42 (2019)	**67.2 (2019)**	75.96 (2022)	59.86 (2022)	51.9	6595 (2017)	0.62 (2023)	0.803 (2022)
	Turkmenistan	-	30.76 (2019)	61.41 (2019)	67.3 (2015)	1.8 (2015)	3 (2015)	3.29 (2019)	**65 (2019)**	-	-	-	6584.7 (2017)	0.48 (2023)	0.744 (2022)
	Uzbekistan	42.7	28.80 (2019)	63.24 (2019)	70.23 (2015)	1.62 (2015)	2.43 (2015)	6.67 (2019)	**65.5 (2019)**	73.14 (2022)	39.92 (2022)	-	1556.76 (2017)	0.74 (2023)	0.727 (2022)
	Viet Nam	38.8	23.21 (2019)	64.93 (2019)	74.96 (2015)	1.04 (2015)	1.96 (2015)	2.13 (2019)	**77.3 (2019)**	77.84 (2022)	68.54 (2022)	54.2	2342.24 (2017)	0.44 (2023)	0.726 (2022)

	Country/territory	Population covered by at least one social protection benefit (%)	Population under 15 (%)	Population aged 16-64 (%)	Life expectancy at birth (years)	Population growth (%)	Fertility rate (number of children per woman)	Unemployment rate	Labour market participation rate			Informal employment (%)	GDP per capita (USD)	Population living below the international poverty line (%)	Human Development Index
									Human Development Index	Men	Women				
AMERICAS	Antigua and Barbuda	-	21.95 (2019)	64.43 (2019)	76.14 (2015)	1.22 (2015)	2 (2015)	8.4 (2001)	**71.7 (2001)**	-	-	-	14 803.01 (2017)	-	0.826 (2022)
	Aruba	87.0	17.62 (2019)	61.32 (2019)	75.37 (2015)	0.52 (2015)	1.8 (2015)	10.6 (2010)	**63.8 (2011)**	-	-	-	25 655.1 (2017)	-	-
	Bahamas	49.1	22.08 (2019)	66.19 (2019)	72.47 (2015)	1.06 (2015)	1.81 (2015)	11.37 (2019)	**74.5 (2019)**	73.91 (2022)	68.96 (2022)	-	29 824.67 (2017)	-	0.820 (2022)
	Barbados	55.3	17.05 (2019)	60.41 (2019)	78.60 (2015)	0.23 (2015)	1.63 (2015)	9.41 (2019)	**65.1 (2019)**	65.14 (2022)	58.17 (2022)	70.2	16 494.17 (2017)	-	0.809 (2022)
	Belize	37.9	29.70 (2019)	62.90 (2019)	73.40 (2015)	2.25 (2015)	2.58 (2015)	9.26 (2019)	**67.4 (2019)**	75.61 (2022)	48.56 (2022)	-	5076.99 (2017)	16.03 (2023)	0.700 (2022)
	Brazil	69.9	21.01 (2019)	65.4 (2019)	74.34 (2015)	0.88 (2015)	1.77 (2015)	11.59 (2019)	**63.8 (2019)**	73.64 (2022)	53.75 (2022)	38.3	9821.44 (2017)	2.20 (2023)	0.760 (2022)
	British Virgin Islands	-	22.34 (2010)	67.96 (2010)	-	2.02 (2015)	1.99 (2004)	-	**-**	-	-	-	31 916.82 (2017)	-	-
	Cuba	48.7	16.04 (2019)	63.28 (2019)	78.46 (2015)	0.18 (2015)	1.71 (2015)	2.58 (2019)	**53.5 (2019)**	83.96 (2022)	55.52 (2022)	-	8433.09 (2017)	-	0.764 (2022)
	Dominica	46.8	29.47 (2006)	57.21 (2006)	-	0.48 (2015)	3 (2001)	11 (2001)	**57.7 (2001)**	-	-	-	6719.34 (2017)	-	0.740 (2022)
	Ecuador	34.8	27.71 (2019)	61.55 (2019)	75.59 (2015)	1.54 (2015)	2.56 (2015)	69 (2019)	**4.21 (2019)**	76.93 (2022)	53.57 (2022)	65.8	6273.49 (2017)	6.07 (2023)	0.765 (2022)
	El Salvador	22.0	26.86 (2019)	61.31 (2019)	71.82 (2015)	0.45 (2015)	2.17 (2015)	4.6 (2019)	**61.1 (2019)**	77.71 (2022)	46.38 (2022)	63.8	3889.31 (2017)	1.47 (2023)	0.674 (2022)
	Grenada	66.1	23.72 (2019)	61.69 (2019)	72.6 (2015)	0.62 (2015)	2.18 (2015)	10.2 (2001)	**-**	54.31 (2022)	37.65 (2022)	-	10 451.03 (2017)	-	0.793 (2022)
	Guatemala	14.5	33.86 (2019)	59.03 (2019)	72.44 (2015)	2.1 (2015)	3.19 (2015)	2.62 (2019)	**62.3 (2019)**	82.79 (2022)	41.53 (2022)	72.8	4470.96 (2017)	8.24 (2023)	0.629 (2022)
	Guyana	100.0	27.93 (2019)	61.64 (2019)	68.69 (2015)	0.48 (2015)	2.6 (2015)	11.81 (2019)	**57.5 (2019)**	53.38 (2022)	37.81 (2022)	53.9	4555.07 (2017)	0.39 (2023)	0.742 (2022)
	Haiti	5.8	32.86 (2019)	59.55 (2019)	61.41 (2015)	1.45 (2015)	3.26 (2015)	13.75 (2019)	**68.1 (2019)**	65.95 (2022)	48.81 (2022)	88.1	775.97 (2017)	24.26 (2023)	0.552 (2022)
	Honduras	26.6	31.16 (2019)	61.66 (2019)	73.94 (2015)	1.83 (2015)	2.73 (2015)	4.32 (2019)	**65.2 (2019)**	81.07 (2022)	49.63 (2022)	75.6	2480.13 (2017)	10.71 (2023)	0.624 (2022)
	Nicaragua	14.5	29.85 (2019)	61.74 (2019)	73.10 (2015)	1.33 (2015)	2.54 (2015)	4.48 (2019)	**66.8 (2019)**	81.06 (2022)	48.61 (2022)	74.9	2221.78 (2017)	8.42 (2023)	0.669 (2022)
	Panama	49.7	26.78 (2019)	61.29 (2019)	77.29 (2015)	1.71 (2015)	2.6 (2015)	4.69 (2019)	**66.4 (2019)**	76.98 (2022)	49.71 (2022)	46.7	15 087.68 (2017)	1.71 (2023)	0.820 (2022)
	Paraguay	31.4	29.18 (2019)	61.13 (2019)	73.16 (2015)	1.36 (2015)	2.6 (2015)	4.58 (2019)	**70.8 (2019)**	82.38 (2022)	59.06 (2022)	63.4	4321.51 (2017)	1.22 (2023)	0.731 (2022)
	Peru	29.3	25.25 (2019)	62.67 (2019)	75.11 (2015)	0.97 (2015)	2.4 (2015)	3.68 (2019)	**77.4 (2019)**	82.43 (2022)	66.73 (2022)	60.3	6572.35 (2017)	3.78 (2023)	0.762 (2022)
	Saint Kitts and Nevis	72.4	27.98 (2000)	62.11 (2000)	-	-	-	5.1 (2001)	**68.8 (2001)**	-	-	-	16 817.95 (2017)	-	0.838 (2022)
	Saint Lucia	35.4	18.21 (2019)	67.38 (2019)	75.20 (2015)	0.57 (2015)	1.51 (2015)	19.84 (2019)	**67.6 (2019)**	75.83 (2022)	62.66 (2022)	27.1	9606.97 (2017)	7.00 (2023)	0.725 (2022)
	Saint Vincent and the Grenadines	41.6	22.19 (2019)	63.49 (2019)	71.89 (2015)	0.16 (2015)	2.01 (2015)	18.19 (2019)	**68.2 (2019)**	-	-	-	7098.78 (2017)	-	0.772 (2022)
	Trinidad and Tobago	55.2	20.26 (2019)	63.37 (2019)	72.48 (2015)	0.62 (2015)	1.8 (2015)	5.13 (2019)	**60.2 (2019)**	62.37 (2022)	47.28 (2022)	-	16 145.25 (2017)	0.76 (2023)	0.814 (2022)
	Uruguay	93.8	20.46 (2019)	59.53 (2019)	77.05 (2015)	0.31 (2015)	2.01 (2015)	8.19 (2019)	**64.5 (2019)**	71.38 (2022)	55.65 (2022)	23.7	17 120.18 (2017)	0.71 (2023)	0.830 (2022)
	Venezuela (Bolivarian Republic of)	-	27.4 (2019)	61.02 (2019)	73.07 (2015)	1.12 (2015)	2.4 (2015)	7.73 (2019)	**62.1 (2019)**	70.57 (2022)	45.21 (2022)	-	7977.36 (2017)	43.94 (2023)	0.699 (2022)

Sources: Authors' compilation based on:

Informal employment and coverage of a social protection branch: ILO World Social Protection Data Dashboards, available at: https://www.social-protection.org/gimi/WSPDB.action?id=13

Population by age, life expectancy at birth, population growth, fertility rate, unemployment rate, labour force participation rate, GDP per capita: SDG Indicators Database, available at: https://unstats.un.org/sdgs/dataportal/countryprofiles/ago

Labour force participation rate by men and women and HDI: Human Development Reports – Country insights, available at: https://hdr.undp.org/data-center/specific-country-data#/countries/DZA

Population living below the poverty line: Sustainable Development Report – Country Profiles, available at: https://dashboards.sdgindex.org/profiles

All websites accessed in May 2024

Note:

- Country with the indicator value closest to that of Angola
- Countries with the second- and third-closest indicator values to that of Angola
- Countries with the fourth- and fifth-closest indicator values to that of Angola
- Country with the indicator value furthest from that of Angola

▶ Annex II. Type of mandatory old-age income programme and sickness benefit coverage, Africa, Americas, Central Asia, Asia and the Pacific

▶Table II.1. Type of mandatory old-age income programme and sickness benefit coverage, Africa, Americas, Central Asia, Asia and the Pacific

Country/ territory	Type(s) of mandatory old-age income programme	Total contribution rate under schemes for employees			Sickness
		Worker	Employer	Total	
Algeria	Contributory (earnings-related)	9	25 (ii)	**34 (ii)**	x
Angola	Contributory (earnings-related)	3	8 (ii)	**11 (ii)**	a x
Antigua and Barbuda	Contributory (earnings-related) and Non-contributory (means-tested)	5.5	7.5	**13 (ii)**	x
Argentina (1)	Contributory (flat-rate) and Contributory (earnings-related) and Non-contributory (means-tested)	11	16.23 (ii)	**27.23 (ii)**	a x
Armenia (3)	Contributory (flat-rate) and Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	2.5 (iii)	0	**2.5 (iii)**	x
Aruba	Contributory (flat-rate) and Mandatory occupational pensions	8.5	16.95 (ii)	**25.45 (ii)**	x
Australia	Non-contributory (means-tested) and Mandatory occupational pensions	0	9.5 (ii)	**9.5 (ii)**	x
Azerbaijan	*Contributory (earnings-related) and Non-contributory (means-tested)*	3.5	22.5 (ii)	**26.0 (ii)**	x
Bahamas	*Contributory (earnings-related) and Non-contributory (means-tested)*	3.9	5.9	**9.8**	x
Bahrain	Contributory (earnings-related) and Non-contributory (means-tested)	7	13 (ii)	**20 (ii)**	a x
Bangladesh	Non-contributory (means-tested)	0	0 (ii)	**0 (ii)**	a x
Barbados	Contributory (earnings-related) and Non-contributory (means-tested)	10.1	11.75	**21.85**	x
Belize	Contributory (earnings-related) and Non-contributory (means-tested)	(iii)	(iii)	**(iii)**	x
Benin	Contributory (earnings-related)	3.6 (ii)	b 16.4 (ii)	**b 20.0 (ii)**	a x
Bermuda	Contributory (flat-rate) and Non-contributory (means-tested) and Mandatory occupational pensions	5 (iii)	5 (ii; iii)	**10 (ii; iii)**	a x
Bhutan	Contributory (earnings-related) and Provident fund	5	5 (ii)	**10 (ii)**	a x
Bolivia (Plurinational State of)	*Non-contributory (universal) and Individual accounts*	12.21	27.71 (ii)	**39.92 (ii)**	x
Botswana	Non-contributory (universal)	0	0 (ii)	**0 (ii)**	a x
Brazil	Contributory (earnings-related) and Non-contributory (means-tested)	8	21	**29**	x
British Virgin Islands	Contributory (earnings-related)	4	4.5	**8.5**	x
Brunei	Contributory (earnings-related) and Non-contributory (universal) and Provident fund	8.5	8.5 (ii)	**17.0 (ii)**	a x
Burkina Faso	Contributory (earnings-related)	5.5	16.0 (ii)	**21.5 (ii)**	-

Country	Nature of old-age social protection	Total contribution rate under schemes for employees			Sickness
		Worker	Employer	Total	
Burundi	Contributory (earnings-related)	4	9 (ii)	**13 (ii)**	a x
Cabo Verde	Contributory (earnings-related) and Non-contributory (means-tested)	7.5	17	**24.5**	x
Cambodia	Contributory (earnings-related)	0	3.4 (ii)	**3.4 (ii)**	x
Cameroon	Contributory (earnings-related)	4.2	12.95 (ii)	**17.15 (ii)**	a x
Canada	Contributory (earnings-related) and Non-contributory (means-tested) and Non-contributory (universal)	6.72	7,368 (iii)	**14,088 (iii)**	x
Central African Republic	Contributory (earnings-related)	3	19 (ii)	**22 (ii)**	a x
Chad	Contributory (earnings-related)	3.5	16.5 (ii)	**20.0 (ii)**	a x
Chile (2)	Contributory (earnings-related) and Non-contributory (means-tested) and Non-contributory (universal) and Individual accounts	17.6	4.86 (ii)	**22.46 (ii)**	x
China	Contributory (flat-rate) and Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	9	23.75 (ii)	**32.75 (ii)**	x
Colombia	Contributory (flat-rate) and Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	8	24,848 (iii)	**32,848 (iii)**	x
Congo	Contributory (earnings-related)	4	20.28 (ii)	**24.28 (ii)**	a x
Costa Rica	Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	10.34	24.08 (ii)	**34.42 (ii)**	x
Côte d'Ivoire	Contributory (earnings-related)	6.3	15.45 (ii)	**21.75 (ii)**	a x
Cuba	Contributory (earnings-related) and Non-contributory (means-tested)	2.5	14.5	**17**	x
Democratic Republic of Congo	Contributory (earnings-related)	5	13 (ii)	**18 (ii)**	a x
Djibouti	Contributory (earnings-related)	4	10.7 (ii)	**14.7 (ii)**	a x
Dominica	Contributory (earnings-related)	6	6.75	**12.75**	x
Dominican Republic	Contributory (earnings-related) and Individual accounts	5.91	15.39	**21.3**	x
Ecuador	Contributory (earnings-related) and Non-contributory (means-tested)	8.74	12.42 (ii)	**21.16 (ii)**	x
Egypt	Contributory (earnings-related) and Non-contributory (means-tested)	14	26	**40**	x
El Salvador (2)	Non-contributory (means-tested) and Individual accounts	10.25	15.25	**25.5**	x
Equatorial Guinea	Contributory (earnings-related)	4.5	21.5	**26**	x
Eswatini	Non-contributory (universal) and Provident fund	5	5 (ii)	**10 (ii)**	a x
Ethiopia	Contributory (earnings-related)	7	11 (ii)	**18 (ii)**	a x
Fiji	Non-contributory (means-tested) and Provident fund	8	10 (ii)	**18 (ii)**	a x
Gabon	Contributory (earnings-related)	2.5	16.0 (ii)	**18.5 (ii)**	a x
Gambia	*Provident fund*	5	11 (ii)	**16 (ii)**	a x

Country	Nature of old-age social protection	Total contribution rate under schemes for employees			Sickness
		Worker	Employer	Total	
Georgia	Non-contributory (universal) and Individual accounts	2	2 (ii)	**4 (ii)**	a x
Ghana	Contributory (earnings-related) and Mandatory occupational pensions	5.5	13.0 (ii)	**18.5 (ii)**	-
Grenada	Contributory (earnings-related)	4	5 (ii)	**9 (ii)**	x
Guatemala	Contributory (earnings-related) and Non-contributory (means-tested)	4.83	10.67	**15.5**	x
Guinea	Contributory (earnings-related)	5	18 (ii)	**23 (ii)**	x
Guinea-Bissau	Contributory (earnings-related)	8	16 (ii)	**24 (ii)**	x
Guyana	Contributory (earnings-related) and Non-contributory (universal)	5.6	8.4	**14**	x
Haiti	Contributory (earnings-related)	9	11	**20**	x
Honduras	Contributory (earnings-related)	5	10.48 (ii)	**15.48 (ii)**	x
Hong Kong, China	Non-contributory (means-tested) and Non-contributory (universal) and Provident fund	5	5 (ii)	**10 (ii)**	x
India	Contributory (earnings-related) and Non-contributory (means-tested) and Provident fund	13.75	20.75	**34.5**	x
Indonesia	Contributory (earnings-related) and Provident fund	3	6.24 (ii)	**9.24 (ii)**	a x
Iran (Islamic Republic of)	Contributory (earnings-related)	5	17 (ii)	**22 (ii)**	x
Israel	Contributory (flat-rate) and Non-contributory (means-tested)	0.39	3.43	**3.82**	x
Jamaica (1)	Contributory (flat-rate) and Contributory (earnings-related) and Non-contributory (means-tested)	2.75	2.75 (ii)	**5.50 (ii)**	a x
Japan	Contributory (flat-rate) and Contributory (earnings-related)	14.45	15.29	**29.74**	x
Jordan	Contributory (earnings-related) and Non-contributory (means-tested)	7.5	14.25 (ii)	**21.75 (ii)**	a x
Kazakhstan	Non-contributory (means-tested) and Non-contributory (universal) and Individual accounts	10	3.5 (ii)	**13.5 (ii)**	a x
Kenya	Non-contributory (means-tested) and Individual accounts	5	5 (ii)	**10 (ii)**	a x
Kiribati	Non-contributory (universal) and Provident fund	7.5	7.5 (ii)	**15 (ii)**	-
Kuwait	Contributory (earnings-related)	8	10.5 (ii)	**18.5 (ii)**	a x
Kyrgyzstan (3)	Contributory (flat-rate) and Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	10	15.25	**25.25**	x
Lao People's Democratic Republic	Contributory (earnings-related)	4.75	5.25	**10**	x
Lebanon	Contributory (earnings-related)	0	14.5 (ii)	**14.5 (ii)**	b x
Lesotho	Non-contributory (universal)	0	0 (ii)	**0 (ii)**	a x
Liberia	Contributory (earnings-related)	4	6 (ii)	**10 (ii)**	a x
Libya	Contributory (earnings-related) and Non-contributory (means-tested)	3.75	10.50 (ii)	**14.25 (ii)**	x

Country	Nature of old-age social protection	Total contribution rate under schemes for employees			Sickness
		Worker	Employer	Total	
Madagascar (3)	Contributory (earnings-related)	1	13 (ii)	**14 (ii)**	a x
Malawi	Individual accounts	5	10 (ii)	**15 (ii)**	a x
Malaysia	Non-contributory (means-tested) and Provident fund	11.7	14.95(ii)	**26.65(ii)**	x
Mali	Contributory (earnings-related)	3.6	14.4 (ii)	**18.0 (ii)**	a x
Marshall Islands	Contributory (earnings-related)	8	8	**16**	
Mauritania	Contributory (earnings-related)	1	13 (ii)	**14 (ii)**	a x
Mauritius	Contributory (flat-rate) and Contributory (earnings-related) and Non-contributory (universal) and Individual accounts	4	8.5 (ii)	**12.5 (ii)**	a x
Mexico (2)	Contributory (earnings-related) and Non-contributory (universal) and Individual accounts	2	9.1	**11.1**	x
Micronesia	Contributory (earnings-related)	7.5	7.5	**15**	
Morocco	Contributory (earnings-related)	4.48	15.38 (ii)	**19.86 (ii)**	x
Mozambique	Contributory (earnings-related) and Non-contributory (means-tested)	3	4 (ii)	**7 (ii)**	x
Myanmar (4)	Contributory (earnings-related)	5 (iv)	6 (iv)	**11 (iv)**	x
Namibia	Contributory (flat-rate) and Non-contributory (universal)	0.9	0.9 (ii)	**1.8 (ii)**	x
Nepal	Contributory (earnings-related) and Non-contributory (universal) and Provident fund	10	10 (ii)	**20 (ii)**	a X
New Zealand	Non-contributory (universal)	0	0 (ii)	**0 (ii)**	x
Nicaragua	Contributory (earnings-related)	7	21.5	**28.5**	x
Niger	Contributory (earnings-related)	5.25	16.4	**21.65**	a x
Nigeria	Individual accounts	8	11 (ii)	**19 (ii)**	a x
Oman	Contributory (earnings-related) and Non-contributory (means-tested) and Non-contributory (universal)	7	11.5 (ii)	**18.5 (ii)**	a x
Pakistan	Contributory (earnings-related)	1 (iii)	11	**12 (iii)**	x
Palau	Contributory (earnings-related)	7	7	**14**	-
Panama	Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	9.75	4.25 (ii; iii)	**14.00 (ii; iii)**	x
Papua New Guinea	Mandatory occupational pensions	6	8.4 (ii)	**14.4 (ii)**	a x
Paraguay	Contributory (earnings-related) and Non-contributory (means-tested)	9	16.5 (ii)	**25.5 (ii)**	x
Peru	Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	13	9.63 (ii; iii)	**22.63 (ii; iii)**	x
Philippines (3)	Contributory (flat-rate) and Contributory (earnings-related) and Non-contributory (means-tested) and Provident fund	c 0	0 (iii)	**0 (iii)**	x
Qatar	Contributory (earnings-related) and Non-contributory (means-tested)	5	10 (ii)	**15 (ii)**	a x
Republic of Korea	Contributory (earnings-related) and Non-contributory (means-tested)	5.15	6.1	**11.25**	-

Country	Nature of old-age social protection	Total contribution rate under schemes for employees			Sickness
		Worker	Employer	Total	
Rwanda	Contributory (earnings-related)	3.3	5.3 (ii)	**8.6 (ii)**	a x
Saint Lucia	Contributory (earnings-related)	5	5	**10**	x
Saint Vincent and the Grenadines	Contributory (earnings-related) and Non-contributory (means-tested)	4.5	5.5	**10**	x
Samoa	Non-contributory (universal) and Provident fund	7	7 (ii)	**14 (ii)**	a x
Saint Kitts and Nevis	Contributory (earnings-related) and Non-contributory (means-tested)	5	6	**11**	x
Sao Tome and Principe	Contributory (earnings-related)	4	6	**10**	x
Saudi Arabia	Contributory (earnings-related)	10	12 (ii)	**22 (ii)**	a x
Senegal	Contributory (earnings-related)	5.6	16.4	**22**	-
Seychelles	Contributory (earnings-related) and Non-contributory (universal)	3	3 (ii)	**6 (ii)**	x
Sierra Leone	Contributory (earnings-related)	5	10 (ii)	**15 (ii)**	
Singapore	Non-contributory (means-tested) and Provident fund	20 (iii)	17 (ii)	**37 (ii; iii)**	a X
Solomon Islands	Provident fund	5 (iii)	7.5 (ii)	**12.5 (ii; iii)**	a x
South Africa	Non-contributory (means-tested)	1	1(ii)	**2 (ii)**	x
Sri Lanka	Non-contributory (means-tested) and Provident fund and Mandatory occupational pensions	8 (iii)	15 (ii)	**23 (ii; iii)**	a x
Sudan	Contributory (earnings-related)	8	17 (ii)	**25 (ii)**	a x
Suriname	Contributory (earnings-related) and Non-contributory (universal)	2.5	6.5 (ii)	**9.0 (ii)**	a x
Syria	Contributory (earnings-related)	7	17.1 (ii)	**24.1 (ii)**	a x
Taiwan, China (3)	Contributory (flat-rate) and Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	7.02	13.57	**20.59**	x
Tajikistan.	Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	1	25	**26**	x
Tanzania (United Republic of)	Contributory (earnings-related)	10	11 (ii)	**21 (ii)**	a x
Thailand	Contributory (earnings-related) and Non-contributory (means-tested)	5	5.2	**10.2**	x
Togo	Contributory (earnings-related)	4	17.5 (ii)	**21.5 (ii)**	a x
Trinidad and Tobago	Contributory (earnings-related) and Non-contributory (means-tested)	4.4	8.8 (ii)	**13.2 (ii)**	x
Tunisia	Contributory (earnings-related)	8.9111	15.7389	**24.65**	x
Turkmenistan	Contributory (earnings-related) and Non-contributory (means-tested)	0	22	**22**	x
Uganda	Provident fund	5	10 (ii)	**15 (ii)**	a x
United States of America	Contributory (earnings-related) and Non-contributory (means-tested)	6.2	8.1 (ii)	**14.3 (ii)**	-

Country	Nature of old-age social protection	Total contribution rate under schemes for employees			Sickness
		Worker	Employer	Total	
Uruguay	Contributory (flat-rate) and Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	15	7.5 (ii)	**22.5 (ii)**	x
Uzbekistan	Contributory (earnings-related) and Non-contributory (means-tested) and Individual accounts	10	25	**35**	x
Vanuatu	Provident fund	4	4 (ii)	**8 (ii)**	a x
Venezuela (Bolivarian Republic of)	Contributory (flat-rate) and Non-contributory (means-tested)	4.5	11.75 (ii)	**16.25 (ii)**	x
Viet Nam	Contributory (earnings-related) and Non-contributory (means-tested)	9	18.5	**27.5**	x
Yemen	Contributory (earnings-related)	6	10 (ii)	**16 (ii)**	a x
Zambia	Contributory (earnings-related)	5	5 (ii)	**10 (ii)**	a x
Zimbabwe	Contributory (earnings-related)	3.5	3.5 (ii)	**7.0 (ii)**	a x

Source: ISSA database (2023/2024, depending on the country). https://www.issa.int/databases/country-profiles

Descriptions of national schemes. The information was updated in January 2023 for the Americas, January 2024 for Asia and the Pacific and Central Asia, and July 2024 for Africa.

Notes:

1. The benefit formula contains a flat-rate component and an earnings-related component.
2. The earnings-related social security scheme is closed to new entrants and is being phased out.
3. The benefit formula contains a flat-rate component and a component based on earnings or years of coverage.
4. The statutory programme has not yet been implemented.

i. All or some benefits are financed under another programme.

ii. Employers bear the full cost or provide the benefits directly to insured persons.

iii. Atypical financing. See the country profile for specific information.

iv. The programme has not yet been implemented.

a. Employer-liability scheme only.

b. The programme has not yet been implemented.

▶ Annex III. Selection of case studies

Based on the socioeconomic and demographic analysis and the review of social protection systems providing sickness protection (see Annex I), together with the comprehensive literature review, five countries were selected for the comparative analysis. The selection sought to include African countries as well as one Latin American, one Asian and one European country, thereby capturing a range of institutional models and socioeconomic contexts relevant to the design of sickness protection in Angola.

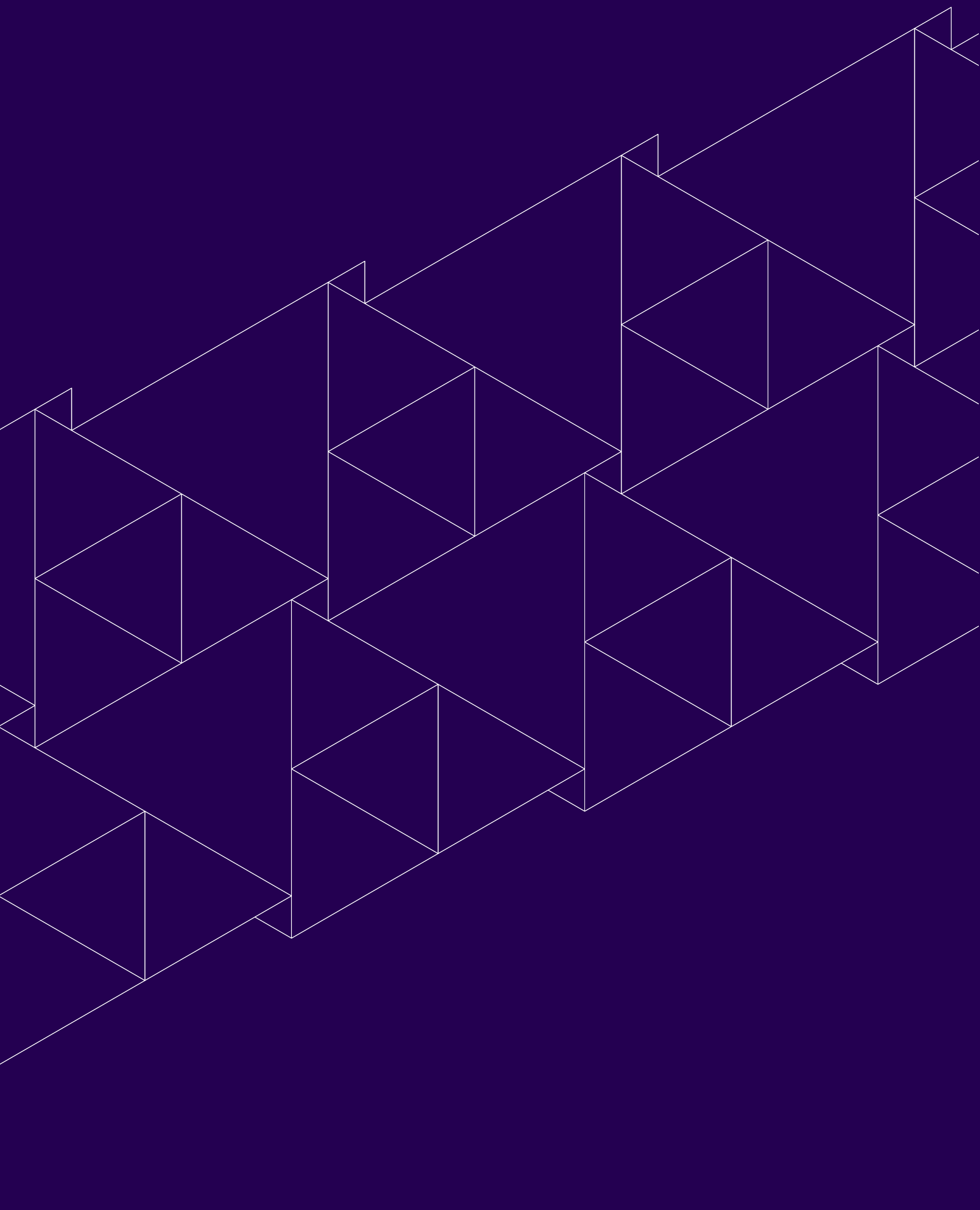
Brazil: Brazil is classified as an emerging economy and is a member of the Community of Portuguese Language Countries (CPLP). It has ratified both the Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168), and the Social Security (Minimum Standards) Convention, 1952 (No. 102), Parts II to X, including the provisions relating to sickness and invalidity benefits. Although Brazil differs from Angola on some of the selection criteria, its experience provides a valuable reference for analysing the design and implementation of sickness protection.

Cabo Verde: In addition to similarities in its social security system, Cabo Verde is a member of the Community of Portuguese Language Countries (CPLP). Its social protection system includes sickness and invalidity benefits, as well as unemployment protection, and is coordinated with active labour market policies. Cabo Verde has ratified the Social Security (Minimum Standards) Convention, 1952 (No. 102), in respect of Part III (sickness benefit).

Mozambique: As a member of both the Southern African Development Community (SADC) and the Community of Portuguese Language Countries (CPLP), Mozambique is the country whose socioeconomic and demographic profile most closely resembles that of Angola. Although it does not provide unemployment protection, its social protection system includes both sickness and invalidity benefits.

Portugal: Portugal was selected as a European country with a well-established social protection system. Employees, self-employed workers and persons covered under the Voluntary Social Insurance scheme are entitled to sickness and invalidity benefits. The Portuguese system has undergone successive reforms over several decades, providing a rich institutional experience for comparative analysis.

Thailand: Thailand is an emerging economy whose social protection system combines a compulsory scheme for formal sector workers with a voluntary scheme for workers in the informal economy, similar to the Portuguese model. As workers in the informal economy account for around half of total employment, the country's experience in extending sickness and invalidity protection across different categories of workers provides particularly relevant insights for the Angolan context.



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