A Joint Statement on the Role of Social Protection in Responding to the COVID-19 Pandemic

We, representatives of UN system agencies, other multilateral and bilateral development agencies, donor governments, and civil society observers that make up the Social Protection Inter-Agency Cooperation Board (SPIAC-B), committed to the realization of SDGs 1.3 and 3.8, call for urgent social protection measures to respond to the rapidly evolving COVID-19 pandemic. COVID-19 is a global health emergency with significant immediate as well as longer-term social and economic implications. It exposes some of the problems caused by inadequate social protection coverage, that prevent people from:

(a) accessing adequate healthcare and adopting preventive behaviours;
(b) taking time off work when ill (including health workers);
(c) caring for children or other relatives when continuing to work in cases where schools have closed and alternative care arrangements (such as by extended family) are no longer possible; and
(d) maintaining adequate living standards, including food security when unemployed or when forced to reduce economic activity.

We critically need to increase our efforts to protect and support all people throughout the crisis, both in its health dimension as well as its economic and social repercussions. For this, we can draw on the range of social protection policies and tools at our disposal and on lessons learnt from earlier pandemics and economic and financial crises.

We call for urgent action to

1. Ensure access to health services and support people in adopting necessary prevention measures
2. Ensure income security and access to essential goods and services and protect human capabilities and livelihoods
3. Prioritize the most vulnerable
4. Mobilize substantial domestic and international financing to protect and enhance fiscal space for health and social protection in all countries
5. Ensure continued/scaled up and coordinated delivery capacities of social protection and humanitarian crisis response programmes
6. Design crisis response measures also with a view to strengthening social protection systems in the medium- and long term

Depending on context, immediate responses may include:

- Making sure that all people, including the most vulnerable, can obtain necessary health services. Measures can include free access to services, free access to health insurance schemes for all participants of existing cash transfer programmes, waiving eligibility requirements (including citizenship documentation), or creating exemptions from co-payments or fees for specific services (e.g. for COVID-19 testing and treatment), introducing or expanding mobile services to serve hard-to-reach populations;

Social Protection is defined as the set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, social exclusion throughout their lifecycles, placing a particular emphasis on vulnerable groups. Social protection can be provided in cash or in-kind; through non-contributory schemes, such as providing universal, categorical, or poverty-targeted benefits such as social assistance; contributory schemes (commonly social insurance), and by building human capital, productive assets, and access to jobs.
• Ensuring access to clean water and medical supplies, including masks, gloves, disinfectant hand gel, as well as contraceptives, also during social isolation;
• Facilitating physical distancing policies by ensuring basic goods and services remain accessible for all, in particular for high risk groups and people in self-isolation;
• Adapting delivery mechanisms of social protection programmes in line with physical distancing requirements such as waiving requirements for in-person visits to social protection offices, introducing or scaling up electronic payments or applications for benefits, bi-monthly instead of monthly delivery, waiving conditionalities (such as attending schools or health clinics);
• Ensuring adequate paid sick leave, sickness benefits or other income support in cases of sickness, quarantine and self-isolation\(^2,3\).

2. Ensure income security and access to essential goods and services and protect human capabilities and livelihoods

Beyond protecting people from the short to medium term health impacts of the pandemic, it is vital to adequately protect individuals, households and businesses from the adverse social and economic repercussions of the crisis. This will protect human capabilities and livelihoods as well as provide counter-cyclical economic stimulus to support economic recovery. Actions to consider in addition to actions outlined above include:

• Providing cash transfers to meet basic needs. This can include establishing or scaling up cash transfer programmes, family leave policies, paid sick leave, unemployment benefits, partial unemployment-/short-time work benefits; pensions or child grants ensuring that all vulnerable households are adequately protected regardless of their employment status; and considering delivery of humanitarian cash transfers through social protection systems or, where this is not possible, expansion of social transfer coverage through humanitarian cash transfers;
• Ensuring access to basic supplies, services and food security through in-kind support in addition to cash transfers. This can include adapting distribution mechanisms of school meals where schools are closed; delivery of food and basic supplies to individuals, in particular to older persons, persons in self-isolation or where markets have collapsed; responding to childcare, eldercare, maternity and sexual and reproductive health needs;
• Where possible, extending or introducing gender-responsive family friendly workplace policies to flexibly respond to caring responsibilities, including in employment guarantee schemes/public works programmes.

3. Prioritize the most vulnerable

The Leave No One Behind agenda is a central promise of the 2030 Agenda for Sustainable Development and the SDGs and should also guide response measures to COVID-19. With regards to the health dimension of the COVID-19 crisis, older people, those with compromised immune systems, underlying health conditions (including respiratory diseases, diabetes, lung disease and heart disease), face a higher risk of severe infection.

In addition to those who are medically vulnerable as outlined above, other groups are especially vulnerable to the socio-economic impacts of the pandemic. These include older people, people already living with other underlying health conditions (including HIV), girls and women, persons with disabilities (physical and mental), workers who are self-employed or in non-formal employment (including rural and domestic workers), the homeless, those living in fragile contexts and protracted crises, forcibly displaced people, refugees, migrants (particularly those without documentation), care workers (paid and un-paid), ethnic/indigenous groups, chronically poor persons, children, young people, sex workers or prisoners. Across contexts, women are disproportionately responsible for unpaid and informal care-work, and social protection responses must be sensitive to the gendered burden of care arising from the COVID19 epidemic.

Reaching these groups through response measures requires effectively cooperating with local civil society and social partners. Moreover, gender-based violence typically heightens in emergency contexts and during times of high stress. This is of particular concern in the context of widespread self-isolation, reduced access to income and curtailed access to support services.

\(^2\) In line with Recommendation (No. 134) on Medical Care and Sickness Benefits, which states that sickness benefits should also include persons “isolated for the purpose of quarantine.”

\(^3\) Convention 102 on minimum standards for social security details universal benchmarks and procedures for scaling-up family, old-age, sickness, employment and other programmes.
Depending on context, in addition to measures outlined above, immediate responses may include:

- **Conducting comprehensive national and sub-national vulnerability and needs assessments** to better understand the specific needs, risks and barriers that different groups face;
- **Adapting and continuing entitlements and services delivery**, introducing measures to address the specific needs of different vulnerable groups during the crisis, including adequate social service responses, case management and referrals to ensure that vulnerable and at-risk groups are not neglected or harmed;
- **Taking measures to avoid adverse coping strategies and protecting productive assets.** This may include early cash transfers or distribution of agricultural inputs to avoid families having to eat seeds or sell livestock; facilitating access to credit or distribution of productive inputs to ensure the continuity of small- and medium-sized enterprises; ensuring flexible responses to changing childcare and eldercare needs; maintaining investment in children’s education and development.

4. **Mobilize substantial domestic and international financing to protect and enhance for health and social protection in all countries**

Supporting a strong and rapid social protection response will require urgent allocation of sufficient resources. Governments and the international community are already increasing fiscal allocations in response to the growing awareness of the health, social and economic impacts of the COVID-19 pandemic. Crucially, this must be done without placing excessive strains on national budgets or crowding out spending on other vital services. While some countries have the ability to create this fiscal space, others with debt and public health system distress and related challenges will need support from the international community. Actions to consider include:

- **Prioritizing social protection in the application of counter-cyclical fiscal tools** to support household incomes and help enterprises in retaining workers, thereby stabilizing aggregate demand and mitigating the effects of the economic downturn;
- **Reorienting and increasing global financial support for countries** to expand social protection systems;
- **Exploring new global solidarity financing mechanisms** to support countries with insufficient fiscal space;
- **Ensuring international financial flows to low income countries are sustained** even during the COVID-19 crisis.

5. **Ensure continued/scaled up and coordinated delivery capacities of social protection and humanitarian crisis response programmes**

The pandemic may disrupt the delivery of existing social protection programmes and services, for example due to staff illness, limited mobility for service providers and participants or other physical distancing measures. Countries need to quickly introduce coordinated measures that will allow social protection systems to continue to operate effectively during the pandemic. In settings where many steps along the implementation chain are carried out manually, COVID-19 mobility restrictions can severely impede benefit delivery. The following measures are thus recommended:

- **Where possible, ensuring that contingency plans and adaptation measures are put in place** (see examples under sections 1 and 2), including continuity of financial services or scaling up infrastructure capacities (e.g. information and communication technologies, and health infrastructure);
- **In sub-national, national and global response efforts**, ensuring that the responses of the public sector, social protection providers, civil society and humanitarian actors are coordinated, information and assessments of needs and responses are shared freely, and existing social protection delivery mechanisms for channelling humanitarian aid are used where advantageous.

6. **Design crisis response measures also with a view to strengthening social protection systems in the medium- and long-term**

Countries that already have well-functioning social protection systems in place are in a much better position to respond to crises. Action taken in response to the COVID-19 crises should therefore not only aim to meet immediate short-term needs but build structures that contribute to early recovery and the extension of social protection systems also in the medium to longer-term; in line with SDG goal 1.3 of implementing nationally appropriate social protection systems and measures for all, including floors, and substantially increasing coverage of the poor and vulnerable. Actions to consider include:
• To the extent possible, building on and improving existing national administrative and delivery structures of social protection systems to implement crisis response measures (see examples under sections 1 and 2), rather than creating parallel ones;

• Working across the social protection–humanitarian nexus and strengthening local capacities when implementing relief operations;

• Developing short-term emergency measures with a view to extending social protection coverage and protecting people from longer-term impacts of the pandemic as well as future shocks.

The SPIAC-B will support global and national responses to the COVID-19 pandemic by monitoring and aggregating emerging evidence and practices from SPIAC-B members and their constituents. We will facilitate rapid learning from this response so that countries can apply those lessons and develop effective context-specific responses in the short and long-term. For example, SPIAC-B agencies have produced and will periodically update this COVID-19 online community. Learning is further facilitated by the range of social, political and international partners providing information on the latest challenges, crafting effective responses and supporting implementation. A list of materials already published is included in the Annex.
Key resources and links – by agency in alphabetical order:

- **ADB** [Institutional website on COVID-19 response](https://www.adb.org/covid19)
- **HelpAge International** Guidance and advice for older people, care homes and for protecting older people during the COVID-19 pandemic
- **IFRC, UNICEF and WHO** [ Guidance to protect children and support safe school operations during COVID-19](https://www.ifrc.org/)
- **ILO** Institutional website on COVID-19 and the world of work: impacts and responses
- **ILO** Website on Social Protection Response to COVID
- **IPC-IG/GIZ/DFAT/socialprotection.org** COVID-19 Online Community including collection of materials, webinars, discussion space
- **ISSA** Website on Coronavirus – Social Security Responses
- **ITUC** [Institutional COVID-19 response page](https://www.ituc-cgl.org/)
- **OECD** [Tackling the Corona Virus (COVID-19) - information page including a series of briefs](https://www.oecd.org/coronavirus/
- **OECD ELS Policy Brief:** [Supporting people and companies to deal with the Covid-19 virus. Options for an immediate employment and social-policy response](https://www.oecd.org/employment/)
- **OECD ELS Policy Brief:** Beyond Containment: Health systems responses to COVID-19 in the OECD
- **DFID** [Shock Response Social Protection Toolkit](https://www.classaid.org/)
- **DFID** [Shock Response Social Protection Research](https://www.classaid.org/)
- **EU** Social Protection Across the Humanitarian Development Nexus
- **FAO** [Placeholder for anticipatory action guidance, under development]
- **OHCHR** [COVID-19: Who is protecting the people with disabilities?](https://www.ohchr.org)
- **The Council of Global Unions** Statement on economic and workplace measures in response to COVID-19
- **UNAIDS** Rights in the time of COVID-19: lessons from HIV for an effective, community-led response
- **UNESCO** COVID-19 Educational Disruption and Response Monitor
- **UNESCO** Distance Learning Solutions – overview of freely accessible learning applications and platforms
- **UNESCO** Global COVID-19 Education Coalition
- **UNICEF** [Shock-Responsive Social Protection guidance](https://www.unicef.org/)
- **UNICEF, ILO** Family-friendly policies and other good workplace practices in the context of COVID-19: Key steps employers can take
- **WHO** Website on COVID-19
- **World Bank** Coronavirus Response Information Webpage
- **World Bank** Global Review of Social Protection Responses to COVID-19