

SOCIAL PROTECTION IN EU DEVELOPMENT COOPERATION Issues

Paper

Respondents Information:	
Your name -open reply-(optional)	
Please state your country of residence -open reply-(optional)	Belgium
What organisation do you represent? (if private citizen write 'none') -open reply-(optional)	CONCORD HIV/AIDS Working Group
Please choose from the following categories the most relevant to the organisation you represent. -single choice reply-(optional)	NGO
1.2 What is social protection and what can it do?	
Question 1: Social protection systems should be defined according to the priorities of national governments. -single choice reply-(optional)	Slightly Agree
Comments: -open reply-(optional)	
<p>Social protection systems should be based on national plans and policies, which should be designed by the key stakeholders at national level, i.e. national governments (both the implementing ministries as and the planning/financial ministries), civil society organisations and relevant actors from the private sector. These national 'master plans' should be comprehensive and nationwide and the monitoring and the implementation of these plans should be the prime responsibility of national governments. Many social protection programmes have been developed as pilots and are small scale and fragmented. At the same time, many social protection programmes are donor-driven, with little national support or ownership and little embedding in national plans. Scaling up social protection requires adhering to agreed principles of aid effectiveness. These include national ownership and working within existing social protection frameworks; building in measures to promote sustainability including long-term financing; and expanding coverage as countries move from pilots to national programmes within coordinated government-owned plans. In other words, external assistance has to fit into the national 'master plans'. The EU should emphasize on the primary responsibility of the state in designing, implementing and funding social protection schemes. The EU should promote context specific social protection schemes led by national governments in consultation with local civil society: there is no one size fits all and social protection schemes will depend on the needs of people. The EU should follow the evidence of what works in developing countries rather than imposing preconceived European approaches; However, we must bear in mind that social sectors rarely attract the greatest attention when governments allocate their budgets. Therefore, in many countries where capacity, delivery systems, and commitment by government and civil society are weak – those countries are often those with the greatest need for social protection, important donors such as the EU have a key role to play in providing financial and technical support to partner governments and in encouraged them to develop systems based on the principles of equity and equality through a broad and participatory process, including by facilitating the participation of civil society. Improving the effectiveness and coverage of social protection relies on attention to human resources, capacity building, and outsourcing aspects of service delivery where needed (e.g., cash transfers).This is key for the development of HIV sensitive social protection and the inclusion of people who are either at risk of HIV infection or susceptible to the consequences of HIV and AIDS. It is very important to consider the inclusion of the most marginalised in national programmes. We know that at times specific groups such as people who use drugs, men who have sex with men, sex workers are not a 'national priority' despite their vulnerability. We need to recognise that programmes defined on national priorities might also lead to exclusion.</p>	

Question 2:

Social protection is not only about protecting people against risks but also about promoting livelihoods, participating in the economy and finding jobs.

-single choice reply-(optional)

Strongly Agree

Comments:

-open reply-(optional)

Social protection should be comprehensive and address vulnerability and chronic poverty, with the aim of providing a higher level of social security through access to health services and income security, while facilitating access to essential services throughout active and inactive periods and periods of need throughout the lifecycle. As such it should protect the rights of vulnerable and marginalised groups such as people living with HIV while promoting their social inclusion and economic empowerment. Some of the key areas of intervention of social protection should be: increasing demand and access to services such as education and health; helping families to cope with the burden of care for ill family members; improving health and reducing childhood mortality; providing social services and legislation that can remove financial, attitudinal and physical barriers to services, and increase attendance and adherence; protecting the vulnerable against livelihood risks- through savings, microfinance, income generation; increasing people's participation and; promoting inclusion and social justice in order to reduce vulnerability. More specifically, the impacts of HIV and AIDS on households can influence behaviours that may make people susceptible to infection. Some members of HIV-affected households are vulnerable because of the loss of a breadwinner or school withdrawal, which deprives children of the protective benefits of schooling and the potential to acquire life skills that can protect them from HIV in later years. Social protection in the form of financial assistance, including social transfers and free schooling, can play a role in mitigating the household level impact of HIV by reducing poverty. This in turn can support prevention efforts by keeping children in school and keeping individuals from resorting to coping strategies that may make them susceptible to infection. This is especially important for adolescent girls, whose underlying vulnerability is exacerbated by orphaning. Finally, social protection programmes need to consider labour availability in their design. For example, households with high dependency ratios may benefit from a cash grant. Others with labour availability may be able to engage in more productive activities such as employment generation programmes. Similarly, in accordance with the International Labour Standard there should be no discrimination against or stigmatisation of workers based on real or perceived HIV status.

1.3. What is the EU's position on social protection?

Question 3:

The European values that are behind European social protection systems should also inform the EU's stance and action in social protection in partner countries.

-single choice reply-(optional)

Slightly Agree

Comments:

-open reply-(optional)

The European values are based on international values and standards as defined by the ILO Convention no. 102 concerning Minimum Standards of Social Security and the rights enshrined in the Charter of Fundamental Rights. As a global stronghold for gender equality and human rights also for vulnerable and marginalised groups such as people living with HIV; lesbian, gay, bisexual and transgender communities, people who inject drugs and sex workers, the EU has a particular role and responsibility in promoting such values externally, also in its social protection and broader development strategies. The EU should promote social protection as a human right: social protection is a human rights-based approach to poverty reduction that uses provisions in law, policy and programmes to protect people from the effects of chronic poverty as well as a range of risks and shocks. The EU should emphasize on gender and unequal power relationships in developing countries when supporting the establishment of social protection systems. In that regard, the EU should pay specific attention to supporting the participation of women (through their representative organisations) in policy design and decision-making but also monitoring of social protection programmes.

Question 4:

The European Social model was created for Europe in the mid 20th century, when full employment in the

Strongly disagree

formal sector was the norm. However, the extensive social security systems characteristic of the European Union Member States are unsuited to the economies of emerging and developing countries, which cannot afford them.

-single choice reply-(optional)

Comments:

-open reply-(optional)

The EU's approach shouldn't be to export the European social model to partner countries but rather support developing countries, both politically and financially, in implementing of national social protection floors consisting of a minimum package of transfers, rights and entitlements that provides access to essential medical care and provides sufficient income to all in need of such protection. Some of the poorest countries in the world are already successfully implementing cash transfer programmes (e.g. Lesotho and Mozambique) and Botswana, Lesotho, Mauritius and Nepal all have domestically financed old age pensions which cost no more than 2% of the GDP. Recent research has looked at identifying fiscal space in national budgets for programmes to be sustained. The ILO has costed a Social Protection package for low-income African countries, (consisting of a small universal old age pension, universal primary education, fee primary health and a child benefit of US\$ 0.25 per day) at between 1.5 and 4.5% of the GDP demonstrating that most developing countries can afford a national social protection package for the poorest. Therefore, the implementation of national social protection floors requires the reprioritisation of national budgets and of external assistance as well as its inclusion into all national poverty reduction / development strategies as a cost-effective measure to reduce poverty. As economies grow and fiscal space is created, the EU will be able to advocate for the extension of social protection systems within coordinated government-owned plans.

Question 5:

Development cooperation for social protection is highly relevant for middle income countries, as well as low income countries, in order to reduce inequalities and eradicate poverty.

-single choice reply-(optional)

Strongly Agree

Comments:

-open reply-(optional)

Development cooperation for social protection is an established poverty reduction intervention that has been used and is relevant in many settings, including middle income and low income countries. More recently, social protection has become a key component in the HIV response with growing evidence of its ability to contribute towards the goal of universal access to HIV prevention, treatment care and support, protecting families and children from financial shocks and achieving greater social justice and inclusion of the most marginalised. In recent years concern has grown that despite the high levels of growth seen in several large-population countries that have graduated from low-income to middle income countries, there is no commensurate reduction in poverty in these countries. Despite the vast social benefits economic growth has delivered, reflected in reduced child mortality, increased longevity, increased access to clean water, and education, economic growth alone is not enough to eradicate poverty. This is reflected in the fact that adequate redistribution policies are not in place for the majority of the world's people. Persistently high levels of inequality in middle income countries mean that there are now more poor people in middle income countries than in low income countries: two thirds of the world's poor live in middle income countries. Financial barriers remain the main obstacle to accessing to basic healthcare in both income categories of countries. In both categories of countries, the proportion of direct payments at the point of delivery remains too high but it is most critical in low income countries: 60% on average according to the WHO 2011 World Health Statistic, compared to high income countries where this proportion represents only 36% (23% in Europe). In low income countries, social security expenditure on health as a percentage of government expenditure is only 11,5%, compared with over 40% in middle income and high income countries. This situation means that many people in low income countries do not have access to healthcare unless they can pay for it, which directly contributes to exacerbating social exclusion and poverty. This shows the need for donors and governments to invest in social protection mechanisms as a measure to achieve universal health coverage, especially in low income countries. This should include notably social health insurance (from national, mandatory schemes to community-based voluntary schemes) and tax and donor funded national health services.

Question 6:

Slightly Agree

Social protection protects people against the worst effect of global crises (climate change, food price rises, economic downturn).

-single choice reply-(optional)

Comments:

-open reply-(optional)

Poverty can make households less able to cope with growing health costs and declining incomes caused by a chronic illness such as AIDS. AIDS lowers household incomes and agricultural output, reduces educational opportunity, increases absenteeism from work, and perpetuates inter-generational poverty. HIV sensitive social protection can significantly reduce HIV related vulnerability and is a critical enabler for successful HIV prevention and treatment outcomes. Although a lot of the interest in social protection has been as a result of the success of cash and other social transfers (food, vouchers, etc.), comprehensive social protection in the context of HIV encompasses both economic assistance and approaches to tackle inequality and social exclusion. Another important potential of social protection is that it interrupts the cycle from being AIDS-affected to becoming HIV-infected. Finally, by expanding the assets and capabilities of people affected and infected by AIDS, HIV sensitive social protection supports their participation in labour markets, contributing to broader employment and empowerment objectives.

Question 7:

Strongly Agree

Social protection can contribute to strengthening the compact between citizens and the State, and promotes social inclusion and greater accountability.

-single choice reply-(optional)

Comments:

-open reply-(optional)

It is acknowledged that social protection can contribute to social cohesion in a manner that strengthens the contract between citizens and the State, and promotes social inclusion, integration and greater accountability. By contributing to nation-building and social solidarity, it can provide a foundation for the political and social stability that is necessary for economic growth. However, while social protection is aimed at targeting the poorest, in many situations it excludes those it should aim to reach. The vulnerability of key populations such as sex workers, people who use drugs, people living with HIV, is at times not recognised, laws and systems that criminalise and stigmatise act as barriers to entitlements and even within services individuals and their families are discriminated against and are prevented from realising their basic human rights. By reducing vulnerability through greater social justice and inclusion, social protection has the potential to have positive impacts for key populations in accessing services and addressing economic barriers. In addition addressing legal and attitudinal barriers through decriminalisation enable sex workers, men who have sex with men, people who use drugs and their families to claim their right to health for themselves and their families, to access services and participate in society

Question 8:

Strongly Agree

The EU is able to make a significant impact on the development of social protection, because of its own long history with social welfare and social security systems, and because the EU is the world's largest donor.

-single choice reply-(optional)

Comments:

-open reply-(optional)

The EU has a significant global role and responsibility in this area, e.g. in bridging the global health divide, and ensuring that people around the world gain universal access to HIV prevention, treatment, care and support. The European Council, the European Parliament, a number of international organisations and civil society have all requested the European Commission to prioritise social protection in EU development cooperation.

Question 9:

Slightly Agree

Part of the EU's comparative advantage in social protection lies in the fact that the social protection systems of the European Member States provide a wide range of models and organisational structures that other nations can learn from and from which expertise can be drawn.

-single choice reply-(optional)

Comments:

-open reply-(optional)

The Communication on the Social Dimension of Globalisation (2004) rightly points out that "the EU's economic and social model, and the Lisbon strategy which translates it into practice, cannot simply be transposed to other parts of the world". In that regard, the key principles guiding the EU's approach to social protection are national ownership and alignment to national strategies (see question 1 for more). However, EU Member States social protection models and organisational structures could be used as concrete experiences to learn from in EU technical assistance programmes to countries eager to engage with the EU in the subject matter. Moreover, one can also learn from some middle-income countries, and from systems developed and successfully implemented in Latin American and the BRICs.

Question 10:

Slightly Agree

The EU Member States and the European Commission should develop a single, coherent policy framework for cooperation in social protection in order to improve the quality of their support for partner countries.

-single choice reply-(optional)

Comments:

-open reply-(optional)

The development of a coherent policy framework at EU level for cooperation in social protection, in order to guide EU joint programming and provide partner countries with the most appropriate support from the experience capitalised within the EU, could be a step towards increasing the value and impact of EU interventions. The relevance of the EU experience, however, should not be overestimated. The EU and its Member states have a wealth of lessons (from successes and failures) to share, but a demand-driven approach must be responsive to the scope and nature of the demand in question. Moreover, any EU policy framework on social protection would need to take duly into account the work and the role of other important actors such as the ILO, it should seek to create synergies with those, and be fully integrated into global initiatives such as the Social Protection Floor. In any case, if 'a single, coherent policy framework for cooperation in social protection' is developed by the EU, it needs to be broad enough to accommodate different developing country realities, cultures and current context in 2012.

Question 11:

Slightly Disagree

The EU should support cooperation between partner countries (south-south cooperation), which may provide relevant models well fitted to the needs of partner countries.

-single choice reply-(optional)

Comments:

-open reply-(optional)

While the EU should encourage south-south cooperation on social protection, it should be very careful not to duplicate the work being done by ILO and other global initiatives but rather seek to support them and create synergies with them. See question 10 above.

2.3. How can development aid support social protection and, in particular, how can the

European Union enhance its support for social protection in developing countries?

Question 12:

Strongly Agree

The EU should play a leading role in raising awareness of the role of social protection as a key driver for inclusive growth in international fora, such as the G20 and the UN.

-single choice reply-(optional)

Comments:

-open reply-(optional)

As the world's largest donor, the EU clearly has a role not only in raising awareness but also in pushing international fora such as the G20 to commit to politically and financially supporting social protection in developing countries. In the context of the G20, a key area of priority would be to support the implementation of the WHO resolution (WHA64.9) on "sustainable health financing structures and universal coverage" as well as the 2011 Political Declaration on HIV/AIDS and ask the G20 to investigate best ways to translate those two policy documents into action in developing countries. The WHO resolution, adopted during the 64th World Health Assembly on 24th May 2011, urges member states to avoid direct payment as much as possible and turn instead to more equitable funding mechanisms. In the 2011 Political Declaration on HIV/AIDS, UN Member States have committed to strengthen national social protection systems and care and support programmes for children, in particular for the girl child, and adolescents affected by and vulnerable to HIV, as well as their families and caregivers. In the G20, the EU should advocate for the inclusion of health as a core pillar of any social protection system and push the G20 to provide financial support for this. It should also play a leading role for the G20 to acknowledge the positive decisions of many low-income countries of removing direct payments for health and to commit to providing financial and technical support to help these countries succeed.

Question 13:

Strongly Agree

Social protection should be included in policy dialogue about national development plans.

-single choice reply-(optional)

Comments:

-open reply-(optional)

Social protection can help ensure access to basic services, enabling people who would otherwise be excluded to benefit from primary education, health care and other services that enhance lives and livelihoods. It can also help protect investments in education and health by ensuring that children stay in school or that nutrition does not suffer when a financial shock hits. Yet, increasing access to social services alone will be insufficient if the services themselves are either inadequate or are simply not available. There is therefore a strong argument for the EU to adopt a comprehensive approach, ensuring that providing access to services through the extension of social protection benefits is matched by the provision of services which are adequate to meet people's needs. With regard to EU development cooperation with partner countries, social protection can therefore be considered both as a priority sector and area to be mainstreamed in support of other related sectors (e.g. health, education, employment, private sector development, tax reform, food security, migration, etc). In order to do this most effectively, HIV-sensitive social protection strategies and programming should be fully integrated within national initiatives. At national level, it is essential to build on the many government-led anti-poverty initiatives, including supporting a significant role for civil society organisations in programme development and implementation. The systematic inclusion of social protection in the policy dialogue regarding national development strategies in the framework of budget support operations, can be enhanced by the inclusion of social protection performance indicators. Policy dialogue should address the need to ensure that social protection systems are efficient, fair and inclusive of the most vulnerable populations as well as the need to secure financing through domestic revenues in the medium-term. In that context, particular attention should be given to tackling the removal of barriers to effective social protection in existing/future schemes, such as financial barriers but also legal barriers and criminalisation which keep marginalised populations such as people living with HIV, men who have sex with men, people who use drugs and sex workers from accessing social protection programmes and health services.

Question 14:

Strongly disagree

Social transfers, including social protection benefits,

belong to the recurrent part of national budgets and should not therefore be funded by development partners such as the EU.

-single choice reply-(optional)

Comments:

-open reply-(optional)

While the implementation of social protection mechanisms should be based on the true political will of governments, resulting in a substantial increase of budget share dedicated to those mechanisms, the current level of resources of low income countries does not allow, in the short to medium term, 100% funding of social protection. EU aid is therefore indispensable to support the launch and medium and long term sustainability of these mechanisms, especially when taking into account that funds available for supporting social protection initiatives have remained very marginal in EU development cooperation. The EU has a shared responsibility to ensure these mechanisms. As part of its commitment to the aid effectiveness agenda the EU has promoted general and sector budget support as a preferred aid modality, and considered it as particularly beneficial to social sectors exactly with the argument that it increases the fiscal space to cover recurrent costs. This argument still stands and all EU aid modalities may be relevant for supporting social protection. Budget support can play a particularly significant role because it facilitates ownership of policies and programmes by partner countries, the use of country systems, public finance and sector policy dialogue. It is also generally geared towards a longer-term commitment. In many low income countries, governments and development partners favour pooling mechanisms, providing financial and technical assistance for specific social protection programmes. Such approaches require particular attention to insuring against leakage of funds through harmonisation of technical support, strengthening revenue collection systems, and providing support for monitoring and evaluation systems. Other aid modalities such as technical assistance to governments and working through civil society organisations also remain valid in many contexts. However, HIV-sensitive social protection is not just focused on transfers but addresses wider issues of social exclusion. A comprehensive approach to social protection includes a range of measures for both programming and policy, including broad legal reforms to protect the rights of people living with HIV and vulnerable groups. It also includes linkages and referrals to maximise the impact of investments in different sectors, for example, linking care and support with health facilities to improve health outcomes. In that regard, in the political dialogue, the EU should push partner government to live up to their own commitments. For instance, in the health sector, in 2001, African countries committed to dedicate 15% of their total budget to health (Abuja Health Declaration) but so far, only a few respect this commitment.

Question 15:

The EU should make an exception to this rule in the case of least developed countries, where donor financing may be required in the initial stages of establishing a social protection system and in fragile states where national governments are not able to deliver services.

-single choice reply-(optional)

No opinion

Comments:

-open reply-(optional)

Comments: See question 14 above

Question 16:

Social protection programmes and policy dialogue should pay special attention to ensuring that disadvantaged groups (such as persons with disabilities) are also able to benefit from and contribute to inclusive growth.

-single choice reply-(optional)

Strongly Agree

Comments:

-open reply-(optional)

The policy dialogue with partner governments should pay particular attention to the need to ensure that people whose vulnerabilities

derive from their social disadvantage – such as being excluded from employment because of their gender, age, disability, sexual orientation or perceived HIV status – are offered opportunities to overcome these sources of deprivation and disadvantage. In this sense, support programmes may include measures such as awareness-raising campaigns or support to the promulgation of laws eliminating these forms of discrimination and the introduction of rights ensuring fair and equal treatment for all citizens. Social protection is particularly relevant to HIV because of its ability to address issues such as gender inequality, HIV-related stigma, and discrimination that exacerbate the marginalisation and vulnerability faced by key populations at high risk of infection. It is therefore very important that social protection programmes are HIV sensitive and recognise the impact HIV is having on families and communities. Those programmes include people who are either at risk of HIV infection or susceptible to the consequences of HIV and AIDS and programmes can reduce vulnerability to infection and the impacts of HIV and AIDS. Evidence shows that HIV sensitive social protection can have positive outcomes on Universal Access targets supporting prevention, treatment, and care through income generation and transfers. HIV sensitive social protection also provides pensions that address the direct and indirect costs of services and can result into behaviour change in people which makes them less vulnerable to HIV infection. Social protection can also address policies and laws and reduce HIV risk such as decriminalisation, anti-discrimination, and legal protection such as inheritance and birth registration that secures families assets and their access to services. Therefore, HIV sensitive social protection programmes must be rooted in the principles of rights-based programming, which includes being equitable, inclusive, non-stigmatising and non-discriminatory. It also means ensuring that these programmes promote the best interests of the target population, are age and gender-sensitive, and include the right to participation by people living with HIV, HIV-affected children, and excluded and other affected populations in programme design, implementation, and monitoring to fully understand barriers and needs. However, HIV sensitive social protection means not exclusively targeting people affected by HIV. With such an approach, people living with HIV and other vulnerable populations are equally able to benefit from programmes. Inequality and poverty fuel susceptibility to HIV infection. Especially concerning is how gender inequality disproportionately places adolescent girls and young women at risk, particularly in the highest prevalence contexts. Social protection can reduce HIV risk borne out of gender inequality by reducing income disparities and providing girls and women with more economic resources and economic independence. Other types of structural factors make people vulnerable to sexual transmission of HIV. Exclusion, harassment, and stigma due to social standing (e.g., sex workers, men who have sex with men, people who use drugs), minority ethnic background, or refugee and migrant status can increase risk by keeping people away from accessing services such as voluntary counselling and testing, treatment of sexually transmitted infections, needle exchange, and condom distribution. Social protection in the form of policies, legislation, and regulation can address the factors that keep people at high risk of HIV infection away from accessing essential protective services. It can facilitate protection of their social and legal rights and reduce stigma and discrimination, as well as protection of their inheritance rights.

Question 17:

Slightly Agree

The EU should have different approaches to supporting social protection in middle income and lower income countries.

-single choice reply-(optional)

Comments:

-open reply-(optional)

While the goals should be the same, grant-based aid should by principle, not be used to support more advanced developing countries, including middle income countries already able to generate enough resources of their own. The role of EU support in such contexts is far more likely to involve technical assistance in order to share the lessons of European or other relevant experiences with social insurance, social assistance and labour market regulation, rather than providing financial assistance. This should include complementing support for social protection with support for tax reform so that these countries can better use their tax systems to redistribute resources. However, in the case where governments do not offer social protection to some sectors of the population, the EU must give support to those neglected groups, either directly or via multilateral initiatives. At the same time, in these countries, through the policy and political dialogue, the EU should promote the establishment of equitable and non-discriminatory social protection systems reaching the poor and the marginalised. WHO emphasises the role of reforming health financing systems in reducing financial barriers and achieving universal coverage. Specifically, it emphasises the importance of replacing out-of-pocket payments with more efficient and equitable financing mechanisms. These include vouchers such as transport vouchers, exemptions, and socialised health protection mechanisms that facilitate prepayment for services and risk pooling. In countries with large informal sectors, tax financing is likely the best mechanism for covering the poor, since experience shows the difficulties in collecting contributory health insurance contributions. Reducing financial barriers, including the elimination of direct fees, is likely to be one of the most effective routes to increasing equity. On our views for the EU approach in lower income countries, please refer to question 14.

<p>Question 18:</p> <p>The EU should base its approach to social protection in partner countries on the individual country's profile and national priorities.</p> <p>-single choice reply-(optional)</p>	<p>Slightly Agree</p>
<p>Comments:</p> <p>-open reply-(optional)</p>	
<p>As highlighted in question one above, EU support should be demand-driven and should respect the principles agreed in the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. It should also take into account country-specific factors such as poverty dynamics, demographic characteristics, prevailing economic situation, political economy considerations, the structure of the labour market, degree of urbanisation, and cultural values. However, in case where governments neglect sections of the population, the EU must use the political and policy dialogue to ensure that social protection programmes are rooted in the principles of rights-based programming, which include being equitable, inclusive, non-stigmatising and non-discriminatory. In that regard, the EU needs to ensure that the design of social protection programmes are based on vulnerability analyses which take into account a number of factors including levels of poverty, the state of HIV epidemic and the needs of marginalised populations. Vulnerability analysis is also important in how programmes are targeted. For example a better understanding of the needs of child vulnerability in the context of HIV has led to a shift away from focusing on orphans exclusively to looking at broader dimensions of vulnerability including poverty levels, educational levels and living arrangements. Evidence based responses also require investments in monitoring and evaluation to measure coverage and demonstrate impact of interventions. To achieve this, the EU must promote a significant role for civil society organisations in programme development, implementation and review and stand ready to use the full scope of its aid modalities, including working through civil society organisations in cases where governments do not want to deal with a given group of the population. See question 20 for more details.</p>	
<p>Question 19:</p> <p>The EU should be prepared to make a long-term financial commitment to supporting social protection in LICs.</p> <p>-single choice reply-(optional)</p>	<p>Strongly Agree</p>
<p>Comments:</p> <p>-open reply-(optional)</p>	
<p>Over the last 5 years, a large number of low income countries have decided to introduce policies to exempt direct payment for all or part of their population. If sustainable funding is provided and these social protection policies are well planned, they considerably improve access to healthcare and provide significant protection against financial risks of illness. As they thus contribute to broaden universal health coverage, they deserve a strong support. Therefore, we support the view that the EU must be responsible in the support it provides and commit to provide predictable and long-term financing according to the needs of the countries willing to establish social protection mechanisms covering at least a minimum health basic package. Simultaneously the EU should also support LICs to progressively increase the resources invested in social protection as their economies grow.</p>	
<p>2.4. Further key issues</p> <p>i) The role of civil society</p>	
<p>Question 20:</p> <p>The EU should support the participation of representatives of civil society in the process of designing and monitoring social protection strategies and programmes.</p>	<p>Strongly Agree</p>

-single choice reply-(optional)

Comments:

-open reply-(optional)

We strongly welcome the view that the EU should support the participation of civil society representatives in policy formulation, implementation, monitoring and evaluation, including through thematic programmes that support actions implemented by civil society organisations. A key constraint in setting up social protection schemes in developing countries is the limited capacity in government authorities to implement these schemes. In many countries support for building human resource capacity and community systems strengthening are required to ensure social protection mechanisms reach the local level and that people are actually accessing services. Civil society has traditionally played a crucial role in community systems strengthening, understood as the process that promotes informed communities through advocacy, community mobilisation, accountability, demand creation and building strong organisations to deliver health and social welfare services. There are strong linkages between home, community services, health care and social welfare services and social protection. Community plays a critical role in in social protection programmes. While many interventions are delivered at a national level by the state, community mobilisation is key in the promotion of access to entitlements, building demand for services and ensuring equitable targeting and inclusion. Social protection mechanisms that are community led initiatives such as child protection, community home based care and social insurance are supported by stronger community systems. In addition, protective social protection interventions such as social transfers and grants can enhance the impacts of community system strengthening by removing barriers to services related to out of pocket expenses – transport costs, feeding, registration costs. In addition civil society organisations provide additional supports and services that complement national initiatives or in some occasions are developed in the absence of government programmes such as child protection structures and community mobilisation around inclusion of vulnerable groups.

Question 21:

Strongly Agree

The private sector has an important role to play in supporting social protection by ensuring that investments create decent employment in line with the Decent Work Agenda.

-single choice reply-(optional)

Comments:

-open reply-(optional)

The private sector can also have a key role in supporting and strengthening national health insurance schemes and in promoting HIV workplace policies. However, the private sector, especially when it comes to EU companies, should be pushed by the EU to go beyond the concept of corporate social responsibility.