ECOSOC Panel Three: Social Protection Floor

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It has been a valuable experience for WHO to work with ILO and many other members of the UN family on this important initiative.

Although the original idea was to respond to the financial and economic crisis, we believe that the Social Protection Floor is actually central to the UN's work, and certainly WHO's work, over the longer term.

WHO in its Report on the Social Determinants of Health clearly highlights that the circumstances in which people grow, live, work and age strongly influence how people live and die.

Financial crisis or no financial crisis, most of the world's 1.3 billion poor people do not have access to the health services they need - either because there aren't any services nearby, or because they cannot afford to use them.

Many do not have the means - the income, the education and the knowledge to take steps to protect themselves from infectious diseases or to guard against the risks that increase their chances of developing non-communicable diseases.

Annually some 150 million people suffer severe financial hardship each year - what has become known as financial catastrophe and 100 million are pushed below the poverty line, because they have to pay to use health services.

If we add to that the people who are too sick to work and lose their income as a result - something that the ILO focuses on probably more than WHO - it is clear that much of the world's population lacks any sort of social protection floor relating to health.

Only one in five people in the world has broad based social security protection that also includes cover for lost wages in the event of illness and more than half the world 's population lacks any type of formal social protection (ILO). There is a great difference of coverage rates between the rich and the poor. Only 5 - 10 % of people in sub-Saharan Africa and South Asia are covered while in middle income countries this rate is 20-60 %

The promotion and protection of health is essential to human welfare and to sustained economic and social development. This was recognised more than 30 years ago when the Alma Ata declaration on PHC was signed.

In 2008, in the Renewal to PHC, WHO fully endorsed the PHC principles of equity, solidarity and human rights and recommitted to pursue the goals of universal coverage, people centred care, multi sectoral approaches and good governance and leadership. Within this framework, WHO places great emphasis on reaching the unreached, with special emphasis on vulnerable populations, the poor, women and children, migrants, ethnic minorities, and indigenous peoples.

Access to medicines is considered as one of the services in the Universal Health Coverage.. WHO Secretariat works with member states to achieve universal access to safe, good quality and affordable medicines. One third of the world's population lacks access to medicines.

But, universal access to services, promotive, preventive, rehabilitative and curative cannot be achieved without a strong health financing system. Health financing is therefore an important component of broader efforts to ensure social protection in health.

WHO is already working with many countries to help them develop their health financing systems in ways that allow more people access to the services they need without suffering the financial problems associated with paying for them when they use them.

Part of this is done in collaboration with other partners, including ILO, the World Bank, Germany and France in the form of the Providing for Health Initiative - P4H. There is more demand from countries for technical and policy support in this area than each individual agency can meet, and the P4H initiative seeks to leverage additional support by developing the partnership approach.

The 2010 World Health Report entitled, "Health Systems Financing: the Path to Universal Coverage", outlines ways in which all countries, rich and poor, can modify their financing systems in ways that lead them further towards universal health coverage. For countries that are close to providing universal coverage, or that provide it already, the report offers ideas to ensure that they do not lose ground.

A report, however, is simply a report. It is what comes after that is a test of its impact. And what comes after is trying to help interested countries to assess and implement some of its recommendations.

Some of this can be done through the ongoing work of WHO, sometimes with IHP+ partners, to help countries develop national health plans and strategies to which all partners buy in. In each case, these plans and strategies need to be consistent with national health financing capacities and strategies.

But in some cases we need to take a broader perspective, focusing on Social Protection in the wider sense - as outlined in the Social Protection Floor Initiative. Health is just one of the components of this broader perspective, and WHO is pleased to be working with ILO, World Bank and other partners to meet country requests for this type of support.

In the longer run, however, we need to change the way we do this. At the moment, support tends to come from the central headquarters level. But this work can only have real lasting impact if it becomes part of the

country driven UNDAF process. Additionally, it will require technical support from pre-screened experts both in countries and regions and from South/South initiatives.

So, at the risk of going into too much technical detail, we would be very keen to strengthen the information flows about the Social Protection Floor Initiative among UN agencies, and other partner agencies at country level. We would also like to see a strong emphasis on discussing with countries their interest in having the Social Protection Floor or related activities included in new UNDAF agreements that are already under discussion.

Thank you

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