International Labour Organization

Social Protection in Action: Building Social Protection Floors for All

2022

West and Central Africa: Exploring public options of social health protection for refugees

Summary

Since 2014, the International Labour Organization (ILO) and the United Nations High Commissioner for Refugees (UNHCR) have worked together in line with their respective mandates to strengthen access to decent work among refugees, especially as regards income generation and social protection. This partnership has led to the elaboration of joint technical studies in several West and Central African countries.

These joint studies have enabled the development of tailored approaches that take into account each country's policies and progress on social health protection and its extension to the informal economy and the agricultural sector. The United Nations Convention relating to the Status of Refugees, 1951, calls for refugees to have the same access to health services as host country nationals. This equality of treatment is also enshrined in ILO standards concerning social protection.

The integration of refugees into initiatives aiming at universal health coverage now demands the development of tailored strategies that are closely tied to the improvement of refugee livelihoods and their economic inclusion. In certain countries, this will require adjustments to the legal framework governing their status and modifications to the social health protection system to improve social inclusion.

These efforts to extend social health protection coverage to refugees contributes to ensuring the universality of protection, based on social solidarity, and promote a system based on non-discrimination and responsiveness to special needs, core guiding principles of the Social Protection Floors Recommendation, 2012 (No. 202).

Main lessons learned

- The situations in West and Central African countries vary greatly in accordance with the maturity of each country's social health protection system. It is therefore important to develop new strategies in line with the humanitarian-development nexus and national efforts to extend social protection.

Social Protection Floors Recommendation, 2012 (No. 202)

SDG 1.3 aims to implement nationally appropriate social protection systems and measures for all, including floors, and by 2030, achieve substantial coverage of the poor and the vulnerable.

Social protection floors (SPFs) guarantee access to essential health care and basic income security for children, persons of working age and older persons.

187 countries have adopted the Social Protection Floors Recommendation, 2012 (No. 202), to achieve universal social protection.

This document presents a successful experience of the expansion of social protection at the national level.

- Approaches aiming at integrating refugees into national social protection systems should be designed in accordance with national contexts, combining the contribution of economically integrated refugees with the provision of assistance to the most vulnerable and those with specific needs.
- The vast majority of refugees living in urban areas and camps operate in the informal economy and the agricultural sector, and a significant proportion are in vulnerable situations. The inclusion of refugees in social health protection mechanisms is therefore closely linked to the extension of social protection to the informal economy in line with empowerment and economic integration programmes.

A partnership for the right of refugees to social protection

The extension of social protection towards the attainment of goals 1 and 3 of the UN's 2030 Agenda for Sustainable Development applies to all, including displaced persons and refugees. The number of refugees, asylum seekers or internally displaced persons worldwide has reached an all-time high of 100 million people in 2022 (EC 2022).

ILO instruments such as the Equality of Treatment (Social Security) Convention, 1962 (No. 118) and the Employment and Decent Work for Peace and Resilience Recommendation, 2017 (No. 205) acknowledge the importance of ensuring that displaced persons and refugees are covered by social protection mechanisms (ILO 2021).

Access to health care, including prenatal and postnatal care, is the first guarantee of social protection floors for all. Recommendation No. 202 states that social protection is a universal human right and an economic and social necessity for development and progress. It also underscores the importance of guaranteeing access to "essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality [while preventing] hardship and an increased risk of poverty due to the financial consequences of accessing essential health care".

The health of refugees and other forcibly displaced persons is a key element of the protection provided by UNHCR, the aim of which is to secure their access to quality health services equivalent to those enjoyed by host country populations. Public health and community development programmes are therefore developed in close collaboration with governments and partner organizations and seek to reduce morbidity and mortality among refugees and other persons of concern to UNHCR. These programmes now align with the humanitarian-development nexus and feature initiatives that aim at promoting sustainable local solutions for refugees and host populations.

Since 2014, through this partnership on social health protection, the ILO and UNHCR have worked in several West and Central African countries to strengthen advocacy and provide technical support towards the inclusion of refugees in national social protection systems. The aim of this partnership is to identify opportunities and strategies to integrate refugees into national social protection systems, with health as a starting point.

A variety of situations

Although in some cases individuals have gained access to formal work and do not depend on UNHCR assistance, in general, refugees in countries supported through this partnership are, in economic terms, part of the informal economy and/or the agricultural sector. These refugees therefore fall within the scope of the extension of social protection. The variety of situations at play, especially with regards to refugees' living circumstance (in camp and camp-like settings versus urban areas) which influences coverage and access to health services, calls for a tailored approach. The countries in question can be broadly grouped into three categories:

- Some countries, such as Rwanda, Djibouti, Sudan and Senegal, have sought to include the entire population in a social health protection system combining contributory and non-contributory mechanisms. However, the integration of refugees is not necessarily a given, and countries sometimes need to be reminded of their international commitments before the technical and financial arrangements for integration can be considered.
- Other countries, such as Cameroon, Egypt and Burkina Faso, are in the process of implementing their national health coverage systems. In such cases, the inclusion of refugees requires first that they be taken into account in the design of these systems, when developing the technical and financial architecture of the system.

- Finally, some countries have not yet taken the decision to develop a universal health coverage system. Substantive work is therefore needed to support the development of national social protection systems, in particular through inclusive national dialogue. UNHCR may occasionally opt for transitional measures in these countries. For example, in the Democratic Republic of the Congo, where there are currently no public options for coverage for refugees, UNHCR has decided to register refugees in urban areas with a mutual health fund already accessed by nationals. Conversely, existing mutual and private funds in Guinea do not have the technical capacity and minimum management structure required and refugees are therefore covered by UNHCR directly.

The inclusion of refugees in social health protection coverage schemes feeds into the broader question of extension of social protection to the informal economy, which requires strategies aiming at gradual integration to be formulated and closely aligned with programmes focused on economic integration. Technical studies conducted in these countries have also demonstrated the limits of strategies based around private mechanisms such as community health mutual funds and commercial insurance.

A promising example of integration in Rwanda

The national social health protection system in Rwanda comprises several schemes addressing different professional and socioeconomic groups. Aside from a number of students registered with the national university mutual fund and workers covered by Rwandan Health Insurance scheme (RAMA, Rwandaise d'Assurance Maladie), all other refugees are covered by community-based health insurance (CBHI). CBHI is a public social security scheme administered by the Rwanda Social Security Board (RSSB). In 2017, the Rwandan Government pledged to integrate refugees gradually into the national social health protection system. A technical feasibility study was conducted by the ILO and UNHCR the following year. The enrolment of urban refugees began in September 2019 along with the issuance of identity cards by the Rwandan Government. The feasibility study effectively revealed close links between legal protection measures for refugees, such as access to identification documents in the host country, and administrative barriers to accessing social protection and care.

As of 2022, 12,080 urban refugees and students were covered by CBHI. Any adaptations are discussed in the context of a memorandum of understanding between the ministry responsible for refugees, CBHI and UNHCR, with the aim of ensuring that refugees can access conditions similar to those enjoyed by host communities. In particular, this will require the application to refugees of a contribution categorization system and registration and membership renewal procedures that are similar to those available to Rwandan households operating in the informal economy. Currently, UNHCR pays the contributions of refugees, which has been set at the rate charged to those in the highest income bracket. Ensuring that contribution rates accurately reflect each refugee's individual capacity to contribute will be an important next step, especially considering plans for a gradual shift in responsibility for such payments from UNHCR to refugees at some point in the future. UNHCR will continue to cover contributions for children, people in vulnerable circumstances and those with specific needs.

What's next?

Based on initial experiences of integrating refugees into national social health protection systems, it is necessary to develop a tailored approach for each country concerned. To this end, the joint ILO-UNHCR handbook on social health protection for refugees has been developed and is available in various languages to guide practitioners.

In addition, the ILO together with UNHCR, UNICEF, the World Bank and IFC are part of the "Partnership for improving prospects for forcibly displaced persons and host communities" (PROSPECTS). Under the PROSPECTS umbrella, various approaches, usually starting with the inclusion of refugees into national social (health) protection programmes are evaluated with the aim of identifying sustainable and cost-effective solutions to reduce the reliance on humanitarian assistance, particularly in protracted situations.

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