National Social Protection Floors and HIV/AIDS:
Addressing Gaps in Access to Health Care and Financial Protection

Social Protection for All: Ending AIDS by 2030, 25/05/2016

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Overview

Social Protection Floors and ILO’s concept of health coverage in the context of HIV/AIDS

Global Deficits in effective access to health care affecting people living with HIV

Ensuring access and financial protection through HIV-sensitive policy frameworks
ILO Recommendation 202 (R 202) on National Social Protection Floors (SPF):

Providing universal access to health care for people living with HIV as well as basic income security for children, people in working age and older persons who live with or are affected by HIV/AIDS

- **Universal access to health care for all people living with HIV**
- **Basic income security at poverty level for all children living with HIV or made vulnerable by AIDS**
- **Basic income security for all working-age people living with HIV who are unable to earn sufficient income**
- **Basic income security at poverty level for older persons living with or affected by HIV/AIDS**

Ensuring coverage and access in health protection

Addressing gaps in coverage and access to income support
ILO’s concept of health coverage in the context of National Social Protection Floors

Rights-based approaches that ensure the availability and affordability of quality health care as well as financial protection in times of ill health for people living with HIV

Source: ILO 2014.
National Social Protection Floors ensure universal health care access and financial protection for people living with or affected by HIV/AIDS

Health Care that is available, affordable and of good quality including:
- Public health interventions
- In- and outpatient care based on clinical standards
- Preventive measures
- Maternal care (free prenatal and postnatal care)
- Essential drugs and supplies

Financial protection:
- Income support for people living with HIV who are unable to earn sufficient income
- Income support for family members affected by HIV/AIDS such as children or older persons
National Social Protection Floors:
To reach all people living with HIV health protection must be universal and based on legislation

Globally, in more than 70 countries less than half of the population is covered

Source: ILO 2014.
National social protection floors should guarantee that health care is affordable for people living with HIV without risking financial hardship.

Out-of-pocket expenditure for health by poverty rate of countries

In countries where more than half of the people live on less than US$ 2, OOP amounts to 57.1% of total health expenditure.
National social protection floors:
To be equitable, quality health care must be available for all people living with HIV

Global and regional unavailability of health care
due to the absence of health workers needed to deliver quality health services

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of skilled health workers available for 10,000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>1.56</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>1.88</td>
</tr>
<tr>
<td>Haiti</td>
<td>3.60</td>
</tr>
<tr>
<td>Switzerland</td>
<td>142.84</td>
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<tr>
<td>Finland</td>
<td>268.61</td>
</tr>
</tbody>
</table>

Global deficit towards Universal Health Coverage:

10.3 million skilled health workers are missing

<table>
<thead>
<tr>
<th>Regional deficit</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia</td>
<td>7,100,000</td>
</tr>
<tr>
<td>Africa</td>
<td>2,800,000</td>
</tr>
<tr>
<td>Latin America</td>
<td>391,000</td>
</tr>
<tr>
<td>Oceania</td>
<td>27,000</td>
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<tr>
<td>Europe</td>
<td>4,300</td>
</tr>
</tbody>
</table>

ILO, 2014 (based on WHO Global Health Observatory Data)
Core principles when extending health protection coverage to all people living with HIV

<table>
<thead>
<tr>
<th>Rights-based</th>
<th>• Entitlements should be based on affiliation e.g. through legislation or contracts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Universality</strong></td>
<td>• Provided to all in need, including informal workers</td>
</tr>
<tr>
<td></td>
<td>• No discrimination by e.g. age, gender, or educational status</td>
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<tr>
<td></td>
<td>• Responsive to special needs including HIV/ AIDS</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td>• Free of avoidable or remediable differences among citizens and all children independent of social, economic, demographic or geographic position</td>
</tr>
<tr>
<td><strong>Solidarity in financing</strong></td>
<td>• Based on risk pooling (and where applicable, ability to pay)</td>
</tr>
</tbody>
</table>
Ensuring access to affordable quality health care and financial protection for all people living or affected by HIV/AIDS through removing inequities within and beyond health systems

| 1. Moving from charity to rights: | • Develop and implement inclusive legislation that is responsive to the special needs of persons living with HIV |
| 2. Guaranteeing affordability and financial protection | • Adjust the scope of benefit packages to include needed services and drugs  
• Minimize out-of-pocket payments (OOP)  
• Provide income support to those living with and affected by HIV/AIDS |
| 3. Making quality health care equally available | • Increase the number of skilled health workers, especially in rural areas  
• Provide decent working conditions  
• Distribute health spending evenly within countries |
| 4. Developing fiscal space and allocate resources equally | • Generate sufficient domestic revenues based on a mix of sustainable financing mechanisms such as contributions based on the ability to pay and taxes  
• Increase efficiency within national health systems |
| 5. Addressing the socio-economic determinants of inequities and creating synergies across sectors | • Based on social protection floors: coordinate health, social, economic and labour market policies to fight poverty, exclusion and stigmatization and at the same time empower people living with or affected by HIV/AIDS |
Thank you!

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