

New Trends and Innovations in Social Policy

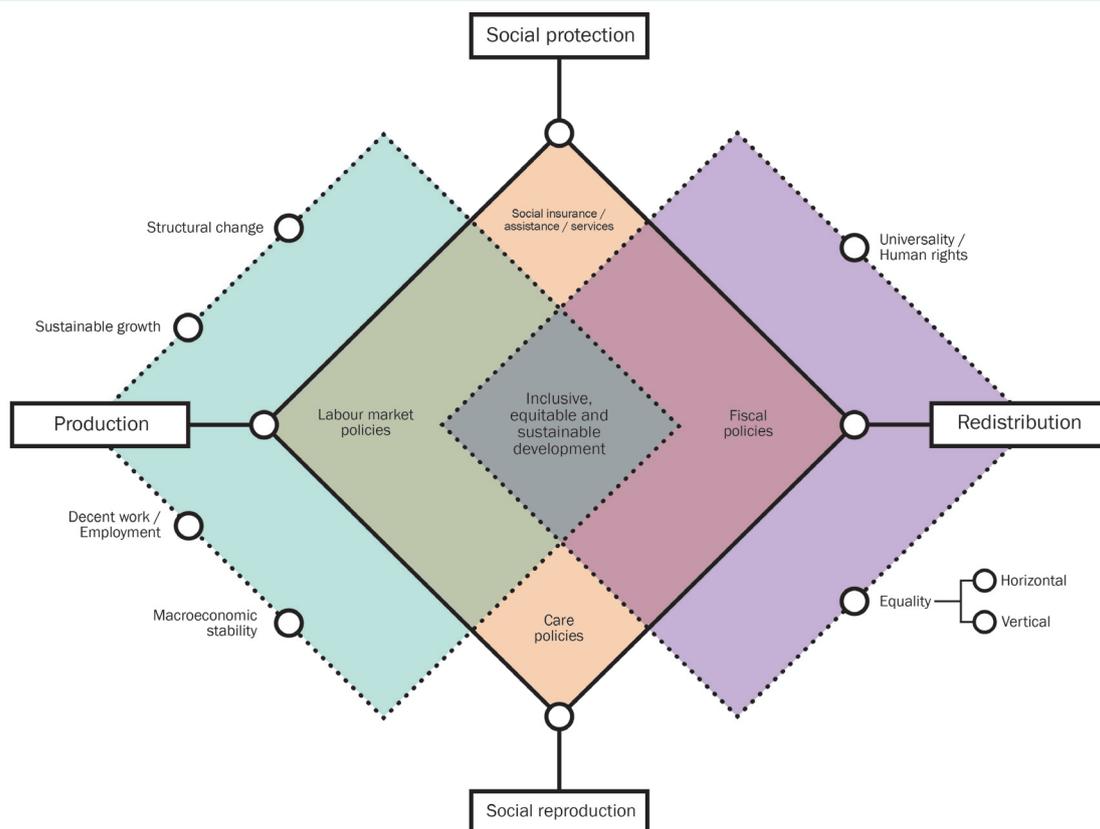
An elderly woman counts her money in China.

Since the 1990s, the “social turn”—a combination of shifts in ideas and policies that reasserted social issues in development agendas—has brought about various changes and reforms in a wide range of social policy institutions and instruments. Innovations in social policy that bode well for transformative change include the increasing trend toward universalization (leaving no one behind); better integration of policy instruments (or policy coherence) between the social, economic and environmental dimensions of development; more inclusive forms of participation in policy design and implementation; new forms of partnership; and new directions in global and regional social policy. While currently facing strong headwinds, the social turn needs to be sustained, reinvigorated and, ultimately, broadened into an eco-social turn.

Chapter 2 addresses implementation of SDGs



Figure 2.1. Transformative social policy



1. Introduction

Social policy faces a fundamental challenge, in the form of the ambitious, universal 2030 Agenda for Sustainable Development, combined with the effects of the global financial crisis of 2008. No longer can it remain a marginal field of policy intervention as has so often occurred in the past. Moreover, social policy needs to break out of the confines of narrowly targeted or fragmented forms of social protection that characterized the poverty reduction strategies of many developing countries around the turn of the millennium.

As this chapter shows, many developing countries are bucking these trends by elevating the importance of social policy in their policy portfolios. New approaches and innovations suggest that the subordination of social policy to economic growth is breaking down. Trends associated with universal coverage are apparent not only in emerging market economies such as Brazil, China and Thailand, but also in several poorer developing countries. Bolivia’s universal social pension is a case in point.

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It is also apparent that social policy models and conditionality associated with donor governments and international financial institutions are not informing policy design in the global South to the extent that they have in the past.

The scope of social policy in many developing countries has broadened in a way that recognizes and leverages its multiple functions (figure 2.1)—not only protecting vulnerable groups of people, but also redistributing income and wealth; facilitating social reproduction, including care provision; enhancing production through investment in individual and collective productive capacity and demand-led growth; and strengthening social cohesion.¹

There are also signs that countries are pursuing different pathways to social development. These more comprehensive, differentiated approaches

contrast sharply with the standardized one-size-fits-all prescriptions that characterized social policy during the experience of structural adjustment in the 1980s and subsequent poverty reduction strategies.

This chapter reviews and assesses these developments. Through the lens of specific social policies, it identifies key trends and innovations, examines the drivers of policy change, and assesses the implications of social policy reform for sustainable and inclusive development. It pays particular attention to their transformative implications, that is, whether such reforms can contribute to realizing human rights and crafting new patterns of resource allocation, production and consumption that are conducive to meeting multiple human needs on a sustainable basis, empowering those in need both economically and politically, and rebalancing power asymmetries in society.

The evidence presented in this chapter points to three main findings.

- In parallel with reinforced labour market flexibility and reduced job security, social protection has expanded, extending coverage to hitherto excluded sectors. Although there are wide variations in coverage and quality across countries, some programmes being designed and implemented in developing countries are tending toward universalism and aim to leave no one behind. The establishment and consolidation of inclusive social and political institutions that transmit the demands of people to the government is central to the expansion and universalization of social protection.
- People's organized participation in policy design and implementation, integration of social policies with other policies such as economic and environmental policies, and multistakeholder partnerships for the design and implementation of social policy are increasingly taking hold in developing countries. Crucial to maximizing the transformative potential of these reforms are effective mechanisms for meaningful participation, holding the government accountable and rebalancing power asymmetries among stakeholders involved in policy design and implementation.
- In contrast to structural adjustment reforms of the past and more recent approaches to "targeting the poor", new forms of global

social policy can play a more constructive role in expanding social protection in developing countries. Supranational regional policy and institutions, despite their current limitations, can potentially strengthen the role of social policy in development and act as a conduit for ensuring that progressive global standards resonate at the national level.

Section 2 of this chapter briefly examines the origins of the "social turn" (chapter 1), the inherent tension between market imperatives and democratic forces that shapes social policy responses, and the fact that this interplay can account for significant variations in the nature of the social turn in different countries. Section 3 then identifies and assesses nine important areas of social policy reform—including health, pensions, cash transfers and labour market policies²—and the institutions and processes involved. Section 4 summarizes what is new or distinctive about contemporary social policy reform, distils key messages related to the transformative potential of these innovations, and reflects on certain political economy drivers that need to be in place if that potential is to be realized.

2. The Social Turn since the 1990s

Concerns about poverty gave rise to the social turn

By the turn of the millennium, concerns about poverty had assumed a far more prominent place on the international development agenda (chapter 1). What was referred to as the "post-Washington consensus",³ the "quiet revolution"⁴ and the "social turn"⁵ emphasized the need to pay more attention to the social consequences of market fundamentalism and bring back policies and institutions that addressed the social dimensions of development. Although privatization, liberalization and deregulation remained the order of the day, these core neoliberal policies were now undertaken in tandem with measures that addressed poverty, corruption and transparency. Ideas and practices that recognized the diversity of cultural, economic and political contexts gained traction, gradually

replacing the inclinations of major donors to take a one-size-fits-all approach to the application of neoliberal policies at local, national, regional and global levels.

In developing countries, particularly in low-income countries, social protection for people who are poor or at risk of becoming poor has become a major policy approach to combat widespread poverty and vulnerability over the last two decades.⁶ The period from the 1990s to the global financial crisis of 2008 witnessed an expansion of social protection coverage in both low- and middle-income countries, albeit with significant variations across countries. Emerging economies such as Brazil, China and India appeared to epitomize the social turn.

The social turn created policy tensions

Efforts to craft institutions and policies to address the social consequences of neoliberalism created policy tensions between two seemingly contradictory dynamics. On the one hand, social policy programmes were designed to adjust to market imperatives and the pressures of fiscal discipline, privatization, austerity and retrenchment. On the other hand, democratization, active citizenship and growing recognition of the human costs of economic liberalization have given rise to pressures for expanding welfare provisions, and to a rights-based approach in the policy orientation of numerous emerging and developing countries.

So the social turn per se does not imply transformative change for inclusive, equitable and sustainable development. Indeed, the type of targeted social assistance programmes adopted in many developing countries generally performed disappointingly, with high inclusion and exclusion errors in terms of reaching the poor.⁷ Furthermore, market imperatives have reasserted themselves in some countries. Since 2008, austerity measures and fiscal consolidation have been mainstreamed in the policy responses of several developing as well as developed countries.⁸

Whether the social turn leads to genuinely transformative change in social policy is significantly influenced by structural and institutional factors

As discussed in the following sections, whether the social turn leads to genuinely transformative change in social policy is significantly influenced by structural and institutional factors; political dynamics over the provision of specific social goods and services; and interactions between different types of social policies, as well as between social, economic and environmental policies and institutions.

3. New Directions and Innovations

Social policy regimes around the world are undergoing significant change in response to contemporary risks and opportunities associated with economic and political liberalization, as well as socioeconomic and demographic trends such as ageing, migration and informalization (chapter 1). New trends are emerging along with various innovations to change the character of social policy in both developed and developing countries.

The policy choices, particularly of emerging economies (including Brazil, Russia, India, China and South Africa, known as the BRICS) but also of some low-income countries, demonstrate a range of strategies designed to meet the economic and social development challenges of the contemporary globalized world. Some of the social policy and programme innovations in countries of the Global South demonstrate more (potentially) transformative features in terms of equity, inclusion and sustainability than those seen in many high-income countries.

This section explains the contexts, drivers and nature of various innovations in social insurance, social assistance and social services. While the main focus is on social policy innovation in developing countries, a number of developments in Europe are also noted as a means of highlighting variations in contemporary reforms. This contrast suggests not only that developing countries have adopted a different policy response in the aftermath of the global financial crisis, but also that they are pursuing an approach to social protection that differs from the conventional European welfare state model, which pre-supposed a large formal economy.

Inclusive and democratic institutions are key enabling factors for universalization

Inclusive and democratic political institutions and practices, preferably combined with competent bureaucracies, are essential elements of an enabling institutional environment for the expansion of social services and income protection. Since the late 1980s, democratic transitions in many developing countries have established legal frameworks and normative aspirations for guaranteeing human rights relating to an adequate standard of living (including the right to adequate food, housing, water and sanitation), education and standards of health, social security and gender equality. In the case of social protection, these frameworks create a political space where proponents of universal social policy can confront those promoting residual and targeted approaches and can exert pressure for change.⁹

Democratic political institutions, including electoral competition, often obliged political parties to initiate and continue social protection reforms involving extended coverage. In Thailand, for example, constitutional and political reforms in the late 1990s significantly reduced the power and influence of business interests at the provincial level, which had been an obstacle to establishing a national political agenda for universal health care. When the rules of the electoral game changed in favour of political parties with a national pro-poor agenda, social movements and progressive bureaucrats in the health sector became part of a broad-based alliance that established and implemented a more inclusive social policy agenda that included the 30 baht universal health care reform.¹⁰

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Health councils in Brazil are an institutionalized participatory mechanism for citizen engagement that have played a significant role in making the country's universal, publicly funded, rights-based health system more effective, responsive and accountable.¹¹ Established by the Brazilian "Citizens' Constitution" of 1988, councils are responsible for service oversight at federal, state and municipal levels. Membership is divided equally between service users, on the one hand, and on the other, health professionals and managers, including private sector institutions delivering contracted-out services. The councils have a statutory mandate to audit health plans, budgets and expenditure. Transfers from federal health budgets depend on the councils' approval of accounts and spending plans. Over 5,000 health councils exist across the country, engaging citizens acting on behalf of a multitude of social actors, from neighbourhood associations to social movements. Activists in public health movements actively participate in these councils as civil society representatives.¹²

Strong regulatory institutions make private providers conducive to universalizing health care

Since the 1980s, increased international competition and market integration, along with trade and investment opportunities, have significantly affected the nature and forms of social policy, and shaped patterns of commercialization.¹³ In response to the negative impacts of health care commercialization, governments in several developing countries are rebuilding public sector capacity and strengthening regulatory frameworks. Most of these reforms have been undertaken to improve equity and quality of care, to expand coverage and to contain costs.

With these reforms, some low- and middle-income countries have significantly expanded health care schemes and moved toward universal coverage in terms of legal coverage and/or access to health care (see table 2.1). As of 2014, 72 countries achieved more than 90 percent health care coverage. Among them are 19 upper middle-income, eight lower middle-income and two low-income countries.¹⁴

A key element of the more successful attempts to expand coverage and enhance quality has been

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an increase in government funding based on progressive principles. In countries such as Brazil, China and Thailand, the principle of “from each according to their ability to pay and to each according to their health needs” has been applied to the universalization of health care. The measure to expand coverage particularly targets those not covered by formal contributory health insurance.

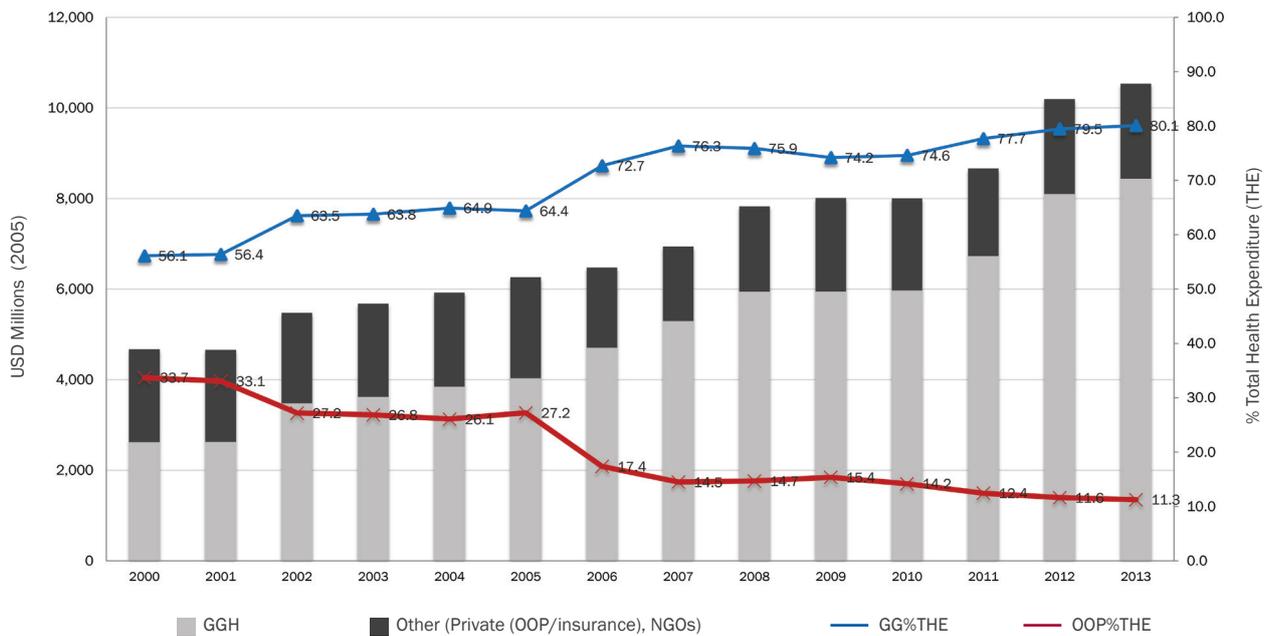
Schemes generally incorporate both public and private sector entities as service providers within a regulatory framework for reimbursement or compensation designed to reduce costs. Although

Table 2.1. Low- and middle-income countries with more than 90 percent of health coverage

Income group	Country	Estimate of legal health coverage (% of total population)	Year	% Live births attended by skilled health staff	Maternal mortality rate (modelled estimate, per 10,000 live births)
Upper middle income	Argentina	96.8	2008	99.4	7.7
	Belarus	100.0	2010	99.9	0.4
	Brazil	100.0	2009	98.9	5.6
	China	96.9	2010	99.6	3.7
	Costa Rica	100.0	2009	95.3	4.0
	Cuba	100.0	2011	99.9	7.3
	Fiji	100.0	2010	99.7	2.6
	Hungary	100.0	2010	99.1	2.1
	Iran, Islamic Republic	90.0	2005	99.0	2.1
	Libyan Arab Jamahiriya	100.0	2004	98.3	5.8
	Macedonia	94.9	2006	99.7	1.0
	Malaysia	100.0	2010	98.6	2.9
	Mauritius	100.0	2010	99.5	6.0
	Montenegro	95.0	2004	99.5	0.8
	Romania	94.3	2009	98.5	2.7
	Serbia	92.1	2009	99.7	1.2
	Seychelles	90.0	2011	99.0	-
	South Africa	100.0	2010	91.0	30.0
	Thailand	98.0	2007	99.4	4.8
	Venezuela, Bolivarian Republic	100.0	2010	98.1	9.2
Lower middle income	Armenia	100.0	2009	99.5	3.0
	Bhutan	90.0	2009	58.2	18.0
	Sri Lanka	100.0	2010	98.6	3.5
	Syrian Arab Republic	90.0	2008	96.2	7.0
	Ukraine	100.0	2011	98.7	3.2
	Uzbekistan	100.0	2010	99.6	2.8
	Vanuatu	100.0	2010	74.0	11.0
Low income	Gambia	99.9	2011	56.1	36.0
	Rwanda	91.0	2010	69.0	34.0

Source: World Bank 2014; ILO 2014.

Figure 2.2. General government expenditure on health and total health expenditure in Thailand



Notes: GGH: general government expenditure on health. OOP: out-of-pocket spending. THE: total health expenditure. NGOs: non-governmental organizations. OOP as % of THE growth rate (2000-2013) -9.9%. GGH and Other are shown in 2005 constant United States dollars. Annualized growth rates calculated using the least squares growth rate method. Source: Tivayanond Mongkhonvanit and Hanvoravongchai 2014.

economic growth and increased revenues obviously facilitate the significant extension of social service coverage, some countries have achieved universal coverage even under severe economic constraints. Thailand, for example, introduced major social policy reforms which significantly extended health care coverage in the early 2000s when the negative effects of the Asian financial crisis were still apparent (figure 2.2).

Improvements, then, in health system financing for the universalization of health care in low- and middle-income countries are crucially important. Although still significantly below the global average, that is 5.3 and 6 percent in 1995 and 2014, public expenditure on health as a percentage of GDP in low-income countries increased from 1.5 percent of GDP in 1995 to more than 2.4 percent in 2014. Out-of-pocket spending as a percentage of total health spending in low-income countries decreased from more than 50 percent to about 38 percent in the same period. In contrast, for the same period, the global average slightly increased from 17.4 to 18.2 percent.¹⁵

The effectiveness of universal health coverage in developing countries, however, still falls far short of the standard of universal health coverage suggested

In countries such as China, Brazil and Thailand the principle of “from each according to their ability to pay and to each according to their health needs” has been applied to the universalization of health care

by Sustainable Development Goal (SDG) target 3.8, which includes at least three dimensions: population coverage, service coverage and financial protection. And among the low and lower middle-income countries with substantial health coverage, there is still a big question mark concerning the quality of services. In Bhutan, the Gambia, the Philippines, Rwanda and Vanuatu, for example, this is reflected in very basic health care indicators, such as the maternal mortality rate, which currently far exceeds SDG target 3.1 of 7 per 10,000 live births, despite substantial coverage in terms of free access to health care provided by the government (see table 2.1). In addition, stringent eligibility criteria, low awareness among potential beneficiaries, and difficult documentation requirements continue to restrict access to these schemes.¹⁶

Changes in state-society relations play a critical role in health care policy development

In China, a slightly different set of factors and dynamics have driven the re-universalization of health care services. The policy drive toward economic growth in the post-Mao era had marginalized public health issues and dismantled the public health care system. As of 1999, only 7 percent of the 900 million rural Chinese had any publicly provided health care coverage.¹⁷ The SARS (Severe Acute Respiratory Syndrome) crisis in the early 2000s revealed the serious weaknesses of the Chinese system of governance characterized by administrative fragmentation, lack of coordination of different levels of government, and information asymmetry, particularly in the health sector.¹⁸

Evolving state-society relations have played a critical role in improving the health sector in China.¹⁹ Chinese citizens empowered during the process of economic growth and globalization actively responded to initial official denials and subsequent cover-ups related to SARS by sending and sharing a torrent of messages through mobile phones and emails. Public anger and distrust toward the health care system often fuelled public protests, especially in less affluent rural areas.²⁰

Chinese political leaders have long believed that social stability is the prerequisite for economic growth and development. After the SARS crisis, senior political leaders became more concerned about cooperation across ministries and different levels of government.²¹ They also recognized the importance of information-sharing among national health policy stakeholders, as well as between national and international health institutions. Such communication failures had been one of main causes of the SARS crisis.

Reform of the health system has opened a space for participatory and deliberative practices. Various stakeholders, including academics, domestic and foreign interest groups, such as Hong Kong-based civil society organizations (CSOs), Chinese community organizations in Europe, international organizations and foreign advisors, participated in the policy-making process to identify problems and design policy options. This took place through a variety of forums, including Internet.²² While not particularly strong, the influence of these various

The standard of universal health coverage suggested by SDG target 3.8 includes at least three dimensions: population coverage, service coverage and financial protection

stakeholders on policy was effective enough to enhance the government's awareness of the poor state of the health system, the potential threat to social stability and the need to respond to popular demand for wider, more inclusive coverage of health care. Fiscal space created by economic growth has certainly played a crucial role in expanding the health service.

In a major reform in 2008, the government set the goal of providing affordable basic health care to all Chinese by 2020, mainly through a government-subsidized insurance system covering 95 percent of the population.²³ As of 2015, 96 percent of China's 1.38 billion population was covered by some form of health insurance, up from 45 percent in 2006.

But some clouds remain on the horizon. Migrant workers, covered by health insurance provided by their hometowns, receive lower reimbursement if they seek medical service in another province. They need insurance in the province where they move for work. Yet unstable employment leads to low insurance coverage: around 18 percent of total migrant workers in 2014. This gap can mainly be attributed to an exclusive policy-making process where migrants are not represented.²⁴ In order to overcome this challenge, policy-making processes regarding the health sector in China need to become more inclusive, pluralistic and accessible through creating policy networks that include the most marginalized, such as migrant workers. They accounted for 36 percent of the total workforce of around 770 million in 2015.²⁵

Community-based partnerships have the potential to extend health service

Partnership between community-based organizations, government agencies and private sector actors has become a major means of extending social protection and access to social services such as health to informal

workers, in particular women in rural areas, in many developing countries (box 2.1). A trend leader is community-based health insurance (CBHI) or *Mutuelle de Santé* schemes. Since the 1990s, the number of these insurance schemes has increased, reducing out-of-pocket payments by the rural poor, particularly in sub-Saharan Africa. CBHI schemes generally share a number of common characteristics:²⁶

- organized by and for individuals who share common characteristics (including geographical, occupational, ethnic, religious and gender);
- inclusive risk sharing within a given community and membership premiums independent of individual health risks;
- participatory decision making and management;
- non-profit character; and
- voluntary affiliation.

However, the results of assessments and evaluations are mixed. For instance, a systematic review of research published before the end of 2011 reveals strong evidence that African CBHI schemes improve service utilization and resource mobilization, and protect members financially by reducing out-of-pocket payments.²⁷ Other research suggests that coverage of most CBHI schemes in sub-Saharan Africa is very low (between 1 and 10 percent), financial protection is limited and the cost of collection can be high when it involves door-to-door visits by hired agents.²⁸

The case of CBHI in Rwanda offers useful lessons for addressing these weaknesses. The country has made substantial progress in economic and social development, particularly in the health sector, since the 1994 genocide. From 1999, the Rwandan government promoted CBHI schemes as a part of nation-rebuilding efforts that drew on the long tradition of faith-based and community-run schemes.²⁹ This effort actively engaged community members and non-governmental organizations (NGOs) as well as foreign donors and global health funds. Schemes were linked to public and faith-based health centres, subsidies were provided for the poor and contributions were low. After a pilot phase, the government established a specific legal framework in 2008, making affiliation mandatory for nationals and residents alike.³⁰ In parallel, the government integrated and deployed donor funds in alignment with the Health Sector Strategic Plan of which the CBHI is one of the main pillars.³¹

Enrolment increased from 7 percent in 2003 to 91 percent in 2010.³² In 2015, the government transferred management of the CBHI scheme to the Rwanda Social Security Board in an effort to further scale up its reach, expand the benefit package to the level of social insurance for formal workers, and address financial instability of individual CBHI schemes due to an accumulation of debts to health providers.³³ The Rwandan case demonstrates that technical and financial assistance from or through the government and linkages with strong public systems of health care which reduce financial cost and standardize service quality are crucial to ensure that CBHI schemes contribute to the universalization of health care.

Several obstacles still remain in the path of universal insurance coverage in Rwanda. They include exclusion of the poorest of the poor that have difficulty in paying premiums, often women and children in rural areas;³⁴ the small benefit package compared to other insurance schemes; limitations in accessing for-profit health providers; and poor service quality. The major challenge to the sustainability of the CBHI relates to the political economy of Rwanda, in particular authoritarian tendencies which systematically exclude opposition political forces, and heavy dependence on foreign aid, which still accounts for 30 to 50 percent of the budget.³⁵

Pension reforms are turning the tide of privatization

Pension systems have been and continue to be one of the most dynamic areas of social policy reform and innovation.³⁶ Although the timing, extent, motives and drivers of reforms vary, many developed and developing countries have carried out pension reform, ranging from a wholesale overhaul involving privatization and renationalization to “parametric” reforms, that is, those related to eligibility, contribution rates and benefit formulas.

Privatization may have yielded improvements in terms of actuarial fairness and efficiency in some cases; however, it has invariably been associated with negative individual, social and budgetary consequences. They include high costs of fiscal transition (when moving from pay-as-you-go to funded systems) and administration of decentralized

Box 2.1. Partnership in social policy: A key means of SDG implementation

Interest in public-private partnerships (PPPs) has proliferated, particularly since world leaders hailed their potential at the United Nations World Summit for Sustainable Development in 2002.^a Such interest was further reinforced following the 2008 global financial crisis. In policy and practice, many claim that it is critical to tap the expertise and resources of the private sector.^b Yet evidence shows that resources can also flow from public to private actors in the partnership.^c On which terms can PPPs become an effective instrument for development?

Using PPPs in the provision of social services is neither completely new nor innovative. Many institutions with a public-private component and a mixed organizational identity can be identified in the history of social development and service provision, as in the case of water supply, waste collection and public transportation.^d The significant role of the private sector in the delivery of health and education services in East Asia, including in the Republic of Korea, Japan and Taiwan, Province of China, is also exemplary of PPPs broadly defined. In all these cases, strong governmental regulatory mechanisms and administrative capacity maximized the effectiveness of PPPs in achieving equitable and universal health and education systems.^e

In more recent social policy debates and practice PPPs have been closely associated with neoliberal policy reforms. Such reforms often ignored important aspects of regulation, participation and coverage. As a result, policies and institutions for PPPs have often lacked in-built mechanisms for correcting power asymmetry among partners. They have often promoted and delegated authority and responsibility to powerful and influential actors and thereby undermined the capacity of partnerships to meet social needs.^f Transformative innovations in relation to PPPs in social service provision, therefore, should be about changes in the nature of partnerships in terms of the actors involved, their roles and functions, and power relations among them, rather than the public-private partnership per se.

Much research has failed to account for the heterogeneity beneath the surface of the categories “public” and “private”, much less the diverse roles and functions they might play within a partnership, or how the power relations among them need to be addressed.^g Improved analysis and understanding of the empirical evidence on PPPs demonstrates the need for a variety of supportive institutions if PPPs are to deliver as a key means of implementation for the SDGs, as stated in goal 17. They include:

- policies, mechanisms and government capacity to ensure transparency and accountability;
- competition for both inputs and outputs; compliance of private sector providers with standards for high quality and cost-effective services to consumers and the government;
- commitment to public goods by private sector actors to meet the public interest; clear demarcation of responsibilities and objectives; and
- sharing of appropriately calculated costs, benefits and risks.

Supportive institutions should be designed to correct existing power asymmetries of the partners to maximize mutuality and organizational identity in ways conducive to meeting the public interest.^h

Notes: ^a Lund-Thomsen 2007. ^b Cuttaree and Mandri-Perrott 2011. ^c Jomo et al. 2016. ^d Perez and March 2006; Benzacon 2004; PPIAF 2009. ^e Yi 2015. ^f Béland 2007. ^g Faul 2016. ^h Brinkerhoff 2002; Jomo et al. 2016; Faul 2015.

and profit-oriented systems; considerable market risks; and adverse effects on coverage rates, risk-pooling, gender equity, redistributive fairness and social cohesion.³⁷ Fiscal savings, if any, have come at the cost of a substantial decline in the adequacy of public pensions, which jeopardized the right to income security in old age.

The most radical measure to address these problems has been to strengthen the public pillar in these schemes, or to renationalize private pension schemes, as occurred in Argentina, Bolivia, Bulgaria, Hungary, Poland, Portugal and the Russian Federation. The imperative of social protection and macroeconomic considerations are the joint leitmotifs of these measures. What constitutes the major driver, however, as well as the

The case of CBHI in Rwanda illustrates the importance of long-term strategic planning by the state, cooperation between public and non-state sectors, member-based organizations, local communities and cooperatives

nature of political configurations underpinning reform, varies by country. For instance, short-term fiscal concerns such as reducing the public pension deficit and short-term debt financing by using part of the released capital from private pension funds explain the type of reforms and their timing in the

cases of Hungary (2010) and Argentina (2008).³⁸ In Bolivia, renationalization of the contributory pension scheme, which had been privatized in 1996, did not imply a change in the financing method (as capitalization was maintained), but shifted administration of pension funds to the state and introduced a strong redistributive element and a minimum pension guarantee. The reform was mainly driven by social concerns and was made possible because of a political alliance of socially progressive forces involving the government, major trade unions and organized groups of pensioners.³⁹

Renationalization was often accompanied by complementary social policy measures for older people, mainly non-contributory basic pension schemes. With strong political support from peasants and indigenous peoples, Evo Morales's government in Bolivia established Renta Dignidad in 2008. This programme scaled up the previous programme, Bonosol, in terms of coverage, benefits and eligibility. A year later, the government renationalized the two existing pension funds, making the two programmes, the social and the contributory scheme, complementary for the income security of older people.⁴⁰

Table 2.2 illustrates that in Bolivia, these reforms have had a positive impact on the share of non-labour income across all income groups of older people. It also indicates that transfers have been particularly pro-poor. Women, who tend to have less access to contributory pension insurance due to their higher participation in the informal economy and in unpaid care work, benefited most from social pensions.⁴¹

Fiscal savings have come at the cost of a substantial decline in the adequacy of public pensions, which jeopardized the right to income security in old age

In Chile, pressure for pension reform more than 25 years after privatization emanated from both rising discontent among older people with insufficient coverage and adequacy of pension benefits, and concerns about future increases in old age poverty from the government and international expert community. About 45 percent of members of private pension funds were estimated to have a pension below the minimum guaranteed after 20 years of contributions.⁴² Mounting criticism of the private pension system enriching the financial industry also pushed reform. The percentage of people contributing to individual accounts decreased from about 75 percent in the early 1980s to slightly over 50 percent in the mid-2000s.⁴³

Following a broad-based consultation, an advisory council comprising representatives of diverse sectors of society submitted a report proposing changes to correct flaws of the private pension system.⁴⁴ The Bachelet government undertook a moderate reform in 2008 without changing the basic structure of the privatized system. Taking advantage of the fiscal space provided by the commodity boom and gradually decreased transition costs, the government established a new basic pension pillar (*pensión básica solidaria*) in 2008. This pillar currently covers the poorest 60 percent of the population, identified

Table 2.2. **Effects of Renta Dignidad** (monthly household income per capita in real bolivianos)

Household	Percentile	2001		2006		2013		
		Labour income	Non-labour income	Labour income	Non-labour income	Labour income	Non-labour income	Non-labour income: Renta Dignidad (% of total income)
All population	P25	66	11	102	20	234	26	3.8
	P50	166	14	239	13	434	31	2.2
	P75	323	41	459	38	699	86	1.2
Households with at least one member aged 60+ years	P25	66	11	84	37	183	77	24.4
	P50	156	23	177	66	329	136	15.4
	P75	303	51	329	150	416	370	9.2

Source: Vargas and Garriaga 2015 (from INE Bolivia, IMF staff calculations).

through the application of a means test. A solidarity retirement contribution (*aporte previsional solidario*) was also introduced, consisting of a payment to supplement the lowest pensions. Furthermore, the reform included a state subsidy to young low-income workers during the first two years of their employment. The reform also had positive implications, albeit limited, from the perspective of gender equity and women's empowerment. It raised women's benefit level in the private pension system by providing a bonus for every child (*bono por hijo*), and introduced equal treatment of men and women by allowing them to split accumulated savings by up to 50 percent in case of divorce and treating them equally in the case of the death of a partner.⁴⁵

Comparative research on Argentina, Bolivia, Chile and Hungary demonstrates that reversing pension privatization (or reforming private schemes substantially, as in the Chilean case) did away with or at least helped resolve some structural flaws of privatized schemes, such as the lack of social dialogue and social participation, low coverage, unequal treatment under different schemes, low social solidarity, gender inequality, benefit insufficiency, high administrative costs and weak state supervision. Argentina and Hungary introduced the most radical re-reform by incorporating the private funds into their public pay-as-you-go programmes. However, these reforms were not based on a participatory process involving broad-based consultations and debates, and there are major concerns about fiscal sustainability.⁴⁶

Specific challenges remain to be addressed in these countries. Renationalization and re-reform have left untouched separate schemes with superior benefits and fiscal subsidies, such as those for the armed forces, the police and civil servants in Argentina, Chile and Bolivia. In Chile, where the private scheme was reformed but not eliminated, workers' contributory burden is still excessive compared to employers'. This results in low contributions, and the retirement and benefit calculation rules are unfavourable to women.⁴⁷ In Bolivia, the share of contributors in the economically active population has not been significantly improved, remaining at around 11 percent. In Hungary, where reform was driven by short-term fiscal concerns, benefits were tightened, early retirement in the public pillar was abolished, the minimum pension reduced, a 13th month pension eliminated and the age of retirement gradually increased by four years.⁴⁸

Social pensions have gradually gained traction in developing countries

Social pensions have gradually gained traction as a policy innovation to expand coverage in countries with dual labour markets and high rates of informality. Social pensions are non-contributory benefits which are usually tax-financed and paid to either the entire older population, or to a sub-group of older persons living in poverty (means-tested) or those who do not receive any pension benefit (pensions-tested). Social pensions can contribute to transformative change if they are universal and rights-based, granting income security to the entire older population, and if benefit levels are sufficient to allow pensioners to live a decent life. Complementary services such as health insurance and other allowances, as well as participation of older people in the governance of pension systems, increase positive social outcomes. Several factors have driven the expansion of social pensions in recent times.⁴⁹ They include:

- a series of economic crises and a context of demographic change creating political pressure on governments to establish and scale up social protection programmes, particularly for older people;
- normative and discursive changes that triggered the social turn, emphasizing the importance of social protection for equitable and sustainable growth and poverty reduction;
- the need for ongoing pension system reform in contexts of demographic change and persistent labour market challenges;
- increased availability of robust analysis of the problems of existing pension systems and affordability/feasibility studies of reform options;
- growing awareness of international human rights law and the idea of a rights-based approach to development;
- broad-based coalitions pushing for reforms, including international organizations and NGOs, leadership at the highest level, and specific reform strategies such as reform bundling (joint reforms of contributory and non-contributory pension programmes);
- capacity to mobilize resources; and
- positive reform contexts such as high rates of economic growth.

Out of 100 countries with non-contributory social pensions in the world, 12 low- and middle-income countries currently have a universal pension for

Social pensions have gradually gained traction as a policy option to expand coverage in countries with dual labour markets and high rates of informality

which eligibility is based solely on the age of the individual and a history of citizenship or residency. In addition, 19 middle- and low-income countries have achieved universal pension coverage by reaching those who do not have a formal pension (figure 2.3).⁵⁰

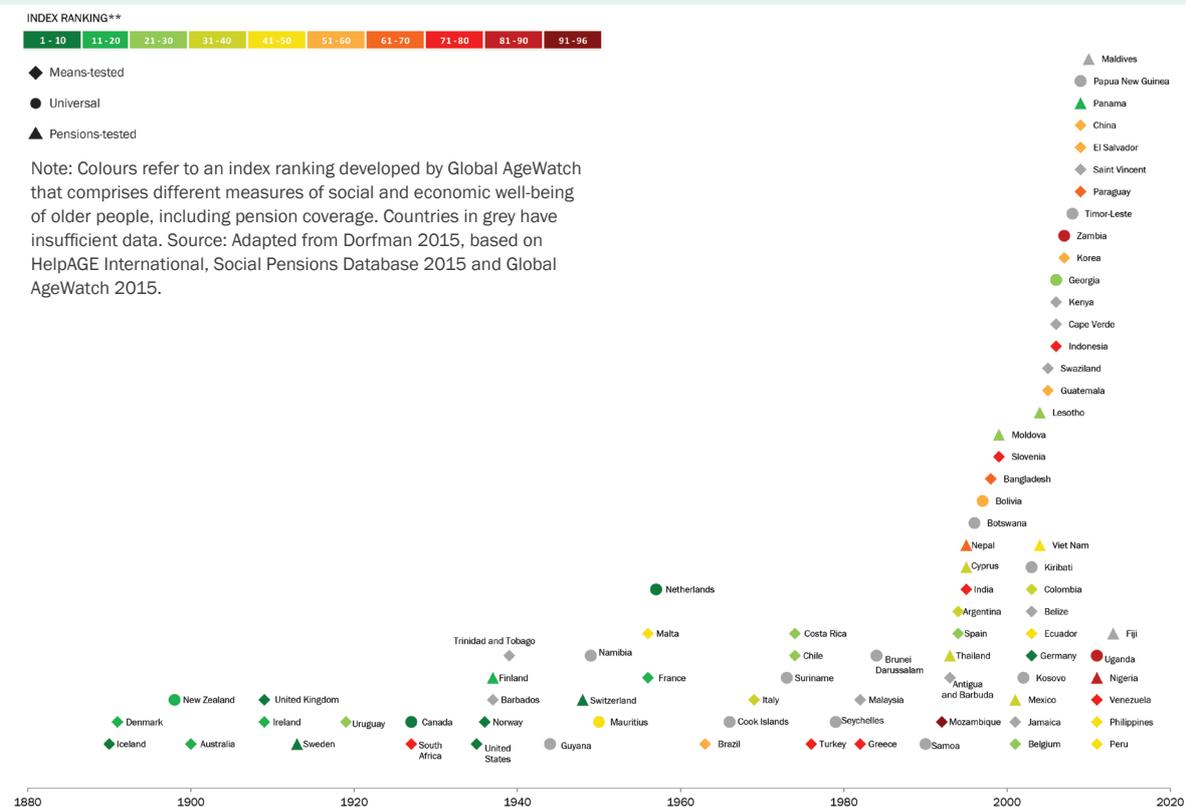
However, there are also major challenges to adopting or expanding social pensions in developing countries. These include increasing numbers of low-paid and informal urban workers, the scale of migrant and rural populations, policy priorities favouring the economically active youth population over the older population and persons with disabilities, and fiscal constraints that shape the preferences of policy makers. Robust and clear political and policy strategies for comprehensive and integrated systems of social protection, in which contributory pension insurance is combined with universal social pensions, are therefore urgently needed.⁵¹ They would go a long

way toward building comprehensive social protection systems, called for in ILO recommendation No. 202 on National Social Protection Floors, and toward achieving the SDGs, in particular goals 1 and 5.

Second-generation cash transfer programmes have innovative features

Cash transfer programmes gained traction from the late 1990s, particularly in Latin America and the Caribbean, partly due to their strong promotion by international financial institutions as a policy tool to address poverty. Widely copied since then, in different contexts, not all cash transfer programmes are promoting transformative change, as too often they remain residual programmes with low coverage and benefit levels and insufficient domestic funding, or because conditionalities have adverse consequences for recipient households.⁵² Moreover, when they are designed within organizational silos, cash transfer programmes run the risk of being fragmented and duplicated, which increases administrative costs and exclusion- and inclusion errors.⁵³

Figure 2.3. Establishment of social pension and assistance schemes for older persons (up to 2015)



Cash transfer programmes, particularly targeted ones, require a variety of supportive institutions, policies and coordination mechanisms to produce successful short- and long-term outcomes. They can have positive impacts on poverty reduction and human capital accumulation if supported by appropriate contexts where other enabling conditions, such as quality services and employment opportunities, are accessible to the population. Some recent innovations bode well in this regard.

Integrative cash transfer programmes are examples for eco-social policy

Some countries have adopted innovations that aim to empower and meet the multiple needs of the poorest and the most vulnerable people by combining different policy tools with a wide range of economic, social and environmental objectives. Particularly notable are integrated approaches such as social and environmental cash transfers, and the use of cash transfers for those living in areas affected by complex humanitarian needs, as in conflict-torn countries.

Integrated approaches for achieving social and environmental sustainability goals, particularly poverty eradication (associated with SDG target 1.1) and environmental conservation (associated with SDG target 15.1), are an attempt to address the flaws of fragmented social and environmental policy instruments such as conditional cash transfers (CCTs) for poverty reduction and Payments for Environmental Services (PES) for environmental protection.⁵⁴ Examples of such integrated eco-social policies include the following.

- Bolsa Verde, a cash transfer programme in Brazil established in 2011, provides cash benefits and vocational training to families that make a living from collecting forest products or farming in protected or other designated areas, in return for commitments to adopt more sustainable use of natural resources to reduce deforestation.⁵⁵ It is mandatory for participants to be beneficiaries of Bolsa Familia, the biggest CCT programme in the country, and registered in the single registry. Around 213,000 families are potentially eligible for participation in the programme, and in December 2015, 74,522 households received benefits of 300 reais per month.⁵⁶
- Much of the work under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), established in 2005 in India and guaranteeing up to 100 days of paid employment to poor people in rural areas, is devoted to environmental conservation, natural resource management (including the creation of durable assets), improved water security, soil conservation and higher land productivity. MGNREGA has offered employment to 20–55 million households per year or around 30 percent of all rural households.⁵⁷
- Cash transfers can play a significant role in mitigating the negative impacts of fossil fuel subsidy reform. Various countries, such as Ethiopia, Ghana, Indonesia and Iran, that have adopted measures to reduce fuel subsidies are also allocating fiscal savings to cash transfer programmes.⁵⁸

Creating compensatory mechanisms for fossil fuel subsidy reduction is particularly important, considering its direct impact on livelihoods and potential social unrest. Coupling fuel subsidy reform with the expansion of cash transfer programmes aims to convert such reform into a “triple win” initiative that simultaneously achieves macroeconomic, environmental and social goals. It requires well-integrated supportive policies and institutions such as energy sector reform policy and social protection measures. The reduction of fossil fuel subsidies needs to be part of a comprehensive national development strategy. Particular attention needs to be paid in cases where previously universal subsidies are replaced by targeted cash transfers, which are likely to lead to exclusion errors and stigmatization. Ethiopia, a predominantly agricultural country, has integrated the fuel subsidy reform (2008) with its strategy for transition to a green economy. The Climate-Resilient Green Economy Strategy (2011) focuses on improving crop and livestock production practices; protecting and re-establishing forests; expanding electricity generation from renewable energy; and leapfrogging to modern and energy-efficient technology.⁵⁹

Setting energy prices on the basis of criteria that take into account the impact of price rises on inflation, growth and livelihoods is crucial to an integrated approach. Many developing countries have different criteria for price setting but have established mechanisms that take into consideration the world price and other costs.

Engaging people in the policy-making process is key to the success of these initiatives. Recent nationwide public information campaigns in Indonesia, Jordan and the Philippines have facilitated the implementation of fuel subsidy reforms.⁶⁰

Realizing the potential of integrated approaches to cash transfers programmes is no easy task. Problems of exclusion error, high administrative costs and stigmatization are likely to occur if an integrated approach is based on targeted programmes. A variety of serious challenges have been encountered, including:

- difficulty in monitoring performance and conflicts arising between rights of indigenous peoples to access resources and the designation of environmentally sensitive areas in the case of Bolsa Verde;
- rent-seeking by government officials through informal systems of patronage and low attention to skill development of beneficiaries in the case of the MGNREGA scheme;⁶¹ and
- lack of broad-based political commitment in the case of fuel subsidy reforms which resulted in nation-wide demonstrations and riots in Indonesia in the early 2000s.

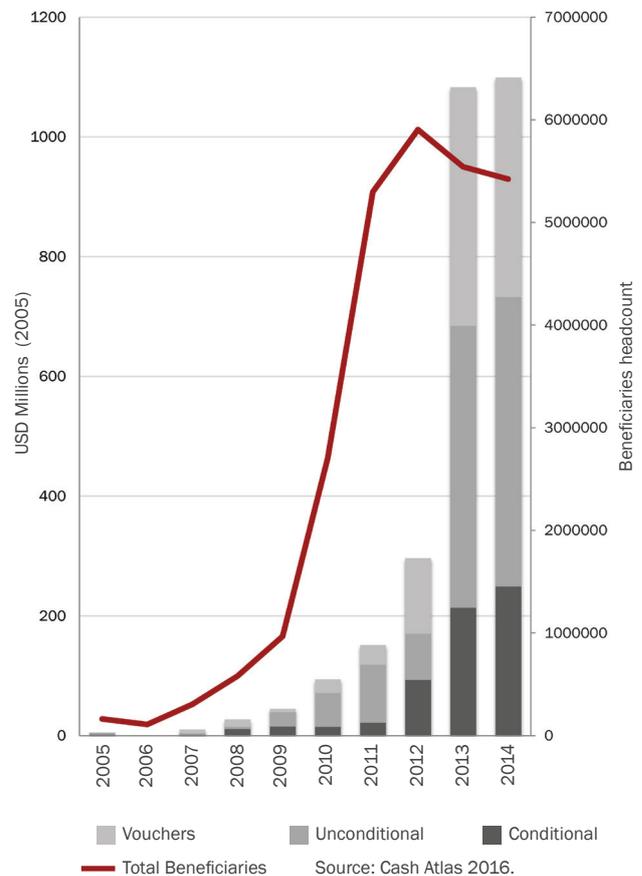
Cash transfer programmes are powerful as an emergency response

SDG 1, “End poverty in all its forms everywhere”, is particularly challenging in contexts of humanitarian crisis associated with conflict-torn societies and countries affected by natural disasters where systems of governance and socioeconomic institutions are particularly weak. A notable innovation in social policy in such contexts is the implementation of cash transfer programmes as an emergency response (figure 2.4).⁶²

Humanitarian agencies implementing cash transfers in affected areas are particularly active in Afghanistan, the Democratic Republic of the Congo (DRC), Mozambique, Nepal and Somalia. Some have successfully alleviated immediate hardship (for example, Afghanistan and Somalia 2002–2003). Other initiatives, such as Mozambique’s Gabinete de Apoio à População Vulnerável (GAPVU/ Cash Payments to War-Displaced Urban Destitute Households Programme), have eventually been suspended. In the case of GAPVU, suspension

was due to weak administrative, monitoring and supervision systems, which became a source of fraud and corruption.⁶³

Figure 2.4. Humanitarian cash transfers budget by type and total beneficiaries (2005–2014)



Emergency response programmes are temporary by nature. Transforming them into more stable and institutionalized systems of social protection would ensure durable reconstruction. Building a functioning, effective and legitimate political order and governance structure for social policy in fragile contexts generally takes a long time. The development of a stable system requires, at least in the initial stages, special attention to existing functional and stable institutions—often rooted at the local level. Security policies and conflict management need to engage a diverse range of intermediaries and rival groups.⁶⁴ Formalization and integration of customary institutions through the Tribal Liaison Office in Afghanistan, and councils of elders in Somaliland and Bougainville, are notable examples in this regard, although careful attention has to be paid to avoid strengthening traditional institutions which might reproduce or reinforce undesirable social outcomes such as gender inequality.⁶⁵

Cash transfer programmes, particularly targeted ones, require a variety of supportive institutions and policies to produce successful short- and long-term outcomes

Drawing on functioning traditional structures and converting foreign resources and expertise into indigenous capacity, are central to state building.⁶⁶ In the same vein, actively utilizing existing institutions and policies with the potential to strengthen social cohesion is an effective rebuilding strategy. It fosters a sense of community ownership and facilitates the design and implementation by local people and institutions of appropriate and workable solutions to the concerns and problems of beneficiaries themselves. Policies to correct mechanisms of discrimination against minorities and vulnerable people, particularly women, are essential in this process.

In Somalia, for example, humanitarian agencies have been implementing unconditional cash transfer programmes (UCTs) and food vouchers for purchasing a fixed quantity of food since 2011. For cash transfers, they used Hawala, a private trust-based system for money transfers which is present in much of Africa and South Asia under different names. The agents contacted by humanitarian agencies ask local agents of their trust network in designated and often remote areas to deliver money to beneficiaries and settle the debt at a later stage. Hawala has played a key role in implementing cash transfers in Somalia. By December 2011, it was estimated that the cash and vouchers reached over 20 percent of the households in “crisis” according to the Integrated Food Security Phase Classification system.⁶⁷ Considering that net overseas development aid (ODA) to Somalia in 2012 was about USD 1 billion, managing an estimated range of USD 1 billion to USD 2 billion per year between 2012 and 2013 and reaching an estimated share of 40 to 80 percent of the Somali population, the Hawala system played a significant role in improving the living conditions of beneficiaries and the population at large.⁶⁸ Hawala contributed to reducing various difficulties associated with security risk, administration and monitoring. The presence of a functioning market is an important contextual condition for such schemes to have a positive impact.⁶⁹ Recognizing the importance of local institutions, particularly in highly fragile settings, is

particularly important for achieving SDG 16 related to institution building to achieve peace and justice.

An interesting case of social policy as an emergency response in countries affected by natural disasters is the use of existing government-funded social policy programmes for the delivery of humanitarian aid. For instance, in Nepal, after two earthquakes severely affected 124 districts and put 2.8 million people in need of humanitarian assistance, the government implemented a top-up payment for beneficiaries of cash transfer programmes. While timely delivery of cash was achieved, typical problems of cash transfer programmes have arisen, such as inclusion and exclusion errors and short-term policy horizons. A geographically targeted cash transfer for all, rather than only for the beneficiaries of existing targeted cash transfer programmes, could have proved more helpful to those in dire need and simultaneously contributed to institution-building for social policy.⁷⁰

It is also notable that refugee agencies are testing the viability of various poverty reduction strategies, such as the graduation approach, in several refugee settings. By providing a regular and time-bound cash transfer, technical and entrepreneurial skills, and close mentorship, the approach aims to help recipients better plan their livelihood strategies and accumulate productive assets and savings. This should eventually help poor refugees to become self-reliant. Such programmes pay particular attention to the synergistic linkages between social protection, employment and financial inclusion.⁷¹

Social policy is the core of an integrated strategy toward full and productive employment

Loss of employment is a key factor pushing households into poverty and to demand social assistance. Unemployment insurance programmes are designed to cater for this risk, to take advantage of risk-pooling and redistribution mechanisms, while avoiding the recourse to tax financing and decline in living standards associated with social assistance. Neoliberal adjustment has redesigned unemployment insurance systems in many high-income countries to enforce flexible labour relations and promote job mobility. Many countries have lowered the benefit levels of contribution-based

insurance schemes, weakened the extent to which benefits are related to earnings or decoupled the level and duration of benefits from an individual's contribution record. These policies have been accompanied by an expansion of social assistance benefits for the working-age population, with a strong emphasis on labour market integration. They have often been complemented by active labour market policies redesigned to emphasize provision of temporary and low-paid employment rather than stable employment with decent wages. Chronic insecurity in relation to youth employment is one of the damaging outcomes of such policies in developed countries.

Generating decent jobs, particularly for youth, is one of the top policy priorities for both developed and developing countries. It is reflected in SDG targets such as a substantial increase of the number of youth and adults who have relevant skills for employment and entrepreneurship (4.4), substantial reduction of the youth unemployment rate (8.6) and the implementation of a global strategy for youth employment (8.b).

Recent research finds that the majority of policies and legislation for youth employment focus on skills development and, to a lesser degree, on labour market policies.⁷² These active labour market policies targeting job-seeking youth include training programmes for unemployed young people, apprenticeships and other work-experience programmes; job-search assistance and employment services; as well as incentives for employers to recruit vulnerable young people (for example, through wage subsidies or social security exemptions for a limited period) or measures to support young people who want to establish their own economic activity.⁷³

Evidence shows that these policies have clear positive returns for longer years of schooling for young people in high-income countries, with respect to employment rates and employment-to-population ratios. Their impacts are multiplied when they are combined with passive labour market policies: that is, social policies that provide income replacement and consequently allow young people, particularly those from poorer households, to stay longer in education or training schemes.

In contrast, many low- and middle-income countries, particularly many Arab countries, show a reverse relationship, that is, longer average years

of schooling tend to go hand in hand with higher youth unemployment rates.⁷⁴ This pattern reflects structural issues such as the limited absorptive capacity of the formal manufacturing and service sectors, on the one hand, and institutional problems of skill mismatch or quality of education and vocational training, on the other.

Both observations point to the crucial role of social policy in an integrated approach to full and productive employment. Social policy, particularly sufficient and universal benefits to the unemployed, allow individuals to come up with more flexible and creative ways of combining different types of work, leisure and capability development. A key example of this integrative approach can be found in Sweden up until 2006. The country attempted to generate decent and productive employment through the extensive use of active labour market measures combined with relatively generous unemployment insurance. This can be called the “high road” to full and productive employment, in contrast to the “low road” grounded on the neoliberal principle of the right of an employer to hire and fire individuals, and characterized by short-term and temporary contracts, and low levels of benefits.⁷⁵

A basic income grant designed as “the base of a social protection system that could be supplemented by insurance benefits and collaboratively occupational benefits”,⁷⁶ is another option to consider. It would provide resources to maintain an adequate standard of living and eliminate the “coercive” aspect of having to work (“coerced” work being less productive). This type of income replacement might be a step toward formalizing informal employment which is widespread in developing countries.

A productive economy with a sustainable capacity to absorb labour requires robust social provisions. Health, education and care services, affordable housing and transport infrastructure supplement unpaid social provisioning by families and households. If high-quality social services are delivered through a publicly regulated system, they can also generate decent employment opportunities and address (in part) skill mismatch. The Chinese government's active promotion of community-based social service delivery is a case in point. In 1986 when social work was officially recognized as a university discipline, only four universities offered social work programmes. As the government has increased investment in social service provision,

significantly expanding some services such as health care, the number of universities offering the training and the actual number of social workers has also increased.⁷⁷ In 2015, more than 300 universities ran a social work programme while the number of certified social workers reached 208,000. With the estimate that China needs 1 million more social workers by 2020 to respond to increasing demand, particularly care for older persons, the government is using a wide range of policies, including the active promotion of community-based services in which 4,686 private social work institutions are currently providing services.⁷⁸

Global and regional innovations hold lessons for national social policy

Global social policies and related governance mechanisms that impact national policy discourse and practice have changed significantly since the turn of the millennium. Global social policy, defined as international policy approaches or models as well as global institutions providing funds, regulation and rights, is particularly apparent in relation to the Millennium Development Goals (MDGs), SDGs and the Social Protection Floor Initiative.⁷⁹

Global governance has become more pluralistic, broadening beyond the intergovernmental system to encompass a diverse array of actors and institutions involved in contestation and compromise over development values, norms and strategies (chapter 7).⁸⁰ Pluralistic global governance has created new supranational spaces for struggles over the right to shape the content of policies on a variety of development issues: democracy, human rights, peace, climate change, environment, inequality, social protection, migration and trade.

Social policy, particularly generous and universal benefits to the unemployed, allow individuals to come up with more flexible and creative ways of combining different types of work, leisure and capability development

The 2030 Agenda can itself contribute to the creation of a supranational governance space with its attention to the role of diverse actors, institutions and processes. Almost all goals include targets related to the establishment of sound policy frameworks at the national level and sometimes regional and international levels, as well as partnerships between diverse stakeholders. In particular, global partnerships are emphasized to facilitate “an intensive global engagement in support of implementation of all the goals and targets bringing together governments, civil society, the private sector, the United Nations system and other actors and mobilizing available resources”.⁸¹

Understanding partnership within the framework of the 2030 Agenda is particularly important, considering current partnership debates in the trade sector such as the Trans-Pacific Partnership, the proposed Transatlantic Trade and Investment Partnership and the projected Trade in Services Agreement (chapter 7). By empowering corporations to litigate against governments whose policies are deemed to undermine profits, and by facilitating the privatization of public social services, these trade deals contrast starkly with the spirit of SDG target 17.15: “Respect each country’s policy space and leadership to establish and implement policies for poverty eradication and sustainable development”.⁸²

CSOs and social movements have become important players in supranational spaces.⁸³ They often kick-start processes of debate on conflicting interests, which may eventually contribute to new rules and institutions for poor and vulnerable people.⁸⁴

Developing countries themselves have also become more proactive in both global and regional initiatives to address transnational or cross-border social problems. As a result, spaces for South-South policy cooperation and learning have widened.

Considering social security coordination systems as “key lynchpins in a more pluralistic, flexible and fairer system of global governance”, developing countries have constituted regional bodies and started to undertake collective interventions in a wide range of areas directly and indirectly related to social policy.⁸⁵ They include regional mechanisms for the regulation and provision of social services, promoting the notion of social rights, technical cooperation, capacity building and development funds (see also chapters 4 and 6).⁸⁶

Major activities associated with social services usually comprise provision and exchange of knowledge and information, technical assistance, and monitoring and production of statistics. As can be seen in the case of Mercado Común del Sur (MERCOSUR/Southern Common Market), regional organizations also have the potential to develop mechanisms that have a real impact on service provision. In 2015, for example, health ministers of MERCOSUR completed initial negotiations with a number of pharmaceutical companies around the joint procurement of high-cost medicines at significantly lower prices than those previously available in some or all of the member countries.⁸⁷ While further negotiations continue, the coordinated initiative demonstrates how a regional organization can address information asymmetry in the regional market, develop a common regulatory framework and muster sufficient bargaining power to negotiate with multinational corporations.

Despite increasing importance of supranational spaces and global and regional social policy, the tendency to see problems as located within countries requiring national solutions, also called “methodological nationalism”, is still predominant in social policy discourse and policy practice. The result is a high barrier to creating social protection mechanisms that transcend national boundaries, for example, for international migrants or combatting global health epidemics.

4. Conclusions and Policy Implications

The social turn has brought about various reforms in a wide range of social policy institutions and instruments. The above discussion has highlighted five key sets of emergent trends and innovations. They include:

- the trend toward universalization;
- more inclusive forms of participation in policy design and implementation;
- new forms of partnership;
- better integration of policy instruments or policy coherence; and
- new directions in global and regional social policy.

But what should we make of these innovations and reforms from the perspective of inclusive development and transformative change? In some

Pluralistic global governance has created new supranational spaces for struggles over the right to shape policy and the content of policy

instances they amount to incremental improvements designed to correct for the social costs of so-called neoliberal policies. This is apparent in the case of certain conditional cash transfer programmes, enhanced regulation of healthcare privatization and commercialization, and the expansion of social pension components in private pension schemes.

Other innovations suggest a more profound shift in orientation that bodes well from the perspective of transformative change. The new look of global social policy, informed as it is by a strong normative commitment to social protection, equality and human rights, stands in sharp contrast to the one-size-fits-all prescriptions associated with structural adjustment programmes in the past or the more recent emphasis on safety nets for the poor. Universalization represents a potentially fundamental shift in approach, not only in terms of its normative and strategic underpinnings, but also in terms of how it is being achieved. Particularly significant in developing countries is the shift in focus toward social protection for informal economy workers and their families, as well as those engaged in unpaid care and domestic work (chapter 3). This involves a combination of contribution-based schemes for a relatively small number of formal workers and tax-financed or subsidized contribution-based schemes for the large majority of poor and vulnerable people.⁸⁸ Tax-financed or subsidized contribution-based schemes pose a serious fiscal challenge because of revenue constraints (chapter 6) and increasing numbers of informal employment. The challenge for policy makers moving forward, therefore, is how to extend the scope and amount of non-contributory benefits without undermining incentives for contribution.⁸⁹

Another significant message of the chapter relates to the politics of social policy reform. Innovations and adjustments in policies and institutions are not just technocratically value-neutral changes to increase efficiency and performance. They also involve a change in the normative hierarchy determining policy priorities that affect the nature of social welfare, as well as social and power relations (chapter 7).⁹⁰ The

above discussion has highlighted the variety of actors, institutions and processes that shape the nature of social policy reforms and innovations. Beyond the importance of universalization, the following policy implications seem particularly relevant from the perspective of transformative change.

An integrated approach to social policy requires relating it more closely with environmental policies, humanitarian aid, as well as trade and labour market policies

First, there is an urgent need for an integrated approach to maximize the synergies between social and other policies related to the environment, humanitarian aid, trade and labour markets. Such an approach should be guided by principles of efficiency and human rights. There is an important role for institutions and policies that correct imbalances in power relations. Enhanced integration will usually involve some mix of existing institutions and newly supportive ones. In war-torn or other fragile contexts, governance requires special attention to existing stable institutions, often rooted in local settings, where power and governance structures are composed of a diverse range of local intermediaries and rival actors to provide core functions of public security, justice and conflict management. Drawing on what exists and works is also important in developing countries where functional equivalents to social policy exist that reflect local specificity.

Public-private partnerships that enhance community organizations, combined with a strong regulatory framework and monitoring by citizens, are superior to the traditional PPP model

Second, beyond the often flawed traditional PPP model that has relied on business partners to provide finance, goods and services associated with social protection and development projects, there is considerable scope for a modified variant of PPP that enhances the role of community institutions and organizations in social policy. The case of

A more integrated approach to development issues has been notable at the regional level

community-based health care, examined above, demonstrates that the partnership model can be better aligned with public policy goals. Key challenges relate to the undersupply or uneven distribution of social service infrastructure by governments, the exclusion of the poorest people in the community, as well as co-optation and elite capture of both governance and benefits. A strong regulatory framework, proactive citizenship at the community level to hold public institutions accountable and responsive, and adequate supply-side investment are key if partnerships for social policy are to achieve sustainable and equitable outcomes.

Participation and inclusion of marginalized groups is crucial to enhance equality and universality

Third, newly emerging social institutions and policies with a potential to enhance equality and universality have invariably been associated with a high degree of mobilization and political representation of marginalized groups. The establishment of inclusive and democratic political and social institutions is crucial in this regard. Political and institutional reforms that facilitate participation play a key role in placing universal social protection on the political agenda and overcoming obstacles and resistance. The challenges to universalization, however, are considerable, not least because of fiscal constraints which often limit both social spending and investment (chapter 6). At best, politics through contestation, advocacy, dialogue and bargaining should foster institutional complementarity between social policy and other policies related to industrial development and macroeconomic and fiscal aspects. Such complementarity can be conducive to raising revenues, foreign-exchange reserves and productivity. Without this policy coherence, the universal dimension of social protection is likely to be put at risk.

Global social policy and governance suggests a reconfiguration of power relations among international development institutions

Fourth, as seen in the case of the G20, the BRICS and Alianza Bolivariana para los Pueblos de Nuestra América (ALBA/Bolivarian Alliance for the Peoples of our America), political transformation is apparent at regional and global levels as developing countries increase their voice and capacity to mobilize resources for inclusive development. The analysis of global social policy and governance also suggests a reconfiguration of power relations among international development institutions. As in the case of the MDGs, SDGs and Social Protection Floors, certain United Nations entities and processes have reasserted their role in shaping international development policy.

The above developments, then, suggest that developing countries are crafting a distinctive pathway to social policy that diverges to some extent from two previous pathways. These are the traditional European welfare state regime, with its strong emphasis on formal sector workplace related benefits, and the narrow “targeting the poor” approach associated more recently with poverty reduction strategies. Various terms have been employed to describe what is essentially a new hybrid arrangement where models and conditions reflecting donor countries’ own development experience and preferences play a less decisive role in shaping social policy. Such terms include “developmental welfare state”, that is, states that have social policy as an essential instrument for development.⁹¹ Another is the “Southern consensus”, which, in stark contrast to the Washington consensus, brings together elements of the East Asian experience and contemporary Latin American strategies for economic and social development.⁹² While the challenges are many, the emergent trends and innovations identified in this chapter provide a glimmer of hope that the core objectives of the SDGs related to poverty eradication, social protection and greater equality are within our grasp.

Endnotes

¹ Mkandawire 2004.

² Other key sectors of social policy such as education, water, sanitation and nutrition are discussed in UNRISD 2010 (chapter 6).

³ Stiglitz 2009.

⁴ Barrientos and Hulme 2009.

⁵ UNRISD 2010, 2015.

⁶ Cook and Kabeer 2009; Cook and Hujo 2014.

⁷ Devereux et al. 2015; Mkandawire 2005.

⁸ Ortiz et al. 2015.

⁹ Donnelly 1986; Costa 2008; Sepúlveda and Nyst 2012.

¹⁰ Kuhonta forthcoming; Selway 2015.

¹¹ Viana et al. 2015.

¹² Cornwall et al. 2008.

¹³ Mackintosh and Koivusalo 2005; Standing 2011a.

¹⁴ ILO 2014.

¹⁵ World Bank 2016b; WHO 2016.

¹⁶ Sen and Rajasekhar 2012.

¹⁷ Hsiao et al. 2016.

¹⁸ Thornton 2009.

¹⁹ Huang 2013.

²⁰ Blumenthal and Hsiao 2005.

²¹ Huang 2013.

²² Kornreich et al. 2012; Korolev 2014; Hsiao et al. 2016.

²³ Hsiao et al. 2016 ; Chen 2012.

²⁴ Zhu et al. 2014.

²⁵ National Bureau of Statistics, People’s Republic of China 2016.

²⁶ Soors et al. 2010.

²⁷ Spaan et al. 2012.

²⁸ Chuma et al. 2013.

²⁹ Soors et al. 2010.

³⁰ Soors et al. 2010 ; Nyandekwe et al. 2014.

³¹ Logie et al. 2008.

³² Nyandekwe et al. 2014.

³³ Hakizimana 2015.

³⁴ UN Women 2015.

³⁵ World Bank 2016a; Reyntjen 2013.

³⁶ Hujo 2014; UNRISD 2010.

³⁷ Hujo 2014.

³⁸ Datz and Dancsi 2013

³⁹ Lloyd-Sherlock and Artaraz 2014.

⁴⁰ Lloyd-Sherlock and Artaraz 2014.

⁴¹ Arza 2015.

⁴² Kritzer 2008.

⁴³ Kritzer 2008.

⁴⁴ Hujo and Rulli 2014; Mesa Lago 2014.

⁴⁵ Hujo and Rulli 2014.

⁴⁶ Mesa Lago 2014; Hujo and Rulli 2014; Datz and Dancsi 2013.

⁴⁷ Bertranou 2016.

⁴⁸ Mesa Lago 2014.

⁴⁹ Hujo and Cook 2012, 2013; Koehler 2011; Deshpande and Nurse 2012; World Bank 2010.

⁵⁰ Pension Watch 2015.

⁵¹ Hujo and Cook 2012.

⁵² For a critical analysis of cash transfer and conditional cash transfer programmes, see Molyneux 2007; Kidd 2015; Standing 2011b; Mkandawire 2005.

⁵³ Bangladesh's New Social Security Strategy established in 2015 is a good example of an innovative approach to overcome the problems of fragmentation and duplication through applying a life-course approach. See Alam 2016.

⁵⁴ Rodriguez et al. 2011; Hall 2012.

⁵⁵ Coudel et al. 2015; Daviet and Landsberg 2015.

⁵⁶ OECD 2015; Ministério do Meio Ambiente 2016.

⁵⁷ Access Development Services 2014.

⁵⁸ Lindebjerg et al. 2015; UNEP 2015.

⁵⁹ Federal Democratic Republic of Ethiopia 2011.

⁶⁰ UNEP 2015.

⁶¹ Access Development Services 2014.

⁶² Harvey and Holms 2007.

⁶³ Harvey and Holms 2007; Samson et al. 2006.

⁶⁴ Menkhaus 2007.

⁶⁵ Boege et al. 2008; Schmeidl 2009; UNRISD 2005.

⁶⁶ Ringen et al. 2011.

⁶⁷ Dunn et al. 2013.

⁶⁸ Canada: Immigration and Refugee Board of Canada 2016; Miwita 2015.

⁶⁹ Dunn et al. 2013.

⁷⁰ Rabi et al. 2015.

⁷¹ UNHCR 2014; UNHCR n.d.

⁷² Divald 2015; ILO 2015.

⁷³ ILO 2015.

⁷⁴ Matsumoto et al. 2012; UN ESCWA 2014.

⁷⁵ Mkandawire 2013.

⁷⁶ Standing 2009.

⁷⁷ Bai 2014.

⁷⁸ State Council, People's Republic of China 2016; State Council, People's Republic of China 2015.

⁷⁹ Deacon 2007, 2016.

⁸⁰ O'Brien, Goetz et al. 2000; Deacon 2007.

⁸¹ United Nations 2015, paragraph 39.

⁸² Deacon 2016.

⁸³ On transnational migrant activism in Asia, see Chavez 2015.

⁸⁴ Wieviorka 2013

⁸⁵ Deacon 2007:163; Berrón et al. 2013.

⁸⁶ Deacon et al. 2007.

⁸⁷ PAHO 2015; an agreement was already reached with one company, extending the lowest price for a hepatitis C treatment granted to Brazil to other countries.

⁸⁸ Mkandawire 2005; Hujo and Cook 2013; Gough et al. 2004.

⁸⁹ Barrientos 2012.

⁹⁰ Freedon 2006.

⁹¹ Draibe and Riesco 2007.

⁹² Gore 2010.

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