

2010

ADDRESSING GENDER AND
INFORMALITY BARRIERS ON
THE WAY TOWARDS A UNIFIED
MINIMA: DIVERSE EXPERIENCES
OF COUNTRY HOMENETS IN
SOUTHEAST ASIA

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By Rosalinda Pineda Ofreneo, Ph.D.**

Social security is a fundamental human right as proclaimed in the Universal Declaration of Human Rights (UDHR) and the International Covenant of Economic, Social, and Cultural Rights (ICESCR).¹

The following articles in the UDHR specifically refer to social security and protection:

Art 22: Everyone, as a member of society, has the right to social security and is entitled to realization through national effort and international cooperation and in accordance with the organisation and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Art 23 (3) : Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

Art 25 (1) : Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 9 of the ICESCR clearly proclaims that “The states parties to the present covenant recognize the right of everyone to social security, including social insurance.”

In 1944, four years before the issuance of the UDHR in 1948, the International Labour Conference came out with the Declaration of Philadelphia which maintains that "all human beings, irrespective of race, creed or sex, have the right to pursue both their material well-being and their spiritual development in conditions of freedom and dignity, of economic security and equal opportunity" (II-a).

*Paper prepared for the 2nd Asian Roundtable on Social Security, Nov. 19, Beijing,, China

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In order to ensure the practical implementation of this right, ILO Convention 102 (issued in 1952) provides minimum standards for all nine branches of social security: medical care; sickness benefit; unemployment benefit; old-age benefit; employment injury benefit; family benefit; maternity benefit; invalidity benefit; and survivors' benefit. Up to now, only 46 countries have ratified the Convention, and they are found mainly in the industrialized world. Of these 46 countries, only one (Japan) is found in Asia. The developing countries included in the list are mostly from Latin America – Brazil, Mexico, Costa Rica, Ecuador, Peru, and Venezuela – although there are a sprinkling from Africa (Libya, Niger, Senegal). Thus, the contention that ILC 102 cannot be afforded by developing countries may not be wholly true.

Nevertheless, as the ILO World Social Security Report 2010-2011 reveals, “Only one-third of countries globally (inhabited by 28 percent of the global population) have comprehensive social protection systems covering all branches of social security as defined in ILO convention No. 102. (p. 3) . Ratification binds states parties to the provision of regular and sustainable social security benefits, and prevents “backsliding” on their part since they will be subjected to international monitoring.

ILC 102 is now being considered for “modernization” and “complementation,” recognizing that it was issued almost 60 years ago, and many more social security conventions and instruments have been issued since then.ⁱⁱ It can also stand a lot of improvement from a gender perspective, because it is built on the male breadwinner model and assumes that wives and children are automatically dependents of the male heads of households. Thus, the standard upheld is that of the skilled male employee who predominates in formal employment. Nevertheless, ILC 102 is still considered to be a “flexible” convention, since it gives countries of different socio-economic levels ample time and space to comply with all the standards (beginning with just three branches of social security) and claim certain specific exceptions for coverage in the meanwhile. States which have not ratified ILC 102 can still find it useful as a guideline, albeit one that can still withstand a lot of improvement.

Social Security, Globalization and the Current Crisis

The impact of globalization has heightened the need for stable and sustainable social security systems to cushion the adverse effects which have led to more poverty and inequality, as well as to create conditions for improved productivity to spur economic growth. During the first ever World Social Security Forum held in Moscow in 2002, the ILO proposed a “social security floor” consisting of four main components:

- Universal child benefits;
- Universal access to essential health services;

- Some modest financial relief for the working poor unable to earn enough for their families to escape poverty as a result of underemployment and low productivity; and
- Basic tax-financed pensions for the old, the disabled and those who have lost the main breadwinner in a family. (Towards a global social floor? Issue paper for Session 4)

ILO argued that it would cost less than 2 percent of global GDP to provide these to the world's poor. And based on the 12 countries it studied, virtually all can afford these. It cited the examples of Senegal and Tanzania where basic pensions and child benefits could reduce poverty by 40 percent yet require less than 4 percent of GDP. And it showed that social security could be considered an economic investment and a redistributive mechanism to reduce poverty and inequality, enhance productivity, spur entrepreneurship, and maintain demand for domestic products during economic downturns. Over the long run, this investment will pay for itself as citizens become more productive and as they become more secure.

This link is borne out by a study in Mexico which showed that “people who have been benefiting from youth and family health programmes during their adolescent years, had showed labour productivity (indicated by level of earnings) about 20 percent higher over a lifetime, compared to those who have not benefited. This productivity shift alone would pay for the transfers by itself. (Cichon interview, 2007).

More recently, the global economic, financial, and environmental crisis generated a lively debate in the global development community regarding what should be the appropriate response. ILO's core position in the debate was that social security

- *is a human right;*
- *effectively reduces poverty, insecurity and inequality;*
- *is an economic necessity to unlock the full economic productive potential of a country and hence an important investment in development;*
- *systems serve as anti-cyclical social and economic stabilizers in times of crisis;*
- *structures, where they exist, bring countries into a better position to cope with the social and economic fallout than countries which have to introduce new ad hoc measures.*

ILO's more comprehensive response to the crisis is contained in the following elements of a Global Jobs Pact which it urges all countries to undertake:

- *introducing cash transfer schemes for the poor to meet their immediate needs and to alleviate poverty;*
- *building adequate social protection for all, drawing on a basic social protection floor including: access to health care, income security for the elderly and persons with disabilities, child benefits and income security combined with public employment guarantee schemes for the unemployed and working poor;*
- *extending the duration and coverage of unemployment benefits (hand in hand with relevant measures to create adequate work incentives recognizing the current*

realities of national labour markets);

- *ensuring that the long-term unemployed stay connected to the labour market through, for example, skills development for employability;*
- *providing minimum benefit guarantees in countries where pension or health funds may no longer be adequately funded to ensure workers are adequately protected and considering how to better protect workers' savings in future scheme design; and*
- *providing adequate coverage for temporary and non-regular workers.*

ILO, together with the rest of the UN family through its Chief Executives Board (CEB), is part of a campaign for a Global Social Protection Floor, which corresponds to a “set of basic social rights, services and facilities that the global citizen should enjoy. It can be seen as a core obligation of ensuring the realization of minimum essential levels of rights embodied in human right treaties.” It has two main elements:

1. *Ensuring the availability, continuity, and geographical and financial access to essential services, such as water and sanitation, food and adequate nutrition, health, education, housing and other social services such as life and asset saving information.*
2. *Realizing access by ensuring a basic set of essential social transfers, in cash and in kind, to provide a minimum income and livelihood security for poor and vulnerable populations and to facilitate access to essential services. It includes social transfers (but also information, entitlements and policies) to children, people in active age groups with insufficient income and older persons*

Towards a Social Protection Floor

The concept of a “social floor” is considered to be an urgent response to the “dramatic effects” of the crisis on employment, health, and education, through the provision of transfer incomes, social assistance and social security benefits especially to the unemployed and most vulnerable groups. These measures are meant to arrest the spread of poverty by preventing the vulnerable from falling below the poverty line. They are also meant to maintain adequate demand for goods and services and thereby blunt the threat of further recession. Investing in these measures is considered to be an investment in both social justice and economic development. And the investment can be very modest, and can be as low as 0.5 percent of the GDP for the large and highly successful cash transfer programs in Brazil and Mexico. Another estimate puts the expected cost of a cash benefit for children and a small pension, “which could reduce the poverty head count by 40 percent,” at not more than four percent of GDP. (ILO and WHO,2009:5).

The concept of a social protection floor is envisioned to be part and parcel of holistic development strategies which maximize resources in addressing poverty and vulnerability while

ensuring “‘guaranteed access’ to essential services and social transfers.” It works on both the demand and supply side in this manner:

		Means to ensure the supply of an essential level of:				
Rights and transfers to ensure effective demand from:		Health services	Water and sanitation - Housing	Education	Food	Other social services
	Children					
	Active age groups with insufficient income from work					
	Older persons					

Does increased investment in social protection have a negative impact on economic growth? The answer is no. “On the contrary, well-designed unemployment schemes, social assistance and public works programmes effectively prevent long-term unemployment and help shorten economic recessions.” (World Social Security Report 2010-2011, p. 3).

The concept of a “social floor” is also useful as a starting point in any discussion on a “unified social security minima” on a global or regional (Asian) scale, given the rather stark reminder that “still 75-80% of the global population do not enjoy a set of social guarantees that allow them to deal with life’s risks”. Yet, there is recognition “that there is no ‘one size fits all’ solution for all countries. Each country has to elaborate its priorities according to its needs. In any case, social protection policies in times of crisis and beyond need to be part and parcel of a comprehensive set of labour market, economic, education policies and need to be an explicit part of wider social risk management strategies that are stabilizing households and communities.” (ILO Global Extension of Social Security website).

Setting a Unified Minima for Asia: Difficulties and Challenges

A rights-based approach to social security and protection can only be carried forward if there are agreements regarding standards and indicators by which any country’s adherence and commitment can be measured. It is wishful thinking to expect that all countries can meet these standards all at the same time and in the immediate future, but there should be a way by which global monitors can track the progressive realization of social security and protection for all, and raise alarm bells if backsliding is detected.

One major challenge in setting a unified minima for Asia, as can be surmised from the previous discussion, is selecting or combining existing yardsticks. Right now, there are two major strands to draw from: the more narrow and precise contents (nine social security branches) of ILC 102 which now cover mainly those in formal employment and in better-off countries through the usual publicly run contributory social insurance mechanisms, and the much broader elements of a social protection floor which are meant to cover all, including the absolute poor

and working poor whose ranks are increasing due to globalization and the impact of the global crises.

The International Social Security Association (ISSA) used ILC 102 as a yardstick in looking at the developments in Asia and the Pacific, and found it had to deal with heterogeneity reflecting “political history, levels of economic development, the structure and size of national economies, social values, and social policy objectives.” (ISSA, 2009: 1). It reported that the achievement record for the various branches of social security was uneven: “Although nearly all countries provide pensions for old age, disability and survivorship and most countries provide coverage for work injury, the development of programmes for sickness and maternity benefits, family allowances, and unemployment benefits is more patchy.” In a selected overview of social security in 12 countries in Asia and the Pacific, only Australia, China, and Thailand provide benefits covering all the social security branches, followed by Vietnam and India with just one missing element (family allowances) (p 3). However, such “overview indicators” do not give any idea of the breadth and depth of the benefits – For example, in India, social security benefits cover mainly those in formal employment, which comprise only 7-8 percent of workers. (John, 2010). Those in informal employment (over 90 percent of workers, many of them women) are not as fortunate.

What therefore seems necessary in setting and tracking a unified social security minima based on ILC 102 is ascertaining types of workers covered (ensuring that those in informal employment are included). In addition, gender considerations have to be taken on board to ensure that women as well as men are equally protected, and that female heads of households and working wives who lie outside the male breadwinner model are given their just due.

The social protection floor guarantees access to basic needs and social services– food, water, housing, education, health care, etc. – as a matter of right mainly to children, the working poor, and older persons. It provides for those who fall between the cracks of formal social security and social insurance systems because they have no employers who can share the contribution burden, because their incomes are too small and/or irregular to sustain long-term contributions, because they live in geographic areas which are inaccessible, because they are too young or too old to maintain and protect themselves, or because they have no knowledge or means to join such systems. Because these basic needs and social services are construed as rights, the state as the duty bearer has the obligation to supply them to its citizenry who as claim holders can demand them. These basic needs and social services are the basis for setting the minima, with each country obliged to show improvement through time in attaining and later transcending the minima.

In certain contexts like the Philippines, social protection is a much broader concept that covers not only social welfare and social safety nets (which now focus on the hugely funded conditional cash transfer programs targeting the poorest families whose children are required to undergo health check-ups and attend school) but also social insurance (notably social security and health) and labor market programs for employment and livelihood security. Convergence and mutual reinforcement are envisioned by all the agencies involved, but as the current social protection programs now stand, there is the nagging problem of the “missing middle” – those who are neither too poor to receive targeted cash transfers nor earning enough to maintain membership

and benefits in social insurance schemes. Most women who are in informal employment – homebased workers, vendors, waste pickers, domestic and other service workers – are part of this “missing middle.”

The road to a unified minima, or put another way, to universal access to agreed upon minimum standards of social security and protection, will first have to be cleared of barriers due to gender and informality. Important in this respect is the legal basis or foundation for expanding entitlements, and allocating the required amount of resources to ensure not only universal but also increasingly good quality coverage. (World Social Security Report 2010-2011:7).

Gender and Informality as Barriers to Accessing Social Security and Protection

The Convention on the Elimination of Discrimination Against Women (CEDAW), upholds the right to social security, “ particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave,” and in the same article (11), affirms “the right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.” The CEDAW and other human rights instruments establish social security as a fundamental right to be guaranteed for all, women and men, with states parties ideally working towards a unified minima from their diverse starting points but not stopping there.

Yet, “half of the world’s population has no social security protection of any kind.” And as the ILO further reports, “Only one in five people in the world has adequate social security coverage ... Lack of social security coverage is largely concentrated in the informal economies of the developing world, which are generally a larger source of employment for women than for men.” (ILO website, Facts on Social Security). These realities underscore both informality and gender as major factors for exclusion from social security coverage, which therefore need to be addressed in charting any of the diverse ways forward to a unified minima.

What evidence can be shown that indeed, informality and gender comprise enduring barriers to accessing social security and protection ?

According to the latest World Social Security Report, income security in old age “is concentrated on formal sector employees, mainly in the civil service and large enterprises.” Expectedly, highest coverage can be found Europe and North America, and lowest coverage in Asia (20 percent) and Africa. The gender dimension is highlighted by the fact that “In most countries of the world, women are less represented in the formal economy and hence received social insurance benefits to a much lesser extent than men.” Furthermore, “In most low-and middle— income countries, contributory pensions tend to benefit mainly men, while tax-financed pensions benefit mainly women.”

Unemployment insurance (legally existing only in 78 countries or 42 percent of the 184 countries surveyed) is usually limited only to the formally employed, and mostly in high and middle-income countries. Lowest coverage can be found in Africa, Asia, and the Middle East, “where social security schemes for unemployment are still under debate rather than actually implemented.” (p. 4).

What about occupational safety and health? Coverage (amounting to less than 30 percent of the global working age population) for world-related accidents and diseases “is generally limited to those working in the formal economy../ In the informal economy prevailing in many low-income countries, conditions and safety of work are often dramatically bad, accidents and work-related diseases widespread and with no protection at all for their victims.” (p.. 6)

The WHO reports that about half a million women die due to maternity-related causes. (2005)/ Again, “Coverage of cash benefits before and after birth is limited to formal sector employees.”

The ASEAN Context: Working Poverty, Informality, and Gender

By working poor is meant those who are working but cannot work their way out of poverty because of very low earnings and very high risks. The figures below showed that in ASEAN, at least one out of ten workers lived in extreme poverty, subsisting at less than one dollar a day. (In the Philippines, one out of five; and in Laos and Cambodia, one out of three). Of the more than 262 million workers in ASEAN, 148 million or 56.5 percent - at least five out of ten -- were living in poverty, subsisting at less than the two dollars a day then defined as the poverty line. In terms of country breakdown, 80 percent of workers in Cambodia and Laos, 70 percent in Indonesia, and 60 percent in the Philippines did not have enough income to get themselves out of poverty. ((ILO, 2007:4, 18).

	US\$1 a day working poor				US\$2 a day working poor			
	Millions		Share in total employment (%)		Millions		Share in total employment (%)	
	1996	2006	1996	2006	1996	2006	1996	2006
ASEAN	36.7	28.5	16.9	10.8	140.1	148.7	64.5	56.5
East Asia	145.0	95.0	20.3	12.1	442.9	347.2	61.9	44.2
South Asia	250.8	196.9	51.9	33.0	427.1	500.2	88.4	83.7

The current global financial crisis has a woman’s face (Jayaseelan ,2009) since “it will affect women and men differently and unequally.” (Dejardin, 2009). There is gender-based job segregation, which has placed women in labor-intensive, export-oriented industries that have suffered severely from a downturn in the global market. With flexibilization and outsourcing in the labor market, women are pushed into being casual, temporary, contracted or home-based workers who are employed when orders come in and just as easily shed off when orders dry up.

Men are considered the breadwinners, and women the secondary or supplemental earners who depend on men and therefore could be paid less or be easily dismissed. But as the crisis worsens, and family income plummets, women are forced to enter what is called “distress employment” in low-paying and backbreaking informal work . Unlike men, they cannot afford to be choosy because providing food on the table and general family survival are uppermost in their heads. They become overburdened as they continue caring for their families and households even while worrying about higher costs of food, transportation, housing, water, energy, and medical care. Many women also opt to migrate to other countries where they occupy vulnerable jobs as domestic and other service workers.

Even before this most recent crisis, majority of women were already in informal work (averaging 65 percent of all women in non-agricultural employment in Asia) , and when agriculture (where a lot of women are also found) is factored in, this share of informal employment goes up a lot. This perhaps helps explain why two-thirds of the working poor in Asia are women. (ILO, 2006:25-26). Gender plays a key role in the informal economy, which absorbs women who have been among the first to be displaced from formal work, especially in the garments industry, as globalization progressed. Thus, even before globalization took effect, many women could already be found in the informal economy, since informal work (e.g., homebased work) was compatible with their reproductive work (child care, domestic chores). Furthermore, formal employment was often an elusive opportunity for them due to the many barriers to entry. In their particular case, class, gender, ethnicity, and other issues often intersect.

Initiatives from Southeast Asia : Focus on Health Care

Women in informal employment, through their organizations, have been advocating for access to social security for decades. Homebased workers, in particular, have been lobbying for the ratification of ILO Convention 177 on Home Work, issued in 1996 . ILC 177 is of major significance because it guarantees that homeworkers receive the same entitlements workers in the formal and other sectors are legally enabled to enjoy. Among these are statutory social protection, maternity protection, and protection in the field of occupational safety and health, which address the conditions of homeworkers both as women and as workers.

In addition to campaigning for the ratification of ILC 177 in Southeast Asia, various country homenet, in alliance with informal workers’ networks, trade unions and other stakeholders, have embarked on policy advocacy focusing on social security and protection, with varying levels of success and difficulty.

The most successful experience thus far has been the conceptualization and implementation of the Universal Health Coverage Scheme (UHCS) which Homenet Thailand and its allies lobbied for. Eleven networks comprised of formal and informal labor, women, people with disability, farmers, slum dwellers, consumers, senior citizens, children and youth, indigenous groups, etc. were involved in the sustained advocacy. The UHCS concept was adopted by Thaksin Shinawatra and his political party during the 2001 general election, and after they had won, the National Health Security Act B.E. 2545 was passed. The Act ensures that all Thai people have access to health services paid for by the government-run National Health Security Fund. At the start there was an initial charge per head of 30 baht but this was abolished in 2006, when access became fully free of charge. (Homenet Thailand, 2009).

The Philippines, under the new Aquino administration, is attempting to follow the Thai example; Homenet and larger coalitions are pushing this trend through the popularization of the rights-based People's Social Protection Agenda (PSPA) which calls for jobs, social security, health care, education and skills, basic services and social assistance, justice and jobs for all , as well as lobbying for a Magna Carta for Workers in Informal Employment (MACWIE), among others. MACWIE has been recently filed in both Houses of Congress at an opportune time, since a new and more popular administration has just come to power. The new President promises to be more pro-people, and has included universal health care as one of his trajectories. The context of his ascension to power is also significant, since the overlapping financial, economic, and environmental crises have taken a dramatic toll on the poor, and government has to prove its concern by strengthening its social protection programs.

Current thinking on universal health care and how it can be attained in the Philippine context is mirrored in the following provisions of MACWIE:

***SEC 15. Health Care System and Financing.** The state shall establish a comprehensive and integrated health care system that can guarantee provision of duly accredited and adequately furnished health facilities, as well as the deployment of appropriately educated and rationally compensated health personnel to underserved areas all the way down to the barangay level.*

The state shall ensure adequate resources to finance basic health care for all, by, among others, progressively increasing the budget for health care until it meets the World Health Organization recommendation of at least four to five percent of the Gross Domestic Product.

***SEC. 16. Universal Health Insurance.** The Philippine Health Insurance Corporation (PhilHealth) shall ensure and substantiate universal, actual, active, and up to date coverage of all Filipinos by 2010. To achieve this, PhilHealth with the participation of all stakeholders shall critically review its current operations. It shall also ensure that it can provide a minimum benefit package which can be periodically upgraded to meet the goal of universal coverage which is affordable, accessible and appropriate to the needs of all.*

- a. Government subsidies for PhilHealth sponsorship programs shall be expanded to cover not only the ultra poor but also the working poor who mostly belong to the informal economy. For the working poor who are self-employed, what should have been contributed by employers if they were enrolled as formally employed shall be covered by government subsidies in the interest of equity.*

PhilHealth programs for indigents and the working poor shall be expanded and improved in order to develop effective partnerships with organized groups, especially those composed and led by informal workers, women, senior citizens, persons with disabilities, persons with HIV/AIDS and other marginalized sectors, to better serve

increasing numbers of those in need. Organized groups with at least 500 members shall be allowed to be collecting agents of premiums with incentives.

- b. PhilHealth shall immediately extend its services to underserved areas by facilitating and accelerating accreditation of hospitals and clinics, and by ensuring that these service providers remain viable through immediate reimbursement.*
- c. PhilHealth, in accordance with its guiding principles, shall promote maximum community participation and shall recognize the roles and strengths of the public and private sectors in health care, including people's organizations and community based health organizations. PhilHealth shall extend appropriate recognition, technical assistance, and other forms of material support to mutual benefit associations, microfinance organizations, community-based health insurance and indigenous schemes initiated and participated in by workers in informal employment.*
- d. PhilHealth shall review its benefit package with maximum participation of all stakeholders in order to cover informal workers, senior citizens, indigenous peoples, persons with disabilities persons with HIV/AIDS and other marginalized groups sustainably; emphasize preventive measures such as annual physical and medical check-ups and other outpatient services; coverage of workplace-related injuries and illnesses affecting both formal and informal workers, treatment of chronic ailments such as hypertension and diabetes; and inclusion of reproductive health services, commodities and supplies based in hospitals.*

Homenets in other countries such as Indonesia, Cambodia, and Laos, are, however, experiencing difficulties and beginning from diverse perspectives in their campaigns and initiatives for social security and protection.

In Indonesia, the struggle even for minimum protection for homebased and other informal workers is an uphill one. There is no program or scheme which specifically targets them although theoretically, they are included in the 40/2004 Acts or the National Social Protection System or SJSN (Sistem Jaminan Social Nasional) which should provide benefits during sickness, accident, loss of job, old age, etc. Moreover, the Acts will also provide health insurance to all Indonesian citizens through subsidy. However, no concrete step has been taken to implement the Acts, the deadline for which was October 19, 2009. Given this context, Homenet Indonesia has gone local, arranging dialogues with local government officials for legal recognition of homebased and other informal workers, and conducting research towards the drafting of a social protection policy for them. The research results from several cities were presented to the Indonesian Women Empowerment Minister, leading to further work for developing an economic and social protection policy for women homebased workers in the informal economy.

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While national policy still has not guaranteed access to health care at ground level, Homenet

Indonesia is focusing on education towards preventive and curative health care by working with health workers, “promotion of indigenous herbal medicines and increase in healthy food intake, provision of medicine in case of emergency, and continuing lobbying for inclusion of homeworkers in government health schemes.” It has also done a lot of training and capacity building for occupational safety and health for homebased and other informal workers.

In Cambodia, the 1993 Constitution guarantees the right of every Khmer to social security and other social benefits “as determined by law.” It specifically provides that “The health of the people shall be guaranteed, “ and that “Poor citizens shall receive free medical consultation in public hospitals, infirmaries and maternity wards.” However, Cambodia as of yet still has no health insurance system and according to the ILO, has “the highest percentage of out-of-pocket expenditures in Asia.” (ILO website). It is in this context that AAC is paving the way towards extending a health insurance program (Great Sky) for homebased workers and their families, although access is still limited.

In Laos, the Ministry of Labour and Social Welfare has come out with a master plan targeting universal health care coverage by 2020; the deadline for setting the strategy for this is 2010. The current social security systems operating under the Ministry are for employees in the formal public and private sectors. For those in informal employment, the Ministry of Public Health promotes the community based health insurance system operating through voluntary membership covering families; and the health equity fund for the very poor through donor support. (ILO website). Organized homebased producers affiliated with Homenet Laos also have mutual aid arrangements embedded in their savings groups during times of need.

Some Concluding Observations

A rights-based approach to social security and protection presupposes the setting of minimum standards or a “social floor” below which no human being should fall. This minima should be the subject of global discussion and consultations, especially in Asia where economic and social conditions are so diverse. However, it should be noted that the issue of resources cannot be cited as an argument against setting such a minima, since there have been many studies showing that even poor countries in Africa can provide the key elements of a “social floor” with just about four percent of their GDP. Nation states can generate resources through taxes, through debt restructuring, and through donor assistance, with the calculation that eventually, investing in social security and protection can redound to increased productivity and more rapid economic development.

Such a minima can be flexible (following the example of ILC 102), allowing countries to progressively meet standards and increase coverage through time, but at the same time firm in the intent to show improvement and prevent backsliding

The road towards a universal minima is replete with barriers, among them informality and gender. Including the excluded in the drive towards universality must take women and informal workers on board, since they comprise majority of the working people, and most of them are poor. In this endeavor, there is no substitute for social mobilization and awareness raising starting with groups who most feel their exclusion, so that governments can truly take their

interests to heart and provide the legal foundations without which achieving any kind of minima is impossible.

END NOTES

ⁱ Social security and social protection are often conflated, even in various human rights instruments. ILO distinguishes between the two in this manner;

According to the ILO, social security is the protection which society provides for its members through a series of public measures:

- To offset the absence or substantial reduction of income from work resulting from various contingencies (notably sickness, maternity, employment injury, unemployment, invalidity, old age and death of the breadwinner);
- To provide people with health care; and
- To provide benefits for families with children.

Social protection is defined to include not only public social security schemes but also private or non-statutory schemes with a similar objective, such as mutual benefit societies and occupational pension schemes, provided that the contributions to these schemes are not wholly determined by market forces.

ⁱⁱ Among the options being considered are the following;

- Promoting a wider application and ratification of existing standards
- Developing a new stand-alone social security convention providing a universal right to a basic benefit package for everyone
- Developing a new instrument linked to convention No. 102 providing for a universal right to a basic benefit package for everyone
- Modernizing convention No. 102
- Consolidating the existing up-to-date ILO social security instruments into a single, new overarching Convention
- Developing an overarching Recommendation setting out core social security principles and defining the elements of a global social security floor (ILO Global Extension of Social Security website)

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