Social Protection Floor Index

Update and Country Studies

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Discussion Paper

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Mira Bierbaum, Cäcilie Schildberg, Michael Cichon[1]

1 *The authors would like to thank Jana Wagner for her very valuable and meticulous research assistance.*

CONTENT

EXECUTIVE SUMMARY

Context

The Global Coalition for the Social Protection Floor (SPF) developed the Social Protection Floor Index (SPF Index) to indicate the financial size of national SPF gaps in 2015. The Index measures the amount of resources that a country would have to allocate to social transfers and health services in order to achieve the minimum level of income and health security that is required by Recommendation R. 202 concerning national floors of social protection of the International Labour Organization (ILO). R. 202 was unanimously adopted by the governments and social partner organisations of all ILO member countries in 2012.

The importance of the SPF concept has been expanded by the adoption of the Sustainable Development Goals (SDGs) in September 2015. Target 1.3 of the SDGs requires member countries to »implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable«. Other targets of the SDGs (most prominently target 3.8 on universal health protection) have a direct social protection content. On the whole, the SDGs have a comprehensive social protection agenda which is virtually identical to the SPF concept (Cichon 2017 (forthcoming)). This ensures that national SPFs remain prominent and relevant in the international debate on the future of social protection. At some stage the SPF Index can and should make an important contribution to monitoring progress towards the SDGs, and that in a way that is as transparent and accessible as possible for members, trade unions, civil society organisations and other stakeholders.

Contents of the Report

Due to its unorthodox definition the SPF Index has a direct meaning in terms of the levels of national resources that would be required to close social protection gaps. It is thus distinctly different from other composite indicators whose values cannot be directly interpreted and often only serve to rank countries by a certain criterion. The SPF Index does both. Its values contain direct information on the financial size of protection gaps for policy makers and analysts, but can also be used to rank countries. The first results of the SPF Index were published in 2016 and referred to data from 2012.

This report incorporates data from 2013, updates the database, slightly modifies the methodology and uses new 2011 Purchasing Power Parity (PPP) conversion factors. This required a complete recalculation of the Index values from 2012. While the recalculated values were in most cases not very different from the previous ones, the recalculation was necessary to ensure comparability of values for 2012 and 2013.

In addition to a global ranking, four case studies on lower-middle-income countries from different regions illustrate how the SPF Index can be used for analytical and advocacy purposes at the country level. In this context, the SPF Index can be understood as opening a door towards deeper analyses, and as a tool for comparison with other countries. The overall SPF Index value is the point of departure that leads towards analysing protection gaps in the health and income dimension respectively. Furthermore, it can be used to compare progress over time, and draw comparisons with other countries in the region. Consequently, the SPF Index is a monitoring tool that can be usefully employed for discussions at both the international and the national levels, respectively.

Finally, the report recommends that in the future, SPF Index values for resource requirements should also be related to the fiscal capacity of countries, by using a corollary indicator of a SPF related fiscal challenge. This indicator should be developed in more depth in one of the later reports on the SPF Index.

Main Findings

The Index values of this SPF Index and the global rankings confirm our previous conclusion that national SPFs are affordable for most countries. The results based on a relative minimum income criterion show that for most countries[2] a national SPF that guarantees that all residents and children can take part in society and have access to essential health care is ***within short-term*** *reach, as:*

- ✓ *32 countries would require no more than 1 per cent of Gross Domestic Product (GDP);*
- ✓ *39 countries would require between 1 and 2 per cent of GDP.*

In the medium term,

- ✓ *45 countries with SPF gaps of between 2 and 4 per cent of GDP and*
- ✓ *9 additional countries with gaps of between 4 and 6 per cent GDP*

should be able to close most of their gaps.

In the longer term,

- ✓ *12 further countries might be able to close most of their gaps between 6 and 10 per cent of GDP.*

For 13 countries, a SPF does not seem achievable with domestic resources alone, as more than 10 per cent of GDP would be required. The latter results call urgently for support of the international community for those countries for which the achievement of even very modest living conditions and access to essential health care would require excessive amounts.

2 The SPF Index based on are relative income criterion can be calculated for 150 countries in 2013. Note that several of the countries for which no data are available certainly belong to the most vulnerable countries, for instance conflict-ridden countries such as Afghanistan or Iraq.

1| INTRODUCTION

In 2012, all ILO member states adopted the Recommendation concerning national floors of social protection (No. 202) that spells out their commitment to four basic social security guarantees for all residents and children: (1) access to a nationally defined set of goods and services constituting essential health care – including maternity care – that meets the criteria of availability, accessibility, acceptability, and quality; (2) basic income security for children at least at a nationally defined minimum level providing access to nutrition, education, care, and any other necessary goods and services; (3) basic income security, at least at a nationally defined minimum level, for persons of working age who are unable to earn sufficient income, particularly in cases of sickness, unemployment, maternity, and disability; and (4) basic income security, at a nationally defined minimum level, for older persons (ILC 2012).

Social protection in general and national social protection floors (SPFs) specifically are tools for achieving a life in dignity, creating inclusive and equitable societies, contributing to social peace, and supporting sustainable economic growth. Following the unanimous adoption of Recommendation No. 202, the importance of national SPFs was further acknowledged by including its roll-out in the Sustainable Development Goals (SDGs). SDG target 1.3 requires states to »implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable«.

Recommendation No. 202 specifies a number of principles that member states should respect when implementing national SPFs. These include, inter alia, universality of protection and non-discrimination, adequacy and predictability of benefits, progressive realization and regular monitoring of implementation. In support of the last principle, the Social Protection Floor Index (SPF Index) was first developed and presented in 2016 (Bierbaum, Oppel, Tromp, & Cichon 2016). The SPF Index is a monitoring tool that detects existing protection gaps and indicates the amount of resources that would be needed to close those gaps, expressed in relation to a country's current economic capacity. Member states, civil society organisations, trade unions and other stakeholders can use the SPF Index to compare the degree of pro-

tection gaps across member countries, and, as more recent data becomes available, to monitor countries' progress over time. In that way, the SPF Index contributes to opening up a »global space of deliberation on social reform by states, social movements and global publics« (Berten & Leisering 2017: 160).

Against this backdrop, the aim of this discussion paper is twofold. The first sections present the updated results of the SPF Index for both 2012 and 2013. The update does not only rely on more recent data that has been released since the first presentation of the SPF Index, but it also includes a methodological adjustment that is possible in light of newly available data. In the second part, four brief case studies from different regions are presented – on El Salvador, Mongolia, Morocco, and Zambia – that illustrate how the SPF Index can be employed at the country level for analytical and advocacy purposes and that exemplify particular caveats and strengths of the SPF Index. Finally, the report recommends that the future SPF Index values for resource requirements should be related to the fiscal capacity of countries by using a corollary indicator of a SPF-related fiscal challenge. This indicator should be developed in more depth in one of the later updates to the SPF Index.

2| METHODOLOGY

The following section briefly explains how the SPF Index is calculated, which databases are used, and summarises differences between the current and the previous release of the SPF Index.

Calculation of the SPF Index

The SPF Index was constructed to reveal the extent to which there remain protection gaps in a country, both in terms of income security over the life cycle and access to essential health care. The principles that guided the development of the SPF Index, and the formulae that are used to calculate it, are explained in more detail in Bierbaum et al. (2016). The original idea to estimate the potential costs to close social protection gaps is based on Cichon and Cichon (2015). This paper focuses on the key idea of the SPF Index and changes to its data sources and methodology.

Gaps in income security are detected by assessing to what extent each individual in a given country – children, people of working age that are unable to earn a sufficient income, and the elderly – have access to a minimum level of income. If an individual has access to fewer resources than this amount, it is calculated how much money would have to be given to this person to lift him or her up just to this level. These individual gaps are added up for all people that fall below the minimum income level. The sum of these individual gaps is usually known as the aggregated poverty gap and is expressed as a share of a country's gross domestic product (GDP). We refer to this as the ›income gap‹.

What constitutes a minimum level of income is a contentious debate. Recommendation No. 202 solves it by referring to nationally defined minimum income levels. For the purpose of a global comparison and ranking, however, it is necessary to apply similar criteria across all countries. The SPF Index is presented for three different minimum income levels that are typically used in international debates. The first two levels are based on the two absolute, international poverty lines set at $1.9 and $3.1 a day in 2011 Purchasing Power Parity (PPP). These poverty lines try to measure the absolute shortfall in incomes (in PPPs) that the poor face compared to the cost of a minimum basket of goods and services that are essential for survival.

The third and final level is based on an internationally comparable relative poverty line that is also meaningfully applicable in high-income countries. In contrast to the absolute international poverty lines that are fixed across time and space, relative poverty lines are defined in relation to the distribution of income within a given country at a certain point in time. The rationale of this approach is that, as a result of inadequate income in comparison to others, members of society might be marginalised or excluded from activities that are considered the norm within this society. Hence, an indicator that is based on a relative income criterion does not only measure hardship in absolute terms, but is also a proxy measure of inequality and social exclusion.

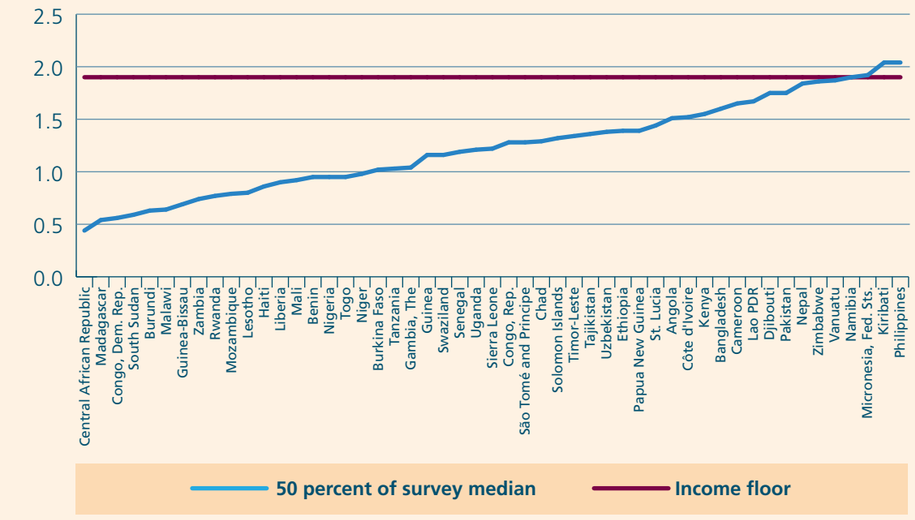
BOX 1: WHAT IS THE DIFFERENCE BETWEEN MEAN AND MEDIAN INCOME?

Both the mean and the median are measures of centre that can be used to summarise a numerical data set, for instance income data of a group of individuals. The mean is the ›average‹ number. It is calculated by simply adding up the incomes of all individuals and dividing this figure by the total number of individuals. The median is the ›middle‹ number. Median income is calculated by ordering all incomes and finding the middle point in the income range, with equal numbers of persons above and below that point. In contrast to mean income, very large or very small data points do not affect the value of median income.

For calculating the SPF Index, the relative minimum income level is set at 50 per cent of median income in a given country. This reflects SDG indicator 10.2.1 (proportion of people living below 50 per cent of median income), which monitors SDG 10 to reduce inequality within and among countries. A poverty line set at 50 per cent of median income is also in line with the approach followed by the Organisation for Economic Co-operation and Development (OECD). Note that this is different from the previously used approach to calculate the SPF Index, where limitations in data availability stipulated a poverty line set at 50 per cent of mean income. This is one of the reasons, among others (see below), why comparisons of the previously presented results for 2012 and the results for 2012 and 2013 as shown in this paper would be misleading.

For many low-income countries, however, a poverty line that is set at 50 per cent of median income equals a value below $1.9 a day in 2011 PPP, as illustrated in Figure 1. In these 47 countries with relative values lower than $1.9 dollar a day, we apply, as before, an income floor that is set at $1.9 a day in 2011 PPP. This amount arguably constitutes an absolute minimum that barely allows for survival. As soon as 50 per cent of median income is equal to $1.9 per day (as in Namibia), or above (starting with Micronesia (Fed. Sts.), Kiribati, and the Philippines), this value is taken as a relative poverty line. With this approach, we follow the unifying framework for measuring poverty in developed and developing countries as proposed by Atkinson and Bourguignon (2001).

Figure 1: Comparison of 50 per cent of survey median and income floor for 51 low-income countries, 2013



Source: Authors' own calculations based on the World Bank's PovcalNet (2016b).

The ›health gap‹ is the second component of the SPF Index and indicates whether or not a country guarantees access to essential health care to all residents and children. It is calculated, first, by comparing public health expenditure as a per cent of GDP to an empirically derived benchmark that is based on a global average staffing ratio for health professionals per 1000 population.[3] This benchmark takes the value of 4.1 per cent of GDP in 2012 and 4.3 per cent of GDP in 2013. If a country spends less than this amount on healthcare, it is assumed that it is not possible to put the health security guarantee into effect.

Even though enough resources dedicated to health is a necessary condition to realise this social security guarantee, it is not sufficient. Parts of the population could be systematically excluded for different reasons, for instance based on socio-economic characteristics, ethnicity or race, or location. Therefore, a second criterion is the extent to which resources are adequately allocated. It looks at a critical event over the lifecycle as referred to in Recommendation No. 202, namely, when a mother gives birth to a child. If a delivery is not attended by skilled personnel, it is assumed that the health system does not provide adequate care for pregnant women. There is another link to the SDGs here, as skilled birth attendance is included as an indicator under target 3.1, which commits states to »reduce the global maternal mortality ratio to less than 70 per 100,000 live births«.

The benchmark requires skilled personnel to be present at a minimum of 95 per cent of births. If the indicator falls below this value, it is assumed that an allocation gap exists that needs to be addressed. The allocation gap is calculated by subtracting the indicator from the benchmark of 95 per cent of births attended by skilled personnel and multiplying this shortfall with the resource benchmark. If a country falls short of one of these benchmarks, there remains a gap in access to essential health services, either in terms of resources and/or allocation. The larger of these two gaps – if there are gaps at all – constitutes the health gap.

The final SPF Index is the sum of the income and the health gap. This is possible as both gaps are expressed as share of a country's GDP. The SPF Index values can hence be directly interpreted as follows: The SPF Index value provides an indication of the minimum share of its GDP that a country would need to invest or reallocate to national SPF policies to close existing income and/or health protection gaps.

3 The benchmark is calculated as average public health expenditure (unweighted) of countries that fall within half a standard deviation of the average number of physicians, nurses, and midwives across all countries for which data is available. Since it is based on countries' public health expenditure in a given year, it is recalculated for each year.

Data sources

The choice of data sources has been guided by the principles of accessibility, replicability, transparency, coherence over time and space, and timeliness. Specifically, the aim was to use databases that are publicly available without any restrictions, as this ensures replicability of all results and hence transparency. Furthermore, valid comparisons across countries and time require data that is as coherent as possible. Finally, we aimed to include as many countries as possible, by using the most recent available data.

The databases that are used to construct the SPF Index, all maintained by international organisations, satisfy these criteria to the greatest extent possible. Nonetheless, there remain some limitations and challenges inherent in the databases that are also briefly outlined. Finally, the databases that are used to construct the SPF Index are regularly updated. In addition to new estimates for more recent years, previous estimates have been adjusted. This section briefly outlines the data sources and important changes, as compared to the previous presentation of the SPF Index.

The main source to calculate income gaps is the World Bank's PovcalNet (World Bank 2016b) that provides estimates of poverty gap ratios for a large group of countries. It allows users to calculate these ratios for user-set poverty lines and for different reference years (adjusting the estimates when the underlying household survey is from a different year). For this round of the SPF Index, the update as of October 1, 2016[4] was used, in which more than 35 new household surveys were added and more than 100 household surveys were updated. Additional changes include the use of 2011 PPPs for all countries, as well as changes in Consumer Price Indices, population data, or national account data. Most importantly, since this release of PovcalNet also displays survey medians, it is possible to use a relative minimum income criterion that is defined as half of the survey median.

PovcalNet is maintained by the World Bank to monitor global poverty and many efforts have been undertaken to adjust country data over time and space. Nonetheless, there remain important caveats and limitations, including differences in household survey questionnaires, the use of different welfare measures, or challenges related to temporal and spatial price adjustments. This should be kept in mind when interpreting the results (Ferreira et al. 2015).

Most high-income countries were not included in the PovcalNet update as of October 1, 2016. For OECD countries, it was possible to retrieve data to estimate income gaps based on a relative minimum income criterion set at 50 per cent of median income from the Income Distribution Database (IDD) (OECD 2016). Despite using a similar poverty line, there remain a number of caveats that limit comparability between PovcalNet and IDD. Particularly, the OECD uses a different method to adjust household income based on household size. Consequently, comparisons between OECD countries and all remaining countries should be made with caution.

The estimates of the number of births attended by skilled personnel are taken from the joint UNICEF/WHO database (2017) on skilled attendance at birth. Definitions of doctors, nurses, and midwives are standardised in this database. Nonetheless, standardisation remains a challenge due to differences in training across countries. Finally, public expenditure on health as a share of GDP and estimates of countries' GDP are retrieved from the World Development Indicators (WDI) database (World Bank 2017).

4 Shortly before launching this publication and after having finalised all calculations, the World Bank released an update of PovcalNet. While the most recent estimates of global poverty still pertain to the reference year 2013, they made methodological adjustments and changes in underlying household surveys. The release also includes estimates for additional countries, including a number of high-income countries. For further details on all changes, please see http://iresearch.worldbank.org/PovcalNet/whatIsNew.aspx (12.10.2017). Furthermore, it was announced that the new release of global poverty estimates for 2015 as reference year will be published in October 2018. All these changes and additions will be taken into account in future updates of the SPF Index. Interested stakeholders can use the methodology described in our papers to calculate most up-to-date estimates of the SPF Index for the countries they are interested in at any time.

3| GLOBAL INDEX RESULTS

This section presents the results of the SPF Index for 2012 and 2013. Due to our adjustments to the methodology, plus revisions and updates of the underlying data, it would be misleading to compare these ranks and values to those previously published. Furthermore, small changes in values over time and/or small differences across countries should be cautiously interpreted. These might not be statistically significant, but simply arise from sampling variation of underlying household surveys.

The SPF Index can be calculated for 129 countries when $1.9 and $3.1 a day in 2011 PPP are used as minimum income criteria (Table 1 and Table 2). It increases to 150 countries (adding OECD countries) when a relative minimum income criterion of 50 per cent of median income is used (Table 3). Detailed results for 2012 and 2013 that also show the respective income and health gaps are displayed in the annex (Table A. 1).

Table 1 shows the ranking of countries based on the SPF Index values calculated at $1.9 per day in 2013, with results for 2012 given in parentheses. The values vary substantially (between 0.0 and 57.3 per cent of GDP). Approximately one third of countries for which the SPF Index can be calculated have achieved SPFs, or would have to invest or reallocate no more than 1.0 per cent of their GDP to national SPF policies. There is another group of 34 countries that would have to invest no more than 2.5 per cent of their GDP to close remaining protection gaps. In contrast, 13 countries would need more than 10 per cent of their GDP to guarantee basic social security to all residents and children. Most of these countries are located in Sub-Saharan Africa.

For most countries, there are no big changes between 2012 and 2013. An exception for instance is Ecuador, which increased public health expenditures considerably along with an on-going health reform process. Another example is the Central African Republic, where

BOX 2: WHAT DOES IT MEAN WHEN A COUNTRY HAS A PROTECTION GAP OF 0.0 PER CENT OF GDP?

Based on the $1.9 or $3.1 per day-criteria, roughly a dozen countries from the Europe and Central Asia region (Bosnia and Herzegovina, Czech Republic, Estonia, Hungary, Lithuania, Moldova, Poland, Romania, Serbia, Slovak Republic, and Slovenia) and the Latin America and the Caribbean region (Costa Rica and Uruguay) have no shortfalls in neither the income nor the health dimension. What does that mean?

The first point is that the two international poverty lines of $1.9 and $3.1 per day are still an absolute minimum needed just for survival, but do not necessarily allow living a life in dignity. For all these countries, the SPF Index values are already higher when a relative minimum income criterion is used that takes into account the costs of social inclusion.

Second, while these achievements in terms of national SPFs should of course be acknowledged, they are only one part of the ILO's two-dimensional strategy to extend social protection. The rapid implementation of national SPFs in line with Recommendation No. 202 is the horizontal dimension of this strategy. The vertical dimension is the progressive achievement of higher levels of protection within comprehensive social security systems according to the Social Security (Minimum Standards) Convention, 1952 (No. 102). This is also expressed in article 13 of Recommendation No. 202, which states that Members should »seek to provide higher levels of protection to as many people as possible, reflecting economic and fiscal capacities of Members, and as soon as possible.«

the economy contracted by 37 per cent in 2013. The huge increase in resources expressed in relation to its GDP reflects not only deteriorations in social protection, but rather the increasing challenge to achieve a national SPF independent from external help.

The results for the SPF Index based on a $3.1 per day-criterion are shown in Table 2. An increase of the minimum income criterion correspondingly results in larger income protection gaps. While there is still a large group of countries that could relatively easily close gaps, 34 countries would require more than 10 percent of their GDP to achieve national SPFs.

Table 3 shows results based on a relative minimum income criterion that adds estimates for OECD countries. For most countries a national SPF that guarantees that all residents and children can take part in society and have access to essential health care is within reach: 32 countries would require less than 1.0 per cent of GDP, and additional 39 countries less than 2.0 per cent of GDP. For 13 countries, a SPF does not seem achievable with domestic resources, as more than 10 per cent of GDP would be required.

The values and global ranking of the SPF Index for 2012 and 2013 confirm again that the achievement of national SPFs is affordable for most countries, at least as far as data is available. At the same time, the results urgently call for the support of the international community for those countries for which the achievement of even very modest living conditions and access to essential health care is out of reach. In this sense, the SPF Index serves as a focused measure for advocacy (cf. Jahan 2017). It is also possible to use the SPF Index as an analytical and advocacy tool at the country level. This is the aim of the following four case studies that, moreover, illustrate some of the strengths and caveats of the SPF Index.

BOX 3: WHY DO SOME COUNTRY RESULTS CHANGE MORE DRAMATICALLY THAN OTHERS WHEN A RELATIVE INSTEAD OF AN ABSOLUTE MINIMUM INCOME CRITERION IS APPLIED?

A comparison of the results based on the international absolute poverty lines and a relative poverty line reveals that protection gaps differ more dramatically for some countries than for others. Consider for instance Romania and Uruguay. For Romania, protection gaps increase only minimally from 0.0 to 0.1 per cent of GDP when a relative minimum income set at 50 per cent of median income is used. Uruguay equally leads the country rankings when $1.9 or $3.1 per day are used as minimum income criteria. However, based on a relative income criterion, its protection gap amounts to 1.1 per cent of GDP, which ranks it 36th along with Colombia and Samoa.

A good way to understand the difference is to look at the values of the relative poverty lines in those countries. As outlined above, relative poverty lines are based on the distribution of income in a given society at a specific point in time. In Romania, 50 per cent of median income amounts to $3.9 per day, while it takes the value of $8.9 (all in 2011 PPP) per day in Uruguay. What this reflects in combination with the calculated income gaps is that the underlying income distributions are very different in those two countries. In Romania, the median income is much lower than in Uruguay, hence, the ›middle‹ living standard is considerably lower. Yet, the income differences between individuals are much less pronounced; the distribution is less spread. Even though the medium living standard is higher in Uruguay, income differences are more extreme. Hence, more people are excluded or marginalised in relative terms, which is reflected by the SPF Index value that is based on a relative poverty line.

GLOBAL INDEX RESULTS

Table 1: SPF Index country ranking based on minimum income criterion of $1.9 a day in 2011 PPP, 2013 (figures in parentheses refer to 2012)

		2013	2012
1	Bosnia and Herzegovina	**0.0**	(0.0)
	Costa Rica	**0.0**	(0.0)
	Croatia	**0.0**	(0.0)
	Czech Republic	**0.0**	(0.0)
	Estonia	**0.0**	(0.0)
	Hungary	**0.0**	(0.0)
	Lithuania	**0.0**	(0.0)
	Moldova	**0.0**	(0.0)
	Poland	**0.0**	(0.0)
	Romania	**0.0**	(0.0)
	Serbia	**0.0**	(0.0)
	Slovak Republic	**0.0**	(0.0)
	Slovenia	**0.0**	(0.0)
	Uruguay	**0.0**	(0.0)
15	Colombia	**0.1**	(0.2)
	El Salvador	**0.1**	(0.1)
	Macedonia, FYR	**0.1**	(0.0)
	Maldives	**0.1**	(0.1)
	Panama	**0.1**	(0.1)
	Paraguay	**0.1**	(0.1)
	Turkey	**0.1**	(0.0)
	Ukraine	**0.1**	(0.0)
23	Bulgaria	**0.2**	(0.1)
	Tuvalu	**0.2**	(0.2)
25	Belarus	**0.3**	(0.2)
	Tonga	**0.3**	(0.5)
27	South Africa	**0.4**	(0.3)
28	Kyrgyz Republic	**0.5**	(0.2)
29	Brazil	**0.6**	(0.6)
	Ecuador	**0.6**	(1.3)
	Montenegro	**0.6**	(0.0)
	Nicaragua	**0.6**	(0.7)
	Russian Federation	**0.6**	(0.3)
	Samoa	**0.6**	(0.5)
	Vietnam	**0.6**	(0.5)
36	Chile	**0.7**	(0.6)
	Namibia	**0.7**	(0.7)
38	Latvia	**0.8**	(0.6)
39	Bolivia	**0.9**	(1.0)
	Tunisia	**0.9**	(0.9)
41	Belize	**1.0**	(1.0)
	Botswana	**1.0**	(0.4)
	Jamaica	**1.0**	(0.9)
	Seychelles	**1.0**	(0.3)
45	Mexico	**1.1**	(1.0)
46	Thailand	**1.2**	(0.9)
	Trinidad and Tobago	**1.2**	(1.2)
48	China	**1.3**	(1.2)
	Micronesia, Fed. Sts.	**1.3**	(1.1)
	Peru	**1.3**	(1.3)
51	Cabo Verde	**1.4**	(0.9)
	Gabon	**1.4**	(2.0)
	St. Lucia	**1.4**	(0.7)
54	Albania	**1.5**	(1.4)
	Bhutan	**1.5**	(1.4)
	Fiji	**1.5**	(1.4)
57	Argentina	**1.6**	(1.2)
	Guyana	**1.6**	(0.7)
	Iran, Islamic Rep.	**1.6**	(1.4)
	Kiribati	**1.6**	(1.7)
61	Dominican Republic	**1.7**	(1.4)
	Ghana	**1.7**	(1.9)
	Suriname	**1.7**	(1.5)
	Swaziland	**1.7**	(1.8)
	Vanuatu	**1.7**	(1.8)
66	Honduras	**1.8**	(2.1)
67	Mauritius	**1.9**	(1.8)
68	Congo, Rep.	**2.1**	(2.9)
	Djibouti	**2.1**	(2.3)
	Kazakhstan	**2.1**	(1.7)
	Malaysia	**2.1**	(1.9)
	Mongolia	**2.1**	(1.8)
	Uzbekistan	**2.1**	(2.1)
74	Sri Lanka	**2.2**	(2.9)
75	Guatemala	**2.3**	(2.3)
76	Armenia	**2.4**	(2.3)
	Morocco	**2.4**	(1.9)
78	São Tomé and Principe	**2.5**	(3.5)
79	Nepal	**2.6**	(3.0)
80	Sudan	**2.8**	(2.7)
81	Mauritania	**2.9**	(3.1)
	Turkmenistan	**2.9**	(2.9)
	Zimbabwe	**2.9**	(2.9)
84	Angola	**3.0**	(3.0)
	Cambodia	**3.0**	(2.7)
	Venezuela, RB	**3.0**	(2.7)
87	Philippines	**3.1**	(3.0)
88	Azerbaijan	**3.2**	(2.9)
89	Georgia	**3.3**	(3.3)
	Indonesia	**3.3**	(3.1)
91	India	**3.5**	(3.5)
	Pakistan	**3.5**	(3.2)
93	Kenya	**3.6**	(3.7)
	Tajikistan	**3.6**	(3.8)
95	Lao PDR	**3.8**	(3.9)
96	Bangladesh	**3.9**	(3.7)
97	Comoros	**4.2**	(3.4)
	Solomon Islands	**4.2**	(4.3)
99	Côte d'Ivoire	**4.6**	(4.8)
	Timor-Leste	**4.6**	(4.7)
101	Papua New Guinea	**5.2**	(5.4)
102	Cameroon	**5.4**	(5.4)
103	Nigeria	**5.9**	(5.7)
	Tanzania	**5.9**	(6.3)
105	Senegal	**6.0**	(5.9)
	Sierra Leone	**6.0**	(8.4)
107	Ethiopia	**6.3**	(7.4)
108	Uganda	**6.6**	(6.4)
109	Burkina Faso	**6.8**	(7.2)
110	Zambia	**7.0**	(7.4)
111	Chad	**7.9**	(8.2)
112	Guinea	**8.0**	(7.8)
113	Benin	**8.3**	(8.9)
114	Lesotho	**8.4**	(8.7)
115	Gambia, The	**9.2**	(9.4)
116	Mali	**9.6**	(8.1)
117	Rwanda	**12.1**	(11.9)
118	Niger	**13.5**	(13.0)
119	Togo	**13.9**	(14.4)
120	Haiti	**14.6**	(15.8)
121	South Sudan	**16.6**	(18.7)
122	Guinea-Bissau	**17.9**	(17.1)
133	Liberia	**18.3**	(21.1)
124	Mozambique	**18.7**	(20.3)
125	Malawi	**21.6**	(22.6)
126	Madagascar	**22.2**	(22.1)
127	Burundi	**28.3**	(29.1)
128	Congo, Dem. Rep.	**41.5**	(46.3)
129	Central African Republic	**57.3**	(25.5)

Notes: *The figures in parentheses indicate the values for the SPF Index in 2012*
The SPF Index can be calculated for 129 countries that are included in PovcalNet and for which information on public health expenditure and births attended by skilled personnel is available. In addition to most high-income countries the following countries are not included due to non-availability of data: Afghanistan, Algeria, American Samoa, Cuba, Dominica, Egypt (Arab Rep.), Equatorial Guinea, Eritrea, Grenada, Iraq, Jordan, Korea (Dem. Rep.), Kosovo, Lebanon, Libya, Marshall Islands, Myanmar, Palau, Somalia, St. Vincent and the Grenadines, Syrian Arab Republic, West Bank and Gaza, Yemen (Rep.).

Source: Authors' own calculations.

Table 2: SPF Index country ranking based on minimum income criterion of $3.1 a day in 2011 PPP, 2013 (figures in parentheses refer to 2012)

		2013	2012
1	Bosnia and Herzegovina	0.0	(0.0)
	Croatia	0.0	(0.0)
	Czech Republic	0.0	(0.0)
	Hungary	0.0	(0.0)
	Lithuania	0.0	(0.0)
	Poland	0.0	(0.0)
	Romania	0.0	(0.0)
	Serbia	0.0	(0.0)
	Slovak Republic	0.0	(0.0)
	Slovenia	0.0	(0.0)
	Uruguay	0.0	(0.0)
12	Costa Rica	0.1	(0.1)
	Estonia	0.1	(0.1)
	Moldova	0.1	(0.1)
	Turkey	0.1	(0.0)
16	Panama	0.2	(0.3)
	Ukraine	0.2	(0.0)
18	Belarus	0.3	(0.2)
	Bulgaria	0.3	(0.2)
	Macedonia, FYR	0.3	(0.2)
	Paraguay	0.3	(0.5)
22	Colombia	0.5	(0.6)
	El Salvador	0.5	(0.6)
	Maldives	0.5	(0.6)
25	Montenegro	0.6	(0.1)
	Russian Federation	0.6	(0.3)
	Tonga	0.6	(0.8)
28	Chile	0.7	(0.7)
29	Brazil	0.8	(0.7)
	Latvia	0.8	(0.6)
31	Ecuador	0.9	(1.7)
	Samoa	0.9	(0.9)
33	Seychelles	1.0	(0.3)
	Tunisia	1.0	(1.0)
	Tuvalu	1.0	(1.1)
36	Jamaica	1.2	(1.1)
	Mexico	1.2	(1.1)
	Thailand	1.2	(0.9)
	Trinidad and Tobago	1.2	(1.2)
	Vietnam	1.2	(1.2)
41	South Africa	1.3	(1.2)
42	Botswana	1.5	(1.1)
	China	1.5	(1.7)
44	Albania	1.6	(1.5)
	Bolivia	1.6	(1.9)
	Iran, Islamic Rep.	1.6	(1.4)
	Peru	1.6	(1.6)
48	Argentina	1.7	(1.2)
49	Bhutan	1.8	(1.9)
	Gabon	1.8	(2.4)
	Nicaragua	1.8	(2.0)
52	Dominican Republic	1.9	(1.7)
53	Belize	2.0	(2.1)
	Fiji	2.0	(2.1)
	Mauritius	2.0	(1.9)
56	Kazakhstan	2.1	(1.7)
	Malaysia	2.1	(1.9)
	Mongolia	2.1	(1.9)
	Namibia	2.1	(2.3)
60	Kyrgyz Republic	2.2	(1.6)
61	Suriname	2.3	(2.1)
62	Cabo Verde	2.4	(2.0)
	Guyana	2.4	(1.5)
64	Sri Lanka	2.5	(3.2)
65	Morocco	2.6	(2.3)
66	Armenia	2.9	(2.8)
67	Turkmenistan	3.1	(3.2)
68	Azerbaijan	3.2	(2.9)
	St. Lucia	3.2	(2.4)
	Venezuela, RB	3.2	(2.9)
71	Guatemala	3.4	(3.5)
72	Ghana	4.1	(4.7)
73	Cambodia	4.2	(4.2)
74	Georgia	4.4	(4.7)
	Indonesia	4.4	(4.4)
76	Swaziland	4.6	(4.9)
77	Honduras	4.7	(5.2)
78	Mauritania	4.8	(5.3)
	Philippines	4.8	(4.9)
	Sudan	4.8	(4.7)
81	Micronesia, Fed. Sts.	5.1	(4.4)
82	Pakistan	5.7	(5.5)
	Uzbekistan	5.7	(6.3)
	Vanuatu	5.7	(5.8)
85	Angola	5.9	(6.1)
86	Congo, Rep.	6.1	(6.9)
87	India	6.5	(7.1)
	Lao PDR	6.5	(7.0)
89	Djibouti	7.1	(6.6)
	Kiribati	7.1	(7.5)
91	Nepal	7.3	(8.1)
92	Bangladesh	8.5	(8.9)
93	Zimbabwe	9.5	(10.0)
94	Kenya	9.8	(10.4)
95	São Tomé and Principe	9.9	(11.4)
96	Côte d'Ivoire	10.6	(11.7)
97	Nigeria	11.0	(11.0)
98	Cameroon	11.1	(11.7)
99	Tajikistan	11.3	(12.3)
100	Comoros	11.4	(10.8)
101	Papua New Guinea	13.0	(13.8)
102	Timor-Leste	13.9	(14.3)
103	Solomon Islands	14.4	(14.6)
104	Zambia	15.6	(16.2)
105	Senegal	16.5	(16.5)
106	Tanzania	17.5	(18.8)
107	Chad	18.5	(19.3)
108	Sierra Leone	19.4	(27.6)
109	Lesotho	19.4	(20.0)
110	Ethiopia	19.8	(24.0)
111	Uganda	20.3	(20.2)
112	Benin	22.7	(24.4)
113	Burkina Faso	24.9	(25.4)
114	Gambia, The	24.9	(25.6)
115	Mali	26.1	(24.4)
116	Guinea	27.2	(26.9)
117	Haiti	31.3	(33.2)
118	Rwanda	32.6	(32.6)
119	South Sudan	34.3	(38.7)
120	Togo	35.6	(36.8)
121	Guinea-Bissau	42.2	(40.7)
122	Niger	45.7	(45.8)
123	Mozambique	49.5	(53.2)
124	Madagascar	49.7	(49.4)
125	Malawi	54.8	(56.7)
126	Liberia	55.8	(62.7)
127	Burundi	75.4	(77.2)
128	Congo, Dem. Rep.	95.4	(104.4)
129	Central African Republic	120.7	(59.8)

Notes: *The figures in parentheses indicate the values for the SPF Index in 2012.*
The SPF Index can be calculated for 129 countries that are included in PovcalNet and for which information on public health expenditure and births attended by skilled personnel is available. In addition to most high-income countries, the following countries are not included due to non-availability of data: Afghanistan, Algeria, American Samoa, Cuba, Dominica, Egypt (Arab Rep.), Equatorial Guinea, Eritrea, Grenada, Iraq, Jordan, Korea (Dem. Rep.), Kosovo, Lebanon, Libya, Marshall Islands, Myanmar, Palau, Somalia, St. Vincent and the Grenadines, Syrian Arab Republic, West Bank and Gaza, Yemen (Rep.).

Source: Authors' own calculations.

Table 3: SPF Index country ranking based on relative minimum income criterion and income floor, 2013 (figures in parentheses refer to 2012)

		2013	2012
1	Romania	**0.1**	(0.1)
2	Serbia	**0.3**	(0.3)
	Ukraine	**0.3**	(0.2)
4	Czech Republic	**0.4**	(0.2)
	Hungary	**0.4**	(0.4)
	Maldives	**0.4**	(0.4)
	Moldova	**0.4**	(0.5)
8	Belarus	**0.5**	(0.5)
	Finland	**0.5**	(0.5)
	Iceland	**0.5**	(0.6)
	Luxembourg	**0.5**	(0.5)
12	Croatia	**0.6**	(0.6)
	Denmark	**0.6**	(0.6)
	Germany	**0.6**	(0.6)
	Kyrgyz Republic	**0.6**	(0.3)
	Lithuania	**0.6**	(0.6)
	Macedonia, FYR	**0.6**	(0.6)
	South Africa	**0.6**	(0.5)
19	Belgium	**0.7**	(0.8)
	France	**0.7**	(0.8)
	Namibia	**0.7**	(0.7)
	Netherlands	**0.7**	(0.7)
	Sweden	**0.7**	na
	Switzerland	**0.7**	na
25	Austria	**0.8**	(1.1)
	El Salvador	**0.8**	(0.8)
	Ireland	**0.8**	(0.8)
	Norway	**0.8**	(0.9)
	Slovak Republic	**0.8**	(0.7)
30	Bosnia and Herzegovina	**0.9**	(0.9)
	Poland	**0.9**	(0.8)
	Slovenia	**0.9**	(0.8)
33	Bulgaria	**1.0**	(1.0)
	Montenegro	**1.0**	(0.4)
	United Kingdom	**1.0**	(1.1)
36	Colombia	**1.1**	(1.1)
	Samoa	**1.1**	(1.1)
	Uruguay	**1.1**	(1.0)
39	Chile	**1.2**	(1.2)
	Costa Rica	**1.2**	(1.2)
	Russian Federation	**1.2**	(0.8)
	Tonga	**1.2**	(1.4)
43	Botswana	**1.3**	(0.7)
	Ecuador	**1.3**	(2.2)
	Estonia	**1.3**	(0.5)
	Panama	**1.3**	(1.2)
	Portugal	**1.3**	(1.2)
	Turkey	**1.3**	(1.4)
	Tuvalu	**1.3**	(1.2)
	Vietnam	**1.3**	(1.1)
51	Greece	**1.4**	(1.5)
	Mexico	**1.4**	(1.4)
	Micronesia, Fed. Sts.	**1.4**	(1.3)
	St. Lucia	**1.4**	(0.7)
55	Seychelles	**1.5**	(0.8)
	Thailand	**1.5**	(1.2)
	Tunisia	**1.5**	(1.4)
58	Albania	**1.6**	(1.5)
	Canada	**1.6**	(1.6)
	Gabon	**1.6**	(2.1)
	Jamaica	**1.6**	(1.5)
62	Belize	**1.7**	(1.7)
	Nicaragua	**1.7**	(1.7)
	Paraguay	**1.7**	(2.2)
	Swaziland	**1.7**	(1.8)
	Vanuatu	**1.7**	(1.8)
67	Brazil	**1.8**	(1.6)
	Fiji	**1.8**	(1.7)
	Italy	**1.8**	(1.7)
	Trinidad and Tobago	**1.8**	(1.8)
71	Latvia	**1.9**	(1.2)
72	Bhutan	**2.0**	(1.8)
	Cabo Verde	**2.0**	(1.5)
	Iran, Islamic Rep.	**2.0**	(2.0)
	Kiribati	**2.0**	(2.0)
	Spain	**2.0**	(1.8)
	United States of America	**2.0**	(2.0)
78	Congo, Rep.	**2.1**	(2.9)
	Djibouti	**2.1**	(2.4)
	Israel	**2.1**	(1.9)
	Mongolia	**2.1**	(2.2)
	Uzbekistan	**2.1**	(2.1)
83	Kazakhstan	**2.2**	(1.8)
	Mauritius	**2.2**	(2.0)
85	Dominican Republic	**2.3**	(2.0)
	Ghana	**2.3**	(2.4)
87	Sri Lanka	**2.4**	(3.0)
88	Armenia	**2.5**	(2.4)
	China*	**2.5**	(2.7)
	Peru	**2.5**	(2.6)
	São Tomé and Principe	**2.5**	(3.5)
92	Honduras	**2.6**	(2.5)
	Nepal	**2.6**	(3.0)
94	Argentina	**2.7**	(2.3)
	Suriname	**2.7**	(2.5)
96	Morocco	**2.8**	(2.4)
97	Guatemala	**2.9**	(3.0)
	Guyana	**2.9**	(1.9)
	Zimbabwe	**2.9**	(2.9)
100	Angola	**3.0**	(3.0)
	Malaysia	**3.0**	(2.8)
102	Cambodia	**3.1**	(2.8)
	Sudan	**3.1**	(2.9)
104	Philippines	**3.2**	(3.1)
	Turkmenistan	**3.2**	(3.2)
106	Azerbaijan	**3.3**	(3.1)
	Bolivia	**3.3**	(3.5)
	Mauritania	**3.3**	(3.6)
109	India*	**3.5**	(3.5)
	Pakistan	**3.5**	(3.2)
111	Georgia	**3.6**	(3.5)
	Kenya	**3.6**	(3.7)
	Tajikistan	**3.6**	(3.8)
114	Indonesia*	**3.8**	(3.6)
	Lao PDR	**3.8**	(3.9)
116	Bangladesh	**3.9**	(3.7)
117	Venezuela, RB	**4.0**	(3.6)
118	Solomon Islands	**4.2**	(4.3)
119	Côte d'Ivoire	**4.6**	(4.8)
	Timor-Leste	**4.6**	(4.7)
121	Comoros	**5.1**	(4.2)
122	Papua New Guinea	**5.2**	(5.4)
123	Cameroon	**5.4**	(5.4)
124	Nigeria	**5.9**	(5.7)
	Tanzania	**5.9**	(6.3)
126	Senegal	**6.0**	(5.9)
	Sierra Leone	**6.0**	(8.4)
128	Ethiopia	**6.3**	(7.4)
129	Uganda	**6.6**	(6.4)
130	Burkina Faso	**6.8**	(7.2)
131	Zambia	**7.0**	(7.4)
132	Chad	**7.9**	(8.2)
133	Guinea	**8.0**	(7.8)
134	Benin	**8.3**	(8.9)
135	Lesotho	**8.4**	(8.7)
136	Gambia, The	**9.2**	(9.4)
137	Mali	**9.6**	(8.1)
138	Rwanda	**12.1**	(11.9)
139	Niger	**13.5**	(13.0)
140	Togo	**13.9**	(14.4)
141	Haiti	**14.6**	(15.8)
142	South Sudan	**16.6**	(18.7)
143	Guinea-Bissau	**17.9**	(17.1)
144	Liberia	**18.3**	(21.1)
145	Mozambique	**18.7**	(20.3)
146	Malawi	**21.6**	(22.6)
147	Madagascar	**22.2**	(22.1)
148	Burundi	**28.3**	(29.1)
149	Congo, Dem. Rep.	**41.5**	(46.3)
150	Central African Republic	**57.3**	(25.5)

Notes: *The figures in parentheses indicate the values for the SPF Index in 2012. na: no estimates available.*
The SPF Index can be calculated for 150 countries. The minimum income level is defined as 50 per cent of median income (except for China, India and Indonesia, where it is set at 50 per cent of mean income). If the value of this poverty line is less than $1.90 a day in 2011 PPP, the international poverty line of $1.90 a day in 2011 PPP is applied. For the OECD member countries Chile, Hungary and Mexico, the IDD only provides estimates for one year; this is why PovcalNet estimates are used for both years for the sake of consistency. In addition to the countries mentioned in Table 1, the following high-income countries are not included due to data non-availability: Andorra, Antigua and Barbuda, Aruba, Bahamas, Bahrain, Barbados, Bermuda, British Virgin Islands, Brunei, Caymans Islands, Channel Islands, Curacao, Cyprus, Faroe Islands, French Polynesia, Gibraltar, Greenland, Guam, Hong Kong SAR (China), Isle of Man, Japan, Korea (Rep)., Kuwait, Liechtenstein, Macao SAR (China), Malta, Monaco, Nauru, New Caledonia, Northern Mariana Islands, Oman, Puerto Rico, Qatar, San Marino, Saudi Arabia, Singapore, Sint Maarten (Dutch part), St. Kitts and Nevis, St. Martin (French part), Sweden, Switzerland, Turks and Caicos Islands, United Arab Emirates, Virgin Islands (U.S.).
The survey median is not reported when estimates are derived from interpolation of two household surveys. In these cases, the median of the most recent household survey is used to determine the poverty line. In 2012, this was done for the following countries: Burkina Faso, Cameroon, Chile, Congo (Dem. Rep.), Guatemala, Iran (Islamic Rep.), Lao (PDR), Mauritania, Micronesia (Fed. Sts.), Nicaragua, Niger, Pakistan, Rwanda, Serbia, Sri Lanka, Togo, Uganda. In 2013, this was done for Burkina Faso, Cameroon, Guatemala, Mauritania, Mexico, Mongolia, Nicaragua, Niger, Pakistan, Rwanda, Togo, Vietnam.

** For China, India, and Indonesia, no survey median was available and estimates are based on the survey mean in both 2012 and 2013.*

Source: Authors' own calculations.

4| COUNTRY STUDIES

The four countries that have been chosen for the case studies are all lower-middle-income countries, but come from four different regions around the world and have to deal with various challenges in terms of social protection. El Salvador is a country in the Latin America and the Caribbean region. Most countries in this region, except for Haiti, have comparably small protection gaps, yet inequality is an overarching problem. Mongolia, a country in East Asia, has in global comparison a medium level protection gap. Recently, a national SPF was defined and a costing exercise was carried out to which SPF Index values can be compared. Morocco, located in North Africa, is an example where data availability is currently a limiting factor, so that SPF Index values have to be interpreted cautiously. Finally, Zambia is the country with the largest protection gaps presented here. Even though these gaps are smaller than in many other Sub-Saharan countries, the country is faced with substantial challenges to achieve a national SPF.

El Salvador

El Salvador, a lower-middle-income country in the Latin America and the Caribbean region, has a population of approximately 6.3 million. Its GDP per capita was $7,533 in 2012 and $7,636 in 2013 (PPP, constant 2011 international $); the most recent available estimate in 2016 amounted to $7,990. The timeliness and availability of data appears to be very good. The underlying household surveys to estimate poverty gaps using PovcalNet stem from 2012 and 2013 (cf. Table A. 1) respectively and there are also separate estimates for births attended by skilled personnel for both years provided by the Ministry for Health.

In 2013, El Salvador's SPF Index values were 0.1 per cent of GDP (at $1.9 per day in 2011 PPP) and 0.5 per cent of GDP (at $3.1 per day in 2011 PPP) respectively (Table 4). These values are very low in global comparison. El Salvador ranks among the best performing countries (that are nearly all from the Europe and Central Asia region or Latin America and the Caribbean) with gaps smaller than 1.0 per cent of GDP in both 2012 and 2013. This means, for instance, that El Salvador would have to invest or reallocate at least 0.5 per cent of its GDP to ensure that all residents and children live on at least $3.1 per day in 2011 PPP and have access to essential health care. If the aim was to guarantee that all residents and children had at least half of median income ($3.6 per day in 2011 PPP in 2013) and access to essential health care, at least 0.8 per cent of GDP would have to be invested or reallocated. These are, in any case, lower bound estimates, as these figures presume perfect targeting of transfers to the most vulnerable parts of the population and no administration costs.

To understand how El Salvador would have to invest these resources, it is necessary to step back and disaggregate the SPF Index along the health and income dimension. Both in 2012 and 2013, the health gap was zero: El Salvador spent 4.2 and 4.6 per cent of its GDP on public health expenditure in 2012 and 2013 respectively. Furthermore, in both years, nearly 100 per cent of births were attended by skilled personnel, which means that these resources were apparently allocated in a way that provided adequate care for nearly all women who gave birth in El Salvador.

Continued efforts to achieve all social security guarantees currently hinge on the income dimension. In 2013, more than 16 per cent of the population still had less than half of median income at their disposal and El Salvador would have to invest 0.8 per cent of its GDP to close this gap. What the SPF Index cannot tell us is who should receive these resources – whether transfers would need to be directed towards children, people of working age who are currently unable to earn their own living, the elderly, people in urban or in rural areas, or certain ethnicities. This would require further analysis, such as disaggregation of poverty measures along these dimensions. Such an analysis is possible with direct access to household surveys.

A comparison of the SPF Index values for 2012 and 2013 reveals that there have been only very small changes that should not be over-interpreted. In addition to comparing SPF Index values over time, it is also possible to draw comparisons with other countries in the region. El Salvador is surrounded by Guatemala and Honduras. Additional countries in the Central American region suited for comparison are Costa Rica and Nicaragua. Guatemala, Honduras and Nicaragua are also categorised as lower-middle-income countries, while Costa Rica is an upper-middle-income country. Table 4 summarises the values of the SPF Index and its components for these countries in 2012 and 2013.

Table 4: El Salvador's SPF Index and component indicators for 2012 and 2013 relative to selected countries

		2012								2013							
		Income gap			Health gap		SPF Index			Income gap			Health gap		SPF Index		
Countries	GDP per capita, PPP (constant 2011 int. $), 2013	$1.90 per day	$3.10 per day	50 per cent of survey median	Resource gap	Allocation gap	**$1.90 per day**	**$3.10 per day**	**50 per cent of survey median**	$1.90 per day	$3.10 per day	50 per cent of survey median	Resource gap	Allocation gap	**$1.90 per day**	**$3.10 per day**	**50 per cent of survey median**
Costa Rica	14.035	0.0	0.1	1.2	0.0	0.0	**0.0**	**0.1**	**1.2**	0.0	0.1	1.2	0.0	0.0	**0.0**	**0.1**	**1.2**
El Salvador	7.636	0.1	0.6	0.8	0.0	0.0	**0.1**	**0.6**	**0.8**	0.1	0.5	0.8	0.0	0.0	**0.1**	**0.5**	**0.8**
Guatemala	7.005	0.4	1.5	1.0	2.0	1.3	**2.3**	**3.5**	**3.0**	0.3	1.4	1.0	2.0	1.4	**2.3**	**3.4**	**2.9**
Honduras	4.178	1.6	4.7	2.0	0.0	0.5	**2.1**	**5.2**	**2.5**	1.3	4.1	2.0	0.0	0.5	**1.8**	**4.7**	**2.6**
Nicaragua	4.619	0.4	1.7	1.4	0.0	0.3	**0.7**	**2.0**	**1.7**	0.3	1.5	1.4	0.0	0.3	**0.6**	**1.8**	**1.7**

Based on absolute income criteria, Costa Rica ranks highest among these five countries. However, El Salvador also performs very well, particularly in relation to its neighbouring countries Guatemala and Honduras. When the relative minimum income criterion is set at 50 per cent of median income, Costa Rica's protection gap becomes higher than that of El Salvador. What this indicates is that even though absolute income levels are on average higher in Costa Rica than in El Salvador, income is distributed more unequally in the Costa Rican society. This is also illustrated by the Gini coefficient as a measure of inequality, which is lower (indicating less inequality) in El Salvador (43.5) than in Costa Rica (49.2) (World Bank 2016b). As a measure that, inter alia, maps the dimension of social inclusion, the relative poverty line also highlights aspects of inequality.

The 2012 and 2013 values of the SPF Index reflect El Salvador's achievements in terms of universal social protection. In comparison, in 2008, every fifth individual lived on less than 50 per cent of the median income, the Gini coefficient was 46.7 and the country spent only 3.7 per cent of its GDP on public health expenditure. Therefore, in 2008 the SPF Index would have equalled 1.4 per cent of GDP.

The substantial progress that El Salvador has made has partly been attributed to the Universal Social Protection System (USPS) that it introduced in 2009 (Durán-Valverde & Ortiz-Vindas 2016). The USPS is grounded in a rights-based and lifecycle approach and focuses on gender equality. Access to essential health care and basic income security over the life cycle is guaranteed through non-contributory components that include universal health care, and are complemented by contributory benefits. Despite this significant progress, there remain a number of challenges, including the extension of non-contributory programmes to vulnerable regions, increasing social security coverage with a particular focus on the informal economy, or consolidating the reform of healthcare.

Social dialogue was a crucial factor that contributed to the achievement and implementation of political agreements that dedicated more money to social expenditures (Durán-Valverde & Ortiz-Vindas 2016). In 2014, the Development and Social Protection Act was adopted and provides a legal framework to assure the USPS's continuity. Between 2008 and 2013, El Salvador increased its social transfer expenditure as a share of GDP by roughly 0.5 percentage points. Different international actors have financed a substantial share from non-reimbursable funds. This makes the reduction of external funding and con-

siderations of fiscal space one of the next steps to take. The 0.8 per cent SPF gap (using the relative poverty line) is the equivalent of 4.3 per cent of total government revenue. Increasing the allocation to social protection in that order of magnitude should be manageable within the next few years, especially if one takes the fluctuation in the level of government revenues during recent years into account. The size of these fluctuations since 2010 exceeds the level of the presently discernible fiscal challenge.

Regarding the contributory benefits, one of the more urgent challenges is the pension system sustainability. As a proportion of the fiscal deficit, the annual cost of pensions is high. While the fiscal deficit is around 3.2 per cent of GDP for 2015, the government subsidy for the contributory pension scheme is equivalent to approximately 60 per cent of El Salvador's annual fiscal deficit. According to the Ministry of Finance (Ministerio de Hacienda 2017), under current circumstances, the Government needs about one billion dollars per year until 2030 for the payment of pensions, which represents, on average, 2 per cent of GDP per year. These obligations could accumulate to 32 per cent of GDP by 2030. This situation will definitely complicate the reallocation of resources for strategies to progressively extend social security to as many people as possible

In conclusion, the SPF Index values indicate that El Salvador has made progress towards achieving a national SPF. Both in regional and global comparison, the country performs well. Protection gaps remain in the income dimension, yet considerations of fiscal space suggest that closing those gaps is within reach. Nevertheless, further analysis might reveal budgetary constraints, which hamper progress. Therefore, a prerequisite is that of a more detailed analysis, for instance based on household surveys, to reveal who is still denied a minimum level of income. Future efforts should consider vertical in addition to horizontal extension of social security as well as the quality of services.

Mongolia

Mongolia is a landlocked country in East Asia, surrounded by China and Russia. It has a population of approximately 3.0 million and is classified as a lower-middle-income country. In 2012 and 2013, its GDP per capita was $9,789 and $10,720 respectively (PPP, constant 2011 international $). The most recent available estimate from 2016 was $11,328. In both 2012 and 2013, GDP grew by approximately 12 per cent. Since then, growth has slowed down considerably, and it was below one per cent in 2016. As with El Salvador, data availability is very good. The estimates of the income gap are based on underlying household surveys from 2012 and 2014 (see Table A. 1) and the percentage of births attended by skilled personnel is provided on a regular basis.

The SPF Index value for Mongolia was 2.1 per cent of GDP in 2013, regardless of the chosen minimum income level (Table 5). This ranks it 68th (with Congo (Rep.), Djibouti, Kazakhstan, Malaysia, and Uzbekistan) on the SPF Index calculated at $1.9 per day at 2011 PPP, and 56th (together with Kazakhstan, Malaysia and Namibia) on the SPF Index, calculated at $3.1 per day at 2011 PPP. When a relative minimum income criterion is used, Mongolia would have to invest or reallocate at least 2.1 per cent of its GDP towards national SPF policies to close existing protection gaps.

These resources would have to be directed towards public health expenditure, as a closer look at the two components of the SPF Index reveals. More precisely, the gap does not arise from shortcomings in the allocation of current resources, as virtually all births are attended by skilled personnel, but from an overall lack of public expenditure on health.

Even though the income gap is close to zero when our criteria are applied, the national poverty line is set at a higher level. In 2012, the poverty headcount index in Mongolia was reported at 27.4 per cent, which corresponds to a national poverty line of $5.75 per day at 2011 PPP. This amount is deemed necessary to satisfy basic needs in Mongolia (Peyron Bista, Amgalan, Sanjjav, & Tumurtulga 2015). When this minimum income criterion is applied, the income

Table 5: Mongolia's SPF Index and component indicators for 2012 and 2013 relative to selected countries

		2012								2013							
		Income gap			Health gap		SPF Index			Income gap			Health gap		SPF Index		
Countries	GDP per capita, PPP (constant 2011 int. $), 2013	$1.90 per day	$3.10 per day	50 per cent of survey median	Resource gap	Allocation gap	**$1.90 per day**	**$3.10 per day**	**50 per cent of survey median**	$1.90 per day	$3.10 per day	50 per cent of survey median	Resource gap	Allocation gap	**$1.90 per day**	**$3.10 per day**	**50 per cent of survey median**
Kazakhstan	22.973	0.0	0.0	0.1	1.7	0.0	**1.7**	**1.7**	**1.8**	0.0	0.0	0.1	2.1	0.0	**2.1**	**2.1**	**2.2**
Kyrgyz Republic	3.121	0.2	1.6	0.3	0.0	0.0	**0.2**	**1.6**	**0.3**	0.1	1.8	0.2	0.4	0.0	**0.5**	**2.2**	**0.6**
Mongolia	10.720	0.0	0.1	0.3	1.8	0.0	**1.8**	**1.9**	**2.2**	0.0	0.1	0.0	2.1	0.0	**2.1**	**2.1**	**2.1**
Tajikistan	2.441	1.6	10.1	1.6	2.2	0.2	**3.8**	**12.3**	**3.8**	1.4	9.0	1.4	2.2	0.3	**3.6**	**11.3**	**3.6**
Turkmenistan	13.236	0.0	0.4	0.3	2.8	0.0	**2.9**	**3.2**	**3.2**	0.0	0.3	0.3	2.9	0.0	**2.9**	**3.1**	**3.2**
Uzbekistan	5.067	1.1	5.3	1.1	1.0	0.0	**2.1**	**6.3**	**2.1**	0.9	4.5	0.9	1.2	0.0	**2.1**	**5.7**	**2.1**

gap amounted to 1.5 and 1.2 per cent of GDP in 2012 and 2013 respectively. As mentioned before, these figures provide an indication of the overall resources needed, but they cannot tell us who should get them and which programmes or schemes would be needed.

A comparison of the SPF Index values for 2012 and 2013 shows that the health gap increased over this period. The income gap, in turn, further decreased. In terms of regional comparisons, Table 5 displays results for Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan. However, these countries differ considerably, in terms of population size as well as their levels of economic development.

Kazakhstan, Tajikistan, and Turkmenistan have similar health resource gaps as Mongolia. As in Mongolia, income gaps tend to be small in Kazakhstan, the Kyrgyz Republic and Turkmenistan. Overall, in a regional comparison Mongolia performs well. Yet there are, especially in comparison with other countries, gaps in access to essential health care. Notably, this observation matches reports on excessive out-of-pocket payments: In 2013, 44 per cent of total health expenditure were out-of-pocket payments.

Mongolia is an example of a country for which a SPF was defined based on a national dialogue, and a costing exercise was implemented (Peyron Bista et al. 2015). This included the identification of elements of a national SPF that are already in place and existing coverage gaps, the assessment of policy options to address those gaps and their costs, and the endorsement of these options at the national level. Particularly in the health and childcare domains, several programmes are already in place, for instance Social Health Insurance, or the Child Money Programme, yet need to be strengthened (cf. Peyron Bista, Amgalan, & Nasan-Ulzii 2016). Guaranteeing income security for the elderly, in turn, would require new programmes, such as a three pillar pension system.

According to this assessment, the costs to achieve a national SPF would be 0.9 per cent of GDP in 2015. The costs would rise to 1.7 per cent of GDP by 2020, when full coverage is projected to be achieved, which corresponds remarkably well to the income gap that is calculated based on a national poverty line. Of these 1.7 per cent of GDP, 0.6 per cent would be directed towards children and people in working age respectively, and 0.5 per cent to the elderly. By 2020, no additional costs would be projected in the health domain, yet the estimates do not include the costs of infrastructure, such as quality health care facilities and personnel (Peyron Bista et al. 2015). However, this is needed to guarantee de facto access to goods and services of adequate quality. These costs, in turn, are part of public health expenditure, which could explain the discrepancy between the estimates derived from the SPF Index and the costing exercise in the health domain.

In general, the 2.1 per cent SPF gap (using the relative poverty line) is the equivalent of 7.6 per cent of total government revenue. Increasing the allocation to social protection in that order of magnitude should be manageable within the next few years, especially if one takes the fluctuation in the level of government revenues during recent years into account. The size of these fluctuations since 2010 exceeds the level of the presently discernible fiscal challenge. A detailed exploration as to how the fiscal challenges can be met has to be undertaken in the context of a national fiscal space analysis.

To sum up, the implementation of a national SPF currently hinges on resources dedicated to health. In this respect, there are remarkable similarities across different countries in the region. A national SPF is on Mongolia's agenda, as the national dialogue and the costing exercise clearly show. How to exactly meet the resulting fiscal challenges should be the topic of further investigations.

Morocco

Morocco is a lower-middle-income country in North Africa with a population of approximately 35.3 million. In 2012 and 2013, its GDP per capita amounted to $6,791 and $6,996 (PPP, constant 2011 international $) respectively; in 2016, it was $7,266. Economic growth was volatile between 2010 and 2015 and fluctuated between 2.5 and 5.2 per cent; in 2016 it was as low as 1.1 per cent.

In contrast to El Salvador and Mongolia, the first point to notice is that the underlying household survey that is used in PovcalNet stems from 2007. PovcalNet adjusts estimates in order to correspond to the respective reference years, in our case 2012 and 2013. These adjustments assume that everybody in the country was affected by economic growth in the same way. It is, however, possible that poorer parts of the population benefited less from growth than the rich, or vice versa. To understand who profited from positive economic developments and who was left behind, there is no alternative to new survey data. Consequently, the results presented here need to be interpreted with some caution and the question to what extent more recent data is made publicly available and included, for instance in PovcalNet, should be addressed.

Keeping these limitations in mind, the SPF Index values for Morocco in 2013 range between 2.4 and 2.8 per cent of GDP depending on the minimum income criterion (Table 6). In global comparison, Morocco is ranked 76th (together with Armenia) and 65 out of 129 countries based on the two absolute international poverty lines, and 96th out of 150 countries when a relative criterion is used. Morocco would have to invest or reallocate substantial, yet not excessive resources to national SPF policies.

Table 6: Morocco's SPF Index and component indicators for 2012 and 2013 relative to Tunisia

		2012								2013							
		Income gap			Health gap		SPF Index			Income gap			Health gap		SPF Index		
Countries	GDP per capita, PPP (constant 2011 int. $), 2013	$1.90 per day	$3.10 per day	50 per cent of survey median	Resource gap	Allocation gap	**$1.90 per day**	**$3.10 per day**	**50 per cent of survey median**	$1.90 per day	$3.10 per day	50 per cent of survey median	Resource gap	Allocation gap	**$1.90 per day**	**$3.10 per day**	**50 per cent of survey median**
Morocco	6.996	0.0	0.4	0.5	1.9	0.9	**1.9**	**2.3**	**2.4**	0.0	0.3	0.5	2.3	0.9	**2.4**	**2.6**	**2.8**
Tunisia	10.579	0.0	0.2	0.6	0.0	0.9	**0.9**	**1.0**	**1.4**	0.0	0.1	0.6	0.1	0.9	**0.9**	**1.0**	**1.5**

Approximately 2.3 per cent of GDP would have to be dedicated to close the existing health gap. The health gap stems from insufficient resources that are directed to public health expenditure. This ostensibly also results in shortcomings with regard to adequate care for pregnant women or the inadequate allocation of resources within the health care delivery system in general, as the allocation gap indicates. In 2011, the most recent estimate available, more than one out of four pregnant women had to deliver her baby without the presence of trained personnel. What this indicator still masks are disparities at the regional level. Whereas more than 90 per cent of babies were delivered by skilled personnel in urban areas, only 55 percent of births in rural areas were attended by a health care professional (Ministère de la Santé 2016). Additional health resources would hence have to be invested or reallocated in a way that is sensitive to these gender and regional inequalities. A similar issue arises with regard to income security. In Morocco, poverty rates across regions vary substantially and inequality remains a challenge (World Bank 2015). Addressing existing income gaps would therefore require a detailed understanding of who is currently not protected and why.

In comparison to 2012, the SPF Index values increased by approximately 0.4 percentage points, which was driven by a further decline of public health expenditure as a percentage of GDP. Public health expenditure as a share of total health expenditure decreased as well (from 35.5 to 33.0 per cent), as did public health expenditure as a share of government expenditure (from 6.0 to 5.8 per cent). This raises the question of national priorities in terms of health spending.

In terms of regional comparisons, the issue of limited data availability is pertinent in the whole region. Tunisia is the only other North African country for which sufficient data is available to calculate the SPF Index. What is noteworthy is that even though Tunisia's public health expenditure nearly reaches the benchmark of 4.3 per cent of GDP in 2013, it does not provide adequate care for pregnant women and faces similar shortcomings in terms of births attended by skilled personnel.

These observations point towards a problem that Morocco and Tunisia reportedly share, namely fragmented, and according to the World Bank inefficient social protection systems (World Bank 2015, 2016a). There are currently more than 140 insurance or social assistance programmes in Morocco, in which approximately 50 stakeholders are involved (African Development Bank 2016). An even more serious concern is that social assistance schemes are limited in scope, suffer from fragmentation and do not reach the most vulnerable parts of the population. In 2012, for instance, nearly half of all food and fuel subsidies were directed towards the richest 25 per cent of Moroccan households. Social insurance schemes, in turn, have low coverage rates and according to the World Bank, may encounter financial problems in the long run (World Bank 2015). A politically prioritised pursuance of the closure of the SPF gap would probably automatically lead to the identification of uncovered population subgroups, shortcomings of the current schemes as well as indications for the improvements in the coordination of the existing transfer systems.

In general, the 2.8 per cent SPF gap (using the relative poverty line) is the equivalent of 8.6 per cent of total government revenue. Considering the fluctuation in the level of government revenues during recent years, increasing the allocation to social protection by a similar amount should be manageable within the next few years. The size of these fluctuations since 2008 is almost of the same level as the presently discernible fiscal challenge. Thus, increases of the revenue-to-GDP ratio in order to achieve the fiscal space for the closure of the SPF gaps would not lead to unprecedented levels of revenues as measured in per cent of GDP. Once again, a detailed exploration as to how the fiscal challenges can be met has to be undertaken in the context of a national fiscal space analysis.

Overall, the SPF Index values for Morocco have to be interpreted cautiously as the timeliness of data used for calculating the income gap is a serious problem. Protection gaps in the income and particularly the health dimension need to be closed. Using the concept of a national SPF to address these protection gaps might be a particularly useful framework in a country such as Morocco, where the social protection system is currently highly fragmented and inefficient.

Zambia

Zambia is a Sub-Saharan country with a population of 16.6 million. In 2012 and 2013, its GDP per capita was $3,509 and $3,577 (PPP, constant 2011 international $). This has classified it as a lower-middle-income country since 2011, when fast economic growth led to the revision of the income classification. More recently, annual GDP growth has slowed down considerably and Zambia has been hit by an energy and economic crisis (Phe Goursat & Pellerano 2016).

Among the four countries studied in more detail here, Zambia has to deal with the largest protection gaps. Its 2013 SPF Index values were 7.0 per cent and 15.6 per cent of GDP respectively, depending on whether the minimum income criterion is set at $1.9 or $3.1 per day in 2011 PPP (Table 7). When a relative minimum income criterion is used, the gap amounted to 7.0 per cent, similar to the gap with the lower absolute poverty line. What this indicates is that Zambia is a country where an ›income floor‹ is applied: In 2013, median income was only $1.5 per day in 2011 PPP; half of which would be slightly more than $0.7. Since living on $1.9 per day is already a low threshold that barely means that people do not live in utter destitution, it is this value that is used to calculate the SPF Index based on a relative minimum income criterion.

Protection gaps in the income dimension are substantial. In 2013, 60.5 per cent of the population lived on less than $1.9 per day in 2011 international PPP and more than three out of four individuals had less than $3.1 per day. To assure that all individuals in the country had at least these amounts, Zambia would have to invest or reallocate 5.5 or 14.0 per cent of its GDP respectively. To substantiate these figures, this information can be supplemented by more detailed insights into living conditions in Zambia. For instance, analysis of the household survey (from 2010) furthermore reveals that poverty is strongly a rural phenomenon and varies, along this urban/rural divide, between different regions of Zambia (Beazley & Carraro 2013).

The protection gap in the health dimension was 1.5 per cent of GDP in 2013. This results from insufficient resources directed towards public health expenditure. In addition, these resources are also not distributed in such a way that women who give birth are adequately taken care of, as indicated by the allocation gap of 1.4 per cent of GDP. In 2013, skilled personnel attended only slightly more than six out of ten births. Additional secondary sources suggest that this ratio is lower in rural than in urban areas and, moreover, that women in remote rural areas as compared to central rural areas are particularly at risk of a delivery that is not attended by skilled personnel (Jacobs, Moshabela, Maswenyeho, Lambo, & Michelo 2017). There are also inequities in terms of socio-economic status (ILO 2015). The observation that public health expenditures are allocated in a manner that does not assure access to essential health services for all residents and children is also supported by a study that finds that even though people in poverty report higher needs of care, they are less likely to use public health facilities, particularly public hospitals, than the more affluent. However, people in poverty are more likely to use primary care facilities (Phiri & Ataguba 2014).

In regional comparison, the neighbouring low-income countries of Congo (Democratic Republic), Malawi and Mozambique have even greater challenges ahead than Zambia in order to fulfil the four basic social security guarantees. Tanzania and Zimbabwe, two countries with considerably lower GDP per capita than Zambia, have much smaller protection gaps, namely 5.9 and 2.9 per cent of GDP (at $1.9 per day in 2011 PPP) respectively. Even though Zimbabwe had similar levels of public health expenditure in 2013, its allocation gap is considerably smaller. This means, with the same resources directed towards health (as a per cent of GDP), more deliveries are attended by skilled personnel, for example 80 per cent in 2014.

A reported challenge in Zambia is to extend social protection towards workers in the informal sector (Phe Goursat & Pellerano 2016). At present, it is also difficult to prioritise expenditures and, for instance, to identify the 10 or 20 per cent poorest of the population (Beazley & Carraro 2013). Overall, stakeholders in Zambia could further investigate to what extent country examples in the region could be used as blueprints (for instance, considering the very different achievements in terms of births attended by skilled personnel in relation to a country's economic capacity), to what extent fiscal space could sufficiently be created at the national level (also given its natural resources, cf. Urban (2016)), and whether these figures of the SPF Index can be used to advocate for the support of the international community.

Table 7: Zambia's SPF Index and component indicators for 2012 and 2013 relative to selected countries

		2012								2013							
		Income gap			Health gap		SPF Index			Income gap			Health gap		SPF Index		
Countries	GDP per capita, PPP (constant 2011 int. $), 2013	$1.90 per day	$3.10 per day	50 per cent of survey median	Resource gap	Allocation gap	**$1.90 per day**	**$3.10 per day**	**50 per cent of survey median**	$1.90 per day	$3.10 per day	50 per cent of survey median	Resource gap	Allocation gap	**$1.90 per day**	**$3.10 per day**	**50 per cent of survey median**
Angola	6.185	1.1	4.1	1.1	2.0	2.0	**3.0**	**6.1**	**3.0**	1.0	3.8	1.0	1.2	2.1	**3.0**	**5.9**	**3.0**
Congo, Dem. Rep.	685	43.9	102.0	43.9	2.4	0.6	**46.3**	**104.4**	**46.3**	38.5	92.4	38.5	3.0	0.6	**41.5**	**95.4**	**41.5**
Malawi	1.062	22.3	56.4	22.3	0.0	0.3	**22.6**	**56.7**	**22.6**	21.3	54.5	21.3	0.0	0.3	**21.6**	**54.8**	**21.6**
Mozambique	742	18.6	51.5	18.6	1.3	1.7	**20.3**	**53.2**	**20.3**	16.9	47.8	16.9	1.2	1.8	**18.7**	**49.5**	**18.7**
Tanzania	2.316	4.4	17.0	4.4	1.3	1.9	**6.3**	**18.8**	**6.3**	3.9	15.5	3.9	1.7	2.0	**5.9**	**17.5**	**5.9**
Zambia	3.577	5.8	14.7	5.8	1.6	1.3	**7.4**	**16.2**	**7.4**	5.5	14.0	5.5	1.5	1.4	**7.0**	**15.6**	**7.0**
Zimbabwe	1.901	1.6	8.6	1.6	1.3	1.2	**2.9**	**10.0**	**2.9**	1.4	8.1	1.4	1.5	0.6	**2.9**	**9.5**	**2.9**

In general, the 7.0 per cent SPF gap (using the relative poverty line) is the equivalent of 40 per cent of total government revenue. Increasing the allocation to social protection accordingly would pose a considerable challenge and is not likely to be feasible within the next few years. However, some progress towards closure of the protection gaps may be possible. Zambia's revenues levels have been highly erratic over the last few decades. They declined in terms of percentage of GDP by about 6.5 percentage points between 1990 and 2011 and increased again by approximately 3.6 percentage points of GDP between 2010 and 2011. Later data is not available in the WDI database.

The reason for the spread of the fluctuation is most likely due to the volatility of commodity prices which has a major impact on the large mining sector in Zambia. The challenge in Zambia will be to identify a stable source of income for a social transfer system that is immune to the fluctuation in commodity prices and can possibly even be used as a source of financing for countercyclical, demand stabilising transfers in times of economic contraction. A national fiscal space analysis is needed for a detailed exploration as to how the fiscal challenges can be met.

In summary, Zambia will have to close considerable protection gaps in the health and particularly in the income dimension. Even though these challenges are substantial, can most likely not be achieved rapidly, and call for the support of the international community, comparisons with Tanzania and Zimbabwe suggest that continuous progress towards a national SPF should be possible in any case.

CONCLUSION AND INDICATIONS FOR FUTURE RESEARCH

The explicit commitment to floors of social protection in the SDGs in 2015 has been a major achievement since the adoption of Recommendation No. 202 and assures that national SPFs remain visible on the international agenda. The SPF Index makes an important contribution to monitoring progress towards this goal, and that in a way that is as transparent and accessible as possible for members, trade unions, civil society organisations and other stakeholders. This paper presented the updated results for the SPF Index in 2012 and 2013. It also includes a methodological adjustment that is possible due to newly published data.

The SPF Index values and global rankings confirm our previous conclusion that national SPFs are affordable for most countries. For those countries that would require excessive resources to close existing protection gaps, the need for international support is emphasised once again. In this way, the SPF Index can be used as a »focus measure« (Jahan 2017) to open up discussions at a global level.

In addition to a global ranking, four case studies on lower-middle-income countries from different regions illustrated how the SPF Index can be used for initial analytical and advocacy purposes at the country level. In this context, the SPF Index can be understood as opening up a door towards deeper analyses, and as a tool for comparisons with other countries. The overall SPF Index value is the point of departure that leads towards analysing protection gaps in the health and income dimension respectively. It can furthermore be used to compare progress over time and to draw comparisons with other countries in the region. Consequently, the SPF Index is a monitoring tool that can be usefully employed both for discussions at the international and the national level.

Moreover, these country studies revealed a further possible use of the SPF Index. In conjunction with globally available data on government revenues as a share of GDP, it can provide rough indications of the dimension of the possible fiscal challenge that governments would face if they were to set out to close the SPF gap. Table 8 compares the relative SPF gap in our four sample countries with the government expenditure in the respective countries and the average government expenditure of all lower-middle-income countries.

Based on the rough preliminary indicators of fiscal challenges that countries would face if they were to close the protection gaps by the least costly social transfers, it can be confirmed here that at least three out of our four sample countries would likely be able to cope with the additional fiscal challenge during the coming years. They would have to increase their resource allocation by less than 10 per cent of general revenue. These allocations can be achieved through increasing revenues or the reallocations of existing resources. A global analysis of the size of the fiscal challenges could be the special topic of one of the next updates of the SPF Index.

Table 8: Indicators of the SPF related fiscal challenges in four sample countries

Countries	SPF gap at the relative poverty line in 2013 as per cent of GDP	Government revenue as per cent of GDP*	SPF gap as per cent of government revenue*	SPF gap as per cent of average revenue (in per cent) of lower-middle-income countries*
El Salvador	0.8	18.7	4.3	5.2
Mongolia	2.1	27.7	7.6	13.6
Morocco	2.8	32 .7	8.6	18.2
Zambia	7.0	17.5	40.0	45.5

Source: World Bank (2017) and own calculations.
***Notes:** *The latest country data available in the World Development Indicators (World Bank 2017) were used for this preliminary fiscal challenge indicator.*

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Births attended by skilled health staff (in per cent)

Source: UNICEF/WHO joint database on skilled attendance at birth (UNICEF/WHO 2017).

Last update: February 2017.

Date of data retrieval: June 19, 2017.

Definition: "Percent of births attended by skilled health personnel (generally doctors, nurses or midwives) is the percent of deliveries attended by health personnel trained in providing life saving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, conducting deliveries on their own, and caring for new-borns. Traditional birth attendants, even if they receive a short training course, are not included" (UNICEF/WHO 2017).

Years: 2004–2014.

Notes: If data for 2012 or 2013 respectively are not available, the closest available estimate is taken.

The indicator is not available for the following countries: American Samoa, Andorra, Aruba, Belgium, Bermuda, British Virgin Islands, Cayman Islands, Channel Islands, Curacao, Faeroe Islands, French Polynesia, Gibraltar, Greece, Greenland, Guam, Hong Kong SAR (China), Iceland, Isle of Man, Israel, Kosovo, Liechtenstein, Macao SAR (China), Monaco, Netherlands, New Caledonia, Northern Mariana Islands, Puerto Rico, San Marino, Sint Maarten (Dutch part), Spain, St. Martin (French part), Sweden, Switzerland, Turks and Caicos Islands, United Kingdom, Virgin Islands (U.S.), West Bank and Gaza. For high-income countries, it is assumed that at least 95.0 per cent of births are attended by skilled personnel.

GDP per capita, PPP (constant 2011 international $)

Source: World Development Indicators (World Bank 2017).

Last update: July 1, 2017.

Date of data retrieval: July 18, 2017.

Definition: "PPP GDP is gross domestic product converted to international dollars using purchasing power parity rates. An international dollar has the same purchasing power over GDP as the U.S. dollar has in the United States. GDP at purchaser's prices is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources. Data are in constant 2011 international dollars" (World Bank 2017).

Year: 2012 and 2013.

Notes: This indicator is not available for the following countries: American Samoa, Andorra, Aruba, British Virgin Islands, Cayman Islands, Channel Islands, Cuba, Curacao, Eritrea, Faeroe Islands, French Polynesia, Gibraltar, Greenland, Guam, Isle of Man, Korea (Dem. Rep.), Libya, Liechtenstein, Monaco, New Caledonia, Northern Mariana Islands, San Marino, Sint Maarten (Dutch part), Somalia, St. Martin (French part), Syrian Arab Republic, Turks and Caicos Islands, Virgin Islands (U.S.).

Nurses and midwives (per 1,000 people)

Source: World Development Indicators; based on World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data.

Last update: July 1, 2017.

Data of data retrieval: July 18, 2017.

Definition: "Nurses and midwives include professional nurses, professional midwives, auxiliary nurses, auxiliary midwives, enrolled nurses,

enrolled midwives and other associated personnel, such as dental nurses and primary care nurses" (World Bank 2017).

Year: 2005–2013.

Notes: This indicator is not available for the following countries: American Samoa, Antigua and Barbuda, Argentina, Aruba, Bermuda, British Virgin Islands, Burundi, Cayman Islands, Channel Islands, Comoros, Congo (Dem. Rep.), Curacao, Dominica, Equatorial Guinea, Eritrea, Faeroe Islands, French Polynesia, Gabon, Gibraltar, Greenland, Guam, Guinea, Haiti, Hong Kong SAR (China), Isle of Man, Korea (Dem. Rep.), Kosovo, Lesotho, Liechtenstein, Macao SAR (China), Madagascar, Mauritius, Nepal, New Caledonia, Northern Mariana Islands, Philippines, Puerto Rico, Sao Tome and Principe, Sint Maarten (Dutch part), South Sudan, St. Kitts and Nevis, St. Martin (French part), St. Vincent and the Grenadines, Suriname, Turks and Caicos Islands, Venezuela (RB), Virgin Islands (U.S.), West Bank and Gaza.

Physicians (per 1,000 people)

Source: World Development Indicators (World Bank 2017); based on World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data.

Last update: July 1, 2017.

Definition: "Physicians include generalist and specialist medical practitioners" (World Bank 2017).

Year: 2005–2013.

Notes: This indicator is not available for the following countries: American Samoa, Antigua and Barbuda, Aruba, Bermuda, British Virgin Islands, Burundi, Cayman Islands, Channel Islands, Comoros, Congo (Dem. Rep.), Curacao, Dominica, Equatorial Guinea, Eritrea, Faeroe Islands, French Polynesia, Gabon, Gibraltar, Greenland, Guam, Haiti, Hong Kong SAR (China), Isle of Man, Korea (Dem. Rep.), Kosovo, Lesotho, Liechtenstein, Macao SAR (China), Mauritius, Nepal, New Caledonia, Northern Mariana Islands, Philippines, Puerto Rico, Sao Tome and Principe, Sint Maarten (Dutch part), South Sudan, St. Kitts and Nevis, St. Martin (French part), St. Vincent and the Grenadines, Suriname, Turks and Caicos Islands, Venezuela (RB), Virgin Islands (U.S.), West Bank and Gaza.

Poverty gap ratio

Source: PovcalNet (World Bank 2016b).

Last update: October 1, 2016.

Date of data retrieval: July 17-18, 2017.

Definition: Poverty gap is the mean shortfall in income or consumption from the poverty line (counting the nonpoor as having zero shortfall), expressed as a percentage of the poverty line (World Bank 2017).

Year: All poverty gaps refer to the reference years 2012 or 2013 respectively. Years of underlying survey data differ.

Notes: Poverty gaps are not reported in PovcalNet for the following countries: Afghanistan, Algeria, American Samoa, Andorra, Antigua and Barbados, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, British Virgin Islands, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Cuba, Curacao, Cyprus, Denmark, Dominica, Egypt (Arab Rep.), Equatorial Guinea, Eritrea, Faeroe Islands, Finland, France, French Polynesia, Germany, Gibraltar, Greece, Greenland, Grenada, Guam, Hong Kong SAR (China), Iceland, Iraq, Ireland, Isle of Man, Israel, Italy, Japan, Jordan, Korea (Dem. Rep.), Korea (Rep.), Kuwait, Lebanon, Libya, Liechtenstein, Luxembourg, Macao SAR (China), Malta, Marshall Islands, Monaco, Myanmar, Nauru, Netherlands, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Oman, Palau, Portugal, Puerto Rico, Qatar, San Marino, Saudi Arabia, Singapore, Sint Maarten (Dutch part), Somalia, Spain, St. Kitts and Nevis, St. Martin (French part), St. Vincent and the Grenadines, Sweden, Switzerland, Syrian Arab Republic, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States of America, Virgin Islands (U.S.), Yemen (Rep.).

The survey median is not reported when estimates are derived from interpolation of two household surveys. In these cases, the median of the most recent household survey is used to determine the poverty line. In 2012, this was done for the following countries: Burkina Faso, Cameroon, Chile, Congo (Dem. Rep.), Guatemala, Iran (Islamic Rep.), Lao (PDR), Mauritania, Micronesia (Fed. Sts.), Nicaragua, Niger, Pakistan, Rwanda, Serbia, Sri Lanka, Togo, Uganda.

In 2013, this was done for the following countries: Burkina Faso, Cameroon, Guatemala, Mauritania, Mexico, Mongolia, Nicaragua, Niger, Pakistan, Rwanda, Togo, Vietnam.

For China, India, and Indonesia, no survey median was available and estimates are based on the survey mean in both 2012 and 2013.

Public health expenditure as percentage of GDP

Source: World Development Indicators, based on World Health Organization Global Health Expenditure database (World Bank 2017).

Last update: July 1, 2017.

Date of data retrieval: July 18, 2017.

Definition: "Public health expenditure consists of recurrent and capital spending from government (central and local) budgets, external borrowings and grants (including donations from international agencies and nongovernmental organizations), and social (or compulsory) health insurance funds." (World Bank 2017)

Year: 2012 and 2013.

Notes: This indicator is not available for the following countries: American Samoa, Aruba, Bermuda, British Virgin Islands, Cayman Islands, Channel Islands, Curacao, Faeroe Islands, French Polynesia, Gibraltar, Greenland, Guam, Hong Kong SAR (China), Isle of Man, Korea (Dem. Rep.), Kosovo, Liechtenstein, Macao SAR (China), New Caledonia, Northern Mariana Islands, Puerto Rico, Sint Maarten (Dutch part), Somalia, St. Martin (French part), Turks and Caicos Islands, Virgin Islands (U.S.), West Bank and Gaza.

Relative poverty gap ratio

Source: Income Distribution Database (OECD 2016).

Last update: July 2016.

Date of data retrieval: July 18, 2017.

Definition: The percentage by which the mean income of the poor falls below the poverty line.

Year: 2012 and 2013.

Notes: In 2013, this indicator is not available for the OECD member countries Australia, Hungary, Japan, Korea (Rep.), Mexico, and New Zealand.
In 2012, this indicator is not available for Chile, Korea (Rep.), Sweden, and Switzerland. In Estonia and Netherlands, the income definition before 2011 is used.

Table A. 1: Overview of SPF Index value, health gaps, and income gaps, 2012 and 2013

Countries	Region	Income classification	2012									2013								
			Income gap				Health gap		SPF Index			Income gap				Health gap		SPF Index		
			Underlying survey year (reference year: 2012)	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median	Resource gap	Allocation gap	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median	Underlying survey year (reference year: 2013)	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median	Resource gap	Allocation gap	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median
Albania	ECA	UMI	2012	0.0	0.2	0.2	1.4	0.0	1.4	1.5	1.5	2012	0.0	0.1	0.2	1.5	0.0	1.5	1.6	1.6
Angola	SSA	UMI	2008.5	1.1	4.1	1.1	2.0	2.0	3.0	6.1	3.0	2008.5	1.0	3.8	1.0	1.2	2.1	3.0	5.9	3.0
Argentina	LAC	UMI	2012	0.0	0.1	1.1	1.1	0.0	1.2	1.2	2.3	2013	0.0	0.1	1.1	1.6	0.0	1.6	1.7	2.7
Armenia	ECA	LMI	2012	0.0	0.5	0.2	2.2	0.0	2.3	2.8	2.4	2013	0.1	0.5	0.2	2.4	0.0	2.4	2.9	2.5
Australia	EAP	HI	2012	#NV	#NV	1.3	0.0	0.0	#NV	#NV	1.3	2013	#NV	#NV	#NV	0.0	0.0	#NV	#NV	#NV
Austria	ECA	HI	2012	#NV	#NV	1.1	0.0	0.0	#NV	#NV	1.1	2013	#NV	#NV	0.8	0.0	0.0	#NV	#NV	0.8
Azerbaijan	ECA	UMI	2008	0.0	0.0	0.2	2.9	0.0	2.9	2.9	3.1	2008	0.0	0.0	0.2	3.1	0.0	3.2	3.2	3.3
Bangladesh	SA	LMI	2010	0.6	5.8	0.6	3.1	2.4	3.7	8.9	3.7	2010	0.5	5.0	0.5	3.5	2.6	3.9	8.5	3.9
Belarus	ECA	UMI	2012	0.0	0.0	0.2	0.2	0.0	0.2	0.2	0.5	2013	0.0	0.0	0.2	0.3	0.0	0.3	0.3	0.5
Belgium	ECA	HI	2012	#NV	#NV	0.8	0.0	0.0	#NV	#NV	0.8	2013	#NV	#NV	0.7	0.0	0.0	#NV	#NV	0.7
Belize	LAC	UMI	1999	0.5	1.5	1.1	0.5	0.0	1.0	2.1	1.7	1999	0.5	1.5	1.2	0.5	0.0	1.0	2.0	1.7
Benin	SSA	LI	2011.3	6.9	22.4	6.9	1.9	0.6	8.9	24.4	8.9	2011.3	6.2	20.6	6.2	2.1	0.8	8.3	22.7	8.3
Bhutan	SA	LMI	2012	0.0	0.5	0.4	1.4	0.6	1.4	1.9	1.8	2012	0.0	0.3	0.5	1.5	0.6	1.5	1.8	2.0
Bolivia	LAC	LMI	2012	0.6	1.5	3.1	0.3	0.4	1.0	1.9	3.5	2013	0.4	1.2	2.9	0.1	0.4	0.9	1.6	3.3
Bosnia and Herzego-vina	ECA	UMI	2011	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.9	2011	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.9
Botswana	SSA	UMI	2009.3	0.2	0.9	0.5	0.1	0.0	0.4	1.1	0.7	2009.3	0.2	0.8	0.5	0.8	0.0	1.0	1.5	1.3
Brazil	LAC	UMI	2012	0.1	0.3	1.2	0.4	0.0	0.6	0.7	1.6	2013	0.1	0.3	1.3	0.5	0.0	0.6	0.8	1.8
Bulgaria	ECA	UMI	2012	0.0	0.1	0.9	0.1	0.0	0.1	0.2	1.0	2012	0.0	0.1	0.8	0.2	0.0	0.2	0.3	1.0
Burkina Faso	SSA	LI	2009/ 2014	6.0	24.2	6.0	1.1	1.2	7.2	25.4	7.2	2009/ 2014	5.6	23.7	5.6	0.8	1.3	6.8	24.9	6.8
Burundi	SSA	LI	2006	27.7	75.7	27.7	0.0	1.4	29.1	77.2	29.1	2006	26.8	73.9	26.8	0.0	1.5	28.3	75.4	28.3
Cabo Verde	SSA	LMI	2007.3	0.2	1.2	0.8	0.8	0.1	0.9	2.0	1.5	2007.3	0.2	1.2	0.8	1.2	0.1	1.4	2.4	2.0
Cambodia	EAP	LMI	2012	0.1	1.6	0.2	2.6	1.0	2.7	4.2	2.8	2012	0.1	1.3	0.2	2.9	0.3	3.0	4.2	3.1
Cameroon	SSA	LMI	2007/ 2014	2.3	8.7	2.3	3.0	1.6	5.4	11.7	5.4	2007/ 2014	2.1	7.9	2.1	3.3	1.3	5.4	11.1	5.4
Canada	NA	HI	2012	#NV	#NV	1.6	0.0	0.0	#NV	#NV	1.6	2013	#NV	#NV	1.6	0.0	0.0	#NV	#NV	1.6
Central African Republic	SSA	LI	2008	23.2	57.5	23.2	2.3	2.3	25.5	59.8	25.5	2008	54.9	118.3	54.9	2.4	2.4	57.3	120.7	57.3
Chad	SSA	LI	2011	5.0	16.1	5.0	2.7	3.2	8.2	19.3	8.2	2011	4.7	15.3	4.7	2.5	3.2	7.9	18.5	7.9
Chile	LAC	HI	2011/ 2013	0.0	0.0	0.6	0.6	0.0	0.6	0.7	1.2	2013	0.0	0.0	0.6	0.7	0.0	0.7	0.7	1.2
China*	EAP	UMI	2012	0.1	0.6	#NV	1.2	0.0	1.2	1.7	2.7	2013	0.0	0.2	#NV	1.3	0.0	1.3	1.5	2.5
Colombia	LAC	UMI	2012	0.2	0.6	1.1	0.0	0.0	0.2	0.6	1.1	2013	0.1	0.5	1.1	0.0	0.0	0.1	0.5	1.1
Comoros	SSA	LI	2004	1.9	9.4	2.7	1.5	0.5	3.4	10.8	4.2	2004	1.9	9.1	2.8	2.3	0.6	4.2	11.4	5.1
Congo, Dem. Rep.	SSA	LI	2004.9/ 2012.4	43.9	102.0	43.9	2.4	0.6	46.3	104.4	46.3	2012.4	38.5	92.4	38.5	3.0	0.6	41.5	95.4	41.5
Congo, Rep.	SSA	LMI	2011	1.9	6.0	1.9	1.0	0.1	2.9	6.9	2.9	2011	1.9	5.8	1.9	0.2	0.0	2.1	6.1	2.1
Costa Rica	LAC	UMI	2012	0.0	0.1	1.2	0.0	0.0	0.0	0.1	1.2	2013	0.0	0.1	1.2	0.0	0.0	0.0	0.1	1.2
Côte d'Ivoire	SSA	LMI	2008	2.6	9.4	2.6	2.2	1.5	4.8	11.7	4.8	2008	2.1	8.1	2.1	2.5	1.5	4.6	10.6	4.6
Croatia	ECA	HI	2012	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.6	2012	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.6
Czech Republic	ECA	HI	2012	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.2	2012	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.4
Denmark	ECA	HI	2012	#NV	#NV	0.6	0.0	0.0	#NV	#NV	0.6	2013	#NV	#NV	0.6	0.0	0.0	#NV	#NV	0.6
Djibouti	MENA	LMI	2012	2.0	6.3	2.1	0.0	0.3	2.3	6.6	2.4	2013	1.8	6.8	1.8	0.0	0.3	2.1	7.1	2.1
Dominican Republic	LAC	UMI	2012	0.0	0.3	0.6	1.4	0.0	1.4	1.7	2.0	2013	0.0	0.2	0.6	1.7	0.0	1.7	1.9	2.3
Ecuador	LAC	UMI	2012	0.2	0.6	1.0	1.1	0.1	1.3	1.7	2.2	2013	0.1	0.4	0.8	0.4	0.0	0.6	0.9	1.3
El Salvador	LAC	LMI	2012	0.1	0.6	0.8	0.0	0.0	0.1	0.6	0.8	2013	0.1	0.5	0.8	0.0	0.0	0.1	0.5	0.8
Estonia	ECA	HI	2012	0.0	0.1	0.5	0.0	0.0	0.0	0.1	0.5	2012	0.0	0.1	1.3	0.0	0.0	0.0	0.1	1.3
Ethiopia	SSA	LI	2010.5	3.9	20.5	3.9	0.8	3.5	7.4	24.0	7.4	2010.5	2.9	16.4	2.9	1.3	3.4	6.3	19.8	6.3
Fiji	EAP	UMI	2008.5	0.1	0.7	0.4	1.3	0.0	1.4	2.1	1.7	2008.5	0.1	0.6	0.4	1.4	0.0	1.5	2.0	1.8
Finland	ECA	HI	2012	#NV	#NV	0.5	0.0	0.0	#NV	#NV	0.5	2013	#NV	#NV	0.5	0.0	0.0	#NV	#NV	0.5
France	ECA	HI	2012	#NV	#NV	0.8	0.0	0.0	#NV	#NV	0.8	2013	#NV	#NV	0.7	0.0	0.0	#NV	#NV	0.7
Gabon	SSA	UMI	2005	0.1	0.5	0.2	1.9	0.2	2.0	2.4	2.1	2005	0.1	0.4	0.2	1.4	0.2	1.4	1.8	1.6
Gambia, The	SSA	LI	2003.3	7.8	24.0	7.8	0.4	1.5	9.4	25.6	9.4	2003.3	7.5	23.3	7.5	0.1	1.6	9.2	24.9	9.2
Georgia	ECA	UMI	2012	0.4	1.8	0.6	2.9	0.0	3.3	4.7	3.5	2013	0.3	1.3	0.6	3.0	0.0	3.3	4.4	3.6
Germany	ECA	HI	2012	#NV	#NV	0.6	0.0	0.0	#NV	#NV	0.6	2013	#NV	#NV	0.6	0.0	0.0	#NV	#NV	0.6
Ghana	SSA	LMI	2005.7	0.8	3.5	1.3	1.0	1.1	1.9	4.7	2.4	2005.7	0.7	3.1	1.2	1.1	1.0	1.7	4.1	2.3
Greece	ECA	HI	2012	#NV	#NV	1.5	0.0	0.0	#NV	#NV	1.5	2013	#NV	#NV	1.4	0.0	0.0	#NV	#NV	1.4
Guatemala	LAC	LMI	2011/ 2014	0.4	1.5	1.0	2.0	1.3	2.3	3.5	3.0	2011/ 2014	0.3	1.4	1.0	2.0	1.4	2.3	3.4	2.9
Guinea	SSA	LI	2012	5.8	24.9	5.8	2.0	2.0	7.8	26.9	7.8	2012	5.9	25.0	5.9	1.9	2.1	8.0	27.2	8.0
Guinea-Bissau	SSA	LI	2010	14.6	38.2	14.6	2.5	2.1	17.1	40.7	17.1	2010	15.3	39.5	15.3	2.7	2.2	17.9	42.2	17.9
Guyana	LAC	UMI	1998	0.3	1.2	1.5	0.0	0.4	0.7	1.5	1.9	1998	0.2	1.0	1.5	1.4	0.4	1.6	2.4	2.9
Haiti	LAC	LI	2012	12.6	30.1	12.6	3.1	2.4	15.8	33.2	15.8	2012	12.0	28.7	12.0	2.6	2.0	14.6	31.3	14.6
Honduras	LAC	LMI	2012	1.6	4.7	2.0	0.0	0.5	2.1	5.2	2.5	2013	1.3	4.1	2.0	0.0	0.5	1.8	4.7	2.6
Hungary	ECA	HI	2012	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.4	2012	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.4
Iceland	ECA	HI	2012	#NV	#NV	0.6	0.0	0.0	#NV	#NV	0.6	2013	#NV	#NV	0.5	0.0	0.0	#NV	#NV	0.5
India*	SA	LMI	2011	0.6	4.1	#NV	2.9	0.6	3.5	7.1	3.5	2011	0.4	3.5	#NV	3.0	0.6	3.5	6.5	3.5
Indonesia*	EAP	LMI	2012	0.1	1.4	#NV	3.0	0.5	3.1	4.4	3.6	2013	0.1	1.2	#NV	3.1	0.3	3.3	4.4	3.8
Iran, Islamic Rep.	MENA	UMI	2009/ 2013	0.0	0.0	0.6	1.4	0.0	1.4	1.4	2.0	2013	0.0	0.0	0.5	1.6	0.0	1.6	1.6	2.0
Ireland	ECA	HI	2012	#NV	#NV	0.8	0.0	0.0	#NV	#NV	0.8	2013	#NV	#NV	0.8	0.0	0.0	#NV	#NV	0.8
Israel	MENA	HI	2012	#NV	#NV	1.9	0.0	0.0	#NV	#NV	1.9	2013	#NV	#NV	2.1	0.0	0.0	#NV	#NV	2.1
Italy	ECA	HI	2012	#NV	#NV	1.7	0.0	0.0	#NV	#NV	1.7	2013	#NV	#NV	1.8	0.0	0.0	#NV	#NV	1.8
Jamaica	LAC	UMI	2004	0.0	0.3	0.7	0.8	0.0	0.9	1.1	1.5	2004	0.0	0.3	0.7	0.9	0.0	1.0	1.2	1.6
Kazakhstan	ECA	UMI	2012	0.0	0.0	0.1	1.7	0.0	1.7	1.7	1.8	2013	0.0	0.0	0.1	2.1	0.0	2.1	2.1	2.2
Kenya	SSA	LMI	2005.4	2.3	9.0	2.3	0.8	1.4	3.7	10.4	3.7	2005.4	2.1	8.4	2.1	1.0	1.4	3.6	9.8	3.6
Kiribati	EAP	LMI	2006	1.7	7.5	2.0	0.0	0.0	1.7	7.5	2.0	2006	1.6	7.1	2.0	0.0	0.0	1.6	7.1	2.0
Kyrgyz Republic	ECA	LMI	2012	0.2	1.6	0.3	0.0	0.0	0.2	1.6	0.3	2013	0.1	1.8	0.2	0.4	0.0	0.5	2.2	0.6
Lao PDR	EAP	LMI	2007.2/ 2012.3	0.6	3.7	0.6	3.3	2.3	3.9	7.0	3.9	2012.3	0.5	3.2	0.5	3.3	2.4	3.8	6.5	3.8
Latvia	ECA	HI	2012	0.0	0.1	0.7	0.5	0.0	0.6	0.6	1.2	2012	0.0	0.1	1.1	0.8	0.0	0.8	0.8	1.9
Lesotho	SSA	LMI	2010	7.9	19.3	7.9	0.0	0.7	8.7	20.0	8.7	2010	7.7	18.7	7.7	0.0	0.7	8.4	19.4	8.4
Liberia	SSA	LI	2007	19.7	61.3	19.7	0.7	1.4	21.1	62.7	21.1	2007	16.8	54.4	16.8	1.5	1.5	18.3	55.8	18.3
Lithuania	ECA	HI	2012	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.6	2012	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.6
Luxem-bourg	ECA	HI	2012	#NV	#NV	0.5	0.0	0.0	#NV	#NV	0.5	2013	#NV	#NV	0.5	0.0	0.0	#NV	#NV	0.5
Macedonia, FYR	ECA	UMI	2008	0.0	0.2	0.6	0.0	0.0	0.0	0.2	0.6	2008	0.0	0.2	0.5	0.1	0.0	0.1	0.3	0.6

Countries	Region	Income classification	2012									2013								
			Income gap				Health gap		SPF Index			Income gap				Health gap		SPF Index		
			Underlying survey year (reference year: 2012)	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median	Resource gap	Allocation gap	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median	Underlying survey year (reference year: 2013)	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median	Resource gap	Allocation gap	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median
Madagas-car	SSA	LI	2012	19.8	47.1	19.8	2.3	2.1	22.1	49.4	22.1	2010	20.1	47.5	20.1	1.7	2.2	22.2	49.7	22.2
Malawi	SSA	LI	2010.2	22.3	56.4	22.3	0.0	0.3	22.6	56.7	22.6	2010.2	21.3	54.5	21.3	0.0	0.3	21.6	54.8	21.6
Malaysia	EAP	UMI	2009	0.0	0.0	0.9	1.9	0.0	1.9	1.9	2.8	2009	0.0	0.0	0.9	2.1	0.0	2.1	2.1	3.0
Maldives	SA	UMI	2009.5	0.1	0.6	0.4	0.0	0.0	0.1	0.6	0.4	2009.5	0.1	0.5	0.4	0.0	0.0	0.1	0.5	0.4
Mali	SSA	LI	2009.9	6.2	22.5	6.2	1.8	1.9	8.1	24.4	8.1	2009.9	6.4	23.0	6.4	3.2	2.0	9.6	26.1	9.6
Mauritania	SSA	LMI	2008/ 2014	0.4	2.5	0.8	2.7	1.2	3.1	5.3	3.6	2008/ 2014	0.3	2.2	0.8	2.6	1.3	2.9	4.8	3.3
Mauritius	SSA	UMI	2012	0.0	0.0	0.2	1.8	0.0	1.8	1.9	2.0	2012	0.0	0.0	0.2	1.9	0.0	1.9	2.0	2.2
Mexico	LAC	UMI	2012	0.0	0.2	0.4	0.9	0.0	1.0	1.1	1.4	2012/ 2014	0.0	0.2	0.3	1.0	0.0	1.1	1.2	1.4
Micronesia, Fed. Sts.	EAP	LMI	2005/ 2013	1.1	4.4	1.3	0.0	0.0	1.1	4.4	1.3	2013	1.3	5.1	1.4	0.0	0.0	1.3	5.1	1.4
Moldova	ECA	LMI	2012	0.0	0.1	0.5	0.0	0.0	0.0	0.1	0.5	2013	0.0	0.1	0.4	0.0	0.0	0.0	0.1	0.4
Mongolia	EAP	LMI	2012	0.0	0.1	0.3	1.8	0.0	1.8	1.9	2.2	2012/ 2014	0.0	0.1	0.0	2.1	0.0	2.1	2.1	2.1
Montene-gro	ECA	UMI	2012	0.0	0.1	0.4	0.0	0.0	0.0	0.1	0.4	2013	0.0	0.1	0.4	0.6	0.0	0.6	0.6	1.0
Morocco	MENA	LMI	2006.9	0.0	0.4	0.5	1.9	0.9	1.9	2.3	2.4	2006.9	0.0	0.3	0.5	2.3	0.9	2.4	2.6	2.8
Mozam-bique	SSA	LI	2008.7	18.6	51.5	18.6	1.3	1.7	20.3	53.2	20.3	2008.7	16.9	47.8	16.9	1.2	1.8	18.7	49.5	18.7
Namibia	SSA	UMI	2009.5	0.4	2.0	0.4	0.0	0.3	0.7	2.3	0.7	2009.5	0.4	1.8	0.4	0.0	0.3	0.7	2.1	0.7
Nepal	SA	LI	2010.2	0.6	5.7	0.6	1.6	2.4	3.0	8.1	3.0	2010.2	0.5	5.2	0.5	2.1	1.7	2.6	7.3	2.6
Nether-lands	ECA	HI	2012	#NV	#NV	0.7	0.0	0.0	#NV	#NV	0.7	2013	#NV	#NV	0.7	0.0	0.0	#NV	#NV	0.7
New Zea-land	EAP	HI	2012	#NV	#NV	#NV	0.0	0.0	#NV	#NV	#NV	2013	#NV	#NV	#NV	0.0	0.0	#NV	#NV	#NV
Nicaragua	LAC	LMI	2009/ 2014	0.4	1.7	1.4	0.0	0.3	0.7	2.0	1.7	2009/ 2014	0.3	1.5	1.4	0.0	0.3	0.6	1.8	1.7
Niger	SSA	LI	2011/ 2014	10.3	43.1	10.3	1.9	2.7	13.0	45.8	13.0	2011/ 2014	10.7	42.9	10.7	1.8	2.8	13.5	45.7	13.5
Nigeria	SSA	LMI	2009.8	2.6	7.9	2.6	3.1	2.5	5.7	11.0	5.7	2009.8	2.5	7.5	2.5	3.4	2.6	5.9	11.0	5.9
Norway	ECA	HI	2012	#NV	#NV	0.9	0.0	0.0	#NV	#NV	0.9	2013	#NV	#NV	0.8	0.0	0.0	#NV	#NV	0.8
Pakistan	SA	LMI	2011.5/ 2013.5	0.1	2.4	0.1	3.1	1.6	3.2	5.5	3.2	2011.5/ 2013.5	0.2	2.4	0.2	3.3	1.7	3.5	5.7	3.5
Panama	LAC	UMI	2012	0.1	0.2	1.2	0.0	0.0	0.1	0.3	1.2	2013	0.0	0.2	1.2	0.0	0.1	0.1	0.2	1.3
Papua New Guinea	EAP	LMI	2009.7	3.7	12.0	3.7	0.4	1.7	5.4	13.8	5.4	2009.7	3.4	11.2	3.4	0.4	1.8	5.2	13.0	5.2
Paraguay	LAC	UMI	2012	0.1	0.5	2.2	0.0	0.0	0.1	0.5	2.2	2013	0.1	0.3	1.7	0.0	0.0	0.1	0.3	1.7
Peru	LAC	UMI	2012	0.1	0.4	1.4	1.3	0.3	1.3	1.6	2.6	2013	0.1	0.3	1.2	1.3	0.3	1.3	1.6	2.5
Philippines	EAP	LMI	2012	0.3	2.2	0.4	2.7	0.9	3.0	4.9	3.1	2012	0.3	1.9	0.4	2.9	1.0	3.1	4.8	3.2
Poland	ECA	HI	2012	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.8	2013	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.9
Portugal	ECA	HI	2012	#NV	#NV	1.2	0.0	0.0	#NV	#NV	1.2	2013	#NV	#NV	1.3	0.0	0.0	#NV	#NV	1.3
Romania	ECA	UMI	2012	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	2013	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1
Russian Federation	ECA	UMI	2012	0.0	0.0	0.5	0.3	0.0	0.3	0.3	0.8	2012	0.0	0.0	0.6	0.6	0.0	0.6	0.6	1.2
Rwanda	SSA	LI	2010.8/ 2013.8	10.6	31.4	10.6	1.3	0.2	11.9	32.6	11.9	2010.8/ 2013.8	10.7	31.3	10.7	1.4	0.2	12.1	32.6	12.1
Samoa	EAP	LMI	2008	0.0	0.3	0.5	0.0	0.5	0.5	0.9	1.1	2008	0.0	0.4	0.5	0.0	0.5	0.6	0.9	1.1
São Tomé and Principe	SSA	LMI	2010	1.9	9.7	1.9	1.6	0.1	3.5	11.4	3.5	2010	1.8	9.2	1.8	0.7	0.1	2.5	9.9	2.5
Senegal	SSA	LI	2011.3	4.0	14.6	4.0	1.9	1.8	5.9	16.5	5.9	2011.3	3.9	14.4	3.9	2.1	1.5	6.0	16.5	6.0
Serbia	ECA	UMI	2010/ 2013	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.3	2013	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.3
Seychelles	SSA	HI	2013	0.0	0.0	0.5	0.3	0.0	0.3	0.3	0.8	2013	0.0	0.0	0.5	1.0	0.0	1.0	1.0	1.5
Sierra Leone	SSA	LI	2011	6.3	25.5	6.3	2.1	1.4	8.4	27.6	8.4	2011	3.4	16.8	3.4	2.6	1.5	6.0	19.4	6.0
Slovak Republic	ECA	HI	2012	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.7	2012	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.8
Slovenia	ECA	HI	2012	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.8	2012	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.9
Solomon Islands	EAP	LMI	2005	3.9	14.2	3.9	0.0	0.4	4.3	14.6	4.3	2005	3.8	14.0	3.8	0.0	0.4	4.2	14.4	4.2
South Africa	SSA	UMI	2011	0.3	1.2	0.5	0.0	0.0	0.3	1.2	0.5	2011	0.3	1.2	0.5	0.1	0.0	0.4	1.3	0.6
South Sudan	SSA	LI	2009	15.5	35.5	15.5	3.2	3.1	18.7	38.7	18.7	2009	13.2	30.9	13.2	3.4	3.3	16.6	34.3	16.6
Spain	ECA	HI	2012	#NV	#NV	1.8	0.0	0.0	#NV	#NV	1.8	2013	#NV	#NV	2.0	0.0	0.0	#NV	#NV	2.0
Sri Lanka	SA	LMI	2009.5/ 2012.5	0.0	0.3	0.2	2.9	0.0	2.9	3.2	3.0	2012.5	0.0	0.3	0.2	2.2	0.0	2.2	2.5	2.4
St. Lucia	LAC	UMI	1995	0.7	2.4	0.7	0.0	0.0	0.7	2.4	0.7	1995	0.7	2.4	0.7	0.8	0.0	1.4	3.2	1.4
Sudan	SSA	LMI	2009	0.4	2.5	0.7	2.2	0.7	2.7	4.7	2.9	2009	0.4	2.4	0.7	2.4	0.8	2.8	4.8	3.1
Suriname	LAC	UMI	1999	0.7	1.3	1.6	0.9	0.2	1.5	2.1	2.5	1999	0.6	1.2	1.6	1.1	0.2	1.7	2.3	2.7
Swaziland	SSA	LMI	2009.3	1.5	4.6	1.5	0.0	0.3	1.8	4.9	1.8	2009.3	1.4	4.3	1.4	0.0	0.3	1.7	4.6	1.7
Sweden	ECA	HI	2012	#NV	#NV	#NV	0.0	0.0	#NV	#NV	#NV	2013	#NV	#NV	0.7	0.0	0.0	#NV	#NV	0.7
Switzer-land	ECA	HI	2012	#NV	#NV	#NV	0.0	0.0	#NV	#NV	#NV	2013	#NV	#NV	0.7	0.0	0.0	#NV	#NV	0.7
Tajikistan	ECA	LMI	2012	1.6	10.1	1.6	2.2	0.2	3.8	12.3	3.8	2013	1.4	9.0	1.4	2.2	0.3	3.6	11.3	3.6
Tanzania	SSA	LI	2011.8	4.4	17.0	4.4	1.3	1.9	6.3	18.8	6.3	2011.8	3.9	15.5	3.9	1.7	2.0	5.9	17.5	5.9
Thailand	EAP	UMI	2012	0.0	0.0	0.4	0.9	0.0	0.9	0.9	1.2	2013	0.0	0.0	0.3	1.2	0.0	1.2	1.2	1.5
Timor-Leste	EAP	LMI	2007	1.5	11.1	1.5	3.2	2.7	4.7	14.3	4.7	2007	1.4	10.8	1.4	3.1	2.8	4.6	13.9	4.6
Togo	SSA	LI	2011/ 2015	12.3	34.7	12.3	2.2	2.1	14.4	36.8	14.4	2011/ 2015	11.7	33.5	11.7	2.2	2.2	13.9	35.6	13.9
Tonga	EAP	LMI	2009	0.0	0.3	0.9	0.5	0.0	0.5	0.8	1.4	2009	0.0	0.4	0.9	0.2	0.0	0.3	0.6	1.2
Trinidad and Tobago	LAC	HI	1992	0.0	0.0	0.6	1.2	0.0	1.2	1.2	1.8	1992	0.0	0.0	0.6	1.2	0.0	1.2	1.2	1.8
Tunisia	MENA	LMI	2010.4	0.0	0.2	0.6	0.0	0.9	0.9	1.0	1.4	2010.4	0.0	0.1	0.6	0.1	0.9	0.9	1.0	1.5
Turkey	ECA	UMI	2012	0.0	0.0	1.4	0.0	0.0	0.0	0.0	1.4	2013	0.0	0.0	1.3	0.1	0.0	0.1	0.1	1.3
Turkmeni-stan	ECA	UMI	1998	0.0	0.4	0.3	2.8	0.0	2.9	3.2	3.2	1998	0.0	0.3	0.3	2.9	0.0	2.9	3.1	3.2
Tuvalu	EAP	UMI	2010	0.1	1.0	1.2	0.0	0.1	0.2	1.1	1.2	2010	0.1	1.0	1.2	0.0	0.1	0.2	1.0	1.3
Uganda	SSA	LI	2009.4/ 2012.5	4.4	18.2	4.4	1.9	1.5	6.4	20.2	6.4	2012.5	4.4	18.1	4.4	2.2	1.6	6.6	20.3	6.6
Ukraine	ECA	LMI	2012	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.2	2013	0.0	0.0	0.2	0.1	0.0	0.1	0.2	0.3
United Kingdom	ECA	HI	2012	#NV	#NV	1.1	0.0	0.0	#NV	#NV	1.1	2013	#NV	#NV	1.0	0.0	0.0	#NV	#NV	1.0
United States of America	NA	HI	2012	#NV	#NV	2.0	0.0	0.0	#NV	#NV	2.0	2013	#NV	#NV	2.0	0.0	0.0	#NV	#NV	2.0

Countries	Region	Income classification	2012									2013								
			Income gap				Health gap		SPF Index			Income gap				Health gap		SPF Index		
			Underlying survey year (reference year: 2012)	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median	Resource gap	Allocation gap	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median	Underlying survey year (reference year: 2013)	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median	Resource gap	Allocation gap	At $1.90 per day at 2011 PPP	At $3.10 per day at 2011 PPP	At 50 percent of survey median
Uruguay	LAC	HI	2012	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	2013	0.0	0.0	1.1	0.0	0.0	0.0	0.0	1.1
Uzbekistan	ECA	LMI	2003	1.1	5.3	1.1	1.0	0.0	2.1	6.3	2.1	2003	0.9	4.5	0.9	1.2	0.0	2.1	5.7	2.1
Vanuatu	EAP	LMI	2010	0.9	4.8	0.9	0.9	0.2	1.8	5.8	1.8	2010	0.8	4.7	0.8	0.9	0.2	1.7	5.7	1.7
Venezuela, RB	LAC	UMI	2006	0.3	0.5	1.2	2.4	0.0	2.7	2.9	3.6	2006	0.2	0.5	1.2	2.8	0.0	3.0	3.2	4.0
Vietnam	EAP	LMI	2012	0.1	0.8	0.8	0.4	0.1	0.5	1.2	1.1	2012/ 2014	0.1	0.7	0.8	0.5	0.1	0.6	1.2	1.3
Zambia	SSA	LMI	2010	5.8	14.7	5.8	1.6	1.3	7.4	16.2	7.4	2010	5.5	14.0	5.5	1.5	1.4	7.0	15.6	7.0
Zimbabwe	SSA	LI	2011	1.6	8.6	1.6	1.3	1.2	2.9	10.0	2.9	2011	1.4	8.1	1.4	1.5	0.6	2.9	9.5	2.9

Source: Authors' own calculations.

Notes: *EAP: East Asia & Pacific; ECA: Europe and Central Asia; LCA: Latin America & Caribbean; MENA: Middle East & North Africa; NA: North America; SA: South Asia; SSA: Sub-Saharan Africa. HI: High income; LI: Low income; LMI: Lower middle income; UMI: Upper middle income. #NV: No value.*

Survey years may appear as fraction. This appears when a country has no monthly Consumer Price Index (CPI) and reflects how it was estimated with the CPI of two years.

For additional notes, please refer to the data annex and Tables 1-3.

Mira Bierbaum
Ph.D. Fellow at Maastricht Graduate School of
Governance/UNU-MERIT and main author of the publication.

Michael Cichon
Professor of social protection at the Maastricht Graduate School of
Governance/ UNU-MERIT, former President of the International Council of Social Welfare (ICSW)
and former Director of the ILO's Social Security Department.

Cäcilie Schildberg, Ph.D.
International social protection programme manager and coordinator of the
"Social Security for All" Project within the Global Policy and Development
Department of Friedrich-Ebert-Stiftung, Berlin.

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Friedrich-Ebert-Stiftung | Global Policy and Development
Hiroshimastr. 28 | 10785 Berlin | Germany

Responsible:
Dr. Cäcilie Schildberg | Social Justice and Gender
Phone +49-30-269-25-7461 | Fax: +49-30-269-35-9246
http://www.fes.de/GPol/en

To order publications:
Christiane.Heun@fes.de

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