**Global Coalition for Social Protection Floors**

**Integration of Social Protection and Universal Health Coverage (UHC)**

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**[Concept note, Odile Frank, 10 November 2019]
(odile.mc.frank@gmail.com)**

Health appears twice in the Sustainable Development Goals. It is evident in Goal 3: **Ensure healthy lives and promote well-being for all at all ages**, which provides specific targets. In particular, Goal 3.8 stipulates:

“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”

But health also appears by inclusion in Goal 1: **End poverty in all its forms everywhere.** This is because health is a major component of Social protection, which is the object of Goal 1.3 that stipulates:

“Implement nationally appropriate social protection and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.”

Paragraph 5 of the Recommendation concerning National Floors of Social Protection, Recommendation 202 (2012) of the International Labour Organization states that: -

5. The ***social protection floors*** referred to in Paragraph 4 ***should comprise at least*** the following basic social security guarantees [of which]: (a) ***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…

Clearly, in view of the primary emphasis on universality of social protection, its health component, which is the first stated and principal component, is congruent and, in fact, synonymous with Universal Health Coverage.

The major difference between universal access to essential health care and Universal Health Coverage remains the question of who pays. Whereas the ILO Recommendation is clear with respect to the responsibility of Member States, the situation is far less clear with respect to Universal Health Coverage, which can in principle include a substantial amount of out-of-pocket input, given that the notion covers the provision of private health insurance, among other mechanisms of financing health coverage (*cf*. “financial risk protection”).

But a second difference, clearly, is the fact that Goal 3 “owns” health, whereas there is no mention of the health component in Goal 1 of the SDGs. It could be assumed that all health action would therefore need to be covered by Goal 3, and that social protection in Goal 1, target 3, has neither relevance nor a say in Goal 3. This surface reality needs to be clarified and logically removed. Health and social protection are indivisible and should be integrated in policy and action.

In considering the integration of health and social protection, one would be justified in asking whether social protection can carry health, or to the contrary health can carry social protection? Clearly, health has little capacity to address social protection, not only for historical reasons, but also on the basis of the language in Goal 3 of the Sustainable Development Goals. To the contrary, social protection *does* include health. Health is given a major and primary place in the social protection agenda.

The major issue then is 1) to ensure the visibility of the health component in social protection, and 2) to weigh in on the integration of health in social protection sufficiently to ensure that universal access to essential health care is *always* part and parcel of social protection, including, importantly, the necessary consideration of how it is to be financed and who is to finance it. Financing of health should be aligned with the financing of social protection, and should not be considered as an independent cost issue. Risk protection should be aligned with social protection, not as a separate, largely private sector opportunity.

The integration of Health and Social Protection will at once broaden and solidify the purview of social protection and strengthen the claims for essential health protection under the social protection umbrella.