

Role of social protection in reducing the burden of public health and social measures during the COVID-19 pandemic: Evidence review

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Public Health and Social Measures (PHSM)

- PHSM are **non-pharmaceutical interventions** to reduce the risk and scale of infectious disease transmission
- operate by decreasing exposure to pathogens and/or making exposure safer
- the first and sometimes the only intervention available at the onset of an outbreak
- multi-sectoral and multi-level implementation



Public health benefits

- Reduce #cases, morbidity and mortality
- Reduce the burden on the healthcare system
- Continue business and essential service operations
- Buy time to develop and produce vaccines and treatments

Unintended negative consequences

- Health outcomes: mental health conditions, domestic violence, substance use, interrupted health service utilization
- Socio-economic outcomes: unemployment, interrupted learning, food insecurity, slowed economy, poverty



Health and socioeconomic consequences of COVID-19 and public health and social measures

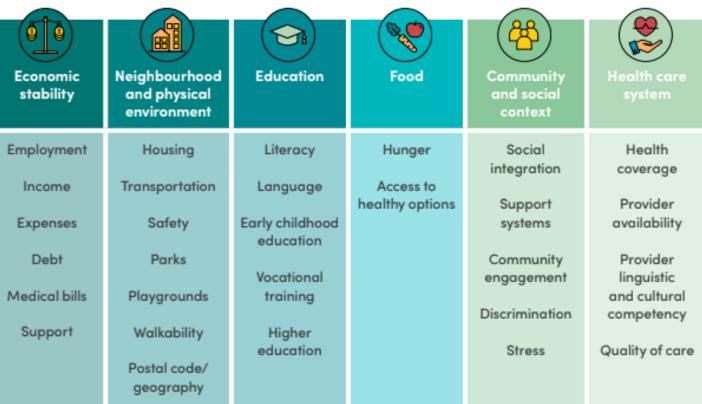
Examples of negative health consequences

- Increase in malaria and tuberculosis incidence
- Decline in childhood vaccinations

Examples of negative socio-economic consequences:

- Reversal of three years of progress with poverty reduction Increase in food insecurity Children affected by school closures Decrease in GDP per capita
- economic

Social Determinants of Health



Health Outcomes Mortality, morbidity, life expectancy, health care expenditures, health status, functional limitations



Role of social protection during health emergencies

- Social protection: A set of policies and programmes designed to reduce and prevent poverty, vulnerability and social exclusion throughout the life cycle
- Goal of social protection during emergencies: (i) reach those most in need, including those otherwise excluded from regular national social protection schemes; (ii) provide adequate support; and (iii) be delivered in a timely manner
- Positive impact seen during TB and HIV epidemics
- Prior to the COVID-19 pandemic, 50% of the work population had access to at least one social protection measures but often inadequacy of benefits and exclusion of vulnerable and marginalized communities
- During the pandemic: Scale up of existing benefits and introduction of emergency measures





Why a scoping review on social protection and unintended negative consequences of PHSM?

- Social protection policy monitoring available but little known about effectiveness of the measures specifically for health equity
- Raise awareness for the importance of a multisectoral, equitable and balanced implementation of PHSM to avoid unnecessary harm
- Provide policy options and introduce the concepts of social protection to health policymakers



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Results

- 1079 social protection policies and programmes from 316 studies and reports
- 523 social protection measures were newly introduced, 272 adapted for the emergency needs

Benefit		Country income level				No. of multicountry	Total	
By contingency	Example	Low	Lower- middle	Upper- middle	High	studies		
In cash: Programme providing cash benefits to individuals or households								
Family maintenance	Child allowance	26	96	178	110	15	425	
Unemployment	Income support	3	17	40	114	2	176	
Sickness	Paid sick leave	2	7	7	55	3	74	
Old age	Pension	NA	7	17	3	2	29	
Disability	Invalidity pension	NA	1	10	6	NA	17	
Other	Deferrals on mortgage payments	NA	1	1	7	NA	9	
Maternity/paternity/ parental	Paid parental leave	NA	NA	3	4	NA	7	
Education	Tuition fee assistance	NA	NA	3	NA	NA	3	
Housing	Rent allowance	NA	NA	NA	2	NA	2	



Scoping review evidence

Benefit		Country income level						
By contingency	Example	Low	Lower- middle	Upper- middle	High	multicountry studies		
In kind: Programme defined goods or se	e providing goods, services o ervices	r vouche	rs to allow in	dividuals or	househ	olds to obtain	230	
Goods	Food	16	39	48	30	1	134	
Services	Skills training as part of an employment programme	1	11	19	37	5	73	
Vouchers	Voucher for groceries	0	2	10	10	1	23	
General labour and fiscal measures: Measures and policies directed at stimulating and regulating the labour market or using taxation and government spending								
Taxation	VAT decrease	1	4	8	11		24	
Moratorium on evictions or other rent relief: Programmes to protect tenants from being evicted due to unpaid rent or measures to reduce or defer payment of rent								
Moratorium	Rent deferral	0	2	2	15	1	20	
Utility or financial fee waiver: Programme providing a fee waiver allowing individuals or households to access a defined good or service or reimbursing a defined good or service								
Waiver	For household electricity costs	6	18	15	23	1	63	
Total		55	205	361	427	31	1079	
NA: not applicable; VA	AT: value-added tax.							

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Scoping review on social protection and PHSM consequences - "Effectiveness" results (n = 44 studies)



Food insecurity (n = 32)

- The more methodologically robust studies especially confirmed positive effects of social assistance, social insurance and other measures (e.g. tax credits and minimum wage) on food security across different country income levels
 - Positive equity effects (n = 3)



Financial and employment insecurity (n = 18)

The evidence illustrates the beneficial effects of social insurance on financial and employment security, but presents a more mixed picture for other social protection measures



Dietary quality (n = 3)

> No effects found



Scoping review on social protection and PHSM consequences - "Effectiveness" results (n = 44 studies)



Social attitudes and cohesion (n = 2)

Positive trend for association between cash transfers and social cohesion, attitudes towards emergency response measures and trust in government



Educational investment (n = 1)

One experiment from Colombia found a positive effect of repeated cash transfers on recipients' investment in their children's education



Mental and physical health (n = 15)

- > The evidence supports a positive effect of social protection on mental and physical health
 - > In-cash, in-kind, social insurance and eviction moratoria were seen to have positive effects



Scoping review on social protection and PHSM consequences - Qualitative evidence (n = 25 studies)



Positive experiences

- Emphasized the usefulness of social protection for health as experienced by beneficiaries
- Pointed to positive associations between social assistance and food and housing security
- Highlighted the power of social protection to help vulnerable and previously marginalized populations feel included in society

Challenges

Emphasised the complexity of providing social protection, including the need to address access barriers for different groups, challenges in administering these interventions, particularly in emergency settings, and in identifying the most vulnerable populations



Research implications

- Issues on conducting research
 - geographical coverage of studies
 - ➢ research designs
 - appropriate comparators
 - implementation science and value assessments
 - Test interventions outside the emergency context
- Promote multi-sectoral and multi-disciplinary approaches
- Prioritize evidence for decision-making while acknowledging complexity
- Apply an equity lens and disaggregate data



Conclusion: Implications for policy and action

Integration of social protection into health emergency preparedness and response

- Develop strong social systems outside of emergencies to make them more efficient and resilient
- The effect of social protection is tied to the context, population and its implementation
- Evaluate emergency social protection measures to understand whether they achieve the desired impact and reach those who are most in need

Conclusion:

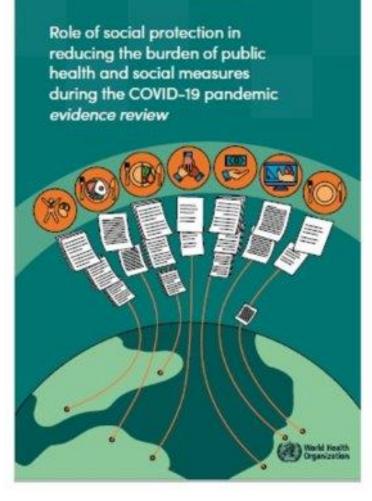
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- Positive effects despite emergencies
- Adaptable systems allow broadening coverage and increasing benefits – quick scale-up
- Social protection is beneficial to mitigate the unintended negative consequences from PHSM during health emergencies
- Stronger systems are more resilient preparedness is key to responding to crises





Access the evidence review



Find the report here:

https://iris.who.int/handle/10665/379704









Thank you!







References

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