International Labour Organization

▶ ILO brief

▶ Social Protection Spotlight

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Social health protection for climate action

Key points

The world is facing an unprecedented climate crisis induced by human activity. The concentration of greenhouse gases in the atmosphere is causing temperatures to rise, which in turn impacts our entire climate system. This situation has important consequences for human health. The severity and scale of these consequences depend on our capacity to take action and to both mitigate and adapt to climate change. In this context, robust and adequately prepared and equipped social health protection systems that are able to minimize the impact of the climate crisis on human health are needed. The climate crisis is projected to bring about a series of changes that will have a direct and indirect impact on human health, including:

- Adverse extreme (weather) events (droughts, floods, heatwaves, tsunamis, cyclones and wildfires) and their direct impacts on health (injuries, water-borne and infectious diseases, undernutrition, dehydration, heat stroke and disruption in chronic disease management and care).
- Greater climate suitability for communicable diseases, vector-borne and water-borne diseases, and the emergence of new diseases and health security threats such as pandemics.
- Reduced capacity to work and productivity losses related to more and increasingly intense extreme events as well as higher temperatures, with additional secondary impacts on income and other social determinants of health.
- Disruptions in livelihoods and food systems, with impacts on nutrition and other social determinants of health (income, access to water, electricity and shelter).
- The above points additionally contribute to climate-induced migration and displacement, which also act as a determinant of health.

The cost of ignoring these trends is anticipated to be far higher than acting now.

To anticipate the changes brought on by the climate crisis and to maximize the contribution of social health protection systems to climate change mitigation and adaptation, it is especially important to:

- Ensure universal health coverage and take urgent measures for the extension of social health protection coverage to all, throughout the life cycle, with a focus on the groups most impacted by climate change that are not yet covered.
- Review the design of social protection health and sickness benefits to ensure their responsiveness to the changing burden of disease induced by climate change and maximize their positive impact on the co-benefits of health and climate action.
- Adapt the management and administration of social health protection schemes to: (i) minimize their greenhouse gas emissions; (ii) implement purchasing strategies that incentivize the reduction in greenhouse gas emissions and non-renewable waste from health and social care service providers; and (iii) adapt registration and benefit delivery systems to the needs of protected persons who face adverse climate events.
- Secure robust and sustainable financing adapted to the changing circumstances of social health protection, and adequately coordinate with climate, disaster risk management and health policies (including on the health workforce), as well as other social protection benefits.
- Adopt gender-transformative social health protection policies coordinated with relevant economic, social and environmental policies.
- Ensure that social dialogue and the participation of those most impacted by climate change are an integral part of policy-making and implementation processes.
- Close the research gap on strategies and practices that institutions in charge of social health protection policies have successfully put in place to address these challenges.

Introduction

The world is facing an unprecedented climate crisis induced by human activity (Masson-Delmotte et al. 2021; Chaturvedi et al. 2022). The concentration of greenhouse gases in the atmosphere is causing temperatures to rise, which in turn impacts our entire climate system (Masson-Delmotte et al. 2021). This situation has important consequences for human health, and its severity and scale will depend on our capacity to take action and to both mitigate its consequences and adapt to climate change (Romanello et al. 2021).

In this context, robust social health protection systems that are able to contribute to mitigation efforts while supporting households to adapt to climate change are needed. In June 2023, the International Labour Conference adopted a resolution and conclusions concerning a just transition towards environmentally sustainable economies and societies for all. The resolution calls on governments to provide integrated responses to climate change, in particular "coherent, integrated and comprehensive employment, social protection and industrial policies to advance a just transition" (ILO 2023).

The Conference of the Parties echoed the crucial need to provide an integrated policy response and strengthen health and social protection systems at various occasions, including at the United Nations Climate Change Conference which took place in Dubai in 2023 (Conference of the Parties 2023).

The resolution and conclusions adopted by the International Labour Conference in June 2023 further underline the need to "provide universal access to comprehensive, adequate and sustainable social protection systems, including social protection floors, to safeguard populations against adverse impacts, reduce vulnerability and strengthen resilience to facilitate a just transition" (ILO 2023), recalling the resolution and conclusions adopted in 2021 as well as the ILO Guidelines for a just transition towards environmentally sustainable economies and societies for all (ILO 2015). In June 2021, the International Labour Conference called for the realization of universal social protection, understood as access to comprehensive, adequate and sustainable protection over the life cycle, in line with ILO standards. It entails progressively building and maintaining nationally appropriate social protection systems to respond to covariant risks as well as life risks across nine contingencies[1] to which all human beings may be exposed during their life cycle (ILO 2021c).

Therefore, access to healthcare without hardship as well as income security in times of sickness and maternity – which are the core components of social health protection – are recognized by international social security standards as a universal right (see **box 1**).

[1] The need for medical care, and the need for benefits in the event of sickness, unemployment, old age, employment injury, family responsibilities, maternity, invalidity and survivorship, as defined by the Social Security (Minimum Standards) Convention, 1952 (No. 102).

▶ Box 1. Social health protection: definition and main standards

The concept of social health protection is enshrined in the human rights to health (UN 2000) and social security (UN 2008). ILO social security standards are the world's normative reference guiding countries in the design and implementation of comprehensive social security systems that are sustainable and provide adequate benefits. The Social Protection Floors Recommendation, 2012 (No. 202) sets out a strategic vision to this effect based on two main axes: establishing a social protection floor that guarantees access to essential health care and basic income security throughout the life cycle; and providing, without delay, access to higher levels of protection to as many persons as possible pursuant to the Social Security (Minimum Standards) Convention, 1952 (No. 102) and more advanced standards. Convention No. 102 calls on States to provide social protection to cover health care interventions needed to maintain, restore or improve health and the ability to work and to attend to personal needs. In this respect, according to the Medical Care Recommendation, 1944 (No. 69), the range of services covered should be comprehensive and accessible to all members of the community. The determination of the scope of such health care packages should be defined through a national dialogue process and be regularly revised to guarantee that they remain sufficient to ensure a life with dignity. Importantly, ILO social security standards place on the State the overall and primary responsibility for the proper administration and due provision of the benefits enshrined in national legislation.

States should also seek to provide higher levels of protection as soon as possible to as many persons as possible using the guidance provided by Convention No. 102 and more advanced standards, notably the Medical Care and Sickness Benefits Convention, 1969 (No. 130). Convention No. 102 provides guidance regarding a minimum package of health services, which should include primary health care services.

This package should include reproductive, maternal, newborn and child health services, including antenatal care, confinement, postnatal care and hospitalization if required, specialist and hospital care and essential prescription pharmaceuticals, and be complemented by dental care and medical rehabilitation (including prosthetic and orthopaedic devices). The responsibility of national authorities is not only to regulate such entitlements, but also to ensure that the services provided meet the criteria of availability, adaptability, acceptability and quality.

Regarding financial protection, ILO standards promote affordability of healthcare services for people. They only allow limited co-payments. Convention No. 130 states that "the rules concerning such cost-sharing shall be so designed as to avoid hardship" (Article 17) and these do not apply to maternity care.

The changes to our climate system induced by the current climate crisis will impact human health and the need for social health protection across the life cycle (see **box 2**). The cost of ignoring these trends is anticipated to be far higher than acting now.

▶ Box 2. Socio-economic impacts of climate change[2]

The Intergovernmental Panel on Climate Change (IPCC) has produced various scenarios to project the expected temperature rise and their impact on the climate system. According to the latest projections, global warming is expected to continue to increase during the first half of the century and to exceed 1.5 to 2 degrees during the century. The frequency and intensity of extreme climate events are increasing, and temperature rise is higher in the poles, thus contributing to the melting of the ice caps and influencing sea levels and currents. The countries that are the least responsible for the emission of greenhouse gases are also likely to be the ones most impacted by climate change and the least equipped to respond to it (Masson-Delmotte et al. 2021).

[2] "Climate change refers to long-term shifts in temperatures and weather patterns. Such shifts can be natural, due to changes in the sun's activity or large volcanic eruptions. But since the 1800s, human activities have been the main driver of climate change, primarily due to the burning of fossil fuels like coal, oil and gas". United Nations. https://www.un.org/en/climatechange/what-is-climate-change.

Shared Socio-Economic Pathways (SSPs) have been developed to illustrate how climate change may influence the physical, social and economic environment depending on the type of action taken, and the challenges that each scenario may create for humanity to mitigate and adapt to climate change (O'Neill et al. 2017). These scenarios show that climate action could significantly curb greenhouse gas emissions while ensuring the promotion of socio-economic justice and equity. This requires urgent action from all parts of government, businesses and society as a whole.

In this context, strong health and social protection systems have been identified as key elements to support climate change adaptation and reduce the adverse impact of the climate crisis on countries and populations (Pörtner et al. 2022).

This Spotlight brief succinctly presents the current and future impacts of climate change on human health before identifying concrete pathways for an effective response to the climate crisis by social health protection systems.

The climate crisis and human health

The climate crisis is projected to bring about the following changes that will directly or indirectly impact human health.

- Extreme weather events

Climate change increases the frequency and intensity of adverse climate events such as droughts, floods, heatwaves, tsunamis, wildfires and cyclones. Such events have direct impacts on human health in terms of mortality and morbidity, including injuries, the spread of water-borne, vector-borne and infectious diseases, undernutrition, dehydration and strokes (including heat stroke), as well as disruption in chronic disease management and care (Romanello et al. 2021; Shreya et al. 2021). Traumatic events caused by extreme weather events, such as death or loss of livelihood, can also affect mental health, exacerbated by longer-term changes in the environment (such as heat or pollution) and their social consequences (displacement or migration) (WHO 2022b). These impacts on health are unequally distributed across geographies and population groups. While the number of extreme events is increasing across all regions of the world, and especially in countries ranking high on the Human Development Index, their lethality is only significantly increasing in countries with a low Human Development Index (Romanello et al. 2021) ranking.

This illustrates not only the fact that exposure varies across country human development levels, but also that differences in population sensitivity and in adaptive capacities create great health inequalities. Pregnant women as well as older persons and persons living with disabilities, for instance, tend to be disproportionately affected by extreme events. Existing inequalities are exacerbated, with indirect disproportionate effects on persons with disabilities, including due to increased exposure to social determinants of health such as poverty, lack of access to healthcare services, education, employment, and housing that is adequate and/or in places at lower risk (ILO 2022; UNHCR and IDMC 2021). The global mortality rate for persons with disabilities in natural disasters is up to four times higher than for persons without disabilities (Stein and Stein 2021). Without action, these trends are likely to become more pronounced in the future.

- Infectious diseases, health security and their interplay with non-communicable diseases

Global mobility, urbanization, unsustainable management of natural resources and the changing climate are key drivers of the changes in distribution of many communicable and infectious diseases, including vector-borne diseases (Romanello et al. 2021). It is estimated that 58 per cent of the currently known human infectious diseases may be aggravated by climate change, with the risk of an increase in both morbidity and mortality (Mora et al. 2022). They also affect the emergence and spread of new diseases, which sometimes become epidemics or pandemics. As illustrated during the COVID-19 pandemic, persons living with chronic non-communicable diseases tend to be most impacted. The burden of non-communicable diseases is particularly affected by climate change, thus creating a dangerous vicious cycle. The effects of climate change particularly impact the burden of chronic, non-communicable diseases, such as cardiovascular diseases, diabetes and respiratory diseases, but may also negatively affect reproductive and maternal health (WHO 2022a). This calls for greater attention to be paid to prevention, preparedness and response. It became evident during the COVID-19 pandemic that such prevention, preparedness and response necessarily implies close coordination between health and social protection responses to cushion the

socio-economic impacts and foster preventative behaviours (ILO 2020c).

- Capacity to work and productivity

Productivity losses linked to climate change are related to adverse climate events, health security threats and temperature rise. According to the Lancet Countdown estimates based on ILO data on average wages, the impact of temperature rise on workers' earnings could range between 4 and 8 per cent of gross domestic product (GDP) in low human development countries (Romanello et al. 2021). The ILO estimates that, by 2030, over 2 per cent of total working hours globally will be lost every year, either due to temperatures that are too high to allow human activity or because workers have to work at a slower pace (ILO 2019). Such high temperatures already directly affect the health of workers, especially those in the rural economy and those in outdoors occupations such as construction and waste picking (ILO 2019). They also affect the ability of workers to earn a decent living and therefore impact their household income level, which in turn is an important social determinant of their health, as it has a direct impact on the ability to obtain, inter alia, nutritious food, clean water and adequate housing (Marmot 2001). This situation also impacts business continuity in some sectors, which in turns affects employment and social protection, with reduced payroll contributions and taxes as well as increased demands for sickness, employment and healthcare benefits.

- Livelihoods and food systems

Food systems are already being profoundly modified by the climate crisis as well as by transition policies, considering that many globalized food systems currently in place are unsustainable in terms of greenhouse gas emissions as well as natural and chemical resources consumption (Willett et al. 2019). Without concerted action and, in the relatively short run, this is likely to translate into changes in crop yields linked to temperature rise and adverse climate events. Based on FAO data from 2019, projections show that for every rise of 1°C in global temperature, an increase of 1.64 per cent in severe food insecurity could be expected.[3] This can cause unavailability of certain food items in some contexts, as well as a rise in food prices (Willett et al. 2019). In turn, this affects both purchasing power and nutrition, which are important determinants of health. Households relying on agriculture for their livelihoods are likely to be particularly impacted, especially rural and indigenous women who depend on the exploitation of local natural resources (ILO 2017). Similarly, the scarcity of resources in some contexts is likely to contribute to conflict and displacement.

While the impacts are numerous, it is important to note that one salient feature of the climate crisis is inequality. Climate change will eventually affect everyone, but the depth of its impact will depend on: (i) exposure, which, as outlined above, differs strongly across regions and countries, with the countries contributing least to climate change being most affected, and in which the level of development of social protection and health systems is often nascent; (ii) sensitivity, with the most sensitive groups already suffering multidimensional deprivations; and (iii) adaptive capacity at the societal, household and individual level, with the most exposed and sensitive countries and population groups being disproportionately represented in social protection and health services coverage gaps (Chaturvedi et al. 2022).

In 2019, climate-sensitive diseases accounted for 1.53 billion disability-adjusted life years (Vos et al. 2020).[4] Climate change is also likely to increase the incidence and prevalence of disability due to both disease and injuries that may result from extreme weather events or conflict (Lewis and Ballard 2011).

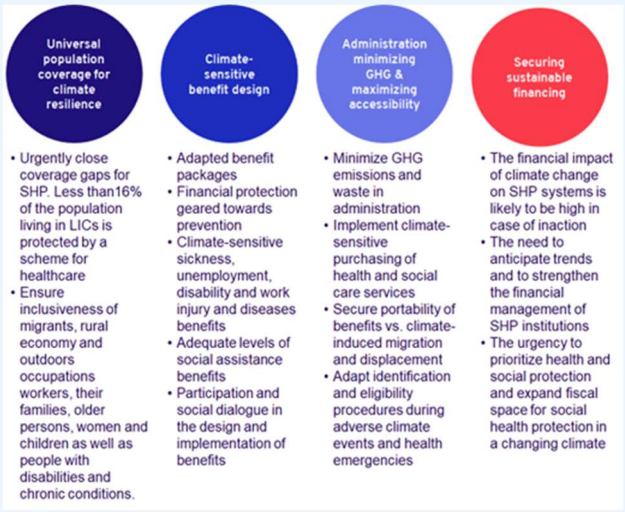
Social health protection in the context of climate change

As climate change impacts health directly and indirectly, social health protection institutions need to take action now to continue to be able to meet population needs and to anticipate covariate risks that affect expenditure and operations (see **figure 1**).

[3] FAO. "The Food Insecurity Experience Scale".

[4] The number of years lost due to early death, disability or illness.

▶ **Figure 1. Social health protection in the context of climate change**



Note: SHP = social health protection; LICs = low-income countries; GHG = greenhouse gas.

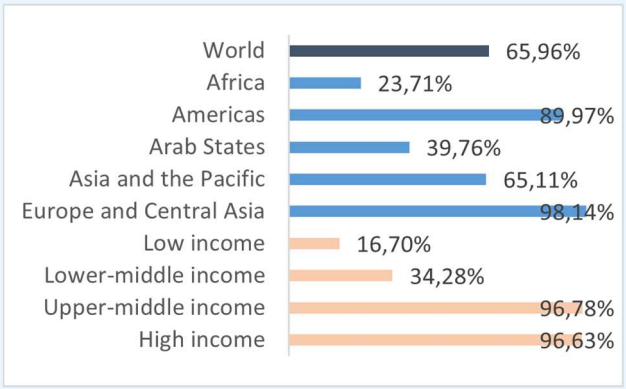
Source: (Tessier 2023).

Universal population coverage for climate action

Despite global commitments towards universal social protection and universal health coverage, two intertwined goals that are part of the 2030 Agenda for Sustainable Development, the right to social health protection is not yet a universal reality.

While international social security standards called for universality of coverage for many years, significant social health protection coverage gaps remain. As illustrated by **figure 2**, although two thirds of the global population are protected by a social health protection scheme, this proportion is only 34 and 16 percent in middle- and low-income countries, respectively (ILO 2021e). Consequently, 2.7 billion persons not protected by any kind of health protection scheme.

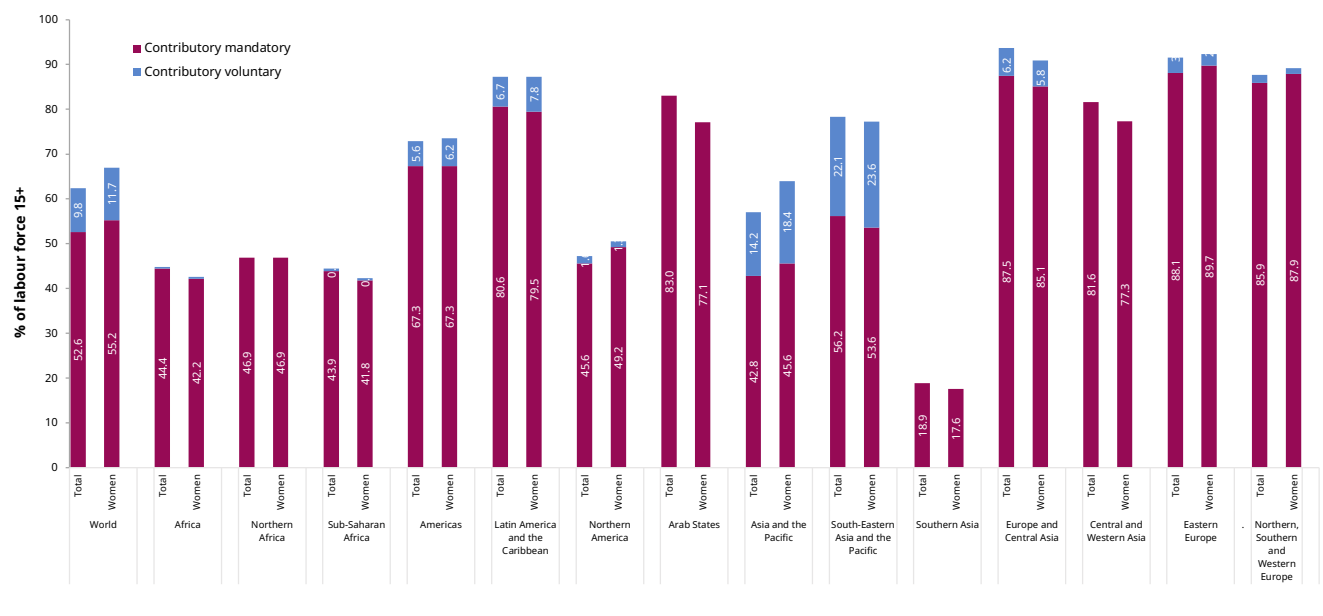
▶ **Figure 2. Percentage of the population protected by a social health protection scheme (protected persons), by region, sub-region and income level, 2020 or latest available year**



Source: (ILO 2021d).

Regarding income security in case of sickness, the situation is even more concerning, with less than two thirds of the labour force, representing less than half of the working-age population, legally entitled to income support when sick (see **figure 3**), and effective coverage not even part of the monitoring framework for the Sustainable Development Goals (SDGs) (ILO 2020b; 2020d). Incidentally, these countries are also the ones that are likely to suffer the most from the increase in adverse climate-related events and changes in livelihoods and food systems (Pörtner et al. 2022).

▶ **Figure 3. Legal coverage for sickness protection: Percentage of labour force aged 15+ years covered by sickness cash benefits, by region, subregion, sex and type of scheme, 2020 or latest available year**



Source: (ILO 2020b).

Given this absence of adequate social health protection, combined with insufficient public expenditure on health, catastrophic out-of-pocket spending on health by households is on the rise globally, which breaches the principle set by international social security standards that cost sharing should not result in hardship for families. The number of persons incurring catastrophic out-of-pocket spending on health (that is, exceeding 10 per cent of their household consumption or income) rose from 940 million to 996 million per year between 2015 and 2017 (WHO and World Bank 2021). In many countries, this is compounded by the lack of adequacy of social health protection benefits, where they exist (ILO 2021e). Due to underinvestment in health systems, the availability of quality health care services and their responsiveness to population needs in a changing climate remain a salient issue in many low- and middle-income countries (WHO and World Bank 2021; WHO 2019). With the changing burden of diseases in high-income countries and the reliance on migrant health and care workers, this situation is worsening in many countries (WHO 2023; ILO 2003).

Within countries, not all population groups are impacted in the same way by climate change and, currently, the groups that may be most affected tend to be disproportionately represented in coverage gaps, such as: migrants and refugees; workers in the rural economy and in outdoors occupations, as well as their families; older persons; women and children; and persons with disabilities and chronic conditions.

For example, changes in labour capacity due to extreme weather exposure (measured in lost working hours) disproportionately affect countries which rank low on the Human Development Index, and which have low healthcare and sickness benefit coverage rates and nascent systems (ILO 2021e). Most of those losses relate to heat exposure and the biggest losses were concentrated in Pakistan, Bangladesh and India in 2020 (almost three times the global average) (Romanello et al. 2021). Highly climate-sensitive livelihoods, such as agriculture, show particularly prominent social protection coverage gaps. Without unemployment or sickness benefits, these lost working hours translate into income loss, with likely knock-on effects on the social determinants of health. Therefore, any actual damage to workers' health will probably result in out-of-pocket payments as many workers in the informal economy are largely uncovered for social health protection and occupational diseases in the aforementioned three countries (ILO 2021a).

Governments need to take immediate action to ensure that universal social health protection coverage is a priority in both the short and long term through the extension of coverage, throughout the life cycle, to uncovered groups, throughout their national territories. This requires additional financing and a review of the adequacy of benefits and their delivery systems.

Climate-sensitive health and sickness benefit design

Social health protection benefits should: (i) continuously address (changing) population needs and guarantee a minimum package of medical services, in line with human rights and international social security standards (to support individuals and institutions in adapting to climate change); and (ii) promote behaviours and investments that foster climate and health co-benefits (also to mitigate climate change).

In order to meet this twofold objective, social health protection systems will need to review the design of health and sickness benefits to continue to address the changing burden of disease induced by the climate crisis and maximize their positive impact on the co-benefits of health and climate action in support of broader health system policies.

- Adapted health benefits package

Covering emergency care, injuries, rehabilitation, and chronic disease management and preparedness without hardship will be crucial to ensure that social health protection coverage contributes to climate change adaptation and increases the coping and adaptive capacities of individuals. In some countries, emergency care remains outside the scope of social health protection schemes. For example, in Lebanon, the Ministry of Health can provide reimbursements as a last resort, but has a limited budget (ILO 2021b). Similar arrangements exist in other countries (ILO 2021a).

Rehabilitation is also poorly covered in many countries (Stucki, Bickenbach and Frontera 2019). Rehabilitation services, where available, are rarely included in the package of services available without hardship (Tessier, De Wulf and Momose 2022). With the increase in frequency and severity of extreme weather events, the higher risk of injury can lead to lasting health impacts if there is no effective universal access to emergency care and rehabilitation services without hardship.

While progress has been made in the prevention, diagnosis and treatment of some infectious and communicable diseases, in particular under SDG target 3.3, the sustainability of funding sources remains an issue in many countries, thus jeopardizing the predictability of their affordability over time for the concerned at-risk populations.

- Financial protection geared towards prevention

In many countries, entitlements to health benefits remain geared towards curative care, while investments in prevention are insufficient. This often leads individuals to delay preventative behaviours and access to information and care. It also further limits the possibility of implementing integrated preventative strategies. For example, such strategies could include regular check-ups and advice on behavioural change together with financial support to enable home adaptation and/or to reduce emissions through the adoption of active transport methods. Similarly, strengthening prevention in the workplace for climate-sensitive sectors such as construction and agriculture through adequate occupational safety and health systems and adapted working hours, can help to prevent health issues and occupational accidents.

The impact of climate change on human health requires social health protection institutions to look more closely at proactive preventive measures to reduce health risks, including, but not limited to, raising awareness among the protected population. This includes measures that have co-benefits across health and environmental policies, such as active transport, access to green and blue spaces, and a reduction in the consumption of industrialized food products with poor nutritional value, which all have a positive impact on both mental and physical health (Willett et al. 2019; Romanello et al. 2021). The adoption of such measures cannot be considered as purely an individual responsibility and need to be supported by key enablers (such as adequate income and access to healthcare professionals) to which social protection benefits facilitate access.

Considering the mutually reinforcing adverse effects of non-communicable diseases and climate change (in particular temperature rise), prevention of non-communicable diseases should be a priority (Watts et al. 2015). Patient cost surveys have shown that persons with chronic conditions suffer a much higher financial burden than the general population (Disability Resource Centre 2010; American Diabetes Association 2018; Jönsson 2002).

This signals that financial protection for the prevention of and care for non-communicable diseases is insufficient and is compounded by a lack of adequate income security from disability and old-age benefits in many countries.

- Extension of service coverage

Accessibility of health services throughout the national territory remains an issue in many countries, which experience significant imbalances in the distribution of health and care workers and facilities (GHWA and WHO 2014; High-Level Commission on Health Employment and Economic Growth 2016b). Accessing adequate primary care is crucial in the context of prevention, management of non-communicable diseases, maternal and child health, and the management of many infectious diseases (WHO 2019). Therefore, the lack of geographically accessible (in addition to financially accessible) quality care close to the home is a bottleneck to any strategy aimed at addressing the health impacts of climate change.

Social health protection schemes need to review their network of healthcare providers and align with national strategies aimed at increasing service coverage. This must be done in a way that fosters quality of care and does not create additional precariousness or cause the working conditions of health and care workers to deteriorate, and proper investments are therefore likely to be required. There is already a notorious shortfall of health and care workers, which disproportionality affects low- and middle-income countries (High-Level Commission on Health Employment and Economic Growth 2016a).

- Climate-sensitive sickness benefits and coordination with unemployment protection and employment injury and occupational disease protection

The scope of the contingency covered by sickness benefits may need to be reviewed in light of emerging risks created by the impact of a changing climate on the physical capacity to work of individuals. Securing income security in case of a medical condition, alongside unemployment protection and employment injury and occupational disease insurance, is likely to be needed more than ever before, due to a combination of the direct health impacts of climate change on the capacity to work of individuals as well as the likely influence of climate change on health security and the emergence of epidemics.

Eligibility and benefit disbursement may need to be adapted to the changing climate for a number of professions. This is particularly the case for those who will not be able to work when the temperature is above a certain threshold, and will impact most severely the rural economy and outdoors occupations such as construction (ILO 2019).

Similarly, as illustrated during the COVID-19 pandemic, income security in case of quarantine would need to be systematically considered as part of sickness benefits, in line with Medical Care and Sickness Benefits Recommendation, 1969 (No. 134) (ILO 2020d). With a projected increase in health security threats, sickness benefits, together with unemployment protection and employment injury and occupational disease insurance, will be a central policy instrument to incentivize preventative behaviours and cushion socio-economic consequences (ILO 2020d).

Employment injury and occupational disease insurance schemes will require a renewed focus on the occupational disease component in many contexts in order to address workers' health issues and simultaneously provide adequate incentives to mitigate climate change. A strong disconnect remains, for example, between the estimated health burden linked to the professional use of some phytosanitary products (harmful to both humans and the environment) and the number of compensations disbursed by employment injury insurance schemes for the same (Disegni et al. 2020). If work-related diseases linked to poor environmental practices are not recognized as such, there is a missed opportunity for social protection to foster co-benefits (that is, mutually positive outcomes). Concretely, there will be a need to review the occupational diseases faced by workers in the context of climate change, with a view to adopting preventative approaches, minimizing health hazards and ensuring that new diseases are included on national lists of occupational diseases when needed (for instance, over 30 countries have already added COVID-19 to their lists in order to be able to compensate health and other frontline workers who were infected at work).

At the same time, many countries still do not have sickness benefits as part of their social protection system. Similarly, occupational health services are often either non-existent or lack coordination with both climate change and social protection policies and programmes. In many contexts, national legislation still provides for the liability of employers to continue paying wages in case of sickness or occupational disease (ILO 2021e; 2020d). The major shortcomings of this mechanism for securing effective worker protection have long been documented,

as it fails to protect self-employed persons and is affected by poor compliance overall (ILO 2020b).[5] Furthermore, such provisions can reinforce discrimination against persons with disabilities or chronic conditions. These shortcomings will only be exacerbated by the changes brought about the climate crisis and heightened health security issues. Therefore, there is an urgent need to transition out of employer liability towards collectively financed social protection mechanisms that are anchored in the principle of solidarity in financing.

Social health protection management and administration: minimizing emissions and waste while maximizing co-benefits and accessibility

Social health protection systems will need to adapt the management and administration of their schemes with a view to: (i) minimizing the carbon footprint of the administration of such schemes; (ii) implementing investment and purchasing strategies that incentivize the reduction of greenhouse gas emissions and non-renewable waste from health service providers; and (iii) adapting to the needs of persons vulnerable to and affected by extreme weather events and other adverse impacts of climate change.

To this end, it will be crucial for social health protection systems to be governed in a participatory manner. The key role that social partners can play not only in the design of adequate social health and just transition policies but also in their implementation needs to be underlined. Social dialogue helps to ensure that these policies are widely accepted and adequately implemented, and boosts confidence in the administration of social protection and just transition policies and schemes.

- Minimizing the carbon footprint of social health protection administration

A growing number of public institutions are estimating their carbon footprint and taking measures to reach net zero. Social protection institutions need to be part of this movement, while continuing to pursue their primary mission of securing access to quality healthcare without hardship. Although such institutions tend to be under less scrutiny (and pressure) than transport services or high greenhouse gas emission industries, their efforts towards net zero in their daily operations are nonetheless crucial and they need to lead by example.

The limited literature available on this topic focuses on high-income countries and indicates that efforts by social protection institutions are heterogeneous and concern mainly the management of energy and waste in infrastructure as well as more sustainable mobility and transport of employees (Disegni et al. 2020; Larsen and Hertwich 2011).

There are opportunities to both streamline administrative processes in a way that is friendlier to beneficiaries and reduce paper and other waste generated by such processes. The digitalization of records and the simplification of identification systems and registration procedures (for instance, through the creation of unique identification cards that can hold information on social protection entitlements) can support the reduction of waste and foster effective access. At the same time, going 100 per cent digital has its limitations, especially for vulnerable groups and in case of adverse climate events and, therefore, innovative solutions that prioritize the access rights of individuals need to be developed (Lee-Archer 2023). Moreover, a greater emphasis on digital waste is likely to be needed (Disegni et al. 2020). Registration and information points close to home can also foster both ease of access and the reduction of transport needs.

- Implementing climate-sensitive purchasing of health and social care services in line with health sector efforts

As purchasers of healthcare and social care services, institutions and ministries responsible for social health protection can provide incentives towards a net zero health sector, in line with the objectives stated by many countries.

A pre-requisite for this is the availability of reliable data on the greenhouse gases and non-recyclable waste produced by different interventions and services that are purchased. In comparison to other public services, the health sector in some countries is ahead of the game, for example, in England, where the National Health Service conducted a full analysis of its carbon footprint and started putting into practice changes geared towards net zero (Tennison et al.

[5] Poor compliance is often rooted in the incapacity of micro and small enterprises to face potentially high financial obligations, weak enforcement by the labour inspectorate and other regulatory entities for enterprises of all sizes, and the fact that employer liability provisions require workers to initiate long and costly judicial proceedings against their employer in order to receive compensation.

2021; Salas et al. 2020). Any purchasing strategy by social health protection institutions needs to go hand in hand with the leadership of Ministries of Health in licensing and facility registration and certification processes. Such strategies can include additional requirements in terms of greenhouse gases, procurement and waste management, as well as advocacy efforts for moving towards low-emission and recyclable health technologies.

A second prerequisite is the presence of strategic purchasing policies and a space for the institutions in charge of such policies to effectively curb purchasing practices. In many low- and middle-income countries, the purchasers of healthcare services are fragmented and may not hold such weight (ILO 2021a; 2020a). This is an additional argument for limiting fragmentation.

It is also important to note that, in many low-income countries, greenhouse gas emissions in the health sector are likely to rise even with the adoption of strategic purchasing practices geared towards net zero, because there continues to be insufficient infrastructure, a lack of access to clean water and electricity in some facilities, and poor/no development of locally sourced medical products, consumables and equipment. It is crucial to underline the importance of making these investments and securing a better distribution of the health workforce, with a view to ensuring access to primary care close to home, which in turn will support the transport transition needed to curb greenhouse gas emissions globally.

- Adapting procedures to stay responsive to population needs

Two important adaptations will need to be made with regard to social health protection procedures in order to respond to changing population needs in view of the consequences of climate change.

- **Identification and eligibility procedures during extreme weather events and health emergencies.** Some flexibility and agility in identification and eligibility procedures are needed to continue to reach people during emergency situations, in particular extreme weather events such as floods or cyclones, or epidemics such as COVID-19. In many countries that do not yet universally cover their population for social health protection, eligibility criteria for such programmes can be narrowly defined (ILO 2021a) and may need to be relaxed in situations where vulnerability is generalized (ILO 2020c). Especially in exceptional circumstances, grievance redress mechanisms and consistent and regular monitoring and evaluation are key to evaluating the continued effectiveness of modified schemes.
- **Portability of benefits in the context of climate-induced migration and displacement**. Decreases in natural resources in some regions, extreme weather events and the socio-economic consequences of the climate crisis, including conflicts over resources, are driving population displacement and migration, while also hampering return opportunities for those already displaced. The scale may be unprecedented as, for instance, more than 550 million people live lower than 5 metres above sea level, making them vulnerable to sea level rise (Romanello et al. 2021). According to the United Nations High Commissioner for Refugees (UNHCR), on average, over 20 million persons are forcibly displaced by extreme weather events each year, and this trend is anticipated to increase over time.[6] In this context, social health protection entitlements need to be portable and inclusive so that the right to access healthcare without hardship can be a reality for all persons whose health is impacted by the double burden of climate change and migration. Migrants, refugees and internally displaced persons and their families tend to be disproportionately among those without social protection and face unique issues in accessing healthcare services compared with host communities (ILO, ISSA and ITCILO 2021; IOM 2019; ILO 2020e).
- **Reviews of the tax and contributions base for social health protection.** The financing mix needs to be both sufficient and adapted. In particular, social health protection institutions need to anticipate the impact of extreme weather events and health security risks on their financing base. They also need to review contribution deadlines, rates and periodicity when they rely on them for their financing.

Financing the transition: what it means for social health protection systems

In order to simultaneously extend coverage, adapt benefits and transition to climate-friendly operations, it is the responsibility of States to secure adequate, robust and

[6] UNHCR. 2016. "Frequently asked questions on climate change and disaster displacement".

sustainable financing for social health protection systems, which align with broader health policies and are well-coordinated with other social protection benefits.

This is an investment, since, as recalled by the International Labour Conference in June 2023, social protection contributes to an enabling environment for decent work, productivity growth, employment creation and sustainable enterprises. Inclusive and sustainable social protection systems bolster the resilience of societies and represent a means of responding to structural transformations, such as those related to climate and demographic changes, digitalization and globalization, as well as to the rise in precarious forms of work and persisting informality (ILO 2023).

- The financial impact of climate change on social health protection systems and the cost of inaction

Covariate risks have a financial impact on social protection financing generally and, more specifically, on social health protection. For instance, a study showed that a reduction of 30 per cent in greenhouse gas emissions in France would translate into over 1 billion euros in savings on medical care bills and could reduce sickness benefit claims by 1.5 million days for the national health insurance fund (Maro, Smith and Acquarone 2010). This means that, on the contrary, an increase in the concentration of greenhouse gases in the atmosphere as well as the various other health impacts of the climate crisis described earlier are likely to also impact the financial burden that social health protection policies need to cover in case climate action is not urgently taken.

The stakeholders who will foot most of the bill for the consequences of the climate crisis are invariably not the ones who are the most responsible for emissions. The cost of inaction is high and social and health ministries need to join forces and prioritize aligned measures to strengthen health and social protection policies that will cushion the social and health impact of climate change. Governments need to fully implement the polluter pays principle and establish new taxes with a view to holding the industries with the biggest impact on climate change accountable for the consequences on health and social inequalities.

In countries where social health protection coverage is very low, most of the costs incurred by the health impacts of climate change are likely to fall on households. The impoverishing effects are compounded by the socio-economic impact of climate change and the social protection coverage gaps in other benefits (such as old-age, disability and family benefits).

- The need to anticipate trends and to strengthen the financial management of social health protection institutions

Anticipating cost increases and opportunities for savings as well as fluctuations in revenues (such as the possible fluctuation of social security contributions or revenues from income and consumption taxes), while fostering co-benefits (and adapting provider payment methods accordingly), will be crucial to sustain social health protection policies over time.

Temporary adaptive measures in policies and operations may help to improve the effective protection enjoyed by individuals. Such measures include: top-ups or an extension of the range, level and duration of benefits; the rescheduling or exemption of contribution payments during or after a disaster (for contributory schemes); the relaxation of eligibility requirements; and the improvement of administrative capacity and coordination with the health sector to ensure accessibility to benefits. All of these measures require financial management that is strong, transparent and agile.

In this context, there is a need not only to strengthen the financial management capacities of the institutions responsible for such benefits, but also to place at their disposal tools that combine expertise in actuarial, epidemiological and climate modelling.

- Expanding fiscal space for social health protection in a changing climate

While the socio-economic impacts of climate change may have a lasting impact on growth, and therefore affect taxation, a number of avenues need to be explored to increase resources available for social health protection benefits, such as:

- Creating savings through “net zero” administration. For example, administrative simplification and waste reduction can benefit both the environment and create savings for social health protection administrations.
- Mobilizing additional fiscal space for social health protection and health systems strengthening, including by complementing traditional social protection financing with new mechanisms that are aligned with the objective of reducing greenhouse gas emissions. Such mechanisms are diverse and have been the subject of discussions at the United Nations Climate

Change Conference. The discussed options include: carbon market revenues (earmarked for health and social protection); corporate taxes, including an environmental component; and (domestic and international) climate financing, including, in particular, loss and damage funds (Conference of the Parties 2023). This needs to go hand in hand with the establishment of pro-employment macroeconomic frameworks and the appropriate use of fiscal and monetary instruments, including taxes, subsidies, incentives and loans to ensure fiscal space for a just transition towards environmentally sustainable activities, incentivize structural transformation, and reduce inequalities (ILO 2023).

- Advocating for health and social protection as priority measures for climate action. The first step is the inclusion of social protection and health in global and national commitments, such as Nationally Determined Contributions and national adaptation plans. Room for improvement remains, considering that only 10 per cent of the 129 countries who submitted a national adaptation plan by 2021 referred to social protection.
- Joining forces across social ministries to prioritize policies to prevent, contain or reduce the social and namely: migrants and refugees; workers in the rural economy and /or in outdoors occupations; workers in informal employment and their families; as well as particularly vulnerable population groups such as pregnant women, children and persons with disabilities, including older persons with long-term care needs.
- Secure adequate, robust and sustainable financing of social health protection, complemented by additional mechanisms wherever possible, and adequately coordinate with other areas of social protection as well as health policies.
- Review the design of social protection health and sickness benefits, together with employment injury and occupational disease protection, to ensure that they can continue to meet the needs of individuals in the face of the changing burden of disease linked to health impact of the climate crisis, including policy coherence on prevention measures. Social and health policies will be footing the bill for the health and socio-economic impacts of climate change and therefore need to both build a united front for greater prioritization in budgetary allocations and provide integrated solutions at the household and individual level.

Maximizing the contribution of social health protection to climate action

To maximize the contribution of social health protection systems to urgent climate action, it is particularly important to:

- Ensure that social health protection coverage becomes a universal reality by prioritizing urgent measures to extend coverage to uncovered groups, in order to ensure adequate protection throughout the life cycle of individuals. Some population groups that are particularly affected by climate change tend to be disproportionately represented in coverage gaps, climate change and maximize their positive impact on the co-benefits of health and climate action.
- Adapt the management and administration of social health protection schemes to: (i) minimize their greenhouse gas emissions; (ii) implement investment and purchasing strategies that incentivize the reduction of greenhouse emissions and non-renewable waste from health service providers; and (iii) adapt to the needs of persons who face extreme weather events and other adverse climate change impacts.
- Close the research gap on strategies and practices that institutions in charge of social health protection policies can or are putting in place to review benefits' design and adapt their administrative processes to align them with climate change mitigation and adaptation objectives.

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