

Towards redistributive social protection? Insights from Senegal and Morocco

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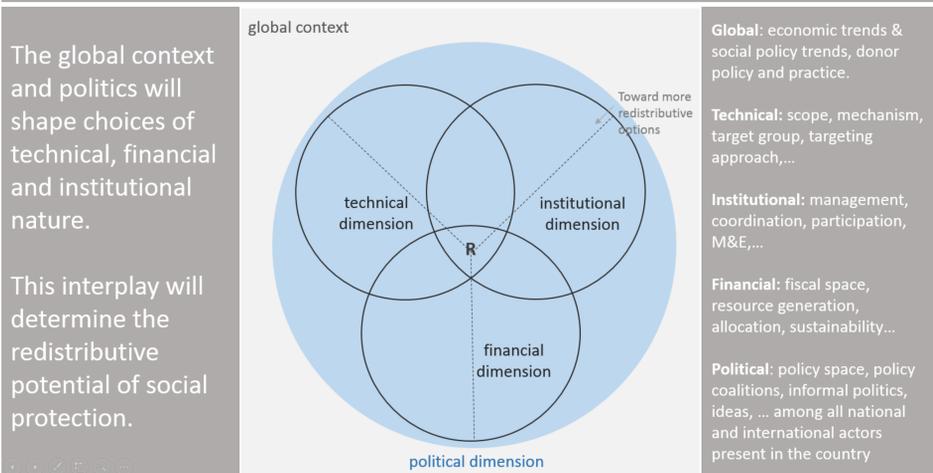
Brief description

Social protection has come to feature more and more prominently on international and national development agendas. The quest for social protection in developing countries raises important questions: **How can social protection act as an instrument for redistribution at the national level?** How can national policy makers, civil society organizations and international development partners enhance this redistributive potential?

This poster reports on a two-phased research that **combined conceptual work with case studies in Senegal and Morocco** to contribute to a better understanding of redistribution in social protection reforms in developing countries. The research demonstrated that **assessing and enhancing the redistributive potential of social protection mechanisms requires a multi-dimensional analysis** encompassing political, technical, institutional and financial considerations. It proposes and tests an analytic framework to guide such assessment. Using the insights from the case studies on social protection in health in Senegal and Morocco, it then reflects on what such assessment implies for national policy actors and international development actors that wish to contribute to building social protection in developing countries.

Analytic framework

Determinants of redistributive potential of social protection mechanisms



Key insights

Redistribution = coverage + generosity + equity

The redistributive potential of a social protection system is determined by the combination of massive coverage, generosity of benefits and equity in access. National policy makers and international development actors involved in social protection reforms in developing countries should avoid a one-sided focus, for example on expanding coverage. Mechanisms that distribute significant benefits to all population groups in a just manner maintain long-term public support.

Politics, including informal politics, are key

The development and implementation of social protection policy in developing countries are very political processes. An intricate interplay between national and international actors, often outside formal policy making structures, will determine which policy option gets to be supported by a strong policy coalition. National policy makers and international development actors involved in social protection reforms in developing countries should take into account that the first steps of problem formulation and policy formulation lay the foundation of a social protection system that may prove hard to revisit in a later stage.

Involving all stakeholders in policy making on social protection is a challenge

Trade unions and civil society organisations can play an important role in developing and implementing social protection policy. However, they are not always involved in the policy process. Civil society organisations may lack capacity and expertise and trade unions may focus on their constituency in the formal sector. National policy makers and international development actors involved in social protection reforms in developing countries should push for an inclusive policy making process. The use of the Assessment Based National Dialogues, the International Labour Organisation's approach for the implementation of nationally defined social protection floors can be a useful resource in this regard.

Basic Medical Coverage in Morocco

The adoption of Law 65.00 in 2002 on Basic Medical Coverage initiated the introduction of a mandatory health insurance (AMO) for the formal sector and the ongoing establishment of a medical assistance scheme for the economically destitute (RAMED). Using the analytic framework, the following key features were identified:

Technical dimension	<ul style="list-style-type: none"> Mandatory health insurance (AMO), managed by different funds for different groups, giving formal workers access to services in public and private health sector. Health assistance (RAMED) giving the poor access to services only in a specific region and in the public health sector. Both mechanisms are contributory, but in RAMED the contribution is less significant and the extreme poor are exempted from contributing.
Institutional dimension	<ul style="list-style-type: none"> AMO managed by former mutual health organisations with strong union representation. National Agency for Health Insurance (ANAM) has mandate of regulator but was given limited enforcing power. RAMED weakly institutionalised, with no regulator or manager and no budget line, but the establishment of a new structure is topic of discussion.
Financial dimension	<ul style="list-style-type: none"> AMO is funded by employers and employees. Reimbursements of provided health services are directed for over 70% to the private health sector. RAMED is financed by state, local communities and beneficiaries, but is underfinanced and doubts exist about the long-term financial feasibility.
Political dimension	<ul style="list-style-type: none"> Progressive change agents in administration & the King played key role in building support base for RAMED. Donors were involved through technical assistance but are claimed to have played limited role in agenda setting and policy formulation. Strong influence of trade unions and limited input of civil society organisations. (Horizontal) redistribution between sick and healthy is explicitly prioritized before (vertical) redistribution between rich and poor.

Moroccan social protection in health is very fragmented. Current reform focuses on expanding coverage and on improving generosity of benefits for specific groups but severely fails to improve equity in access. Plans to harmonize the different mechanisms and gradually build political support for a fusion exist.

Universal medical coverage in Senegal

Following the election of president Macky Sall, the Senegalese health ministry launched a strategy for the extension of social protection in health in 2013. A key pillar of the strategy is the 'Extension of the health coverage through mutual health organisations in the context of decentralisation' or DECAM. Using the analytic framework, the following key features were identified:

Technical dimension	<ul style="list-style-type: none"> Mechanism of voluntary health insurance, in principle with universal access but specifically designed for the informal sector Contributory with free access for poor and vulnerable. Combined with targeted free health services for specific target groups. Focus on expanding coverage, while the supply and quality of health services is problematic.
Institutional dimension	<ul style="list-style-type: none"> Implemented through (newly established) community-based mutual health organisations (MHOs) that face severe human capacity issues. Managed by the new Agency for Universal Health Coverage Junctions between government actors, local authorities and MHOs is still unclear
Financial dimension	<ul style="list-style-type: none"> Contributory but heavily subsidized through tax-incomes and donor support. Mid-term and long-term financial sustainability problematic. Considering different financial options, but no clear financial plan .
Political dimension	<ul style="list-style-type: none"> International agenda and presidential push were crucial in agenda setting. Important role of donors in policy formulation and implementation. System-wide reform was blocked by trade unions and limited input by CSOs. Policy process to import extent informal and driven by key individuals.

A partially tax-based expansion of health insurance coverage for informal sector has strongly improved the redistributive potential of Senegalese social protection in health. However, the current reform focuses on expanding coverage, and equal access and especially generosity of benefits are problematic. With its focus on the informal sector, DECAM risks become a system for the poor and hence a poor system.

Key references: Martínez Franzoni, J., & Sánchez-Ancochea, D. (2016). *The Quest for Universal Social Policy in the South. Actors, Ideas and Architectures*. Cambridge: Cambridge University Press; Fonteneau, B., & Van Ongevalle, J. (2015). *Redistributive Social Protection: Mapping Study*. BeFinD Working Paper N°1 Social Protection, Leuven: HIVA - KU Leuven; Lavers, T., & Hickey, S. (2016). *Conceptualising the politics of social protection expansion in low income countries: The intersection of transnational ideas and domestic politics*. In: International Journal of Social Welfare, 25, pp.388-398.

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