The State of Social Safety Nets 2018
# Contents of the Report Overview

*Contents of the Full Book* ................................................................. v
*Acknowledgments* ....................................................................... vii
*About the Authors* ................................................................. ix
*Abbreviations* ......................................................................... xi
*Foreword* .................................................................................. xiii

**Report Overview** .................................................................. 1

The Key Findings of the Book ......................................................... 1
How Much Do Regions and Countries Spend on Social Safety Nets? ......................................................... 3
Do Richer Countries Spend More on Social Safety Nets? ................................................................. 4
How Has Spending Changed over Time? ......................................................................................... 4
Who Is Covered by Social Protection and Labor Programs? ................................................................. 8
Which Types of Social Safety Net Programs Cover the Poor? ................................................................. 8
What Is the Beneficiary Incidence of Various Social Safety Net Instruments? ........................................... 11
What Are the Benefit Levels of Social Safety Net Programs? ................................................................. 11
What Are the Poverty and Inequality Impacts of Social Safety Net Programs? ........................................ 13
What Factors Affect the Impact of Social Safety Net Transfers on Poverty and Inequality? .................. 14
Why Do Economies Introduce Old-Age Social Pensions? ................................................................. 17
What Have Old-Age Social Pensions Accomplished? .......................................................................... 17
Why Does the World Need Adaptive Social Protection? ................................................................. 19
Conclusion .................................................................................. 24
Notes ......................................................................................... 24
References ................................................................................ 25
Contents of the Full Book

Foreword
Acknowledgments
About the Contributors
Abbreviations

Executive Summary

PART I: ANALYTICS

Chapter 1 Explaining the Social Safety Net Data Landscape
Chapter 2 Spending on Social Safety Nets
Chapter 3 Analyzing the Performance of Social Safety Net Programs

PART II: SPECIAL TOPICS

Chapter 4 Social Assistance and Aging
Chapter 5 The Emergence of Adaptive Social Protection

Appendix A Methodological Framework, Definitions, and Data Sources
Appendix B Household Surveys Used in the Book
Appendix C Global Program Inventory
Appendix D Spending on Social Safety Net Programs
Appendix E Monthly Benefit Level Per Household for Selected Programs
Appendix F Performance Indicators
Appendix G Old-Age Social Pensions
Appendix H Basic Characteristics of Countries Included in the Book
Acknowledgments

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## Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ASP</td>
<td>adaptive social protection</td>
</tr>
<tr>
<td>ASPIRE</td>
<td>Atlas of Social Protection: Indicators of Resilience and Equity</td>
</tr>
<tr>
<td>CCT</td>
<td>conditional cash transfer</td>
</tr>
<tr>
<td>GDP</td>
<td>gross domestic product</td>
</tr>
<tr>
<td>LEAP</td>
<td>Livelihood Empowerment Against Poverty</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>PPP</td>
<td>purchasing power parity</td>
</tr>
<tr>
<td>PSNP</td>
<td>Productive Safety Net Program</td>
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<tr>
<td>SA</td>
<td>social assistance</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
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<tr>
<td>SSN</td>
<td>social safety net</td>
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<td>TSA</td>
<td>targeted social assistance</td>
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<td>UCT</td>
<td>unconditional cash transfer</td>
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Foreword

The need for social safety net/social assistance (SSN/SA) is a critical concern for governments across the globe. Which SSN/SA programs to choose, how to best structure and deliver them, and how to make them fiscally sustainable over the long term are important questions because the answers to these questions affect the well-being of millions of poor and vulnerable people around the world. As the interest in and the use of SSN/SA programs continue to grow, countries are also exploring how to better integrate SSN/SA programs into their overall social protection and jobs agenda.

The global focus on social protection and jobs in general, and on the role of SSN in particular, has intensified. For the first time, social protection is part of a comprehensive agenda of the Sustainable Development Goals (SDGs). SDG 1 calls to end (extreme) poverty in all its manifestations by 2030, ensure social protection for the poor and vulnerable, increase access to basic services, and support people harmed by climate-related extreme events and other economic, social, and environmental shocks and disasters. Target 1.3 (Goal 1) seeks 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. Naturally, many questions arise in implementing this agenda; for example, what is deemed “nationally appropriate” in a given country or context? What is a mix of SSN/SA programs and interventions that makes sense in a specific context or for a given set of policy objectives? How much of the SSN spending is too little versus too much?

A robust evidence base is needed to answer these questions. The main objective of this book is to benchmark where individual countries, regions, and the world stand in terms of SSN/SA spending and key performance indicators, such as program coverage, beneficiary incidence, benefit level, and impacts on reducing poverty and inequality. To evaluate and benchmark these indicators consistently across space (countries/programs) and time, a major data collection and processing effort is required. This has been the goal of a World Bank initiative called Atlas of Social Protection: Indicators of Resilience and Equity (ASPIRE), a compilation of comprehensive social protection indicators derived from administrative and household survey data (http://datatopics.worldbank.org/aspire/). The empirical analysis presented in this edition of the book uses administrative (program-level) data for 142 countries and household survey data for 96 countries.

The evidence presented unequivocally indicates that SSN/SA programs matter. The book shows that SSN investments in coverage and adequacy reduce the poverty gap/headcount and lower income inequality, and coverage of the poor tends to be larger in those places where coverage of the general population is also substantial. It is not surprising that the coverage and adequacy of SSN/SA programs come at a fiscal cost; globally, developing and transition economies spend an average of 1.5 percent of gross domestic product (GDP) on these programs. Whereas many countries still do not spend enough on SSN/SA programs to affect poverty, others have dedicated spending that has helped millions escape extreme poverty and millions more to become less poor.

For the poor and vulnerable around the world, much more needs to be done and much more can be done regarding SSN/SA programs. Significant gaps in coverage and benefit levels remain. Even more disconcerting is that the gaps are more pronounced in low-income countries. The data suggest that in low-income countries, SSN/SA programs cover only 18 percent of the poorest quintile, and the average transfer accounts for only 13 percent of the lowest quintile’s consumption. The international development community needs to stand ready to work further with countries in addressing the gaps.

Beyond presenting the key numbers on spending and performance around the world, this book also dives deeper into two thematic areas pertinent to managing risk and vulnerability. The first is
social assistance and aging, which looks specifically into the role of old-age social pensions. The second is adaptive social protection, which discusses shocks and how SSN/SA programs can be adapted to better respond to them. It is clear that the risk of old age is more predictable, but the risk of natural disasters is much less so; hence, different approaches and instruments are needed to help people manage those risks.

We are excited to offer you the full range of data and analysis that inform this book, and we do hope that you will keep coming back to this book as a reference guide and a compass to chart your thinking on the issues presented here. In the meantime, we look forward to producing, sharing, and disseminating the latest global, regional, and country-level data and developments in this crucial field of social safety nets, through this 2018 edition and the ones to come. The reader is encouraged to further explore the rich dataset that the ASPIRE online platform offers.

I hope you enjoy reading this book.

Michal Rutkowski
Senior Director
Social Protection and Jobs Global Practice
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The need for social safety nets (SSN) is a critical concern for governments across the globe. Which SSN/social assistance (SA) programs to choose, how to best structure and deliver them, and how to make them fiscally sustainable over the long term are important questions because the answers to them affect the well-being of millions of poor and vulnerable people around the world. As the interest in and the use of SSN/SA programs continue to grow, countries are also exploring how to better integrate SSN/SA programs into their overall social protection and jobs agenda.

The State of Social Safety Nets 2018 aims to compile, analyze, and disseminate data and developments at the forefront of the SSN/SA agenda. This series of periodic reports is part of broader efforts to monitor the implementation progress of the World Bank’s 2012–2022 Social Protection and Labor Strategy against the strategic goals of increasing coverage—especially among the poor—and enhancing the poverty impact of the programs.

This third edition of The State of Social Safety Nets examines trends in coverage, spending, and program performance using the World Bank Atlas of Social Protection Indicators of Resilience and Equity (ASPIRE) updated database. The book documents the main safety net programs that exist around the world and their use to alleviate poverty and build shared prosperity. The 2018 edition expands on the 2015 version in its coverage of administrative and household survey data. This edition is distinctive in that, for the first time, it describes what happens with SSN/SA program spending and coverage over time, when the data allow such analysis.

The State of Social Safety Nets 2018 also features two special themes—social assistance and aging, focusing on the role of old-age social pensions; and adaptive social protection, focusing on what makes SSN systems and programs adaptive to various shocks.

This book provides much-needed empirical evidence in the context of an increasing global focus on social protection, as evident in the Sustainable Development Goals (SDGs). For the first time, social protection is part of a comprehensive SDG agenda. SDG 1 calls to end (extreme) poverty in all its manifestations by 2030, ensure social protection for the poor and vulnerable, increase access to basic services, and support people harmed by climate-related extreme events and other shocks and disasters. Target 1.3 (Goal 1) seeks 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. Target 1.5 (Goal 1), which relates to adaptive social protection, aims to build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social, and environmental shocks and disasters. Measuring performance on those targets requires reliable data.

THE KEY FINDINGS OF THE BOOK
Globally, developing and transition countries spend an average of 1.5 percent of GDP on SSN programs. However, as chapter 2 highlights, spending varies across countries and regions. The Europe and Central Asia region currently spends the most on SSN programs, with average spending of 2.2 percent of GDP; the Sub-Saharan Africa and Latin America and the Caribbean regions are in the middle of the spending range; and the Middle East and North Africa and South Asia regions spend the least, at 1.0 percent and 0.9 percent, respectively.

A growing commitment to SSN/SA is also evident; many countries tend to spend more on these programs over time. From the analysis of the subset of countries with comparable data over time, chapter 2 shows that in the Latin America and the Caribbean region, for example, average spending on SSN/SA programs as a percentage of gross domestic product (GDP) increased from 0.4 percent of GDP in 2000 to 1.26 percent of GDP in 2015. This happened while regional GDP grew, which
means that SSN spending has increased in both relative and absolute terms. Many countries in other regions, including Europe and Central Asia and Sub-Saharan Africa, have also substantially increased their spending on flagship SSN programs.

The increase in spending has translated into a substantial increase in program coverage around the world. For example, several countries are introducing flagship SSN programs and are rapidly expanding their coverage. In Tanzania, the Productive Safety Net Program expanded from covering 2 percent to 10 percent of the population between 2014 and 2016. In Senegal, the National Cash Transfer Program expanded from 3 percent to 16 percent of the population in four years. In the Philippines, the Pantawid conditional cash transfer program has expanded from 5 percent to 20 percent of the population since 2010. These examples are only a few of the rapidly expanding programs.

Chapter 3 shows that SSN programs are making a substantial contribution to the fight against poverty. From the available household survey data, it is estimated that 36 percent of people escape absolute poverty⁵ because of receiving SSN transfers. In other words, in the absence of transfers, many more people would be living in absolute poverty. Even if the SSN transfers do not lift beneficiaries above the poverty line, they reduce the poverty gap by about 45 percent.⁶ SSN programs also reduce consumption/income inequality by 2 percent, on average. These positive effects of SSN transfers on the poverty headcount, poverty gap, and inequality are observed for all country income groups.

Despite the progress that has been made, the social protection community needs to do more. Significant gaps in program coverage persist around the globe. These gaps are especially pronounced in low-income countries, where only 18 percent of the poorest quintile are covered by SSN programs. Even in lower-middle-income countries, less than 50 percent of the poor have access to SSN programs. Moreover, very few of the poor are included in social insurance programs. As the book suggests (see chapter 3), coverage is much higher in upper-middle-income countries and high-income countries, but even there gaps remain.

Benefit levels also need to be increased. As chapter 3 shows, SSN benefits as a share of the poor’s income/consumption are lowest in low-income countries, at only 13 percent. The situation is not much better in lower-middle-income countries, where the ratio stands at 18 percent. The book also shows that countries differ substantially in absolute average per capita SSN spending (in terms of U.S. dollars, in purchasing power parity terms). For example, Sub-Saharan African countries spend an average of US$16 per citizen annually on SSN programs, whereas countries in the Latin America and the Caribbean region spend an average of US$158 per citizen annually.

It is important to close these gaps because countries with low coverage and benefit levels only achieve a very small reduction in poverty. Analysis of the ASPIRE database indicates that only countries with substantial coverage and benefit levels make important gains in poverty reduction. Countries with the highest levels of coverage combined with high benefit levels achieve up to a 43 percent reduction in the poverty headcount (the share of the population in the poorest quintile). Similar strong effects are found with respect to reduction in the poverty gap and decline in income/consumption inequality.

This book also goes beyond data analytics and considers two specific areas of social protection policy that require further understanding and exploration: social assistance and aging and adaptive social protection. Under the first special topic, chapter 4 looks through the numerical lens at the growing role of old-age social pensions around the world. This is a global trend largely reflecting the limited coverage and adequacy of contributory pension schemes. The important contribution of the chapter on old-age social pensions is its attempt to quantify the poverty impact of this policy instrument using household surveys with reliable data.

Chapter 5 discusses the key features that make SSNs adaptive to various types of shocks, both natural (such as cyclones and droughts) and man-made (such as conflicts and forced displacement). Adaptive social protection
instruments are important for people, irrespective of where they are in the life cycle. The chapter on adaptive social protection aims to shed light on what adaptability is about and how to achieve it. It also highlights examples of what countries are already doing to make their social protection schemes more flexible and efficient.

It is hoped that the reader finds the consideration of these special topics interesting and timely.

**HOW MUCH DO REGIONS AND COUNTRIES SPEND ON SOCIAL SAFETY NETS?**

Developing countries spend, on average, 1.5 percent of GDP on SSN programs. Aggregate spending on SSNs, excluding general price subsidies, was examined for a sample of 124 developing countries for which data are available. SSN spending is higher than the global average in Europe and Central Asia, at 2.2 percent of GDP, and about at the global average in Sub-Saharan Africa, at 1.5 percent, and in Latin America and the Caribbean, at 1.5 percent. East Asia and Pacific, the Middle East and North Africa, and South Asia spend 1.1 percent, 1.0 percent, and 0.9 percent of GDP, respectively (figure O.1).

Countries with very high SSN spending levels are often those that contend with fragility, conflict, and violence. For example, Timor-Leste introduced a universal social pension for war veterans in 2008 as a response to violent conflicts in the mid-2000s. In South Sudan all SSN spending consists of two large programs financed and implemented by the World Food Program. These programs are in-kind and include multiple components, such as general food distributions, blanket supplementary feeding programs, and targeted supplementary feeding programs for internally displaced persons and returnees.

Another common explanation for the observed high spending levels is the inclusion of universal programs in countries’ SSN portfolios. For example, Georgia and Lesotho are among the top spenders because their SSN programs include a universal old-age/minimum social pension.

**FIGURE O.1 Average Global and Regional Spending on Social Safety Nets**

![Graph showing average global and regional spending on social safety nets.](image)

Source: ASPIRE database.

Note: The number of countries in each region appears in parentheses. The difference in regional average for Africa in this report as opposed to the Africa regional report (Beegle et al. forthcoming) is that in the regional report, average social safety net spending (1.3 percent of GDP) does not include South Sudan as an outlier in terms of spending. The regional numbers presented in this figure are simple averages across countries. See appendix B for details. The conceptual treatment of health fee waivers is not straightforward because it depends on how countries arrange and report their provision of health care. Although in some cases the health fee waivers are reported under public health expenditures, in other cases they are counted under social protection expenditures. ASPIRE = Atlas of Social Protection: Indicators of Resilience and Equity.
In Georgia, spending of 4.6 percent of GDP on universal old-age pension contributes more than 60 percent to total SSN spending. Lesotho spends 2 percent of GDP on old-age social pensions (see appendix D in the full book). Mongolia also spends significantly more than the regional average because of its universal child benefit, called the Child Money Program, which accounts for almost 80 percent of total SSN spending.

**DO RICHER COUNTRIES SPEND MORE ON SOCIAL SAFETY NETS?**

Globally, country income levels appear to be weakly associated with SSN spending as a percentage of gross domestic product. The data suggest that high-income countries, at 1.9 percent of GDP, and upper-middle-income countries, at 1.6 percent of GDP, tend to spend only somewhat more than lower-middle-income countries, at 1.4 percent of GDP, and low-income countries, at 1.5 percent of GDP. Looking at spending levels excluding health fee waivers, the patterns appear to be similar. Low-income, lower-middle-income, and upper-middle-income countries spend on average between 1.3 and 1.5 percent of GDP, whereas high-income countries spend on average 1.9 percent of GDP (see figure O.2).

The absolute benefit level per household also differs significantly across country income groups. In a subsample of 36 countries that have flagship (main) programs with the household as a beneficiary unit (see appendix E in the full book for details), the benefit amount (in PPP $) per household is four time greater in upper-middle-income countries than in low-income countries—PPP $106 versus PPP $27, respectively (figure O.3).

**HOW HAS SPENDING CHANGED OVER TIME?**

In general, SSN spending fluctuates a lot over time in some countries, while it remains relatively stable in others. This section largely focuses on time trends in SSN spending in the Latin America and the Caribbean and the Europe and Central Asia regions because the other regions lack consistent spending data for 10 years or more. Hence, the findings reflect only these two regions and do not represent global trends. However, the

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**FIGURE O.2** Social Safety Net Spending across Country Income Groups versus the OECD

![Graph showing Social Safety Net Spending across Country Income Groups versus the OECD](image)

**Source:** ASPIRE database.

**Note:** The number of countries in each country income group appears in parentheses. High-income countries included in the analysis are Chile, Estonia, Hungary, Kuwait, Latvia, Lithuania, Poland, Saudi Arabia, Seychelles, Slovak Republic, Slovenia, and Uruguay. Data for OECD countries refer to 2013 and are based on the Social Expenditure Database. Social safety net spending for OECD countries here is approximated by the sum of the “family” and “other social policy” social protection functions, as defined in the Social Expenditure database. ASPIRE = Atlas of Social Protection: Indicators of Resilience and Equity; OECD = Organisation for Economic Co-operation and Development.
expansion in coverage and spending is also illustrated for many large (flagship) programs globally.

In Latin America and the Caribbean, social spending as a percentage of GDP increased substantially over the past decade (2005–15). This book analyzed a subsample of seven countries in the region (Argentina, Brazil, Colombia, Ecuador, Mexico, Peru, and Uruguay) with balanced panel time-series spending on SSN. Their total population represents about 75 percent of the total Latin American and Caribbean population. The analysis suggests that in this group of countries,
average SSN spending increased from 0.43 to 1.26 percent of GDP from 2003 to 2015 (see figure O.4). The increase in SSN spending accelerated around the 2008 financial crisis despite a reduction in the rate of economic growth. Argentina and Peru show the highest relative spending increases since 2009 (see figure O.4).

Many countries in Sub-Saharan Africa and Asia are introducing flagship SSN programs and are rapidly expanding coverage. However, these initiatives come at a fiscal cost. In Tanzania, the Productive Safety Net Program expanded from 0.4 to 10 percent of the population from its launch in 2013 to 2016 (figure O.5, panel a). This coverage expansion was accompanied by a rapid increase in program spending, from 0.03 to almost 0.3 percent of GDP in two years. In Senegal, the National Cash Transfer Program expanded from 3 to 16 percent of the population in four years (figure O.5, panel b).

**FIGURE O.5** Expansion of Flagship Cash Transfer Programs in Tanzania, Senegal, the Philippines, and Indonesia

![Graph showing expansion of flagship cash transfer programs in Tanzania and Senegal.](image-url)
panel b). The corresponding program spending increased from 0.05 to 0.2 percent of GDP during 2013–15. In Indonesia, the Program Keluarga Harapan increased its coverage from 1 to 9 percent of the population between 2008 and 2016, and the respective budget also increased (figure O.5, panel c). In the Philippines, the flagship conditional cash transfer program called 4Ps increased its coverage from 4 to 20 percent of the population between 2008 and 2015 and the respective budget increased from 0.1 to 0.5 percent of GDP (figure O.5, panel d). The global inventory of the biggest SSN programs (by category) per country can be found in appendix C in the full book.
WHO IS COVERED BY SOCIAL PROTECTION AND LABOR PROGRAMS?
An analysis of household survey data from 96 countries reveals that SPL programs cover on average 44 percent of the total population and 56 percent of the poorest quintile. The coverage of SPL programs is highly correlated with the countries’ level of income. Figure O.6 shows that high- and upper-middle-income countries cover 97 percent and 77 percent of the poorest quintile, respectively. In contrast, lower-middle- and low-income countries cover 54 and 19 percent of the poorest quintile, respectively. These coverage figures should be interpreted with caution because coverage rates derived from household surveys are likely to be underestimated.

In terms of the coverage of the poor, low-income countries lag in all three areas of social protection. Figure O.7 shows that social insurance programs are more prevalent in high-income countries, covering 60 percent of the poorest quintile; in contrast, in low-income countries only 2 percent of the poorest quintile is covered by this program type. SSN/SA programs account for most SPL program coverage of the poor in all country income groups. Yet, high-income countries countries report the highest coverage of the poor by SSN programs (76 percent), compared with only 18 percent in low-income countries. Labor market programs cover the poor at a rate of 2 percent in low-income countries and 8 percent in high-income countries. SSN programs therefore play a pivotal role in achieving social protection coverage of the poor (appendices F.1 and F.2 in the book provide a complete list of key performance indicators for SPL and SSN programs, respectively).

WHICH TYPES OF SOCIAL SAFETY NET PROGRAMS COVER THE POOR?
Different countries focus on different SSN instruments. There is no one-size-fits-all approach to SSN/SA programs. These noncontributory programs address different issues and target different population groups, based on needs and vulnerabilities. Countries generally adopt a combination of SSN/SA programs based on their social policy objectives. To facilitate

FIGURE O.6 Share of Total Population and the Poorest Quintile That Receives Any Social Protection and Labor Program, as Captured in Household Surveys, by Country Income Group

Source: ASPIRE database.
Note: The total number of countries per country income group included in the analysis appears in parentheses. Aggregated indicators are calculated using simple averages of country-level social protection and labor coverage rates across country-income groups. Coverage is determined as follows: (number of individuals in the total population or poorest quintile who live in a household where at least one member receives the transfer)/(number of individuals in the total population). This figure underestimates total social protection and labor coverage because household surveys do not include all programs that exist in each country. The poorest quintile is calculated using per capita pre-transfer welfare (income or consumption). ASPIRE = Atlas of Social Protection: Indicators of Resilience and Equity.
analysis and cross-country comparisons, the programs are grouped into eight standard SSN categories:

- **Unconditional cash transfers (UCTs)** encompass interventions such as poverty alleviation or emergency programs, guaranteed minimum income programs, and universal or poverty-targeted child and family allowances. They constitute some of the most popular SSN tools and are observed in most household surveys in all regions. In our sample of countries, UCTs cover on average 23 percent of the poorest quintile.

- **Conditional cash transfers (CCTs)** typically aim to reduce poverty and increase human capital by requiring beneficiaries to comply with conditions such as school attendance and health checkups. The average coverage of the poorest quintile by CCTs in the sample of surveys is 40 percent.

- **Social pensions** aim to overcome loss of income because of old age, disability, or death of the breadwinner for individuals who do not have access to social insurance benefits. In the sample of countries, social pensions cover, on average, 20 percent of the poorest quintile (see figure O.8).

- **Public works programs** typically condition the transfer on participating in a community project/activity. Very few public works programs are captured in our sample of household surveys, and their coverage of the poorest quintile is limited, at 11 percent.

- **Fee waivers and targeted subsidies** typically subsidize services or provide access to low-priced food staples for the poor. They are common but generally provide limited coverage of the poorest quintile—13 percent, on average, in the sample of countries.

- **School feeding programs** provide meals to students generally in poor and food-insecure communities.
areas, with the aim of improving nutrition, health, and educational outcomes. In the sample, these programs are found, on average, to benefit a significant share of the poor—37 percent.

- **In-kind transfers** consist of food rations, clothes, school supplies, shelter, fertilizers, seeds, agricultural tools or animals, and building materials, among others. They are a very common SSN instrument, and in the

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**FIGURE O.8** Share of the Poorest Quintile That Receives Social Pensions, as Captured in Household Surveys

Source: ASPIRE database.

*Note:* The number of countries per region is as follows: total (36/96); Europe and Central Asia (n = 13); Latin America and the Caribbean (n = 10); Sub-Saharan Africa (n = 7); South Asia (n = 4); East Asia and Pacific (n = 2); and Middle East and North Africa (n = 0). Social pensions include any of the following: noncontributory old-age pensions; disability pensions; and survivor pensions. Social pensions average coverage is the simple average of social pension coverage rates across countries. Coverage is determined as follows: (number of individuals in the total population or poorest quintile who live in a household where at least one member receives the transfer)/(number of individuals in the total population). This figure underestimates total coverage because household surveys do not include all programs that exist in each country. The poorest quintile is calculated using per capita pretransfer welfare (income or consumption). ASPIRE = Atlas of Social Protection: Indicators of Resilience and Equity.
WHAT IS THE BENEFICIARY INCIDENCE OF VARIOUS SOCIAL SAFETY NET INSTRUMENTS?
The beneficiary incidence analysis conducted by type of SSN instrument reveals that, on average, all types of SSN programs tend to be propoor or favor the poor and near poor. That is, a higher percentage of beneficiaries belong to the first- and second-poorest quintiles. This is illustrated in figure O.9, where the lines representing each SSN instrument show a similar downward slope, indicating the proportion of beneficiaries corresponding to each quintile of the pretransfer welfare distribution. CCTs generally show a more propoor distribution compared with the other SSN instruments, which is not surprising because these programs typically target poor households. Figure O.9 shows that, among the observed programs, 45 percent of CCT beneficiaries are in the poorest quintile on average, while only 4 percent are in the richest quintile. Between 33 and 37 percent of beneficiaries of the other SSN instruments, on average, belong to the poorest quintile, which indicates that those instruments are still propoor.

WHAT ARE THE BENEFIT LEVELS OF SOCIAL SAFETY NET PROGRAMS?
On average, SSN transfers account for 19 percent of the welfare of the poorest quintile. However, transfer levels vary greatly across SSN instruments and across countries. These differences reflect, in part, different program objectives and the degree of transfer values captured in household surveys. Figure O.10 shows that, on average, the benefit level for social insurance programs is greater than the benefit level for SSN programs. This is expected, given that social insurance programs are designed to replace a beneficiary’s working earnings. SSN programs make up 22 percent of beneficiary welfare in upper-middle-income countries, sample cover, on average, 27 percent of the poorest quintile.

FIGURE O.9 Global Distribution of Beneficiaries by Type of Social Safety Net Instrument, as Captured in Household Surveys, by Quintile of Pretransfer Welfare

Source: ASPIRE database.
Note: The total number of countries where the social safety net instrument is captured in household surveys is as follows: unconditional cash transfers (n = 63); conditional cash transfers (n = 19); social pensions (n = 36); public works (n = 9); fee waivers and targeted subsidies (n = 22); school feeding (n = 26); and in-kind transfers (n = 45). Beneficiaries’ incidence is: (number of direct and indirect beneficiaries (people who live in a household where at least one member receives the transfer) in a given quintile)/(total number of direct and indirect beneficiaries). The sum of percentages across quintiles per given instrument equals 100 percent. Aggregated indicators are calculated using simple averages of program instrument coverage rates across countries. Quintiles are calculated using per capita pretransfer welfare (income or consumption). ASPIRE = Atlas of Social Protection: Indicators of Resilience and Equity; Q = quintile.
which is higher than the share in lower-middle- and high-income countries (18 percent). The relative benefit level of SSN programs is the lowest, at 13 percent of beneficiary welfare for the poorest quintile in low-income countries.

On average, UCT transfers as a share of beneficiary welfare for the poorest quintile amount to 19 percent. There is some evidence that among UCTs, poverty alleviation programs tend to have a higher benefit level. This is shown in examples of the Targeted Social Assistance (TSA) program in Georgia and the Direct Support from the Vision 2020 Umurenge Program (VUP) in Rwanda. In both cases, the share of benefits is 49 percent of the welfare of the poorest quintile. In the case of CCTs, their share of beneficiary welfare of the poor is 16 percent.

Social pensions make up a higher proportion of the welfare of the poor compared with other SSN instruments: 27 percent, on average. This finding is expected because, somewhat like contributory pensions, social pensions are designed to address the lack of earnings because of old age and disability. On the other hand, the level of benefits of public works and fee waivers and targeted subsidies, as a share of beneficiary welfare, is the lowest among SSN programs (7 percent). This finding is not surprising in the case of fee waivers and targeted subsidies because the programs included under this category are typically aimed to help
the poor offset the cost of some services (health-related benefits are not included) rather than support main earnings. In the case of public works programs, very little can be concluded because only 4 out of 10 surveys with public works information include monetary values to estimate the indicator.

**WHAT ARE THE POVERTY AND INEQUALITY IMPACTS OF SOCIAL SAFETY NET PROGRAMS?**

Based on information observed in household surveys, the analysis shows that SSN transfers are making a substantial contribution to the fight against poverty. Whether an absolute poverty line (measured as $1.90 per capita per day in purchasing power parity [PPP] terms) or a relative poverty line (measured in terms of the poorest 20 percent) is used, the analysis suggests that individuals are escaping poverty or decreasing their depth of poverty because of the SSN transfers. For the 79 countries that have monetary information, transfers reduce the incidence of absolute poverty ($1.90 PPP a day) by 36 percent, whereas relative poverty (the bottom 20 percent) is reduced by 8 percent (see figure O.11).

On average, SSN transfers are reducing the poverty gap more than the poverty headcount. In other words, even if SSN transfers are not lifting the poor and near-poor above the poverty line, they are significantly reducing the poverty gap. As shown in figure O.11, SSN transfers reduce the absolute poverty gap by 45 percent and the relative poverty gap by 16 percent. These results are remarkable, considering that these figures are underestimated because household surveys do not capture the whole

**FIGURE O.11** World Reductions in Poverty from Social Safety Net Transfers, as Captured in Household Surveys, as a Share of Pretransfer Indicator Levels, by Relative and Absolute Poverty Lines

![Chart showing reductions in poverty and poverty gap](chart.png)

*Source: ASPIRE database.*

*Note: The number of countries per region with monetary values for social safety nets is as follows: world (79/96); Sub-Saharan Africa (n = 23); Europe and Central Asia (n = 20); Latin America and the Caribbean (n = 16); East Asia and Pacific (n = 10); Middle East and North Africa (n = 6); and South Asia (n = 4). This figure uses a relative measure of poverty defined as the poorest 20 percent of the welfare distribution (income or consumption) and absolute measure of poverty defined as $1.90 PPP per day. Impacts on poverty and inequality can be estimated only if monetary values are recorded in the household survey; for this reason, the sample of countries used in this figure is smaller than the one used to estimate coverage and beneficiary incidence. Percentages of poverty and inequality reduction are calculated as follows: (poverty headcount pretransfer - poverty headcount posttransfer)/poverty headcount pretransfer). The same calculations apply for poverty gap percentage reductions. Aggregated indicators are calculated using simple averages of country-level percentage reductions of the indicator, across country income groups. The reductions in poverty are underestimated because ASPIRE does not include data for every single country in the country income groups, and even for a given country the survey does not include all existing social safety net programs or provide monetary values for them. For example, India and the impact of its flagship program MNREGA are not included in the calculation because only participatory information is available for the program. ASPIRE = Atlas of Social Protection: Indicators of Resilience and Equity; PPP = purchasing power parity.*
universe of SSN programs implemented in those countries. Therefore, it can be inferred that the real impacts are likely to be even larger.

The reductions in the poverty headcount, poverty gap, and inequality by SSN transfers are observed in all country income groups. In the sample of 79 surveys, the relative poverty headcount is reduced by 8 percent, the poverty gap by 16 percent, and the Gini inequality index by 2 percent (see figure O.12). Across country income groups, the average reduction in the relative poverty headcount is only 2 percent in low-income countries, 7 percent in lower-middle-income countries, 11 percent in upper-middle-income countries, and 15 percent in high-income countries. In terms of the poverty gap, the average reduction is 3 percent for low-income countries, 14 percent for lower-middle-income countries, 21 percent for upper-middle-income countries, and 30 percent for high-income countries. The Gini inequality index is less affected by SSN transfers, but reductions are still observed, ranging from 0.2 percent in low-income countries to 5 percent in high-income countries. See appendix F.3 in the book for a list of poverty and inequality reductions from SSN programs by country.

**WHAT FACTORS AFFECT THE IMPACT OF SOCIAL SAFETY NET TRANSFERS ON POVERTY AND INEQUALITY?**

The extent to which SSN transfers have an impact on poverty and inequality depends on factors such as the program’s coverage, transfer level, and beneficiary/benefit incidence. Policy makers need to pay attention to the interaction of these factors when designing policies to reduce poverty/inequality. Figures O.13 and O.14 explore the reductions in poverty and inequality.
achieved by each country, given its degree of coverage of the poor and benefits levels.

The analysis reveals, in general, that very high coverage levels paired with high benefit levels lead to higher outcomes in poverty and inequality reduction. For example, Georgia and South Africa display the highest poverty headcount reduction, using the poorest quintile as the poverty measure (see figure O.13). Georgia’s combination of high SSN coverage (93 percent of the poorest quintile) and high level of benefits (SSN transfers constitute 68 percent of the poor’s welfare) leads to the highest poverty headcount reduction, of nearly 43 percent. The universal old-age social pension drives these results because it covers 81 percent of the poorest quintile and constitutes 56 percent of their total welfare. The five programs included under cash transfers programs for Georgia—including the Targeted Social Assistance program—also cover a high percentage of the poorest quintile (46 percent) and make up 49 percent of the beneficiary welfare. Likewise, South Africa also shows high coverage and benefit levels for the poor (96 and 72 percent, respectively) leading to a poverty headcount reduction of 40 percent. In the South African survey, family and other allowances are among the SSN benefits with high coverage of the poor; however, social pensions constitute higher shares of beneficiary welfare. In both countries, the cost of SSN programs expressed as a percentage of GDP is rather large (7 percent for Georgia and 3.3 percent for South Africa).

Conversely, very low coverage levels paired with a low level of benefits lead to negligible results in reducing poverty and inequality. For example, figure O.13 shows how Armenia, with a combination of lower SSN coverage of the poor and benefits level (46 and 32 percent,
respective), achieves a more modest reduction in its poverty headcount (12 percent). SSNs in Liberia, with a much more modest combination of coverage of the poor and benefit level (10 and 17 percent, respectively), achieve a small poverty headcount reduction (2.5 percent). The estimated poverty headcount reduction for Chad is almost negligible (0.1 percent) because scholarships are the only SSN program captured in the survey. These scholarships have very low coverage of the poor (0.2 percent), although their contribution to beneficiary welfare is 23 percent.

In terms of the poverty gap reduction, the same interplay between coverage and benefit size is observed (see figure O.14). In third place behind Georgia and South Africa, Mauritius also shows high coverage and benefit levels for the poorest quintile (84 percent and 55 percent, respectively), leading to a poverty gap reduction of 61 percent. The survey includes monetary information for eight programs, of which the noncontributory basic retirement pension has the highest coverage of the poor. Mauritius also reports high social spending according to the administrative database (3.5 percent of GDP). In Poland, SSN programs captured in the household surveys report a relatively high level of coverage of the poor (65 percent), but the transfer as a share of beneficiary welfare is smaller (27 percent), producing a more modest estimated poverty gap reduction (42 percent). In Montenegro, SSN programs provide modest coverage of the poor (25 percent) and represent a modest share of beneficiary welfare (28 percent); thus, Montenegro achieves a modest poverty gap reduction (23 percent). In the Maldives, the household survey includes only two SSN programs: unspecified government transfers and social pensions. Even though social pensions have a high benefit level, driving the
Maldives’ SSN average benefit to 76 percent of beneficiary welfare, the coverage of both types of programs is small (15 percent), and thus the poverty gap reduction is modest (28 percent). In Burkina Faso, the poverty gap reduction is 0.1 percent, mostly because the survey does not capture a monetary value for government transfers, meaning that the estimation rests only on information on scholarships and other general transfers (figure O.14).

**WHY DO ECONOMIES INTRODUCE OLD-AGE SOCIAL PENSIONS?**

Old-age social pensions have proliferated in the past two decades. Since 2001, 29 economies have introduced or expanded this social assistance/social safety net instrument. Latin America and the Caribbean have led the trend, followed by East Asia and several African economies. In addition, economies that already had a social pension system (mostly contributory systems) introduced parallel benefits aimed at covering different groups (for example, the rural program and “70 and Up” in Mexico). By 2014, an estimated 101 economies had introduced old-age social pensions. Almost all Latin American economies have them, whereas Sub-Saharan African economies have some of the largest old-age social pensions systems in terms of the share of the elderly population covered.

Old-age social pensions are introduced on the basis of an economy’s needs and capacity, in particular to alleviate poverty, establish the main component of a pension system, or address a coverage gap in an existing pension system. Bangladesh, India, Kenya, Myanmar, and Vietnam, for example, introduced old-age social pensions as poverty alleviation programs. Australia and New Zealand (pioneer economies) and Bolivia, Maldives, and Timor-Leste (newcomer economies) have introduced old-age social pensions as the main component of their pension systems, in the form of universal pensions. Other economies have used old-age social pensions to address the coverage gap left by existing mandatory pension schemes. Among those, some have mature contributory schemes but insufficient coverage (for example, Chile and Mexico), while others have immature contributory schemes for significant aging population trends (for example, Hong Kong SAR, China; the Republic of Korea; and Thailand).

Old-age social pensions reflect the economy context and take one of two forms: universal or means-tested. Universal pensions provide flat-rate benefits to all elderly people, generally those who reach a certain age and fulfill citizenship or residency criteria. Old-age social pensions can be considered a type of unconditional cash transfer. Means-tested or targeted programs provide benefits to the poor, who tend not to be covered by other (contributory) elements of the pension system. Means-tested benefits have the potential to be a main source of income for elderly adults, and thus have the capacity to be pension-tested (that is, the capacity to exclude beneficiaries of other pension schemes).

Figure O.15 presents, for each region, the share of economies that had a social pension by 2014, the type of social pension, and the average total cost to GDP by region. Nearly 90 percent of Organisation for Economic Co-operation and Development (OECD) economies, 70 percent of Latin America and the Caribbean economies, and nearly 65 percent of Europe and Central Asian economies have old-age social pensions (panel a). Means-tested pensions are most common among all regions except for Europe and Central Asia, where pension-tested schemes dominate (panel b).

**WHAT HAVE OLD-AGE SOCIAL PENSIONS ACCOMPLISHED?**

Old-age social pensions provide an alternative source of income for elderly adults who are not covered by contributory schemes. Social pensions cover close to 35 percent of the population ages 60 years and older in Organisation for Economic Co-operation and Development countries and in the Europe and Central Asia, East Asia and Pacific, Latin America and the Caribbean, and South Asia regions, according to estimations from HelpAge International data. The Africa region has the largest average share of old-age social pensions (measured as a percentage of the population ages 60 years and older). In contrast, a few Middle Eastern and North Africa countries have introduced social pensions. Old-age social pensions have expanded rapidly in certain countries. Between 2010 and 2015, the number of beneficiaries in Chile, Mexico, the Philippines, and Vietnam
FIGURE 0.15 Distribution of Old-Age Pension Programs

a. Share of economies that have an old-age social pension, by region

b. Composition of social pensions by the targeting type and spending, by region

Source: Calculations are based on HelpAge International Social Pensions.
Note: Data are as of 2014. GDP = gross domestic product; OECD = Organisation for Economic Co-operation and Development.
grew by more than 70 percent (lowering the eligibility age often drives such expansion). In Bolivia, Mauritius, and Namibia, coverage of the population ages 60 years and older has become almost universal.

Elderly people in the first (poorest) quintile have benefited the most from old-age social pensions, no matter the program design. Using household data from the Atlas of Social Protection: Indicators of Resilience and Equity (ASPIRE), the distribution of beneficiaries (or beneficiary incidence) of old-age social pension programs was estimated. In Bulgaria, Latvia, Lithuania, and Turkey, more than 50 percent of the old-age social pension beneficiaries are in the poorest quintile, while in Swaziland and Guatemala, more than 50 percent of the beneficiaries of social pensions are in the wealthiest (fourth and fifth) quintiles.

Old-age social pensions have helped beneficiaries to reduce or altogether escape poverty. In a sample of 18 countries (see figure O.16), the effect of old-age social pensions on poverty headcount and poverty gap reduction is significant (10–40 percent) in only three (Mauritius, South Africa, and Thailand). In the other 16 countries, the poverty impact is much less pronounced. Furthermore, the effect of old-age social pensions on inequality (as a reduction of the Gini coefficient for the overall population) is less than 10 percent (see figure O.16), except for the same three countries (where coverage and benefit levels are high).

**WHY DOES THE WORLD NEED ADAPTIVE SOCIAL PROTECTION?**

Today’s global landscape is fraught with multiple, interconnected, and often devastating shocks. Between 1980 and 2012, the annual frequency of natural disasters increased by 250 percent and the number of people affected increased by 140 percent (figure O.17). Climate change is expected to exacerbate these trends and, without climate-informed development, to

**FIGURE O.16** Impact of Old-Age Social Pensions on Poverty Headcount, Poverty Gap, and Gini Inequality Index Reduction, as a Share of Pretransfer Indicator Levels, Using Relative Poverty Line (Poorest 20 Percent)

![](image)

*Source: Calculations are based on the ASPIRE database. Note: Countries were selected based on the availability of reliable household survey data in the ASPIRE database. The impacts on poverty and inequality reduction were calculated as follows: (poverty headcount pretransfer − poverty headcount posttransfer)/poverty headcount pretransfer. Same calculations apply for the Gini index and poverty gap percentage reductions. ASPIRE = Atlas of Social Protection: Indicators of Resilience and Equity.*
push an additional 100 million people into extreme poverty by 2030 (World Bank 2016). Forced displacement has also hit record highs: on average, 20 persons are estimated to have fled their homes every 60 seconds in 2016 (UNHCR 2016). In total, more than 64 million people were displaced worldwide by the end of 2015 (figure O.18). Furthermore, the worst economic and financial shock in recent history materialized less than a decade ago, and the 2014 Ebola outbreak reawakened the global community to the potential devastation of pandemics. Such shocks, their trends, and associated risks are deeply interconnected (see, for example, WEF 2017), creating an environment of heightened complexity for households, policy makers, and practitioners alike to navigate.

Never has the challenge been more acute for social safety nets (SSNs) to build household resilience and to respond to shocks across the life cycle. Significant progress has been made in the past decade in terms of introducing new and scaling up existing SSN programs to expand the coverage of the poorest, as the full book details. As a result, safety nets are better positioned than ever to help households manage the risks associated with the multiplicity and complexity of shocks. Indeed, SSNs and the broader social protection suite of policies, programs, and instruments are widely recognized as successful tools for building the resilience of the poor and most vulnerable. Specifically, the World Bank’s Social Protection and Labor Strategy (2012b) emphasizes that social protection builds the resilience “of the vulnerable through insuring against the impact of drops in well-being from a range of shocks.” Safety nets can provide cash, food, insurance, and other means to smooth income and consumption when shocks occur, increasing the resilience of households. When combined with complementary interventions, safety nets can enhance household resilience in the long term by promoting human capital development and income-generating activities (World Bank 2012b).

However, limitations in SSN coverage and design restrict the ability for safety nets to protect households that are vulnerable to shocks. For example, empirical evidence suggests that countries at high-risk of natural disasters often have lower safety net coverage. Figure O.19, panel a, measures the coverage of all SSN programs within a country (based on the latest-year data in the ASPIRE database) against a country’s risk from natural disasters (as ranked by the 2016 World Risk Report). While there is wide variance, most disaster-prone countries have large coverage gaps, leaving those most at risk most exposed. This highlights the importance of integrating safety nets into broader disaster risk management strategies.
FIGURE O.18 Total Number of Displaced People, Stock, 1951–2015


FIGURE O.19 Ranking of Natural Disasters and Safety Net Coverage

(Figure continues next page)
risk, in many cases, unreachable by safety net programming. The South Asia and Africa regions, home to the world’s largest share of poor people, have safety net coverage well below levels commensurate with their disaster risk.

In this context, Adaptive Social Protection (ASP) has emerged in recent years. At the outset, ASP was conceptualized as “a series of measures which aim to build resilience of the poorest and most vulnerable people to climate change by combining elements of social protection, disaster risk reduction and climate change” (Arnall et al. 2010; see also IDS 2012). Since then, the term “adaptive” has come to be understood by social protection policy makers and practitioners as the need to better adapt programs to all shocks. This recognition has resulted in many complex questions, including precisely how best can SSNs and social protection be better equipped to help households manage diverse shock types across myriad country contexts. A nascent area, this question has not been fully answered, but it has begun to crystalize around two interrelated approaches focused on building household resilience and increasing the responsiveness of programming.

The first of these interrelated approaches centers on boosting the role of social protection and safety nets in building the resilience of the most vulnerable households before shocks occur. By doing so, this resilience-building approach seeks to break the deleterious cycle of poverty and vulnerability that may otherwise occur. In short, a more resilient household will be better able to withstand shocks if they have more human capital and are able to access job opportunities, accumulate physical capital, and diversify their livelihoods.

Significant evidence confirms that SSNs, adaptive or otherwise, help improve resilience at the household level. Impact evaluations indicate that the beneficiaries of cash transfer programs are more likely to save, as seen in Ghana’s Livelihood Empowerment Against Poverty (LEAP), Kenya’s Hunger Safety Net Program, and Zambia’s Child Grant Program (World Bank 2016c). For example, Hoddinott et al. (2015) examined distress sales of livestock between 2010 and 2014 among the beneficiaries of
Ethiopia’s Productive Safety Net Program (PSNP), compared with a control group. Children in the Philippines’ Pantawid conditional cash transfer program work six fewer days per month than a control group. The evidence base for the impact of productive inclusion interventions (“graduation models”) that support sustainable exits from poverty—and by extension, resilience-building—is also growing. A primary example of this comes from a randomized control trial from a similar “integrated approach” in six countries (Ethiopia, Ghana, Honduras, India, Pakistan, and Peru). It combined the transfer of a productive asset with consumption support, training, and coaching, as well as efforts to encourage savings and access to health and education services. The trial found statistically significant, cost-effective impacts on consumption (fueled mostly by increases in self-employment income) and the psychosocial status of the targeted households, with impacts on the poor households lasting at least a year after all implementation had ended (Banerjee et al. 2015). This productive inclusion approach is being implemented in many countries across West and East Africa, where similar ASP focused initiatives look to boost household resilience in the face of repeated and chronic drought, along with other shocks.

The second interrelated approach to ASP focuses on increasing the capability of safety nets to respond to shocks after they occur by introducing greater flexibility and scalability in program design. Such design features enable faster adjustment to meet postshock needs. Conceptually, a program becomes capable of “scaling out” to nonregular social protection beneficiaries that have been affected by a shock and/or “scaling up” to increase benefit amounts at an acute time of need to existing social protection beneficiaries, as depicted in figure O.20. This process is also referred to as “horizontal” and “vertical” expansion (Oxford Policy Management 2015).

Increasing grant amounts to existing SSN beneficiaries following shocks (vertical expansions) is a pragmatic and increasingly common safety net response. Leveraged in this way, existing programs such as cash transfers and public works can be used as conduits to rapidly deliver assistance to pretargeted and enrolled poor households in affected areas. Recently, this approach reached existing beneficiaries who were affected by disasters in Fiji and the Philippines. Preparedness measures for SSNs can be advanced even further through additional investments to make programs more flexible and capable for expanding horizontally to reach additional households.

Specifically, horizontal expansion can be achieved by investing in more dynamic delivery systems, information on risks and household vulnerabilities and prepositioned risk financing. Safety nets designed to address chronic poverty in times of relative calm and stability adopt methodologies and supply-driven approaches to delivery for a fixed period. These may include time-bound approaches to targeting (that is, a “census sweep” approach, repeated again only after several years have passed) and fixed, centralized lists of beneficiaries. This approach is typically easier to administer, but its rigidity often produces unintended effects (for example, household exclusion errors), which are magnified under the influence of shocks when needs, poverty status, well-being, and vulnerability can change rapidly. In this sense, these delivery systems are static; they are unable to administratively respond to changes in household needs. The hallmark of an adaptive safety net is dynamic delivery systems that enable the required flexibility and scalability to achieve horizontal and/or vertical expansion, depending on postshock needs. Furthermore, linking

![FIGURE O.20 Program Scalability to Enable Responsiveness to Shocks](image-url)

CONCLUSION

The full book provides a benchmarking of where individual countries, regions, and the world stand in terms of SSN/SA spending and key performance indicators, such as program coverage, beneficiary incidence, benefit level, and impacts on reducing poverty and inequality. To evaluate and benchmark these indicators consistently across space (countries/programs) and time, the World Bank’s global ASPIRE database was used. The results are presented in Part I: Analytics.

Beyond presenting the key numbers on spending and performance around the world, this book also dives deeper into two thematic areas that are pertinent to managing risk and vulnerability. The first is social assistance and aging, which specifically looks into the role of old-age social pensions. The second is adaptive social protection, which discusses shocks and how SSN programs can be adapted to better respond to them. These themes are discussed in Part II: Special Topics.

The full book clearly shows that SSN/SA programs represent key components of the overall social protection systems that make important contributions to the poverty reduction goal.

NOTES

1. The terms “social safety nets” and “social assistance” are used interchangeably in this overview and in the book. They are noncontributory measures designed to provide regular and predictable support to poor and vulnerable people. They are also referred to as safety nets, social assistance, and social transfers and are a component of larger social protection systems.

2. The World Bank’s 2012–2022 Social Protection and Labor Strategy (www.worldbank.org/spstrategy) states that the “overarching goals of the strategy are to help improve resilience, equity, and opportunity for people in both low- and middle-income countries through integrated social protection and labor systems, increasing coverage of social safety nets programs, especially in lower-income countries, and improved evidence.”

3. The ASPIRE database can be found at www.worldbank.org/aspire.

4. The ASPIRE database and the analysis in the full book consider social protection as consisting of social safety nets/social assistance, social insurance, and labor market programs.

5. Extreme poverty is measured with a poverty line of $1.90 per day in purchasing power parity terms.

6. The poverty gap is the distance between the poverty line and the average income of the poor. It is typically expressed as the percentage shortfall in the income of the poor with respect to the poverty line.

7. In this overview and in the full book, the high-income countries category includes only a few high-income countries that are members of the World Bank Group and for which household survey data are available. For a list of those countries, see table 1.3 in chapter 1 of the full book.

8. A source of potential bias is the fact that household surveys do not collect information from all social protection programs implemented in a country, but big flagship programs are likely to be captured.

9. A factor influencing this low coverage is that very little information on labor market interventions is captured in most household income and expenditure surveys; thus, it is difficult to draw meaningful conclusions regarding this program type.

10. The absolute poverty line of $1.90 PPP per day may not constitute a meaningful standard for many high-income countries that have a very small population, or may not even have anybody living under that threshold. In fact, countries such as Belarus, Croatia, Lithuania, Montenegro, and Romania are able to fully eradicate the poverty headcount at $1.90 PPP per day, according to information provided by household surveys (see appendix F in the full book).

11. HelpAge’s Social Pensions Database (http://www.pension-watch.net/about-social-pensions/about-social-pensions/social-pensions-database). Note that for 20 of these 101 countries, there is no information on when the social pension was established.

12. More specifically, they are conditional only on an age threshold.

13. Coverage in Africa ranges from universal programs in Southern Africa to no programs in many countries across the continent. Hence, a measure of “average” coverage could be misleading.

14. Beneficiary incidence is the percentage of program beneficiaries belonging to each quintile of the welfare distribution.

15. Note that the lack of coverage is even more evident among the poorest quintile.
REFERENCES


This 2018 edition expands on the 2015 version in administrative and household survey data coverage. This edition is distinctive in that for the first time, it describes what happens with social safety net/social assistance programs spending and coverage over time, when the data allow us to do so.

The State of Social Safety Nets 2018 also features two special themes—social assistance and aging, focusing on the role of old-age social pensions; and adaptive social protection, focusing on what makes social safety net systems and programs adaptive to various shocks.