UNITED NATIONS
ESCAP
Economic and Social Commission for Asia and the Pacific

Interregional Expert Group Meeting on the Social Protection Toolbox: Good Practices for Enhancing and Expanding Coverage
17-18 October 2013
Bangkok

Compendium of Good Practices

This document is a compilation of the good practices contained in the Social Protection Toolbox. Participants are requested to review these narratives for accuracy and provide feedback during agenda item 3.

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Algeria's Legal Framework for people of Working-Age

The overall unemployment rate in Algeria has declined considerably over the last decade falling from 30% in 2000 to 10% in 2010. However youth unemployment is still high and has steadily increased since 2009, up to 21.5% in 2012. In order to address unemployment, the Government of the People's Democratic Republic of Algeria adopted constitutional amendments in 1996 that guarantee the rights of working-age residents to adequate income security.

Article 5 of the amended 1989 Constitution of the People's Democratic Republic of Algeria states that "all citizens have right to work, the right to protection, security and hygiene at work as guaranteed by the law" and the right to rest. Constitutional provisions strengthened the 1994 Legislative Decree No. 94-09, which established an unemployment insurance scheme safeguarding Algeria's working age population against the risk of involuntarily loss of employment for economic reasons. The constitutional amendment was followed by further legislative provisions, which stipulated the institutional restructuring of the contributory unemployment scheme, and to extend its coverage through the country, through the Chapter IV Rights and Liberties and Legislative Decree of 3 May 1996.

1996 constitutional developments towards social protection in Algeria were deliberated during a two-day national understanding conference in which 38 leaders gathered and agreed to support amendments through a referendum. The constitutional and legislative legal frameworks supporting the income security of working-age groups in Algeria ensure the sustainability of unemployment insurance schemes already in place. Through this process the Government of Algeria has acted boldly to uphold equality and ensure that constitutional and legal provisions for income security form strong legal foundations for the creation of a social protection floor.

Egypt's Old Age Pension

In Egypt, the share of population aged 65 or older is projected to increase from 4.6% in 2010 to 13.1% in 2050, thus placing higher demands on the existing pension system. In 2013 the Government of the Arab Republic of Egypt reformed its pension system, introducing the new Old Age Pension (OAP) scheme to more effectively provide basic income security to older persons. The pension scheme is administered by the National Organisation for Social Insurance (NOSI), which administers funds and benefits to claimants.

Egypt's new OAP consists of both contributory and non-contributory schemes. The contributory scheme is available to all residents aged 65 and above who have made contributions. Reforms in 2013 lowered contribution rates to 30.5%, of which 19.5% is paid by the employer and 11% by the employee. Relatively high contributions are rewarded with very high monthly pension benefits equal to 75-88% of the claimant's last net salary before retirement, disability or death, calculated based on length of contributions. The non-contributory scheme is available to all Egyptians aged 65 and above who reside in Egypt and do not receive any other income or pension from the State. Those eligible for the non-contributory scheme receive monthly payments equal to 18% of the after-tax national salary. Before reforms 80% of the work force was enrolled in the OAP and in 2012, Egypt's social security system covered 25 million residents.

Egypt's pension system dates back to 1975 with the passing of the Social Insurance Law No. 79 and has, over time, been reformed in order to increase the level and extent of coverage. The new OAP has been realised through the merger of two separate schemes, one for the formal sector and another that targeted the informal sector. The OAP thus moves toward an integrated approach and forms a fundamental part of Egypt's social protection floor providing essential income security for older persons.

Ghana's National Health Insurance Scheme

Between 2004 and 2009 out of-pocket expenditures on health care decreased from 51% to 37% in Ghana. These savings have been realised through the National Health Insurance Scheme (NHIS), which the Government of the Republic of Ghana launched in 2004. The NHIS is a decentralised insurance scheme that is comprised of a private health insurance scheme, district mutual health insurance scheme (DMHIS), and a non-profit community based scheme. The NHIS compliments an additional scheme for the formal sector and is administered by the National Health Insurance Authority, which also manages public and private health care providers at all levels of the health care system, including 400 hospitals and clinics and 128 diagnostic facilities in 138 districts.

The NHIS package provides coverage for approximately 95% of the most common causes of illness in Ghana, and includes inpatient and outpatient care, comprehensive maternity care, diagnostic testing, generic medicines and emergency care. The NHIS is mandatory and requires all residents in Ghana to be enrolled under one of its schemes through which they can access free health care. The DMHIS is available in all districts and is a public and non-profit system that each Ghanaian resident can access. Those who enroll are required to pay a one-time registration fee of USD 2 and premiums between USD4 – 24 per year depending on their income status. Children under 18 whose parents are enrolled, adults over 70 years of age, pregnant women, and those without employment or a fixed place of residence are exempt from paying premiums. By the end of 2008, 70% of NHIS members were in the exempt category; and, overall in 2009 the NHIS insured 67.5% of all residents of Ghana.

The NHIS has dramatically reduced the financial barriers to access health care in Ghana and is supported by a strong legal framework through the 2003 National Health Insurance Act. While the NHIS has extended services to many, the scheme has faced some difficulty in enforcing compliance across the informal sector. Despite this challenge the NHIS targets all residents of Ghana including migrants and is an important step toward the creation of Ghana’s social protection floor.

The Basic Old Age Pension in Mauritius

In 2012, 8% of the total population of Mauritius was over the age of 65; and in 2008 this group faced a 6% incidence of poverty. This low incidence of poverty among older persons has been achieved through the Government of the Republic of Mauritius's long commitment to income security for older persons with the implementation of the Basic Old Age Pension, introduced in 1951. This non-contributory scheme offers basic and universal income security to all eligible citizens of Mauritius and is administered by the National Pension Fund and supervised by the Ministry of Social Security and Solidarity.

The Basic Old Age Pension targets citizens of Mauritius aged 60 years and over who have resided in Mauritius for a combined period of 12 years after the age of 18; however, the scheme is available to all Mauritians after the age of 70 regardless of residency. The pension is also available to non-citizens who have lived in Mauritius for at least 15 years, combined, after 40 years of age, including three years prior to the claim. Eligible older persons are entitled to monthly payments calculated according to age. Claimants aged between 60 and 90 years are entitled to receive MUR 3,146, or USD 102 per month. Those between 90 and 100 years of age are entitled to MUR 9,357, or USD 303 per month, while those over 100 years of age receive MUR 10,621, or USD 345, per month. In additional to the basic pension, an Enhanced Basic Retirement Pension is available to pensioners who are totally blind, paralysed, or otherwise need constant care. The basic pension is also complimented by two contributory schemes, which provide coverage to those in the public sector and formal private sector. In 2011, 100% of older persons in Mauritius were covered under the Basic Old Age Pension.

Mauritius has achieved basic income security for older persons as part of the Ministry of Social Security and National Solidarity's national policy, Ageing with Dignity, which was launched in 2001. The Basic Old Age Pension, along with the contributory pension schemes now under this policy, create part of Mauritius's social protection floor providing essential income security to all older persons.

Morocco's Conditional Cash Transfer for Children

In 2012 Morocco's free and compulsory primary education system reached approximately 96% of all school-aged children; however, in rural areas as many as 50% of students do not complete the full six years of primary education. In 2008 the Government of the Kingdom of Morocco launched the *Tayssir Programme*, a pilot cash transfer scheme designed to compliment free and compulsory primary education in order to provide students in rural areas with the assistance required to complete primary school. The *Tayssir Programme* is administered by the Higher Council of Education in co-ordination with the Moroccan Ministry of National Education (MNE) and is currently being implemented in 260 primary school sectors in rural areas.

The *Tayssir Programme* targets the parents of primary school children in select rural pilot areas and is testing the effectiveness of conditional and unconditional transfers. Currently the pilot programme reaches 53,288 households and 93,536 primary school students. The pilot scheme entitles parents to receive MAD 80-100, or USD 22-27, per month for each child attending primary school and MAD 140, or USD 38, for each child in secondary school. Half of the pilot group receives the cash transfer on a conditional basis, based on student attendance, and the other half receives the transfer unconditionally. The *Tayssir Programme* has resulted in a 57% reduction in school drop-out rates through the conditional cash transfer. Based on positive results from the pilot programme, the Government of the Kingdom of Morocco has already expanded the conditional programme to an additional 109,908 households, reaching 206,434 additional students. Together the pilot and regularised schemes reach approximately 300,000 students in rural areas.

While Morocco's cash transfer schemes compliment an existing universal education system, similar schemes can be very effective in increasing enrollment in countries with greater barriers to education, especially in rural areas. The *Tayssir Programme* is an important investment in the next generation and increases access to universal education in rural areas, forming an important part of the national social protection floor.

Morocco's Health Insurance Scheme

Between 2002 and 2011, the under five mortality rate in Morocco decreased by 33%. This progress has been achieved in part through a system of health insurance schemes aimed to achieve universal health coverage in Morocco. In 2005, the Government of the Kingdom of Morocco introduced a mandatory and contributory health insurance scheme, or Assurance Maladie Obligatoire (AMO), for the formal sector, and complimented this with a non-contributory basic coverage scheme, or Régime d'Assistance Médicale (RAMED), in 2012 for the informal sector. The National Social Security Fund manages the AMO for private sector employees, while the National Fund for Social Welfare Bodies manages the scheme for public sector employees. RAMED is administered by the National Health Insurance Agency. Morocco's public health care system manages 2,626 basic health centres, 138 hospitals and four university medical centres.

AMO provides full and comprehensive health coverage, including childbirth, medical/surgical hospitalisation and child care up to the age of 12, medical devices and implants required for medical and surgical procedures, refundable medicines and prosthetic devices. AMO is accessible to the public sector, corporations under public law, persons in the formal private sector and pensioners in both the private and public sectors. RAMED is designed to provide basic health coverage to all persons not covered by the AMO scheme; including those without sufficient resources to meet the costs of medical care, persons with disabilities unable to fulfill remunerated activity, residents of charitable institutions, hospices and orphanages. Together the AMO and RAMED provide health coverage to approximately 41% of the population, or 27% and 14% respectively; however, given that RAMED is a new scheme, full extent of coverage has not been reached and is expected to grow rapidly. The Government of the Kingdom of Morocco is currently moving closer to universal health care through the introduction of a mandatory health insurance for self-employed persons and their staff, which is expected to each an additional 30% of the population.

Morocco's move toward universal health coverage has been achieved largely since 2002 when optional health insurance schemes covered only 17% of the population. The RAMED scheme was first implemented as a pilot in the Tadla Azilal region in 2010 and was recommended for national coverage within one year. With the introduction of new schemes to extend coverage to all residents, Morocco's recent investments in health care schemes create part of a national social protection floor, an essential step in safeguarding the rights of citizens to access health care.

Mozambique's Legal Framework for Health Care

Mozambique's health infrastructure remains limited with more than half of the population residing over one hour walking distance from the nearest health facility. Further, health facilities in Mozambique face frequent shortage in medical supplies, electricity and running water. However, in 2004, the Government of Mozambique adopted a new constitution, which addresses these limitations and grants the right to health care to all citizens.

Article 89 of the 2004 Constitution of the Republic of Mozambique states that "All citizens shall have the right to medical and health care, within the terms of the law, and shall have the duty to promote and protect public health". Article 116 further stipulates "medical and health care for citizens shall be organized through a national health system, which shall benefit all Mozambican people … [and] the State shall promote the expansion of medical and health care and equal access of all citizens to the enjoyment of this right". These constitutional provisions allowed for legislative milestones in 2007, through the Social Protection Law (4/2007), which establishes the foundations for the organisation of the social protection system through basic, obligatory and complementary social security. The National Strategy for Basic Social Security adopted in April 2010 aims to promote an integrated approach to social protection and makes specific provisions for health care as a core component of national social security.

The drafting of the current constitution began in 1998 and was marked by considerable participation through national seminars and public debates, before its final adoption in 2004 by a multi-party Parliament. Constitutional provisions, and resulting legal framework guaranteeing the right to health care and the establishment of a national universal health care system, illustrate strong political will for the social protection floor in Mozambique. Through this process the Government of Mozambique has acted boldly to uphold equality and ensure that constitutional and legal provisions for social security form strong legal foundations for the creation of a social protection floor.

Mozambique's Legal Framework for the Rights of the Child

In Mozambique children under the age of 14 represented an overwhelming 45% of the total population in 2011. In 2004 the Government of the Republic of Mozambique made advancements toward protecting the rights of children through guaranteeing their security in the 2004 Constitution of the Republic of Mozambique. The new Mozambican Constitution adopted in 2004 specifies the rights of children to receive protection and care and upholds the responsibility of society, family and State in order to guarantee the rights of boys and girls.

Article 47 of the 2004 Constitution of Republic of Mozambique states that "Children shall have the right to protection and the care required for their well being". Article 121 further states that "all children have the right to protection [provided by] the family, society and the State … and in particular orphans and disabled and abandoned children, shall be protected by the family, by society and by the State against all forms of discrimination, ill treatment and the abusive use of authority within the family and in other institutions". These constitutional provisions allowed for legislative milestones in 2007, through the Social Protection Law (4/2007), which establishes the foundations for the organization of the social protection system at three levels, including basic, obligatory and complementary social security. The National Strategy for Basic Social Security adopted in April 2010 aims to promote an integrated approach to social protection and makes specific provisions for social transfers and education as a core component of national social security.

The drafting of the current constitution began in 1998 and was marked by considerable popular participation through national seminars and public debates, before its final adoption in 2004 by a multi-party democratically elected Parliament. Constitutional provisions, and resulting legal framework guaranteeing the rights of children and their basic social security, illustrate strong political will for the social protection floor in Mozambique. Through this process the Government of Mozambique has acted boldly to uphold equality and ensure that constitutional and legal provisions for income security form strong legal foundations for a durable social protection floor.

Namibia's National Pension Scheme

In 2012 Namibia's population over the age of 65 made up 4%, but is expected to grow to about 21% over the next three decades. In an effort to ensure basic income security for the growing number of older persons, the Government of Republic of Namibia passed the National Pension Act in 1992 and launched a non-contributory universal National Pension Scheme (NPS) available to all Namibian citizens over the age of 60, regardless of other income. The NPS is designed to compliment contributory pension schemes in Namibia, such as the Government Institutions Pension Fund. The scheme is administered by the Ministry of Health and Social Services (MHSS) through a system of district pension officers responsible for investigating, submitting and registering applications to the NPS.

The NPS covers all older persons over the age of 60 who are citizens of Namibia and do not reside outside Namibia for a period longer than six months. Eligible citizens are entitled to the universal monthly pension of NAD 450, or USD 45, regardless of their assets, income or other pensions from contributory schemes. In order to receive their entitlement, applicants must submit proof of age and citizenship. Claimants determine their preferred method to receive monthly payments, either through ATMs with PIN and fingerprint identification, bank transfer or collection from a designated post office. In 1993-1994, the NPS reached approximately 48% of the eligible population and, due to streamlined registration and receipt, national coverage reached 95% of the eligible population by 2001. In 2010 the old age pension scheme reached approximately 150,000 older persons in Namibia.

Over the last 10 years the Government of the Republic of Namibia increased the State pension several times. In 1999 the average pension was NAD 160 and by 2008 it had almost tripled to NAD 450, exceeding the national poverty line, which was estimated at NAD 398.5 per month in 2010. MHSS administration of the pension through a biometric smart card system has increased the scheme's efficiency and accessibility while lowering its administrative costs. Investments in income security, such as the NPS are essential in building Namibia's social protection floor to ensure that all in need have access to basic income security.

Rwanda's Community Based Health Insurance

Rwanda's national under-five mortality rate decreased by 56% between 2004 and 2011. This decline has been realised in part through the development of a National Policy for Community-Based Health Insurance (CBHI) scheme, or Mutuelles de Santé, introduced in 2010 by the Government of the Republic of Rwanda to encourage equal access to health care for the informal sector. The Ministry of Health manages 426 Mutuelles de Santé through a decentralized approach relying on existing community-based health structures.

Membership in the CBHI scheme is accessible to working-age Rwandans in the informal sector with a one-time contribution fee per family member, which varies based on an income categorization of households, and a 10% co-payment fee for all services at health care facilities. Membership fees are divided into three categories as follows: 1) no-cost membership for those unable to pay and no co-payment (25% of the population), 2) RWF 3,000, or USD 4.65, for those who can afford to pay (70% of the population) and, 3) RWF 7,000, or USD 10.85, for those who are determined as able to pay (2% of the population). Household categorisation is based on the collection of nationwide socio-economic and demographic information collected through a participatory approach at the local level through the Ubudehe programme. CBHI covers all services and drugs at local health centres and more specialised services at district and national hospitals by referral from local health centers. Membership in CBHI grew from 27% in 2003 to 91% in 2010, thus reaching 7.9 million people; and, with 6% of Rwandans covered under other schemes, a total of 97% of Rwandans have improved access to health care.

Rwanda's CBHI scheme is based on a long history of insurance schemes dating back to the 1960s. Building on experience, the Government of the Republic of Rwanda competed a series of pilot projects in the 1990s to assess financial viability and standardise insurance schemes nationwide, and in 2004 adopted a national policy to extend schemes to all 30 districts in the country. The official launch of CBHI in 2010 further enhanced delivery of services with an improved implementation structure stable financial management. Investments in income security, such as the CBHI are essential in building Rwanda's social protection floor to ensure that all in need have access to basic income security, including all permanent and temporary residents and registered migrants.

South Africa's Child Support Grant

South Africa is home to 18 million children who faced a high incidence of poverty around 64% in 2011. In 1998 the Government of the Republic of South Africa introduced the Child Support Grant (CSG) in order to address the basic needs of this group through a cash transfer scheme. The CSG is implemented in all nine provinces of South Africa through the South African Social Security Agency's (SASSA) regional offices, which administer transfers through direct deposit and private security firms via mobile delivery vans equipped with electronic fingerprinting identification and built in automatic teller machines.

South African citizens and permanent residents earning less than USD 3,500 per year who are the primary caregivers to their own or children of others are eligible to claim the CSG. Caregivers who are not the child's parent must provide adequate proof, such as a social worker's report or an affidavit from the police, in order to qualify for the scheme. Eligibility is also determined through a means test for urban and rural areas and people living in informal settlements. Upon introduction in 1998 the scheme was available to children up to the age of 7 years; however, in 2010 th minimum age was increased up to 18 years. Further, in 1998 the cash transfer was set at USD 13.80 per month in order to supplement nutrition costs, but in 2010 the grant was increased to USD 34.50 per month and now includes conditions for school enrollment and attendance. The CSG currently provides cash transfers to over 10 million children every month.

The Government of the Republic of South Africa has built upon the CSG since its launch in 1998 in order to expand the extend and level of coverage in order to provide basic social and income security to more families. Initially launched under the Provincial Departments for Social Development, the CSG was transferred to the SASSA, moving toward a more integrated approach, in 2005. While the scheme has realised great improvements, fulfilling required documentation still creates barriers to access for some. Nonetheless, the CSG is an important investment in South Africa's next generation and represents a strong move to provide income and social security for children facing vulnerability.

South Africa's National Health Insurance

In 2011 the infant mortality under-five rate in South Africa was 47 out of 1000 births. While infant mortality has been decreasing in recent years, the Government of the Republic of South Africa continues to take important steps to provide access to health care for all citizens, and in 2011 introduced the National Health Insurance (NHI) pilot scheme designed to provide all citizens and residents of South Africa with essential health care regardless of employment status or ability to contribute to the scheme. The NHI will remain in pilot phase for the first 14 years of implementation; with the first five years focused on building processes and preparations for increased usage. After 2014 the NHI will be established as an autonomous public entity reporting to Parliament and the Minister of Health. The Ministry of Health manages 4,200 pubic health facilities in South Africa.

The NHI is designed to increase access to both public and private health care facilities through the scheme's agreements with public and private hospitals and specialists. As part of the package, NHI entitles free access to full health care coverage at public clinics for all citizens and legal residents of South Africa. NHI is funded through tax revenues and mandatory contributions from those with income over USD 5,450 per year. NHI is currently in pilot phase in 11 pilot sites currently covering 11 million people, or about 22% of the total population. The NHI's universal coverage excludes short-term residents, but includes refugees and asylum seekers in accordance with provisions of the Refugees Act of 1998, which entitles refugees to the same basic health services and education as citizens.

The Government of the Republic of South Africa has made achievements in promoting equal access to health care since 1994 and the NHI represents a continuation of this progress. The NHI has been realised through a consultative process including health care administrators and professionals, academia and civil society, and through international dialogue among countries moving toward NHI-type health insurance schemes. Health insurance schemes such as the NHI represents a significant move toward universal coverage, creating part of a national social protection floor that is essential in promoting equality in social services.

South Africa's Unemployment Insurance Fund

South Africa experienced a high rate of unemployment at 25% in 2011, with youth and women the most affected. In order to provide income security to these groups, the Government of the Republic of South Africa established the Unemployment Insurance Fund (UIF) in accordance with the Unemployment Insurance Act (No. 108), of 1996. UIF provides protection for working-age South Africans in circumstances of unemployment and illness, and covers maternity and adoption leave. The UIF is governed by the Department of Labour, which is responsible for managing the fund and administering payments directly to the accounts of eligible claimants.

South Africa's UIF is a mandatory and contributory scheme for all workers in the formal and informal sectors, including domestic workers who work more than 24 hours per month. While the UIF is inclusive, the public sector, those in training and skills development, migrant workers on temporary assignment and those who work on commission are exempt from the scheme. Those eligible for UIF contribute 2% of their salary, 1% paid by the employer and the remaining 1% paid by the employee through monthly payroll tax collected by the South African Revenue Services, or paid directly to UIF by those in the informal sector or irregularly employed. Under the UIF those eligible can claim benefits for unemployment, maternity, illness and adoption, and survivor benefits are paid in the case of the contributor's death. The unemployment benefit ranges from 38% of income for high-income earners to a ceiling of 60% of income for the lowest earners and can be paid for a maximum of 238 days. A total of 1,408,205 employers are currently registered with the UIF, which approved 705,855 claims in 2011.

Unemployment insurance in South Africa dates back to 1966 when the first Unemployment Insurance Act was passed; however, coverage in early years remained very restrictive and exclusive. Thus, the expansion of the UIF in 1996 was essential to fulfill equal rights. The main challenge in scheme implementation has been to improve turn-around times for claims. South Africa's UIF creates part of a national social protection floor that is essential in providing basic income security for working age groups.

Tunisia's Primary Education System

Primary education in Tunisia for students between 6 and 11 years of age increased from 88% in 1991 to 98% in 2009. This progress has been achieved through strong efforts by the Government of the Tunisian Republic, which has made primary education free and compulsory for all. In accordance with Act No. 91-65 (1991) students can attend school for free and is compulsory for all students between 6 and 16 years of age. The Ministry of Education (MOE) administers education for all children while the Ministry of Health (MOH) is responsible for the provision of health services through public schools. The Ministry of Social Affairs provides additional services to children at risk of malnutrition, or poverty, or without family.

Under Tunisia's compulsory free education system, students attend school between the ages of 6 and 16 years old; and, through an integrated approach to social security, eligible students can also receive free school supplies and meals at school canteens. In 2005, the government spent the equivalent to 7.3% of GDP on education. Parents who do not register their children in compulsory education, or pull students out of school before the age of 15 are liable to a fine between USD12 and USD120. If parents fail to comply, a second fine of USD240 is issued. Children requiring special assistance are provided with targeted educational resources within the framework of priority education areas, resource centres and extra lessons when required. Children with disabilities are entitled to access specialised centres depending on the level of disability. Children with limited disability are integrated into elementary classrooms, while others who are blind or deaf may be integrated into specialized education facilities.

Since it began implementation in 1991, the Government of the Tunisian Republic has expanded the network of primary schools in rural areas and invested in infrastructure to increase access to education and other public services. The Government of Tunisia has also adjusted the structure, curriculum and teaching methods and school day. A "map of priority education areas" tracks the performance of schools and guides the allocation of resources as identified, to ensure a high standard of quality education throughout the system. Tunisia's universal education system represents an important investment in Tunisia's next generation and creates part of the State's social protection floor, upholding the right to free education.

ECLAC

Argentina's Universal Child Allowance

In 2012 children made up approximately 24% of Argentina's population and, according to UNICEF, children faced a 10% incidence of poverty in 2006. In 2009 the Government of the Argentine Republic launched the *Asignación Universal por Hijo*, or Universal Child Allowance (UCA), in order to extend the scope of existing family allowances and provide a basic level of income security for all children and adolescents. The UCA is administered by an advisory committee comprised of representatives from the Ministry of Social Development, Ministry of Labour Employment and Social Security, Ministry of Health, Ministry of Education and Ministry of Interior.

The UCA is a non-contributory cash transfer scheme for children whose parents are unemployed, in domestic service, self-employed, or employed in the informal sector and earn less than a minimum threshold. In order to be eligible, children must be citizens of Argentina or residents of Argentina for a minimum of three years. Eligible boys and girls receive a cash transfer of USD 55 per month, with the amount increasing to USD 220 per month for children with disabilities. Claimants receive 80% of the cash transfer on a monthly basis while the remaining 20% is deposited into a savings account in the name of the direct beneficiary. The remainder can be collected upon meeting minimum requirements for school attendance, completing health check-ups and vaccinations. The fulfillment of conditional requirements is monitored through the National Diary of Social Security, Health and Education. The UCA provides direct assistance to 91% of the population under the age of 18.

The extension of family allowances in Argentina was achieved through a successful and inclusive advocacy campaign prior to 2009. This was complimented by a strong effort to consolidate cash transfer programmes and, in doing so, has addressed the challenge of reducing coverage gaps for the poor. As such, this conditional cash transfer for children has made a significant contribution toward the creation of a social protection floor in Argentina.

Bolivia's Dignity Pension Scheme

In Bolivia those aged 60 years and over made up 7% of the population in 2010, and in 2002 this group faced a high incidence of poverty at 53%. In response to this high incidence of poverty the Government of the Plurinational State of Bolivia launched the Dignity Pension or Renta Dignidad programme (RDP) in 2008. The RDP is a universal benefit for all residents aged 60 years and older. RDP is part of a strong State priority to guarantee a minimum level of universal income security to all Bolivians. The RDP is administered by the Authority for the Monitoring and Control of Pensions, which manages RDP payments through 1,100 payment centres across the country.

The RDP serves as a complimentary pillar in Bolivia's pension system, which also includes contributory and subsidized schemes. Bolivia's contributory schemes allows employed persons to accumulate retirement funds in mandatory individual savings account, while a subsidised Solidarity Pension is made available for those aged 58 and over who have at least 10 years of contributions but have not accumulated enough to support longer-term monthly pension payments. Regardless of individual savings, all resident citizens of Bolivia, aged 60 and older, are included in the RDP, which provides monthly payments USD 28 per month. The RDP also provides monthly payments of USD 21 per month to those who already receive the contributory or solidarity pension. This universalization of the RDP allows for greater assistance to those in need while maintaining everyone's right to a universal pension. Financial assistance for funerals is also included as part of the RDP and acts as an incentive for families to report the death of recipients, complimenting national population monitoring. The RDP reached 800,000 older and disabled persons in 2010, 83% of whom did not receive pensions under other schemes. In total, 97% of eligible residents received the RDP in 2010.

Bolivia's RDP is supported by a strong legal framework safeguarded by the 2009 Constitution of the Plurinational State of Bolivia and guarantees basic income security for older persons. While the RDP has been successful in reaching nearly 100% of target beneficiaries, authorities still face challenges in increasing monthly payments up to the nationally defined minimum standard of living. Nonetheless, the RDP is an important step toward universal income protection for all older persons in Bolivia and is inclusive of persons with disabilities, representing an integrated approach toward income security.

Brazil's Legal Framework for the Rights of the Child

In 2012, 25% of Brazil's population was under 14 years of age. According to UNICEF, 14.6% of children in South America live in extreme incidences of poverty. The Government of the Federative Republic of Brazil adopted constitutional provisions in 1988 in order to ensure the rights of children and acknowledge the responsibility of the State in the provision of social services for all boys and girls.

Article 226 of the 1988 Federal Constitution of Brazil ensures a vast portfolio of rights for children including their full protection and access to social security. Article 6 further states that "social security and protection for … childhood … [is a] social right. Article 203 adds, "social assistance shall be rendered to whomever may need it, regardless of contribution to social welfare" and makes specific reference to children and adolescents. Constitutional guarantees for children were reinforced with legal provisions in 1990 through the Child and Adolescent Act, which stipulates that "…the child (up to twelve) and adolescent (up to eighteen) enjoy all fundamental rights." The Citizen´s Basic Income law (No. 10.835, 2004) makes further legal commitments toward "a monthly benefit sufficient to meet the basic needs of a person is to be paid equally to all". The law aims to provide children, among other groups, with universal income security and public services, such as education and health.

Advancements ensuring the rights of the child in Brazil were realised during a period of reform and structural change during the 1980s in which Brazil also signed the Convention of the Rights of the Child, illustrating political will to protect all children. Brazil's commitment to State driven social development was supported by consensus in the National Congress in 2004 with the approval of the Citizen's Basic Income Law. Through this process the Government of the Federative Republic Brazil has ensured that constitutional and legal provisions for income security form strong legal foundations for the creation of a social protection floor.

Chile's Unemployment Insurance Scheme

In 2011 persons of working-age made up approximately 69% of the population of Chile. Chile's workforce participation among adult females and males was approximately 47% and 74% respectively in 2010 with an unemployment rate of 8.1% in the same year. In order to safeguard income security for this large group, the Government of the Republic of Chile launched an Unemployment Insurance (UI) scheme, in 2002, designed to reduce the risks related to unemployment and support re-employment strategies. Chile's UI is administered by the Ministry of Labour and Social Welfare, which administers the unemployment fund and supervises its implementation.

All employed working-age residents are eligible to contribute to the Chilean UI scheme, with the exception of domestic labour, apprentices and the self-employed. Those eligible for EI make contributions equivalent to 3% of their earnings, covered entirely by the employer for fixed-term employees, or on a shared basis for others with 0.6% contributed by the employee and the remaining 2.4% covered by the employer. Contributions are allocated to Individual Unemployment Accounts and a Solidarity Fund, in which the Government of Chile also deposits USD 8.8million annual in order to guarantee a minimum benefit for eligible individuals without sufficient savings for unemployment. Unemployed persons are entitled up to two withdrawals every five years from the Solidarity Fund, which is available to workers who made 12 contributions within a 24 month period prior to unemployment. Monthly benefits and length of payment from the Individual Unemployment Account are calculated on an individual basis according to savings, whereas the Solidarity Fund provides a benefit of CLP 17,338, or USD 35 per month for the first three months with diminishing returns over the year. By the end of 2007, after five years in operation, 5 million workers were contributing to Chile's UI scheme.

After its launch in 2002, the UI scheme was restructured in 2010 in order to improve access to benefits and offer additional protection against economic instability. Chile's UI scheme is designed to incentivise re-employment as individual accounts are owned by the worker and thus provide a limited social security net meant to smooth income over the life-cycle. The EI scheme in Chile, thus, represents a move toward the creation of a national social protection floor guaranteeing income security to all working-age groups.

Colombia's General System of Social Security in Health

In 2011 life expectancy in Colombia was 77 years for women and 70 years for men. Colombia's long life expectancy is complimented by relatively low infant mortality before the age of five, at 18 in 1000 births. Colombia's relative good health has been achieved through the General System of Social Security in Health (GSSSH), or Sistema General de Seguridad Social en Selud, launched by the Government of the Republic of Colombia in 1993. The GSSSH is managed by the Ministry of Social Protection with the National Health Regulation Commission providing a regulatory role and the National Health Authority responsible for the management of health facilities.

The GSSSH is a contributory scheme that provides health coverage to all employed persons, retired persons and their dependents residing in Colombia. The GSSSH is complimented by, and co-finances, the Solidarity Guarantee Fund, which subsidizes coverage for older persons, students, the poor and others who are not covered under the contributory scheme. The contributory scheme is open to all, but is compulsory only for those employed in the formal sector and self-employed persons earning a minimum monthly salary of USD 280. Members of both schemes are entitled to a basic health care package while members of the contributory scheme are entitled to more comprehensive services including inpatient and outpatient care, paid maternity leave and sick leave. Claimants of the subsidized scheme are entitled to basic care and full coverage for serious illness. In order to access non-contributory benefits, claimants must register with municipal authorities and seek approval via a proxy means test. In 2010 the GSSSH reached 90% of Colombian residents.

The GSSSH represents a move toward the increased integration of health schemes in Colombia and has encouraged the negotiation of health care costs between public and private service providers, and provides the option for claimants to select their insurance provider. This integrated approach has increased overall access to health services, especially through the subsidized system; however, challenges still remain in the portability of entitlements for internal migrants. These investments in social services in Colombia are essential in building a social protection floor to ensure that all in need have access to essential health care services, including temporary residents and migrants.

Costa Rica's Universal Health Care

Costa Rica's life expectancy at birth was 79 years in 2011, which is above the regional average of 74 years. Costa Rica's relatively long life expectancy has been achieved through solid investments in health care dating back to the 1940s. In 1943, the Government of Costa Rica introduced the Costa Rican Social Security Fund (CCSS), which provides insurance including comprehensive health care for all residents. Costa Rica's health insurance scheme is managed by the Ministry of Health, which monitors the performance of public health facilities, including 7 regional hospitals, 13 sub-regional hospitals and 10 large clinics.

CCSS provides coverage for the dependents of employed persons who contribute 15% of their earnings to the scheme, with 9.25% contributed by the employer, 0.25% by the government, and 5.5% by the employee. The State also provides full coverage to unemployed persons, uninsured persons, disabled persons and their families, essentially extending coverage to all residents of Costa Rica. Costa Rica's health insurance is supported by the Law for Worker's Protection (2000), requiring coverage for the entire economically active population in the informal and formal sectors and their dependents. Entitlements within the scheme provide access to full and comprehensive health care coverage, including prescription drugs, for all persons who reside in Costa Rica. Visitors to Costa Rica are also covered for emergency services. Costa Rica makes specific provisions to provide health care services to immigrants who accounted for 9% of the total population in 2011. Costa Rica has the highest health care coverage rate in Latin America, which effectively reached 92% of the population in 2008.

Comprehensive health care coverage in Costa Rica started as part of a social security package for public sector workers in the 1940s and has been restructured and consolidated into an integrated national system. While Costa Rica's health care scheme is designed to be inclusive, some challenges remain in reaching the entire population, including all migrant workers of whom some are only entitled free access to emergency services. Still, health care provided under the CCSS represents an integrated approach and creates part of Costa Rica's social protection floor, effectively providing access to health care for all Costa Ricans.

Cuba's Social Pension System

In 2010 those over the age of 65 made up approximately 12% of the total population of Cuba, and by 2050 this group is expected to grow to 27%. The Government of the Republic of Cuba has a long history of social pension schemes dating back to 1963 and more recently broadened the legal framework to protect the right of older persons to income security in 2008 and 2011, thus strengthening an existing Social Security Pension Scheme (SSPS). The National Social Security Institute is responsible for the administration and management of funds that form the SSPS.

The SSPS is a mandatory and contributory pension scheme available to all persons employed by the State, those employed by co-operatives, independent farmers, and legal reform in 2011 extended the scheme to self-employed persons. The SSPS is available to women over the age of 60 and men over the age of 65. Claimants who contributed for 30 years are entitled to a minimum monthly payment of CUP 200, or USD 200, and up to 60% of the claimant's average top five earning years within 15 years before retirement. Monthly payments increase by an additional 2% for each year worked past retirement. Older persons also have the right to seek re-employment without losing their pension. Claimants who contributed for less than 30 years are entitled to receive monthly payments calculated as above at 40%. In order to ensure an adequate safety net monthly benefits are also available to those who do not qualify for the SSPS, or are partially or fully disabled. The SPSS reaches approximately 87% of older persons in Cuba, achieving one of the highest coverage rates in Latin America.

The Government of Cuba has been working toward basic income security of older persons since the 1960s. More recent efforts to improve the extent of coverage and implement a rights-based approach illustrate a strong commitment to the social protection floor. The Government has also made important steps to increase the level of payments four times between 1989 and 2010. Thus, Cuba's SPSS continues to move toward the creation of a social protection floor for all older persons.

Cuba's Universal Education System

In 2011 those under 18 years of age made up approximately 21% of the population of The Republic of Cuba and today 100% of Cubans over the age of 15 are literate. High literacy has been achieved as part of the Government of the Republic of Cuba's strong efforts to move toward universal and integrated social protection for all. As such, Cuba has one of the highest school attendance rates in the region and its boys and girls have enjoyed access to free education since 1989. Universal primary, secondary and higher education is financed and administered by the Ministry of Education through a network of approximately 9,000 schools throughout the country.

Primary and secondary education in Cuba is compulsory for all boys and girls between 6 and 15 years of age and is structured upon a comprehensive curriculum designed to prepare students for higher education, also provided by the State, and active participation in the workforce. High standards for education are maintained through relatively small classroom sizes, which are regulated up to a maximum of 25 children per teacher in primary school and up to a maximum of 15 students per teacher in secondary school. Students with disabilities or special needs are eligible to attend a network of 425 specialized schools, currently attended by approximately 57,000 boys and girls. Those who are unable to attend school are provided with teachers at home to ensure equal access for all. The Government of the Republic of Cuba implements an integrated approach to ensure that children have access the benefits of education and nutrition and provides all students with school supplies, uniforms and nutritious meals at school. Through its integrated and targeted approach, 100% of both boys and girls currently attend school in Cuba.

Cuba's universal education system was realised through a process of reforms, which took place over a 30 year period between 1959 and 1989. Today Cuba's education system demonstrates a very strong national commitment to universal social protection and has made great achievements since the 1950s, when approximately half of all children did not attend school. Cuba has continued to achieve excellence in its education through investments in infrastructure and capacity building for teachers to ensure the highest extent and level of coverage. Cuba's compulsory education system makes solid investments in the next generation and forms an important part of a thriving national social protection floor.

Ecuador's Legal Framework for the Rights of Older Persons

Older persons make up 6.4% of the population of Ecuador and faced a high incidence of poverty at 43% between 2001 and 2003. In order to address poverty among older persons, the Government of the Republic of Ecuador approved the Social Security Law in 2001, creating a legal framework to ensure income security for older persons. Ecuador made further progress in 2008 when social security was enshrined as a fundamental right in the 2008 Constitution of the Republic of Ecuador.

Ecuador's 2001 Social Security Law provides a legal framework for a more equitable pension scheme structured to reach older persons in need through both non-contributory and individual savings schemes. This legal framework was without constitutional foundations until 2008 when the rights of older persons were safeguarded in the new constitution. As a foundation, Article 34 outlines the responsibility of the State, "social security shall be governed by the principles of solidarity, obligation, universality [and] the State shall guarantee and ensure full exercise of the right to social security for all." Article 36 entitles older persons with the right to "receive priority and specialized care … social and economic inclusion and protection." This is strengthened by Article 38, which calls for "reducing the dependence of older persons, securing their full social integration … with adequate economic and psychological assistance". These constitutional and legal provisions create a strong legal framework for the sustainable protection of the rights of older persons and their right to live free from poverty.

Ecuador's legal framework for income security among older persons is the outcome of debate within the Ministry for the Coordination of Social Development, promoted a shared vision and the bases upon which legal foundations could take place. Based on these constitutional provisions, the Government of the Republic of Ecuador is now mandated to provide basic income security to older persons. Through this process lawmakers in Ecuador have acted boldly to uphold equality and ensure that constitutional and legal provisions for income security form strong legal foundations for the creation of a social protection floor.

Jamaica's Cash Transfer Programme for Children

In Jamaica approximately 25% of the population is under the age of 14 and almost half of Jamaica's poor are under the age of 18. In order to address high poverty among children, the Government of Jamaica began implementing the Programme of Advancement Through Health and Education (PATH) in 2000. PATH is a conditional cash transfer scheme for families designed specifically to meet the developmental needs of vulnerable boys and girls. PATH is implemented by the Ministry of Labour and Social Security, which operates the cash transfer and programme activities.

PATH provides conditional child assistance grants to boys and girls who are determined as poor. Those eligible can claim up to four types of cash transfers for health and education, as follows: 1) Eligible children, up to the age of 17, are entitled to receive a transfer of JMD 750, or USD 7.50, per month for health purposes, conditional upon health care visits for children under 6 years of age who are not enrolled in school. 2) Eligible children aged between 6 and 17 years are also entitled to a basic education transfer of JMD 400, or USD 4, per month, conditional upon educational enrolment and the maintenance of 85% attendance. The overall monthly amount of the transfer varies between JMD 750 and JMD 1,265 according to the characteristics of the beneficiaries. 3) Beneficiaries who complete secondary education and enroll in higher education are entitled to receive a transfer of JMD 15,000, or USD 15. PATH also provides basic non-conditional cash transfers of USD 4 to families who enroll in the programme, but fail to meet the conditions. Eligible children are identified according to a proxy means test, interview and home visit. Beneficiaries of PATH almost doubled from 178,869 children in 2005 to 307,000 in 2009.

The Government of Jamaica embarked on social security reforms in the 1990s in an effort to improve the quality of life for vulnerable groups. These reforms resulted in the restructuring of Jamaica's former Food Stamp Programme, Poor Relief Programme and Public Assistance Programme into one less fragmented approach, known as PATH. The merger of these programmes resulted in administrative challenges that were necessary to overcome in order to provide social security for children with reduced implementation costs. These important investments allow Jamaica's poorest children to attend school and access healthcare and represent a fundamental move toward basic social protection for children in Jamaica.

Peru's Legal Framework for the Rights to Health Care

Peru currently has a life expectancy of 77 years, and since the 1990s the under-five mortality rate has decreased by 76% from 1990 to 2011. While this improvement in mortality is encouraging, out of pocket expenditures on health care in Peru are relatively high, accounting for 87% of health expenditures in 2011. In order to build on this progress and improve access to health case, the Government of the Republic of Peru adopted provisions in the 1993 Constitution that ensure the right to health care services for all.

Article 9 of the Constitution of the Republic of Peru identifies the State as the main provider of health care and ensures that "the State determines the health policy … [and] is responsible for the pluralistic and decentralised implementation to facilitate access to healthcare for everyone". Article 6 adds "the State guarantees free access to health services;" and, Article 7 stipulates, "everyone has the right to protection of their health." Constitutional provisions in Peru were complimented by legal provisions for universal health care in 2009 through the Universal Health Insurance law, which entitles all Peruvian citizens to a basic package of health benefits and guarantees equal access to quality care. The law provides the framework for a mixed contributory and fully subsidized scheme through both State and private insurance coverage. Universal Health Insurance passed in 2010 (Law Nº 29344 DS Nº 008-2010-SA) compliments 2009 legislation aiming to improve quality and timing of health care provisions, especially for children and poor persons to protect them against permanent economic costs due to illness.

Consensus on health policy in Peru was built through consultative dialogue in the legislature between 2006 and 2010. Through this political process, Peru defined a shared plan of action in 2007, Plan Nacional Concertado de Salud, to move toward equal and universal health coverage leading to a strong legal framework increasing access to health care. Through this process the Government of the Republic of Peru has acted boldly to uphold equality and ensure that constitutional and legal provisions for social services form strong legal foundations for the creation social protection floor.

Uruguay's Pension System

Uruguay's residents over the age of 65 represent approximately 14% of the population and, according to ECLAC, experienced a relatively low incidence of poverty at approximately 3% in 2003. This low incidence of poverty has been maintained through a non-contributory pension scheme, or Pensiones No-Contributivas, introduced by the Government of the Oriental Republic of Uruguay in 1995. The pension scheme is managed by the Banco de Previsión Social (BPS) and aims to maintain low incidence of poverty and vulnerability among older and disabled persons.

In Uruguay, older persons can be eligible for two pension schemes: a non-contributory scheme, and a mandatory individual pension savings scheme. The individual savings scheme is mandatory for individuals with earnings equivalent to UPS 24,709, or USD 1,116, per month or more and optional to all others. The non-contributory scheme is available to all Uruguayans over the age of 70 who have resided in Uruguay for at least 15 years and require financial assistance in order to meet a minimum standard of living. The non-contributory scheme entitles eligible older and disabled persons to a monthly cash benefit of USD 135. Eligibility for persons with disabilities is determined by their disability and also requires residency in Uruguay for a period of 15 years. According to the OECD, the non-contributory and disability pensions covered 66,118 Uruguayans on average from 2002 to 2006, including 10% of those under the mandatory scheme and 14% of the older population in total. Uruguay has a separate pension system that covers bank employees, professionals, the armed forces and the police.

Uruguay's non-contributory pension scheme is based on a long history of national pensions, which have been implemented since 1919. Uruguay's approach to income security for older persons follows a mixed approach with a means-tested system that co-exists with contributory schemes targeted at those with higher earnings and could move toward a more integrated system in order to address gaps in coverage. While challenges remain Uruguay's pension system displays strong political will toward income security for older persons.

Venezuela's Legal Framework for People of Working-Age

Persons of working-age made up 65% of the population in Venezuela in 2010. The Government of the Bolivarian Republic of Venezuela has a strong history of protecting the rights of its large workforce through legal provisions dating back to the 1940s. In 1999 lawmakers once again took steps to ensure the rights of working-age groups through guaranteeing access to income security through provisions in the 1999 Constitution of the Bolivarian Republic of Venezuela.

Article 86, of the Constitution of the Bolivarian Republic of Venezuela entitles, "all persons to social security as a nonprofit public service to guarantee health and protection … [also during] unemployment … [and that] the State has the obligation and responsibility of … creating a universal and complete social security system." Article 87 outlines that "measures tending to guarantee the exercise of the labour rights of self employed persons shall be adopted by law". Constitutional provisions are supported by a legal framework adopted in 2002 through the Social Security Organic Law, which requires the redistribution of income for social security and, mandates the State's role in the provision of financial assistance for working-age groups during unemployment. This law was first implemented in 2005 and has been extended to those in the informal sector.

Progress toward greater social security in Venezuela dates back to the 1940s with the establishment of the Venezuelan Institute of Social Security and the Law of Mandatory Social Insurance. The foundations for a strong legal framework were further laid in 1999 through the adoption of a renewed constitution that upholds the rights of all to the provision of social security by the State. This rights-based approach represents the Government of the Bolivarian Republic of Venezuela's strong commitment to social protection and the creation of a social protection floor.

ESCAP

Armenia's Unemployment Insurance

Armenia's working-age groups represent approximately 44% of the total population and experienced a relatively high unemployment rate at approximately 28% in 2008. The Government of the Republic of Armenia has implemented active labour market programmes and unemployment benefits as part of its Unemployment Insurance (UI) scheme since 1991. The UI has been designed to promote employment through capacity building programmes and provides financial support to unemployed persons. Armenia's UI is administered by the State Social Security Service and the State Employment Service Agency.

Armenia's UI is a contributory scheme compulsory for those in the public and formal private sectors, and the self-employed. The UI is financed through contributions set at 3% of the employee's monthly earnings and up to a maximum of 15% for those who are self-employed. In order to qualify for benefits, the claimant must be unemployed as a result of enterprise reorganisation, staff reduction or the cancellation of a collective agreement. To be eligible claimants must have made contributions for at least 12 months before unemployment, or must be actively searching for employment after a period of lengthy unemployment. First time jobseekers are also eligible for the UI. Those who do not qualify for the monthly payment remain eligible for the capacity building programmes available within the UI scheme. Those eligible for the monthly unemployment benefit are entitled to receive a monthly payment of AMD 18,000, or USD 49, for a minimum of 6 months and a maximum of 12 months. The UI also includes a scheme to assist employers with the hire of persons who are, 1) unemployed with at least 35 years of contributions to UI who have not reached the age of retirement, 2) unemployed for more than three years, 3) returning from corrective or medical institutions, 4) returning from compulsory military service, 5) disabled, 6) refugees; or, 7) 16 years of age and newly eligible to work. Employers who hire these groups are eligible to receive a benefit of 50% of minimum wage in order to subsidise the employee's salary. The UI also includes financial support and capacity building programmes for the unemployed or disabled persons who wish to start their own business. Armenia also offers a Paid Public Works program as a temporary public employment for the community available for 3 months to jobseekers and the disabled.

Armenia's active labour policy and UI is supported by a strong legal framework enhanced in 2005 through the adoption of the Law on Employment of the Population and Social Protection in Case of Unemployment, which requires labour policy to be regulated by the Constitution, the Labour Code, the Civil Code and other legislative acts, as well as international treaties. As such, Armenia's UI scheme supports an inclusive labour policy and forms an essential part of the national social protection floor through the provision of basic income security to working-age groups.

Bangladesh's Cash Transfer for Children

According to UNICEF, approximately 90% of children were enrolled in primary school in Bangladesh in 2009. In 1999 the Government of Bangladesh launched a conditional cash transfer scheme, the Stipend for Primary Students (PESP), in order to provide assistance to the poor to meet their nutritional and education needs and break the intergenerational poverty cycle. The Ministry of Primary and Mass Education (MOPME) operates the scheme with a budget of approximately BDT 39 billions, or USD 500 million, allocated to conditional cash transfers targeting children through 65,051 primary schools in 3208 unions of the country.

The PESP provides eligible families with BDT 100, or USD 1.30 USD, per student per month and BDT 125, or USD 1.60, for each additional student in the same family. These conditional cash transfers are made available to eligible families, such as those headed by single mothers, widows, day-laborers, families of low-income rural professional groups (fishermen, weavers, potters, carpenters, cobblers, blacksmiths etc.), families of autistic students, and families of vulnerable ethnic communities. In order to qualify for the stipend, selected students must maintain 85% monthly school attendance and achieve grades of at least 50% on the annual exam. To continue to participate in the program, a school must demonstrate at least 60 % student attendance, and 10% of its grade 5 students must sit for the Primary School Scholarship Exam. The PESP reaches approximately 7.8 million students from the poorest households who are enrolled in eligible primary schools throughout the rural areas of Bangladesh. The PESP reaches 90% of primary school students in rural areas identified as having the highest poverty rate.

The PESP in Bangladesh compliments free and compulsory primary education enacted in 1990; however, not all children have been able to attend due to financial and other restrictions. The PESP has been introduced in order to increase enrollment rates, reduce drop-out rates and increase literacy. Targeted schemes such as the PESP, which compliment more universal schemes, represent an important step in moving toward the social protection floor and ensuring that universal schemes remain equally accessible to populations facing vulnerability.

China's Health Care System

Between 2008 and 2011 China's infant mortality rate decreased by 22%. This improvement has been realised in part through efforts by the Government of the People's Republic of China to scale up access to health care with the introduction of several new insurance based schemes between 1998 and 2007. These schemes have been designed to target both urban and rural residents through tailored programming in order to make health care more accessible to all citizens of China. China's health care schemes are implemented by the Ministry of Civil Affairs, the Ministry of Human Resources and Social Security, and the National Health and Family Commission through a network of more than 14,000 hospitals.

China's health care system consists of a series of targeted schemes, which together, are designed to reach the entire population. Public sector employees are covered under the Public Free Medical Service, which is a non-contributory scheme covering 100% of medical costs established in 1952. Those employed in the formal sector in urban areas are covered under the Basic Medical Insurance for Urban Workers scheme (BMIUW). BMIUW is a contributory scheme requiring 6% contributions from employers and 2% contributions from employees and covers approximately 64% of medical costs for claimants. Unemployed urban residents are eligible for coverage under the Social Medical Insurance for Urban Residents (MIUR) scheme, which provides coverage at approximately 50% of medical expenses on the basis of minimal contributions. Further, low income urban residents can access health care under the Medical Assistance for Urban Resident's (MAUR) scheme, a non contributory scheme introduced in 2005 to provide subsidies to contribute to MIUR or receive direct assistance. Rural residents of China are covered under separate schemes, the New Co-operative Medical Scheme (NCMS) launched in 2003 to make health care more accessible on a minimal contributory basis and covers approximately 50% of the claimants health care expenditures. This scheme is complimented by the Medical Assistance for Rural Residents scheme, which is structured much like the MAUR and provides rural residents with a subsidy to join the NCMS, or receive direct assistance. Together China's targeted health care schemes reached approximately 95% of the population in 2011.

China's health care policies date back to 1949 with the introduction of a limited public health care system. This health care system has undergone several reforms, with the latest in 2007, in order to meet the needs of a large population. While much progress has been realised, some challenge still remains in moving toward a more integrated approach, which could increase coverage and reduce administrative costs. Nonetheless, China's health insurance schemes reach a large portion of the population and are an important step in moving toward the social protection floor.

China's Legal Framework for the Rights of the Child

In 2011 China reached a gross primary school enrolment over 100%. Highly accessible primary education in China is supported by constitutional provisions adopted by the Government of the People's Republic of China in 1982, which outlines the rights of all children to free and compulsory primary education.

Article 19 of the 1982 Constitution of the People's Republic of China stipulates that "the state develops socialist educational undertakings and works to raise the scientific and cultural level of the whole nation. The state runs schools of various types, makes primary education compulsory and universal, develops secondary, vocational and higher education and promotes pre-school education. Article 46 further states that "citizens of the People's Republic of China have the duty as well as the right to receive education. The state promotes the all-round moral, intellectual and physical development of children and young people." These constitutional provisions have been reinforced with the passing of the Education Law of the People's Republic of China in 1995, which requires the implementation of a nine year compulsory primary education system that is inclusive of all children, "regardless of their nationality, race, sex, occupation, property or religious belief." China's legal framework has resulted in the implementation of compulsory education from grade one to grade nine.

China's legal framework upholding the rights of the child to free and compulsory education has been achieved through a State-led approach dating back to the late 1980s with the first Nine-Year Compulsory Education Law. Education reforms have since strengthened the legal framework to ensure the rights of vulnerable groups and ensure access to primary education for all children.

Fiji's National Provident Fund

In the Republic of Fiji 5% of the total population is over the age of 65 and by 2025 this group will represent 10% of the population. In 2011 the Government of the Republic of Fiji adopted a reform of the mandatory pension insurance provided by the Fiji National Provident Fund (FNPF) in order to promote income security among older persons. The FNPF Decree was promulgated in November 2011, introducing major structural changes to the Fiji National Provident Fund administered by the Board of the Fund. Pensions and annuities are provided by the Retirement Income Fund (RIF), a separate fund with the FNPF established to provide life pensions and term annuities.

The mandatory contributions to the FNPF are made by workers between 15 and 55 years of age having worked at least for 12 days, including expatriate employees and employers. The employer and the employee contribute each 8 % of salary to the workers' individual accounts. The retirement age is set at 55 years of age for both men and women. Members are eligible to withdraw their funds once they reach 55 years of age, with the options of taking full pension, part pension and part lump sum payments. The minimum pension is set at FJD 100, or USD 53, per month. In 2011, 7,686 applications were approved for lump sum payment totaling FJD 120.7 million, or an average of approximately USD 8,400 per person. As of June 2011, the FNPF had 302,729 contributors and 11,468 pensioners constituting 13% of the older persons aged 65 and above in Fiji. The FNPF also provides voluntary pension scheme available to students, self-employed workers and domestic workers aged 15 years of age and above, however their contributions are limited to FJD 7, or USD 4, per month. Foreign workers registered as FNPF members are eligible to the same benefits.

The Republic of Fiji's pension system has undergone major structural changes since the establishment of the FNPF in 1966 under the FNPF Act. Over the years the Act has been amended to address the changing needs of older persons with the introduction of the pension scheme in 1975 and the review of the scheme in 1999 and 2011. Nonetheless, some challenge still remains in meeting the needs of the migrant workers; however, investments in income security, such as Fiji's pension system, are essential steps toward creating a social protection floor to ensure that all in need have access to basic income security.

India's Rural Employment Guarantee

In India approximately 73% of the poor and 77% of the workforce live in rural areas and experience an average of 104 days of unemployment per year. In order to address rural poverty and unemployment the Government of the Republic of India introduced the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) in 2005. MGNREGA provides for the enhancement of livelihood security of the households in rural areas by providing at least one hundred days of guaranteed wage employment every year to every household. The Ministry of Rural Development implements the scheme in 619 districts throughout India in order to achieve more sustainable livelihoods for working-age men and women in rural areas.

The act entitles working-age members of rural households the right to request up to 100 days of unskilled wage employment from village-level authorities with full funding support from the Government of India. MGNREGA ensures that employment is provided within 15 days of demand, within a five kilometre radius of the village; otherwise, the scheme provides transportation and 10% extra wages, which are currently INR 135, or USD 2.25, per day. Employment is organised by the government with activities ranging from infrastructure development to natural conservation. If employment is not provided within 15 days an unemployment allowance is granted by state-level authorities. In 2010-2011 MGNREGA provided income security to more than 55 million households.

MGNREGA belongs to a long history of income security programmes in India and was realised at a time of consensus building for the rights-based approach which also catalysed the formulation of the Right to Information Act in 2005. While the programme has impacted many lives, local authorities have experienced challenges in keeping up with high demand for job cards. Nonetheless, schemes such as MGNREGA, are essential in building India’s social protection floor to ensure that all in need have access to basic income security, including all permanent and temporary residents and registered migrants.

Indonesia's Legal Framework for Health Care

In Indonesia out of pocket expenditures on health, as a percentage of private expenditure, reached 76% in 2011. In 2002 the Government of Republic of Indonesia made fundamental steps to address barriers to health care through amendments to the 1945 Constitution. As a result, the 1945 Constitution of the Republic of Indonesia now recognizes the right to social security and the responsibility of the State in ensuring access to essential health care for all.

Article 28H of the Constitution of Indonesia states that “every person shall have the right to live in physical and spiritual prosperity, to have a home and to enjoy a good and healthy environment, and shall have the right to obtain medical care.” This constitutional provision has encouraged legislative milestones in the progressive implementation of the National Social Security Law (Law No.40/2004), which mandates the extension of social protection to the whole population with entitlements to healthcare. The Law follows a staircase approach prescribing non-contributory schemes for the poor, contributory schemes for the self-employed and statutory schemes for formal sector workers. While this law has not yet been implemented, a universal health insurance scheme is expected to start in 2014 under the Law on Health Social Security Providers, which has transformed four state-owned insurance companies into non-profit public entities.

Constitutional enhancements toward social protection in Indonesia were realised through an inclusive and open constitutional debate in which the public were invited to participate in the People’s Consultative Assembly, between 1999 and 2002. Based on these constitutional provisions, the Government of the Republic of Indonesia has been given a strong mandate to provide access to effective and accessible health care. Through this process lawmakers in Indonesia have acted boldly to uphold equality and ensure that constitutional and legal provisions for health care form strong legal foundations for the creation of a social protection floor.

Indonesia's Legal Framework for Older Persons

Older persons make up 6% of the population in Indonesia and face vulnerability with limited access to income security. In 2002 the Government of Republic Indonesia took fundamental steps toward improved income security for older persons through amendments to the 1945 Constitution. As such, the 1945 Constitution of the Republic of Indonesia now recognizes the right to social security and the responsibility of the State in ensuring sufficient income security for all older persons.

Article 28H of the Constitution of Indonesia addresses the needs of older persons with a provision, stating that “every person shall have the right to live in physical and spiritual prosperity, to have a home and to enjoy a good and healthy environment … [and] have the right to social security in order to develop oneself fully as a dignified human being.” This constitutional provision has encouraged legislative milestones in the progressive implementation of the National Social Security Law (Law No.40/2004), which mandates the extension of social protection to the whole population and entitles older persons to a basic pension. The Law follows a staircase approach with non-contributory schemes for the poor, contributory schemes for self-employed and statutory schemes for formal sector workers.

Constitutional enhancements toward social protection in Indonesia were realised through an inclusive and open constitutional debate, inviting the public to participate in the People’s Consultative Assembly between 1999 and 2002. Based on these consultations and resulting constitutional provisions, the Government of the Republic of Indonesia now has a strong mandate to provide basic income security for older persons. Through this process lawmakers in Indonesia have acted boldly to uphold equality and ensure that constitutional and legal provisions for income security form strong legal foundations for the creation of a social protection floor.

Indonesia's Legal Framework for Persons of Working-Age

In 2012 Indonesia's working-age group made up 66% of the population. In 2002 the Government of Republic Indonesia took fundamental steps toward improved income security for this important group through amendments to the 1945 Constitution. As such, the 1945 Constitution of the Republic of Indonesia now recognizes the right to social security and the responsibility of the State in ensuring sufficient income security for all persons of working-age.

Article 28H of the Constitution of Indonesia guarantees income security for working-age persons in stating that "every person shall have the right to live in physical and spiritual prosperity, to have a home and to enjoy a good and healthy environment … [and] have the right to social security in order to develop oneself fully as a dignified human being." This constitutional provision has encouraged legislative milestones in the progressive implementation of the National Social Security Law (Law No.40/2004), which mandates the extension of social protection to the whole population and makes specific entitlements for work injury and in cases of death of the breadwinner. The Law follows a staircase approach with non-contributory schemes for the poor, contributory schemes for self-employed and statutory schemes for formal sector workers. Constitutional provisions have also resulted in the Law on Workers' Social Security Providers, which has transformed four state-owned insurance companies into non-profit public entities which will implement schemes targeting the poorest and most vulnerable populations starting in 2015.

Constitutional enhancements toward social protection in Indonesia were realised through an inclusive and open constitutional debate, inviting the public to participate in the People's Consultative Assembly between 1999 and 2002. Based on the resulting constitutional provisions, the Government of the Republic of Indonesia now has a strong mandate to provide basic income security for persons of working-age. Through this process lawmakers in Indonesia have acted boldly to uphold equality and ensure that constitutional and legal provisions for income security form strong legal foundations for the creation of a social protection floor.

Iran's Primary Health Care Network

Between 1994 and 2011 the under-five mortality rate decreased by 52% in Iran. This progress has been achieved through the Government of the Islamic Republic of Iran's strong commitment to improved public health. In 1979 Iran introduced the Primary Health Care Network (PHCN) in order to provide free access to basic health care services at the district and village level. The Ministry of Health and Medical Education (MOHME) manages Iran's health care system through a network of 17,000 'health houses', 2,200 rural health centres and 730 hospitals and clinics.

The PHCN provides basic health care services, including vaccinations and maternal and child health for all in target communities. The PHCN is complimented by two comprehensive health insurance schemes designed to provide higher levels of coverage to eligible claimants. The Medical Service Insurance Organisation (MSIO) offers contributory health insurance to the public sector, students and those in rural areas not covered under other schemes. The MSIO provides full coverage for all services not covered under PHCN, including diagnostic services, treatment of illness and disease and emergency services. The Social Security Organisation (SSO) operates a compulsory and contributory insurance scheme for the formal sector and the self-employed with contributions at 7% by the employee, 20% by the employer and 3% by the government. The SSO reaches 36% of the population and provides full coverage at a network of 27 hospitals and 260 clinics, and access to State hospitals with 10% of the cost shared by the claimant. Together the MSIO and SSO schemes provided coverage to 90% of the population in 2010.

The Government of Iran has achieved substantial progress in expanding social services through targeted health care schemes over the past three decades. These achievements were strengthened with legal provisions through the Public Health Insurance Law passed in 1995 in an attempt to further promote equality in coverage to all, including rural and indigenous peoples. Iran's comprehensive healthcare system represents a strong investment in public health and is an essential step toward the creation of a social protection floor.

The Republic of Korea's Employment Insurance System

In the Republic of Korea persons of working-age make up 73% of the total population and experience a relatively low unemployment rate at approximately 3.3%. In order to maintain income security for this large group, the Government of the Republic of Korea has been implementing active labour market programmes as part of its Employment Insurance System (EIS) since 1995. The EIS upholds the 1993 Employment Insurance Law and promotes employment, vocational competency and provides financial support and re-employment assistance for unemployed persons. The Republic of Korea's Ministry of Employment and Labour is responsible for managing the EIS.

Income security schemes of the EIS are accessible to all businesses in the formal and informal sector with one or more employees. The EIS is comprised of three main programmes, the Employment Stabilisation Programme, the Vocational Competency Development Programme and the Unemployment Benefit Programme; maternity and childcare benefits are also available. The Unemployment Benefit is available to all residents who have contributed for one year and provides job-seeking allowances that aim to stabilize living conditions and employment promotion allowances that promote early reemployment. Under the EIS eligible working-age residents are entitled to receive 50% of their average salary, six months prior to unemployment, for a period up to six months. Further support calculated at 70% of their unemployment benefit is available for: 1) up to two years for job seekers who have been ordered to enroll in vocational training, 2) up to six moths for claimants in difficult family and livelihood situations; and, 3) up to six months for claimants who did not find reemployment after six months and face difficult reemployment situations. The EIS currently provides 80% of regular workers in the Republic of Korea with access to capacity building and income security during unemployment.

The Republic of Korea's EIS has emerged from a national debate that began at the end of the 1960s followed by formal debate in the upper levels of government in the early 1980s. Concerns over the increasing financial burden to businesses caused delays in the launch of the EIS; however, in practice the system has helped build a strong work force and stabilize the market during times of economic instability. Investments in income security, like the EIS, form an important part of the Republic of Korea's social protection floor and protect fundamental rights of the working-age population.

The Maldives Old Age Pension

In 2012 older persons made up 5% of the population of Maldives, and by 2050 those aged 65 years and over will grow to represent 10% of the total population. In an effort to provide access to income security for the growing number of older persons, the Government of the Republic of Maldives introduced two pension schemes in 2010, namely the Maldives Old-Age Basic Pension (MOABP) and the Maldives Retirement Pension Scheme (MRPS). The Maldives Pension Administration Office administers the MOABP and is responsible for investing contributions to manage the MRPS.

The MOABP is a non-contributory and universal pension scheme available to all citizens of at least 65 years of age who do not collect other pension income exceeding twice the amount of the basic pension. The initial pension level is set at MVR 2,000, or US 156, per month, which is reviewed periodically. The MOABP is designed to compliment MRPS, which is a mandatory contributory scheme for all public and formal sector workers and voluntary for all informal sector workers, and can also be applied to migrant workers. The MRPS is funded by a total contribution of 14 percent of salary split evenly between employers and employees. Workers can begin claiming the pension as early as 55 years of age, provided they have sufficient funds in their accounts to provide a monthly annuity that is at least twice the amount of the MOABP. While the MOABP provides coverage to nearly 100% of the population, the MRPS reaches 100% of the public sector and more than 70% of the private sector.

Before the introduction of these schemes only public sector employees had access to income security; however, coverage became available to all Maldivians with the passing of the Pension Act in 2009. Investments, such as the MOABP and MRPS, create part of the social protection floor in the Maldives and are essential in ensuring equal access to income security for older persons.

Pakistan's Legal Framework for the Rights of Children

In 2012, children made up 34% of the total population of Pakistan and 72% were enrolled in primary education. In order to address this gap, in 2010 the Government of the Islamic Republic of Pakistan adopted amendments to the 1973 Constitution extending the right to social security for all children.

Article 25A of the Constitution of the Islamic Republic of Pakistan addresses the rights of boys and girls, and stipulates that, “the State shall provide free and compulsory education to all children of the age of five to sixteen years in such a manner as may be determined by law.” This constitutional provision was reinforced by The Right to Free and Compulsory Education Act, passed by the National Assembly in 2012. This Act outlines the responsibility of the State to establish schools and cover all financial costs in providing equal access to education for both boys and girls. This Act also stipulates the medical and dental inspection of children, enabling the State to more closely monitor the health of boys and girls throughout Pakistan.

Pakistan’s legal framework for free and compulsory education was realised through consensus in the National Assembly, moving toward a rights-based approach. Based on this consensus, the Government of the Islamic Republic of Pakistan has given itself a strong mandate to provide free and compulsory education to all children regardless of gender and residency status. Through this process lawmakers in Pakistan have acted boldly to uphold equality and ensure that constitutional and legal provisions upholding the rights of the child form strong legal foundations for the creation of a social protection floor.

The Philippines' Conditional Cash Transfer for Children

In 2012 children made up approximately 35% of the population of the Philippines. According to the World Bank, 88% of these children attended primary school in 2009. In 2008 the Government of the Republic of the Philippines launched the*Pantawid Pamilya Pilipino Program*, popularly known as the 4Ps, to alleviate the immediate needs of the poor and break the intergenerational poverty cycle through investment in human capital targeting children. The Department of Social Welfare and Development (DSWD) operates the scheme with a budget of approximately US$500 million allocated to conditional cash transfers designed to meet the health, nutrition and education needs of vulnerable families.

The 4Ps provides eligible families with USD 140 a year per household for health and nutrition expenses and USD 70 per child for educational expenses, for up to three children per household. These conditional cash transfers are made available to eligible families living below provincial poverty thresholds in the poorest municipalities with children up to 14 years of age. Recipients of the cash transfer programme accept six child focused conditions: 1) children aged 3 to 5 must attend day-care or preschool at least 85% of the time, 2) children aged 6 to14 must enroll in school and attend at least 85% of the time, 3) pregnant women must receive pre- and post-natal care and give birth with a medical professional, 4) parents must attend family development seminars, 5) children aged 0 to 5 must receive regular health checks and vaccines; and, 6) children aged 6 to 14 must receive de-worming pills twice a year. In 2012 the programme reached over 3 million registered households in 1,261 municipalities nationwide.

The 4Ps began as a five-year pilot programme in 2007 after DSWD evaluated similar programmes in Latin America in its effort to replace previous mechanisms found to be ineffective in targeting the poor. Promoting sustainable success, the DSWD maintains standardised non-discretionary selection of beneficiaries, avoiding challenges posed by subjective selection or patronage. Investments in children, such as the 4Ps, illustrate a strong commitment in moving toward more broad and robust social protection coverage for children in the Philippines.

Russian Federation's Pension Fund

In the Russian Federation 18% of the total population is over the age of 60 and by 2050 this group will represent 36% of the population. In 2002 the Government of the Russian Federation adopted a system of mandatory pension insurance in order to promote income security for the growing number of older persons. The Pension Fund of the Russian Federation (PFRF) is responsible for the administration of the pension insurance system and operates eight federal offices, 81 territorial branches and 2,500 regional administrations to effectively deliver services to the public.

The PFRF administers three types of pensions; an obligatory pension insurance, a state pension support programme and a non-state pension insurance. Under the PFRF, a system of Labour Pensions provide coverage for women over 55 and men over 60 through the Old Age Labour Pension, while other groups are covered under the Disability Labour Pension and a Survivor's Labour Pension. In addition, the State Pension Security (SPS) provides a pension for those not covered under other pensions, including women over 50 and men over 55 who belong to indigenous groups. This pension is also open to all women over the age of 55 and men over the age of 60 who do not have access to other pension schemes. The SPS provides an average of RUB 4,731, or USD 144, per month and reached approximately 50 million claimants in 2009. Other schemes under the system of Labour Pensions covered a total of 38 million retirees.

Russian Federation's pension system has undergone major structural changes in recent years, moving from one publicly managed system to a multi-pillar pension system for more targeted coverage. Nonetheless, some challenge still remains in meeting the needs of the informal sector and migrant workers; however, investments in income security, such as the Russian Federation's pension system, are essential steps toward creating a social protection floor to ensure that all in need have access to basic income security.

Samoa's Senior Citizen's Benefit Scheme

In 2012 older persons in Samoa made up 5% of the total population and by 2050 will represent approximately 10% of the population. In an effort to provide access to effective income security for older persons, the Government of the Independent State of Samoa introduced the Samoa Senior Citizens Benefit Scheme (SCBS) in 1990. The SCBS complements the 1972 Samoa National Provident Fund (SNPF) scheme covering those in the formal sector. The Board of the Samoa National Provident Fund administers both schemes.

The Senior Citizens Benefit Scheme (SCBS) is a non-contributory pension programme available to all citizens and permanent residents of 65 years of age or above. Citizens receive a pension amounting up to WST 125, or USD 52, per month, which is approximately 20% of average income and about 247% of international poverty line. In 2010 8,700 older persons in Samoa received the SCBS. In addition to the SCBS, it is mandatory for those in the formal sector and household workers to contribute to the SNPF scheme, which remains voluntary for those in the informal sector. Contributions to SNPF consist of 10% of the employee's gross salary, with contributions of 5% from the employee and 5% from the employer. Those eligible can begin claiming the pension at 55 years of age and are given the option to withdraw all or a portion of their contributions made to the SNPF. Currently the SCBS and the SNPF reaches approximately 71% of those aged 60 years ore more. Claimants of both pensions also receive a Pension Identification card providing access to free medication from the Ministry of Health and the ability to move freely between islands in Samoa.

Before implementation of the SCBS and SNPF only public sector employees had access to income security schemes; however, coverage became available to all Samoans with the passing of the National Provident Fund Amended Act 1990. While the schemes have encountered some challenges in meeting the needs of the informal sector and migrant workers, these investments nonetheless form an essential part of Samoa's social protection floor and ensure that all older persons receive income security to a nationally defined minimum level.

Singapore's Universal Primary Education

Singapore has achieved a youth literacy rate of 100% for both males and females and has reduced primary school dropout rates to less than 1%. These results correlate strongly with the Government of the Republic of Singapore's strong commitment to make primary education free and compulsory through the Compulsory Education Act passed in 2003. Through investments in universal primary education, the Government of Singapore aims to equip students with the necessary skills to be productive citizens in a knowledge-based economy. Universal education is administered by the Ministry of Education (MOE), which manages 133 schools and 33 institutions that receive government support.

Singapore's primary education system is compulsory for all children born after 1996 who are 6 years of age and above. Singapore's compulsory education maintains a ratio of 18.6 students per teacher and charges a monthly fee of SGD 6.50, or USD 5.10 per student. In order to ensure affordability and equal access, the universal education system is complimented by an 'Edusave Scheme', which is a yearly cash transfer of SGD 200, or USD 158, for full-time students from poorer families who maintain good merit. In 2005 the Government of the Republic of Singapore also launched ComCare, an income support scheme that is implemented in partnership with community organizations to provide financial assistance to boys and girls from poor families, or with disabilities to meet educational expenses. Failing to enroll a child in primary education is recognized as a criminal offense in Singapore with a fine up to $5000 or up to 12 months imprisonment. More than 99% of children in Singapore currently attend the State's primary education facilities.

Singapore's educational system was restructured and strengthened to meet the demands of fast paced economic growth in the 1970s and 80s. Singapore has continued to make great strides in making education accessible for all and, in doing so, has fulfilled millennium development goal 2, achieving universal primary education before 2015. Singapore's compulsory education system makes a solid investment in the next generation and forms part of a social protection floor that is essential in ensuring the full potential of all in a knowledge-based economy.

Sri Lanka's Universal Education System

In 2011 100% of children in Sri Lanka completed primary school and 98% of youth were literate. These high rates of education have been achieved through the Government of the Socialist Republic of Sri Lanka's passing of the Compulsory Education Ordinance in 1997 resulting in the establishment of universal primary education. Free and compulsory primary education in Sri Lanka is implemented by the Ministry of Education (MOE), which manages 9,675 public schools.

In Sri Lanka the State provides free education at all levels, including primary, secondary and university levels and is compulsory for children between 5 and 13 years of age. After completing primary education, commencing at grade 9, the Ministry of Education strongly advises all students to continue with their education; however, offers students the option to enroll in an apprenticeship for technical work, or opt out to join agricultural activities or otherwise. Those who successfully complete secondary school up to grade 13 and then complete the Ordinary Level receive a General Certificate of Education. In 2000 approximately 4.2 million students attended public school and approximately 95,000 students attended private schools. In 2011 the Government introduced an initiative to make schooling more accessible to children whose parents work on plantations through investments in infrastructure. Further, the National Child Protection Authority is mandated to provide children of migrant workers and introduced a new National Policy on Labour Migration in 2009 which requires the registration and monitoring of all migrant children at the divisional level in order to provide support services and benefits to migrant families facing hardship.

Sri Lanka's educational reforms of 1997 support the country's move toward inclusive education. Education reform in Sri Lanka is also supported by the 1978 Constitution of the Socialist Republic of Sri Lanka, which promotes the eradication of illiteracy and the assurance of equal access to education at all levels. While universal education has been successful in Sri Lanka, the challenge of providing equal access to plantation enclaves remains a concern. Nonetheless, Sri Lanka's free and compulsory education system forms an important part of the national social protection floor and provides a platform to address the needs of children on plantations and the children of migrant workers.

Thailand's Universal Health Coverage Scheme

Between 2000 and 2011, Thailand's under-five mortality rate decreased by 37%. This progress has been realised in part through the Universal Health Coverage Scheme (UCS), which was introduced by the Royal Thai Government in 2001 to close gaps in coverage and ensure that all Thais have access to effective health care. The UCS is managed by the National Health Security Office and implemented by the Ministry of Public Health through a network of 953 hospitals and 9,762 health centres, reaching all sub-districts in the country.

The UCS targets Thai citizens who are not covered by the contributory Social Security Scheme (SSS), for the private formal sector and the Civil Service Medical Benefit Scheme (CSMBS), for the public sector. Package entitlements are comprehensive and include inpatient and outpatient care, rehabilitation and high cost medical treatment such as dental, diagnostics, medicines and medical supplies. In order to access these services citizens are required to register with local health authorities to receive a 'card for care' which provides free access to these services within local health jurisdiction; however, treatment farther from home can be accessed in accident and emergency situations free of charge. Thailand's three existing health care schemes together provide coverage to 99.5% of Thai citizens, with the CSMBS and SSS covering 7% and 12% of the population respectively, and the UCS reaching 80.5% as of 2011. Before the introduction of UCS in 2001, more than 25 percent of the Thai population was not covered for their health care expenses. The Royal Thai Government also administers programmes for registered migrants, granting access to public hospitals through a contributory insurance scheme.

Thailand's UCS is the product of a determined State effort to move toward broad coverage for the informal sector since the 1990s, and is the result of the merger of formerly fragmented schemes toward a more integrated approach. While the UCS has achieved great success, the scheme has confronted challenges in realising total quality assurance across geographical areas and equality between the three State health care schemes. Nonetheless, investments in social services, such as the UCS, form an essential part of Thailand's social protection floor, and ensure that all in need have access to health care.

Turkey's General Health Insurance

Between 2000 and 2011, Turkey's under-five mortality rate decreased by 55%. This progress has been realised in part through the General Health Insurance scheme (GHI) introduced by the Government of the Republic of Turkey in 2008 within the legal framework of the Social Security and Universal Health Insurance Law (2008), which was passed in order to provide healthcare coverage to the majority of the population. The Ministry of Health operates 843 hospitals and 6,463 health centres, allowing for effective implementation of the UHI, which is managed by the Social Security Institute.

The GHI is a non-contributory means-tested scheme that provides health coverage to all citizens and residents of Turkey. In order to be covered under the general health insurance scheme, a minimum contribution payment period of 30 days is required, with exemptions given to persons below the age of 18, pregnant women, people employed by the Social Security Institute, stateless persons, refugees, people with incomes below one third of the minimum national threshold, and people in receipt of social assistance payments. The GHI provides a comprehensive package and entitlements with reimbursement for a range of preventative, diagnostic, and curative services. Co-payment is required for physical examination, orthotics and prostheses, healing materials, medicines or fertility treatments. Public coverage has increased rapidly from 70% in 2002 to 83% in 2010. This coverage stands in great contrast to the situation in 2003, in which only 24% of the poorest groups were covered by health insurance; however, by 2011 85% of the poorest groups received health coverage.

The Republic of Turkey's GHI is the latest achievement in a health care coverage, which dates back to the 1990s when lawmakers first began extending coverage to the informal sector as part of the 10 year Health Transformation Programme. In 2003 the Government merged three separate health insurance schemes in an effort to move away from fragmentation and provide more comprehensive coverage through a streamlined approach. Investments in social services, such as GHI, are essential in building Turkey's social protection floor to ensure that all in need have access to essential healthcare.

Viet Nam's Old Age Pension

Between 1993 and 2009 Viet Nam's national poverty rate declined by 80%. However, older persons remained vulnerable to higher incidences of poverty at approximately 23% in 2004. With this vulnerability a growing concern, the Government of the Socialist Republic of Viet Nam adopted reforms to the social insurance system in 2007 and 2010 in order to extend coverage under the retirement pension scheme to the entire working-age population. The Viet Nam Social Security Agency administers social assistance for older persons including the Old-Age Grant (OAG).

Viet Nam's OAG is a non-contributory pension programme available to citizens of at least 60 years of age for men and at least 55 years of age for women, and is available to those who do not receive other old age pensions. The OAG entitles claimants to a lump sum based on the number of years of employment and their average monthly earnings. An additional social pension scheme provides citizens aged 80 years or more and citizens aged at least 60 years who live alone or do not have relatives to support them with a minimum benefit of VND 180,000, or USD 9.50 per month. As of 2011 the social pension scheme covered about 12% of the total elderly population. The OAG and the social pension scheme are designed to compliment a third Old Age Pension scheme, which is a mandatory contributory scheme for all public and private sector workers, including household workers, and is voluntary for all self-employed workers. This scheme is available to eligible men of at least 60 of age and eligible women of at least 55 years of age with a minimum of 20 years of contributions. The Old Age Pension scheme is funded by a total contribution of 20% of the employee's salary, split evenly between employers and employees. The minimum pension benefit is equal to the legal monthly minimum wage at VND 1,050,000, or USD 49. In 2007 approximately seven million people were covered by the compulsory pension scheme and 33 million people were not covered, representing a high growth potential for the expansion of compulsory coverage.

Before 1995 only public sector employees received old age income security through a fragmented system managed by several different agencies; however, coverage was extended to all Vietnamese in 2007 through a more comprehensive system. Reforming the pension system in Viet Nam continues to confront challenges in meeting the needs of the informal sector and migrant workers. Nonetheless, these steps to standardise the pension system and make it more widely available still represent an important investment in the national social protection floor and ensure that increasing numbers of older persons in Viet Nam have access to basic income security.

ESCWA

Bahrain's Unemployment Insurance Scheme

Bahrain experienced an unemployment rate of 3.8 % in 2013, with youth and women the most affected. In order to provide income security to these groups, the Government of the Kingdom of Bahrain launched a national Unemployment Insurance Scheme (UIS) in 2007. Bahrain's UIS is supported by a strong legal framework (Law on Insurance Against Unemployment No. 78/2006) and is designed to provide basic income security for all working-age Bahraini residents and citizens. The Ministry of Labour oversees implementation of the UIS, administers registration and runs employment and training courses, while the General Organization for Social Insurance disburses payment of compensation.

The UIS is a mandatory contributory scheme and covers all Bahraini's and foreign nationals employed in Bahrain's formal and informal sectors. The scheme is financed by contributions of 3% of employee wages shared evenly between the employee, the employer and the government. Benefits within the UIS consist of two types, an Unemployment Aid Benefit and the Compensation Benefit. The Unemployment Aid Benefit is available to first-time jobseekers and provides a monthly payment of BHD 150, or USD 398, to new university graduates and BHD 120, or USD 318, to others for a maximum of six months. The Compensation Benefit is available to unemployed persons and consists of a monthly benefit calculated at 60% of the insured salary down to a minimum of BHD 150, up to a maximum of BHD 500, or USD 1,326, payable for a period of up to 6 months. In addition to the monthly benefit, the UIS provides job-matching, career guidance and training services. The UIS has assisted more than 6,000 jobseekers find employment since its inauguration in 2007.

The Government of Bahrain has adopted an active employment policy since the implementation of the employment schemes in 2006 and the current UIS in 2007. Bahrain's UIS creates part of a national social protection floor that is essential in providing basic income security for working age groups.

Egypt's Old Age Pension

In Egypt, the share of population aged 65 or older is projected to increase from 4.6% in 2010 to 13.1% in 2050, thus placing higher demands on the existing pension system. In 2013 the Government of the Arab Republic of Egypt reformed its pension system, introducing the new Old Age Pension (OAP) scheme to more effectively provide basic income security to older persons. The pension scheme is administered by the National Organisation for Social Insurance (NOSI), which administers funds and benefits to claimants.

Egypt's new OAP consists of both contributory and non-contributory schemes. The contributory scheme is available to all residents aged 65 and above who have made contributions. Reforms in 2013 lowered contribution rates to 30.5%, of which 19.5% is paid by the employer and 11% by the employee. Relatively high contributions are rewarded with very high monthly pension benefits equal to 75-88% of the claimant's last net salary before retirement, disability or death, calculated based on length of contributions. The non-contributory scheme is available to all Egyptians aged 65 and above who reside in Egypt and do not receive any other income or pension from the State. Those eligible for the non-contributory scheme receive monthly payments equal to 18% of the after-tax national salary. Before reforms 80% of the work force was enrolled in the OAP and in 2012, Egypt's social security system covered 25 million residents.

Egypt's pension system dates back to 1975 with the passing of the Social Insurance Law No. 79 and has, over time, been reformed in order to increase the level and extent of coverage. The new OAP has been realised through the merger of two separate schemes, one for the formal sector and another that targeted the informal sector. The OAP thus moves toward an integrated approach and forms a fundamental part of Egypt's social protection floor providing essential income security for older persons.

Iraq's Legal Framework for the Right to Health Care

In 1989, health care reached approximately 97% of the urban and 79% of the rural population in Iraq. However, in 2005 out-of-pocket health expenditure as percentage of total expenditure on health reached 98.3%. In 2005 the Government of the Republic of Iraq also adopted a new constitution, which addresses these limitations and grants the right to health care to all citizens. Since the adoption of the Constitution in 2005, out-of-pocket health expenditure decreased by 80% in 2011.

Article 30 of the 2005 Constitution of the Republic of Iraq states that “[t]he State shall guarantee social and health security to Iraqis in cases of old age, sickness, employment disability, homelessness, orphanhood, or unemployment; shall work to protect them from ignorance, fear and poverty, and shall provide them housing and special programs of care and rehabilitation, and this shall be regulated by law”. Article 31 further stipulates that “Every citizen has the right to health care. The State shall maintain public health and provide the means of prevention and treatment by building different types of hospitals and health institutions”. These constitutional provisions aimed to build a legal framework to strengthen the existing primary health care (PHC) system, which sustained serious damage and deterioration throughout the war and requires urgent rehabilitation.

The 2005 Constitution of the Republic of Iraq was drafted in 2005 by members of the Iraqi Constitution Drafting Committee to replace the Law of Administration for the State of Iraq for the Transitional Period and was approved by referendum. Constitutional provisions guaranteeing the right to health care reinforced the need for the establishment of a national universal health care system. Through this process the Government of the Republic of Iraq has acted to uphold equality and ensure that constitutional provisions for social security form strong legal foundations for the creation of a social protection floor.

Jordan's Free and Compulsory Primary Education

Primary school enrollment in Jordan increased from 87% in 1991 to 98% in 2012 for children between 6 and 11 years of age. This progress has been achieved through strong efforts by the Government of the Hashemite Kingdom of Jordan to make primary education free and compulsory for all. In accordance with Provisional Education Act No. 27 (1998) primary education is now free and compulsory for all Jordanians between 6 and 16 years of age. The Ministry of Education (MOE) is responsible for the implementation of free and compulsory primary education and guarantees education for all children through a network of 5,526 schools (in 2004) throughout the country out of which 70% were administered by the MOE in 2004, 1% by other governmental institutions, 9% by the United Nations Relief and Works Agency and 19% by the private sector.

Compulsory primary education in Jordan is divided into two years of non-compulsory childhood education before 6 years of age, followed by ten years of compulsory free basic education up to 16 years of age. Education becomes non-compulsory after 16 years of age, but remains free throughout secondary school. In 1990 the Government of the Hashemite Kingdom of Jordan complimented compulsory primary education with nutrition programmes, which include access to free meals at school canteens in order to effectively address nutritional requirements in remote and poor areas. Displaced Iraqi children were also provided with free access to public education from 2010 to 2012, regardless of their parents' residential status. In 2011, 27,000 Iraqi children were enrolled in schools across the country. In 2010 91% of boys and girls in Jordan were enrolled in primary school.

Jordan’s free and compulsory primary education system upholds the rights of the child and ensuring access to education for all children as a fundamental right and is guaranteed by the constitution under articles 6 and 20. Jordan’s universal education system represents an important investment in Jordan’s next generation and creates an important part of a national social protection floor.

Kuwait's Contributory Old-Age Insurance

In 2012 Kuwait's population over the age of 65 made up 2% and is expected to grow to about 7.5% over the next three decades. In an effort to ensure basic income security for the growing number of older persons, the Government of the State of Kuwait passed the Amiri Law Decree No. 61 of 1976 and launched the Public Institution for Social Security, providing a contributory pension scheme available to Kuwaiti workers in the public, private and oil sectors. This was followed by Contributory Old-Age Insurance (COAI) expanding the scheme to include the self-employed and others in 1981, and became compulsory in 1986. Kuwait's COAI is overseen by the Ministry of Finance and administered by the Public Institution for Social Security.

The COAI is a mandatory scheme and covers Kuwaiti citizens working in the public, private and oil sectors and the self-employed who contribute for a minimum of 15 years. Eligible citizens are entitled to a monthly benefit of 65% of their most recent salary, or 75% for retired military personnel. Monthly benefits can increase up to 95% of the most recent salary of claimants who have contributed for 30 years and 100% for military personnel who contributed for 27.5 years or more. Contributions amounts range between 18-28% according to salary, shared by the employer (11%), employee (5-15%) and pension fund (2%). Kuwaitis working abroad are also eligible for the scheme. The COAI reached approximately 95% of the eligible population in 2001.

Kuwait's COAI is based on a long history of national pensions dating back to 1955 with the establishment of a pension scheme for civil servants. While Kuwait's pension system has come a long way, some challenges remain in providing equal access to migrant workers. Nonetheless, the COAI represents a strong investment in income security for older persons and creates part of Kuwait's national social protection floor.

Lebanon's Legal Framework for the Rights of the Child

In Lebanon the enrollment rate of children in primary education increased by 32% between 1997 and 2011. In 1989 the Government of the Lebanese Republic made advancements toward protecting the rights of children through guaranteeing their security in the 1989 Charter of Lebanese National Reconciliation (Ta'if Accord), thus amending the 1926 Constitution. The Charter of Lebanese National Reconciliation adopted in 1989 specifies the provisions for a mandatory primary education system.

The General Principles and Reforms within the 1989 Charter of Lebanese National Reconciliation outlines reforms towards education and instruction in order "… to put education at the disposal of people and to make it mandatory, at least in the elementary stage, …[and] to emphasize the freedom of education in accordance with the laws and regulations". Article 10 of the 1926 Constitution of the Lebanese Republic states that "Education is free insofar as it is not contrary to public order and morals and does not interfere with the dignity of any of the religions or creeds. There shall be no violation of the right of religious communities to have their own schools provided they follow the general rules issued by the State regulating public instruction". These constitutional provisions allowed for legislative milestones in 1998, through the Basic Education Act which stipulates in the section 1 that "This Act provides for basic education and compulsory schooling. In addition, the Act provides for pre-primary education, which is primarily given during the year preceding compulsory schooling, for voluntary additional basic education for those who have completed the basic education syllabus, for instruction preparing immigrants for basic education, and for before- and after-school activities".

The Lebanese Republic has made progress toward rebuilding its educational institutions since the Ta'if Accord which was negotiated in 1989 to put an end to the civil war. Constitutional provisions, and resulting legal framework guaranteeing the rights of children and their basic social security, illustrate political will in moving toward the social protection floor in Lebanon. Through this process the Government of Lebanon has acted to uphold equality and ensure that constitutional and legal provisions for income security form legal foundations for a durable social protection floor.

Morocco's Conditional Cash Transfer for Children

In 2012 Morocco's free and compulsory primary education system reached approximately 96% of all school-aged children; however, in rural areas as many as 50% of students do not complete the full six years of primary education. In 2008 the Government of the Kingdom of Morocco launched the *Tayssir Programme*, a pilot cash transfer scheme designed to compliment free and compulsory primary education in order to provide students in rural areas with the assistance required to complete primary school. The *Tayssir Programme* is administered by the Higher Council of Education in co-ordination with the Moroccan Ministry of National Education (MNE) and is currently being implemented in 260 primary school sectors in rural areas.

The *Tayssir Programme* targets the parents of primary school children in select rural pilot areas and is testing the effectiveness of conditional and unconditional transfers. Currently the pilot programme reaches 53,288 households and 93,536 primary school students. The pilot scheme entitles parents to receive MAD 80-100, or USD 22-27, per month for each child attending primary school and MAD 140, or USD 38, for each child in secondary school. Half of the pilot group receives the cash transfer on a conditional basis, based on student attendance, and the other half receives the transfer unconditionally. The *Tayssir Programme* has resulted in a 57% reduction in school drop-out rates through the conditional cash transfer. Based on positive results from the pilot programme, the Government of the Kingdom of Morocco has already expanded the conditional programme to an additional 109,908 households, reaching 206,434 additional students. Together the pilot and regularised schemes reach approximately 300,000 students in rural areas.

While Morocco's cash transfer schemes compliment an existing universal education system, similar schemes can be very effective in increasing enrollment in countries with greater barriers to education, especially in rural areas. The *Tayssir Programme* is an important investment in the next generation and increases access to universal education in rural areas, forming an important part of the national social protection floor.

Morocco's Health Insurance Scheme

Between 2002 and 2011, the under five mortality rate in Morocco decreased by 33%. This progress has been achieved in part through a system of health insurance schemes aimed to achieve universal health coverage in Morocco. In 2005, the Government of the Kingdom of Morocco introduced a mandatory and contributory health insurance scheme, or Assurance Maladie Obligatoire (AMO), for the formal sector, and complimented this with a non-contributory basic coverage scheme, or Régime d'Assistance Médicale (RAMED), in 2012 for the informal sector. The National Social Security Fund manages the AMO for private sector employees, while the National Fund for Social Welfare Bodies manages the scheme for public sector employees. RAMED is administered by the National Health Insurance Agency. Morocco's public health care system manages 2,626 basic health centres, 138 hospitals and four university medical centres.

AMO provides full and comprehensive health coverage, including childbirth, medical/surgical hospitalisation and child care up to the age of 12, medical devices and implants required for medical and surgical procedures, refundable medicines and prosthetic devices. AMO is accessible to the public sector, corporations under public law, persons in the formal private sector and pensioners in both the private and public sectors. RAMED is designed to provide basic health coverage to all persons not covered by the AMO scheme; including those without sufficient resources to meet the costs of medical care, persons with disabilities unable to fulfil remunerated activity, residents of charitable institutions, hospices and orphanages. Together the AMO and RAMED provide health coverage to approximately 41% of the population, or 27% and 14% respectively; however, given that RAMED is a new scheme, full extent of coverage has not been reached and is expected to grow rapidly. The Government of the Kingdom of Morocco is currently moving closer to universal health care through the introduction of a mandatory health insurance for self-employed persons and their staff, which is expected to each an additional 30% of the population.

Morocco's move toward universal health coverage has been achieved largely since 2002 when optional health insurance schemes covered only 17% of the population. The RAMED scheme was first implemented as a pilot in the Tadla Azilal region in 2010 and was recommended for national coverage within one year. With the introduction of new schemes to extend coverage to all residents, Morocco's recent investments in health care schemes create part of a national social protection floor, an essential step in safeguarding the rights of citizens to access health care.

Oman's Primary Health Care System

Between 1980 and 2011 the under-five mortality rate decreased by 80% in Oman. This progress has been realised, in part, through the Government of the Sultanate of Oman's commitment to universal health care through the development of the National Primary Health Committee (NPHC) in 1985. Primary health care in Oman is managed by the Ministry of Health, which operates 116 health centres, 24 *Wilayat*, or sub-regional hospitals, and 4 national hospitals.

The primary health care system in Oman provides access to a comprehensive health care package free of charge to all Omani citizens. The first point of contact is often made through the sub-regional *Wilayat* facilities, which were first implemented in 1993 to increase the extent of health coverage in Oman. The *Wilayat* system encourages a decentralised approach and engages closely with communities to promote equal access, self-reliance and community participation for effective delivery. In addition to the *Wilayat* system, health care services are available through a network of health centres at the local level which provide access to diagnostic services and basic care while a network of national-level hospitals provide more specialised services. This network of health facilities effectively reaches approximately 95% of the population and mobile health teams are provided in order to reach the remaining 5% in more remote areas of the country.

Access to primary health care in Oman has been facilitated by the NPHC, which made recommendations dating back to 1985 resulting first in the launch of a Child Care Plan in 1986 and a National Woman and Child Care Plan in 1997. As a result the Ministry of Health established a strong network of health care facilities with qualified professionals in order to provide quality services to all Omanis. While Oman's health care scheme is designed to be inclusive, some challenges remain in reaching the entire population, including migrants. Still, strong investments in health care, such as Oman's primary health system, form an essential part of the national social protection floor, and ensure that all citizens have access to health care.

Saudi Arabia's National Unemployment Assistance Scheme

The Kingdom of Saudi Arabia experienced a low rate of unemployment at 5.4% in 2011, with youth and women the most affected. In order to provide income security to these groups, the Government of the Kingdom of Saudi Arabia established the Saudi National Unemployment Assistance scheme (SNUA), or Hazif program, in 2011 in order to provide basic income security to working-age Saudi Arabians. The SNUA is an Internet based 'e-employment' assistance programme managed by the national Human Resources Development Fund.

Saudi Arabia's SNAU is a targeted programme available to unemployed persons between 20 and 35 years of age with an income or social insurance benefit above SAR 2,000, or USD 533. Claimants must also be Saudi, or have a Saudi mother, and must have lived in Saudi Arabia for at least 10 months over the previous 12 months before making a claim. In order to be eligible, claimants must also build an electronic curriculum vitae and complete e-training courses, and in turn also receive access to an employment database including 400 public and private agencies. As of April 2012, the program had 1.16 million beneficiaries, of which about 84 % were women. The Hafiz rules also gives priority disabled jobseekers.

The Kingdom of Saudi Arabia makes strong investments in the Hafiz e-employment assistance program with the aim to strengthen commitment to gender equity and youth empowerment. The unemployment insurance scheme targets unemployed youth and Saudi citizens; however residents and migrants are not included in the scheme. Nonetheless, South Saudi Arabia's Hafiz program provides basic income security young people of working-age and encourages employment for first-time jobseekers.

Tunisia's Primary Education System

Primary education in Tunisia for students between 6 and 11 years of age increased from 88% in 1991 to 98% in 2009. This progress has been achieved through strong efforts by the Government of the Tunisian Republic, which has made primary education free and compulsory for all. In accordance with Act No. 91-65 (1991) students can attend school for free and is compulsory for all students between 6 and 16 years of age. The Ministry of Education (MOE) administers education for all children while the Ministry of Health (MOH) is responsible for the provision of health services through public schools. The Ministry of Social Affairs provides additional services to children at risk of malnutrition, or poverty, or without family.

Under Tunisia's compulsory free education system, students attend school between the ages of 6 and 16 years old; and, through an integrated approach to social security, eligible students can also receive free school supplies and meals at school canteens. In 2005, the government spent the equivalent to 7.3% of GDP on education. Parents who do not register their children in compulsory education, or pull students out of school before the age of 15 are liable to a fine between USD12 and USD120. If parents fail to comply, a second fine of USD240 is issued. Children requiring special assistance are provided with targeted educational resources within the framework of priority education areas, resource centres and extra lessons when required. Children with disabilities are entitled to access specialised centres depending on the level of disability. Children with limited disability are integrated into elementary classrooms, while others who are blind or deaf may be integrated into specialized education facilities.

Since it began implementation in 1991, the Government of the Tunisian Republic has expanded the network of primary schools in rural areas and invested in infrastructure to increase access to education and other public services. The Government of Tunisia has also adjusted the structure, curriculum and teaching methods and school day. A "map of priority education areas" tracks the performance of schools and guides the allocation of resources as identified, to ensure a high standard of quality education throughout the system. Tunisia's universal education system represents an important investment in Tunisia's next generation and creates part of the State's social protection floor, upholding the right to free education.

The UAE's Legal Framework for People of Working-Age

The population of the United Arab Emirates reached approximately 9.2 million in 2012, with a workforce totalling approximately 67% of the population. In 1971, the Government of the United Arab Emirates took important steps to guarantee the right of working-age persons to basic income security through provisions in the 1971 Constitution of the United Arab Emirates.

Article 20 of the 1971 Constitution of the United Arab Emirates stipulates that “Society shall esteem work as a cornerstone of its development. It shall endeavour to ensure that employment is available for citizens and to train them so that they are prepared for it. It shall furnish the appropriate facilities for that by providing legislations protecting the rights of the employees and the interests of the employers in the light of developing international labour legislations”. Furthermore Article 34 of the Constitution states that “Every citizen shall be free to choose his occupation, trade or profession within the limits of law”. These constitutional provisions encouraged the adoption of Federal Law No. 7 (1999) issuing the Pensions and Social Security Law, which created the General Authority for Pensions and Social Security aimed at providing insurance against unemployment, old age, disability and death and is available for employees insured in the public and private sectors and their dependants.

Based on these constitutional and legislative provisions, the Government of the United Arab Emirates is now mandated to provide basic income security to employees in the public and private sectors in the event of unemployment, old age, disability and death through a comprehensive employment scheme. Through this process the Government of United Arab Emirates has acted boldly to uphold equality and ensure that constitutional and legal provisions for income security form strong legal foundations for the creation of a social protection floor.

Yemen's Legal Framework for the Rights of Older Persons

The population of the Republic of Yemen reached approximately 23.85 million in 2012, and approximately 3% of all Yemeni are over the age of 65. In 1991, the Government of the Republic of Yemen adopted a new constitution that safeguards the rights of older persons to claim care and assistance form the State and guarantees their right to social security for all.

Article 32 of the Constitution of the Republic of Yemen stipulates that “Education, health and social services are the basic pillars for building and developing the society; society shall, with the State, take part in providing them”. Furthermore Article 56 of the Constitution states that “the State shall guarantee social security for all citizens in cases of illness, disability, unemployment, old age or the loss of support”. These constitutional provisions encouraged the adoption of the Law No. 25 of 1991 concerning Insurances and Pensions followed the Law No. 26 of 1991 concerning Social Security, and the creation in 1996 of the General Authority for Social Security and Pensions providing pension schemes to older persons that were employed in the public and private sectors.

Constitutional advancements toward social protection in the Republic of Yemen were realised in 1991 through the adoption of a new constitution adopted by referendum following the unification of South and North Yemen. Based on these constitutional provisions, the Government of Yemen is now mandated to provide basic income security to older persons through the universal pension scheme. Through this process the Government of Yemen has acted boldly to uphold equality and ensure that constitutional and legal provisions for income security form strong legal foundations for the creation of a social protection floor.