Welcome to the webinar:

Making universal social protection a reality for people living with, at the risk of, and affected by HIV or TB
Making universal social protection a reality for people living with, at the risk of, and affected by HIV or TB

Speakers:
Lou Tessier, Health Protection Specialist, Social Protection Department, ILO
Syed Mohammad Afsar, ILO Senior Technical Specialist
David Chipanta, Senior Advisor, Social Protection, UNAIDS
Richard Obiga, Senior Program Officer. National Social Protection Secretariat of the Ministry of Labour and Social Protection, Kenya
Daxa Patel, Activist, National Coalition of people living with HIV in India (NCPI+)
Ernesto Jaramillo, Medical Officer at the WHO Global TB Programme
Ana Catalina Ramirez Abarca, Specialist, Occupational Safety and Health, ILO

Moderator:
Kofi Amekudzi, Technical Officer, Equality & Non-discrimination, ILO Gender Equality and Diversity Branch, ILO
Share your questions to the speakers!

翀 type them in the Q&A box

Please state your name/organisation, and if your question is directed to a specific speaker.

Also, you are invited to tweet about this webinar using #SPorgWebinar
Read the report

This webinar will launch a new ILO report entitled ‘Making universal social protection a reality for people living with, at the risk of, and affected by HIV or Tuberculosis’.

The socialprotection.org team will post the link in the chat.
Moderator:

Kofi Amekudzi
Technical Officer, Equality & Non-discrimination,
ILO Gender Equality and Diversity Branch, ILO

Kofi Amekudzi works with the Gender, Equality and Diversity & Inclusion (GEDI) Branch of the United Nation’s International Labour Organization (ILO) in Geneva as a No Discrimination Expert. Kofi is a Public Health Specialist with over 20 years of development experience in areas such as health, human rights, gender-equality, policy development, project management, behaviour change communication and research.
Speaker:

Afsar Syed Mohammad

ILO Senior Technical Specialist

Afsar Syed Mohammad is a Senior Technical Specialist working with the Gender, Equality and Diversity & Inclusion Branch of the ILO. He coordinates communications, training and ILO’s programme on HIV and AIDS. He has over 25 years of experience in public health, training, communication, human rights, gender and public-private partnerships.
Speaker:

Lou Tessier
Health Protection Specialist, Social Protection Department, ILO

She holds a Master of Business Administration from ESSEC Business School in partnership with EGADE Monterrey and an Msc from Sciences Po Lyon in international law and economics, which thesis was co-supervised with the University of California in San Diego. She also holds a bachelor’s degree in Anthropology from the University of Toulouse and an undergraduate degree in Middle Eastern Studies from the University of Lyon. Prior to joining the ILO, Lou Tessier worked in West Africa on community-based health insurance. She subsequently joined Deloitte’s social protection unit in the Financial Service Industry business line, where she supported reforms within the National Health Insurance system in France. Lou Tessier joined the ILO in 2011 where she held successive positions in the field social protection and occupational health, combining both headquarters and field experience in South-East Asia.
Speaker:

David Chipanta
Senior Advisor, Social Protection, UNAIDS

David has over twenty years’ experience in public policy development, strategic planning, evaluation and administration. Specific competencies include economic analysis and research, monitoring and evaluation, resource mobilization, representation, transition planning, private and public sector priority partnership development and capacity building. David provides leadership in UNAIDS to develop and implement innovative high profile strategies, tools for mobilization of HIV and Social Protection Stake-holders. He leads, coordinates and guides senior UNAIDS staff and others working on social protection for a coherent engagement in the AIDS response. He supports the co-programming of HIV in countries’ social protection and Universal Health Access programmes, and leads the generation and utilization of evidence on HIV and social protection and produces guidance and advocacy on HIV and social protection.
Daxa Patel, is a human rights advocate. She is a strong advocate for the Right to Health for all, access of social protection, treatment and empowerment of community living with HIV. Daxa has supported the development of the capacity of PLHIV community-based organizations (CBOs) and networks that work for the human rights, Care Support and Treatment. Daxa also works closely with the State Government of Gujarat and local political leaders advocating for improved service delivery, community system strengthening and increased domestic resource mobilization for the national HIV response in India. Daxa played a key role in the advocacy initiatives resulting in securing the Social Support Scheme for people living with HIV, securing budgetary provisions from the National Health Mission for HIV care and support and free medical treatments for people living with HIV in the state of Gujarat.
Richard Obiga is Senior Programme officer working under the policy and coordination unit of the National Social Protection Secretariat in the Ministry of Labour and Social Protection in Kenya specializing in policy formulation, review and programme design. Richard has been in the public service for the last 11 years. He has participated in the development of a number of key Social Protection documents at both country and international levels in addition to participating in various national, regional and global forums on Social Protection. Has a keen interest on Sustainable Social Protection financing and the integrated approach to Social Protection programming.
Ernesto Jaramillo is a Colombian medical doctor, with a PhD in Health Education (1998, University of London, London, UK). His professional career in TB began delivering clinical care and social support to people affected by TB at dispensary level in the slums of his country. Global policy on multidrug resistant TB has been at the centre of his career in WHO since 2001. Since 2021 he is the lead for human rights, social protection and TB-associated disability in the WHO Global Tuberculosis programme.
Ms Ana Catalina Ramírez is a Technical Specialist on Occupational Safety and Health (OSH) at the International Labour Organization (ILO) based in Geneva, Switzerland. Before joining the LABADMIN/OSH Branch of the ILO in 2017, she worked as Technical Specialist on HIV and AIDS and the World of Work in the ILO Decent Work Country Team for Central America, Haiti and Dominican Republic. During her 11 years of work with the ILO in Latin America and the Caribbean, she coordinated and supported the implementation of development cooperation activities on HIV, gender and occupational safety and health.
Making universal social protection a reality for people living with, at risk or affected by HIV and TB

Working paper launch
24th February 2022

Lou Tessier, Health Protection Specialist, Social Protection Department, ILO, Geneva
Why do HIV and TB responses matter for universal social protection?

• HIV and TB responses historically focused on vertical disease control programmes and social protection systems need to take greater responsibility in the response efforts; they are especially called upon as domestic financing increases.

• Key vulnerable populations affected by HIV and TB are usually amongst the hardest to reach and tend to be disproportionally represented within existing social protection coverage gaps. This represents an obstacle to reaching the universality of protection in line with SDGs 1.3 and 3.8.

• As the COVID-19 crisis has shown, social protection systems have played a pivotal role in responding to communicable diseases outbreaks, protecting people’s health, jobs and incomes.
Social protection within Agenda 2030: interconnected SDGs and leaving no one behind

**SDG1: End poverty in all its forms**
- 1.3: Social protection systems and measures for all, including floors

**SDG2: End hunger, achieve food security and improved nutrition**
- 2.1 By 2030, end hunger and ensure access by all people... to safe, nutritious and sufficient food all year round.

**SDG3: Ensure health lives and promote well being for all at all ages**
- 3.8: Achieve universal health coverage

**SDG5: Achieve gender equality and empower all women and girls**
- 5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies...

**SDG8: Promote decent work and economic growth**
- 8.5: Achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

**SDG10: Reduce inequality within and among countries**
- 10.4: Adopt policies, especially fiscal, wage, and social protection policies, and progressively achieve greater equality

**SDG16: Peace, justice and strong institutions**
- 16.6: Develop effective, accountable and transparent institutions at all levels
### Income security and the interconnection between SDG 1 and SDG 3 throughout the life cycle

<table>
<thead>
<tr>
<th>Pre-birth</th>
<th>Birth</th>
<th>Childhood</th>
<th>Youth</th>
<th>Working age</th>
<th>Old age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity benefits</td>
<td>Sickness benefits (incl family members)</td>
<td>Child benefits/care</td>
<td>Work injury benefits</td>
<td>Disability benefits</td>
<td>Long-term care</td>
</tr>
<tr>
<td>Parental leave benefits</td>
<td>Nutrition-related programmes</td>
<td></td>
<td></td>
<td>Unemployment protection</td>
<td>Old-age pensions</td>
</tr>
<tr>
<td>Health care benefits, including maternity care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Health protection and income security within the ILO’s normative framework

- Universal effective access to accessible, available, acceptable and good quality health care without hardship.
- Income security for all, for sickness and maternity.

Key international social security standards covering both health protection and income security (selected examples):
- Social Security (Minimum Standards) Convention, 1952 (No. 102)
- Social Protection Floors Recommendation, 2012 (No. 202)
- Medical Care and Sickness Benefits Convention, 1969 (No. 130)
- Maternity Protection Convention, 2000 (No. 183)
Why does social protection matter to HIV and TB responses?

Households affected by HIV and TB see their income security affected by costs that should be covered by national social protection systems through different types of benefits:

- Medical costs (prevention, consultations, treatments);
- Non-medical costs (nutrition, transport);
- Income loss (incapacity to work because of sickness or time seeking care; job loss).

In turn, the absence of social protection reinforces factors that make populations more vulnerable to HIV and TB infections:

- Poverty
- Social exclusion
- Lack of access to health and social care

Date: Tuesday / 26 / May / 2020
Recommendations from the report

- **Improving the responsiveness of social protection systems**
  - Increased mobilization of domestic resources and progressive horizontal integration of HIV and TB programmes into national systems are necessary to sustain national responses.
  - Adjusting features of social protection schemes to improve their responsiveness to the special needs of people living with HIV and/or TB is also necessary (e.g., adapted health benefit package, access to nutritious food, transport to care facilities and addressing income loss).
  - Effective coordination across different social protection schemes to ensure the effective combination of care and income support is needed.

- **Improving inclusiveness**
  - People who are most at risk and people living with HIV and TB are often hard to reach, and key and vulnerable populations often suffer from stigma and marginalization.
  - Ensuring that people at risk or living with HIV and/or TB and their families are included in existing social protection schemes, and extending the coverage of these schemes, are not only necessary, but central to the agenda for sustainable development tagline of leaving no one behind.

- **Enhancing participation and partnerships**
  - Key vulnerable populations need to be heard in the governance structure of social protection systems.
  - Linkages with community-based organizations and health services in workplaces are needed.
What are the next steps for the ILO?

➢ Support to the WHO Global Tuberculosis Partnership’s effort to develop Social Protection Guidelines for National TB Programmes.

➢ Research on financing and referral mechanisms between social health protection systems and health services in the workplace.

➢ Through the IATT – SP, the ILO, WFP & UNAIDS Secretariat, with support from UNICEF, World Bank, UNDP, UNHCR will continue to focus on three key areas:

1. Generating evidence;
2. Supporting countries to identify and remove barriers;
3. Documenting good practices
Key resources:

- Convention No. 102 Ratification Toolkit – https://www.social-protection.org/gimi/ILO100Ratification.action

COVID-19 crisis response:

- ILO portal on social protection response to COVID-19, including
  - Spotlight briefs: Extending social protection to informal workers in the COVID-19 crisis; Social protection responses to the COVID-19 pandemic in developing countries; Unemployment protection in the COVID-19 crisis; Sickness benefits during sick leave and quarantine; Financing gaps in social protection; COVID-19 and the health sector
  - Data dashboard: World Social Protection Database Dashboards; Social Protection COVID-19 Monitor
  - Costing tool: Rapid Social Protection Calculator for COVID-19
- ILO portal on COVID-19 and the world of work
Thank you for your attention

www.social-protection.org
Thank you for joining!

Make sure to answer our survey, available after this session, and make sure to join us for the next webinars!