This edition of the Global Cooperation Newsletter brings to the readership information on and analyses of the assessment-based national dialogue—a crucial policy tool used by the ILO and key stakeholders at the national level to identify social protection priorities. The broadly-based national dialogue covered in the feature article envisions and encourages the participation of all stakeholders working in the field of social protection in the country, including representatives of government ministries, social security agencies, employers, workers, civil society organizations and development agencies.

Other materials in the newsletter highlight the outcomes of some important recent international meetings in which ICSW participated. The High-level Ministerial Meeting on Health Employment and Economic Growth, entitled “From Recommendation to Action”, was held on 14 and 15 December 2016 in Geneva and was hosted by the three international organizations, namely, the ILO, OECD and WHO, which supported the work of the High-level Commission on Health Employment and Economic Growth.

The seventh session of the Open-ended Working Group on Ageing, convened in New York in December 2016, continued an important cycle of policy discussions held under UN auspices on political, socio-economic, and legal aspects of population ageing and protecting the human rights of older persons.

We also bring to our readership information on some recent publications of interest.

Sergei Zelenev, Executive Director and Editor of the Newsletter

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The Assessment-based National Dialogue (ABND) process, introduced and supported by the ILO, is based on a multipartite national discussion and therefore encourages the participation of all stakeholders working in the field of social protection in the country, including representatives of national ministries, social security agencies, employers, workers, civil society organizations and development agencies. It has been an important policy tool, used to identify social protection priorities at the national level through the engagement of all key actors.

Take as an example Myanmar, a lower-middle income country in South-East Asia with a fast growing economy. It launched its National Social Protection Strategic Plan in December 2014. This Strategic Plan paves the way for eight flagship social protection programmes. It answers to the call of the then President U Thein Sein to collectively build a society with equality and harmony and respond to the needs of all people in the country.

The Plan was developed under the leadership of the Ministry of Social Welfare, Relief and Resettlement. A high-level national Social Protection Working Committee was established to coordinate the activities of the government, development partners and civil society towards preparing the Plan. One of such activities was an Assessment-based National Dialogue (ABND) exercise, conducted by the International Labour Organization (ILO). The ABND exercise helped to formulate relevant, feasible and evidence-based policy options through a qualitative and financial assessment of the national social protection system and a national dialogue process. In 2013-14, Myanmar was undergoing a transition to democracy, and the ABND successfully facilitated participatory dialogue in the country.

In Myanmar, the ABND process convened a range of stakeholders, such as national ministries working in areas related to social protection, representatives of workers and employers, development agencies, civil society organizations and research institutions. They participated in a series of dialogue workshops to debate and create a consensual picture of the social protection situation in Myanmar and the challenges, and ultimately to decide on concrete policy recommendations to establish a Social Protection Floor (SPF) for all. The
recommendations identified at the participatory workshops helped in drafting the National Social Protection Strategic Plan.

**Why is national dialogue needed?**

At the 2012 International Labour Conference, 184 countries adopted Recommendation No. 202 on National Social Protection Floors. SPFFs comprise, at the least, access to health care and support for children, people of working age and the elderly. The precise nature of social protection, however, varies according to the social, economic and political context in the country and must be defined nationally. Thus, building a comprehensive national social protection system is a continuous process undertaken by each country.

One of the foremost steps in this process is to develop a common vision for the country, embedded in a national social protection strategy. The ILO uses the ABND methodology to support countries in conducting national dialogues to develop a common vision and priorities for social protection. The dialogues endeavour to build a consensus among the participating agencies. The final outputs of the process can vary from a national definition of the SPF to a national social protection strategy or a time-bound implementation plan for an existing strategy.

The working group, which includes representatives of all key stakeholders, is kept as inclusive as possible so as to encourage transparency in the process and to represent the social protection needs and challenges at the ground level.

**ABND map**

The ABND methodology has been used in several countries to date, including Indonesia, Mongolia, Myanmar, Thailand, Vietnam (completed) and Kyrgyzstan, Niger, Philippines, East Timor, Zambia and others (ongoing or planned).

Note: In green: completed ABNDs. In blue: ongoing ABNDs. In red: planned ABNDs. *The ABND is planned to be conducted in select states in India and Pakistan.
What does the national dialogue process entail?
An ABND exercise consists of the following steps:

1. Establishment of a national working group
A national working group conducts the ABND process. The group is responsible for planning and organizing the activities that constitute the ABND process, providing technical inputs, briefing their respective agencies and partner organizations about the ABND and regularly presenting on the progress and findings of the ABND to high-level coordination committees. It is usually chaired by a national ministry and a development agency to facilitate the process of lobbying to and endorsement by policymakers.

Kyrgyzstan launched its ABND exercise in December 2014, under the leadership of the Ministry of Labour and Social Development. A working group was soon established, backed by a Government Resolution and on the basis of the national Social Protection Development Programme 2015-17. The working group is a multilateral mechanism consisting of representatives of:
- government ministries, agencies and funds
- employers’ organizations, trade unions, civil society
- United Nations agencies and the donor community
The participation of civil society helps to represent the needs and realities of vulnerable and marginalized people, such as informal economy workers, persons with disabilities, women and indigenous people, among others. The working group meets regularly to conduct the qualitative assessment of the social protection situation in the country, formulate policy options, provide inputs to the financial assessment of the policy options and advocate for endorsement of the policy options by the government.

2. Qualitative assessment
The qualitative assessment of the national social protection system is done by making an inventory of existing social protection programmes and services, identifying policy gaps and implementation issues, and formulating policy options or recommendations to address the gaps and issues. The assessment is usually done in the framework of the four SPF guarantees, namely, access to health care, support for children, support for people of working age and support for the elderly. The results of the assessment lead to a matrix.

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<th>Programmes</th>
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Depending on the objectives of the ABND process in the country, the recommendations can constitute a national definition of an SPF, a national social protection strategy or a time-bound implementation plan for an existing strategy. The recommendations are debated and finalized at participatory national workshops, in which different agencies provide inputs based on their competencies and areas of work. This cooperation and dialogue help to foster shared ownership of the recommendations and present a unified voice to policy makers in the government.
In the Philippines, in addition to national workshops, participatory workshops were held at the local level. A workshop was organized for each of the three groups of islands in the country. This contributed to bringing local perspectives and ground-level realities into the picture and making the process inclusive.

3. Financial assessment
The financial assessment involves estimating the cost of implementing the policy recommendations over the next few years. For the ABND exercise, a simple yet flexible costing tool known as the Rapid Assessment Protocol (RAP) is used. The recommendations are converted into one or more scenarios, each scenario having different parameters, such as benefit level, beneficiary group, etc. The cost of each scenario is estimated, so that national stakeholders can take the cost into consideration while deciding between different scenarios.

The results of the RAP lead to an estimate of the cost of social protection benefits, expressed as a percentage of national GDP. In Mongolia, low scenarios for different SPF recommendations were put together to form a low SPF package, while high scenarios were put together to form a high SPF package.

The results of this costing exercise provide a basis for the national dialogue and endorsement process. They can be used to advocate the affordability of SPFs to policy makers. As part of the ABND exercise, some countries also assess the fiscal space required to implement the policy recommendations and simulate the potential impact of the policy recommendations on poverty reduction in the country.

4. Endorsement
Participatory national dialogue processes provide a better understanding of the social protection situation and help to formulate feasible and evidence-based recommendations for policy makers. After the qualitative and financial assessments, the report is drafted and presented to high-level policy makers for their endorsement of some of the recommendations. To facilitate the endorsement, countries often adapt the ABND process to existing decision-making processes and coordination structures in the country. In the Philippines, the progress of the ABND and its findings were regularly presented to a Cabinet cluster on human development and poverty reduction.

National priorities in the area of social protection and the cost of the recommendations can help to phase the implementation of the recommendations.
Some recommendations may be prioritized over others. In other words, a roadmap for the gradual realization of an SPF in the country can be built during the ABND process.

Endorsement of one or more of the policy recommendations depends on several factors, one of the most important being political will and commitment to social protection. In Thailand, after the ABND report had been drafted, the ILO conducted an advocacy campaign to “sell” the ABND and its recommendations to various ministries through bilateral meetings. The report was launched by three Ministers, including the then Minister of Labour and the Minister of Social Development and Human Security, as well as by the United Nations Resident Coordinator and the ILO Country Director. The launch was also attended by the media, which gave visibility to the ABND process and the recommendations for building an SPF in Thailand.

**Capacity development**

The ABND process provides a medium for capacity development in the social protection area. Working groups in many countries have organized training workshops on social protection concepts, tools to develop the ABND matrix and basic quantitative tools such as the RAP. Training national stakeholders on the ABND methodology can encourage national ownership of the process and its outputs, and can assist technical staff to endorse the recommendations to the higher echelons of their agencies. It can also help countries to continue to use the ABND methodology on a regular basis.

The unique selling point of the ABND lies in its ability to bring various national agencies and development partners together around a discussion table. It establishes or strengthens institutional mechanisms around a dialogue forum. Countries can engage in democratic and transparent processes to build or improve social protection systems that answer to the needs of all of the people, especially the poor and vulnerable.

**References**


ICSW was invited to attend the High-level Ministerial Meeting on Health Employment and Economic Growth, entitled “From Recommendation to Action”, which was held on 14 and 15 December 2016 in Geneva.

The meeting was hosted by the three organizations that supported the work of the High-level Commission on Health Employment and Economic Growth between March and September 2016 (http://www.who.int/hrh/com-heeg/en/), namely, the ILO, OECD and WHO.

At the outset of the meeting, the UN also entered the fray. Already, the High-level Commission had itself originated with the Secretary-General of the UN, and then the UN General Assembly passed a resolution entitled “Global health and foreign policy: health employment and economic growth” on 8 December, just 6 days prior to the High-level Ministerial Meeting, sponsored by the governments of Argentina, Bangladesh, Brazil, France, Indonesia, Japan, Liberia, Monaco, Morocco, Norway, Senegal, South Africa and Thailand [Resolution A/RES/71/159]. The resolution focused most precisely on matters at hand in the High-level Ministerial, stealing some of the limelight. In particular, the resolution stipulated that the General Assembly:-

6. Takes note of the adoption of World Health Assembly resolution WHA69.19, entitled “Global strategy on human resources for health: workforce 2030”[…]

7. Calls upon Member States to actively implement its resolution 69/132, including the development of effective preventive measures for the protection of health workers, and noting that the report of the World Health Organization entitled Global Strategy on Human Resources for Health: Workforce 2030 proposes policy options for Member States relating to this issue[...]

8. Encourages Member States to strengthen their institutional mechanisms to coordinate an intersectoral health workforce agenda encompassing relevant national policies and broader socioeconomic development contexts [...]

13. Calls upon Member States to make greater investments and promote decent work with adequate remuneration in the health and social sectors, enable safe working environments and conditions, effective retention and equitable and broad distribution of the health workforce, and strengthen capacities to optimize the existing health workforce[...]

14. Also calls upon Member States to strengthen the relevance, effectiveness and implementation of the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel [...]

ILO, OECD, WHO and the UN finally aligned on health and social work needs, but public financing passed over in privatization reflex

The impasse calls for mobilization of health-workers and patients in tandem with lobbying for tax justice policies

By Odile Frank

January 2017
18. Further welcomes the report of the High-level Commission on Health Employment and Economic Growth, and recognizes the need for consideration of and action on its recommendations [...] 

19. Encourages actions in support of the creation of some 40 million new jobs in the health and social sector by 2030 [...] 

20. Urges Member States to consider the recommendations of the High-level Commission on Health Employment and Economic Growth, including the development of intersectoral plans and investment in education and job creation in the health and social sectors [...] 

24. Also requests the Secretary-General, in close collaboration with the Director-General of the World Health Organization and the Director-General of the International Labour Organization, as well as other relevant international organizations, to report back to the General Assembly at its seventy-second session, under the item entitled "Global health and foreign policy", on the operationalization of the immediate actions and five-year action plan of the High-level Commission on Health Employment and Economic Growth [...] 

Little was added to the content of the resolution in the course of the High-level Ministerial Meeting, except, importantly, the opportunity to witness at first hand the engagement and commitment of individual countries to the endeavour. For example, France affirmed a contribution of €25 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria that would be dedicated to strengthening health systems in that context. 

It is not clear how the various Roundtables were assigned their lead agencies, nor whether it was rather the lead agencies that determined the topics of the various Roundtables, but there was a relatively clear mismatch in the topics addressed by the three organizations. For example, the issue of health-worker mobility was led by the OECD, whereas it is a topic central to ILO’s mandate and programmatic work, and ILO’s approach might have been more migrant worker-friendly. Similarly the topic of labour market data was led by WHO, whereas it is pre-eminently an area of ILO’s expertise. On the other hand, three Roundtables on investment (sustainability of the workforce; stimulating job creation; scaling up transformative education) were entrusted to the WHO, ILO and the International Pharmaceutical Federation respectively, whereas these are topics far more central to OECD’s mandate and expertise. As a result, the Roundtables elicited only lukewarm engagement on the panels and left little impression. The major exception was the intervention of Professor Sir Michael Marmot, who still highly effectively defends the broader context of the social determinants of health. The OECD then appropriately led the “Investor’s Forum” Roundtable. But, whereas the panellists on the three investment Roundtables were for the most part public civil servants (Ministers and Permanent Representatives in Geneva), who found it easier to outline their needs than major forms of innovative public financing, OECD’s Investor’s Forum, predictably perhaps, showcased private-sector “stakeholder” proposals. 

Panellists largely failed to point out the need to strengthen the public domain and to shore up public revenues through fair corporate taxation, given the availability of potentially large sources to finance the global health workforce through such means. It remained for the Health and Social Services Officer of Public Services International to make the proposal from the floor. 

Furthermore, top-down proposals abounded. The principal ILO representative made the critical suggestion that not only should finance ministers be lobbied by Health Ministries to access the resources to enhance health employment, but lobbying should go to the top, to the presidency wherever appropriate. Similarly, the principal WHO representative highlighted the notable benefits of the COP21 process for climate change, which could be borrowed for the purpose. Along the same lines, the OECD underscored the pertinence of its precious, already acquired dialogue between health and finance ministers in the
OECD Member States.

It is likely that no single action, especially top-down action alone, will do the job. Yet there was no mention of mobilizing the global health workforce for the task of solving the global health-worker shortage. Nor was there any mention of the very largest civil society entity with a deep interest in the matter, namely, patients. There are patients’ organizations, but we know that not all patients are organized, since everyone is a patient. But patients are found throughout civil-society organizations that advocate for one or other aspect of health. Furthermore, healthcare workers themselves comprise probably the second largest group of interested persons. We know they number already in the tens of millions. So it might be a good idea for structures such as the Global Health Workforce Network, newly set up by WHO, to focus on advocacy through a global campaign to mobilize patients and healthcare workers under a united banner that will be clearly seen by those at the top. It may be the only means to exert enough pressure to unblock resources and lay claim to the potential resources of taxes currently avoided globally and to ensure that these monies are entrusted to governments to achieve health workforce growth and universal health coverage. No-one should be left behind, so we cannot afford to leave any stone unturned.

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Trying to break the stalemate: recent discussions on ageing at the United Nations
By Sergei Zelenev

In the years since its establishment in 2010, the Open-ended Working Group on ageing (OEWG), convened under UN auspices, has become an important international forum systematically dealing with various aspects of the situations of older persons, including the discussion of the whole spectrum of legal and socio-economic issues. It is the only UN body that consistently and meticulously focuses on the improvement of the well-being of people 60+ as a separate category, putting it in the context of the challenges and opportunities that ageing brings in its wake. From this standpoint the work of the OEWG is remarkable and deserves close attention and support from all the stakeholders. After all, in one way or another, the issues stemming from increased longevity and growth in older population segments in societies touch everybody and everywhere, directly or indirectly, no matter whether countries are rich or poor. Ageing is a world-wide phenomenon that needs close attention and forward-looking policy responses in all societies.

Convened in New York at UN Headquarters from 12 to 15 December 2016, the seventh session of the OEWG attracted some attention from the Member States and civil society. But an eagerly anticipated qualitative advance in the negotiations on the issue that many participants viewed as the key rationale for its establishment in the first place, namely, the elaboration of a new multilateral legal instrument aimed at promoting and protecting the rights of older persons in a coherent and systematic way - be it in the form of a potential Convention or some other legal instrument - that breakthrough did not materialize during the session, just as it did not happen at previous sessions. The impasse was not overcome, and some signs of déjà vu were all too evident. This repeated failure, stemming from the political stalemate, is an obvious disappointment to many, and was vividly reflected in the statements made by the
representatives of several countries, particularly from the Latin American region, as well as by almost all representatives of the civil-society organizations. The developed countries largely continued to oppose the idea of a new multilateral legal instrument on the rights of older persons, insisting that it is more important to implement the exiting human rights framework and not to replicate what already exists in numerous legal documents. The disappointment among the pro-Convention delegates and the civil-society representatives was very evident. But despite all that, it would probably be wrong not to notice some positive developments towards fulfilling the mandate of the Group in protecting the human rights of older persons that occurred during this very session.

First of all, the members of the OEWG made an important step in adopting by consensus a Decision on Modalities for the Participation of National Human Rights Institutions in its work. In practical terms this decision paves the way for the participation of influential HR Institutions in the work of such important subsidiary bodies of the General Assembly as the OEWG. Many of these bodies have been outspoken and are quite authoritative in the area of ageing as well. Their participation in future deliberations (even if they cannot vote) might enhance the quality of the discussions, also increasing the pool of available information. They can definitely make a valuable contribution to the work of the Open-ended Working Group.

As has become the tradition, the organization of the seventh session envisaged both a general debate and the convening of thematic panels on key policy issues. The participants also had a chance to get an important update and present their views during the interactive dialogue with the Independent Expert of the Human Rights Council on the Enjoyment of all Human Rights by Older Persons, Ms. Rosa Kornfeld-Matte. The Working Group had an opportunity to take stock of the recent regional developments in the field of the human rights of older persons, as well as the positive human rights implications for older persons of many recent multilateral processes in the socio-economic fields of utmost importance, such as housing and infrastructure development, health care and long-term care, and sustainable development. Moreover, the OEWG had a chance to engage in a dialogue with the Chair of the Committee on the Rights of Persons with Disabilities, Ms. Maria Soledad Cisternas Reyes, and to draw some lessons, establishing important parallelisms between the development of the Convention on the Rights of Persons with Disabilities and a possible multilateral legal instrument on the human rights of older persons.

The supporters of a new Convention on the rights of older persons within the diplomatic community present at the session, along with civil society representatives, continued to insist on the need to enable an open discussion leading to the development of such a convention or an international legally binding instrument related to the human rights of older persons, under a human rights approach and placing the elderly at the center and as specific rights-holders. Their main argument (in line with the conclusions of the Independent Expert’s report) was that the existing international legal framework, regardless of its degree of implementation, is not sufficient to comprehensively and effectively ensure the enjoyment of all human rights by older persons, and that the existing framework addresses the issues of ageing from a developmental rather than a human rights standpoint.

The future work of the Open-ended Working Group on ageing was also discussed. A consensus has emerged that the future debate has to be focused on the areas where evident
lacunae exist and where further protection of the human rights of older persons is needed. Several areas mentioned in various interventions and summarized by the Chair of the Working Group were mentioned: equality and non-discrimination (discrimination on the basis of age); neglect, violence and abuse (ageism); autonomy and independence; accessibility, infrastructure and habit (transport, housing and access); the right to health and access to health services; long term and palliative care; access to justice; social protection and economic security issues; the right to work and access to the labour market; education, training, life-long learning and capacity-building; participation in public life and in decision-making process; social inclusion; and the contribution of older persons to sustainable development. To make the debate more focused during the forthcoming eighth session of the Working Group, it was decided to concentrate on two of the following three clusters—a) equality and non-discrimination; b) neglect, violence and abuse; and c) autonomy and independence.

The ICSW took an active part in the debate during the session, also in strengthening coordination with civil society organizations representing older persons. Addressing the participants of the session, and acting in his capacity as Special Representative of the ICSW to the UN in New York, the ICSW Executive Director underscored that the ICSW shares the existing concerns regarding the plight of older persons and the growing need to enhance and promote their human rights. We insist that equality and non-discrimination against older persons be recognized, staying not only on the books but enforced in practice. Unfortunately, this persistent gap exists in many countries, and monitoring mechanisms of implementation of legal provisions are often quite weak at the national level. The issues of autonomy and independence are really crucial, along with a need to join forces with other stakeholders aimed at preventing neglect, abuse and violence against older persons. The ICSW consistently supports ILO Recommendation No. 202 on social protection floors, seeing it as an important instrument to promote rights of older persons, including guarantees of income security.

Responding to the above statement of the ICSW, the Chairman of the Working group concurred with the ICSW representative and stressed the need to keep the issues of social protection, including the focus on the guarantees contained in ILO Recommendation No. 202, within the scope of the future debates on ageing.

It was decided that the Bureau would hold discussion with Member States in order to select two of the above-mentioned selected clusters. Summing up, the Chairman encouraged Member States as well as national human rights institutions and civil society to continue an active debate during the inter-sessional period, in order to arrive at the next session of the Working Group with concrete proposals and comments in order to enrich the discussion of those focus areas. He also stressed that the organization of conferences and dialogues at the regional level, especially through the regional commissions, the regional networks of national human rights institutions, as well as conferences organized by Member States and civil society fora would represent an excellent opportunity to continue the constructive debate started during the seventh session of the OEWG in order to move forward with the fulfilment of the mandate of the Working Group, namely, to strengthen the promotion and protection of the human rights of older persons. He also underscored the need to continue to work in close collaboration with the Independent Expert, whose mandate has been extended by the Human Rights Council thorough resolution A/HRC/RES/33/5, seeing the mandates of the Open-ended Working Group and the Independent Expert as complimentary but making every effort to avoid any duplication.
Useful resources and links—the find of the month


**New Health Technologies**  
*Managing Access, Value and Sustainability*  
OECD, Paris, 2017
