

Role of social protection in reducing the burden of public health and social measures during the COVID-19 pandemic *evidence review*

Executive Summary



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In response to the COVID-19 pandemic, countries implemented public health and social measures (PHSM), also known as nonpharmaceutical interventions, at unprecedented scale and for unprecedented durations to reduce the transmission of the virus that causes the disease and its impact on populations. During this exceptional global health crisis, more than 7 million deaths and more than 775 million cases have been reported to date.¹ While PHSM were effective in curbing the outbreak, some also had unintended negative consequences on the livelihoods and well-being of individuals, as well as on societies and economies. The global health crisis reversed about 3 years of progress made on reducing poverty, with the number of people living in extreme poverty rising to 724 million (1). Negative consequences for livelihoods and income varied substantially among individuals. Influential socioeconomic factors included the type of employment, and the coverage and comprehensiveness of social protection. In many contexts, the implementation of PHSM imposed a socioeconomic burden on people, and this burden often led to unintended consequences for health and health equity by adversely impacting the social determinants of health (2).

Yet socioeconomic impacts on people could have been worse. Much was done by countries, their people and their governments to mitigate the negative impacts of the COVID-19 pandemic and PHSM. One important course of action taken by countries was to expand existing social protection policies or implement new interventions to protect people's livelihoods in an effort to ease the socioeconomic burdens experienced during the pandemic. Social protection policies and systems, including protection from financial hardship due to health care expenditures under universal health coverage, are well-established public policy instruments for shielding a population's livelihood from both unforeseen and predictable life events. Social protection measures aim to diminish and



Combining PHSM and social protection measures to reduce unintended negative consequences during health emergencies

1 As of 3 July 2024, available via the WHO COVID-19 dashboard: number of COVID-19 cases reported to WHO [online database]. Geneva: World Health Organization; 2024 (<https://data.who.int/dashboards/covid19/cases?n=o>)

prevent poverty, vulnerability and social exclusion across all stages of life and thereby fulfil a basic human right to social security (3). They are also an essential policy response to promote positive social determinants of health. Thus, it is timely for decision-makers to consider how overall social protection policy is an important instrument for population health, both generally and also specifically during health emergencies and the implementation of PHSM.

Purpose and scope

The purpose of this scoping review is to systematically identify the social protection measures used during the COVID-19 pandemic and analyse how they mitigated the unintended negative consequences of PHSM. The approach uses the lens of the social determinants of health and the taxonomy of social protection policy measures to ground the review in a multisectoral approach. This report is directed at decision-makers and community leaders involved in implementing PHSM and social services during health emergencies and those interested in understanding how social protection measures can mitigate the socioeconomic consequences of PHSM throughout the health emergency management cycle.

Establishing an evidence base for the impacts of the social protection measures used during the COVID-19 pandemic creates foundational knowledge, which increases awareness among health and social policy actors about the interlinkages between health emergency preparedness and responses and their socioeconomic consequences, and it familiarizes health professionals with the concepts and terminology of the social protection sphere. Ultimately, this scoping review seeks to facilitate the systematic integration of social protection measures into planning for, implementing and evaluating pandemic responses.

This scoping review provides an inventory of the global literature on the social protection measures that were in place, scaled or initiated during the COVID-19 pandemic, analysing 316 studies covering 1 079 social protection policies and programmes from 123 countries. Altogether 523 of the reviewed social policy measures had been newly introduced during the pandemic, with most of them being in-cash benefits for families ($n = 309$). Similarly, the majority of the 272 expanded policies consisted of in-cash benefits for families ($n = 131$). The inventory identified different types of social protection benefits, such as in-cash support ($n = 742$) and in-kind support ($n = 230$), general labour and fiscal measures ($n = 24$), waivers of utility or financial fees ($n = 63$) and moratoria on rent or evictions ($n = 20$).

Overview of the “effectiveness” of different social protection benefits

Of the 316 studies documenting social protection measures, 44 provided a comparative assessment of the relationship between social protection and socioeconomic consequences as described by several key social determinants of health. Most of these studies focused on high- and middle-income countries. The main negative consequences of PHSM and the pandemic that were addressed, in order of the number of studies reporting these, were food insecurity ($n = 32$), financial and employment insecurity ($n = 18$), mental and physical health ($n = 15$), quality of diet ($n = 2$), social attitudes and cohesion ($n = 2$), and educational investment ($n = 1$). Most studies assessed the effect of a range of social protection benefits on multiple outcomes. The study designs fell into four categories, of which

natural experiments and (quasi-)experimental studies were considered more robust for causal inference than longitudinal and cross-sectional studies.

While results are grouped by unintended negative consequences addressed and the type of social protection benefit, it is important to note that social protection programmes often consist of multiple components (e.g. a combination of in-cash and in-kind benefits) and, hence, it is not always possible or desirable to fully disentangle the effects of the individual components of an intervention.



Food insecurity

The evidence supports the importance of social protection to sustain food security during emergencies. The more methodologically robust studies especially confirmed positive effects of social assistance, social insurance and other measures on food security across different country income levels.

In-cash benefits: Half of the included studies (11/22) found that cash transfers improved food security, with six out of eight (quasi-)experimental studies showing positive effects. This holds true across income levels. The other half showed mixed or null relationships, but the majority of these ($n = 8$) had a weaker design. Thus, these findings might merely point to the fact that recipients of cash transfers are by far more food insecure than the rest of the population and that the transfers may not have been high enough or frequent enough, or both, to counter the additional burden of the pandemic.

In-kind benefits: Five out of 14 studies, three of which were (natural) experiments, showed positive effects from in-kind support on food security, highlighting the importance of further investigations into the reasons for mixed and null results, including assessing barriers to access and the possibility that benefit types and amounts were inadequate.

Social insurance: Four out of seven studies reported a positive association between social insurance and food security, with one of these showing mixed effects. All three (natural) experiments confirmed the value of social protection. Five studies from the United States of America focused on unemployment benefits, with four of those reducing food insecurity among benefit recipients.

Other measures: Measures such as tax credits ($n = 2$), policies setting a minimum wage ($n = 1$), loans to small business owners ($n = 1$) and a multistimulus programme ($n = 1$) were found to be beneficial for the food security of recipients. One natural experiment evaluating eviction moratoria found mixed effects.

In terms of equity, described as whether some populations with greater need benefitted proportionally, evidence from three studies highlighted the positive effects of these programmes in reducing food insecurity and improving mental health outcomes across different racial, ethnic and socioeconomic groups.



Quality of diet

The sparse evidence ($n = 2$) examining the relationship between social assistance and quality of diet found no effects.



Financial and employment insecurity

The evidence illustrates the beneficial effects of social insurance on financial and employment security, but presents a more mixed picture for other social protection measures. The high ratio of mixed effects is likely due to the measurement of several, very heterogeneous indicators to assess financial and employment insecurity, raising questions about the construct of variables and measurement validity.

In-cash benefits: Only two out of 12 studies showed a clearly positive relationship between cash transfers and financial security; five found mixed effects; four found null effects; and one showed a negative result. Results are independent of country income level. Cash transfers delivered in combination with other measures or more than once, or a combination of these, appeared to yield better results.

In-kind benefits: All programmes ($n = 4$) comprised in-cash and in-kind components; three cross-sectional studies showed mixed effects, and one natural experiment found a positive effect of social protection. All studies were from low- and middle-income countries.

Social insurance: All studies ($n = 3$) found that those who received unemployment benefits were more financially secure and better able to make housing- and rent-related payments than those who were not covered by unemployment insurance. This evidence comes from high-income settings.

Other measures: Three out of six studies – one including an eviction moratorium and two assessing public employment programmes – all of which were quasi-experiments, found a positive effect of social protection on financial and employment security.



Mental and physical health

In line with the pathway of the social determinants of health, the evidence supports a positive effect of social protection on mental and physical health.

In-cash benefits: Studies mostly focused on mental health (7/8 studies). Five studies found a positive relationship between cash transfers and health, and the results of one were inconclusive. It appears that especially in high-income countries the amount of cash transferred was insufficient to fully mitigate the negative effects of the pandemic and PHSM.

In-kind benefits: Two cross-sectional studies from the USA focused on mental health. One found that the provision of Medicaid (i.e. in-kind health insurance benefits provided for low-income individuals) and a ban on utility shut-offs were associated with lower odds of anxiety and depression, while the other did not detect any relationship between social assistance and stress.

Social insurance: The evidence indicated that the availability of social insurance improved mental health ($n = 4$) and health care-seeking behaviour ($n = 1$). All four studies focused on unemployment benefits in the USA.

Other measures: All four of these studies are from the USA, and three found positive effects of eviction moratoria on mental health. A longitudinal study assessing a one-time tax credit found the measure to be beneficial for physical health and in reducing harmful alcohol use, but it was not related to anxiety and the use of illicit drugs.



Social attitudes and cohesion

Two studies from middle-income countries used a quasi-experimental design and found positive relationships between cash transfers and social attitudes, such as support for emergency measures, social cohesion and trust in government, albeit the relationships did not reach statistical significance.



Educational investment

One experiment from Colombia found a positive effect of repeated cash transfers on recipients' investment in their children's education.

Qualitative studies

The qualitative evidence included in this review from 25 studies reinforces the usefulness of social protection for health and points to positive associations between social assistance and food and housing security during the COVID-19 pandemic. Findings also highlighted the power of social protection in allowing vulnerable and marginalized populations to feel included in society. The qualitative studies also unpicked the complexities of providing social protection, including assessing access barriers among different groups, challenges in administering these interventions, particularly in emergency settings, and challenges in identifying the most vulnerable populations.

Conclusion

This review brings added value to goals of strengthening health emergency management not only by taking an expansive approach to identifying social protection measures but also by making explicit linkages to the negative consequences of health emergencies, particularly in the context of attempting to mitigate unintended negative consequences of PHSM. The review focuses on the critical role of social protection measures in safeguarding the well-being and livelihood of individuals and communities during large-scale outbreaks of infectious diseases and provides a strategic evidence base for integrating social protection measures into emergency preparedness, response and resilience.

This review complements existing evidence about monitoring the unprecedented introduction and expansion of social protection measures during the COVID-19 pandemic by adding an assessment of the relative impact of those measures in cushioning the health and socioeconomic impacts of the pandemic. To further strengthen the evidence base about the role of social protection during health emergencies, innovative methods are needed, including multidisciplinary approaches and long-term evaluations of policies and interventions. This knowledge is essential to designing equitable and effective PHSM implementation packages that carefully integrate and balance PHSM, any unintended negative consequences and mitigation measures.

The COVID-19 pandemic exposed the stark inequalities in our society, emphasizing the urgency required to address these disparities during future pandemic responses. Alarming, in the wake of the economic shocks of recent years, the financing gap to achieve the minimum social protection for all has increased by about 30%, excluding 4.1 billion people worldwide from income security and, hence, further increasing their risk for poverty (4). Looking ahead, social and health policies and investments must be seen as integral components of development with equity. Only then will countries be able to rapidly activate and scale up social protection measures during emergencies, implement PHSM to leverage their public health benefits while reducing unintended negative consequences, and establish robust strategies for health emergency management.

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