Mapping Solutions to Universal Health Coverage Inclusive of the Informal Workforce:

Reflexion and debate on base of the Project: Health Inequalities and Access to Social Security for Informal Workers in Latin America

Approaches to Universal Health Coverage and Occupational Health and Safety for the Informal Workforce in Developing Countries

Workshop of the Institute of Medicine’s Forum on Public-Private Partnerships for Global Health and Safety
July 29-30, 2014
Agenda

• Informal worker LAC: Magnitude and trends.

• Heterogeneity of informal Workers: key aspect to develop interventions.

• Access to health service domains
  – Barriers associated Employments conditions
  – Barriers associated with the organization of the Health system

• Mapping interventions: preliminary results
Informality in Latin America

Country Taxonomy indicators and groups

Group 1: Chile - Costa Rica - Uruguay
- Low informal sector size
- High health system coverage

Group 2: Argentina - Panama - Brazil
- Medium-low informal sector size
- Medium-high health system coverage

Group 3: Colombia - Mexico - Venezuela - Ecuador – El Salvador
- Medium-high informal sector size
- Medium-low health system coverage

Group 4: Bolivia - Guatemala - Honduras - Nicaragua - Peru - Paraguay
- High informal sector size
- Low health system coverage

Source:
Early 1990s to 2000: IILS Informality Database. Country groupings:
(i) Latin America: Argentina, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama, Uruguay, Venezuela.

Country groupings, with number of workers in the informal economy per region and last measurement per country:
Definitions

Persons in informal employment (a job-based concept) represent the sum of informal jobs in formal enterprises, informal sector enterprises, and households producing goods for own consumption or hiring paid domestic workers. Persons employed in the informal sector (an enterprise-based concept) include the informal jobs in informal enterprises plus formal jobs in informal sector enterprises. Persons employed in informal employment outside the informal sector include those employed in the formal sector and households producing goods for own use or employing paid domestic workers: 2011 (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n); 2007-2009 (l); 2005-2011 (k); 2009 (f); 2010 (o); 2008-2011 (q)

Own-account workers (excludes legislators, senior officials and managers, professionals, technicians and associate professionals, and clerks); unpaid family workers; employers and employees working in enterprises with 6 or less persons engaged; and domestics workers: 1990-2000 (a); 2000 (b) (c) (d) (e) (f) 1991-2001 (g); 2001 (e); 1990-2001 (f)

Own-account workers (excludes professionals and technicians), un paid family workers, employers and employees working in enterprises with 5-10 or less persons engaged. Depending on available information: 2005 (h); 2005-2011 (p)

Informal employment in the informal sector refers to employment in unincorporated household enterprises, in which national regulation regarding labour rights are not accomplished for economic units operation, and/or the enterprises does not have accountability, for economic reasons, ignorance or another reasons. This definition includes own-account workers, employers with employees continuously and it may include family workers: 1990 (b); 1991 (c); 1990-1997 (l); 1990-2002 (n)
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Heterogeneity of informal Workers by sociodemographic variables

........ different income levels, age groups and gender.

CHILE: % of informal employment according to key variables on work force

PERU: % of informal employment according to key variables on total informal employment

Source: Own elaboration based on GEIH 2012, Colombian Case Study, FLACSO Chile

Source: Perticara, M. y Celhay, P. 2010; in Chilean Case Study, FLACSO Chile

Source: WIEGO-CIES, 2011; in Peruvian Case Study, FLACSO Chile
Challenges that heterogeneity of informal workers generates to the Health Systems

- The study of the heterogeneity of informal workers based on these two different axes allows a more comprehensive analysis of the phenomenon beyond the differentiation between occupations and economic activities.

<table>
<thead>
<tr>
<th>Employment relations</th>
<th>Level of protection: labor and social rights access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal employment</td>
<td>Compliance of labor and social rights</td>
</tr>
<tr>
<td>Informal employment</td>
<td>Gap of labor and social rights</td>
</tr>
<tr>
<td>Informal sector</td>
<td>Absence of labor and social rights</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Without Protection*</td>
</tr>
</tbody>
</table>

- For a deeper knowledge of heterogeneity of informal workers and the challenges this implies for health system access, it is required a model that allows the analysis of barriers faced by different kind of informal workers.

- The proposal of model is based on Qualitative studies and Case Studies developed in 10 Latin American countries.
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Access to Health Services Domains: Informal Workers

Barriers Associated with Employment Conditions

- Health care needs
- Perception of needs and desire for care

Barriers Associated with the Organization of the Health System

- Health care seeking
- Health care reaching
- Continuity of health care

- Availability
- Accessibility
- Acceptability
- Contact

- Economic deprivation
- Perception of vulnerability
- Temporality of employment
- Workers disempowerment
- Lack of rights

FLACSO Chile, 2013. Access domains to health services, has been adapted from Frenk, 1985.
• Loss of income during the health care attention and medical rest
  Own account workers

• Workers afraid of changes in their employment conditions loose their healthy worker status
  Informal salaried workers

• Discontinuity in payment of contributions and health coverage (or transits between contributory and non contributory regimes)
  Agricultural temporary women

• Difficulties to get organized and demand the Right of Health
  Informal workers in the public sector

• Exclusion from traditional health system
• No social protection generates increased OOP spending
  Informal working poor

Source: Qualitative and Case studies FLACSO Chile. 2013-2014
Availability
- Scarcity of resources and hours (*waiting times for own account)
- No coverage for accidents at work and professional diseases
- No availability of health centres in rural areas for rural/agricultural workers

Accessibility
- High costs of care and medicines due to not being covered
- Scarcity and cost of transportation
- Care hours not compatible with working hours
- Lack of information on rights and insurance
- Excessive waiting times

Acceptability
- Perception of care as impersonal and of bad quality
- Discrimination on account of being informal non-covered worker
- Distrust of the staff

Contact
- Lack of resources to continue with treatment
- Dissatisfaction with poor quality of care
- Inequities in the kinds of the covered services
- Inequities in the quality of the covered services

Effective Coverage

Source: Qualitative and Case studies FLACSO Chile. 2013-2014
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MAPPING ACTORS AND_promising_interventions

Who? Country Teams

What? Testing the applicability of the Focus of Interventions and the Promising Interventions Criteria. Bellagio Meeting

How? Completing the mapping of actors and interventions

What for? To have the information on actors and interventions systematized at the regional level in a database

How? Systematizing, categorizing and organizing the information received from regional teams in one inter-regional database

What for? To build an innovative digital tool to socialize the information in an accessible way

Deliverable: Knowledge Management Tool of Actors and Promising Interventions

Deliverable: Regional database on promising interventions and actors
Mapping of interventions in Latin America: preliminary results

### Methodology
- **Preliminary Review of Grey Literature**
- **Review of Case Studies**

#### 39 interventions identified (33% Informal target)

### Focus of Intervention

<table>
<thead>
<tr>
<th>Focus of Intervention</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowering workers through organizing</td>
<td>5</td>
</tr>
<tr>
<td>Expanding Healthcare and Social Protection</td>
<td>4</td>
</tr>
<tr>
<td>Expanding Healthcare Coverage</td>
<td>13</td>
</tr>
<tr>
<td>Expanding Social Protection</td>
<td>6</td>
</tr>
<tr>
<td>Formalizing Informal Jobs</td>
<td>3</td>
</tr>
<tr>
<td>Improving Living conditions</td>
<td>2</td>
</tr>
<tr>
<td>Improving working conditions</td>
<td>4</td>
</tr>
<tr>
<td>Organizing Workers</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
</tr>
</tbody>
</table>

44% of the interventions aimed to Expanding Healthcare Coverage

### Type of intervention

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation</td>
<td>2</td>
</tr>
<tr>
<td>Policy</td>
<td>12</td>
</tr>
<tr>
<td>Project</td>
<td>8</td>
</tr>
<tr>
<td>Program</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
</tr>
</tbody>
</table>

The majority are Programs and Policies. Very few are Legislations.

### Type of actor

<table>
<thead>
<tr>
<th>Type of actor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Government</td>
<td>23</td>
</tr>
<tr>
<td>Regional Government</td>
<td>2</td>
</tr>
<tr>
<td>Local Government</td>
<td>2</td>
</tr>
<tr>
<td>Intergovernmental Organization</td>
<td>4</td>
</tr>
<tr>
<td>International NGO</td>
<td>1</td>
</tr>
<tr>
<td>Workers Organizations</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
</tr>
</tbody>
</table>

Most interventions are initiated by Government. The second highest are led by Worker’s Organizations (7 initiatives).

### Type of Target Population

<table>
<thead>
<tr>
<th>Type of Target Population</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Workers</td>
<td>2</td>
</tr>
<tr>
<td>Own Account Workers</td>
<td>14</td>
</tr>
<tr>
<td>Street vendors, handicraft workers, recycling workers</td>
<td>3</td>
</tr>
<tr>
<td>Undercover employees</td>
<td>5</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
</tr>
<tr>
<td>Vulnerable population</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
</tr>
</tbody>
</table>

The majority are concentrated in Vulnerable population and own account workers.
### Non Contributory initiatives: Conditional Cash Transfer Programs

Latin America (19 countries)¹. Conditional Cash Transfer Programs according to orientation of the program (number and percentage)

<table>
<thead>
<tr>
<th>ORIENTATION OF THE PROGRAM</th>
<th>TOTAL</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed/Informal Workers</td>
<td>2</td>
<td>6.06</td>
</tr>
<tr>
<td>Families at Social Risk</td>
<td>2</td>
<td>6.06</td>
</tr>
<tr>
<td>Poor families</td>
<td>24</td>
<td>72.73</td>
</tr>
<tr>
<td>Education/Students</td>
<td>2</td>
<td>6.06</td>
</tr>
<tr>
<td>Pregnant/breastfeeding women</td>
<td>1</td>
<td>3.03</td>
</tr>
<tr>
<td>Child Labor</td>
<td>2</td>
<td>6.06</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>33</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

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**Source:** Cecchini, 2011 : ¹Argentina, Bolivia, Brasil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, México, Nicaragua, Panamá, Paraguay, Perú, República Dominicana, Trinidad y Tobago y Uruguay.
Examples of Interventions

Regularization of Informal Jobs sustained through worker’s organizations

- Peru: Law of Safety and Health in the Workplace for stevedors.
  - 100,000 stevedors nationally (Guerrero, 2012)

Expanding Healthcare Coverage

- Paraguay: Family Health Units (USF).
  - In 2011, 31.7% of the total national population was covered (Ministerio de Hacienda. Paraguay, 2012)
- Mexico: Formalizing Health Sector Workers.
  - 24,534 workers were benefitted (Instituto Nacional de Salud Pública. Mexico, 2012)

Alternatives of payment conditions in order to improve access to health

- Argentina: Social Monotributes
  - 475,000 people were affiliated in 2011 (Ministerio de Economía y Finanzas Públicas. Argentina, 2012)
- Nicaragua: Facultative Health Insurance
  - 6412 affiliated in 2011 (Acharya et al, 2012)
**CHALLENGES FOR UNIVERSAL HEALTH COVERAGE FOR INFORMAL WORKERS**

**Barriers Associated with Employment Conditions**

- Access to health system for informal workers without losing their jobs.
- Don’t lose salary continuity during illness and medical rest.
- Don’t lose incomes for health care attention.
- To have the right to medical rest without risking salaries or incomes. (Sick leave)

**To extend labor rights to informal economy.**

**Barriers Associated with the Organization of the Health System**

- Informal worker’s access to health should not be conditioned by capacity to payment.
- Eliminate out of pocket expenditure.
- Fatal accidents or diseases don’t imply the risk to fall into poverty for informal workers.

Access to health care not conditioned by employment relation, but universal health coverage associated to citizenship.