

Maternity Income Protection (MIP)

International Labour Standards and Good Practices

NHIF Retreat

Mombasa, 7th to 11th November 2022



Why maternity protection?



- ▶ Protects the **health and safety** of the mother and the child

Lack of income security forces women, especially in the informal economy, to keep working into the very late stages of pregnancy and to return to work prematurely, thereby exposing themselves and babies to significant health risks.

- ▶ **Protects against economic vulnerability** due to pregnancy & maternity - income loss & health risks

Women who are unable to work after delivery are at risk of poverty due loss of income. This risk is exacerbated when social health protection is low and the cost of seeking care is paid out of pocket.

- ▶ Is central to **women's rights** and **gender equality** in employment

- ▶ <https://www.youtube.com/watch?v=s4vMAeQWTPo>



Conventions and Standards

- **Universal Declaration of Human Rights (1948)** - sets out the right to social security and special care and assistance for motherhood and childhood
- **International Covenant on Economic, Social and Cultural Rights (1966)**, - establishes the right of mothers to special protection during a reasonable period before and after childbirth, including prenatal and postnatal healthcare and paid leave or leave with adequate social security benefits.
- **Convention on the Elimination of All Forms of Discrimination against Women (1979)** - proclaims maternity protection as an essential right, calls for introduction of maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances to prevent discrimination against women and also recommends that special measures be taken to ensure maternity protection.

ILO – Who we are



- Specialized Agency of the United Nations

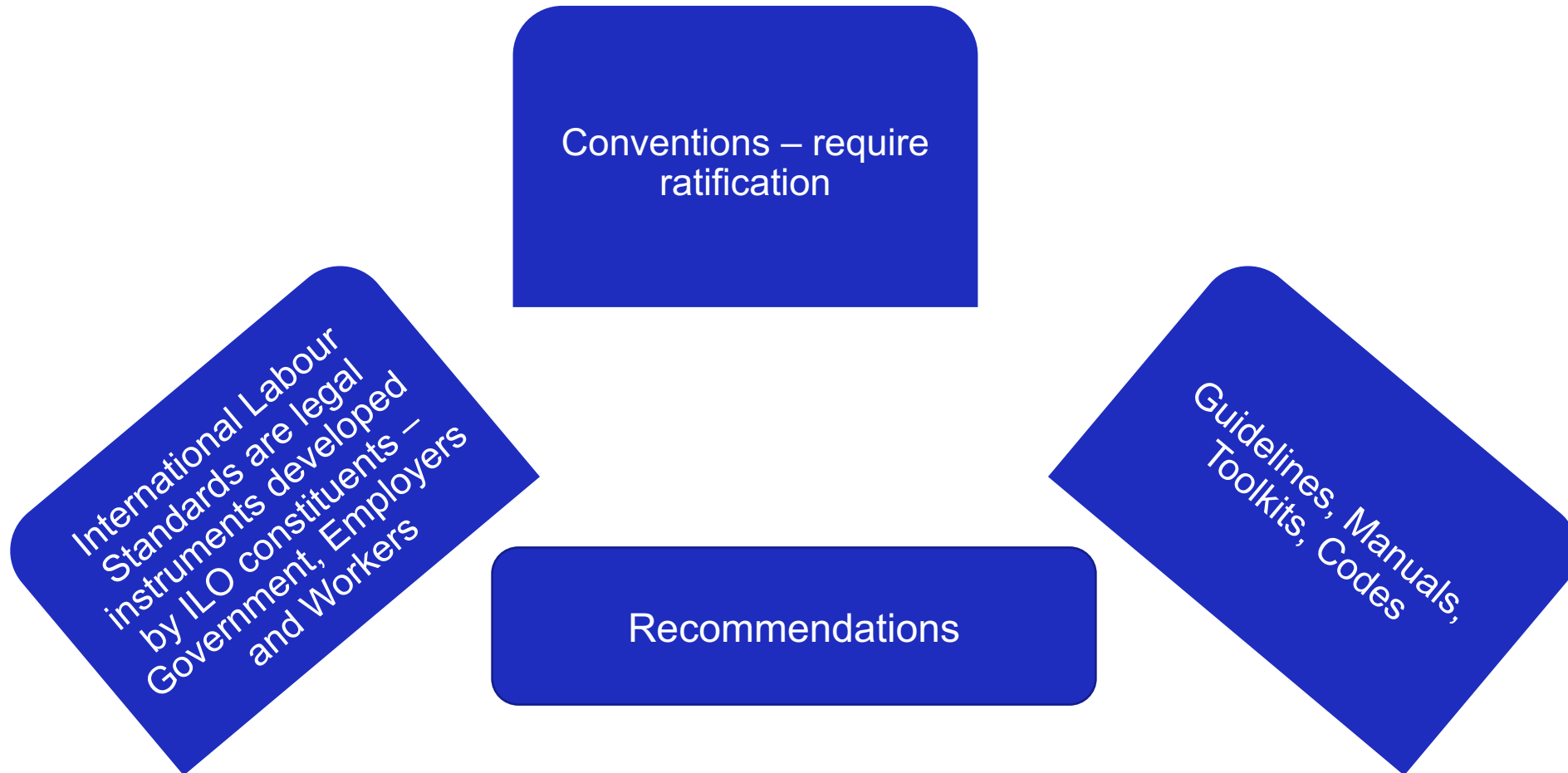
Tripartite

- Bringing together governments, employers and workers to promote decent work
- **Advance** opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity.

Social
Justice

- Promote **rights at work**, encourage **decent employment opportunities**, enhance **social protection** and strengthen **dialogue** in handling work-related issues and **address inequities** in the world of work

International Labour Standards

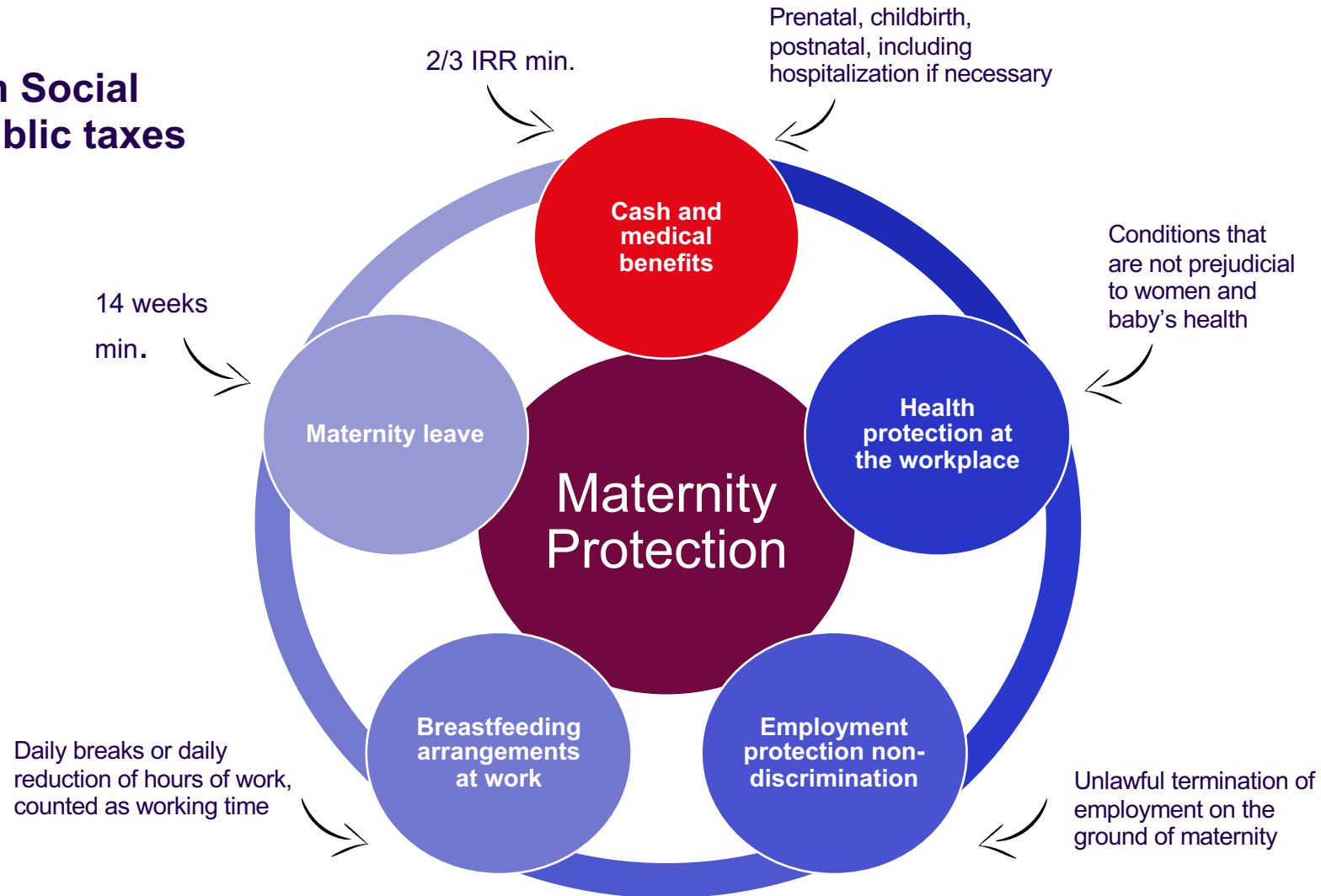


► MIP - International Labour Standards

- **First Maternity Protection Convention, 1919 (No. 3)**
- **Over 42 standards that are directly or indirectly linked to maternity protections in its multidimensional facets.**
- **Specific Guidance**
 - Convention on Social Security (Minimum Standard), No. 102, 1952,
 - Maternity Protection Convention, 2000 (No. 183)
 - Maternity Protection Recommendation, 2000 (No. 191)
 - Social Protection Floors Recommendation, 2012 (No.202)

The core elements of maternity protection according to International Labour Standards

✓ **Funded through Social Insurance or public taxes**



	ILO Convention No. 102: Minimum standards	ILO Convention No. 183 ⁹ and Recommendation No. 191: ¹⁰ Advanced standards	ILO Recommendation No. 202: Basic protection
What should be covered?	Medical care required by pregnancy, childbirth and their consequences; resulting lost wages.	C.183: Medical care required by pregnancy, childbirth and their consequences; resulting lost wages. R.191: Same as C.183 .	Essential maternity healthcare. At least basic income security for those who are unable to earn a sufficient income due to maternity.
Who should be protected?	At least: <ul style="list-style-type: none"> ▶ all women in prescribed classes of employees, which classes constitute not less than 50% of all employees and, for maternity medical benefit, also the wives of men in these classes; or ▶ all women in categories of the economically active population forming not less than 20% of all residents, including, with regard to maternity medical benefit, the wives of men in these classes); or ▶ all women with means under a prescribed threshold. 	C.183: All employed women including those in atypical forms of dependent work. R.191: Same as C.183 .	At least all women who are residents, subject to the country's international obligations.

	ILO Convention No. 102: Minimum standards	ILO Convention No. 183 ⁹ and Recommendation No. 191: ¹⁰ Advanced standards	ILO Recommendation No. 202: Basic protection
What should the benefit be?	<p><i>Medical benefits:</i> At least:</p> <ul style="list-style-type: none"> ▶ prenatal, confinement and postnatal care by qualified practitioners; ▶ hospitalization if necessary. <p>With a view to maintaining, restoring or improving the health of the woman protected and her ability to work and to attend to her personal needs.</p> <p><i>Cash benefits:</i> Periodic payment: at least 45% of the reference wage.</p>	<p>C.183: <i>Medical benefits:</i> At least prenatal, childbirth and postnatal care; hospitalization if necessary.</p> <p>Daily remunerated breaks or reduced hours for breastfeeding.</p> <p><i>Cash benefits:</i> At least 66.67% of previous earnings; should maintain mother and child in proper conditions of health and a suitable standard of living. Appropriate increases in the levels of cash benefits must be considered periodically.</p> <p>R.191: <i>Medical benefits:</i> Medical maternity care should also comprise pharmaceutical and medical supplies, medically prescribed tests, and dental and surgical care.</p> <p><i>Cash benefits:</i> Should be raised to the full amount of the woman's previous earnings.</p>	<p><i>Medical benefits:</i> Goods and services constituting essential maternity healthcare, meeting criteria of availability, accessibility, acceptability and quality; free prenatal and postnatal medical care should be considered for the most vulnerable.</p> <p><i>Benefits in cash or in kind:</i> should ensure at least basic income security, so as to secure effective access to necessary goods and services, and be at a level that prevents or alleviates poverty, vulnerability and social exclusion and enables life in dignity. Levels should be regularly reviewed.</p>
What should the benefit duration be?	<p><i>Medical benefits:</i> Throughout the contingency. <i>Cash benefits:</i> At least 12 weeks for cash benefits.</p>	<p>C.183: 14 weeks' maternity leave, including six weeks' compulsory leave after childbirth; additional leave before or after maternity leave in cases of illness, complications or risk of complications arising from pregnancy or childbirth.</p> <p>R.191: At least 18 weeks' maternity leave. Extension of the maternity leave in the event of multiple births.</p>	<p>As long as the incapacity to earn a sufficient income remains.</p>
What conditions can be prescribed for entitlement to a benefit?	<p>As considered necessary to preclude abuse.</p>	<p>C.183: Conditions must be met by a large majority of women; those who do not meet conditions are entitled to social assistance.</p> <p>R.191: Same as C.183.</p>	<p>Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of women.</p>

“Maternity cash benefits are build on social solidarity and risk pooling”

▶ Cash benefits

- ▶ Not less than 2/3 of previous earnings (100% in R191)
- ▶ Qualifying conditions shall be met by a large majority of employed women
- ▶ Cash benefits be provided through schemes based on **solidarity and risk-pooling**, such as compulsory social insurance or public funds

Employers shall not be individually liable for the cost of the benefits payable to women employed by them

- ▶ Payment by social assistance

Where a woman does not meet the qualifying conditions, subject to a means test

▶ Financing benefits

- ▶ Maternity cash benefits shall be provided through compulsory social insurance or public funds (C183)
- ▶ **Both men and women should contribute**

*Any contribution due under compulsory social insurance providing maternity benefits and any tax based upon payrolls which is raised for the purpose of providing such benefits, whether paid by both the employer and the employees or by the employer, should be paid in respect of the total number of men and women employed, **without distinction of sex.** (R191)*
- ▶ These principles ensure a broad, stable pooling of resources that avoids adverse selection and ensures **fair distribution of the costs and responsibilities for reproduction between non-childbearing individuals and childbearing individuals, regardless of age and sex**, and comparable to child benefits.
- ▶ Thus, even persons who can certify medically an inability to bear children should contribute.

► Schemes that hold the employer liable to pay for maternity benefits...

...oblige employers to bear the economic costs of maternity directly, resulting in higher risks of:

- Discrimination against women of childbearing age in hiring and in employment
- Non-payment of due compensation by the employer
- Termination of employment relationship before the maternity leave
- Women feeling pressured not to take leave to alleviate burden for employer
- Financial hardship, in particular for small businesses

▶ Maternity leave – duration of income replacement

- ▶ Not less than 14 weeks (18 weeks in R191)
- ▶ Maternity leave can be taken as combinations of pre- and post-natal leave
- ▶ Compulsory postnatal leave of 6 weeks
- ▶ Have employment protection during pregnancy, maternity leave and the right to return to the same or an equivalent position
- ▶ Additional leave in case of illness, complications or risk of complications

Convention No. 183 & Recommendation No. 191

Reasons for coverage gaps: Informality, lack of economic opportunities, cultural norms and gender stereotypes

Unpaid care work is one of the key reasons why women:

- Have less time for paid work with lower wages;
- Engage in self-employment and the informal economy;
- Have less time for rest, education and health care

=> Importance of affordable, adequate and accessible public services, in particular child care and health care

▶ Global situation

- ▶ In 143 out of the 195 countries and territories, periodic maternity cash benefits are anchored in national social security legislation
- ▶ Almost all of these countries (137) had social insurance schemes, of which eight also operate non-contributory tax-financed schemes.

▶ **43.8 %**

of the female labour force are entitled to maternity benefits through social insurance

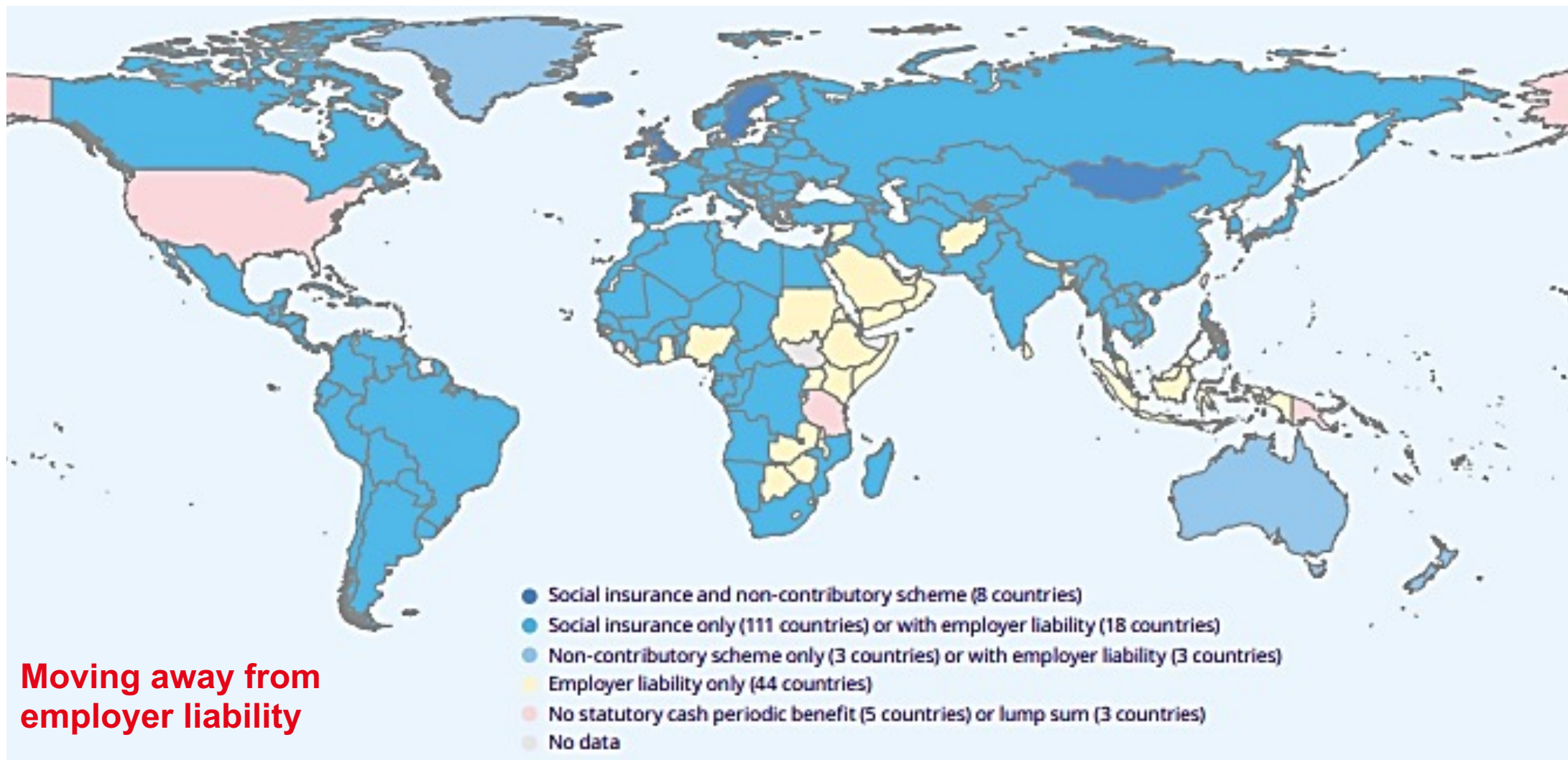
▶ **Only 9,7%**

are covered through statutory non-contributory benefits

▶ **Less than 10%**

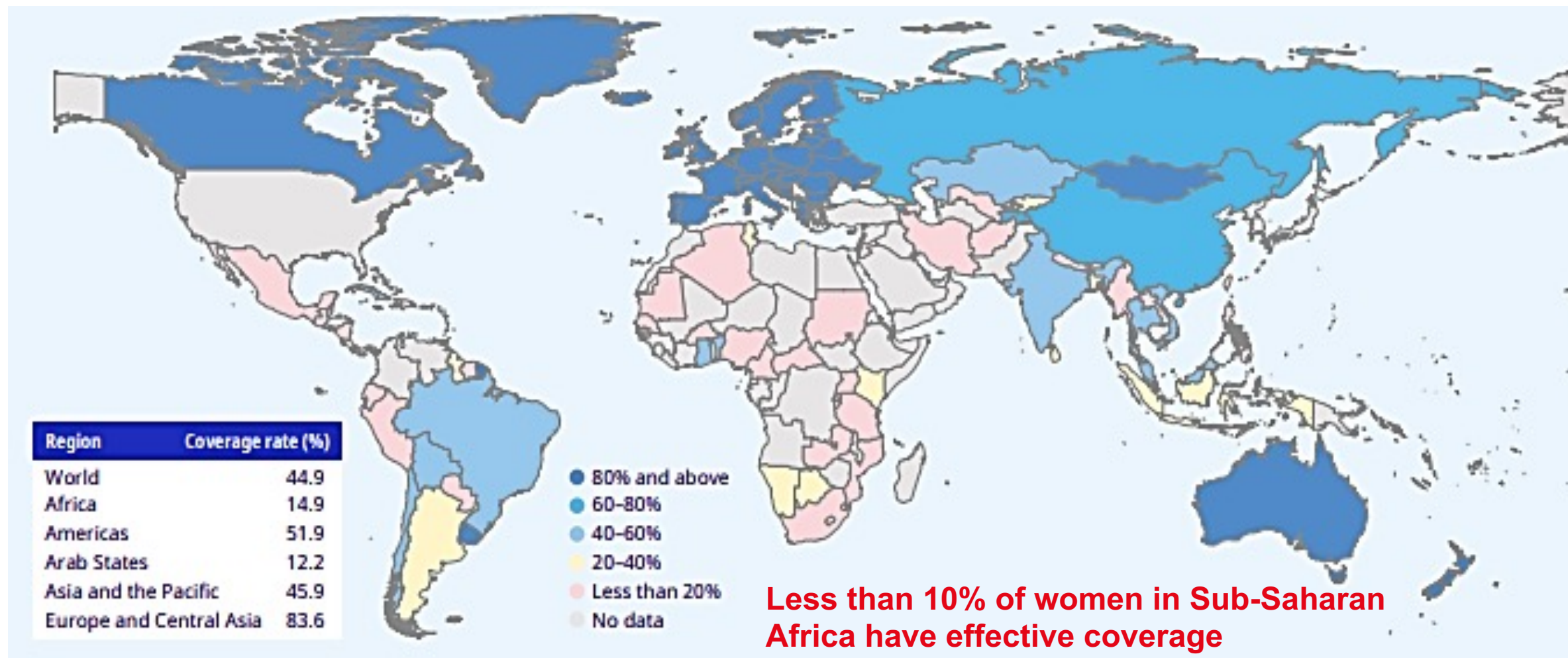
of women in Sub-Saharan Africa have effective coverage

Maternity protection (cash benefits) anchored in law by type of scheme, 2020



**Moving away from
employer liability**

Effective coverage for maternity protection: Percentage of women giving birth receiving maternity cash benefits, 2020



▶ **Country examples**

▶ Country example: Rwanda

- ▶ 2016 law ensures that female employees are entitled to 12 weeks leave at full pay (paid 6 weeks by employer and 6 weeks by social insurance (reimbursed to the employer)).

After 2016 law, moved from employer liability towards a mixed financing model combining social insurance and employer liability.

- ▶ Up to one additional month of maternity leave is paid in case of delivery complications certified by an authorized medical doctor.
- ▶ Must be currently employed with at least one month of contributions to be eligible
- ▶ The scheme shall be financed by contributions from both the employee (0.3% of gross monthly earnings) and employer (0.3% of gross monthly earnings).
- ▶ Applies to all workers governed by Rwandan labour law (employee as “any person who performs any activity in exchange for payment”) and therefore applies to the vast majority of workers, both in the formal and informal economy (though not to self-employed workers).
- ▶ In practice only the formal sector is covered and only 10% of the working female population.

More examples: African countries which have ratified Maternity Protection Convention No.183

Country	Financing	Benefit	Duration
Benin	Employer: 0.2% of gross monthly covered payroll	100% of the insured mother's last earnings is paid (the employer pays 50% of the cost);	Six weeks before and eight weeks after the expected date of childbirth
Burkina Faso	Employer: 7% of monthly covered payroll to finance family allowance (including maternity cash benefit)	100% of the insured's last gross covered earnings	14 weeks including at least four weeks before the expected date of childbirth;
Djibouti	Employer: 5.5% of monthly covered payroll to finance family allowances (including maternity cash benefit)	100% of the insured's monthly earnings (with the cost split equally between the social insurance program and the employer),	14 weeks including eight weeks before and six weeks after the expected date of childbirth;

Country	Financing	Benefit	Duration
Mali	Employer: 8% of gross monthly covered payroll to finance family allowances (including maternity cash benefit)	100% of the insured mother's last monthly earnings	14 weeks including eight weeks before and six weeks after the expected date of childbirth;
Mauritius	Employer pays the total cost (Employer-liability system)	100% of the employee's earnings	14 weeks, including at least seven weeks after the expected date of childbirth.
Morocco	Employee: 0.33% of gross monthly covered earnings Employer: 0.67% of gross monthly covered payroll	100% of the insured's average daily covered earnings in the six calendar months before the expected date of childbirth	14 weeks
Senegal	7% of monthly covered payroll to finance family allowances (including maternity cash benefit)	100% of the insured's last daily earnings	is paid for six weeks before and eight weeks after the expected date of childbirth;

Time for questions!

