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Countries that have effective universal health and social protection systems respond much better to sudden shocks and crises. However, in the Western Balkans there is little to no “automatic stabilization” because social protection systems have long been neglected, under-financed, and poorly managed.

Read more at: *Social Protection in the Western Balkans*

# POSITIVE LESSONS DRAWN FROM THE RESPONSE TO THE COVID19 PANDEMIC ACROSS THE REGION.

**01**



A simple and effective way of reaching some of the poorest of the poor are changes to non-contributory cash benefits and insurance-based schemes. These changes reduce income shocks for pensioners and those made unemployed by the crisis.

**02**



Schemes can be introduced even in crisis periods that can draw those in the informal sector through a partnership between governments and workers.

**03**



Innovations in ways of working, including the minimization of bureaucratic procedures, have been introduced that could have longer-term benefits.

**04**



Activities by NGOs, and grassroots mobilization and solidarity responses, some of which were supported by EU emergency funds, have made a significant difference.



# NEGATIVE LESSONS DRAWN FROM THE RESPONSE TO THE COVID19 PANDEMIC ACROSS THE REGION.

01



The poverty alleviation effects of the different measures vary across the region, based on amount, frequency, targeting, and timing. Additional investments have not been extensive, and any positive impacts will cease once temporary measures are revoked.

02



Children, including those at risk of poverty and those with disabilities, were not a priority in terms of cash assistance.

03



Support to Roma settlements was inadequate, pushing those already extremely poor to the brink of starvation.

04



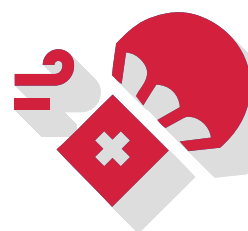
Disruptions to long-term care and other services contributed to increased social exclusion and the gap between a focus on ›cash‹ and a focus on ›care‹ was exacerbated.

05



Recognition of the needs of some vulnerable groups was slow and often limited.

06



Changes were ad hoc, improvised, with little or no consultation and, in terms of social services, underfunded.



# NUMBER OF RECOMMENDATIONS REGARDING EMERGENCY PREPAREDNESS

01



Structures of crisis preparedness, including governance and coordination are crucial at central, regional and local levels and recommendations around social protection must be given greater priority.

02



Protocols should be in place in terms of maintaining essential workers and services, covering shift systems, protective equipment, isolation, visits and placements, continuities of service, and the use of new technologies.

03



Social safety net programs, including those targeting children, together with new emergency programs should be introduced, and legal impediments to their introduction removed.

04



The size of benefits within existing social safety nets should be increased to reach absolute poverty thresholds at the very least, and conditionalities should be adjusted to crisis conditions. Where the rapid expansion of existing schemes is not possible, new emergency benefits should target informal workers and their families.

05



Crisis standards, including the scaling up of monitoring, evaluation, and complaints procedures, as well as the active participation of services users, should be introduced.

06

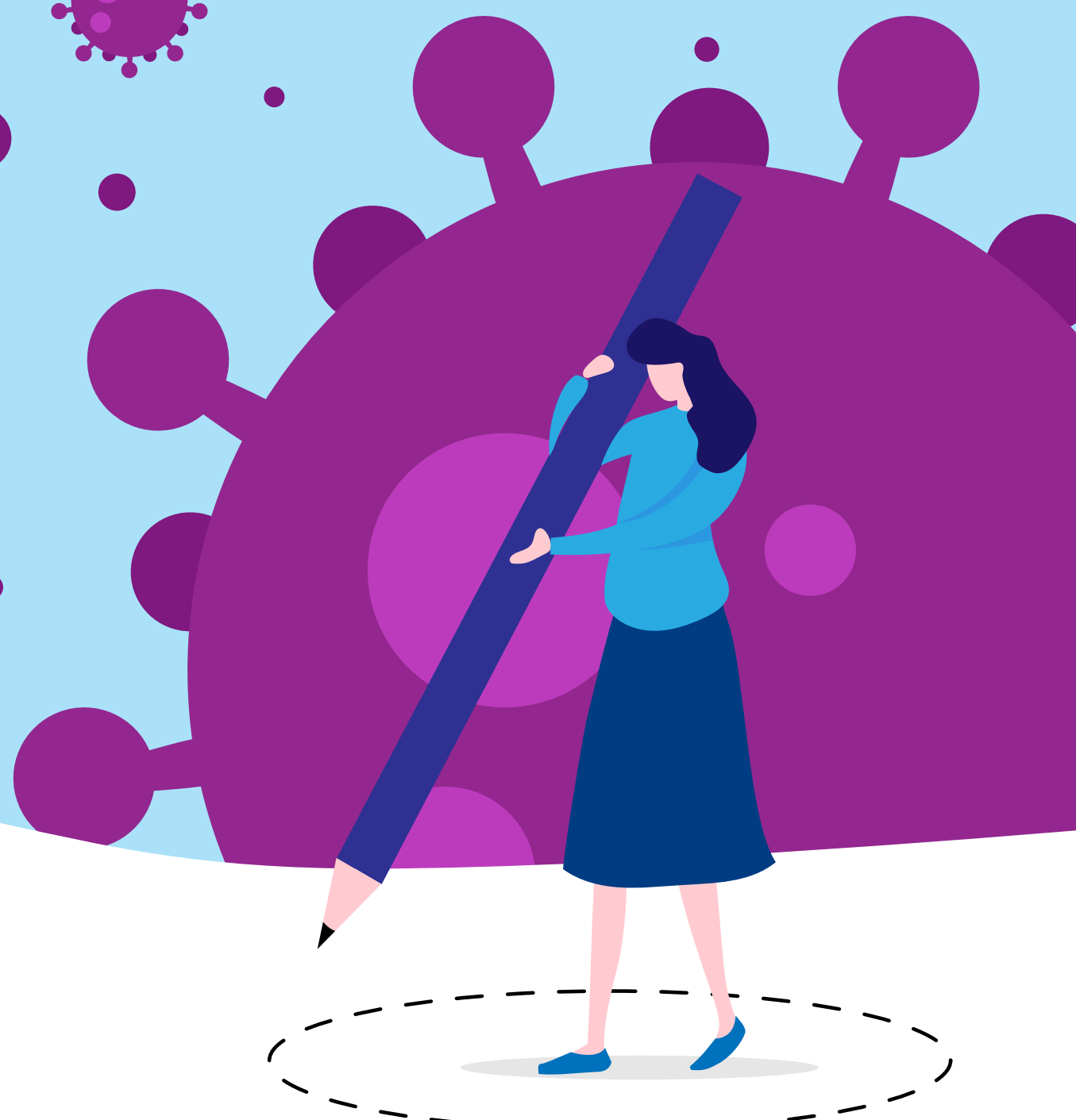


The continuum of care services should be maintained and broadened wherever possible to ensure continuities of services, leaving no one behind.

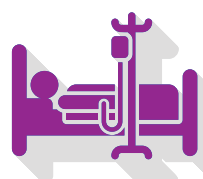
Read more at: [Social Protection in the Western Balkans](#)



# KEY RECOMMENDATIONS FOR THE TRANSITION OUT OF CRISIS

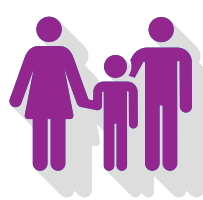


**01**



Emergency programs and changes to benefit systems should remain in place long enough to make a thorough assessment of their impacts and costs. Those that are proven effective, should be maintained.

**02**



Irrespective of the crisis, expanded adequacy and coverage of social assistance, social pensions, and child benefits should be prioritized.

**03**



It is important not to allow for a loss of momentum in terms of processes of deinstitutionalization, through which service users leave residential care and are reintegrated into the community. In addition, greater priority needs to be given to long-term care and institutional care for older people needs to be rethought.

**04**



Digital inclusion and tackling the digital divide is crucial, with real choices offered to service users and adequate training programs introduced.

**05**



Within social protection, issues of informality in employment and care, need to be tackled. Housing, and the requisition of spare capacity in crisis, must be addressed.