Guide to Reading the Country Summaries

This Research Report highlights the principal features of social security systems throughout the world. A few political jurisdictions have been excluded because they have no social security system, or have issued no information regarding their social security legislation. The data reported are based on laws and regulations in force at the beginning of 1999, or the last date for which information has been received. The names of the countries are those used by the U.S. Department of State.

Much of the information used was collected in the Annual Survey on Developments and Trends conducted by the International Social Security Association (ISSA) under the sponsorship of the United States Social Security Administration. Appreciation is expressed to the ISSA for providing this information.

Other sources include official publications, periodicals, and other documents received from social security institutions, foreign embassies, or the Law Library of the Library of Congress. Information transmitted by Labor Attaches and Labor Reporting Officers at American Embassies abroad has been invaluable. Additional important sources include the International Labor Office and other international organizations such as the Permanent Inter-American Social Security Committee, the Organization for Economic Co-operation and Development, the European Communities, the World Bank, the International Monetary Fund, and the Inter-American Development Bank, as well as foreign social security officials, and social security experts in the United States. (For a listing of countries and territories that provided information, see page xxvii.)

The country summaries show each system's major features. Separate programs in the public sector and specialized funds for such groups as agricultural workers, collective farmers, or the self-employed have not been described in any detail in this report. Private employer or individual benefit arrangements are not described in any detail, even though such arrangements may be mandatory in some countries or available as alternatives to statutory programs.

The country summaries also do not refer to international social security agreements that may be in force between two or more countries. These agreements may modify coverage, contribution, and benefit provisions of national laws summarized in the country summaries.

Since the summary format requires brevity, technical terms have been developed and are applied to all programs. This terminology, created to be concise as well as comparable, may differ from national concepts or usages.

Types of Programs Covered

The term *social security* in this report refers to programs established by statute that insure individuals against interruption or loss of earning power, and for certain special expenditures arising from marriage, birth, or death. Allowances to families for the maintenance of children are also included in this definition.

Protection of the insured person and dependents usually is extended through cash payments to replace at least a portion of the income lost as the result of old age, disability, or death; sickness and maternity; work injury; or unemployment; or through services, primarily hospitalization, medical care, and rehabilitation. Measures providing cash benefits to replace lost income are usually referred to as *income-maintenance* programs, while measures that finance or provide direct services are referred to as *benefits-in-kind*.

There are three broad approaches to coverage that provide cash benefits under income-maintenance programs, namely, employment-related, universal, and means-tested systems. Under the first two, the insured, dependents, and survivors can claim benefits as a matter of right; means-tested benefits are based on a comparison of a person's income or resources against a standard measure.

Employment-related systems generally base eligibility for pensions and other periodic payments on length of employment or self-employment or, in the case of family allowances and work injuries, on the existence of the employment relationship itself. The amount of pensions (long-term payments, primarily) and other periodic payments (short-term) in the event of unemployment, sickness, maternity, or work injury is usually related to the level of earnings before any of these contingencies caused earnings to cease. Such programs are financed entirely or largely from contributions (usually a percentage of earnings) by employers, workers, or both, and are in most instances compulsory for defined categories of workers and their employers. Such systems are referred to as **social insurance systems.**

A few of these systems permit voluntary affiliation of workers, especially the self-employed. In some instances, the government subsidizes such programs to encourage voluntary participation.

The government is, pro forma, the ultimate guarantor of all benefits. In a substantial number of countries, it participates in the financing of employment-related as well as other social security programs. The government may: contribute through an appropriation from general revenues based on a percentage of total wages paid to insured workers; cover part or all of the cost of a program; or pay a subsidy to make up any deficit of an insurance fund. Occasionally, the government pays the contributions for low-paid workers. These arrangements are separate from obligations the government may have as an employer under systems that cover government employees. Social security contributions and other income are kept in a separate fund and are shown as a separate item in government accounts. (For further details on the government's role in social security financing, see Source of Funds under **Old-Age, Disability, and Survivor Programs.**)

Universal or demogrant programs provide flat-rate cash benefits to residents or citizens, without consideration of income, employment, or means. Usually financed from general revenues, these benefits are often universal in application for persons with sufficient residency. These programs may include old-age pensions for persons over a certain age; pensions for disabled workers, widows, widowers, and orphans; and family allowances. Most social security systems incorporating a universal program also have a second-tier earnings-related program. Some universal programs are financed in part by contributions from workers and employers, even though they receive substantial support from income taxes.

Means-tested programs establish eligibility for benefits by measuring individual or family resources against a standard usually based on subsistence needs. Benefits are limited to needy or low-income applicants. The size and type of benefits are determined in each case by administrative decision within the framework of the law.

The specific character of means, needs, or income tests, as well as the weight given to family resources, differ considerably from country to country. Such programs, variously referred to as social pensions, equalization payments, and other similar names, traditionally are financed primarily from general revenues.

Means-tested systems constitute the sole or principal form of social security in only a few jurisdictions. Sometimes they have been replaced by contributory programs linked with income-related benefits. In addition, means- or income-tested programs are in many cases administered by social insurance agencies. These programs apply to persons who are not in covered employment, or whose benefits under employment-related programs, together with other individual or family resources, are inadequate to meet subsistence or special needs. Sometimes, means-tested programs are administered on the national level, but more often they are administered locally.

In this report when national means-tested programs supplement an employment-related benefit, the existence of a means-tested program is generally noted, but no details concerning it are given. When a means-tested program represents the only or principal form of social security, however, further details are noted.

Other approaches. Three other types of programs are covered in some of the country summaries: **mandatory private insurance**, publicly-operated **provident funds** and **employer-liability** programs.

Mandatory private insurance may have been put into place to substitute for or to complement social insurance systems. Private insurance is funded through mandatory contributions by the employee (or a combination of employee and employer contributions) to an employee's individual account. The employee must pay an administrative fee for the account and purchase a separate policy for disability and survivors insurance.

Public **provident funds**, which exist primarily in developing countries, are essentially compulsory savings programs in which regular contributions withheld from employees' wages are matched by their employers. These contributions are set aside for each employee in a special fund for later repayment to the worker (as a rule in a single lump sum with accrued interest) when defined contingencies occur, although in a few cases the beneficiary can opt for a pension, or pensions are provided for the survivors.

Under **employer-liability** systems, workers are usually protected through labor codes whereby affected employers are required to provide specified payments or services directly to their employees, such as payment of lump-sum gratuities to the aged or disabled; provision of medical care, paid sick leave, or both; payment of maternity benefits or family allowances; provision of temporary or long-term cash benefits and medical care in the case of a work injury; or payment of severance indemnities in the case of dismissal. This approach does not involve any direct pooling of risk, since the liability for payment is placed directly on each employer. Employers may insure themselves against liability and some laws make such insurance compulsory.

Format of Program Summaries

Each country summary begins with programs dealing with **old age, disability, and death.** Benefits under these programs are ordinarily pensions payable for life, or for a considerable number of years; hence, they are usually referred to as benefits for long-term risks (as distinct from short-term risks such as temporary incapacity resulting from sickness and maternity, work injury, or unemployment, which are dealt with under their respective headings). These programs are usually administered jointly and have a pooled source of financing as well as interrelated qualifying conditions and benefit formulas.

The laws summarized under **Old Age, Disability, and Death** include those providing pensions or lump-sum payments to replace income loss resulting from old age or permanent retirement. Such benefits are usually payable only at a specified age. Some countries require complete or substantial retirement; others pay a pension at a certain age, whether workers retire or not.

The second type of long-term risk for which pensions are provided is disability (referred to in some countries as *invalidity*). This may be generally defined as long-term and more or less total work impairment resulting from a non-occupational injury or disease. (Disability caused by a work injury or occupational disease is usually compensated under a separate program; these benefits are dealt with under **Work Injury.**)

The third type of pensions listed are those payable to dependents of insured workers or pensioners who die. (Pensions for survivors of work-accident victims are usually provided under a separate work injury program.)

The second major heading of each country summary deals with **sickness and maternity** programs, including: cash benefits to replace wages lost due to short-term sickness or injury of nonoccupational origin; cash benefits to replace wages lost during maternity leave; and, related medical benefits or services. (Again comparable benefits provided as a result of a work injury or occupational disease are shown under **Work Injury**.)

One reason for grouping the several kinds of benefits shown together under a single branch, **Sickness and Maternity,** is that each deals in one way or another with the risk of temporary incapacity. Moreover, in most instances, such benefits are furnished as part of a single system with common financing and administration. Most countries provide medical care services for sickness and maternity as an integral part of the health insurance system and link these services directly with the provision of cash benefits. (In some instances, maternity cash grants are covered under family allowance programs.) Occasionally, however, medical-care services are provided under a public health program, independent of the social insurance system. Where this dual approach is followed, it has been indicated in the summaries.

The third major heading of the country summaries concerns programs that provide benefits in the event of incapacity or death caused by an employment-related **work injury or occupational illness**. Such programs usually furnish short- and long-term benefits, depending on both the duration of the incapacity and the age of survivors. Work-injury benefits nearly always

include cash benefits and medical services. Most countries maintain more or less separate work-injury programs that are not directly linked with other social security measures. In some countries, like Spain, however, work-injury benefits are paid under special provisions of the general social security programs. Both types of programs are dealt with under **Work Injury**.

The fourth heading of the summaries lists programs protecting persons against **unemployment.** In some countries, these programs are independent of other social security measures and often closely linked with employment services. In others, the unemployment programs are included with social security measures covering other risks, although employment services may continue to verify unemployment and assist in a job search.

The last heading of each country summary concerns **family allowances.** The general purpose of such programs is to provide additional income for families with young children in order to meet at least part of the added costs of their maintenance. These programs are sometimes integrated with other social security measures; in other instances, they are entirely separate.

Old-Age, Disability, and Survivor Programs

Coverage. The extent of social security coverage in a country is determined by the kind of system, sometimes the age of the system, and the degree of economic development. A program may provide coverage for the entire country or, at the other extreme, may be limited to wage and salary workers in the capital and perhaps in several provinces.

In principle, universal (or *demogrant*) systems cover the entire population for the contingencies of old-age, disability, and survivorship. A person may have to meet certain conditions, such as long-term residence or citizenship. Aliens are often excluded from benefits unless there is a reciprocal agreement with the country of which they are nationals.

The extent of employment-related benefits frequently depends on the age of the system. Historically, coverage was usually provided first to government employees and members of the Armed Forces, then to workers in industry and commerce, and eventually extended to practically all wage earners and salaried employees through a general system. Therefore, public employees, including military personnel and civil servants, teachers, and employees of public utilities, corporations or monopolies are still covered, by older separate systems in many countries.

Special occupational systems were also often set up for certain private sector employees, such as miners, railway workers, and seaman. Qualifying conditions and benefits are often more liberal than under the general system. The risk involved in an occupation, its strategic importance for economic growth and the economic and political strength of trade unions have often had a role in shaping the type and size of benefits offered by the particular program.

Groups which might be considered difficult to administer— family workers, domestics, and day workers, agricultural workers and the self-employed — were often initially excluded from coverage. The trend has been to eventually cover these groups under separate funds or to bring them under the general system. Even non-workers are sometimes covered by allowing voluntary contributions at a specified level which maintains the right

to an eventual pension. Some systems also provide voluntary coverage for women who leave the labor force temporarily to have children or to raise a family, or for self-employed persons not covered by a mandatory program. Some developed countries with younger programs have built up a unified national program, bypassing the stage of separate industrial or agricultural funds.

Most developing countries have extended coverage gradually. Particularly in the early stages of development, a large part of the population may still be living in a predominantly noncash, extended-family, or tribal economy. During the first stages of social security, primarily wage and salary workers are covered against loss of income due to old age and, less often, disability.

This often takes the form of provident funds. Most provide coverage for wage and salary workers in the government and private sector. A few have exclusions based on the worker's earnings or the firm size. Funds that exclude employees with earnings above a certain level from compulsory coverage may in some cases give them the option to affiliate or continue to participate voluntarily.

Source of Funds. There are normally three sources of revenue for old-age, disability, and survivor programs: a percentage of covered wages or salaries paid by the worker; a percentage of covered payroll paid by the employer, and a government contribution.

Almost all pension programs under social insurance (as distinct from provident funds or universal systems) are financed at least in part by employer and employee contributions. Many derive their funds from all three sources. Contributions are determined by applying a percentage to salaries or wages up to a certain maximum. In many cases the employer pays a larger share.

The government's contribution may be derived from general revenues or, less frequently, from special earmarked or excise taxes (for example, a tax on tobacco, gasoline, or alcoholic beverages). It may be used in different ways—to defray a portion of all expenditures (such as the cost of administration), to make up deficits, or even to finance the whole cost of a program. Subsidies may be provided in the form of a lump sum or an amount to make up the difference between employer-employee contributions and the total cost of the system. A number of countries reduce or, in some cases, eliminate contributions for the lowest-paid wage earners, financing their benefits entirely from general revenues or by the employer.

The contribution rate apportioned between the sources of financing may be identical or progressive, increasing with the size of the wage, or changing according to wage class. Where universal and earnings-related systems exist side by side, and the universal benefit is not financed entirely by the government, separate rates may exist for each program. In other instances, flat-rate weekly contributions may finance basic pension programs. These amounts are uniform for all workers of the same age and sex, regardless of earnings level. However, the self-employed often must contribute at a higher rate than wage and salary workers, thereby making up for the employer's share.

For administrative purposes, a number of countries assess a single overall social security contribution covering several contingencies. Sickness, work injury, unemployment, or family allowances, as well as pensions may be financed from this contribution.

General revenue financing is the sole source of income in some universal systems. The contribution of the resident or citizen is often a percentage of taxable income under a national tax program. General revenues finance all or part of the means-tested supplementary benefits in many countries.

Contribution rates, as a rule, are not applied to the entire wage or salary, but only up to a ceiling. A portion of the wage of high-paid workers will escape the tax, but will also not count in the determining the benefit. In a few cases, an earnings ceiling applies for the determination of benefits but not for contribution purposes. In some countries, contribution rates are applied not to actual earnings, but to a fixed amount that is set for all earnings falling within a specified range or *wage class*.

Qualifying conditions for benefits. To receive an old-age benefit, two requirements usually must be met: attainment of a specified age and completion of a specified period of contributions or covered employment. Another common requirement is total or substantial withdrawal from the labor force. Sometimes, eligibility is determined by resident status or citizenship.

Old-age benefits generally become payable between age 60 and 65. In some countries, length-of-service benefits are payable at any age after a certain period of employment, most commonly between 30 and 40 years. The age at which benefits first become payable was often a major policy issue in the 1970's and 1980's, reflecting public pressure to lower the age limits. Several countries have more recently increased their age limit due to budgetary constraints.

Many programs have the same pensionable age for women as for men. The others permit women to draw a full pension at an earlier age, despite their longer life expectancy. The differential is usually about 5 years. Internationally, there is a trend, toward equalizing the retirement age.

Many programs offer optional retirement before the normal retirement age is reached. A reduced pension may usually be claimed up to 5 years earlier. Some countries pay a full pension before the regular retirement age if the applicant meets one or more of the following conditions: work in an especially arduous, unhealthy, or hazardous occupation (for example, underground mining); involuntary unemployment for a period near retirement age; physical or mental exhaustion (as distinct from disability) near retirement age, or, occasionally, an especially long period of coverage. Some programs award old-age pensions at ages beyond the norm to workers who cannot satisfy the regular length-of-coverage requirement. Others provide increments to those who had continued working beyond the normal retirement age.

Universal systems usually do not require a minimum period of covered employment or contributions. However, most prescribe a minimum period of prior residence.

Some systems credit periods during which persons were not in covered employment, for reasons beyond their control, such as disability, unemployment, military service, education, child rearing, or training. Other systems disregard these periods and benefits often are proportionately reduced for each year below the required minimum. Should the person have only a few

years of coverage, there may be a refund of contributions or a settlement in which a certain part of the full benefit or earnings is paid for each year of contribution.

A majority of social insurance systems require total or substantial withdrawal from covered employment. Under a retirement test, the benefit may be withheld or reduced for those who continue working, depending on the amount of earnings or, less often, the number of hours worked. Universal systems usually do not require retirement from work for receipt of a pension. Provident funds pay the benefit only when the worker leaves covered employment or emigrates.

Some countries provide exemptions that, in effect, eliminate the retirement condition for specified categories of pensioners. For example, the retirement test may be eliminated entirely after a worker reaches a specified age above the minimum pensionable age; or for pensioners with long working careers in covered employment. Occupations with manpower shortages may also be exempted from the retirement test.

The principal requirements for receiving a disability benefit are loss of productive capacity after a minimum period of work or contributions. Often the full disability benefit is granted for a two-thirds loss of working capacity in the worker's customary occupation, but this requirement may vary from one-third to 100 percent.

The qualifying period for a disability benefit is usually shorter than for an old-age benefit. Periods of 3 to 5 years of contribution or covered employment are most common. A few countries provide disability benefits in the form of an unlimited extension of ordinary cash sickness benefits.

Entitlement to disability benefits may have age limitations. The lower limit in most systems is in the teens, but it may be related to the lowest age for admission to social insurance, or employment, or to the maximum age for a family allowance benefit. The upper age limit is frequently the normal retirement age, when disability benefits may be converted to old-age benefits.

For survivors to be eligible for benefits, most programs require that the deceased worker have been a pensioner, or have completed a minimum period of covered employment or contributionCoften the same as that for the disability benefit. The surviving spouse and orphans must also often meet certain conditions, such as age requirements.

Old-age benefits. The old-age benefit in most countries is a wage-related, periodic payment. However, some countries pay a universal fixed amount that bears no relationship to any prior earnings while others supplement their universal pension with an earnings-related pension. Provident fund systems make a lump-sum payment, usually a refund of employer and employee contributions plus interest. In those programs that have mandatory individual accounts, options for retirement include purchasing an annuity, making withdrawals from an account regulated to guarantee income for an expected lifespan (programmed withdrawals), or a combination of the two (deferred annuity.)

Where benefits are related to income, they are almost always based on *average* earnings. In some countries, the average is computed from gross earnings, including various fringe benefits; in others, from net earnings. Still other countries use wage classes rather than actual earnings. These may be based on occupations, or, for administrative convenience on earnings arranged by size using the midpoint in each step to compute the benefit.

Several methods are used to compensate for averages that may be reduced by low earnings early in a worker's career or periods without any credited earnings (due to unemployment or military service, for example), and for the effects of price and wage increases due to inflation. One method is to exclude from consideration a number of periods with the lowest (including zero) earnings. In many systems, the period over which earnings are averaged may be shortened to the last few years of coverage, or the average may be based on years when the worker had his highest earnings. Other systems revalue past earnings by applying an index that usually reflects changes in national average wages or the cost of living. Some assign hypothetical wages before a certain date. Still others have developed mechanisms for automatic adjustment of workers' wage records based on wage or price changes.

A variety of formulas are used in determining the benefit amount. Instead of a statutory minimum, some pay a percentage of average earnings (such as 35 or 50 percent), which is unchanged by length of coverage once the qualifying period is met. A more common practice is to provide a basic rate, for example, 30 percent of average earnings, plus an increment of 1 or 2 percent of earnings either for each year of coverage or for each year in excess of a minimum number of years. Several countries have a weighted benefit formula, which returns a larger percentage of earnings to lower paid workers than to higher paid workers.

Most systems limit the size of the benefit. Many do this by establishing a ceiling on the earnings taken into account in the computation. Others establish a maximum cash amount or a maximum percentage of average earnings (such as 80 percent). Some systems combine two or more of these methods.

Most systems supplement the benefit for a wife or child. The wife's supplement may be 50 percent or more of the basic benefit, although in a number of countries it is payable only for a wife who has reached a specified age, or has children in her care, or is disabled. It is sometimes also payable for a dependent disabled husband.

Minimum benefits are often intended to maintain a minimum standard of living, though in many cases this has not been achieved. A maximum which reduces the effect large families have on benefits is often used to limit total benefits, including those of survivors, in the interest of the financial stability of the program. (see **Survivor benefit**).

The adjustment of benefits to reflect price or wage changes is sometime automatic(often referred to as *dynamic*). In other countries, the process is semiautomatic, the adequacy of pensions is reviewed periodically by an advisory board or other administrative body that recommends a benefit adjustment to the government, usually requiring legislative approval.

Disability benefit. Under most programs, provisions for persons who are permanently disabled due to nonoccupational causes are very similar to those for the aged. The same basic formula usually applies for total disability as for old age — cash amount frequently expressed as a percentage of average earnings. Increments and dependents' supplements are generally identical under the total disability and old-age programs. For the totally disabled, a constant-attendance supplement, most often 50 percent of the benefit, may be paid to those who need help on a daily basis. Partial disability benefits, if payable, are usually reduced, according to a fixed scale. The system may also provide rehabilitation and training. Some countries provide higher benefits for workers in arduous or dangerous employment.

Survivor benefit. Periodic benefits for survivors of covered persons or pensioners are provided under most systems, although a few pay only lump-sum benefits. Survivor benefits are generally a percentage of the benefit paid to the deceased at death, or the benefit to which the insured would have been entitled if the insured had attained pensionable age or become disabled at that time.

Survivor benefits are paid to some categories of widows under nearly all programs. The amount of a widow's benefit most frequently ranges from 50 to 75 percent of the deceased worker's benefit, or in some cases 100 percent. In some countries, lifetime benefits are payable to every widow whose husband fulfills the necessary qualifying period. More commonly, the provision of widows' benefits is confined to those having young children in their care, those above a specified age, or those who are disabled.

Lifetime benefits are ordinarily payable to aged and disabled widows. Those awarded to younger mothers, however, are usually terminated when all children have passed a certain age, unless the widow has reached a specified age or is disabled. Most widows' benefits also terminate on remarriage, although a final lump-sum grant is often payable in this circumstance. Special provisions govern the rights of the divorced. Age limits for orphans' benefits are often the same as for children's allowances. Many countries fix a somewhat higher limit for orphans attending school, undergoing an apprenticeship, or who are incapacitated. In a large number of countries, the age limit is removed for disabled orphans as long as their incapacity continues. Under most survivor programs, a distinction is made between half orphans (who have lost one parent) and full orphans (who have lost both parents). Benefits for the latter are often from 50 to 100 percent larger than those for half orphans. Special payments are also made to orphans under the family allowance programs of some countries.

Benefits are payable under a number of programs to widowers of insured workers or pensioners. A widower usually must have been financially dependent on his wife and either disabled or old enough to receive an old-age benefit at her death. A widower's benefit is usually computed in the same way as a widow's benefit.

Many systems also pay benefits to other surviving close relatives, such as parents and grandparents, often only in the absence of qualifying widows, widowers, or children. The maximum total benefit to be divided among survivors is usually between 80 and 100 percent of the benefit of the deceased.

Administrative organization. Responsibility for administration generally rests with semiautonomous institutions or funds. These agencies are most often subject to general supervision by a ministry or government department, but otherwise are largely self-governing, headed by a tripartite board that includes representatives of workers, employers, and the government. Some boards are bipartite with representatives of workers and employers only, or of workers and the government. Where coverage is organized separately for different occupations, or for wage earners and salaried employees or self-employed workers, each program usually has a separate institution or fund. In a few cases, the administration of benefits is placed directly in the hands of a government ministry or department.

Sickness and Maternity Programs

Programs for sickness are generally of two types: cash sickness benefits, paid when short-term illnesses prevent work; and health care, provided in the form of medical, hospital, and pharmaceutical benefits. Some countries maintain a separate program for cash maternity benefits, paid to working mothers before and after childbirth. In most countries, however, maternity benefits are administered as part of the cash sickness program.

Cash sickness and maternity benefits as well as health care are usually administered under the same branch of social security. For this reason, these programs are grouped together in the country summaries.

Where health care is dispensed directly by the government or its agencies, and the principal source of funds is general revenue, the cash benefit program usually continues to be administered on an insurance basis, funded by payroll contributions, and often merged with other aspects of the social insurance system such as old age and disability. However, countries that deliver health care primarily through private facilities and private funding also tend to have developed separate programs. Where the social security program operates its own medical facilities, both types of benefits are usually administered jointly.

A new category of benefits, designed to assist in the provision of long-term care, preferably at home, is generally supported by a special tax, with benefit levels set according to the level of care required. These benefits may be payable in cash, kind, or a combination of the two.

Coverage. The proportion of the population covered by sickness programs varies considerably, due in part to the degree of economic development. Coverage for medical care and cash benefits is generally identical in countries where both types of benefits are provided through the same branch of social insurance. In a number of systems, particularly in developing countries, health care insurance extends only to employees in certain geographic areas. A common procedure is to start the program in the capital city or in a few urban centers, then extend it gradually to other areas. Both cash sickness and health care programs may exclude agricultural workers, who, in some countries, comprise a major proportion of the working population. Where a health insurance system (as distinguished from a national health service program) exists, most workers earning below a certain ceiling participate on a compulsory basis. Others, such as the self-employed, are often permitted to affiliate on a voluntary basis. In several countries, higher paid employees are specifically excluded from one or both forms of sickness insurance, although some voluntary participation is usually permitted.

A large number of countries include pensioners as well as other social security beneficiaries under the medical care programs, sometimes without cost to the pensioner. Elsewhere, pensioners pay a percentage of their pension or a fixed premium for all or part of the medical care coverage. Special sickness insurance systems are often maintained for certain workers, such as railway employees, seamen, and public employees.

Where medical care coverage is provided through a national health service rather than social insurance, the program is usually open in principle to virtually all residents. However, restrictions on services to aliens sometimes apply.

Source of funds. Many countries have merged the financing of sickness programs with that of other social insurance benefits and collect only a single contribution from employees and employers. More often, however, a fixed percentage of wages, up to a ceiling, is contributed by the employee and the employer directly to a separate program that administers both health care and cash benefits for sickness and maternity. Some countries, in addition, provide a government contribution. Where medical care is available to residents, generally through some type of national health service, the government usually bears at least the major part of the cost from general revenues.

Qualifying conditions. Generally, a person becoming ill must be gainfully employed, incapacitated for work, and not receiving regular wages or sick-leave payments from the employer to be eligible for cash sickness benefits. Most programs require claimants to meet a minimum period of contribution or to have some history of work attachment prior to the onset of illness to qualify. Some countries, however, have eliminated the qualifying period.

The length of the qualifying period for cash sickness benefits may range from less than 1 month to 6 months or more and ordinarily somewhat longer for cash maternity benefits. Usually the period must be fairly recent, such as during the last 6 or 12 months. In the case of medical benefits, a qualifying period is usually not required; where such a requirement does exist, it is generally shorter. Most programs providing medical services to dependents of workers, as well as to the workers themselves, do not distinguish in their qualifying conditions between the two types of beneficiaries. A few programs require a longer period of covered employment before medical services are provided to dependents.

Cash benefits. The cash sickness benefit is usually 50 to 75 percent of current average earnings, frequently with supplements for dependents. Most programs, however, fix a maximum benefit amount or do so implicitly through a general earnings ceiling for contributions and benefits. Benefits are sometimes reduced when beneficiaries are hospitalized at the expense of the social insurance system.

A waiting period of 2-7 days is imposed under most cash sickness programs. This means that benefits may not be payable at all if an illness or injury lasts only a few days and that the first few days may not be compensable in case of a prolonged inability to work. Under some programs, however, benefits are retroactively paid for the waiting period when the disability continues beyond a specified time, commonly 2 to 3 weeks. A waiting period reduces administrative and benefit costs by excluding many claims for short illnesses or injuries during which income loss is relatively small.

The period during which a worker may receive benefits for a single illness or injury, or in a given year, is ordinarily limited to 26 weeks. In some instances, however, benefits may be drawn for considerably longer, or even for an unlimited duration. A number of countries permit the agency to extend the maximum to 39 or 52 weeks in individual cases. When cash sickness benefits are exhausted, in most countries the recipient is paid a disability benefit if the incapacity continues.

Cash maternity benefits are usually payable for a specified period, before and after childbirth. A woman is almost always required to stop working while receiving maternity benefits, and usually she must use the prenatal and postnatal medical services provided by the system. In some countries, cash maternity benefits are also payable to working men who stay home to care for a newborn child while the mother returns to work, as well as cash payments when a parent, usually the mother, must leave work to care for a sick child under a specified age.

The proportion of earnings payable as a cash maternity benefit differs considerably from country to country and generally falls within the same range as cash sickness benefits. However, in a number of countries, maternity benefits are set at 100 percent of wages. Benefit payments usually start approximately 6 weeks before the expected date of confinement and end 6 to 8 weeks after confinement.

A nursing allowance — usually 20 or 25 percent of the regular maternity benefit and payable for up to 6 months or longer — may be provided in addition to the basic cash maternity benefit. A grant for the purchase of a layette, or the layette itself, is furnished under some programs. Finally, a lump-sum *maternity grant* is paid in some countries on the birth of each child. The wives of insured men are often eligible for this grant. Similar benefits may be provided under the family allowance program.

Medical benefits. Medical services usually include at least general practitioner care, some hospitalization, and essential drugs. Services of specialists, surgery, maternity care, some dental care, a wider range of medicines, and certain appliances are often added. Transportation of patients and home-nursing services may be included.

Three principal methods of meeting the cost of health care are: direct payment to providers by the public system or its agents, reimbursement of patients, and direct provision of medical care. These may be used in different combinations and variations for different kinds of services.

Under direct payment, the social security or public medical care system ordinarily pays providers directly for services. Patients usually have little or no direct financial dealings with them. Payments for care are commonly made on the basis of contracts with providers or groups representing them, such as practitioner or hospital associations. Remuneration may take the form of a specified fee for each service, a capitation payment in return for providing all necessary services to a given group of persons, or a salary.

The reimbursement method involves initial payment by the patient, with reimbursement by social security for at least part of the cost incurred. A maximum is sometimes placed on the refund, expressed as a percentage of the bill or a flat amount that can vary with the nature of the service as stipulated in a schedule of fees. The ceiling on medical bills can be placed on the provider when presenting the bill or on the patient when applying for reimbursement. In the latter case, the patient may be reimbursed for only a small portion of the bill.

Under the direct-provision method, the social security system or the government owns and operates its own medical facilities, largely manned by a salaried staff. Countries using the direct-provision method may sometimes contract for services of public or private providers. The patient normally pays no fee for most of these services, except insofar as part of the social security contribution may be allotted toward health care funding.

Virtually all national health care programs provide for at least a small degree of cost sharing by patients, usually on the assumption that such charges discourage over utilization. Thus, the patient either pays part of the cost to the provider or social security agency or, alternatively, receives less than full reimbursement. Even under the direct-provision method, with its emphasis on basically free medical services to the whole population, patients are generally required to pay a small fixed fee per medical treatment or prescription, or per day of hospitalization.

In some systems, there is no limit as to how long medical care may be provided. Others fix a maximum, such as 26 weeks, for services provided for any given illness. Some set limits only on the duration of hospitalization paid for by social security. Where time limits are imposed, they may sometimes be extended.

Maternity care — prenatal, obstetric, and postnatal — for working women is provided in most countries under the medical services program. Obstetric care is sometimes limited to the services of a midwife, although a doctor is usually available in case of complications. Care in a maternity home or hospital, as well as essential drugs, are ordinarily furnished where necessary. The method used for providing medical services is usually followed also in providing maternity care.

Medical care for dependents. When medical benefits for insured workers are provided through social insurance, similar services are typically furnished to their the spouse and young children (and sometimes other adults or young relatives living with and dependent on the insured). Maternity care is generally provided to the wife of an insured man.

In some countries, however, medical services available to dependents are more limited than those provided to insured workers or heads of families. The maximum duration of hospitalization, for example, may be shorter for dependents, or a larger percentage of the cost of certain services such as medicines may be payable by the patient if the latter is a dependent.

Administrative organization. The administrative organization for the sickness and maternity program often is similar to that of the old-age, disability, and survivor program. Most commonly, such programs are administered by some form of national social security institution. Under some systems, social security agencies own and operate their own medical facilities, furnishing at least part of the services available under their programs.

In most countries with a national health insurance program, responsibility for detailed administration is in the hands of semiautonomous, nongovernment health funds or associations. All workers covered by the program must join one of these funds.

Each fund usually needs government approval and must satisfy certain requirements. Workers participate in the election of governing bodies, to which employers also name members in some countries. The funds normally collect contributions within minimum and maximum limits. They may also receive government subsidies related to their expenditures or to the number of members.

National law usually prescribes the minimum (and sometimes the maximum) cash benefits and medical services the funds may provide. Occasionally, individual funds may determine what specific health care benefits and services to provide, within statutory limits, and arrange to furnish medical care to their members, often through contracts with providers in the region.

In most remaining countries, government departments are responsible for the actual provision of medical services, usually through a national health service program. The administrative responsibility for delivering medical services is often separated from the administration of cash benefit programs, which tend to be linked with other types of social security benefits.

Work-Injury Programs

The oldest and most widespread type of social security—the work-injury program—provides compensation for work-connected injuries and occupational illnesses.

Types of systems. There are two basic types of work injury systems: social insurance systems utilizing a public fund, and various forms of private or semiprivate arrangements required by law. Most countries having work-injury programs operate through a central public fund, which may or may not be part of the general social insurance system. All employers subject to the program must pay contributions to the public carrier, which in turn pays the benefits.

Countries that rely primarily on private arrangements, including the United States, require employers to insure their employees against the risk of employment injury. However, in some of these countries, only private insurance is available. In the remainder, a public fund does exist, but employers are allowed the option of insuring with either a private carrier or the public fund.

The premiums charged by private or mutual insurance companies for work-injury protection usually vary according to past experience of work accidents in different undertakings or industries, and the cost of protection may vary widely. In some countries, however, experience rating has been eliminated, and all employers contribute to the program at one rate.

In other instances, workers' compensation laws simply impose upon employers a liability to pay direct compensation to injured workers or their survivors. Employers covered under these laws may simply pay benefits from their own funds as injuries occur, or voluntarily purchase a private or mutual insurance contract to protect themselves against risk.

Coverage. Work-injury programs commonly apply to wage and salary workers and exclude the self-employed. The programs of some of the more highly industrialized nations cover practically all employees. However, many countries either exclude all agricultural employees or cover only those who operate power-driven machinery. Some programs also exclude employees of small enterprises.

Source of funds. Work-injury benefits are financed primarily by employer contributions, reflecting the traditional assumption that employers should be liable when their employees suffer work injuries. Where certain elements of the work-injury program are meshed with one or more of the other branches of the social insurance system, financing often involves contributions from employees, employers, and the government. Another exception occurs in countries that provide medical treatment for work-connected illnesses under their ordinary public medical care programs.

Work Injury benefits. Work-injury programs provide cash benefits and medical benefits. Cash benefits may be subdivided into those for temporary disability, permanent total disability, and permanent partial disability. No qualifying period of coverage or employment is ordinarily required for entitlement to work-injury benefits. The concept of work-connected injury has gradually been liberalized in a number of countries to cover injuries occurring while commuting to and from work.

Temporary disability benefits are usually payable from the start of an incapacity caused by a work injury, though some programs require a waiting period of 1 to 3 days. Benefits normally continue for a limited period, such as 26 to 52 weeks, depending on the duration of incapacity; if incapacity lasts longer, the temporary disability benefit may be replaced by a permanent disability benefit. In some systems, temporary benefits may continue for an extended period, particularly if the temporary and permanent benefit amounts are identical.

The temporary benefit is nearly always a percentage of the worker's average earnings during a period immediately before injury, usually at least one-third to one-half. A ceiling is often placed on the earnings considered in computing a benefit. Temporary benefits under work-injury programs are often significantly higher than in the case of ordinary sickness. Benefits are reduced under some programs when a worker is hospitalized.

The second type of cash work-injury benefit is provided when permanent total disability occurs. Generally, it becomes payable immediately after the temporary disability benefit ceases, based on a medical evaluation that the worker's incapacity is both permanent and total. The permanent total disability benefit is usually payable for life, unless the worker's condition changes. A minority of programs, however, pay only a single lump-sum grant equal to several years' wages.

The permanent total disability benefit usually amounts to two-thirds to three-fourths of the worker's average earnings before injury, somewhat higher than for ordinary disability benefits. In addition, unlike ordinary disability benefits, the rate usually does not vary based on the length of pre-injury employment. Supplements are often added for dependents and for pensioners requiring the constant attendance of another person, in which case benefits may exceed former earnings. When apprentices or beginning workers become permanently disabled due to work-connected injury or disease, some countries base benefits on hypothetical lifetime wages, or on the wage of an average worker in the particular industry. This mechanism overcomes the problem of establishing a lifetime benefit based on a very low beginning wage.

A third form of cash work-injury benefit is that for permanent partial disability, payable when a worker loses partial working or earning capacity. It is usually equal to a portion of the full benefit corresponding to the percentage loss of capacity. Alternatively, permanent partial disability benefits may be paid in the form of a lump-sum grant. Partial disability payments are generally smaller and are usually stipulated in a schedule of payments for particular types of injuries. Some systems commute the benefit into a lump sum when the extent of disability is below a stated percentage, such as 20 percent.

Aside from cash payments, medical and hospital care and rehabilitation services are provided to injured workers. Nearly always free, they may include a somewhat wider range of services than the general sickness program. Ordinarily, these are available until recovery is achieved or the condition becomes stabilized. In some countries, however, the amount of free care is limited based on the duration of services or their total cost.

Survivors benefits. Most work-injury programs also provide benefits to survivors. These benefits are customarily payable to a widow, regardless of her age, until her death or remarriage; to a disabled widower; and to orphans below specified age limits. If the benefit is not exhausted by the immediate survivors' claims, dependent parents or other relatives are often eligible for small benefits. No minimum period of coverage is required.

Survivors benefits are computed as percentages of the worker's average earnings immediately before death, or of the benefit payable (or potentially payable) at death. These percentages are typically larger than those for survivor benefits under the general program and do not normally vary with the length of covered employment. They are commonly about one-third to one-half of the worker's average earnings for a widow, about half as much for each half orphan, and about two-thirds as much for each full orphan. A limit is often placed on the combined total of survivors benefits.

Not all countries, however, provide work-injury benefits to survivors, and some do not differentiate between survivors in this category and survivors entitled to benefits under other social insurance programs. Some pay only a lump sum equal to the worker's earnings over a specified number of years. Most systems also pay a funeral grant equivalent to a fixed sum or a percentage of the worker's earnings.

Administrative organization. The functions involved in administering work-injury programs differ widely between countries where employers are not required to insure or can insure with private carriers, and those where a public agency or fund has the sole responsibility for both the collection of contributions and the payment of benefits.

Unemployment Benefit Programs

Unemployment programs which exist mainly in industrialized countries are often compulsory and fairly broad in scope. Some restrict benefits to those who satisfy a means or income test. Besides the programs offering scheduled payments, a number of countries provide lump-sum grants—payable either by a government agency or by the employer. In addition, employers in many instances are required to pay lump-sum severance indemnities to discharged workers.

Coverage. About half the compulsory unemployment programs mentioned above cover the majority of employed persons, regardless of the type of industry. Coverage under the remaining programs is limited to workers in industry and commerce. A few exclude salaried employees earning more than a specified amount. Some have special provisions covering temporary and seasonal employees. Special occupational unemployment programs—most typically for workers in the building trades, dockworkers, railway employees, and seafarers—are found in several countries.

Voluntary insurance systems are limited to industries in which labor unions have established unemployment funds. Membership in these funds is usually compulsory for union members in a covered industry and may be open on a voluntary basis to nonunion employees. Non-insured workers (for example, recent school graduates or the self-employed) are at times eligible for a government-subsidized assistance benefit when they become unemployed.

Source of funds. The methods used to finance unemployment insurance are usually the same as those for other branches of social insurance— contributions amounting to a fixed percentage of covered wages are paid on a scheduled basis. In many cases, the government also grants a subsidy, particularly for extended benefits.

Unemployment insurance contributions often are shared equally between employees and employers; alternatively, the entire contribution may be made by the employer. However, government subsidies may be quite large, amounting in some cases to as much as two-thirds of the program's expenditures. Means-tested unemployment assistance programs are financed entirely by governments, with no employer or employee contribution.

Qualifying conditions. To be entitled to unemployment benefits, a worker must be involuntarily unemployed and have completed a minimum period of contributions or covered employment. The most common qualifying period is 6 months of coverage within the year before employment ceased. In a number of industrialized countries, however, students recently out of school who are unable to find jobs may be eligible for unemployment benefits, even without a work record. This provides a transition from school to work, particularly in periods of recession.

Nearly all unemployment insurance programs, as well as those providing unemployment assistance, require that applicants be capable of and available for work. An unemployed worker, therefore, is usually ineligible for unemployment benefits when incapacitated, or if otherwise unable to accept a job offer. Usually, the unemployed worker must register for work at an employment office and report regularly for as long as payments continue. This close linkage between unemployment benefits and placement services ensures that benefits will be paid only after the person has been informed of any current job opportunities and been found unsuitable.

An unemployed worker who refuses an offer of a suitable job without good cause usually will have benefits temporarily or permanently suspended. All programs stipulate that the job offered must have been suitable for the worker. The definitions of suitable employment vary considerably. Generally, the criteria include the rate of pay for the job being offered in relation to previous earnings, distance from the worker's home, relationship to the worker's previous occupation, capabilities, and training, and the extent to which the job may involve dangerous or unhealthy work.

An unemployed worker may satisfy all of the qualifying conditions for a benefit but still be temporarily or permanently disqualified. Nearly all unemployment systems disqualify a worker who left voluntarily without good cause, was dismissed due to misconduct, or participated in a labor dispute leading to a work stoppage that caused the unemployment. The period of disqualification varies considerably, from a few weeks to permanent disqualification.

Unemployment benefits. Weekly benefits are usually a percentage of average wages during a recent period. A system of wage classes rather than a single fixed percentage is sometimes used. The basic rate of unemployment benefits is usually between 40 and 75 percent of average earnings. However, a ceiling on the wages used for benefit computations or maximum benefit provisions may considerably narrow the range within which the basic percentage of wages applies.

Flat-rate amounts are sometimes payable instead of graduated benefits varying with past wages and customarily differ only according to the family status or, occasionally, the age of the worker. Supplements for a spouse and children are usually added to the basic benefit of unemployed workers who are heads of families. These supplements are either flat-rate amounts or an additional percentage of average earnings.

There is usually a waiting period of several days before unemployment benefits become payable to reduce the administrative burden of dealing with a very large number of small claims. Most waiting periods are between 3 and 7 days. Some programs have a waiting period for each incident of unemployment while others limit eligibility to once a year. Longer waiting periods may be prescribed for certain workers, such as the seasonally employed.

Most countries place a limit on the period during which unemployment benefits may be continuously drawn. This limit may vary from 8 to 36 weeks (or longer in certain cases).

Duration of benefits may also depend on the length of the preceding period of contribution or coverage under the program. This may reduce the maximum duration of unemployment benefits for workers with brief work histories. On the other hand, workers with a long history of coverage may, under some programs, have their benefit period extended well beyond the ordinary maximum.

Unemployed workers who exhaust the right to ordinary benefits often continue to receive some assistance, provided their means or incomes are below specified levels. Recipients are usually required to continue registering and reporting at an employment exchange. Some countries that have unemployment assistance but no insurance program do not place any limit on the duration of payments. A number of countries provide that insured workers approaching retirement age who have been out of work for a specified period be removed from the unemployment rolls and granted a regular old-age benefit.

Administrative organization. Unemployment insurance systems may be administered by government departments or self-governing institutions that are usually managed by representatives of insured persons, employers, and the government.

Unemployment insurance and placement service programs usually maintain a close administrative relationship that ensures benefits are paid only to workers who are registered for employment. At the same time, this liaison increases the effectiveness of the placement services by providing an incentive, through payment of benefits, for unemployed persons to register and report regularly.

A number of countries have merged the administration of unemployment insurance and employment service programs, especially at the lower administrative levels where claims are received and benefits are paid by the local employment office. Other countries require persons to register with a local employment office, but the receipt of claims and payment of benefits are handled by a separate insurance office.

In addition to providing an income for the unemployed, many governments have elaborate measures to prevent or counteract unemployment. The typical procedure is for government employment services to work with industry to promote occupational and geographic mobility of labor and to minimize unemployment caused by economic or technological developments, by subsidizing the retraining and relocation of workers in industries that are declining or being restructured. Governments may grant tax and other incentives to industry to locate in areas of high unemployment, or they may allocate funds to create jobs in anticipation of periods of seasonal unemployment.

Family Allowances

In this report, family allowances include primarily regular cash payments to families with children. In some countries, these programs also include school grants, birth grants, maternal and child health services, and sometimes allowances for adult dependents.

Most industrialized countries have family allowance programs which originated in 19th-century Europe when some large companies began paying premiums to workers with large families. The idea spread gradually, and several European countries enacted programs during the 1920's and 1930's. Most programs in operation today, however, have been enacted since World War II.

Types of systems and coverage. Family allowance programs are of two types — universal and employment-related. The first category, in principle, provides allowances to all resident families with a specified number of children. The second category provides allowances to all wage and salary workers, and in some cases the self-employed. A few of these systems cover some categories of nonemployed persons as well. Most employment-related programs continue to pay family allowances to insured persons with dependent children in their care when they retire or are temporarily off the job and receiving sickness, unemployment, work-injury, disability, or other benefits; they also pay allowances to widows of social security beneficiaries.

Source of funds. The differences in family allowance programs are reflected in the methods used for financing. In universal systems, the entire cost is usually covered by general revenue. In contrast, countries linking eligibility with employment meet the cost of allowances entirely or in considerable part from employer contributions, usually at a uniform percentage-of-payroll rate. Where employer contributions do not cover the entire cost, the remainder is usually met from a government subsidy. Few countries provide for an employee contribution toward family allowances, although some require self-employed persons to contribute.

Eligibility. Eligibility is commonly related to the size of the family and in some cases to family income. Many countries pay allowances beginning with the first child. In addition, some countries pay an allowance for a nonemployed wife or other adult dependent, even if there are no children.

In some countries, families with only one child are ineligible. Age requirements vary but are usually tied to the last year of school or the minimum working age, which are often the same and fall somewhere between ages 14 and 18. Under most programs, the continuation of schooling, apprenticeship, or vocational training qualifies a child for an extension of the age limit. In the case of disabled children, many countries extend the age limit beyond that for continued education or pay allowances indefinitely.

Benefits. Whether a program pays a uniform rate for all children, an increasing amount, or a decreasing amount for each additional child may reflect the history or the intent of the program. The allowance structure may vary, for example, depending on whether the primary intent is to provide assistance or stimulate population growth. The allowance in most countries is a uniform amount for every child, regardless of the number of children in a family. The allowance in most remaining countries increases for each additional child; the payment for a fifth child, for example, may be considerably larger than for the first or second child. In a few countries, the allowance per child diminishes or ceases with the addition of children beyond a certain number. In some countries, family allowances (and tax exemptions for dependent family members) have been replaced or supplemented by credits or other forms of a negative income tax.

Administrative organization. In countries where family allowances are available to all families and financed from general revenues, the program is usually administered by a government department. Where allowances are payable mainly to families of employed persons and financed primarily from employer contributions, the administration may be by a semiautonomous agency under public supervision. Equalization funds often handle the program's financial operations. Each employer pays family allowances to its employees with their wages. The firm then settles with the local fund only the surplus or deficit of contributions due, after deducting allowances the firm has paid. A similar procedure of settling only surpluses or deficits is followed by the local funds in relation to the regional equalization funds under whose supervision they operate. The equalization process makes it possible to fix a uniform contribution rate for all employers, regardless of the number of children in their employees' families. This in turn eliminates any effect allowances might have in inducing employers to discriminate in hiring workers with children.

Note to the Reader

This report is based on information available to the United States Social Security Administration with regard to legislation in effect at the beginning of 1999, or the last date for which information has been received.

Corrections and updated information from readers are welcome. Comments, including copies of relevant documentation and legislation, may be sent to:

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