



► Social Protection Spotlight

August 2025

Social protection and forced displacement Lessons learned from a decade of ILO operations

Key points

Forced displacement is increasing, triggered by protracted conflicts, violence, environmental disasters and the climate crisis. Social protection is anchored in the **human rights to social security and health**, which must be upheld in these situations. The International Labour Organization (ILO) promotes **universal social protection** and **equality of treatment** between nationals and non-nationals. Over the past decade, the ILO has been called upon by national social protection systems and humanitarian actors alike to provide support in bridging the humanitarian-peace-development nexus with a view to guaranteeing effective access to social protection for forcibly displaced persons.

Lessons can be drawn from this experience and inform future programming, partnerships and resource mobilization:

- **A twin-track approach of combining the strengthening of social protection systems with operational inclusion** of refugees and other forcibly displaced persons in social protection schemes makes it possible to secure government and popular support for inclusion. Inclusion of forcibly displaced persons in national schemes fosters social cohesion and prevents further fragmentation of the system.
- **Inclusion of forcibly displaced persons in social health protection schemes is strongly aligned with national public health objectives** and benefits from greater political acceptability. Alongside other programmes providing short-term benefits such as maternity, sickness and child benefits, these entry points can further be used to mainstream inclusion in national social protection strategies and longer-term benefits.

- **Partnerships with humanitarian actors can and should be built** for inclusion strategies to work. The ILO brings to the table its mandate and standards on social protection, its holistic approach combining social insurance and social assistance, and its technical expertise in social health protection and other benefits. Humanitarian actors have a unique understanding of forced displacement and have direct reach to forcibly displaced communities. Combining the expertise of both has proven instrumental in bridging humanitarian and development operations, for example, through partnership programmes such as the Partnership for improving prospects for forcibly displaced persons and host communities (PROSPECTS).

Looking forward, **three areas of work should be further pursued to build sustainability and enhance scalability.**

- Social protection and livelihood interventions need to work in a more articulated manner to provide sustainable access to contributory social protection for forcibly displaced persons and improve their income and well-being.
- Greater advocacy efforts are needed to foster rights-based social assistance/non-contributory health insurance for both nationals and forcibly displaced persons who cannot contribute (for example, vulnerable groups such as people living with disabilities or long-term medical conditions, children, women during maternity and older persons).
- Lastly, and in close connection with the first two points, it is crucial to work on financing social protection and better aligning international support and domestic resource mobilization.

Social protection and forced displacement

Social protection or social security aims to protect individuals and families against life-cycle and covariate risks (ILO 2024a). The ILO supports countries in building comprehensive national social protection systems that are rights-based and universal. These systems should at least include social security guarantees that ensure access to essential health care and income security for all throughout the life cycle (social protection floors) and, in parallel, aim to extend to higher levels of protection in line with up-to-date international social security standards (ILO 2012).

Access to social protection is a human right for all members of society, including refugees, other forcibly displaced persons, and their families (ILO, ISSA and ITCILO 2021). This right is anchored in human rights instruments, including the 1948 Universal Declaration of Human Rights, the 1966 International Covenant on Economic, Social and Cultural Rights, the 1989 Convention on the Rights of the Child, and the 1951 Convention relating to the Status of Refugees ("the 1951 Convention"). The 1951 Convention contains detailed and important provisions on welfare and social security for refugees (Articles 20–24).

International social security standards guide countries in giving effect to the human right to social security by designing and maintaining universal social protection systems (see box 1). They establish the key principles of governance and financing as well as minimum benchmarks of protection to be achieved with respect to the benefits to be provided, the persons covered, eligibility conditions, duration, and level of benefits. They include specific provisions that are relevant for refugees and other forcibly displaced persons, including the principle of equality of treatment between nationals and non-nationals (ILO 2021a; 2021b; and 2024a).

Despite global commitments to universal social protection¹ and universal health coverage embedded in the Sustainable Development Goals (SDGs),² effective coverage reaches slightly more than half of the global population (ILO 2024f). The most significant coverage and adequacy gaps concern low- and middle-income countries, where

most refugees and other forcibly displaced persons are hosted globally. At the same time, forced displacement is increasing, triggered by protracted conflicts, insecurity, environmental catastrophes and the climate crisis. In these situations, humanitarian actors have had to find immediate solutions to uphold the human rights of displaced populations, including when it comes to health and social security (ILO 2021a).

► Box 1. Universal social protection

Universal social protection is firmly grounded in the international human rights framework and international social security standards, including in the 1948 Universal Declaration of Human Rights, the 1966 International Covenant on Economic, Social and Cultural Rights, the Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Social Protection Floors Recommendation, 2012 (No. 202). Universal social protection refers to comprehensive, sustainable and adequate protection throughout the life cycle along three core dimensions:

- 1. Universal coverage in terms of persons protected.** All individuals should have effective access to social protection throughout the life cycle if and when needed.
- 2. Comprehensive protection with regard to the social risks and contingencies covered.** This includes access to healthcare and income security. Convention No. 102 defines nine contingencies that all individuals may face over the life course: the need for medical care, and the need for benefits in the event of sickness, unemployment, old age, employment injury, family responsibilities, maternity, invalidity and survivorship (where the death of a breadwinner results in dependents being left behind). It also includes protection against new and emerging risks.
- 3. Adequate protection.** Benefits need to be set at a level that effectively prevents poverty, vulnerability and social exclusion, maintains decent standards of living and allows people to lead healthy and dignified lives.

Source: ILO (2021c).

¹ SDG Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

² SDG Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Over the second decade of the twenty-first century, the ILO was increasingly called upon by national social protection systems and humanitarian actors alike to provide support in bridging the humanitarian-peace-development nexus with a view to guaranteeing effective access to social protection for refugees and other forcibly displaced persons. Lessons can be drawn from this experience and inform future programming, partnerships and resource mobilization (ILO 2021b).

The ILO approach

Institutional strategy

The ILO strategy on extending social protection to migrant workers, refugees, and their families is aligned with relevant international social security and labour standards, and is based on guidance provided by ILO tripartite constituents (ILO 2024b).³ When developing and implementing policies or mechanisms aimed at extending social protection to migrant workers, refugees, and their families, the ILO promotes a holistic and participatory approach grounded in a rights-based framework, anchored in social dialogue, and involving organizations representative of migrant workers and refugees. Such an approach should take into account the following factors that influence the access of refugees and other forcibly displaced persons to social protection: (a) the overall international migration and mobility landscape in the country; (b) the availability, level and scope of, and the related administrative procedures for social protection provision; and (c) the heterogeneity and specificities of refugees and other forcibly displaced persons, including their demographic characteristics, residency and employment status, vulnerabilities and needs, income level, and ability and right to work including the type of activity and sector.

Development of operations

With this approach, the ILO built a strategic partnership with the United Nations High Commissioner for Refugees

(UNHCR) with a view to addressing the social protection needs of refugees. The first entry point identified by the agencies for integrating refugees into national social protection systems was the development of feasibility studies and costing of refugee inclusion in national health insurance schemes in countries with residual caseloads. In such countries, humanitarian support is being phased out and, consequently, there is an immediate need for increased efforts to bridge the humanitarian-development nexus. Inclusion studies were conducted in over ten countries, with a focus on West and Central Africa between 2014 and 2019, and allowed for the effective integration of urban refugees into national social health protection schemes (ILO and UNHCR 2020a).

The ILO's added value in such joint work lies in its expertise in public health insurance, its connection with the responsible institutions as a key partner to strengthen institutional capacities, and its ability to provide detailed costing of long-term inclusion of residual caseloads into a national scheme and to advise on design and accessibility features that would best allow for sustainable integration. The ILO's holistic approach to social protection and its ability to create linkages and opportunities for integration, not only in health insurance but also in the broader social protection system with more benefits, is also seen as a value added. In 2019, UNHCR and the ILO conducted a first stock-taking exercise and published a joint handbook to share the methodology developed together to assess the options and costs of including refugees in social health protection schemes (ILO and UNHCR 2020a).

Following this first phase of collaboration, the Syrian refugee crisis in Türkiye, alongside the launch of the PROSPECTS⁴ programme, prompted the ILO to further develop its operations. This increased involvement presented an opportunity for the ILO to step up its partnership with UNHCR and its support for the extension of social protection to refugees and other international

³ See in particular: ILO, *Securing Social Protection for Migrant Workers and Their Families: and Challenges and Options for Building a Better Future*, GB.344/POL/1, 2022; *Decision on the Fourteenth Item on the Agenda: Report of the Working Party on the Social Dimension of Globalization*, GB.326/INS/14Add.(Rev.), 2016 (with respect to the *Guiding Principles on the Access of Refugees and Other Forcibly Displaced Persons to the Labour Market* (2016), elements of which have been incorporated into the *Employment and Decent Work for Peace and Resilience Recommendation*, 2017 (No. 205)).

⁴ PROSPECTS is a multi-year development cooperation programme through which the ILO works with UNHCR, UNICEF, the International Finance Corporation (IFC) and the World Bank, focusing on eight countries in the Middle East and the Horn of Africa (Egypt, Ethiopia, Iraq, Jordan, Kenya, Lebanon, Uganda and Sudan) with regard to decent work for refugees and host communities.

forcibly displaced persons.⁵ The work carried out, particularly under PROSPECTS, allowed the ILO and UNHCR to jointly:

- Scale up the extension of public health insurance coverage to refugees in countries with high caseloads at an earlier stage of the humanitarian action cycle (for example, in countries such as Egypt, Ethiopia and Kenya, which had high active caseloads and where the phasing-out of humanitarian support was at the initial planning stage), while reinforcing the institutional capacities of schemes to deliver quality services.
- Expand the approach of inclusion to other types of benefits, in particular disability grants (Lebanon), old-age benefits (Kenya), maternity benefits (feasibility study in Kenya) and packages of employment-related social security benefits in the context of employment formalization policies (Jordan, Türkiye) or improvement of recruitment policies (Latin America).⁶
- Mainstream the inclusion of refugees and forcibly displaced persons into national social protection strategies and plans of action (Kenya, Lebanon, and Sudan (prior to the conflict beginning in 2023)) and the development of legal frameworks for national social protection systems, which serve as an advocacy basis for their sustainable financing.

Overview of operations

Refugee inclusion in social health protection schemes

Social health protection has been the initial point of collaboration with UNHCR on refugee inclusion. This can be largely explained by a combination of factors: (i) public health and health security concerns often push host countries to consider the inclusion of refugees and other forcibly displaced persons into their national health insurance or assistance system; (ii) as humanitarian operations almost always involve the emergency provision of healthcare, existing collaborations and ongoing discussions between humanitarian agencies and ministries of health and social affairs are often already in place; (iii) for the same reason, the need for a phase-out strategy (including social health protection but also hand-over of health infrastructure, equipment and staff, for example) is

increasingly being anticipated by public health teams at the start of humanitarian operations, which makes partnerships with development stakeholders attractive; and (iv) the commitment of countries to achieving universal health coverage since the launch of the 2030 Agenda for Sustainable Development has increased and with it the development of national social health protection policies, often viewed as an entry point to more comprehensive social protection systems in a number of host countries with sizeable populations of refugees/forcibly displaced persons.

This relatively favourable political environment has fostered “inclusion in a number of countries and is being considered by other countries that are in the process of reforming their schemes.

- In Rwanda, the national health insurance system comprises several schemes, all of which are administered by the Rwanda Social Security Board. Aside from students registered with the national university mutual fund and formal workers covered by the Rwandan Health Insurance scheme (*Rwandaise d'Assurance Maladie*), all other refugees are covered by the community-based health insurance scheme. In 2017, the Rwandan Government pledged to integrate refugees gradually, starting with urban refugees. A technical feasibility study and costing were conducted the following year. The enrolment of urban refugees began in September 2019, along with the issuance of identity cards by the Rwandan Government. The study effectively revealed close links between legal protection measures for refugees, such as access to identification documents in the host country, and administrative barriers to accessing social protection and care (refugees were often required to show proof of identification). In 2022, 12,080 urban refugees and students were covered by community-based health insurance. Sustaining this inclusion requires the progressive application to refugees of a contribution categorization system and registration and membership renewal procedures that are similar to those available to Rwandan households engaged in the informal economy (ILO and UNHCR 2020b).
- In Kenya, vulnerable urban refugees under the protection of UNHCR were affiliated with the National Hospital Insurance Fund for a number of years, with

⁵ ILO and UNHCR, *ILO–UNHCR Partnership: Joint Action for Decent Work and Sustainable Solutions for Refugees and Other Forcibly Displaced Persons*, 2025 (p. 14).

⁶ ILO, *Estrategia regional de la OIT de migración laboral y movilidad humana en América Latina y el Caribe 2023-2030*, 2023.

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UNHCR funding their contributions. Because of this prior experience, the Government of Kenya explicitly included refugees in the new Social Health Insurance Act adopted in 2023.

- In Egypt and Ethiopia, refugee inclusion is discussed as part of ongoing reforms of national health insurance systems. In Ethiopia, the feasibility and cost of enrolling urban refugees and asylum seekers in the community-based health insurance scheme in Addis Ababa were assessed (ILO, forthcoming). The study showed that the inclusion of refugees and asylum seekers in community-based health insurance was feasible and presented advantages over the life-saving and emergency treatment provided by UNHCR. In Egypt, the discussions are aligned with the Government's plan for the progressive roll-out of universal health insurance (see box 2) (ILO 2024a).

► Box 2. Refugee inclusion in universal health insurance in Egypt

In 2018, the Universal Health Insurance Law was enacted as part of the Government of Egypt's commitment to progress towards universal health coverage. The multi-phase implementation of the new scheme began in 2019 and will continue until 2032.

ILO and UNHCR jointly assessed the feasibility of including refugees and asylum-seekers in the Egyptian Universal Health Insurance Scheme. The feasibility study evaluated the provision of healthcare services to the refugee and asylum seeker population, the contributory capacity, the costs associated with including refugees, and practical steps for their inclusion.

The study highlighted the following:

- The Universal Health Insurance Scheme established a legal framework to extend social health protection to the entire population, offering a pathway to refugee inclusion at par with nationals.
- Several costed policy options for refugee inclusion based on their socio-economic status were considered to realistically assess the category of the population, established by the Universal Health Insurance Scheme, in which refugees could be integrated.

- A series of consultations allowed for the design of a pilot for inclusion aligned with the phased approach of the roll-out of the Scheme.

Incidentally, the study and consultations pointed to the need for a clearer design and improved enrolment modalities for workers in the informal economy, regardless of their nationality.

The Government of Egypt aims to pilot the inclusion of refugees and asylum seekers in two governorates. Two technical working groups were established to discuss the practical and operational steps to include refugees and build in evaluation mechanisms to learn from the pilot for the governorates in which most refugees reside.

Source: ILO (2024a); ILO and UNHCR (2023).

Expansion to other social protection programmes and benefits

While political will for refugee inclusion in social health protection schemes has been generally higher than for long-term benefits such as pensions (for public health reasons, as well as perceived need), in some contexts it has been possible to work on inclusion in other benefits. The modalities have varied:

- **Inclusion in existing schemes.** In Kenya, an inclusion study into the National Social Security Fund's Haba Haba long-term saving scheme was conducted by the ILO and led to the effective redesign of the scheme to open it for the registration of refugees (ILO 2024c). Furthermore, following the adoption of a national social protection strategy for informal and rural workers and their families, UNHCR cash assistance was modelled to the design of the national old-age non-contributory pension for adults aged 70 years and above (ILO 2024d).
- **Launch of new schemes that are inclusive from the outset.** In Lebanon, a national disability allowance was launched, and is inclusive of refugees from the pilot stage (see box 3).
- **Inclusion in job formalization programmes.** In Türkiye, the ILO supported the Government in responding to the Syrian refugee crisis. The Social Security Institution, which holds all social protection benefits (including universal health insurance) under one roof, expanded its formalization support programme to those refugees with ILO support (ILO

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2021d).⁷ In Jordan, the Estidama++ Fund, run by the Social Security Corporation with technical support from the ILO, sought to extend coverage of social security to workers in the informal economy by addressing affordability constraints and other barriers to participation (ILO 2022).⁸ Estidama++ rolled out a targeted outreach strategy for refugees in collaboration with UNHCR to overcome barriers such as mistrust in national institutions and limited awareness of social security benefits. The Fund fostered the improvement of benefit attractiveness, as well as the reduction of administrative barriers. Over 37,500 workers had registered in December 2024, more than half of whom were non-Jordanians.

► Box 3. Refugee inclusion in Lebanon's National Disability Allowance

The Ministry of Social Affairs of Lebanon decided to collaborate with the ILO and UNICEF to provide basic income support for persons with disabilities through the National Disability Allowance. The programme is inclusive across communities, and is not exclusive to Lebanese persons with disabilities, thus providing an entry point for the extension of the National Disability Allowance to refugee persons with disabilities. This marked a shift from a targeted social assistance approach to a universal approach.

The programme started in April 2023, targeting persons with disabilities residing in Lebanon aged between 18–28 years. The National Disability Allowance provided US\$40/month for an initial 12-month period, along with referrals to additional services based on needs. Under the Allowance, grants have continued to be issued and target groups have been effectively reached despite overlapping crises.

The Allowance was supported by various donors, including through PROSPECTS. In 2024, funding for an additional emergency cash benefit was made available under PROSPECTS, in order to be channelled through the Allowance, targeting crisis-affected populations in the south of the country, including refugees. This was significant, as the Allowance is institutionalized within the

Ministry of Social Affairs and uses both donor and domestic resources to support the extension of a nationally-owned allowance to refugees.

Source: ILO (2023; 2024e).

Mainstreaming refugee inclusion in national social protection laws, policies and strategies

Countries are increasingly formulating and adopting national social protection policies and strategies that guide the extension of coverage. Such strategies usually identify programmatic priorities but also review life-cycle and covariate risks faced by the population and seek inclusiveness of a range of vulnerable groups. They can provide coherence to the social protection system and be a gateway for further legal reforms.

Mainstreaming the inclusion of refugees and other forcibly displaced persons in such policies is therefore an important stepping stone. The strategy to extend social protection to workers in the informal and rural economy, and their families, developed by the National Social Protection Secretariat and adopted by the Kenyan Government in 2023,⁹ is a good example of such mainstreaming.

This mainstreaming can also be an entry point for discussing potential administrative processes and requirements to access social protection that may create barriers for refugees and other forcibly displaced persons. For instance, access to documentation can be discussed and some countries have developed solutions, such as the recognition of refugee identification by social protection authorities in Ethiopia as a proposed mechanism to remove barriers.

Lessons learned

- **Mainstreaming refugee inclusion in ILO advocacy and policy work on social protection is feasible and effective, and fosters partnerships with humanitarian actors** typically isolated from social protection policy processes. Conversely, incorporating the topic of the right to social security of forcibly

⁷ ILO and Sosyal Güvenlik Kurumu (SGK), *Transition to Formality Programme (KIGEP)*, 2023.

⁸ The programme provides a 12-month subsidy for eligible workers and emphasizes a tailored communication and outreach approach to raise awareness of social protection rights and promote participation among more vulnerable groups.

⁹ Republic of Kenya, *Strategy on the Extension of Social Protection Coverage to Workers in the Informal and Rural Economy*, 2024.

displaced populations into discussions on and the development of national social protection strategies and laws increases the likelihood of those systems to be inclusive and responsive to shocks and crises.

- **A twin-track approach combining social protection system strengthening with the operational inclusion** of refugees and forcibly displaced persons in social protection schemes makes it possible to secure government and public support for inclusion. It is also simply necessary in host countries where the social protection system is still at an early stage of development, and coverage, adequacy and comprehensiveness are lacking. Strengthening systems can be perceived as a peace dividend for the host community. The inclusion of forcibly displaced persons in national schemes fosters social cohesion and prevents further fragmentation of the system, as can occur when new or parallel humanitarian programmes are created to meet their needs. Such an approach also helps to build the capacities of national social protection institutions to better serve refugees and forcibly displaced persons, who are often amongst the most vulnerable.
- **The inclusion of forcibly displaced persons within social health protection schemes is facilitated by a strong alignment with national public health objectives.** Health and other short-term benefits such as maternity, sickness and child/family income support tend to benefit from such alignment. These entry points can further be used to mainstream inclusion in national social protection strategies, formalization programmes and longer-term benefits. Experience shows that social health protection is a point of entry of choice for inclusion and is a benefit to which forcibly displaced persons who can access the labour market are ready to contribute at par with nationals when applicable. Inclusion in non-contributory programmes remains largely reliant on external funding and is often regarded as more difficult to accept politically in some contexts.
- **Partnerships with humanitarian actors can and should be built** for such strategies to work. The ILO brings to the table its unique mandate and standards on social protection, its holistic approach combining social insurance and social assistance, and its technical expertise in, and tools on social health protection and other short-term and long-term benefits. Humanitarian actors have a unique understanding of forced

displacement, a detailed analysis of the situation, needs and politics, and have direct reach to forcibly displaced communities. Combining the expertise of both has proven instrumental in successfully building bridges between humanitarian and development operations, for example through partnership programmes such as PROSPECTS. Partnerships should also support the dissemination of lessons learned and results thus far. The reporting frameworks of the Social Protection Inter-Agency Cooperation Board Working Group on Linking Humanitarian (Cash) Assistance and Social Protection, the Grand Bargain, the Global Refugee Forum and the Global Compact on Refugees are all fora that facilitate such learning.¹⁰

- **Donors who traditionally funded humanitarian operations have shown increased enthusiasm for channelling their funding through existing social protection systems** to support the enrolment of refugees and other forcibly displaced persons, particularly when it comes to social health protection and social assistance. Yet, successful transitions and exit strategies require the institutional capacities of social protection systems to be strengthened and additional fiscal space to be mobilized for social protection.
- **Including forcibly displaced persons in contributory social protection schemes requires stronger articulation with livelihood interventions.** Both removing the barriers faced by forcibly displaced persons in engaging in (formal) employment/self-employment and undertaking efforts to improve productivity, innovation or growth that can increase earnings and, by extension, contributory capacity, are important. While partnerships with private sector stakeholders have traditionally been leveraged primarily to improve access to livelihoods, ILO experience shows that they can also support the integration of forcibly displaced persons into social protection policies and schemes. For example, in Kenya, the ILO worked with digital platforms to highlight the business case for extending or facilitating access to certain social protection schemes for gig workers. By demonstrating benefits such as improved worker retention, productivity and compliance with labour standards, these partnerships can help establish sustainable business models that enhance long-term and systemic access to social protection. However, such an approach needs to

¹⁰ See Global Compact on Refugees, "[Multi-stakeholder Pledge: Economic Inclusion and Social Protection](#)".

go hand in hand with social protection system strengthening to ensure the system can respond.

Way forward

The approach developed by the ILO to respond to the needs expressed by the populations under UNHCR's protection is scalable and valid. The ILO added value lies in inclusion within rights-based national social protection systems at both policy and operational levels, with a view to moving away from the direct delivery of humanitarian aid, which used to be the main value proposition of humanitarian partners.

Demand for ILO expertise is increasing and the ILO needs to be prepared to respond. Key elements of expertise include the ILO's unique skill set and mandate regarding the holistic approach to social protection policy and systems' building, and its operational expertise on scheme design, financing and delivery. This demand comes not only from national social protection systems themselves but also from agencies engaged in humanitarian operations.

Learning from the ILO's operations over the past decade, three areas of work should be further pursued to build sustainability and increase scalability:

- **Sustainable financing solutions.** While the approach and value proposition of the ILO is overall more cost

effective than building parallel channels to provide emergency social protection, channelling donor funds through social protection schemes continues to pose multiple operational challenges and the transition to domestic financing is often a sticking point and one requiring increased ILO attention.

- **Articulation with livelihood interventions.** Part of a sustainability strategy for integrating refugees and other forcibly displaced persons in national social protection systems necessarily entails a broader approach to securing livelihoods. The ability of refugees to access gainful employment/business opportunities and increase their income is supportive of creating capacities to contribute themselves to social insurance schemes and the broader tax system (ILO and UNHCR 2017; ILO 2024g).
- **Sustained advocacy for inclusion in social assistance schemes.** It is clear that the socio-economic situation of a share of refugees and other forcibly displaced persons is likely to remain vulnerable even if coordination is improved through livelihood interventions. In this respect, their access to non-contributory social health protection and social assistance in general needs to be secured and sustained. A necessary first step is the adoption of a rights-based approach to social assistance within national social protection systems, something which the ILO needs to continue advocating and supporting.

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