

# The Covid-19 Pandemic: A Global Call For Reviewing Social Protection Policies

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## **Abstract**

The COVID-19 pandemic posed serious challenges to the global economy and deteriorated the living conditions of many people all around the world. Regardless of the economic level, many countries executed numerous measures to respond to the negative consequences of this pandemic. The purpose of this study is to examine how the pandemic led to global implementation of social protection programs. The systematic review was conducted and the data were collected from Web of Science, Google Scholar and some specific international Institutions websites (World Bank, WHO and ILO). The results revealed that social protection gained increasing importance during the global health emergency. Globally, many countries redesigned their earlier existing social protection schemes and implemented new ones targeting new types of beneficiaries. Moreover, the pandemic led to executing several non-contributory social protection programs to support vulnerable categories, enhance economic resilience from various shocks. Consequently, the COVID-19 pandemic showed that the social protection plays a strategic and flexible role in managing several impacts of global crises. The study draws up some recommendations for the practitioners and policymakers to reconsider social protection for more global solidarity in managing forthcoming pandemics and other shocks.

**Keywords:** COVID-19 pandemic, policymakers, social protection, poverty

## **1. Introduction**

For long decades, social protection was implemented to fight against poverty and therefore it becomes an important part of the Sustainable Development Agenda by 2030 (Barrientos et al. 2010; Babajanian et al., 2014; Bastagli et al., 2016). Social protection includes policy or action that focuses on alleviating shocks, reducing exposure to poverty by promoting effective labor markets, reducing the vulnerability of individuals to risks. It builds the capabilities to coordinate economic and social disturbances including old age, health, disability, unemployment and financial exclusion (Devereux, 2016; Osabohien, 2017). In other word, social protection refers to a set of public or non-governmental transfers through income redistribution from the rich to the poor in order to reduce social inequality (Matthew et al., 2020; Tirivayi et al. 2016). In addition, social protection comprises a variety of financial supports that can be ranged into contributory and non-contributory programs. It aims to provide various social grants to improve the livelihood of given beneficiaries. Accordingly, non-contributory social protection programs do not require any contribution from the beneficiaries whilst contributory SPP are entirely funded by the contributions of the beneficiaries through taxes or other funding sources (Behrendt et al., 2019).

Recently, a global health emergency namely the COVID-19 pandemic showed the weakness of many economies and accelerated the poverty rate over the world. Various measures have been applied to curb down the spreading of the pandemic and support individuals and economies. In this context, many countries highly affected by the pandemic enacted unusual measures including closure of airports and borders, shopping centers, businesses and lockdown (Budd et al., 2011). These measures affected negatively not only the economies, but also worsened the livelihood of the population, especially the poor, vulnerable groups, and informal employees. Accordingly, it is estimated that the COVID-19 pandemic impoverished nearly 420-580 million people and could increase the level of poverty more than three last decades (Thurlow, 2020; Sumner et al., 2020; Malik and Naeem, 2020; Weber, 2020).

This would delay the achievement of Zero Hunger, one of the main Sustainable Development Goals (SDG1) of the United Nations by 2030 (Sumner et al., 2020). In this perspective, in many countries the policymakers proposed several measures to help the recovery of the economies through the delivery of various assistance to support the poor to

overwhelm the challenges posed by the pandemic. Amongst these measures, social protection becomes one of the widely executed policy tools to overcome the negative consequences of the COVID-19 crisis (Gentilini et al., 2020). However, the countries could implement different social protection according to their funding resources, economic levels and administration skills, especially in such global health emergency. This study aims to examine how the pandemic induced a global implementation of social protection programs. Most importantly, it examines how social protection was used in managing previous pandemic crises such as Ebola, AID/VIH in some countries. Furthermore, the study seeks to point out how SP has been worldwide used as strategic and flexible tool in managing numerous impacts posed by the COVID-19 pandemic.

## **2. Background**

### **2. 1 Concept of crisis management**

The crisis is defined diversely according to the aspect it includes. A crisis can refer to an unusual and self-made event that resulted from several reasons (unqualified structure or organization, instability) (Faulkner, 2001). In addition, crisis can refer to an unforeseen outcome from a failure in management (Prideaux et al., 2003) that may come from conflicts, political instability, terrorism, wars, natural disasters, public health threats (Sönmez et al., 1999). Depending on the causes, the crises can be classified into natural crises (volcanism, hurricane, and earthquake) and human-caused crises (terrorism, military activities) (Gong et al., 2018).

On the other hand, crisis management includes any interventions that aim to rescue, prepare, mitigate or enhance the resilience of a sector or community (Petak, 1985). Additionally, the crisis management requires rapid decision-making in critical environments, with a compulsory to inform the public through the media. Subsequently, crises force the decision-makers into a tenacious decision-making condition to minimize the potential impacts on the communities (Amuna, 2017). Crisis management can be broadly defined as a "systematic attempt to identify potential crises, take action and measures, prevent or contain the impacts and get rid of the effects" (Al-Rab, 2010; Yamamoto, 2011; Constantinides, 2013; Tena-Chollet, 2016).

In fact, crises management strategies aim to reduce the incidence of events and associated negative impacts (Fink, 1986). Crisis management become

a tool of much importance for policymakers in handling various events such as disasters (Mustafa, 2004). One of widely used approach in managing crises is integrated strategy, which focuses on enhancing the resilience of the stakeholders before, during, and after the crisis (Moe and Pathranarakul, 2006). However, the governments, organizations and institutions use mitigation strategies to alleviate the adverse impacts during the crisis periods. These strategies involve applying new legalization, initiatives and new programs (Solt, 2018). Bouchet et al. (2018) and Coccia (2020) indicate that any lack of awareness and delay, in performing a crisis management strategies lead to severe effect on public services and economies.

## **2.2 Overview of social protection**

Earlier social protection has been used to fight against poverty, hunger, social inequality and support the poor to meet their basic needs (Alderman and Yemtsov, 2012; Andrews et al., 2018; Hidrobo et al., 2018). For instance, various social protection programs (SPP) were implemented in Indonesia, Thailand, South Korea and Malaysia to overcome the Asian financial crisis and support the poor (Atinc and Walton, 1998). In addition, African regions witnesses a growing implementation of social protection and the region beneficiaries of SSP tripled during the last decades (Beegle et al., 2018). In fact, social protection programs are implemented in SSA countries to alleviate not only poverty, but also to mitigate the negative impacts of climate change, improve health quality, children education and support the economies to cope with a pandemic crises such as Ebola (McNicoll, 2005; Acosta et al., 2011; Shin et al., 2018; Bodewig and Hallegatte, 2020). Therefore, social protection become a key tool in combatting poverty, inequality, risk and vulnerability" in the post-2015 Agenda (Fiszbein et al., 2014).

However, many scholars and international institutions diversely define social protection. Social protection denotes a theoretical idea of distributing in-kind and cash assistance to poor individuals to help them to overcome shocks and uncertainties (FAO, 2015). Also, it is defined as “a set of nationally owned policies and instruments that provide income support and facilitate access to goods and services by all households and individuals at least at minimally accepted levels, to protect them from deprivation and social exclusion, particularly during periods of insufficient income, incapacity or inability to work” (UNDP, 2016). Moreover, social protection

is considered as a set of policies and programs executed to reduce economic, environmental, and social vulnerabilities, address poverty and food insecurity by protecting and promoting livelihoods (FAO, 2017).

Hence, social protection embraces various public or non-governmental transfers performed to reduce social inequalities through income redistribution (Matthew et al., 2020; Tirivayi et al., 2016). Though, the Atlas of Social Protection Indicator of Resilience and Equity (ASPIRE) of the World Bank is one of the widely accepted classifications of social protection programs. According to this classification, social protection contains social assistance, social insurance, labor market and non-governmental or private transfers. The social assistance (social safety nets) includes food assistance and vouchers, emergency food distribution, housing allowances, school feeding, scholarships fee waivers, health assistance, elders' pensions, family and disability assistance. Labor market programs are either active or passive programs which embrace labor market training, wage subsidies, disabilities employment support, cash and in-kind assistance and unemployment insurance. Besides, social insurance includes social pension, elder and disability assistance, the pensions for survivors and professional injuries, sickness and injury leave, maternity, assistance, and the private transfers comprise NGOs interventions, charity and zakat (World Bank, 2019).

Added to the types of social protection programs, the coverage rates of social protection differ over the globe. It is estimated that about 27.6% of the population in high-income countries is beneficiary of more than one social protection and labor benefits, social insurance programs cover 20.4% of them and 27.2% of the population is beneficiary of social assistance programs. Likewise, in lower-middle-income countries, only 9.9% of the population is beneficiary of more than one social protection and social insurance programs cover labor, 3.2% of them and 47.6% of the population is beneficiary of social assistance programs. Then, in low-income countries, about 79.8% of the population is not beneficiaries of any social protection and labor programs (World Bank, 2020).

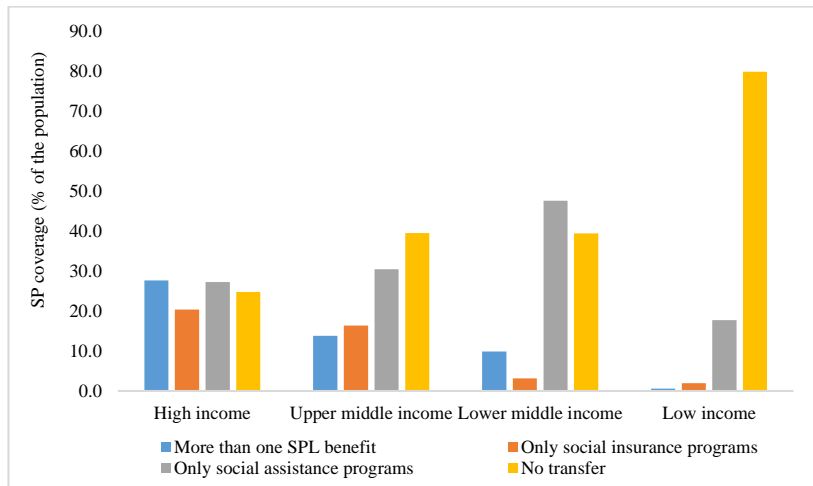


Figure 1: Global coverage of social protection (World Bank, 2020)

### 2.3 COVID-19 crisis and social protection

Previously, social protection were implemented to manage various crises. During the Ebola epidemic, numerous SPP were implemented to support pregnant or lactating women, undernourished children, households affected by Ebola and the survivors of the pandemic in Sierra and Liberia. Likewise, numerous SPP consisting of monthly cash transfer, voucher and food assistance and school fees were executed to assist orphans and children victims of AIDS pandemic, caregivers of orphans and patients visiting the antiretroviral therapy centers in South Africa, Malawi and China (Sabin et al., 2011; Cash Learning Partnership, 2017; Richardson et al., 2017).

Recently, WHO declared a new contagious namely called “coronavirus” (Wu et al., 2020). Compared to previous pandemics, the COVID-19 pandemic is a worldwide concern. By September 17, 2021, it is estimated that the globe accounts for 226.844.344 cases and recorded approximately 4.666.334 deaths. In addition, the countries that recorded the highest infected cases are the USA (41395425), India (33381728), Brazil (21034610), UK (7339013), Russian Federation (7234425), Turkey (6767008), France (6727094), Islamic Republic of Iran (5378408), Argentina (5232358), Colombia (4934568), Spain (4926324), Italy (4623155), Indonesia (4185144), Germany (4125878), Mexico (3542189), Poland (2896599), South Africa (2873415), Ukraine (2338164) and the Philippines (2304192) (WHO, 2021).

Beyond health concerns, the COVID-19 crisis hits seriously the international economy and raises the issue of poverty and social inequality (Furman, 2020; Take, 2020; Gali, 2020). This pushed many countries to

perform several measures and programs to curb down the spreading of the pandemic and also support individuals and the economies to overcome the various shocks (Rutkowski and Bousquet, 2020; Hallegatte and Hammer, 2020). In this context, social protection is in the first line of measures and strategies performed to alleviate the negative impacts of this crisis.

### **3. Method**

#### **3.1. Data sources and searches**

This study was carried out based on a systematic review by following the Preferred Reporting Items for Systematic Review and Meta-analyses (PRISMA) guideline. According, most relevant studies highlighting the implementation of social protection programs to cope with the adverse impacts of the COVID-10 pandemic in the countries the most affected over the globe were explored. The initial identification of database searching, the screening of the literature, the determination of eligible studies and, the inclusion of the studies retained for the systematic review process were conducted by the author supported by his colleague who is mentioned in the acknowledgment section of this study. The titles and abstracts of relevant studies were screened and saved as full reports. Then, these identified articles were further reviewed to broaden the search. These reference studies, blogs related to social protection programs executed in the COVID-19 crisis were manually examined and appropriate abstracts were retained. The subject headings and key search terms; COVID-19 pandemic AND social protection, social protection AND crisis, crisis management, COVID-19 crisis AND poverty, poverty alleviating strategies AND COVID-19 pandemic, COVID-19 pandemic management, COVID-19 most affected countries, COVID-19 pandemic AND global crisis were used (Table 1).

#### **3.2. Study selection**

Relevant English peer-review articles obtained from numerous databases such as Web of sciences, Google scholar and the blogs published through the Websites of international institutions such as the International Labor Organization, World Bank, World Health Organization and UNDP. A total of 180 relevant English peer-review papers and blogs were assessed and only 62 relevant literature sources (58 English peer review studies and 4 blogs) were retained for this study.

**Table 1.** Summarize of used inclusion and exclusion criteria

<b>Inclusion criteria</b>		<b>Exclusion criteria</b>
SPP implemented to assist individuals to cope with the negative consequences of the COVID-19 pandemic	All SPP performed to support individuals to overcome the negative consequences of the COVID-19 pandemic SPP executed in the countries highly affected by the COVID-19 pandemic over the globe	Not relevant to SPP performed to support individuals during the COVID-19 pandemic
SPP executed to assist employees during the current COVID-19 pandemic	Relevant studies/blogs related to SPP executed to assist the employees in the countries highly affected by the COVID-19 pandemic	Studies/blogs related to SPP executed to assist employees SPP out of the context of the COVID-19 pandemic
SPP executed to enhance the resilience of vulnerable groups (elders, disabilities, informal employees) to the negative impacts of the COVID-19 crisis	Studies related to SPP executed to support elders, disabilities, informal employees in the countries mostly affected by the COVID-19 crisis over the globe	Studies not related to SPP executed to support elders, disabilities, informal employees in the countries mostly affected by the COVID-19 crisis over the globe
SPP performed to support the economies (Private companies, SMEs) in the countries the most affected by the COVID-19 crisis over the globe	Relevant studies/blogs related to SPP executed to support the economies (Private companies, SMEs) in the countries the most affected by the COVID-19 crisis over the globe	Studies/blogs not related to SPP performed to support the economies (Private companies, SMEs) in the countries the most affected by the COVID-19 crisis over the globe

**Source:** The author

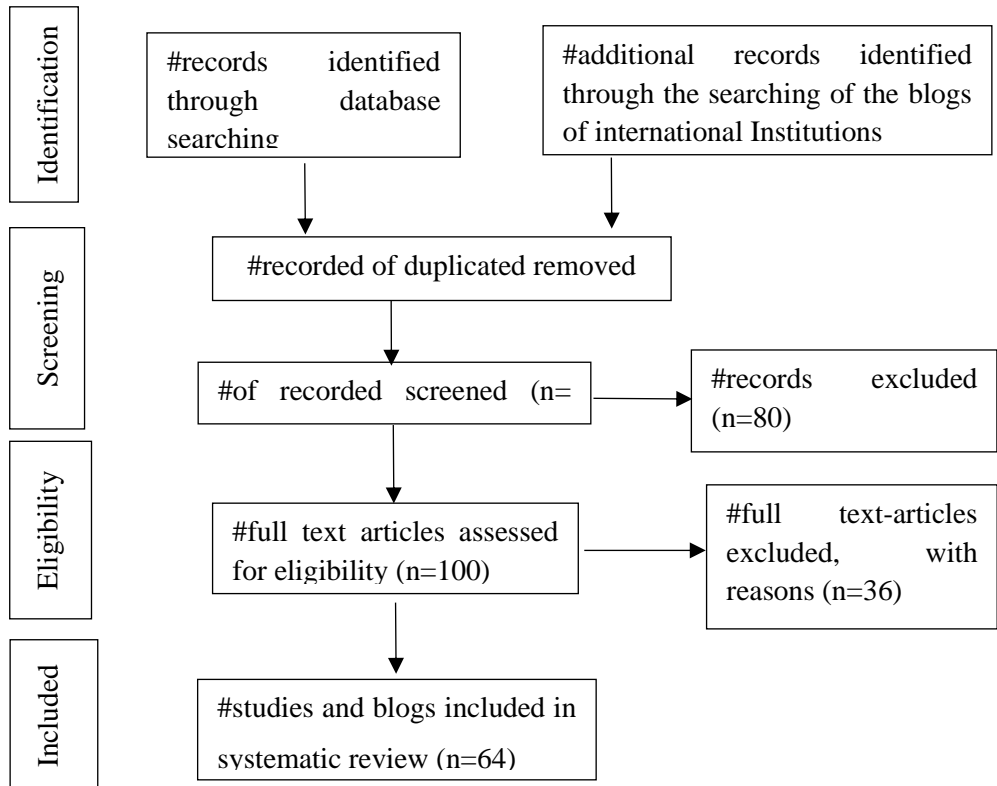
### 3.3. Data extraction



This systematic review was carried out from only the countries with the highest cases of COVID-19 pandemic and where SPP were performed to support individuals and economy by a means of a well-defined inclusion and exclusion criteria (Table 1). No major divergences were experienced in conducting from study identification step until the inclusion of retained studies/blogs for this study.

### 3.4. Quality assessment and synthesis

Critical Appraisal Skills Programs (CASP) checklists were used to assess the quality of the studies included in this systematic review. It is a tool developed by National Collaborating Centre for Methods and Tools (2011) for a critical assessment of different evidence. The studies included in this systematic review were ranged in poor, medium and good quality. In addition, these studies were synthesized (summarized), narrative synthesis of whole evidence was conducted by comparing and constructing data, an initial synthesis, examination of the relations within and between studies was developed to decide the robustness of the synthesis (Popay et al., 2006). No key conflicts were reported in conducting the systematic process and the study data were described and presented in Figure 1.



**Figure 1.** PRISMA flow chart of followed steps for systematic review

#### **4. Results**

To reveal how the COVID-19 crisis accelerated the implementation of social protection programs over the globe, the author selected ten highly affected countries over the globe. These countries represent the main regions with the most COVID-19 cases from USA, Asia, Latin America, Europe and Africa regions. Accordingly, the author selected two countries from each region. These countries are those that recorded the highest COVID-19 cases. Table 2 presented the social protection programs executed to respond to the COVID-19 crisis over the globe. It showed that the selected regions and countries executed more non-contributory social protection programs than contributory ones targeting to support poor individuals and vulnerable groups within the scope of the pandemic (individuals affected by COVID, people in quarantine, informal employees). In addition, from Table 2 the findings showed that several social protection programs were performed in USA, Asian, European, Latin American and African regions during the COVID-19 pandemic. Numerous new social protection programs such as utility subsidies (USA, Argentina, Philippine, Brazil, Russia), prophylactic/care leave support (USA, France, South Africa, Ethiopia), wage subsidies (USA, Argentina, Ethiopia), postponement of social contribution (USA, Argentina, Russia, Brazil, France, India, South Africa, Ethiopia) were executed in all the study regions. Additionally, all the study countries redesigned their previous social protection schemes to respond to the COVID-19 crisis. This included reviewing the eligibility criteria (USA, Philippine, India, Brazil, Russia, and France), duration of social protection programs (USA, Argentina, Brazil, France, Russia), the budget allocated to social protection (USA, India, Argentina, France, Ethiopia), increase of social protection benefit level (all the study countries) and the capacities of the social protection institutions (India, Philippine, Argentina, Brazil, Russia). Furthermore, most executed social protection programs are non-contributory schemes such as health assistance, food assistance, income and job protection support, children and family assistance and sickness assistance.

**Table 2.** Worldwide cases of social protection executed as responses to the COVID-19 crisis

<b>Countries</b>	<b>Types of schemes</b>	<b>Types of programs</b>	<b>Programs beneficiaries</b>	<b>Changes in social protection schemes</b>
<b>UNITED STATES OF AMERICA</b>				
USA	Non-contributory	Housing assistance, unemployment support, in-kind assistance (food, sickness, nutrition, health), income and job protection, children and family assistance, education assistance	Poor and vulnerable population, employees, individuals and household affected by COVID-19	New SPP (utility subsidies, prophylactic leave assistance, wage subsidies), Redesign of previous social protection scheme (coverage, duration of the program, delivery mechanism, eligibility criteria, benefit level, funding)
	Contributory	Sickness, unemployment assistance, pensions and multipurpose assistance		New SPP (postponement of social contribution), Redesign of previous social protection schemes (eligibility criteria, duration of the programs, benefit level)
<b>LATINE AMERICA</b>				
Argentina	Contributory	Health, pensions, several functions, unemployment and sickness assistance	Businesses, retirees and elders	New SPP (postponement and subsidizing of social contribution) Redesign of previous social protection schemes (coverage, benefit level, funding resources, administrative access)
	Noncontributory	Children and family, in-kind assistance (food), unemployment support, maternity assistance, housing assistance, job protection measure, health assistance	Pregnant women, elders, students, citizens, enterprises, employees and children	New SPP (employees and dependents benefits, postponement and subsidizing of necessities/utility costs, wage subsidies); Redesign of previous social protection schemes (benefit level, budget, coverage, delivery mechanism, duration of the benefit)

Brazil	Contributory	Health, special allowance, job protection support, sickness assistance and pension allowance, multipurpose support	Companies, sick people, elders and disabled people	Redesign of previous social protection schemes (administrative access, advanced payment, postponement, subsidizing social contribution, eligibility criteria, extension of the benefit duration)
	Noncontributory	Special grant, in-kind assistance (food, health), job protection supports, housing and basic services, pension allowance, multipurpose support	The poor, informal employees, self-employees, families with students in public schools, small businesses	New SPP (advanced payment of social benefit, tax relief, postponement of social contribution, necessities/utility costs subsidies); Redesign of previous social protection schemes (coverage, eligibility criteria, benefit level, delivery mechanism, funding, duration of benefit, administrative access)
<b>ASIA</b>				
Philippines	Contributory	Special grant, unemployment support, health, cash assistance and job protection measures	Citizens or residents, employees and dependents	New SPP (employees and dependents benefits); Redesign of previous social protection schemes (funding, eligibility criteria)
	Non-Contributory	Health assistance, cash assistance and job protection measures, children and family assistance, food and nutrition, housing assistance, multipurpose assistance	Employees and dependents, the poor and vulnerable population	New SPP (subsidies of necessities/utility costs) Redesign of previous social protection schemes (funding, administrative access, coverage, benefit level, delivery mechanism),
India	Contributory	Job protection supports, cash transfers and multipurpose assistance	Employees, people affected by the COVID-19, the poor, vulnerable groups and street vendors	Redesign of previous social protection schemes (budget, delivery mechanism, benefit level, eligibility criteria, administration access, benefit duration)
	Contributory	Pensions, unemployment, special allowance, and health assistance	Unemployed people, elders, poor people, health sector	New SPP (postponement and or reduction of social contribution);

Redesign of previous social protection schemes  
(extension of the program to include other  
beneficiaries, delivery mechanism, benefit level,  
budget, institutional capacities)

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**EUROPE**

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Russia	Contributory	Special allowance, unemployment, job protection supports, in-kind assistance (health, food, nutrition), housing and basic services and multipurpose support	Poor, vulnerable groups	New SPP (subsidies of necessities/utility costs); Redesign of previous social protection schemes (administrative access, benefit duration, eligibility criteria, delivery mechanism, coverage and funding)
	Non-Contributory	Children and family, special grant, sickness assistance and housing/basic services and several functions	Employees and their dependents	New SPP (postponement and reduction of social contribution waives); Redesign of previous social protection schemes (eligibility criteria, administrative access, benefit level)
France	Contributory	Several functions, children and family, health assistance, sickness assistance, job protection supports	Quarantine people, part-time employees	New SPP (postponement and subsidizing of social contribution, prophylactic/care leave); Redesign of previous social protection schemes (coverage, social benefit duration, eligibility criteria)
	Non-Contributory	Special allowance, in-kind assistance (health, education), housing and basic services, job protection support, several functions, children and family assistance	All citizens or residents, the poor, vulnerable groups and employees	New SPP (postponement and reduction of social contribution waives); Redesign of previous social protection schemes (budgetary, benefit duration, eligibility criteria, delivery mechanism/capacity)

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**AFRICA**

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	Contributory	Sickness and unemployment supports	Sick people, unemployed individuals,	New SPP (work leave payment, creation of national disaster benefit)
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South Africa	Non-contributory	Sickness and unemployment assistance	employees affected by lockdowns	New SPP (Special allowance/grant) Redesign of previous social protection schemes (delivery mechanism, increase o benefit level)
Ethiopia	Non-Contributory	In-kind assistance (food, health), housing and basic services, income assistance, job protection measures.	Low income employees, poor people, citizens, residents, health sector	New SPP (rent assistance, food assistance, free public transport, wage payment for employees at risk to stay home); Redesign of previous social protection schemes (coverage, extension assistance budgetary, increase of health system expenditure)

**Sources:** The author adapted from World Bank (2021), Gentilini et al. (2020), IMF (2020) and <https://socialprotection.org/> (2021)

## 5. Discussion

Table 2 shows that the COVID-19 pandemic led to an increasing implementation of SPP over the globe. These SPP included not only new social protection, but also redesigning the earlier SP schemes in all countries. This includes reviewing the social protection coverage, the number of beneficiaries, the benefit level and duration of social grants, the funding allocated to social protection programs and the delivery mechanism of social assistance grants. Most of new SPP executed during the COVID-19 pandemic are non-contributory programs. They include utility subsidies (USA, Philippines, Argentina, Brazil, France), advanced payment of social benefit (Brazil), wage subsidies (Argentina, USA), social contribution waives (Russia, France, South-Africa). In fact, most population affected by the COVID-19 crisis included deprived groups therefore compared to contributory social protection programs, the non-contributory social protection programs would be appropriate measures to alleviate the adverse impacts of such crisis. This finding supported by Braun and Ikeda (2020) who underlined that non-contributory social protection programs are important tools in preventing poverty, alleviating social inequality and strengthening community resilience. Similarly, Dahlgren and Whitehead (2021) and Lewer et al. (2020) noted that reducing the socioeconomic inequality through economic support is essential to respond to the COVID-19 crisis.

In addition, many countries redesigned their previous SPP due to the COVID-19 crisis. This includes postponing the payment of social contribution (South Africa, France, Russia, Brazil, Argentina), paying in advance the social benefit (Brazil), reviewing the SPP eligibility criteria (Brazil, Russia, France, Philippines, USA, India). Likewise, the pandemic pushed the countries to extend the SP coverage (France, Russia, Brazil, Argentina, USA, Ethiopia), increasing social protection funding (USA, Philippines, Argentina, Brazil, Russia, Ethiopia) and updating the delivery mechanism of SPP (Ethiopia, France, Russia, Brazil, Argentina, Philippines). This could help the policymakers to assist informal employees and deprived groups to overcome numerous challenges posed by the COVID-19 pandemic. These results aligned with Abdoul-Azize and El Gamil (2021) who noted that increasing the coverage rate of SPP and implementing new SPP would support various groups affected by the COVID-19 pandemic to overcome its impacts. Likewise, IMF (2020) and Pereira and Oliveira (2020) indicated that many countries implemented numerous interventions to support individuals of disparate social groups to access to financial resources to satisfy their living conditions.

On the other hand, the COVID-19 revealed that whatever the economic level of the country, social protection become a vital tool to fight against the adverse impact of the pandemic. In fact, compared to earlier crises, the COVID-19 pandemic created new type of the poor (informal workers, businesses owners) due to the exceptional measures (lockdown and businesses closure) enforced to slow down the spreading of the pandemic. These results are consistent with the studies of Ribeiro-Silva et al. (2020) and Paslakis et al. (2020) who underlined that the COVID-19 pandemic exposed informal workers and employees who lost their work at poverty and food insecurity risk. Similarly, Guerreri et al. (2020) emphasized that the COVID-19 pandemic affected the labor demand, increased job destruction due some enforced measures such as lockdown and businesses closure.

## **6. Conclusion and recommendation**

This study examines how the pandemic induced a global implementation of social protection programs. It showed that COVID-19 pandemic led to increasing implementation of social protection all over the world regardless the economic level of the countries. Accordingly, the COVID-19 pandemic forced the policymakers to not only create new social protection programs, but also to redesign their countries previously social protection schemes to overcome the negative impacts of the pandemic. The COVID-19 crisis rebuilt worldwide social protection schemes. Consequently, the pandemic revealed a global call to reconsider social protection in managing numerous shocks.

### **However, the policymakers should:**

- a. Consider other vulnerable groups such as migrants and refugees in implementing social protection for unpredictable crises;
- b. Foresee the funding strategies of social protection so that they could be a basic right especially for deprived groups and small businesses during unpredictable crises such as the COVID-19 pandemic;
- c. Introduce as well as improve the technology used in implementing social protection;
- d. Initiate comprehensive strategies at regional level for more effective future crises management.
- e. Combine other private transfers such as NGOs interventions and charity donation especially low-income countries in future crises preparedness and response strategies.

## **7. Conflict of Interest**

None

## **8. Acknowledge**

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