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TRENDS TOWARDS EITHER DIVERSIFICATION OR UNIFORMITY
IN RESPECT OF SOCIAL SECURITY BENEFITS

Reporter:
Prof. M. MAGREZ
Deputy General Administrator
National Office for Employees' Family Allowances
(Belgium)

General Secretariat of the ISSA

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>CHAPTER I: DIVERSIFICATION OF BENEFITS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Section I</td>
<td>The variety of the benefits</td>
<td>3</td>
</tr>
<tr>
<td>Section II</td>
<td>The scope of the field of application</td>
<td>14</td>
</tr>
<tr>
<td>Section III</td>
<td>The administrative complexity</td>
<td>15</td>
</tr>
<tr>
<td>CHAPTER II: TRENDS TOWARDS THE UNIFICATION OF BENEFITS AND THE CODIFICATION OF TEXTS</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Section I</td>
<td>Trends towards unification or harmonisation</td>
<td>16</td>
</tr>
<tr>
<td>Section II</td>
<td>Trends towards codification</td>
<td>17</td>
</tr>
<tr>
<td>Section III</td>
<td>Codification already achieved or projects in hand</td>
<td>18</td>
</tr>
<tr>
<td>CHAPTER III: CONCLUSIONS</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>ANNEX I: GUIDELINES FOR THE PREPARATION OF NATIONAL MONOGRAPHS</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>ANNEX II: LIST OF ORGANISATIONS PARTICIPATING IN THE INQUIRY</td>
<td>33</td>
<td></td>
</tr>
</tbody>
</table>
TRENDS TOWARDS EITHER DIVERSIFICATION OR UNIFORMITY
IN RESPECT OF SOCIAL SECURITY BENEFITS

Complex, technical, unable to produce concrete impressions, these laws are beyond the non-specialist. The ordinary citizen has only sporadic contact with them. In between, he is aware of their existence as of a building surrounded in mystery.

Jean CARBONNIER - Flexible droit.

INTRODUCTION

The Permanent Committee on Legal Aspects of Social Security, which held its tenth meeting in Geneva in October 1983 on the occasion of the XXIst General Assembly of the ISSA, decided to include in its work programme for the period 1984-1986 a study on the "Trends towards either diversification or uniformity in respect of social security benefits".

The present study consists of two parts:

(a) The first part is devoted to the diversification of benefits, beneficiaries and institutions.

The multiplier factor is not new and it results among other things from the expansive nature of social security and the rapidity - not to say haste - with which certain benefits and some structures were brought into being.

(b) The second part is concerned with the desire of both governments and administrators to bring some order into the vast number of measures and of projects so as to bring about more equity and more cohesion.

This concern and this wish to restore order should logically lead to the codification of social security legislation.

Thus social security legislation, which is much criticised on account of its contradictions, duplications, uncertainties as to the areas where no entitlement exists, hangovers from a troubled past, could, if properly codified, be transformed into a true framework of social security law.

It would thus become a basic pillar supporting the society of the twenty-first century.

The study has been limited to a certain number of countries which, for various reasons, have a good knowledge of the problems created by the diversification of social security schemes and which have tried to achieve, or have actually achieved, a codification of their social security legislation.

In fact, for economic, social or purely historical reasons, numerous countries have developed complex social security or social insurance systems in which questions of varying occupational status, multiple rights and concurrent entitlements are matters of everyday concern.

The data have been collected from institutions that have been good enough to co-operate on the basis of guidelines which were indicative rather than imperative, which enabled each of them to describe the complexity of its existing legal and administrative system in such a way as seemed most appropriate to it.
The advantage of this method is that it can show what legal standards actually involve in practice and bring the legislation to life.

In addition, the study covers legal developments over the period 1970-1982, which was selected because it began at the end of the years of world-wide prosperity, the "Golden Sixties" and ended in the middle of a period of crisis and austerity. This ten-year period also seemed long enough to bring out the trends in the development of this social phenomenon.

* * *

The ISSA General Secretariat sent the guidelines for the preparation of national monographs (see Annex I) to a number of member organisations.

The present report has been drafted on the basis of replies from 25 member organisations in 18 countries covering all the five continents (see Annex II - List of organisations participating in the inquiry). A first version of this report was put before the eleventh meeting of the Permanent Committee on Legal Aspects of Social Security (Brussels, September 1985). At the close of the discussion at that meeting, it was decided that the reporter would complete that study and would draft conclusions based on an analysis of the information received.

As one might expect, this report, which is necessarily confined within a limited framework, can be neither a sum total nor even a complete overall view of the development of social security during these years; as its title indicates, its aim is quite specifically to try to determine on the basis of selected examples whether there are any legislative trends towards uniformity and harmonisation of social security benefits.

But in this respect, as the Secretary-General of the ISSA pointed out at the beginning of his 1983 report, one cannot underestimate the adverse consequences of the world recession on social security: these have become increasingly prevalent and acute.2

The climate of social security has become more grey and monotonous; even reasonable hopes and promising reforms have almost always foundered on financial impossibility.

Nevertheless, as the Commission of the European Communities points out: "Social protection should not be considered as a burden on the economy. It constitutes a pre-condition for the maintenance of a high level of skills, efficiency and motivation in the economic life of Europe. In addition, the sums contributed do not disappear from the economic circuit; they return to it in the form of benefits which play an important role in supporting economic activity and thus enable one to avoid an even greater worsening of the position, especially in some regions. Finally, a number of activities arise as the result of the operations of social security systems".3

* * *

After being approved by the Permanent Committee on Legal Aspects of Social Security at its twelfth meeting (Montreal, 4 September 1986), the present report was adopted unanimously by the XXIInd General Assembly of the ISSA (Montreal, September 1986).


CHAPTER I

DIVERSIFICATION OF BENEFITS

Section I - The variety of the benefits

It seems hardly necessary to recall that social security benefits, in spite of their extreme variety, can be quite easily classified under one of the scheme described in Convention No. 102 of the International Labour Organisation (28 June 1952) on Social Security (minimum standards), namely:

1. Medical care (Articles 7 to 12);
2. Sickness benefit (Articles 13 to 18);
3. Unemployment benefit (Articles 19 to 24);
4. Old-age benefit (Articles 25 to 30);
5. Employment injury benefit (Articles 31 to 38);
6. Family benefit (Articles 39 to 45);
7. Maternity benefit (Articles 46 to 52);
8. Invalidity benefit (Articles 53 to 58);
9. Survivors' benefit (Articles 59 to 64).

The replies received to the inquiry indicate that these benefits have been further developed and diversified over the ten-year period. As the National Federation of Industrial Employment Accident Insurance Funds of the Federal Republic of Germany comments in regard to survivor pensions - and this comment is valid for all the institutions - "One must observe that, even though one can quantify the changes that took place from 1970 to 1982 in the range of persons protected as the result of extension of social benefits, such quantification is not possible for survivor pensions owing to lack of the necessary documentation. The relatively small restrictions at present applied to the scope of the survivor pension scheme in relation to the fluctuations in the number of pensioners do not lead one to any conclusion, even on the basis of a long-term analysis".

1. Medical care

The schemes introduced during previous decades have been further improved. Thus, the National Federation of Local Sickness Funds in the Federal Republic of Germany indicates that the introduction of early detection measures from 1 July 1971 was paralleled by efforts not only to eliminate deformities and health impairments, but also to foresee and prevent them as far as possible: this new compulsory benefit marked a turning point because, apart from some institutions which had previously offered prevention measures on a voluntary basis, the institutions had up to then provided only remedial benefits.

To follow up the social changes which, for example, arose from the working activities of women and mothers, the right to domestic help was introduced by law in 1973.

Also in the Federal Republic of Germany, the law on harmonisation of rehabilitation benefits made it possible from 1974 to bring into line with one another the benefits of the same type provided by the various institutions...
administering rehabilitation benefits. The sickness funds, which had already previously been providing rehabilitation benefits, were explicitly declared to be the responsible institutions for administering rehabilitation.

This system has become so normal today that the pension insurance institutions generally provide these benefits for those who are working and the sickness insurance institutions make them available to those not in employment, particularly housewives and pensioners.

One should also mention that in connection with what are generally called the "consolidation" laws - in particular, the twentieth law on pensions adjustment and the "consolidation" law on employment promotion - major measures to harmonise arrangements (such as uniformity of benefits, general payment of all benefits by a single operating institution) have again been in part postponed. This applies in particular to the transfer of authority for many of the rehabilitation measures designed to encourage re-employment to the National Employment Institute and to the level of cash benefits paid during rehabilitation measures, which varies depending on the actual institution which provides them.

Finally, a 1977 law which reduced the cost of German sickness insurance introduced the "Home medical care" benefit in order to relieve the hospitals and to bring medical care closer to people in their homes. In fact, the reasons underlying this were both humanitarian and financial.

Similarly, since 1983, some medicaments in every-day use have no longer been reimbursed except for young persons under 16 years of age: in addition, some cost-sharing fees have been introduced or increased.1

In Argentina, the social insurance scheme gives priority to health care and 8 per cent of its resources go on this.

In Australia, since 1981, there has been a reinforcement of private insurance, under which there is a restriction on the state benefits to persons insured by the private sector, whereas previously all residents were entitled to these; the private sickness insurance funds must undertake to reimburse an amount equivalent to 85 per cent of the agreed scale of charges.

In Belgium, a new and important benefit is that provided by the integrated home-care services or in rest-homes: this really reflects the introduction of a new hospital policy.

In Belgium, and this is occurring in all countries of the post-industrial civilisation, the ageing of the population will no doubt in the next few years be the principal factor determining the evolution of health needs.

By 1990, the population aged over 65 will be 14.23 per cent of the total population, or 6.8 per cent - 110,000 persons - more than in 1970. This development is all the more important in its influence on health policy because its effects are felt mainly in the age group of the over 85s.

The degree of invalidity being closely linked with age, some studies even foresee that there will be 45 per cent invalids in the age group of the over 85s and it is certain that the health care infrastructure will have to adjust to these changes in the age structure of the population.

1 ISSA, op. cit., p. 46.
Thus, faced with the growth of these needs, principally that of care and help in everyday life, continued expansion of the hospital infrastructure is not an adequate response.

In Sweden, for out-patient treatment, a new reimbursement system was introduced in 1970 to simplify the arrangements and to provide protection against the high cost of treatment in order to make it available to all.

The patient pays a fixed amount either to the authority responsible for health care, if he uses a "nationalised" doctor, or directly to the doctor, if he uses a private practitioner.

If the private practitioner has signed an agreement with the sickness insurance, his fees are fixed by the government.

The difference between the amount paid by the patient and the true cost of treatment is reimbursed to doctors directly by the sickness insurance.

In Canada, the Federal Government gives substantial subsidies to the provinces when they establish hospital insurance plans giving coverage to the entire population, general access to benefits and non-profit making operations of the institutions.

This system has been extended to medical care, especially since 1977; in 1982 health expenditures exceeded 8 per cent of the gross national product.

The universal coverage of this branch is also met with in Costa Rica where, progressively from 1947 to 1975, it came to cover the whole population, the last groups brought into it being farmers and stock-breeders; the contribution is based on the full remuneration and, in addition, the National Plan for 1982 to 1986 aims to combine within a single framework both the private and public measures.

In France, there have not been any new benefits but, as in other countries, the extent of hospital treatment has been limited either by setting up medical treatment sections in old persons' homes, or by providing treatment at home at a level which is between full treatment in hospital and "town" treatment. With the same concern for the financial stability of social security, the law of 19 January 1983 established an overall annual amount of grant to hospitals. As the Commission of the European Communities recently reported: "Particular importance should be attached to health expenditures, which amount to such a large proportion of social expenditure and which can expand to an almost unlimited extent".1

Under the Constitution of the German Democratic Republic, the whole range of medical care is provided free of charge to all citizens in the event of sickness or accidents.

In Italy, a National Health Service was established by Law No. 833 of 1978, which brought together all sickness benefits provided in kind; this law also abolished all the occupational sickness funds but maintained the range of different contributions by category.

In general, there has been a tendency to increase the cost-sharing by parents, either by introducing or increasing the "cost-sharing payment" (Australia, France, Federal Republic of Germany, Netherlands) or by making a flat-rate hospital charge (Quebec).2

1 "Problèmes de sécurité sociale, éléments de réflexion", op. cit., p. 153.

2. Sickness benefit

In the Federal Republic of Germany, the 1974 law on improvement of benefits provided for an insured person to be entitled to claim an allowance to compensate for wages lost during a maximum of five days per calendar year when he is the only person remaining at home to look after a sick child.

In Sweden, a new system for calculating allowances came into force in 1974; the amount of the allowance is 90 per cent of the annual income and it is taxable and subject to pension contributions; the allowance is payable from the second day of sickness.

The incapacity for work must be at least 50 per cent. If it is total, the full allowance is paid. If not, only half is paid.

A sickness allowance, calculated on the basis of a flat rate income, is also granted to married men and women who are entirely occupied on household duties, as well as to unmarried persons who are bringing up children aged under 16. This allowance is not taxable.

In Australia, since 1970, a long-term sickness allowance has been in effect, payable after six weeks' incapacity.

The Canadian scheme has an original feature; until 1970, the employers, operating through a private scheme, paid a "sickness wage" (86 per cent of salaried employees and 39 per cent of wage earners were insured); in 1971, the unemployment insurance took over the sickness allowance at a rate equivalent to two-thirds of the lost wage, payable for 15 weeks: the philosophy underlying this scheme is to treat in the same way two risks which have the same social effects.

In Finland, there has since 1973 been a partial invalidity pension which is paid mainly to self-employed persons, as there are too few part-time jobs to enable semi-invalid employees to benefit from this.

In France, there have been no major developments but simply, under the law of 4 July 1975, a free extension of coverage to some groups (young persons who have not yet got their first job, prisoners and their families, handicapped adults, artists).

In the German Democratic Republic sickness benefit is equivalent to 90 per cent of net earnings during the first six weeks of incapacity for work. From the seventh week of incapacity for work the benefit rate varies according to the number of dependent children and the insured person's earnings, although the level is guaranteed to be at least 50 per cent of the gross earnings that are subject to compulsory contributions. However, in the case of voluntary complementary insurance, from the seventh until the 78th week of incapacity for work, insured persons may receive a benefit of between 70 and 90 per cent of their average net earnings according to the number of dependent children.

In Morocco, the allowances, equal to half the wage, can be paid for 26 weeks and they are raised to two-thirds of the wage during the 26 following weeks.

3. Unemployment benefit

Through the law of 17 July 1974, the Federal Republic of Germany introduced an allowance for loss of wages in case of bankruptcy (the number of bankruptcies rose from 45,558 in 1974 to 124,900 in 1982); this allowance provides payment of the net wage for three months after the employer stops paying it; apart from that, the legislation has adjusted the conditions of entitlement to benefits in the light of the economic crisis.

In Canada, unemployment insurance was revised in 1971 and the level of the allowance was fixed at approximately 73 per cent of the average wage; the social assistance schemes introduced in 1941 continued to be effective for long-term unemployment and in 1970 all the provinces set up assistance schemes for those in need, half the cost of these being met by the Federal Government.

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1 Since 1971 insured persons whose earnings exceed 600 marks a month have been able to take out voluntary complementary insurance which, in addition to pensions, includes sickness and maternity benefits.
Also in Canada, towards 1970, a scheme of manpower mobility was introduced providing inter-alia for a transport and removal allowance and also by introducing, especially by a 1982 law, a programme of vocational training which has helped the workers most affected by industrial reorganisations.

Similarly, the period of suspension of benefits for unemployed persons who have left their job without a valid reason, or who have refused suitable employment, has been increased from three to six weeks.\(^1\)

In Spain, a 1980 law introduced a contributory benefit payable for a period equal to half of that during which contributions have been paid; in some cases this is followed by a non-contributory benefit.

In the German Democratic Republic, and in Czechoslovakia, there is no unemployment allowance as employment security is guaranteed by the Constitution.

In Sweden, the unemployment insurance has been in operation since 1935; it is a voluntary scheme.

The unemployment allowance is paid for a maximum of 300 days to people aged under 55 and 450 days to those who are over 55. A complementary scheme is in force for persons who do not belong to this voluntary scheme.

The monographs cannot always give an accurate idea of the scope of the national measures taken in the battle against unemployment; this is the case, for example, for the French system of "Solidarity contracts" between the State and private undertakings which have agreed to apply a scheme of early retirement for workers aged 55 years and their replacement by a younger person aged under 26.\(^2\)

4. Old-age benefit

In the Federal Republic of Germany, the conditions of award of this benefit have become stricter since 1982, in that the person must have been insured for at least eight years during the ten years preceding retirement.

The age of retirement, which is normally 65 years, can be deferred to 67 at the request of the recipient, with a pension supplement; since 1957, it has also been possible to advance retirement age to 60 for workers who have been unemployed for at least 52 weeks.

Also in the Federal Republic of Germany, a so-called "flexible" age limit has been introduced under which, after 35 years of insurance, a person can retire at the age of 63; and since 1983, at the age of 60 for invalids; until reaching the age of 65, a pensioner can receive only a limited income from an occupational activity.

In Argentina, alongside the retirement pension acquired after 30 years of insurance, there is an old-age pension which is justified by the high level of immigration into the country.

In Australia, the old-age pensions, like most of the allowances, are linked with price changes and indexed every six months; the amount is increased for recipients aged over 70 and it is not taxed if the other income does not exceed A$ 200 per week.

In 1977, in Austria, a law extended to pensions insurance the requirement to undergo rehabilitation, which had previously applied only under the accident insurance.

\(^1\) ISSA, op. cit., p. 58.

\(^2\) ISSA, op. cit., p. 59.
The retirement income system in Canada is composed of three distinct but complementary elements: the old-age security programme (a series of public benefits providing basic protection for all Canadian citizens), compulsory public schemes incorporating earnings-related contributions (the Canada Pension Plan and the Quebec Pension Plan), and finally, individual income protection measures taken by citizens themselves which may include private retirement schemes and even personal savings.

The old-age security programme, which dates from 1927, has been improved over the years and currently provides three types of benefits, which are regularly increased: the basic old-age security pension (OAS) which is universally payable to all Canadian citizens of 65 years of age or more who fulfill the conditions of residence in Canada; a guaranteed income supplement (GIS), grafted onto the first benefit in 1967, which is based on a means test and is provided for persons whose income is low or non-existent; and finally, a spouse's allowance (SPA), that has been in force since 1975, is also subject to a means test and is payable to the spouses of pensioners. This benefit has also been payable since September 1985 to all widows and widowers of between 60 and 64 years of age whose income is low or non-existent.

The Finnish scheme consists of a national pension which provides a basic minimum and an employment-related pension for employees and self-employed persons; also, since 1971, there has been an unemployment pension, which has become one of the tools of employment policy as the minimum retirement age has been established successively at 60, 58 and 55 years and will rise again in stages up to 60 years as from 1985. In 1975, the pension was raised from 42 to 60 per cent of the wage.

In France, the development over the last ten years has been considerable. After a long period during which nothing changed, it has affected:

(a) the retirement age which, since April 1983, has been 60;

(b) simplification and improvement: since 1972, the pension has been calculated on the ten best years since 1947; since 1982, the revaluation has followed income levels for the current year;

(c) women who have brought up at least three children enjoy benefits, such as additional quarters or years of insurance credited.

Also in France, the decree of 20 November 1980 allowed the spouse of a handicraft worker to contribute voluntarily to the old-age insurance scheme.

In Sweden, the pensions scheme has existed since 1913 and has been reformed on several occasions, in particular in 1935, 1946 and 1976. Pensionable age is at present 65 years for both men and women. An advanced pension can be claimed from the age of 60 onwards; the pension can also be deferred to the age of 70. The level of the pension will then be reduced or increased by a certain percentage. All Swedes living in Sweden are entitled to the basic pension. It consists of a flat rate which is the same for everybody and is designed to ensure a minimum subsistence level for all. This benefit is thus not dependent on contributions, periods of insurance, income or career. The amount is fixed each year by the government; the occupational pension, introduced in 1960, is calculated on the basis of the occupational income throughout a person's career. In Sweden the system allows for a gradual transition from active life to retirement. Persons aged between 60 and 65 years can in certain circumstances work part-time. The partial pension corresponds to 50 per cent of the difference between the amount payable for a full level of benefit and the earnings from part-time work.

In Israel, the rise in the number of persons aged over 65 causes problems (13.6 per cent in 1976, 17.4 per cent in 1980); in addition, this country suffers
from severe currency depreciation which requires the rates of benefit to be revised frequently, sometimes monthly.

In the German Democratic Republic, since 1973, women who have brought up at least five children receive an old-age pension by virtue of this.

In Morocco, the level of the pension is established as a function of the number of days of insurance, with a maximum of 70 per cent of the best average monthly earnings over the last three or five years.

In the Philippines, the old-age pension has since 1975 been increased by 10 per cent for each dependent child (up to five); furthermore, from 1975 to 1984, the pensions were increased several times.

In Czechoslovakia, after a long period of development, almost the entire population was covered under a law of 1975. The pension is related to the earnings during the last ten years subject to a ceiling, the number of years of work and the extent to which the work done was arduous; it can reach up to 67 per cent of the average remuneration; the retirement age is 65 for men and varies from 57 to 53 for women depending on the number of children they have brought up.

5. Employment injury benefit

In Canada, protection against work accidents has been extended to all industries except for some that are specifically excluded. Since 1970, pensions have been awarded for accidents and diseases occurring during military service and in 1976 this protection was extended to former war prisoners (in 1983 there were still 100,000 of these).

In France, the benefits provided have varied little during the period coverd but, since the adoption of the law of 6 December 1976, survivors have been able to ask for compensation for moral wrong where the employer has committed an inexcusable fault.

In the German Democratic Republic, persons who are victims of an employ­ment accident or who suffer from an occupational disease receive sickness benefits equivalent to their net average wage until they recover their capacity for work, although the maximum duration of benefits is 78 weeks. In the event of total permanent incapacity (100 per cent disability), disability benefits represent two-thirds of the average monthly earnings taken into account for the calculation of contributions during the last twelve months preceding the accident.

In Italy, the benefits, which were previously different in industry and in agriculture, have been brought into line and the minimum degree of incapacity for accident or disease has been fixed at 11 per cent in all cases.

The Swedish scheme has existed since 1901 and was the subject of reforms in 1916, 1954 and 1976.

During the first 90 days, a worker who has met with an accident or is sick comes under the general sickness insurance scheme.

Beyond these 90 days, all the costs are assumed by the insurance against employment accidents and occupational diseases.

The purpose of this scheme is to ensure that the worker's financial circumstances shall be the same as they would have been if the sickness or accident had not occurred, so they provide for complete compensation for loss of income. Financially, only the criterion of invalidity is taken into account, not that of the percentage of incapacity.

6. Family benefit

In the Federal Republic of Germany, a 1974 law instituted allowances for the first child and abolished the income ceiling for the second child, at the same time abandoning the previous tax rebate system.
The age limit, which in 1976 was 22 years for registered unemployed, was lowered to 18 for students and 16 for other children.

In 1972, the benefits for the second and third children were reduced.¹

In Argentina, the child allowance introduced in 1957 was supplemented by a series of other allowances (marriage allowance, birth allowance, spouse allowance, allowance for primary and secondary education, for adoption, etc.), so that the national monograph expresses the view that one can more appropriately speak of a "single family income".

In Sweden, the family allowances were introduced generally in 1948 and are payable to all children aged under 16 living in Sweden.

Since 1983, supplementary allowances have been paid to families having three or more children; in addition, an allowance is paid for a handicapped child aged under 16, by the pensions scheme. It is awarded when the handicapped person needs special care and treatment lasting a long time. The substantial expenditure involved is also taken into account.

In Australia, since 1973, there has been an allowance for single mothers who have no other claim to a pension or annuity; in the same year a double orphan pension was introduced for children whose two parents have died; in 1976, the allowances were greatly increased. In 1977, the single mother allowance was replaced by a parent's allowance to avoid sexual discrimination.

Since May 1983, a supplementary family allowance of AS 10 per week has been paid to low-income families;² at the same time as this was introduced, the grants for children's creches were increased by 50 per cent.

In Belgium, the law of 20 July 1971 completed the family allowance schemes of which there were two, the first having covered employees and public servants since 1930 and the second, self-employed persons since 1937; this law instituted a supplementary scheme which ensured that any Belgian child not receiving benefits under another scheme should have so-called "guaranteed" allowances, subject to a ceiling on the means of the person bringing up the child.

One should also mention the Belgian law of 20 July 1971 which set up, under the National Office for Employees' Family Allowances, the Community Equipment Fund, responsible for subsidising the establishment and operations of creches and family assistance services for the families of employees; these services effectively help to make up for the fact that working mothers are absent from their homes.

An increase in the allowances for handicapped children was introduced in 1961.

In 1973, the law of 11 July contained provisions to ensure that where a mother left her work to bring up a child, up to the age of 3, her absence would not affect her career.

Finally, as a consequence of the economic crisis, the allowances were temporarily reduced from 1982 onwards to provide a fund for balancing the finances of social security; this reduction does not apply to unemployed, sick persons or pensioners.

¹ ISSA, op. cit., p. 66.
² ISSA, op. cit., p. 65.
In Canada, monthly family allowances are payable in respect of dependent children of less than eighteen years of age. They take the form of flat-rate benefits throughout the country with the exception of two provinces. The Family Allowances Act authorises provincial governments to modify the level of the monthly family allowances in their province as a function of the age of the child or the number of children in a family, or taking both these criteria into account. Two provinces, Quebec and Alberta, have availed themselves of this option.

The family allowances are taxable, but since 1970 tax rebates have been provided for children and spouses under a system which has been frequently modified in order not to put the less fortunate at a disadvantage.

In Finland, since March 1981, the employer contribution has been replaced by a Government contribution.1

In France, the law of 9 July 1976 established the single parent allowance to provide temporary help for a person without resources who has one or more dependent children.

Family policy has also evolved considerably; as Dorion and Guionnet note: "At the time of the liberation, the objective was to increase the birth rate ... at the present time, the aim pursued is to try to provide couples with the means to have the number of children that they wish.2

In Morocco, the allowances are paid for up to six children declared for the public register; these benefits are supplemented by family health assistance.

In Switzerland, federal legislation applies only to the agricultural scheme; since 1980, this has provided allowances additionally to persons carrying on farming as a subsidiary occupation; for non-agricultural self-employed persons, allowances are paid by seven cantons.

In Czechoslovakia, the family allowances are the most important element in the assistance provided to families; in 1983, crèches and kindergartens accommodated 91 per cent of the children aged from 3 to 6.

7. Maternity benefit

Based in particular on development in other European countries, and on Recommendation No. 123 adopted by the International Labour Organisation in 1965, the Federal Republic of Germany in 1979 raised to six months the period of post-confinement leave for the mother and the allowance for this period is reimbursed by the State to the sickness funds.

In Belgium, the allowance for rest during confinement was increased and, since 1 July 1975, has been 79.5 per cent of the lost wages for a two-month period.

In Canada, the benefits are payable for 15 weeks by the unemployment insurance and are at the same rate as unemployment benefit.

In France, the law of 17 July 1980 raised the period of rest for confinement from 16 to 26 weeks as from the third child.

In the German Democratic Republic, various maternity benefits (during pregnancy, for the birth of the child and after confinement) are provided to women whose participation in active life is at least 90 per cent. Since May 1984 the social insurance scheme has been providing benefits to married women exercising an occupational activity who are mothers of three or more children in order to enable them to care for sick children. On the birth of the third and each subsequent child the mother is entitled to apply for paid leave until the child reaches the age of eighteen months.

1 ISSA, op. cit., p. 68.

In Morocco, an allowance at the rate of half the wages is paid for ten weeks.

In Czechoslovakia, a maternity allowance is paid until the youngest child reaches the age of two.

In Sweden, the parental insurance has existed since 1974 and has replaced the maternity insurance.

There are three kinds of parental leave granted on the birth of a child and during its early years.

The parental leave allowance is granted either to the father or to the mother.

A minimum level is guaranteed (37 Swedish crowns). When the necessary conditions are met, the allowance is the same as the sickness allowance, i.e. 90 per cent of the daily remuneration.

The parental leave is a maximum of 180 days for the two parents combined.

The mother can claim it at the earliest 60 days before the presumed date of confinement and can in any case extend it until the 29th day after the birth of the child.

The special parental leave can be claimed at any time provided that the child is still under eight years old. Its duration is 180 days, to be divided equitably between the father and mother.

In conjunction with parental leave for temporary care of the child, an allowance equivalent to the sickness benefit is paid to a parent who has to take leave because of the illness of his or her child aged under 12 or of the person who normally looks after the child. The allowance is paid for a maximum of 60 days per year for each child.

The pregnancy allowance is granted to pregnant women whose work is not compatible with their condition and who cannot be employed on other work.

This is payable for a maximum of 50 days as from the 60th day before the expected date of confinement. The amount is the same as that of the sickness benefit.

8. Invalidity benefit

Under the law of the Federal Republic of Germany, on the basis of a judicial decision adopted by the Federal Social Tribunal in 1976, for an insured person who is no longer able to work full-time, the existence of occupational incapacity or of general invalidity (incapacity to earn) must be evaluated after considering whether he or she is really able to make use of his or her residual earning capacity on the labour market.

When there is incapacity to earn, particularly as a result of the economic crisis which has led to a drop in the amount of part-time work, the resultant cost is transferred from the labour market to the pensions insurance and the result is a heavy additional burden on the latter. This is why, in 1983, it was decided that pensions for incapacity to earn should apply for three years. In addition, since 1984, these two types of benefit have been payable only if the recipient has contributed to the insurance for at least three of the last five years.

In Sweden, the invalidity benefits can be granted from the age of 16 and up to 65; after that, they are converted into old-age pensions.
The allowances for handicapped persons in Sweden are granted to handicapped persons aged 16 or more when they have to be assisted by another person in the activities of their daily life or in doing their work; these allowances are also granted when the handicapped persons have to incur considerable expenditure.

In Australia, since 1983, any person who undergoes a programme of vocational retraining and who cannot receive any other social security benefit may obtain a non-taxable allowance which is equivalent to an invalidity pension for a period of six months.

In Belgium, the extension of protection to self-employed persons was achieved in July 1971, being based not on the lost remuneration but on a flat rate amount payable after a so-called "waiting" period of six - later three - months, whereas this period is only one day for employees.

In 1974 and 1975, the Belgian invalidity benefits were increased by a "welfare" coefficient to take account of the real improvement in wages, but this measure was abandoned in 1972 because of the crisis.

Because of its importance as an example, one should also mention that in Belgium a social measure that was at first sight attractive in fact failed: the conversion of disabled persons aged 60 to early pensioners: as against 30,000 requests expected, there were only 3,000. The reasons for this failure are various: lack of information, complicated procedure, distrust as to the future consequences of the choice being made: loss of the right to preferential reimbursement of health costs.

In Canada, poor disabled persons receive allowances from the provincial social assistance schemes.

In Costa Rica, an invalidity pension is paid to an insured person who has lost two-thirds of his occupational capacity and he can also receive rehabilitation measures.

Since 1982, the Spanish scheme has allowed permanent invalidity pensions to be converted into capital sums when the disabled person concerned is less than 60 years old.

In France, there have not been any great changes in the scheme; however, since the end of 1982, the invalidity pension has no longer been automatically convertible into a retirement pension on the sixtieth birthday when the invalid has an occupation and is opposed to such a conversion.

In the German Democratic Republic, the invalidity pension that is due under the compulsory scheme may be completed by a complementary pension for insured persons whose earnings do not exceed 600 marks a month and who are registered with the voluntary complementary scheme.

In Morocco, an invalid receives a pension fixed pro rata to the length of his career, subject to a maximum of 70 per cent of the lost wage.

In the Philippines, since 1976, a monthly pension equivalent to the retirement pension had been introduced and subsequently adjusted: according to information received, it was the financial soundness of the scheme that permitted this.

9. Survivor benefit

In the Federal Republic of Germany, the widow of an insured person up to now received a widow pension when the insured person had completed a qualifying period of five years. On the other hand, the widower was also required to prove that his deceased wife was mainly responsible for the maintenance of the family. A judgement issued in 1975 by the Federal Constitutional Court regretted this difference in treatment between widows and widowers, as it ran counter to the principle of equality of the sexes.
As from 1 January 1986, the following arrangements apply: if an insured man or woman has completed the five-year qualifying period, the surviving spouse receives a widow or widower pension. The amount of pension varies according to whether the surviving spouse is over 45 years old, has dependent children or is incapable of working. If these conditions are not met, the pension is calculated on a lower basis. Further, if the surviving spouse has his or her own income from an occupational activity or a replacement income (for example, his or her own insurance pension), that part of this income which exceeds a certain level is deducted from 40 per cent of the survivor pension.

Austria, Canada and Spain have also introduced or accepted widowers' pensions since 1981, 1974 and 1983.

Australia has also provided a survivor pension scheme for non-separated wives; the entitlement and the amount of the pension depend on whether the wife has a dependent child and on her age (she must be at least 50).

Costa Rica has a generous scheme of survivor benefits (to widow, orphans, parents, brothers), but the total of the benefits payable is reduced if it would exceed the amount of the retirement pension that the deceased person would have received.

In France, the situation of the surviving spouse has been improved: over the years steps have been taken to permit simultaneous receipt of the spouse's own entitlements and the survivorship entitlements which, since the law of 13 July 1982, have been 52 per cent of the old-age pension of the deceased insured person.

In the complementary French scheme for artisans, the surviving spouse can at the age of 55 receive a survivor pension as in the basic scheme.

In the German Democratic Republic, the complementary widow's or widower's pension is 60 per cent of the deceased person's complementary pension.

In Morocco, widows receive a pension of 50 per cent of what the deceased would have received and in Czechoslovakia the widow's pension is normally 60 per cent of the deceased person's pension.

Section II - The scope of the field of application

The scope of persons covered by certain social security schemes has continued to expand to the point that in some cases they cover the whole resident population, as is the case in Sweden.

In the Federal Republic of Germany, the number of insured persons subject to statutory sickness insurance has increased from 30.6 million in 1970 to 35.8 million in 1982, which means that sickness coverage now extends to 90 per cent of the population.

Similarly, the German old-age pensions scheme reports a substantial increase in the number of insured persons (46 per cent) especially amongst salaried employees.

In Argentina, the extension of the scope was encouraged at the outset by a phenomenon of "social spontaneity": the trade union mutual benefit societies and subsequently the collective agreements with employers opened the way to statutory protection for the workers, subsequently the peasants and finally self-employed persons.
In Australia, since 1983, unemployed persons who do not receive an allowance when their work incapacity begins receive invalid allowances if they can prove that they would have been able to draw unemployment allowances but for the incapacity.

Austrian social security has also extended its coverage more widely as this has increased from 92.7 per cent of the population in 1972 to 99.1 per cent in 1982.

In Belgium, the sickness-invalidity insurance has gradually extended its scope, starting from employees, moving progressively from 78.6 per cent in 1964 to almost the entire population (99.92 per cent) in 1982, especially as a result of the inclusion of self-employed persons.

The same is true in Spain, with the creation of a whole number of special schemes; these reflect and indicate the internal changes in the "production society": thus, from 1972 to 1982, the number of farmers has dropped by 25 per cent whilst the number of self-employed persons has increased by 40 per cent.

In France, the law of 2 January 1978 replaced the criterion of occupational activity by that of residence for protection against sickness, maternity and for family responsibilities; this same law also brought common-law wives onto the same basis as legal wives.

In Israel, a law in effect since April 1982 has ensured that everyone will receive a supplementary income if this is necessary to reach the statutory minimum subsistence level.

In the Philippines, the scheme has been extended from employees to cover the self-employed, except farmers and fishermen.

Section III - The administrative complexity

The greater variety of benefits, the better quality of protection, the extension of the number of those insured and of the recipients have all been factors leading to greater administrative complexity.

The national authorities have naturally tried in various ways to hold this flood of regulations and forms in check.

Sometimes a reduction in the number of insuring institutions has simplified matters. This is the case in the Federal Republic of Germany where the reduction in the number of communes brought the number of local sickness funds down from 400 in 1970 to 270 in 1982.

Also in the Federal Republic of Germany, the automatic processing of data has made it possible to cope with the increase in administrative work, especially in the pensions scheme where those covered receive a computerised certificate of their status every six years; also, since 1984, the civil registry offices have been required to send notices of death to the pensions insurance data centre.

In Sweden, the sickness insurance and pensions schemes were merged in 1963 (National Insurance Act).

There has been a true co-ordination between the benefits payable under these schemes. The basic principles laid down in the National Insurance Act are still in force and the reforms carried through in the 1970s have served only to develop and improve the existing schemes.
In Australia, the Department of Social Security in 1983 initiated a general data processing plan which is to be completed by 1988; a central computer in each State capital and 200 mini-computers throughout the country should provide for the input and processing of data for all branches of social security.

The automatic processing of data also exists on a large scale in Belgium, which reports that the exchange of data between hospitals and insuring institutions by diskettes has the effect of keeping the patient out of the financial and administrative formalities. The essential data for the various sectors are managed by a single "data processing company" which is thus in a position to run a truly operational "social security data bank".

In Canada, it is reported that by making the unemployment insurance scheme responsible for administering the invalidity benefits in 1971 it was possible to avoid setting up a new administrative authority, but on the other hand it is noted that administration of the "pension guarantee" is complicated by the increasing overlapping of schemes; the same applies to family allowances, which in part take the form of a tax rebate for spouse and child and tax credit for a child (in 1981 there were 8.6 million rebates for 15.2 million tax declarations).

The simplification and greater speed obtained by data processing have also been welcomed in Finland in the pension scheme, in France for sickness insurance, pensions insurance and artisans' pensions insurance, and in Italy by the National Employment Accident Insurance Institute.

But the tangled legal network is difficult to unravel. As the French National Sickness Insurance Fund for Employees reports, 82 per cent of the French population who come under the general social security scheme are still entitled to about a hundred different benefits in spite of the rationalisation measures that have been taken.

In Italy, however, the National Employment Accident Insurance Institute considers that there is no trend towards uniformity, but rather a tendency to maintain diversification.

In the Philippines, the scheme, originally run by the employers, is at present run by the Social Security Institute which, thanks to data processing, has set up an organisation which combines the advantages of central location with decentralisation.

In Czechoslovakia, it is considered that a substantial degree of centralisation makes it easier to use computers.

CHAPTER II

TRENDS TOWARDS THE UNIFICATION OF BENEFITS AND THE CODIFICATION OF TEXTS

Section I - Trends towards unification or harmonisation

In the Federal Republic of Germany, since the 1957 pensions reform, the two branches of insurance, namely the workers' pensions insurance and the salaried employees' pensions insurance, have been largely combined. Under the 1974 law on harmonisation of rehabilitation benefits, the rehabilitation measures that come within the field of social insurance were also brought together. In practice, however, some detailed elements in this harmonisation of rehabilitation measures were subsequently postponed.
In Austria, it is reported that since the federal law which came into effect on 19 January 1974 the number of social insurance institutions has dropped by half.

In Belgium, since 1983, the sickness-invalidity insurance has assumed responsibility for occupational disease victims within the framework of the general scale of benefits; similarly, a draft law will make this scheme responsible for the vocational rehabilitation benefits which are at present provided by the Fund for Rehabilitation of the Disabled.

In Canada, the administrative staff who ran the various pension schemes have been brought together under a single administrative entity; in addition, the family allowances, the child's tax credit and the tax rebate for children form a system which takes into account the number of children and the parents' income.

In Spain, the decree-law of 16 November 1978 brought into being a new, clearer administrative structure consisting of five national institutes: for social security (cash benefits), health (health services), social services (additional benefits), employment (placement and vocational training), general treasury (collection of contributions and other income).

In Finland, since 1983, the pension institutions have consulted one another before taking decisions in order to avoid unnecessary instructions; and steps are being taken to reduce the number of institutions.

In France, there is also a trend towards uniformity of the schemes, as reported by the Autonomous National Social Security Fund for Mineworkers.

The French law of 24 December 1974 stipulated that the compulsory statutory social security schemes should be progressively harmonised.\(^1\)

Professor J.-J. Dupeyroux notes that "the causes of this development are extremely varied: but one of the main ones appears to be linked with the progressive explicit or implicit recognition of the right of everyone to social security or, more precisely, to the assignment of an objective or minimum content to this right".\(^2\)

In Switzerland, on the other hand, there is more of a trend towards increased diversification and mergers of schemes and institutions are not being accepted.

Section II - Trends towards codification

The trend towards codification is making itself generally felt.

The aim is for the beneficiary to be finally able to understand social legislation and for the establishment of general principles and the introduction of common structures to provide a greater degree of legal security and less superfluous or obsolete individual peculiarities.

In Argentina, it is reported that the lack of codification proves that Argentine social security has not yet reached maturity.


In Austria, there is no present intention to proceed with codification, which does not appear essential because the current laws form a coherent whole.

There is also progressive codification in Canada, as witness the Canada Health Act of April 1984 which codified the 1957 law on hospital insurance and that of 1968 on medical insurance.

In Switzerland, on the contrary, there is no trend towards systematic codification.

Section III - Codification already achieved or projects in hand

In the Federal Republic of Germany, a committee of experts was set up in 1970 to draft a Social Code, Volume I of which came into force in 1976. The first Chapter of Volume IV - General provisions governing social insurance - came into force in 1977. The various sections of Volume X - on administrative questions, protection of social data, collaboration of the institutions responsible for providing benefits and their relations with third parties - came into effect in 1981 and 1983. The Code will consist of ten books (general provisions, promotion of training, employment promotion, social insurance, social compensation for injury, child allowances, housing allowances, assistance to youth, social assistance, administrative procedures), but this code does not apply to public servants.

In Belgium, a Royal Commission on Codification was set up by the Law of 23 July 1980. Its final report was submitted on 29 August 1985 to the Chamber of Representatives and the Senate. It proposes the unification of various basic concepts and a coherent reform of the social security schemes for employees and self-employed workers, but does not recommend a single social security scheme for the whole population; in this context, the special social and occupational features of the system are still too marked.

The first draft of the social security Code consists of two volumes: the first contains the general part and deals with definitions, basic rights and obligations, the scope, the procedure for award and the general statute covering social benefits, financing, administrative organisation, supervision and sanctions; the second deals with the different benefits: family benefits, health insurance, occupational risks, unemployment insurance, guaranteed minimum income and allowances to the disabled.

In Canada, the codification effort at the federal level relates to factors such as the criteria for eligibility, the level of benefits, the recovery of overpayments and, during the last decade, automatic linkage of benefits to changes in the cost of living.

Spain observes with reason that, in spite of the advantages of codification, there are still some questions which "require a flexibility in applying rules which are not compatible with a code"; the same is true in Finland.

In France, the 1956 Code consists of 12 volumes: the general organisation of social security, social security disputes, social insurance, work accidents and occupational diseases, family benefits, the different schemes, the allowance to older wage-earners workers and the allowance to mothers, the old-age allowance to non-wage earners, the National Solidarity Fund, control by the Audit Court, the legislation which applies in the overseas departments, workers who are posted abroad or expatriated; and a commission is at present studying a possible reform of this code.

In the Philippines, work is in hand on codification of the legal texts.

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CHAPTER III

CONCLUSIONS

1. This report is very important in terms of the two major aspects covered, namely the diversification of social security benefits on the one hand and the trends which have developed in varying degrees towards uniformity and codification of the relevant texts, on the other.

2. In the first part, we have noted that the various benefits in cash and in kind have continued to increase in volume and they have become notably more diversified to conform both to the aspirations and to the constraints of a society which is in a state of rapid change as the 21st century approaches.

3. In terms of health care, for example, it has been observed that faced with the growing needs, continued expansion of the hospital infrastructure is not an adequate response and home care can be a solution which is both more human and less costly for society.

The truly runaway cost of health care has also led many countries to seek additional financial cost-sharing by the insured persons.

4. In the field of unemployment insurance, the economic crisis which has hit many countries over the last ten years has led them to look more closely at problems of employment. There has been some success in finding new formulae aimed at a fairer and more effective sharing out of the "available work", which might become a rare commodity in a world which is exposed simultaneously to economic "depression" and to new technologies resulting from progress in electronics, the end of which cannot yet be seen.

5. The ever-increasing burden of assistance to the unemployed has inhibited the development of family allowances which, in many countries, have not been improved.

But in some countries some new benefits have appeared, such as the allowance for single parents or financial assistance for collective installations aimed at helping children and families.

In addition, family policies themselves have evolved and laws have put greater stress on the freedom of couples to decide on the number of children they wish to have.

6. The reflection of a new society also appears in the field of old-age pensions. In this context the term "retirement" is gradually replacing that of "old-age".

It is here that social security can record one of its most significant successes: nowadays men no longer need to wait until old age to be free to give up wage-earning employment and have the right to claim a decent retirement benefit at an age which itself is becoming flexible, that is, left to the beneficiary to choose within a "range" which may sometimes be as much as seven years.

7. As for survivor pensions, the social equality of the sexes has had as its logical consequence recognition of the right to a survivor pension for the husband of a woman insured person who has predeceased him.

8. Finally, in general, the scope of persons covered by social security schemes has continued to expand to the point of encompassing the entire population. This extension is very important, particularly in the health field,
where coverage, which frequently started with workers only, now extends to the whole country.

9. However, legal experts have to pay great attention to the social and occupational diversification which remains entrenched, to the point that in one major country where most of the population are covered by the general scheme, there are still a hundred or so special schemes.

10. Happily, one can observe a very clear will and trend in most countries to harmonise and bring together the schemes: this is the subject covered in the second part of this report.

11. It is evident that the diversification of benefits and the refinement of individual rights to benefits have led to greater administrative complexity.

But the institutions and the governments have tried to limit the adverse effects of this development.

Various methods have been used. In some countries there has been a reduction in the number of institutions dealing with a particular social risk.

In addition, the institutions themselves have made efforts to transmit to one another useful information on people’s work histories.

Finally, in this field as well, data processing has shown its effectiveness and capacities.

The speed and accuracy in handling of cases have certainly gained from this, but one must be careful that social security does not entirely lose its human aspect and does not appear as a cold and faceless institution.

12. Finally, one can conclude with an optimistic view of the legal situation worldwide, noting the fact that laws and regulations are providing a better framework for the benefits paid.

Social security is step-by-step abandoning the arrangements made in its early days and is becoming a mature legal system.

13. In this connection, one can observe that in many countries the codification of social security has already been or will shortly be achieved.

14. One can hope that in the foreseeable future social security will have established its own body of law with its own structure based on sound general principles.

15. Care needs to be taken to maintain a profoundly humane approach to social security, since it is principally concerned with individuals.

These individuals are often poorly informed of the mysteries of regulations and are frequently physically and morally weak.

Excess regulation despairingly lengthens waiting periods, increases the number of pitfalls and often disorientates beneficiaries.

Assistance provided by social security in cases of misfortune and suffering all too often lose their humanitarian value because of dehumanised conditions applied for the award of benefits.
16. As a final conclusion, the choice between harmonisation and mere codification needs to be made adroitly and intelligently: the marble-like coldness of codification and the frequently abundant approximations of harmonisation must be avoided.

Both the harmonisation and codification of social security are tasks that are always imperfect because they are inherently difficult: they would appear to be undertakings that will always be recommenced from the beginning.
ANNEX I

GUIDELINES FOR THE PREPARATION
OF NATIONAL MONOGRAPHS
TRENDS TOWARDS EITHER DIVERSIFICATION OR UNIFORMITY IN RESPECT OF 'SOCIAL SECURITY BENEFITS

INTRODUCTION

The Permanent Committee on Legal Aspects of Social Security, which met in Geneva in October 1983 on the occasion of the XXIst General Assembly of the ISSA, decided to include in its work programme for the period 1984-1986 a study of the "Trends towards either diversification or uniformity in respect of social security benefits".

This study is to consist of two parts:

a) The first part will be devoted to the diversification of benefits, beneficiaries and institutions (Chapter I).

The multiplier factor is not new and it results among other things from the expansive nature of social security and the rapidity - not to say haste - with which certain benefits and some structures were brought into being.

b) The second part (Chapter II) will be concerned with the desire of both governments and administrators to cut down the vast number of measures and of projects in order to bring about more equity and more cohesion.

This concern and this wish to restore some order should logically lead to the codification of social security laws and regulations.

Thus social security legislation, which is subject to much criticism on account of its contradictions, hangovers from the past, uncertainties as to the areas where no entitlements exist, could undergo a fundamental change and, if properly codified, finally become a "social security law" and function as a basic pillar supporting the societies of the twenty-first century.

METHODOLOGY

In order to permit a thorough comparative legal study and for various practical reasons, it seems appropriate to adopt a method of investigation which is quite new for the Permanent Committee on Legal Aspects of Social Security, but which has already proved its worth in the case of the study on "Problems related to the overlapping of some social security benefits".

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It appears wise to limit the present study to a certain number of countries in the five continents which, for various reasons, have a good knowledge of the problems created for their social security institutions by the diversification of schemes and which have tried to achieve, or have actually achieved, a codification of their social security legislation.

In fact, for economic, social or purely historical reasons, numerous countries have developed complex social security or social insurance systems in which questions of varying professional status, multiple rights and concurrent entitlements are matters of everyday concern.

In place of the usual very detailed questionnaire which runs the risk of being too rigid, in spite of any precautions that may be taken, it has been decided that the data should be collected on the spot from the ISSA member organisations in a more flexible and free way, on the basis of guidelines which are indicative rather than imperative.

These should enable each institution interrogated to describe the complexity of its existing legal and administrative system in as much detail and with all the nuances desirable, without being restricted in developing its reply by a series of questions which are too subdivided or not relevant.

In addition, this method will make it possible to explain in depth problems whose complexity has perhaps not been fully perceived by the reporter; it also enables the institution being questioned to develop sociological or historical explanations which can make it easier to define the scope of the special features of the legal provisions: finally, it offers to the institution being consulted the chance to quote freely from figure data which can clarify the subject in each case. In a word, it restores life to the legal standards and shows what they actually mean in practice.
GUIDELINES FOR THE PREPARATION
OF NATIONAL MONOGRAPHS

It is desirable that the monograph for your social security institution should provide information covering the various aspects of the subject in the order of the points given in the guidelines; this information should not exceed ten to fifteen pages.

These guidelines are however intended as the basic starting point and do not involve any restrictions on your reply. The organisation replying is therefore asked to include any information which it considers useful.

1. Country: ..............................................................

2. Organisation replying: ..............................................

3. Branch of social security (please indicate the branch or branches of social security administered by your organisation):

CHAPTER I

Diversification of benefits

1. Period covered

The reporter proposes to study this subject over a reasonable period, running from 1970 to 1982, so that those preparing the national monographs can show how the situation has evolved over a period.

The period proposed has been selected firstly because it began at the end of the years of worldwide prosperity (the "golden sixties") and ended in the middle of a period of crisis and austerity.

Further, this period seemed long enough to allow for showing each stage in the evolution of a particular benefit, the scope of a personal field of application or of the life of an administrative organisation.
However, this proposal by the reporter may not everywhere correspond to the factual situation and it might very well be that an institution could properly demonstrate that in some cases the trend over time should cover a longer period; any such indications could provide valuable lessons.

2. **The variety of the benefits and allowances**

   Here one should describe and analyse the new benefits or the diversification of benefits which already existed.

   With a view to clarity and consistency, the reporter suggests that each institution replying to the enquiry should classify the scheme or the branch which it describes under the risks listed in ILO Convention No. 102 on Minimum Standards of Social Security, 1952. Pro memoria, these are listed here:

   1) medical care;
   2) sickness benefit;
   3) unemployment benefit;
   4) old-age benefit;
   5) employment injury benefit;
   6) family benefit;
   7) maternity benefit;
   8) invalidity benefit;
   9) survivor's benefit.

   It seems that a "growth" phenomenon exists in all countries and for all schemes. It derives from the increasing attraction that social security exercises in our modern societies where the desire for security and certainty has largely supplanted the sense of adventure and the effort to extend one's horizon.

   It would be desirable:

   a) to analyse the diversification of the benefits;
   b) to point out what are the new objectives to which they seek to respond;
   c) to indicate the obstacles met with (in introducing them, granting them, etc.);
   d) if possible, to say whether the net result of introducing the particular social security benefit has on balance been positive or disappointing.

   Improvement of public health and prolongation of life expectancy, among others, are two principal characteristics of our present society which have resulted from the extension of social security.

   There may perhaps have been a similar trend for each benefit and it would be interesting to know if this is the case.
3. The scope of the field of application

a) The continuous extension of social benefits has been accompanied by an expansion of the categories and numbers of beneficiaries and their dependants. It would be interesting if the institutions consulted could comment on this trend, both qualitatively and quantitatively. Without giving too many statistical tables, absolute figures and percentages could indicate the scope of this phenomenon.

b) The historical origin of many schemes is often to be found in steps taken to set up mutual benefit societies and other voluntary initiatives, with the schemes gradually tending more and more to become compulsory and general.

c) This extension has brought about a real change which it would be interesting to know about and to assess. Please give details.

d) This trend has finally affected the attitudes of governments and led them to develop a real "policy" of social security. Please give details of this development.

4. The administrative complexity

The extension of the range of benefits and the increase in the number of beneficiaries have resulted in an increasing administrative complexity which the Permanent Committee has already studied.

It is well known that the number and the typology of the social security institutions have today attained a high degree of complexity in all countries.

The development of this situation is worth describing and, if possible, measuring.

It would therefore be appreciated if one could mention the measures or projects which have been designed to simplify administrative procedures and to describe the results which these administrative measures have been able to achieve.

CHAPTER II

Trends towards the unification of benefits and the codification of texts

1. Trends towards unification

The history of law teaches us that the development of a variety of different regulations and scattered institutions finally gives rise to a movement of simplification which leads naturally to codification.
After a few decades, social security schemes soon come to resemble veritable "towers of Babel", in which, in our age of computerisation, one still has to draw on the memories of older staff who can remember why a particular administrative rule or standard was brought in. Contradictions begin to develop, gaps to occur, overlapping to have no justification. The recipients of various benefits get lost in the maze of regulations, in which even experts may sometimes go wrong.

More and more, the political and administrative authorities are aware of the need to simplify the benefits, the rules for entitlement, the administrative procedures.

It would be interesting to seek out and describe what has been done, even in limited specific areas, to simplify particular social security schemes.

Useful lessons could be drawn from knowing the methods used, the obstacles encountered, the solutions found, the setbacks met with.

The integrated use of information processing and micro-processing, even of advanced office automation, must have facilitated and, especially, accelerated the process of obtaining and classifying the data required for determining the entitlement to benefits and for recording the payments made. It would also be interesting to know the practical results of using these new technologies.

Finally, special attention should be devoted to mergers of schemes or institutions.

2. **Trends towards codification**

a) **General**

Will social security soon be codified in the sort of way conceived, for example, by Justinien or Napoleon?

Is it now desirable, or is it premature, to think of codifying social security law? That is the question.

Some countries, or some schemes, have adopted a general or particular code of this kind; others are working actively on it.

A distinction should be drawn between the simple compilation which is often carried out for reasons of convenience, and true codification. Only the latter merits its title, as it rests on general principles which can produce cohesion and legal progress.

b) **Codification already achieved or projects in hand**

The value of research into this is evident. There are, in fact, countries like the Federal Republic of Germany where such a code exists. In other countries, for example Belgium, a code of this kind is under study.
The ISSA member organisations in countries where there has already been a partial or complete codification of the social security legislation are asked to indicate precisely what subjects are involved and, in particular, the structure of their code(s), for example:

Part I: The scope of personal application.
Part II: The general principles.
Part III: The benefits provided.
Part IV: The conditions of entitlement.
Part V: Administrative and judicial appeals (disputes).
Part VI: Administration.
Part VII: Financing.

It would also be desirable if the institutions consulted could mention the advantages, the disadvantages, perhaps even the dangers, of adopting such a code.

The advantages, namely clarity, precision, cohesion, are sufficiently evident.

The disadvantages could be: immobility, sclerosis, too strict an interpretation.
ANNEX II

LIST OF ORGANISATIONS PARTICIPATING IN THE INQUIRY

ARGENTINA
- Secretariat of State for Social Security

AUSTRALIA
- Department of Social Security

AUSTRIA
- Federation of Austrian Social Insurance Institutes

BELGIUM
- National Sickness and Invalidity Insurance Institute
- National Office for Employees' Family Allowances

CANADA
- Department of National Health and Welfare

COSTA RICA
- Social Insurance Fund of Costa Rica

CZECHOSLOVAKIA
- Federal Ministry of Labour and Social Affairs

FINLAND
- The Central Pension Security Institute

FRANCE
- National Sickness Insurance Fund for Employees
- National Old-Age Insurance Fund for Employees
- Autonomous National Social Security Fund for Mineworkers
- Autonomous National Old-Age Insurance Equalisation Fund for Artisans

GERMAN DEMOCRATIC REPUBLIC
- Social Insurance Administration of the Confederation of Free German Trade Unions

FEDERAL REPUBLIC OF GERMANY
- Federation of German Pensions Insurance Institutes
- National Federation of Local Sickness Funds
- National Federation of Industrial Employment Accident Insurance Funds
- Federal Employment Institute
ISRAEL
- National Social Insurance Institute

ITALY
- National Employment Accident Insurance Institute

MOROCCO
- National Social Security Fund

PHILIPPINES
- Social Security System

SPAIN
- National Social Security Institute

SWEDEN
- National Social Insurance Board

SWITZERLAND
- Federal Social Insurance Office