gaps in three provisions: Botswana, Eritrea, Nigeria, Rwanda and Swaziland.

Many Asian countries provide adequate payment during maternity leave. However, 11 countries, including Indonesia, the Republic of Korea and Pakistan, specify short periods of leave while also relying on employers to pay benefits. In addition, five of the 26 Asian countries analysed fall below all three standards (Cambodia, Kiribati, Papua New Guinea, Solomon Islands and Thailand). As noted, many of the countries in the Middle Eastern region have increased the length of leave since 1994. However, improving the financing and the length of maternity leave in order to protect working women and their children remains a challenge, as nine of the 12 countries considered, including Iraq, Lebanon and the United Arab Emirates, fall short on length and rely on employer liability systems. Saudi Arabia requires progress on all three aspects.

Accordingly, progressively developing social security systems which include maternity benefits represents an important first step in helping to strengthen maternity protection in these regions, leading to increased statutory durations of maternity leave. Lessons learned from ILO technical assistance show that employers might be reluctant to support national efforts to improve the duration of maternity leave in line with the standards of Convention No. 183, including its ratification, when this increase might result in additional costs linked to women workers' earnings replacement. As already discussed, available research suggests that employer liability schemes are detrimental to women's situation in the labour force and the CEACR has promoted the progressive move towards collectively funded systems, in which liability for payment of maternity benefit is not assumed by employers alone. This remains true despite governments' financial and

Box 2.6 The cost of maternity benefits: Is maternity protection affordable?

A key concern related to the adequate implementation of ILO maternity protection Conventions is the cost of maternity benefits. This issue can be addressed by looking at the costs of social security more generally, and by considering the costs of maternity cash benefits in particular. Although social security expenditure on family allowances and maternity benefits is significant only in high-income countries, according to ILO calculations, a minimum package of social security is not only affordable and feasible even in the poorest countries, but it is conducive to social and economic development. The studies show that the initial gross annual cost (excluding access to basic health care that it is already financed to some extent) is estimated to be in the range of 2.2–5.7 per cent of Gross Domestic Product (GDP) in 2010. ILO research also suggests that there are multiple options for expanding fiscal space for social security and even the poorest countries assessed achieved extraordinary results.

With respect to maternity cash and medical benefits in particular, the cost of financing maternity protection is lower in comparison to other branches of social security. In most contexts, it is possible to finance a social insurance scheme providing cash maternity benefits for less than 0.7 per cent of covered wages. In schemes that combine maternity and sickness benefits, the contribution rate is often in the range of 1 to 3 per cent, with sickness expenditure absorbing the major share of scheme revenues.

When discussing affordability, it is also important to assess and contrast the costs of providing adequate maternity protection relative to the cost of not providing it. Its lack is a major factor in poverty, inequality and social exclusion. When a woman dies or becomes ill, her family and community lose the fruits of her productivity and her income. Her children are much more likely to drop out of school, to suffer poor health, even to die. A recent global study developed a Global Investment Framework for Women's and Children's Health and estimates the benefits and cost of an integrated package of interventions aimed at reducing maternal and child mortality, including the provision of conditional cash transfers to improve access to effective care during pregnancy, childbirth and the postnatal period. It shows that increasing health expenditure by just US$ 5 per person per year up to 2035 in 74 highly affected countries could yield up to nine times that value in economic and social benefits. These returns include greater GDP growth through improved productivity and labour force participation, as well as prevention of 32 million stillbirths and the deaths of 147 million children and 5 million women by 2035.

Sources: Durán-Valverde, 2012; ILO, 2012b, Module 7; *The Lancet*, 2013.