

Summary of Panel discussion 2

Progress in extending social protection in ASEAN countries

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Mr Liu Yutong, Director for Technical Cooperation, International Cooperation Department, Ministry of Human Resources and Social Security (MOHRSS), China, explained that the extension of social protection can be done according to two dimensions: horizontally (more people covered) and vertically (benefits improved). Seventy-three per cent of the world's population does not have access to the human right of social protection. Filling this gap has been set as a clear priority of the 2030 Development Agenda. This panel intends to explain how ASEAN countries are developing their social protection systems.

“Social protection is a human right, but you need to translate this catchy phrase into your country context.”

HE Heng Sophannarith, National Social Security Fund, Ministry of Labour and Vocational Training, Cambodia, briefed the audience about the structure of the social protection system in Cambodia and how it is a driver of the country's development strategy.

The social protection system comprises three main institutions: (1) National Social Security Fund for Civil Servants (NSSF-C) under the Ministry of Social Welfare; (2) National Social Security Fund (NSSF) for private sector employees under the Ministry of Labour; and (3) community-based health insurance (CBHI) and health equity funds (HEFs), respectively, for the near-poor and the poor under the Ministry of Health. All are financially under the authority of the Ministry of Economy and Finance. NSSF-C provides pensions to civil servants, while NSSF provides work injury insurance to private sector employees and will soon provide a health insurance scheme.

The country plans to create a unique national social health protection agency that will cover all workers and families. However, a number of challenges to health service delivery remain, including a lack of human resources in health care and an underdeveloped information technology system.

“Universal health coverage is a business for everybody.”

Ms Amelia Diatri, Ministry of Manpower, Indonesia, introduced Indonesia's approach to developing social protection, which focuses on improving workers' working conditions, improving the welfare of workers and their families, developing a positive climate for businesses and improving labour productivity.

The social protection system in Indonesia went through recent improvements, notably with the creation of two social security institutions: Badan Penyelenggara Jaminan Sosial (BPJS) 1 for health and BPJS 2 for employment. Social protection is acknowledged in Indonesia for encouraging growth of the labour market, reducing unemployment, providing protection and welfare to workers, reducing poverty and acting as a stabilizer for the country's development.

“Social security aims to create a good working climate and atmosphere for workers and businesses.”

Ms Vanxay Souvannamethy, Deputy Director of Social Security, Lao People's Democratic Republic, presented recent developments in the social protection system in Lao People's Democratic Republic and the country's strategy to achieve an 80 per cent coverage rate by 2020.

Under the Social Security Law adopted in 2013, two social security schemes for civil servants and private sector employees, respectively, were merged in one institution: the National Social Security Fund. This merge facilitated the extension of social insurance to all provinces thanks to the administrative capacity of the civil servants scheme.

Besides the National Social Security Fund, Lao People's Democratic Republic has also installed a National Social Health Insurance Fund under the Ministry of Health. The scheme is being pilot tested in Vang Vieng district and achieving significant progress. However, coverage is still low due to difficulties in reaching out to informal sector workers and collecting contributions. Currently, only 38 per cent of the total population has health-care coverage.

The future plan is to revise the Social Security Law and to progressively merge the National Social Security Fund and the National Social Health Insurance Fund. This will make the organization stronger and help to achieve an 80 per cent coverage rate by 2020.

“By 2020 we want to achieve coverage of 80 per cent of the population.”

Mr Mohamad Asri Bin Ngosman, Social Security Organisation (SOCSO), Malaysia, introduced the social protection system in Malaysia, which is composed of public benefits and employment-related benefits (old age, sickness, maternity, termination benefits and invalidity and employment injury benefits) for those who have previously contributed. SOCSO is in charge of the employment injury and invalidity pension schemes in Malaysia.

The employment injury scheme delivers eight benefits, including health care and income replacement. The invalidity (and death) scheme can be activated after incidents connected or not related to employment. SOCSO is also developing a Return to Work (RtW) programme to ensure that injured workers can be rehabilitated and become active members of society again. The programme uses case managers that support workers during their rehabilitation. While 74 per cent of workers who have received support managed to re-enter the labour market, the RtW programme still faces a number of challenges. These challenges include: encouraging injured workers to go back to work; delivering appropriate rehabilitation services, especially in rural areas; finding sufficient staff to support rehabilitation and job placement of injured workers; and convincing employers to employ rehabilitated workers.

“Malaysia's Return to Work programme promotes rehabilitation and socio-economic reintegration of injured workers.”

A selection of questions and answers

Ms Anita Amorim, ILO: How were these initiatives supported by South-South cooperation?

Malaysia: Indonesia in the past had a fragmented scheme and now it has consolidated its system with the Badan Penyelenggara Jaminan Sosial (BPJS) 1 and 2. Malaysia could benefit from this experience. We could also learn a lot from Thailand on social health protection.

Mr Hai Nam Tran, Viet Nam: Does the Government of Cambodia support fully or partially the poor and vulnerable for health social protection?

Cambodia: In Cambodia the HEF and CBHI schemes are managed by NGOs under the Ministry of Health. Both are supported by donors. In the future we plan to co-finance contributions from the Government budget.

Mr Supasit Pannarunothai, Thailand: What are the plans of Malaysia to implement social health insurance? For rehabilitation services, are there linkages with health-care providers?

Malaysia: One of the pipeline reforms is to implement social health insurance (SHI) in Malaysia. However, Malaysia has also many other challenges, such as the improvement of existing schemes to increase compliance, notably by employers.

Mr Liu Yutong: What are the mechanisms that are planned by the Government of Lao People's Democratic Republic to increase social health protection coverage?

Lao People's Democratic Republic: The Government will have to subsidize the health insurance benefits to encourage people to participate in the SHI scheme.

Mr Jean-Victor Gruat: There are different types of extension of social protection: one type is when you create new branches—in this case you can be very innovative, such as in the case of the RtW programme. Another type is when you try to integrate a new group (e.g. vulnerable groups) into an existing scheme, and this is where you start facing difficulties. The fact that you include this group does not increase their contributory capacity, and therefore you face challenges when introducing them. When you extend social protection to new groups that were excluded in the past, do you have different levels of benefits according to the contributory capacity? Or do you try to include them in the same benefit plan?