Progress in extending the Social Protection in Asean Country

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Content of the presentation

- Overview of Cambodia
- What is social protection?
- Extension of social security
- The Social Protection moving forward
- Challenges

I. Overview of Cambodia

- Population: 15,577,899 (2015 est.)
- Labor force: 8.6 million (2014 est.)
- Unemployment rate: 0.5% (2015 est.)

- Covers an area of 181,035 km^2
- Official language(s): Khmer
- Currency: Riels
- Government : Unitary parliamentary constitutional
- Monarch: Norodom Sihamoni
- Prime Minister: Samdach Akekmohasena Padey Techor Hun Sen (CPP)

II. What is Social Protection in Cambodia?

The Social Protection has been defined in order to drive the development of the policy. The landscape contains two broad categories, namely:

- Social Insurance (contributory) and
- Social Assistance (non-contributory).

A. Social Insurance (SI)

The Social Insurance, each program serves a defined population and is financed by contributions from employers and employees. The contributions received determine entitlement to benefits payable to the beneficiaries. The participation by both the employer and employees is usually compulsory. The benefits under the SI landscape for Cambodia include pension, ***social health insurance, unemployment and disability.***

B. Social Assistant (SA)

The Social Assistant, universal schemes are provided to all participants where direct financial contribution is not required. It is usually financed through tax or other state revenues. The schemes provide cash benefits or subsidies via payment, vouchers or assistance towards achieving certain goals or alleviating social observations. The benefits under the SA landscape for Cambodia include ***shocks and emergency response, human capital development, food security and employment, social health protection and social welfare for vulnerable groups.***

III. Social security extension

Situation today:

- Social Protection Programmed in Cambodia are difference Ministry such as:
  - National Social Security Fund for Civil Servant (NSSF-C) coverage pension for the Civil Servant only (Healthcare and Working Injury Insurance not yet cover),
  - National Social Security Fund for Private Sector (NSSF/MoLVT) coverage working injury insurance (Healthcare will launch at Sept 2016 and pension will launch in 2017),
  - CBHI and HEF coverage healthcare for all people who are poor and near poor under Ministry of Health (but only voluntary insurance schemes).
- Coverage through micro-insurance limited; often not sustainable,

III. Social Security Extension

- Phase 1, the NSSF had starting working injury insurance at the end of 2008 until Mid-2016, have been registered more than 8,000 enterprises and more than 1 million employees.
- Phase 2, the NSSF have plan launch Social Health Insurance for private employees in September 2016, have been registered 226 enterprises and more than 200,000 employees.
- Phase 3, the NSSF having launch pension schemes in 2017 within health insurance scheme for Civil Servant.

IV. The Social Protection moving forward

- NSSF (parental ministries: technically Ministry of Labour and Vocational Training, financially Ministry of Economy and Finance): Social Health Insurance (SHI) for private employees,
- NSSF-C (parental ministries: technically Ministry of Social Affairs and financially MoEF): SHI for Civil servant
- National Social Health Protection Fund (NSHPF): HEFs for the poor and SHI for informal population (NSHPF not yet established—parental ministries; technically MoH, and financially MoEF).

Merging the 3 institution as a single “payer” lead by NSSF.

Organization Structures of Social Protection Schemes moving forward

National Social Security Council (oversight)

Certification & Payment Agency

National Social Health Protection Agency

Governing Board

Executive Board

- SHI for private employees
- SHI for Civil servant,
- SHI for the informal sector population including (HEFs for the poor and vulnerable)

INSTITUTIONAL IMPLICATION

Challenges

Health Service delivery:

- Difficult access in remote areas and for the poor
- Low quality of care in both public and private
- Low utilization of public health services, but high utilization of unregulated private providers.

Human resources for health:

- Capacity Building limited, all doctor are staff office
- Low salary and incentives

IT System:

- Develop system for member registration join with identity card of citizen,
- Implementation and testing.

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