

SOCIAL PROTECTION SYSTEMS IN ASEAN: SOCIAL POLICY IN A COMPARATIVE ANALYSIS¹

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ABSTRACT

The Association of South East Asian Nations (ASEAN) considers social protection to be a key element in the promotion of human well-being and sustainable economic development. Strengthening social protection has been a central focus at ASEAN Summit and Ministerial meetings. Reviewing the current situation of social protection systems in ASEAN, this paper focuses on the existing schemes and an assessment of its effectiveness and efficiency. The findings show that social protection schemes in ASEAN can be grouped into three core elements, including social assistance, social insurance, and micro- and area-based schemes. The schemes vary and are, amongst others, determined by different level of economic development, social culture and structures, as well as diverse qualifications and efficiency of government institutions. There was a clearly expressed understanding of common problems and the need for joint initiatives at the regional level, which can support national schemes. The need for partnership between government, funding agencies and civil society to achieve consensus on priorities, objectives and implementation is well recognised.

INTRODUCTION

The Association of South East Asian Nations (ASEAN) considers social protection to be a key element in the promotion of human well-being and sustainable economic development; hence the initiative to strengthen social protection systems is paramount within the context of poverty reduction strategies. For example, ASEAN Labour Ministers prioritised social protection in their Vision and Mission Statement (May 2000), and in a work programme subsequently developed and finalised in 2001. The focus is on including the excluded in South-East Asian society and working towards an integrated social protection or management system in the ASEAN region. The importance of strengthening social protection systems was again reiterated at the 9th ASEAN Summit held in October 2003 in Bali, Indonesia, when ASEAN Leaders “pledged to achieve an ASEAN Community by the year 2020, which would rest on the three pillars of ASEAN Security Community, ASEAN Economic Community and ASEAN Socio-Cultural Community.” These pillars

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of cooperation are closely intertwined and mutually reinforcing to ensure durable peace, stability and shared prosperity in the region.

The ASEAN Secretariat, following on from the development of this policy framework for social protection in the ASEAN region, in cooperation with European Union, assigned Galway Development Services International (GDSI) with the task of conducting a project aimed at strengthening social protection systems on a regional basis throughout the ASEAN Member Countries (AMCs). The main issue addressed by this paper is what are the specific forms of social protection programmes which are currently being applied in AMCs? This paper provides a synthesis of the current situation in Social Protection in AMCs and elaborates grand strategies for country level action and regional level co-operation toward more integrated initiatives on social protection policies throughout ASEAN.

DATA COLLECTION STRATEGIES

The main data collection strategies applied into this work consisted of four methods, namely literature review, interviews, regional survey, and workshop. Following the inception meeting with ASEAN Secretariats and other significant stakeholders in Jakarta, desk review of current literature on social protection issues in the ASEAN region was undertake. It is then followed by interviews with key stakeholders in the ASEAN member countries in the area of social policy, including government officials, donor representatives and NGOs. The project team engaged in a series of interviews with identified stakeholders such as senior ministry officials, NGOs, relevant international donor organisations (ADB, ILO, the World Bank, Ford Foundation, FES, and academic institutions based in Jakarta, Bandung and Bogor). Employing structured questionnaires, a regional survey to significant stakeholders in the AMCs through the ASEAN Senior Labour Officials was also conducted. Responses were received from respective ASEAN focal points in Indonesia, Malaysia, The Philippines, Myanmar, Thailand, and Vietnam.

In addition, this paper obtained inputs from two-days workshop. The regional workshop was held on 28 February to 1 March 2006 in Jakarta, Indonesia; and was attended by 48 participants, consisting of representatives of ten AMCs and other relevant partners and observers, including permanent representatives of the Asian Secretariat based in Jakarta, Indonesia.

CONCEPTUAL FRAMEWORK OF SOCIAL PROTECTION

Social protection is an important element in social policy strategies for eradicating poverty and reducing multidimensional deprivation. In a broader sense, social protection could be described as all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of marginalised groups within any given country. Social protection refers to processes, policies and interventions, and entities like the government, private sector and civil society who respond to the economic, political, and security risks faced by a region's population, particularly those categorised as the poor and vulnerable. As an approach, social protection consists of all interventions from the public and private sectors, together with community-based organisations to support individuals, households and communities in preventing, managing and overcoming risks and vulnerabilities.

As a set of social policies, social protection refers to what governments can pursue in order to

provide protection to its citizens, especially those categorised as “active poor”. Such intervention would enable the “active poor” to participate more productively in economic activities as well as those categorised as less active poor with considerable benefits to society as a whole (Shepherd et al, 2004). Such public policies serve as an articulation of states’ obligations to fulfil basic rights for all individuals. Social protection policies are always part of a broader set of policies on macroeconomic development, employment programmes, and education and health policies established to reduce risks and deprivation and to encourage growth with equity and sustainability. The principle goals of social protection therefore, are to make the process of development economically viable, socially bearable and politically acceptable by preventing, mitigating and coping with its negative impacts.

Social protection is particularly important as a means of mitigating the impacts of poverty and destitution on chronically poor people or their children. But social protection is not the only approach of poverty reduction initiatives. In order to have sustainable and effective results, it needs to be implemented in combination with other approaches such as the provision of social and economic services within the overall context of socio-economic growth and development. Lessons from the bulk of literature on social protection show that the provision of basic social protection for the less active poor can be affordable even in low-income economies, and that it always has a significant positive economic impact on the aggregate national development goals of the country concerned (John, 2002; von Hauff, 2002; Shepherd et al 2004). Whilst it is estimated that significant social protection can cost less than 1 per cent of gross domestic product (GDP), social protection has significantly short- and long-term benefits to the economy. Therefore, the relationship between social protection and economic growth should not be seen as a trade-off, as there are many ways in which reducing risk and vulnerability serve to increase investment and growth, positive associations which can be maximised (Shepherd et al, 2004:4).

Social safety net and social protection measures have become the principle form of state intervention used to protect the poor and vulnerable people in times of economic stress or crisis. The term ‘safety net’ is generally used to refer to relatively short-term interventions intended to alleviate transitory crises; such as providing targeted programmes of relief and social assistance. The term ‘social protection’ is largely used to refer to long-term policies that aim to protect and promote a nation’s economy and social security or to improve the well-being of the poor. It also provides a buffer against short-term shocks and enhances the capacity of households to accumulate assets and improve their well-being over time, so that they can be better protected in times of hardships in the future (ADB, 2005).

Mechanisms of social protection should essentially be used to specifically target the very poor and vulnerable groups in a particular society and enable them to build up their assets so as to escape the threat of poverty in a sustainable way and to withstand the shocks of future crises and changes to their social and economic status in a given society. Beside the formal sphere of social protection, there are other types of informal and community-based social protection practices. Examples of such informal mechanisms for coping with difficulties include borrowings; drawing down savings; selling assets; mutual support from family and friends; reciprocal arrangements with local wealthier households; and seeking additional income-producing activities (i.e. the black market). In this paper, when addressing issues for social protection in AMCs, the project team focuses and categorises social protection into “three core elements”, that is social assistance, social insurance and micro- and area-based schemes (see ADB, 2005).

Social Assistance

Social assistance schemes are designed to enhance social welfare by reducing poverty directly. Social assistance involves the provision of welfare and social services to highly vulnerable groups, cash or in-kind transfers such as food-stamps and family allowances and temporary subsidies such as life-line tariffs, housing subsidies, or support of lower prices of staple food in times of crisis (ADB, 2005). The vulnerable groups as the main beneficiaries of social assistance policies include the mentally and physically disabled, ethnic minorities and people who live in very remote areas without infrastructures, substance abusers, orphans, single-parent households, refugees, victims of natural disaster or war conflicts, widows, the elderly, disabled and unemployed ineligible for social insurance. The effective design of efficient social assistance programmes is primarily related to knowing the answers to a set of key questions concerning *eligibility* (such as maximum age, and nationality conditions), *entitlement* (such as the level of acceptable resources below which a person should not be allowed to fall, means testing, and targeting of assistance), and *administration* (such as control of fraud, systems for reviewing claims, etc.).

Social Insurance

Social insurance programmes mitigate risks by providing income support in the event of illness, disability, work injury, maternity, unemployment, old age, and death. The funding of social insurance schemes requires a contributory approach, which is based on the payment of premiums each year (ADB, 2005). The coverage of social insurance includes work injury insurance to compensate workers for work-related injuries or diseases, disability and invalidity insurance, linked to old-age pensions, to cover for full or partial disability, sickness and health insurance to protect workers from diseases, maternity insurance to provide benefits to mothers during pregnancy and post delivery, old-age insurance to provide income support after retirement and life and survivor insurance to ensure that dependents are compensated for the loss of the family's wage-earner.

Micro- and Area-Based Schemes

Micro- and area-based schemes are a kind of informal social protection aimed at protecting communities in particular locations and rapidly emerging economic sectors as necessary means of providing social security to those most in need (e.g. in the area of small-scale agriculture and the urban informal sector) (ADB, 2005). These schemes are to accompany the more traditional social insurance programmes aimed primarily at the formal labour force. Rural and urban communities who have no initiatives to protect themselves from any risk are generally the main target of this community-based social protection. Examples of micro- and area-based schemes that address vulnerability at the community level include:

- Micro-insurance, which involves voluntary and contributory schemes for the community; handling small-scale cash flows to address major community risks; and agricultural insurance, a form of protection that is available for farming communities to pool the risk of natural perils like storms, floods, droughts, plant pests, diseases, etc.
- Community-based social funds, such as mechanisms for channelling public resources to meet particularly pressing needs at the local level; disaster preparedness; and management coping with or mitigating against a range of other social/economic risks

within their respective communities (ADB, 2005).

ASEAN DEVELOPMENT AT A GLANCE

On the basis of levels of Human Development Index (UNDP, 2006)³ and broad socio-economic indicators such as economic growth; per capita GDP; and the incidence of absolute poverty, this paper categorises AMCs into three Clusters, namely transition countries, emerging countries, and advanced countries. Cluster 1, transition countries, includes Cambodia, Lao PDR, Myanmar and Vietnam; all of which are in a transition phase from their socialism to liberal market economies. They guarantee social security through employment to the few, at the same time as they are developing new systems appropriate for more liberalised economies.

Indonesia, the Philippines and Thailand are included in Cluster 2. These countries have generally experienced economic success and relatively widespread distribution of the benefits of growth during the early part of the 1990s. Their success was built on strong previous records in extending basic health and education services to their respective populations; combined with national policies favouring growth. However, widening gaps between the rich and poor accompanied this economic growth in most countries in the region.

Cluster 3 includes Brunei Darussalam, Malaysia and Singapore, the most advanced economic countries amongst the AMCs. These countries built development policies through active public or public/private interventions in many areas of development. Investing in social development was an essential part of their modernisation programmes from the outset of their development. Good governance was implemented in their daily development life. Higher levels of social protection also enabled high productivity gains in the workforce, expanded domestic demand, and increased economic growth.

Economic development in the ASEAN region has resulted in rising inequality and increased vulnerability for some groups and poverty remains a serious problem in most countries in the ASEAN region. Out of 100 persons, 58 are poor in Vietnam and about 45 in both Lao PDR and the Philippines. The majority of the poor in the ASEAN region are unemployed urban dwellers, landless labourers, small-scale farmers, fishermen and low-income earners struggling to survive in the rural areas. Thus, whilst employment creation is a key driver for every ASEAN member country, social policies on social protection are very important for ASEAN community.

In the wake of the crisis, real GDP per capita mostly decreased in AMCs; with Indonesia, Thailand and Lao PDR being the most adversely affected. Thailand and Indonesia experienced negative change in real GDP per person for two consecutive years (1997 and 1998). The next two years after the crisis, 1999 and 2000, were a recovery period for most countries. In 2001, however, the slowdown in the global economy again led to contraction in real GDP and thus GDP per capita. Negative growth rates occurred in the Philippines (-0.6 per cent), Brunei Darussalam (-1.0 per

³ According to HDI ranks, Singapore (25), Brunei Darussalam (34) and Malaysia (61) are categorised as countries having "high human development". Thailand (74), the Philippines (84) and Indonesia (108) as well as Cambodia (129), Myanmar (130) and Lao PDR (133) are categorised as countries having "medium human development". In this paper, however, Thailand, the Philippines and Indonesia are included into Cluster 2, Emerging Countries, since their HDI ranks are higher than Cambodia, Myanmar, and Lao PDR which are grouped into Cluster 1, Transition Countries.

cent), Malaysia (-1.9 per cent) and Singapore (-5.1 per cent). On the other hand, the strength of the Vietnamese economy was apparent when real GDP per capita even rose from 5.3 per cent in 2000 to 5.4 per cent in 2001 (ASEAN secretariat, 2004).

The crisis adversely affected all three Clusters of AMCs. Whilst the severity of the impact varied across countries, the impact was not the same across geographical areas and social groups within individual countries (e.g., urban households compared to rural ones, factory workers compared to service sector workers, women compared to men, children to adults, etc.). Overall, the poor and vulnerable groups are the ones that require particular short-term assistance and longer-term protection (Knowles et al, 1999).

Social safety nets have assumed greater significance after the crisis in the transition and emerging market economies, and social funds are catching on in both emerging markets and advanced countries. So far, the transition economies such as Cambodia and Myanmar have done very little to develop formal social protection interventions, although they face a great challenge in terms of youth unemployment, mass poverty and child welfare issues. In short, the region needs to activate a large agenda for social protection work, and future advisory and analytical work will likely reflect these regional priorities. On the basis of the Asian Development Bank's report (ADB, 2005: 2), Tabel 1 highlights three core elements of the existing social protection systems in eight countries of ten AMCs. Appendix 1 provides summary of socio-economic issues constituting social protection in AMCs.

Table 1: The Existing Social Protection Schemes in ASEAN

Country	Social Assist- ance	Social Insurance				Micro and Area-Based Schemes			
		1	2	3	4	5	6	7	8
Cambodia								•	•
Indonesia	•	•			•			•	
Lao PDR		•			•				
Malaysia	•	•			•			•	
Myanmar		•	•	•					•
Philippines	•	•	•	•	•	•		•	•
Thailand	•	•	•	•	•	•	•	•	•
Vietnam	•	•	•		•			•	

Note: 1) Old age, disability, death insurance; 2) sickness, maternity insurance; 3) medical care; 4) work injury; 5) micro insurance; 6) agriculture insurance; 7) disaster management; 8) social fund.

Sources: generated from ADB (2005:2); Suharto, et al, (2006:12)

SOCIAL PROTECTION SYSTEMS IN ASEAN: CURRENT ISSUES

Prior to the 1997-98 financial and economic crisis, the majority of the ASEAN region's citizens, particularly those working in the shadow (informal) economy, were not covered by formal social protection schemes. The traditional social protection systems were found to be poorly adapted to the demands of a liberal market economy and the gradual erosion of family and community networks undermined the basis of those traditional safety nets. When the Asian financial crisis hit

the ASEAN region in 1997-98 the heavy reliance on traditional family-based social protection systems and, in some cases, a poorly developed infrastructure for administering social protection programmes, led to the failure of many governments to respond effectively to the needs of its citizens.

This experience highlighted the vulnerability of populations in the ASEAN region to various sorts of shocks to their livelihoods. The economic crisis and the subsequent downturn in ASEAN “miracle” countries demonstrated that growth and sound macroeconomic policies alone are insufficient for sustained poverty reduction. Social protection policies – including safety nets, income support systems for the elderly, and well-functioning labour markets with built-in social safeguards – are essential in terms of reducing poverty over the long-term and protecting the gains already made during times of economic growth.

Social Assistance

In the ASEAN region, social assistance programmes, including social rehabilitation are quite common. The system covers various kinds of assistance, from those who fall victim to natural disasters like earthquakes, tsunami, flood, riot, and social unrest; to those who lack abilities to sustain a living such as the disabled, orphans, the elderly, migrants, ethnic minorities, the unemployed and drug addicts.

Many ASEAN countries have some social assistance measures within their own national policies to address short-term emergencies that occur rapidly and affect larger portions of the population. However, social assistance has often been overlooked as a social welfare policy programme because of the fear that it may create dependency amongst the poor, as well as concerns over inadequate budgetary resources to provide social assistance at the expense of programmes designed to stimulate economic growth.

Cambodia, Lao PDR and Vietnam, as transition economic countries, have developed social assistance schemes that are managed by state-owned enterprises rather than the government. These schemes are not designed to cope with poverty and unemployment resulting from the transition to the market stage. The government allocation for the programmes is severely under-budgeted, with local government units expected to meet any shortfalls, including meeting delivery costs. As a result, the number of poor people who are actually receiving some form of social assistance is only a small percentage of those entitled. There is increasing demand from traditional marginalised groups expecting continued state support, as well as increasing need from new vulnerable groups.

In Singapore, social assistance programmes are tackled under the Ministry of Community Development and Support (MCDS). They submit a list of eligible recipients for social assistance to the People's Association. Once an accurate profile of the individual seeking assistance has been determined, the information is forwarded to the Citizen's Consultative Committee (CCC) that will determine the type of assistance required. The government-sponsored self-help groups, based on ethnic lines and the Nation Trade Unions Congress (NTUC) serve the needs of a specific group. The self-help groups provide financial and social assistance to their own ethnic groups, whilst NTUC serves its union members. Accesses to financial and social assistance schemes, retraining programmes and job placement have enabled the ruling party to cultivate and solidify political

support.

In the Philippines, the enactment of the Social Reform and Anti-Poverty Act or Republic Act 8425 provided the adoption of a four-dimensional approach consisting of social, economic, ecological and governance in all the anti-poverty programmes. This law mandates the creation of the National Anti-Poverty Commission (NAPC) with the DSWD as one of its member-agencies. The Commission's sector-specific flagship programmes are:

- For farmers and landless workers – agricultural development;
- For the fisherfolk – fisheries and aquatic resources conservation, management and development;
- For the indigenous peoples and indigenous communities – respect, protection and management of the ancestral domain;
- For workers in the informal sectors – worker's welfare and protection;
- For the urban poor – socialized housing; and
- For members of other disadvantaged groups such as women, children, youth, persons with disabilities, the elderly, and victims of natural and man-made calamities – the Comprehensive and Integrated Delivery of Social Services (CIDSS).

The Philippines Government implemented major policy and institutional reforms as well as key programmes geared toward protecting and empowering the poor and the vulnerable groups. It used a comprehensive and integrated convergence approach called the Kapit-Bisig Laban Si Kahirapan (KALAHI) or Linking Arms Against Poverty. This pro-poor strategy focuses on the acceleration of assets and ancestral domain reforms; improving access to and quality of essential human development services and social protection interventions; employment, livelihood and entrepreneurial opportunities for the poor; security and protection of the poor and identified vulnerable groups; and empowerment through fuller and meaningful participation of the basic sectors in governance and decision making all levels of government. KALAHI-CIDSS: KBB (Kaunlaran at Kapangyarihan sa Barangay), aims to empower communities through their enhanced participation in community planning through participatory consultation and implementation of projects and improved local governance (additional input from the Philippines).

To support their social protection systems, most AMCs except Brunei Darussalam, have introduced the family planning programme that aims to maintain the growth of their populations. It is assumed that the steady growth of population, especially in high-population countries, would limit the capacity of government in providing its citizens with the facilities and infrastructure for adequate social assistance provision. During the workshop, it was noted that, apart from poverty, family dysfunction and domestic violence are also key socio-economic issues to be considered when examining social protection –and that they are also normally related to, or caused by poverty i.e. low wages or unskilled workers with an inability to provide adequate support for their families. The workshop also outlined that a lack of access to healthcare services and facilities is still evident in most transition and emerging countries. Other challenges faced by AMCs in the area of social assistance include the sustainability of the various programmes and the implementation of laws enforcing the various programmes in member states. Many governments also admitted their inability to reach target groups due mostly to lack of available data and information and/or lack of resources. However, AMCs are optimistic that the programmes will achieve some progress as a result of strong commitment to strengthening social protection systems and by sharing information

among AMCs, as well as through building on the existing partnerships with NGO's and civil society.

The workshop remarked that all AMCs have integrated their social assistance with provision of financial assistance and subsidized healthcare, compulsory education, employment assistance and training, call centres and networking with community. AMCs have also developed crisis centres, awareness programmes and promoted NGOs to help the vulnerable people. Brunei Darussalam, Singapore, Thailand, Vietnam and Indonesia provided pilot projects by adding subsidized housing into their system, whilst the Philippines took a step forward by providing tax incentives for hiring the disabled.

Social Insurance

AMCs have implemented social insurance schemes with the basis of a national system. Ortiz (2001) mentions that most countries in the ASEAN region have evolved toward a multi-pillar mixed public-private system that consists of two basic programmes:

- Public programmes to assure minimum income to the aged, unemployed, and other vulnerable groups
- Private or semi-private programmes that encourage voluntary supplementation by individuals

Social insurance schemes in most AMCs generally cover the formal sector workers only and are built on a narrow membership base. The schemes mostly cover medical care, sickness benefits, invalidity benefits, maternity benefits, survivors' benefits, employment injury benefits, and retirement pensions. As noted by the workshop, these conditions occurred in Indonesia, Thailand, and the Philippines, where coverage of the informal sector is still at the initial planning stages and not mandatory. Another important issue raised during the workshop was the uneven coverage of social insurance between public and private sectors, which happened in some AMCs. However, Brunei Darussalam, Malaysia, Singapore and Indonesia have provided good examples of provident funds that cover both public and private sectors workers, which could be used as examples for other countries.

In terms of governments' responses to this issue, the Philippines, for instance, has developed a social security system (SSS) for the private sector and a government service insurance system (GSIS) for its public sector (Gonzales and Grogorio-Manasan, 2002). Reducing these risks allows workers who have lost their jobs to search for a good alternative, removing some barriers that might otherwise discourage workers from acquiring education and training, and helping to ensure that the health and education of their children is not sacrificed in an economic downturn.

Tambunan and Purwoko (2002) reported that Indonesia since 1977 had implemented ASTEK (*Asuransi Tenaga Kerja* or workers insurance), which in 1993 changed to become JAMSOSTEK (*Jaminan Sosial Tenaga Kerja* or social insurance for workers). The law mandates all employers with 10 or more employees or paying a monthly payroll of not less than one million Indonesian rupiah (Rp) for the whole company are obligated to register their employees in the scheme. However, if employers have in place a better social insurance scheme for their employees from other private providers, then they would be exempted from the mandatory enrolment of the

JAMSOSTEK insurance programme. This scheme has been introduced as social insurance for formal workers, which aims to provide employees accident insurance, a provident fund, and death and health insurance. Indonesia does not have cash payment for sickness, maternity, family allowances, and unemployment benefits. A compulsory health insurance scheme for public servants, namely ASKES (*Asuransi Kesehatan* or health insurance), has existed since 1968. The main problem facing Indonesia is that informal employees and the self-employed are not covered by these formal social insurance schemes.

Singapore has developed social insurance systems with exclusive reliance on the mandatory, publicly managed, contributory scheme. Asher and Rajan (2002) stated that the main vehicle in social insurance systems in Singapore is the Central Provident Fund (CPF). It mainly provides housing, retirement, and health cares. They define the system as multi-tier. The function of the Multi-Tier is to ensure a minimum income in old age, including a survivor's benefit feature. Singapore does not have unemployment insurance or other schemes for social risk pooling. There are, however, arrangements to compensate workers for injuries or death incurred during employment and retrenchment benefits. Singaporean and permanent residents are permitted to save 15 per cent of their ordinary wages, bonuses and income from self-employment, each subject to a ceiling, in voluntary tax-advantage account under the Supplementary Retirement Scheme (SRS). Until SRS, there was no specific tax-advantaged voluntary savings scheme for retirement.

The CPF is increasingly being utilised for other purposes like buying a house, paying for medical bills, investing in funds, getting insured, etc. The Fund is also unique in that each member contributes to and operates his own individual account. Within certain limits, he can use his savings to buy a flat, invest in shares, and pay for education or medical expenses. The savings are divided into three accounts (a) an Ordinary Account, for home ownership, investments, education and insurance premiums; (b) a Medisave Account, for medical insurance and healthcare expenses; (c) a Special Account, which is reserved for old age and contingencies. In 1963, the CPF began to extend beyond providing for retirement at age 55. After considerable public debate on whether savings meant for old age should be used for buying homes, a Public Housing Scheme was introduced, allowing members to dig into their CPF savings to buy Housing Board flats. The response was overwhelming. Since then, the Fund has slowly evolved into a social security covering a wide spectrum of needs for the majority of the population. Several major schemes introduced to date are The Public Housing Scheme, The Singapore Bus Service Shares Scheme (known as the DelGro scheme), the Approved Investment Scheme, The Dependants' Protection Scheme, and The Education Scheme (The CPF Story, 2000).

Thailand's social insurance system, established in 1992, covers about ten million of the total labour force and covers both public- and private-sector employees who worked in the formal sector. All of them are covered by social insurance, since they have relatively higher and more regular incomes which are mandated by law and regulation. However, post-crisis budget constraints forced the government to delay expansion of the scheme and government planners are concerned about the lack of benefits for the neediest in Thai society, such as farmers and informal workers. To deal with the problem, the government has begun to develop a universal health insurance named the '30 baht scheme' aimed particularly at informal sector employees. The Social Security Act and Workmen's Compensation Act of Thailand stated that all employees in enterprises with one or more employees are covered by the Workmen's Compensation Fund. The fund provides benefit in cases of work-related incidents such as injuries or diseases, loss of organs, disability, death or

disappearance. However, this social security act does not cover civil servants and other government employees such as soldiers, police officers, teachers, and university staff, as well as workers in state enterprises. Instead, they are eligible for quite generous benefits in terms of pension and compensation by providing health care and services for self and family members. For non-government enterprise employees, the Labour Protection Act of 1998 provides protection for unemployment in three cases, namely severance pay, provident funds and employee welfare funds

Dzung and Vinh (2002) reported that in Vietnam, the social insurance system was only really established in 1995. Vietnam Social Insurance (VSI) has introduced these initiatives with the main purpose of adjusting the whole economic system into a market-oriented economy. This policy is considered as very progressive and covers 16 per cent of the Vietnamese labour force, including labour contracts of three months, state-owned enterprises, Vietnamese staff in joint ventures, armed forces, and non-state enterprises with 10 or more employees. However, the current system of transfer payments and fee reduction for politically designated populations, including veterans, war heroes and their families, are regressive and inadequately targeted. The government however, has recognised the problem, by taking strong steps in the past decade to recognise social insurance systems; and the contingencies included in the social insurance scheme now cover sickness, maternity, employment injury, retirement pension, and survivorship pension benefit as well as funeral allowances.

Even though Lao PDR is defined as a low-income and under-developed country in the region, employees in the public sector were provided with comprehensive social insurance benefits since 1986 featuring health care and pensions with a high replacement rate (Thompson, 2002). In time, the benefits are improving and coverage of the scheme is to become nation wide. Another social insurance scheme in Lao PDR is managed under the Ministry of Labour and Social Welfare (MOLSW), is the social security system for civil servants, army, and public employees. It covers medical care, sickness benefit, invalidity benefits, maternity benefits, survivor's benefits, employment injury benefits, retirement pensions, and child allowances for each civil servants and pensioners' child under 18 years. However, the system is not sustainable because there is no system funding, leaving the state budget to subsidise up to 70 per cent of all since its inception in 2004. The employee contributions only amount to 6 per cent of their earnings, which are not based on any financial estimates. The income is used to meet short-term costs of medical schemes. For the private sector, LAO PDR government have launched degree No. 207/PM of year 1999 that provides for nine social insurance benefit contingencies plus a death grant.

In Myanmar, social insurance policies of the Social Security Scheme have been implemented. The Social Security Act was enacted in 1954 and applies in 104 townships in 13 states and divisions, which include (a) The Social Security Scheme implemented under social insurance system: General Insurance and Employment Injuries Insurance, (b) General Insurance: Sickness, Maternity, Death, (c) Employment Injuries Insurance: Employment accidents, Occupational diseases, (d) Ratio of contributions paid by employers and employees: 1.5 : 1.5 of the insured wages, and (e) State Contributions paid by the Government if there is any deficit.

The participants of the workshop all agreed that ASEAN needs improved monitoring mechanisms to ensure the effectiveness of the social insurance's implementations in each Member state as well as some kind of regionally integrated system (or database) on social protection, particularly in the area of social insurance.

Micro and Area-Based Schemes

In ASEAN, there are at least four main forms of micro and area-based schemes usually implemented by local communities. They include micro insurance, agricultural insurance, social funds, and local disaster preparedness and management. Together with well-designed risk reduction initiatives such as disaster management, and community-based support programmes, these schemes can reduce vulnerability at community level and promote more sustainable rural livelihood.

- Micro insurance organised locally could offer an option to protect the group members against their economic risks.
- Agricultural insurance, mostly crops insurance programmes, provides the protection necessary to enhance getting innovative farming techniques and removing unnecessary barriers to rural economic development.
- Social funds, typically community-based activities, are very important to hold social capital amongst the villagers and maintain social livelihood programmes.
- Local disaster preparedness is specific local activities run by local institutions to anticipate regular natural disasters such as a typhoon in the typhoon belt of Luzon area; flooding in Java islands; droughts, mostly in eastern of Indonesia; earthquakes and the recent tsunami.

According to workshop's discussion, there are several similarities found in most AMCs in the area of micro and area-based schemes: such as schemes relating to the micro financing of enterprises as part of social protection; as well as schemes relating to the traditional values systems practiced in each member country; and finally, responses to natural disaster. These similarities have also served to tighten the emotional and cultural bond among the AMCs. It was also noted that most countries' experience of savings groups is that they eventually become micro-finances and then, graduate to become cooperatives. In Indonesia, Lao PDR, Thailand, and Malaysia for example, the savings groups were formed to provide loans and government officials assisted them with the management of funds. In Malaysia for instance, the principle is to create a savings group for the rural poor and the group's representatives will then decide on who can receive loans as well as setting weekly savings and repayments.

AMCs have made significant advances in terms of micro and area-based schemes, which is a potential strength for AMCs regarding the regional integration of social protection. AMCs have also developed SMEs and the SME sector as part of its poverty reduction efforts. Local wisdom at the heart of decision-making process is an essential asset. The existence of local tradition, which functions as an effective mechanism to maintain the development of social protection at national level, is also an important feature of the ASEAN region.

Agricultural insurance schemes are available for farming communities in some ASEAN countries. There are many kinds of agricultural insurance provided by both cooperatives and the state. These kinds of schemes provide a mantle of protection to farmers against natural risks that are usually beyond their control. These schemes are managed by pooling together farmers' risks and resources so that the burden of loss can be distributed. In Indonesia and other ASEAN countries, there are many kinds of seed banks, rotated savings and loan mechanisms for farmers. These are

effective tool for rural development provided the institutional structures are in place.

The main function of community-based schemes is to sustain livelihood security, particularly for rural households. For instance, crop insurance mechanisms are easily found in rural areas in Cambodia, Indonesia, the Philippines, Thailand and Vietnam. Other informal mechanisms found in many rural areas for coping with household's difficulties include: borrowing, drawing down on savings, selling assets, mutual support from family and friends, reciprocal arrangements with wealthier households, and seeking additional income producing activities; and they all serve an important role in buffering the impact of crisis and regular shocks.

The best-known mechanism of the micro- and area-based schemes is micro insurance. It involves voluntary and contributory schemes for the community and in recent years, groups of workers in the informal sector throughout AMC's have set up their own micro insurance initiatives. The scheme normally gets assistance both from government and NGOs. Micro insurance in many AMC's has therefore becomes an emerging topic with high growth potential and it is proving popular amongst the region's citizens because of the fact that it provides benefits at affordable prices, even for low-income communities.

In Indonesia, one pilot project of a social welfare insurance scheme is called ASKESOS (*Asuransi Kesejahteraan Sosial*). It has been targeted at poor workers and informal sector workers. This programme is managed by an NGO or self-help organisation. With the administrative support of the NGO, informal workers are encouraged to save Rp 5.000 (equal to 50 USD cents) per month for three years; whilst doing so, the Department of Social Welfare meets the costs of any hospitalisation lasting at least five days (to the extent of Rp 1,000,000 (or USD 100 per year) and provides a lump sum of up to Rp 600,000 (or USD 60) in the event of their death (Tambunan and Purwoko, 2002; Thamrin, 2004).

In some parts of Indonesia, voluntary village-level organisations provide *Dana Sehat*, which is insurance against the costs of primary health care. The Department of Social Welfare of Indonesia stated that in Indramayu District, there are good local initiatives, namely the associations of Indramayu's village headman, which provide local people with local health insurance through an identity card scheme. All Indramayu villagers are protected by local health and a life insurance mechanism if they have local identity cards. All Indramayu villagers are eligible to have local identity cards and they pay Rp 7000 for them, of which Rp 2000 is allocated for their health insurance premium. Other villages in Indonesia have been setting up independent schemes to provide local people with social benefits in the form of medical, life/funeral, old-age, disaster, education, or other benefits. A certain amount is paid by members in order to maintain the group fund and a group leader is appointed to manage the fund. These schemes are independently organised by local/community groups and are rarely supported by government.

In Cambodia also, micro-insurance schemes are rapidly emerging to provide social affordable insurance to the informal sector. Similar situations are found in Thailand⁴, where family and community networks, particularly in rural areas, are traditionally seen as a safety net mechanism to

⁴ In Thailand, like in other transition and emerging countries, the informal sector is considered to be a dominant sector, with more than 75 per cent of Thailand's employed labour force currently in this informal economy or unregistered sector.

provide necessary support, if and when necessary. There are two current forms of informal health insurance taking place in the country. The first element is gold card – a free health card that entitles individuals and families below the poverty line to free health care at public facilities. The second element is targeted to the ‘near poor’, who can purchase a *baht* 500 card, which entitles the holder and family members to public health services. However, the *baht* 500 programme has recently finished, and is now in the process of being replaced by the universal health insurance called ‘30 *baht* scheme’. The villagers and the informal bodies themselves act as an alternative social security system for the involved persons, as activities in the sector generate a certain income for them.

Community-based social funds are common in the ASEAN region and regarded as a mechanism to channel public resources to meet particularly pressing social needs. It is typically managed at the local level, involving NGO and local governments that provide finance for small-scale projects such as livelihood programmes for community groups and local economic development projects. These approaches are now being used by both local governments and foreign development donors (NGOs, etc.) alike, to promote local economic initiatives, pilot test decentralised management, finance small-scale infrastructure (Ortiz, 2002).

In Indonesia, voluntary village-level organisations are running in many places to provide local community funds with primary care. They collect in-kind contributions to provide welfare assistance in emergencies. In Java, for example, households contribute a cup of rice or other kinds of food every week; and these resources are used to help families who do not have adequate resources when they face risks. This kind of mechanism is called *jimpitan*. Other forms of social funds are the replication of the *Grameen Bank* model. They are widely found in Java and North Sumatra. This model involves cooperative credit programme required by small-scale rural borrowers for further development of commercially based lending and promoting community involvement. Similar programmes are also observed in rural areas in the Philippines and Malaysia.

In Vietnam, the community social funds programme takes the form of concession or exemptions from school fees, health costs and local taxes. Vietnamese households, particularly the rural poor, rely heavily on such informal social protection mechanisms, and they are usually based on family, community, and other contacts. Due to the poor standard of health facilities and their relative inaccessibility, rural communities are accustomed to self-medication with traditional remedies and medicines brought from local pharmacies.

Disaster preparedness and management is another essential form of social protection to assist communities in coping and mitigating risks. These issues were not priority issues amongst the AMCs until the recent tsunami that occurred in Indonesia and Thailand. Only several countries in ASEAN have established a disaster management centre for assessing hazards, providing emergency assistance and strengthening local-level risk reduction capacity. The Philippines, which is located in the region’s typhoon belt, is one of the better examples of well-organised disaster management in ASEAN.

CONCLUSIONS AND RECOMMENDATIONS

A social protection system can reduce poverty and vulnerability by promoting efficient labour markets, diminishing people’s exposure to risk, and enhancing the capacity of people to protect

themselves and deal with risks and uncertain income. At the macro level, social protection policies could play a role in stabilising economic development because it stabilises demand for consumer goods by making it constant. On the basis of market orientation, economic development, poverty levels and Human Development Index, ASEAN countries may be grouped into Transition, Emerging and Advanced Countries. Following such level of development, in the ASEAN region, the current situations of social protection are heterogeneous and determined by:

- Different levels of economic development amongst the AMCs
- Wide variety of social-cultural conditions and social structures
- Diverse qualifications and efficiency of government institutions
- Various networks and power structures of lobby organisations and interest groups

Standard concepts and interventions of social protection in ASEAN tend to focus on enhancing the capacity of poor households to accumulate assets so that they can reduce their vulnerability and enable them to withstand shocks derived from economic crisis and calamities. The impacts of the recent tsunami crisis have been very serious on the economic as well as the social conditions of large proportions of the ASEAN community.

ASEAN countries have integrated their social assistance with provision of financial assistance and subsidized healthcare, compulsory education, employment assistance and training, call centres and networking with community. Best practice examples:

- Social assistance programmes under the Ministry of Community Development and Support, self-help groups, based on ethnic lines, and trade unions: Singapore
- Institutional reforms protecting and empowering the poor and the vulnerable groups: the Philippines
- Pilot projects adding subsidized housing into existing system: Brunei Darussalam, Singapore, Thailand, Vietnam and Indonesia
- Tax incentives for hiring the disabled: the Philippines
- Social assistance schemes managed by state-owned enterprises rather than the government: Cambodia, Lao PDR and Vietnam

In terms of social insurance schemes, most countries in the ASEAN region have evolved toward a multi-pillar mixed public-private system covering the formal sector workers with uneven coverage between public and private sectors. Best practice examples:

- Provident funds covering both public and private sector workers: Brunei Darussalam, Malaysia, Singapore and Indonesia
- Social security system for the private sector and service insurance system for its public sector: the Philippines
- Social insurance systems with mandatory, publicly managed, contributory scheme: Singapore
- Social Insurance toward a market-oriented economy: Vietnam

ASEAN region has at least four main forms of micro and area-based schemes usually implemented by local communities, including micro insurance, agricultural insurance, social funds, and local disaster preparedness and management. Best practice examples:

- Voluntary village-level organisations providing local community funds with primary care: Indonesia
- *The Grameen Bank* model providing cooperative credit to small-scale rural borrowers: Indonesia (especially Java and North Sumatra)
- Community social funds providing concession for school fees, health costs and local taxes: Vietnam
- Well-organised disaster management: the Philippines

Stakeholders and focal points of the AMCs as well as participants of the workshop clearly expressed understanding of common problems and the need for joint initiatives at the regional level, which can support national schemes. The need for partnership between government, funding agencies and civil society to achieve consensus on priorities, objectives and implementation is well recognised. A number of strategic initiatives need to be proposed to strengthen co-operation at the ASEAN region level and a number of pilot actions aimed at strengthening social protection through learning by doing, have been identified for implementation at the country level. Summary of the social and economic issues and related recommendations in order to strengthening social protection systems in AMCs is provided in Appendix 1.

In line with the 11th ASEAN Summit theme “*One Vision, One Identity, One Community*” social policies to develop regional cooperation is essential in addressing issues of labour mobility, reducing country level disequilibrium between strong and weak countries, sharing the burden and learning from each other, and spreading of best practices. Regional level initiatives should include enhancing political support, strengthening institutional structures and capacity building. Country level initiatives should include implementing best practice through pilot projects – learning from each other by recognising what has already been done in terms of working groups at summit and ministerial levels, institution building, networking and strategic and pilot initiatives. This paper is however only an initial study to mapping existing social protection systems in ASEAN. Hence, further studies on more specific schemes are demanded to elaborate models of social protection applied in each ASEAN member country.

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APPENDIX 1: SUMMARY OF THE ISSUES AND RECOMMENDATIONS

a. Social Assistance

Socio-economic issues constituting social protection	Existing social protection	Follow-up actions at national level	Follow-up actions at regional level
<ul style="list-style-type: none"> ▪ Illiteracy, high incidence of school drop outs/lack of education opportunities and malnutrition are part of the social impacts of crisis found in Indonesia, Thailand, Myanmar, and Cambodia. ▪ Governments are failed to redistribute adequate social and economic opportunities to the vulnerable groups and the poor (e.g. Cambodia, Indonesia, Thailand, and the Philippines). ▪ Economic shocks, chronic poverty, homeless, disability, severe illness, ethnic minority and social exclusion are found in most transition countries. ▪ Gender and vulnerability issues relating to single parents or female headed households are noticed in Indonesia, Cambodia, Myanmar, Singapore. ▪ Issues of human trafficking are found in Thailand, Cambodia, Lao PDR and Vietnam. ▪ Most AMCs are facing issues relating to urbanization, migration, unemployment problems, including the urban informal sector, whilst ageing community is evidence in Singapore, Brunei Darussalam, Vietnam, Malaysia, and Myanmar. ▪ War and social conflict/political down turn are found in Vietnam, Cambodia, Myanmar, and Indonesia. ▪ Indonesia, Thailand, and the Philippines are prone to natural disasters. 	<ul style="list-style-type: none"> ▪ Welfare and social services for highly vulnerable groups such as disabled, orphans or substance abuser are implemented in most AMCs ▪ Cash or in-kind transfers such as food stamps and family allowances in some advanced and emerging economies (e.g. Singapore, Brunei Darussalam, Indonesia, The Philippines) ▪ Temporary subsidies such as housing subsidies, life-line tariffs, fuel price subsidies, lower price of staple foods in times of crisis (e.g. <i>Subsidi Tunai Langsung</i> or Direct Income Transfer in Indonesia as a form of the fuel price subsidies). 	<ul style="list-style-type: none"> ▪ Providing basic food staples and clean water especially for the poorest households and victims of natural disasters. ▪ Developing specific aid, support and assistance for specific disabilities such as rehabilitation, reading Braille, learning sign language and vocational training. ▪ Enhancing services for the elderly such as regular monitored health checks; meals provided and specific vocational training. ▪ Providing public works paying subsistence wages; develop vocational training in specific skills that are in demand and jobs search activities ▪ Providing rehabilitation clinics, counselling services and regular health care services. ▪ Distributing food with nutrition programmes. ▪ Providing public housing for urban poor. ▪ Capacity building for governments, institutions and organisations to develop and implement social assistance programmes within AMCs. 	<ul style="list-style-type: none"> ▪ Developing participatory tools on social assistance to guide local and national initiatives. ▪ Documenting effective policies/best practice cases from the region for strengthening support for family care provision, including public policy for strengthening "traditional family values" ▪ Developing a common approach for documenting social problems, and sharing lessons learned in solving social problems.

b. Social Insurance

Socio-economic issues constituting social protection	Existing social protection	Follow-up actions at national level	Follow-up actions at regional level
<ul style="list-style-type: none"> ▪ Whilst impacts of economic crisis are still found in most AMCs, poverty and economic shocks are particularly evidence in Indonesia, The Philippines, and Myanmar ▪ Decreasing profit of firms and fluctuations in economic growth are noticed in Indonesia, Vietnam, LAO PDR, and Cambodia ▪ Social unrests and natural disasters are affecting socio-economic development in Indonesia, Thailand ▪ Discontinues works and issues relating to the increase of the urban informal sector are discovered in Indonesia, the Philippines, and Thailand ▪ Some AMCs are also facing financial failures, illness, injury, diseases and any kinds of potential risks such as loss of productive assets, jeopardizing abilities to generate income 	<ul style="list-style-type: none"> ▪ Unemployment insurance (e.g. The Philippines) ▪ Work injury insurance or employment accident benefit schemes (e.g. JAMSOSTEK in Indonesia) ▪ Disability and Invalidity insurance (e.g. The Philippines, Thailand, Vietnam, Malaysia) ▪ Sickness, Health and Maternity insurance in most emerging and advanced countries of AMCs. ▪ Old-age insurance in most AMCs. ▪ Death Grants and Survivor's Pension in most AMCs. 	<ul style="list-style-type: none"> ▪ Improving the service quality of social insurance institutions and any linked it with financial institutions. ▪ Developing financial resources of provident funds. ▪ Improving the rate of return on provident fund investment. ▪ Developing unemployment benefits scheme plans such as training of employment office staff for job placement, provision of new technology in social insurance offices required to access contribution records and exchange information with employment offices on claims. ▪ Improving the coverage of health care and maternity insurance. ▪ Establishing social insurance management as an important element of poverty reduction. ▪ Extending coverage to employees in medium and small enterprises, and the informal sector. ▪ Developing training centre and institutional capacity building for servicing AMCs on social insurance programmes ▪ Developing social insurance systems for migrant workers in both sending and receiving countries in ASEAN 	<ul style="list-style-type: none"> ▪ Developing an ASEAN network on social insurance and pension arrangement ▪ Sharing successful experiences with social insurance system within AMCs ▪ Developing exchange programmes among AMCs to share and learn experiences in service delivery, especially for the poor

c. Micro and Area-based Schemes

Socio-economic issues constituting social protection	Existing social protection	Follow-up actions at national level	Follow-up actions at regional level
<ul style="list-style-type: none"> Impacts of sudden crisis and economic shocks are found in Indonesia, Thailand, Malaysia, and the Philippines. Price instability is evidence in Indonesia, Lao PDR, Cambodia, Myanmar. Indonesia and Thailand continue to face issues relating to economic transitions and reforms. Environmental issues such as flood, heavy rainy, landslides, drought, earthquake, including devastating impacts of the recent Tsunami are particularly evidence in Indonesia, Thailand and The Philippines. Issues relating to Low incomes are evidence in Lao PDR, Cambodia, and Vietnam. Harvest crops failures are found in Indonesia, but also evidence in Vietnam, and Lao PDR. 	<ul style="list-style-type: none"> Any kinds of micro insurance involves voluntary and contributory scheme for the community (e.g. ASKESOS in Indonesia). Agricultural insurance to protect farmer from natural perils like storms, floods, droughts, plant pest, disease and harvest failures. Community-based social funds in Thailand and Indonesia (e.g. Jimpitan, Arisan, Funeral Funds) Disaster preparedness and management to assist communities in risk coping and mitigation 	<ul style="list-style-type: none"> Scaling up social and micro funds to expand community-driven development Developing appropriate indicators for risks management and vulnerability at the household and community levels Providing the best means of dealing with problems such as floods, droughts, disease, harvest failures and other natural disasters Assisting local communities in drafting a set of rules governing the operational of micro insurance. Providing training in the management of a micro insurance scheme for local communities members. Promoting financial literacy, encourage equal access to productive resources, and ensure equity in access to education and public services. Developing network on crops insurance schemes amongst the farmer's associations. Generating agricultural insurance model for the poor in rural areas Developing sustainable livelihood programmes in local area Initiating community-based disaster management 	<p>Promote economic entrepreneurship and the development of rural enterprises through:</p> <ul style="list-style-type: none"> Collaborating with the private sector to promote large-scale production and marketing by small rural business to link small rural economies to the larger market Convening regional workshops to share experience on community enterprises Facilitating access of rural population to micro-financing Investing in education, skills training and lifelong learning to promote employability of the poor Sharing experiences on informal sector development, rural youth entrepreneurship, etc. Sharing policy approaches on micro-financing and employment/income generation strategies, with a view to developing a shared approach.