

Social protection assessment based national dialogue:



**Towards a nationally defined
social protection floor in Thailand**

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Social security is a human right

All members of society should have access to at least basic social security

National floors of social protection guarantee this basic entitlement



A national social protection floor guarantees that:



1

All residents have access to **essential health care including maternity care**



2

All **children** enjoy basic income security (providing access to nutrition, education and care)



3

All **persons in active age** who are unable to earn sufficient income (e.g. in case of sickness, maternity, unemployment, disability) enjoy basic income security



4

All **older persons** enjoy basic income security

The assessment exercise answers the question:

How the SPF could become a reality for all members of Thai society?

It followed 3 steps




Social protection assessment based national dialogue: Towards a nationally defined social protection floor in Thailand

From June 2011 to March 2013, the United Nations (UN)/Royal Thai Government (RTG) Joint Team on Social Protection (co-chaired by the International Labour Organization (ILO) and Ministry of Social Development and Human Security (MSDHS)) engaged line ministries, UN agencies, social partners, civil society organizations, academia, and other relevant stakeholders in a policy dialogue called the Assessment Based National Dialogue (ABND) exercise. It consisted of the following steps:

STEP 1 – Development of the assessment matrix.
It contains an inventory of existing social security, social protection, and poverty alleviation programmes for each of the four Social Protection Floor (SPF) guarantees:

SPF guarantee	Existing SPF programmes	Existing non-SPF programmes	Policy gaps	Implementation issues	Policy options	Implementation options
Health						
Children	Describe the general and specific social protection programmes covering income support and protection during transitions.		Identify major gaps and implementation issues.		Propose policy options based on implementation issues.	Propose policy options based on implementation issues.
Working Age						
Elderly & Disabled						

The matrix helps to identify policy gaps, implementation issues, and a number of recommendations for the further development of Thailand's Social Protection Floor.

STEP 2 – Costing using the RAP model
The cost of the proposed social protection provisions is then estimated and projected over a ten-year period using the ILO Rapid Assessment Protocol (RAP). This costing exercise can serve as a basis for discussions on available fiscal space, government budget reallocations, and the prioritization of different social protection policy options.

Figure 2: RAP model structure



STEP 3 – Finalization and endorsement
The recommendations are shared with government representatives, workers and employers, and civil society organizations with a view to validate the assumptions and recommendations, and to prepare for the next steps, which may include feasibility studies for the design of new schemes, expansion of existing schemes, and establishment of coordination mechanisms.

The Assessment Based National Dialogue (ABND) exercise took place in the framework of the partnership between the Royal Thai Government and the UN system.



The assessment process

STEP 3 – Finalisation & endorsement

9. Endorsement by UN/RTG joint team and presentation to the government (October 2012 – March 2013)

8. Finalization of the costing and assessment matrix; writing of the ABND report (May-August 2012)

7. Dialogue # 3 to present the results of the costing and discuss the fiscal space (March 2012); Training on costing (May 2012); Training course on Social protection: Assessment, Costing and Beyond (October 2012)

STEP 2 – Costing using the RAP model

6. Data collection for the RAP protocol and costing of the scenarios (November 2011 - March 2012)

5. Dialogue # 2 to validate the choice of scenarios (November 2011, February 2012)

4. Translation of policy recommendations into “costable” scenarios (September 2011 – March 2012)

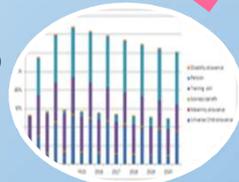
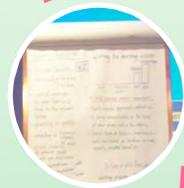
STEP 1 – Assessment matrix

1. Inventory of schemes through desk review and bilateral consultations (June 2011)

2. Draft assessment matrix (July 2011)

3. Dialogue # 1 to validate the Assessment Matrix and provide policy recommendations (August 2011)

National dialogue



The assessment exercise has 3 outputs

- **An assessment matrix**
- **A costing model**
- **A mechanism for national dialogue and policy coordination**

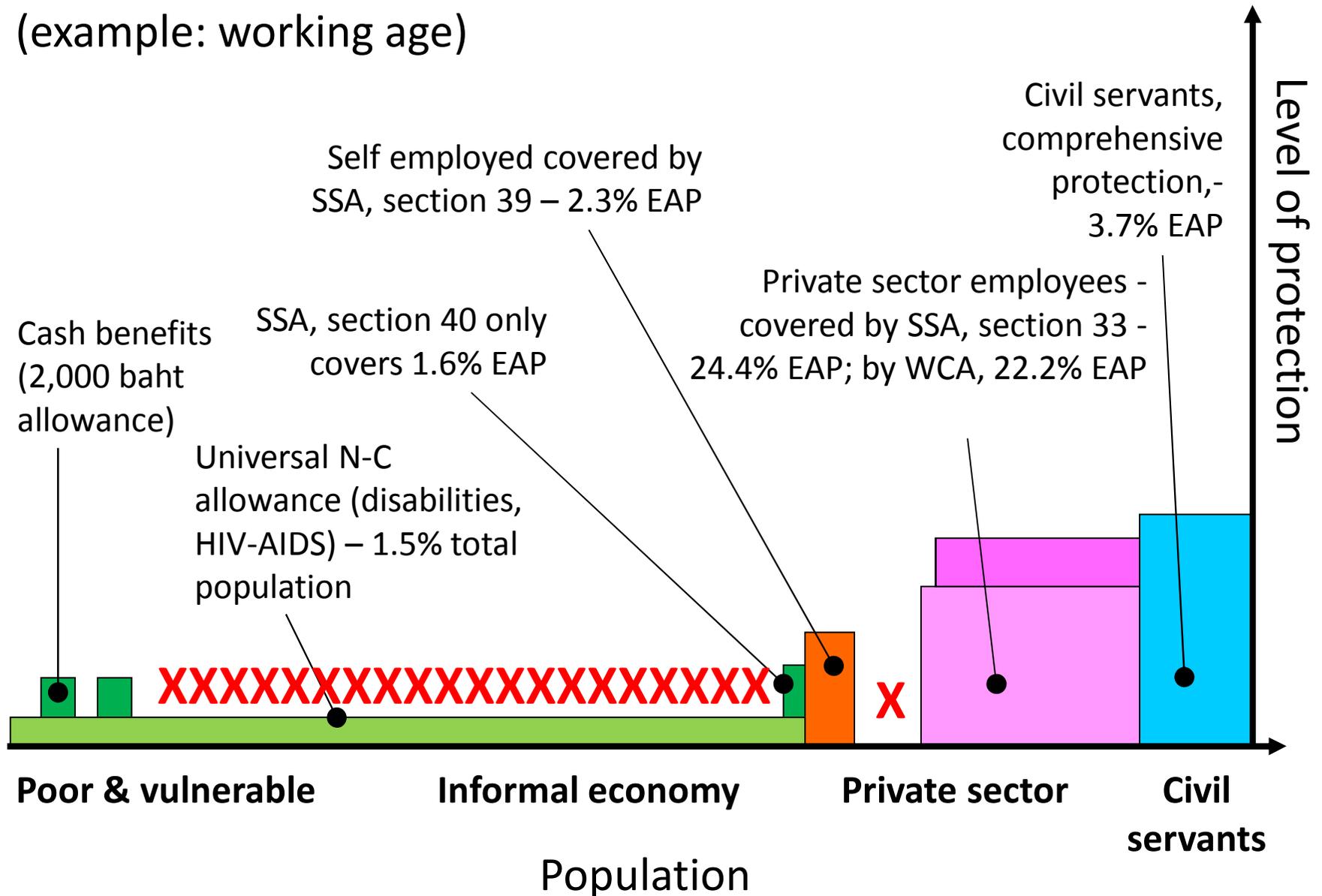
An assessment matrix:

- A diagnostic of the social protection situation
- A set of recommendations
- A baseline for future monitoring

	SPF objectives	Existing SPF provisions	Existing coverage	What is foreseen in the strategy	Design gaps	Implementation issues	Recommendations	Costing scenarios
Health	Social Protection Floor Template: Guarantees and Objectives	Describe present and planned social protection situation taking into account social protection strategy objectives			Identify design gaps and implementation issues		Priority policy options decided through national dialogue based on assessment results	Preliminary costing of selected priority options
Children								
Working age								
Elderly & Disabled								

Identification of the coverage & protection gaps XX

(example: working age)



A costing model:

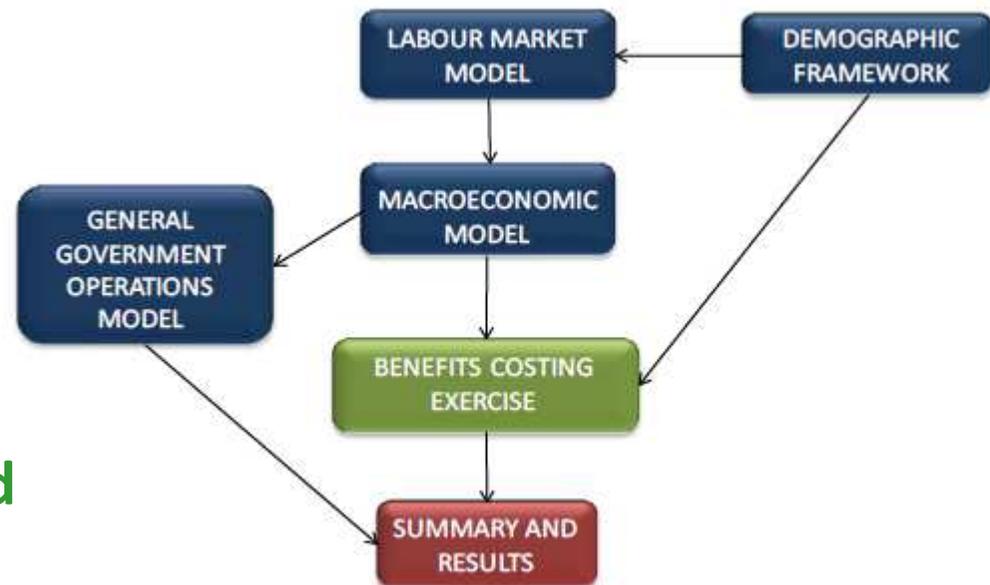
- Projections of population, active age group, economic indicators and government general operations budget
- Costing of some policy options
- Fiscal space analysis



RAPID ASSESSMENT PROTOCOL

INTERNATIONAL LABOUR OFFICE

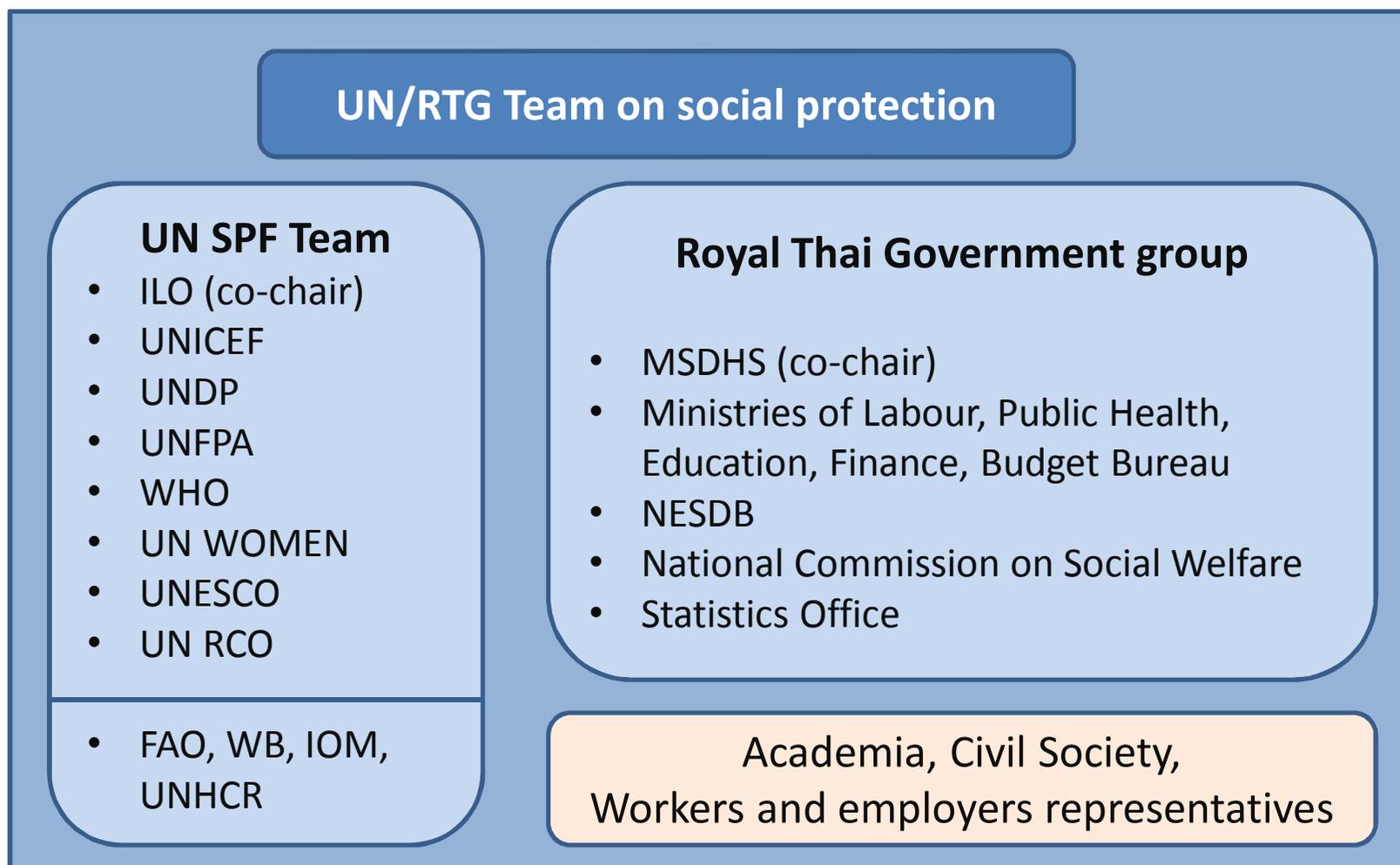
Social Security Department



Can be used for informed policy planning and prioritization

A mechanism for national dialogue and policy coordination:

- the UN / RTG joint team on social protection in the framework of the UNPAF on social protection



The main results of the assessment exercise:

- **Policy recommendations**
- **Financial implications**
- **Fiscal space analysis**

How to complete the SPF?



**Universal Health Care
already achieved (for
Thai citizens)**



**Child support grant
(targeted or universal)**



**Introduce non
contributory
maternity and
sickness benefits**

In-depth reforms:

**Create a unified and
financially sustainable health
insurance system to reduce
fragmentation and inequity**

**Establish early child
development services &
improve quality of
education**

**Review SSA section 40 to
cover more people with more
adequate benefits
Improve operations under SSA
section 33 (evasion, migrants)**

How to complete the SPF?



Expand and adapt vocational training



Introduce an additional disability allowance of 500 baht per month



Index levels of old age allowance on inflation or express as percentage of poverty line

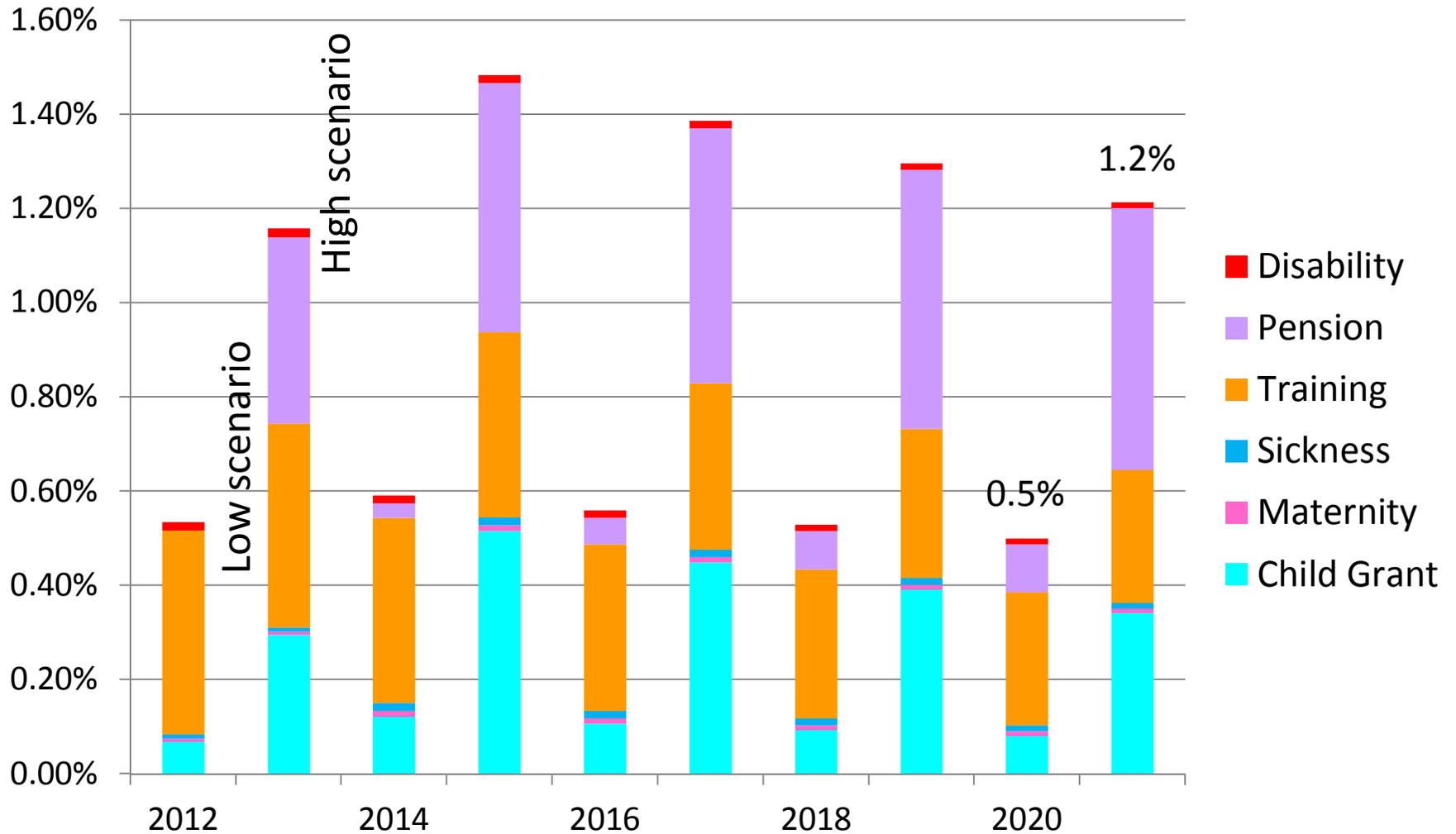
In-depth reforms:

Improve the vocational training system, and introduce linkages between employment & SP to increase employability

N/A

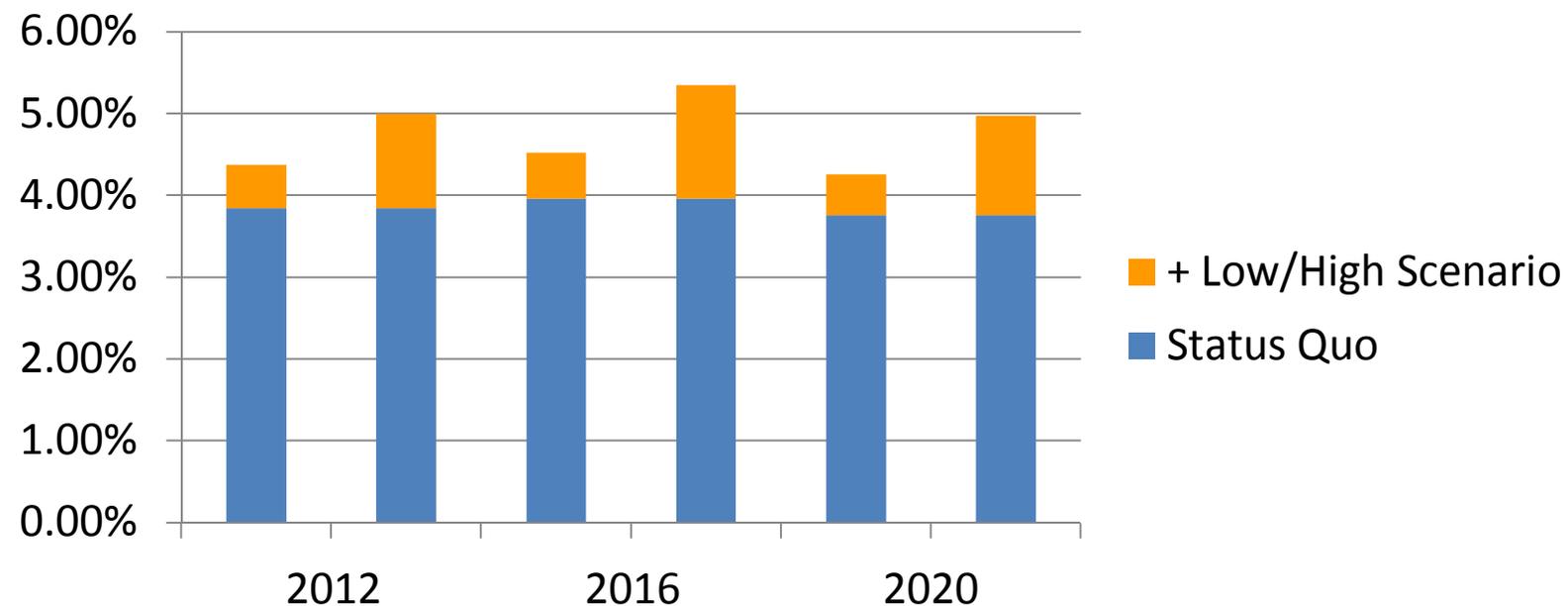
**Long-term care system
Legislate Old Age Allowance
Create a coherent and financially sustainable old-age pension system**

Completing the social protection floor would entail an additional cost of between 0.5 and 1.2 percent of GDP by 2020



Thailand's social protection public expenditure represent in 2012

- **3.8 percent of GDP and**
- **18.1 percent of Government expenditure**

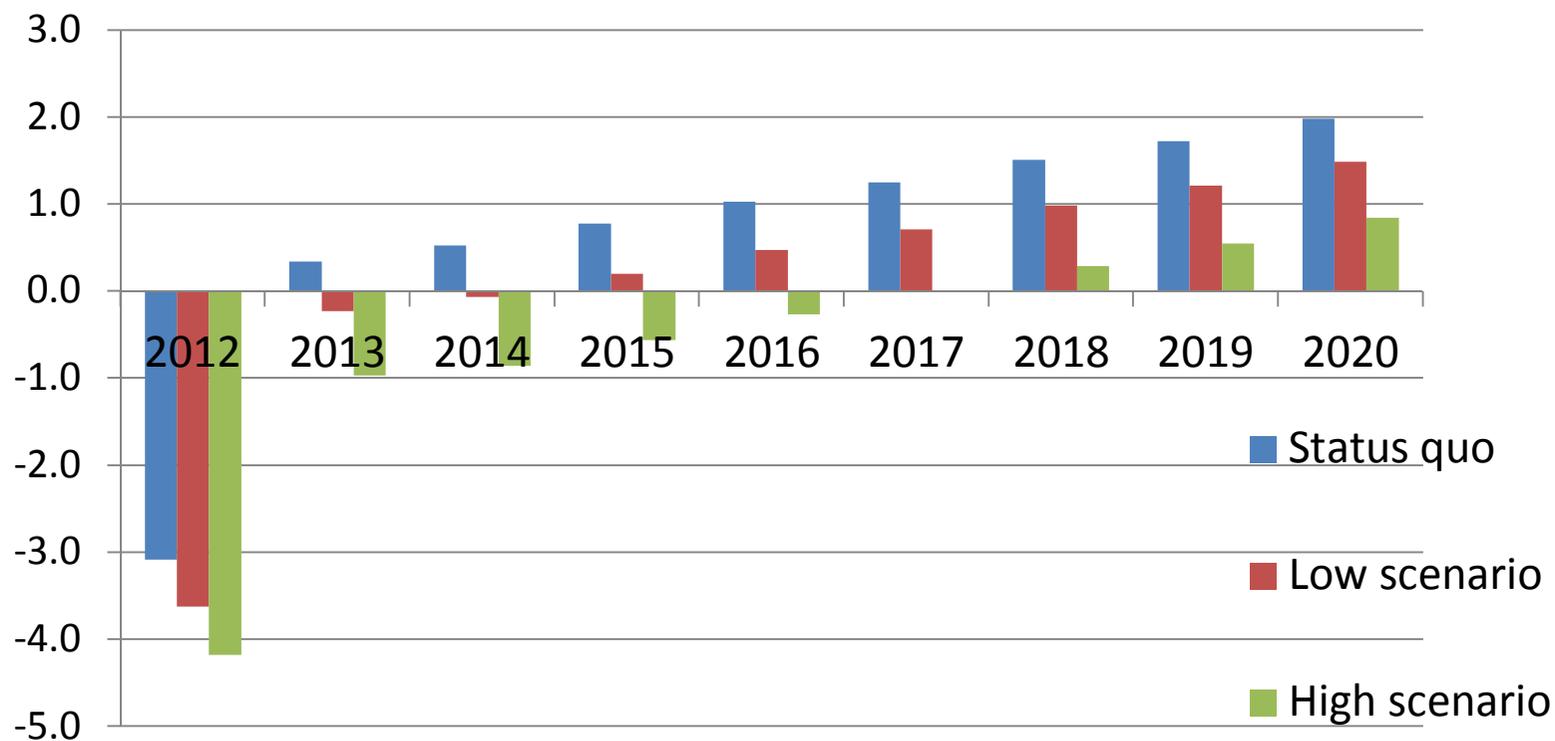


Low and high scenarios would increase SP public expenditure to:

- **4.3 and 5.0 percent of GDP by 2020**
- **22.6 and 26.3 percent of Government expenditure by 2020**

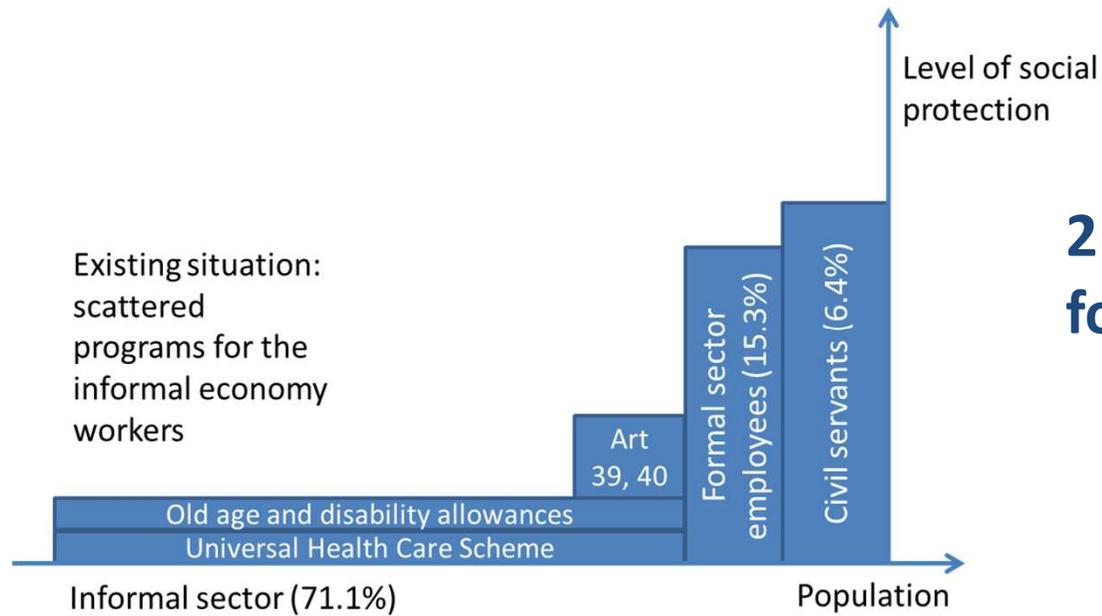
In the case low and high scenarios are entirely financed by Government budget:

- This would increase the government operations' deficit
- Government general operations would be again balanced in 2014 & 2017

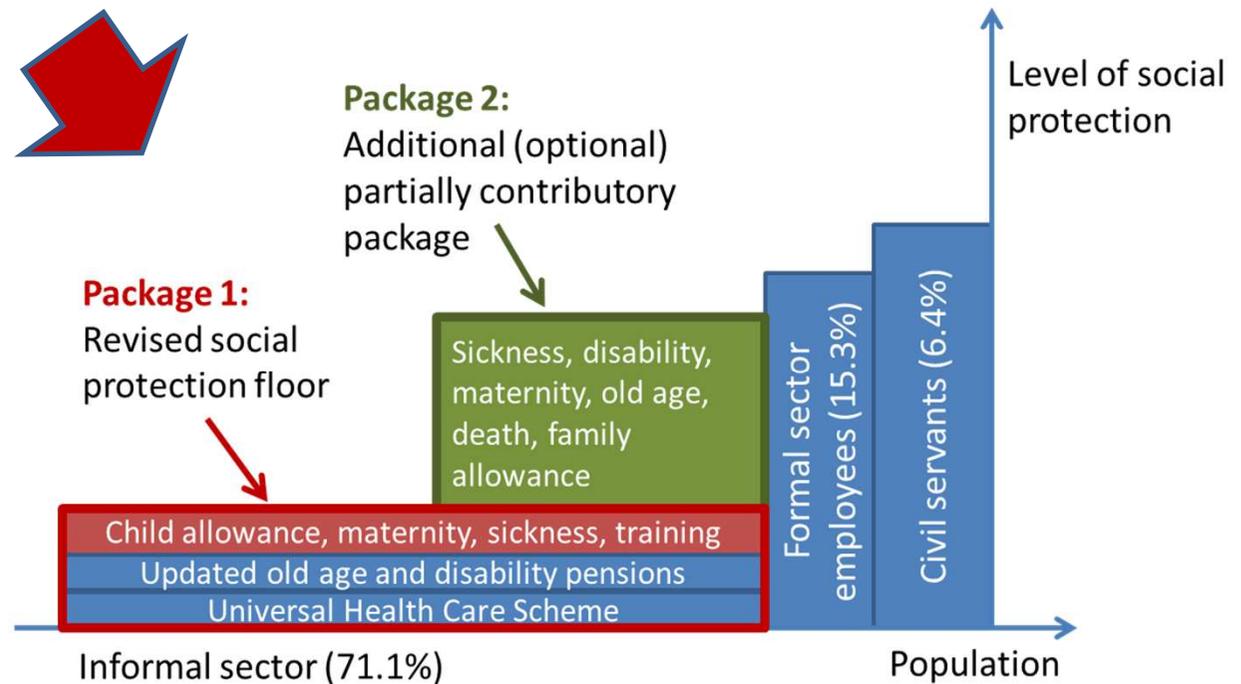


Beyond the assessment: what's next?

- **2** simplified packages for the informal sector
- **Integrated approaches** to face the challenge of rapid ageing and ASEAN integration



2 simplified packages for the informal sector



Integrated approaches (cross-ministerial, combined packages)

- Long term care
- Child development

Integrated delivery

- Single window service
- Case management
- Monitoring systems

