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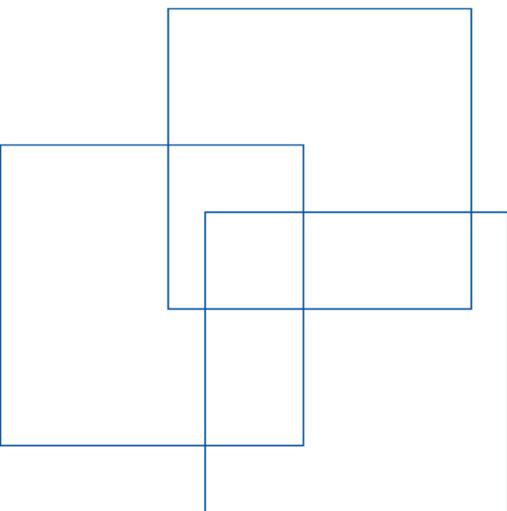
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International
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Supporting Document

Preliminary Feasibility Study for the Introduction of a National Employment Injury Social Insurance Scheme



Global Employment Injury Programme

Enterprises
Department

ILO Country
Office for
Bangladesh

Bangladesh

Supporting Document

Preliminary Feasibility Study for the Introduction of a National Employment Injury Social Insurance System

ILO/Global Employment Injury Programme (ILO/GEIP)
Enterprises Department, Geneva

ILO Country Office for Bangladesh

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CONTENTS

INTRODUCTION

1. PRELIMINARY FEASIBILITY STUDY FOR THE INTRODUCTION OF A NATIONAL EMPLOYMENT INJURY SOCIAL INSURANCE SYSTEM

INTRODUCTION

This preliminary feasibility study served as a reference to furthering consultations and discussions in Bangladesh in order to identify the design options for coverage and benefits package which should be analyzed further together with the financing mechanism.

This study is part of a collection of supporting document for:

“ILO Technical Recommendations on the Feasibility Assessment of an Employment Injury Insurance Scheme in Bangladesh”

Supporting documents:

- 1) *Preliminary feasibility study for the introduction of a National Employment Injury Social Insurance System (current document)*
- 2) *Health feasibility study: Health Care, Disability Assessment and Rehabilitation Services*
- 3) *A proposed legal framework for a Bangladesh Employment Injury Insurance scheme*
- 4) *Main Findings of Work-Related Injuries in Manufacturing and Service Sectors in Bangladesh with a View to Implement an Employment Injury Compensation Scheme*
- 5) *Main Findings of Work-Related Injuries: the Case of Readymade Garment Sector of Bangladesh with a View to Implement an Employment Injury Compensation Scheme*
- 6) *Cost estimate of the Proposed Employment Injury Compensation Scheme in Bangladesh*

1

1 PRELIMINARY FEASIBILITY STUDY FOR THE INTRODUCTION OF A NATIONAL EMPLOYMENT INJURY SOCIAL INSURANCE SYSTEM

Reproduced as originally published



Bangladesh

Preliminary feasibility study for the introduction of a National Employment Injury Social Insurance System

ILO Country Office for Bangladesh, Dhaka

Social Protection Department - Public Finance, Actuarial Services and Statistics, Geneva

June 2015

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1 Introduction

Following the Rana Plaza accident of April 2013, the Government of Bangladesh and social partners as well as international brands, unions and NGOs have been making efforts to provide compensations to injured workers and dependents of dead workers, based on the principles and standards of the ILO Employment Injury Benefits Convention, 1964 (No. 121). The ILO has been acting as neutral Chair of the Rana Plaza Coordination Committee (RPCC) and providing technical assistance in designing and implementing the compensation scheme.

The Government and social partners in Bangladesh feel the need to establish a mechanism to timely provide adequate compensations to victims of employment injuries and occupational diseases and the Government has requested the ILO to provide assistance in establishing such a mechanism.

An ILO mission went to Dhaka from 17 till 30 January 2015 and conducted a tripartite workshop on 24 January 2015 as well as individual consultations with major stakeholders. It was concluded that a feasibility study should be conducted by the ILO in consultations with tripartite partners so that the Government as well as social partners should be able to make informed decisions on the form and implementation of a mechanism to provide compensations. A second ILO mission went to Dhaka from 3 to 8 May 2015 to launch the feasibility study.

This preliminary feasibility study report:

- analyses the current Labour Act of Bangladesh;
- describes the main design features of a National Employment Injury Social Insurance system in line with the ILO social security standards dealing with employment injury benefits, namely the Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Employment Injury Benefits Convention, 1964 (No. 121) and its accompanying Recommendation (No. 121);
- compares the current Employer Liability system with a National Employment Injury Social Insurance system;
- presents a possible institutional structure for a National Employment Injury Social Insurance system;
- presents the current systems in place in 14 countries having points in common with Bangladesh at geographical, cultural or socio-economic levels:
 - Types of schemes and coverage
 - Benefits
 - Financing
 - Administration and supervision
 - Recent trends
- presents the next steps to finalize the feasibility study and a proposed roadmap for the establishment of a National Employment Injury Social Insurance system.

It is intended that this preliminary feasibility study report serves as a reference for furthering consultations and discussions in Bangladesh in order to identify the design options for coverage and benefits package which should be analysed more in details together with the financing mechanism. The contribution rates for these options will be estimated more precisely once the statistics on employment injuries in the RMG sector and other sectors will be available later on in 2015 and presented in the final feasibility report.

The schemes providing compensation to workers suffering employment injuries or to the dependants of dead workers are the oldest and the more widespread measures of social insurance in the world. It is largely acknowledged since many decades and the systems have been in place for more than a century in some countries¹.

These schemes around the world show substantial differences, but can be roughly classified into two main categories, namely (1) the schemes based on the individual responsibility of the employer (employers' liability scheme: EL) to directly provide to his worker or his dependants a compensations or purchase private insurance coverage which will provide compensations, and (2) the employment injury insurance schemes (EII) based on the collective responsibility of the employers to support a social insurance program offering compensations to all covered workers.

Sections 2, 3 and 4 of this report compare the scheme currently in place in Bangladesh with a standard EII scheme and other options, in particular in terms of their objectives, features, limitations and expected results, and to show advantages and disadvantages of each scheme from the point of view of workers, employers and the government.

The EL schemes contain minimal provisions of benefits and services to workers suffering occupational injuries or diseases, and they do not meet the standards of the ILO standards on social security, such as the Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Employment Injury Benefits Convention, 1964 (No. 121) and its accompanying Recommendation (No. 121)². Countries with the EL schemes generally have difficulties in effectively covering all employers in accordance with the law and many injured workers or dependants of dead workers do not receive proper compensations in response to their needs.

That is the reason why many developed countries and numbers of developing countries in Asia and Africa have made their choice to establish an EII scheme or are currently considering for adopting the option. No country has made it the opposite way. Most of Asian countries which rely exporting goods, such as Cambodia, China, Malaysia, the Philippine and Thailand, have already established EII schemes. As these cover mainly formal economy workers, there is still coverage gap to be filled, but measures are being taken to increase the coverage.

In Africa, many countries still have EL scheme. However, countries such as Ethiopia, Malawi and Tanzania, have recently introduced EII schemes or are in the process of introducing EII schemes. Establishing EII schemes is considered as a solution to chronic problems of coverage and benefit inadequacy to injured workers or dependants of dead workers.

¹ In this report, the term employment injury includes work accidents and occupational diseases unless otherwise stated.

² See Table A1 in Annex 1 - Main requirements of ILO social security standards on employment injury protection.

2 Employment injury compensation system in Bangladesh

2.1 Employers' liability (EL) scheme

According to the Labour Act of Bangladesh, each employer should provide compensations to workers suffering employment injuries or to their dependents in case of work-related deaths. The Act also includes provisions dealing with occupational health and safety (OSH) aiming at reducing occurrences of employment injuries³.

2.2 Coverage

Certain industries, such as the government and firms with less than 10 employees, are excluded from the application of the Labour Act. Chapter XII of the Labour Act defines covered workers for employment injury compensations by specifying a list of 31 occupations, leaving those not included in the list without compensations. It is thus difficult to assess even the extent of the legal coverage due to the list of the coverage. Workers of non-listed industries suffering from employment injuries must seek compensation through other mechanisms under the general law⁴.

According to an amendment to the Act in 2013, employers with establishments of at least 10 workers must purchase group insurance to cover the financial consequences of employment injuries. However, the Act is silent on the monitoring of compliance with this requirement.

In EL systems, the protection of workers and employers against the financial consequences of employment injuries is insufficient unless an insurance market and the financial supervisory system are well developed. The compliance monitoring of private insurance is complex. The insurance market needs to be well developed so that all employers, regardless of their risk profiles, would be able to purchase insurance at a reasonable cost. Employers of riskier industries as well as small employers with little negotiation powers are vulnerable as private insurance company may reject applications of these employers. It is also difficult to secure fairness among injured workers and dependents of dead workers as the claims management practices may widely vary among different insurers. The system may lead to high numbers of court cases and may divert necessary financial resources for compensation more towards judicial costs.

2.3 Benefits

The Bangladesh Labour Act provides for lump sum compensation amounts in case of deaths or permanent disablement resulting from labour accidents and monthly payments in case of temporary disablement after a four-day waiting period for a maximum of one year (two years in case of occupational diseases).

³ The Act also covers two other branches of social protection: maternity benefits and provident funds. Outside the Labour Act, no social protection mechanism is available to workers in Bangladesh.

⁴ An example in the list of employment is the following: (xx) employed otherwise than in a clerical capacity, on any estate, which is maintained for the purpose of growing coffee, rubber or tea, and in which twenty five or more persons are so employed.

Monthly payments for temporary disablement are paid at the rate of 100 per cent of monthly wages for the first two months, two-thirds of the monthly wages for the following two months and 50 per cent for the subsequent months.

Compensations for deaths resulting from injuries and permanent disablement are fixed at the amounts prescribed in the Labour Act. In case of deaths resulting from the injuries, the amount is 100,000 BDT and for permanent total disablement, the amount is 125,000 BDT. For partial permanent disablement, the amount is a percentage of the benefit of the permanent total benefit, depending on the nature of injury. The percentages are specified in the Act for more than 50 different injuries.

Lump sum benefits do not meet the standards of ILO Conventions which require, in principle, the provision of periodical payments during the disability period or the dependency duration of survivors of a dead worker due to an employment injury⁵. Periodical payments must be periodically adjusted in order to maintain the purchasing power of the benefits⁶. Individual employers cannot set up a mechanism to pay periodical payments for long time and insurance companies generally prefer to settle claims with lumps sums rather providing periodical payments over long periods, especially when cost-of-living adjustments must be made.

The ILO Conventions allow for exceptions to provide lump sums instead of periodical payments only for such cases where it is difficult to administer periodical payments or where payments are too small and administratively complex to administer small periodical payments. In these cases, lump sum amount should be calculated so as to represent the actuarial equivalent of the periodical payment⁷.

The compensation amounts provided under the Labour Act are relatively small and do not meet the standards of the ILO conventions. For example, according to Convention No. 121, a widow with two children should receive a periodical benefit equal to 50 per cent of the deceased worker's wage at the time of accident, subject to a possible ceiling on wages⁸. For a deceased worker with a minimum wage of BDT 5,300 at the time of accident, a lump sum amount of at least BDT 1,060,000 would be required to provide a periodical benefit to a spouse aged 25 with two children aged 5 and 3, while the compensation amount in case of death under the Labour Act is equal to only BDT 100,000.

The group insurance coverage currently offered to the employers of the RMG sector provide for the payment of BDT 200,000 in case of death for any reason and total permanent disability. In case of partial permanent disability a fraction of this amount is paid, for example for the loss of one eye, BDT 100,000 is paid. These group insurance contracts however limit the number of claims in a year to 25.

Employers must provide medical care to injured workers according to Rules of the Labour Act. While this provision is probably sufficient to ensure the proper treatment of light injuries and more severe ones requiring cares over a limited period of time, it does not ensure adequate medical treatments of severe injuries requiring comprehensive treatment and allied services, such as drugs, appliances and constant cares for longer periods. Physical and vocational rehabilitation services for workers with permanent disabilities to return to work are not explicitly mentioned in the Labour Act or regulations.

⁵ Convention No. 102, Art. 36 (1) and (2); Convention No. 121, Art. 14 (2) and (3) and 18(1).

⁶ Convention No. 102, Art. 65 (10) and 66(10); Convention No. 121, Art. 21(1) Recommendation No. 121, para. 15.

⁷ Convention No. 102, Art. 36 (3); Convention No. 121, Art. 14 (4) and 15).

⁸ Convention No. 121, Art.19, in conjunction with Schedule II.

2.4 Funding

Compensations under the Labour Act are exclusively born by employers either directly through their own assets or through private insurance premiums if they comply with the provision of group insurance purchase.

2.5 Institutional and administrative framework

The enforcement of the legislation is under the authority of a Director of Labour and a Chief Inspector appointed by the Government. Their powers and functions are described in the legislation. The Government may also appoint "such number of Additional Director of Labour, Joint Directors of Labour, Deputy Directors of Labour and Assistant Directors of Labour as it thinks fit for the purposes of this Act" and "requisite number of Deputy Chief Inspectors, Assistant Chief Inspectors or Inspectors as it thinks fit for the purposes of this Act". Those officials seem to have little power in the matter of compensation of injured workers and in the compliance monitoring of the group insurance purchase of employers. The Labour Court is actively involved in the determination of awards to injured workers or the survivors of dead workers.

The Government may also constitute a National Council for Industrial Health and Safety composed of representatives of government (8), employers (7) and workers (7). The council must prepare the national policy on occupational health and safety and guidelines on its implementation.

2.6 Occupational health and safety at work

Four chapters of the Labour Act deal with occupational health and safety (OSH) at work. Those are Chapter V - Health and Hygiene, Chapter VI - Safety, Chapter VII - Special provisions related to health, hygiene and safety and Chapter VIII - Welfare.

A provision on the notice of accidents stipulates that any accident causing bodily injury resulting in absence from work for more than 48 hours must be entered in a register in a prescribed form. Copies of entries must be sent to the Chief Inspector every six months. In case of an occupational disease, the worker or the employer and the medical practitioner attending a person must report to the Chief Inspector. Such provisions are essential for the development of OHS policies. However, they are of limited use unless information regarding the severity of injuries is also made available. This is not often possible in an EL system where OHS and compensations are managed by different bodies. It would be necessary to see whether the information is reliable to be used for the cost estimate of an employment injury scheme. It seems that the Department of Inspection for Factories and Establishments has started to systematically collect and organize the information captured in injury reports only since 2014. The intention is to publish the information in order to raise awareness among the employers and the public in general. They are willing to share the data if it can be useful for the development of the EII.

3 Employment Injury Insurance Options

There are basically four options to provide protection to workers in case of employment injury.

- Current system of Employer Liability described in section 2
- Mandatory National Employment Injury Social Insurance Scheme
- Mandatory distinct Employment Injury Insurance Schemes by sector
- Private Insurance

Each of these options has advantages and disadvantages. This section will present the main design features of these options and section 4 will present a comparison of these options.

3.1 Mandatory National Employment Social Insurance Scheme

Although the designs of national employment injury social insurance schemes is different from a country to another, reflecting their socio-economic status and the level of the development of social security policies, they all have common features as described below.

3.1.1 Basic principles (No Fault principle)

Employers collectively finance a workers' compensation scheme against the risk of work injuries and occupational diseases, and thus they are free from individual compensation responsibilities and court cases for compensations for work-related injuries or diseases.

Employees abandon the right to sue their employer when an employment injury case occurs, but are automatically entitled to benefits of the compensation scheme.

3.1.2 Administration

Administration of the EII scheme is usually under the responsibility of a specific public institution; in some countries, it is a department of an institution with wider responsibilities in other social security benefits such as like sickness, maternity and unemployment benefits.

This specific public body has to administer operations with regards to financing (e.g. registration of employers and employees, contribution collections, investment of reserves) and compensations (e.g. processing claims from workers or their dependants, payments of cash benefits to beneficiaries and to health care service providers, physical as well as vocational rehabilitation services). In many countries, the institution is also mandated to promote various activities to prevent work injuries and occupational diseases by integrating the prevention, compensations and rehabilitations.

In all jurisdictions, employers have the obligation to maintain a safe working environment, and officers of the public institution have powers of inquiry to verify reports and claims of employers and workers and to inspect working sites to ensure that practices of the companies are in accordance with safety standards stipulated in regulations.

The responsible public institution is usually under the general supervision of the Ministry of Labour and its direction is supervised by a board of directors composed, in accordance with the principles enshrined in ILO's standards, of members representing the government, the workers

and the employers⁹. This tripartite board is responsible to adopt the strategic planning of the institution, its financial statements, its policies relative to financing, compensations, preventions, to conclude agreements with other institutions, and to make recommendations to the Ministry of Labour on the issues of regulations.

3.1.3 Financing

The employers are usually the sole contributor to the scheme. Sometimes the government pays a small part of the costs, for example to cover a part of administrative expenses at the start of the program or to cover the expenses of inspection services. Workers are not assumed to contribute. The insurance is mandatory for all employers as set in the legislation.

The employers' contribution is calculated as a percentage of his/her wages and is paid monthly to the scheme. The contribution rate of the employer may depend on the risk of each employer assessed through past experiences. The contribution rate of employers is annually determined and depends upon the funding method. One of the most common approaches is to use the pay-as-you-go (PAYG) financing method for short-term benefits (temporary disability benefits and medical care) and the terminal funding method for periodical payments of permanently disability benefits for injured workers and survivors' benefits for dependents of workers deceased from an employment injury. The contribution rate must cover annual payments of short-term benefits in a year and the present value of future periodical payments of permanent disability and survivors' benefits newly awarded in a year.

Various methods are used to determine the contribution rate of each employer. In some countries, a fixed rate is charged to each employer regardless of economic activity, its size or its experience of injuries.

In many countries, the contribution rate of the employer reflects the risk associated to its economic activities. These countries apply insurance principles aiming at different risks of employers in different economic activities.

In many developed countries contribution rates are adjusted add by taking into account past experiences of injuries of each company in order to provide incentives of employers in preventing accidents and occupational diseases.

3.1.4 Entitlement

The EII scheme is a no-fault program and a victim of an injury during his/her work is entitled to the benefits of the program with no need to demonstrate the responsibility of anybody. A usual exception is the injury due to an intention of the worker¹⁰. In many countries, injuries causing an interruption of work for less than two or three days are excluded in order to avoid administrative complexity.

⁹ ILO social security standards, including Conventions Nos. 102, Art. 72, and 121 (Art. 24), lay down fundamental principles for the governance of social security schemes and system such as: supervision of the social security system or schemes by a public authority or joint administration by employers and workers; participatory management, involving representatives of the persons protected; and the general responsibility of the State for the administration of the institutions and services concerned.

¹⁰ Convention No. 121, Art. 22 (e), allows workers' entitlement to a benefit to be suspended "where the employment injury has been caused by voluntary intoxication or by the serious and willful misconduct of the person concerned".

A worker suffering an occupational disease typical of his work, in a disease list of the law or regulations or with medical proof, is entitled to the benefits of the program if he/she can demonstrate that he is engaged in a job for which this disease is recognized or that he/she was engaged in such a job in the past. In line with ILO standards¹¹, he/she keeps the right to benefits even if he does not hold that job for an indefinite time.

The worker is entitled to the benefits of the program even if his employer does not respect his obligations. For example if he is not registered or the employer does not pay the contribution, the worker is entitled to benefits. The social security institution will take action to recover the unpaid contributions from the employer.

3.1.5 Benefits

The workers suffering an employment injury receive all the medical services, including hospitalisation, surgery, medical treatments, drugs, appliances, as long as they need these services¹². The institution administering the scheme pays directly to medical providers, i.e. hospitals, clinics or professionals who provided services, or reimburses the worker if he paid, for example, drugs.

The victim receives periodical cash benefits during his temporary disablement, after the waiting period, if any, and up to his recovery or to the maximum payment period. It is worth noting that ILO Convention No. 102 and No. 121 allow for a maximum 3 day waiting period in respect of incapacity for work¹³.

The amount of these benefits is percentage of the worker's average wage for the months preceding the injury. ILO Conventions Nos. 102 and 121 stipulate that initial or temporary incapacity to work, as well as disability resulting in permanent incapacity to work be compensated, by periodical benefits respectively corresponding to 50 % and 60% of the reference wage.¹⁴ In many countries with EII schemes, the percentage is higher, often reaching around 70 % or 75 %. It is usual that the wages for contributions as well as benefit calculations are subject to a maximum amount, fixed at the level so that salaries of a large majority of the workers, for example, 85 to 90% of workers, fall under this maximum.

¹¹This is implicit from the definition of the contingency that must be covered according to Convention No. 102, Art. 31 and Convention No. 121, Art. 6. This should be reflected in the definition of "industrial accidents" and in the list and criteria of what constitutes an occupational disease that countries must adopt in application of these standards. See also Recommendation No. 121 regarding the presumption of the occupational origin of a disease following exposure (para. 6).

¹² ILO Conventions No. 102, Art. 34, and 121, Art. 10, require the provision of comprehensive medical and allied care with a view to maintaining, restoring or improving the health of the person protected and his/her ability to work and attend to his/her personal needs.

¹³ Convention No. 102, Art. 38; Convention No. 121, Art. 9(3).

¹⁴ Convention No. 102, Articles 36 and 65 or 66, in conjunction with Schedule to Part XI; Convention No. 121, Articles 13, 14, 19 and 20, in conjunction with Schedule II. Under these Conventions, the reference wage used as the basis for calculating the benefit may be the workers' former earnings, subject to a ceiling (for earnings-related benefit schemes) or the wage of the ordinary male labourer, i.e. the wage of a person deemed typical of unskilled labour (for flat-rate benefit schemes)

At the end of the period of temporary disablement, the worker with permanent disablement will continue to receive periodical cash benefits for his/her whole life¹⁵. Total permanent disablement benefits are paid at the same rate as temporary benefits, and the amount of partial permanent disablement benefits are reduced proportionately in line with the degree of disability¹⁶. When the degree of disablement is relatively small, for example, around 20% or less, the periodical payments can be converted into a lump sum representing the present value of the benefits¹⁷. The amount of benefits is periodically adjusted, often yearly, to maintain the real benefit value against the inflation¹⁸.

The worker suffering a permanent disablement is entitled to physical as well as vocational rehabilitation benefits. The objectives of these measures are to help the worker so that he will be able to be back to work through trainings and rehabilitations.¹⁹

If a worker dies because of an employment injury, survivors' benefits are paid to his/her dependants. Survivors' benefits are calculated as a percentage of the worker's average wage for the months preceding the injury²⁰. This percentage depends on the structure of the family: usually, the percentage allowed to a widow or widower with two young children is higher than 50 %, which is the percentage prescribed by ILO Convention 121. Since the purpose of the survivors' benefit is to replace the financial support provided by the deceased's worker to his/her dependent family members, periodical benefits to a widow or widower are paid for life (but can be made conditional on a means-test) or until a remarriage, and benefits to children are usually paid until they reach majority, working age or school-leaving age, in line with ILO standards²¹. Some EII schemes have provisions stipulating that a part of survivors' benefits is paid to other dependants, like the parents who were mainly supported by the worker preceding his death²². Usually, survivors also receive a funeral benefit in order to cover the expenses of an average funeral arrangement²³.

¹⁵ Convention No. 102, Art. 38; Convention No. 121, Art. 9(3) require the benefit to be paid throughout the contingency, i.e. as long as the worker is incapacitated to work, or as long he/she suffers a loss of earning capacity or corresponding loss of faculty

¹⁶ Convention No. 102, Art. 36(2); Convention No. 121, Art. 14(3) and (5)

¹⁷ Convention No. 102, Art. 36(3); Convention No. 121, Art. 14(4) and Recommendation No. 121, para. 10(1).

¹⁸ Convention No. 102, Art. 65 (10) and 66 (8) ; Convention No. 121, Art. 21(1).

¹⁹ Convention No. 102, Art. 34, para. (2)f) and para. 4 and Convention No. 121, Art. 10, paras 1(f) and 2, as well as Art. 26b) and c).

²⁰ Convention No. 102, Art. 36(1) and 65, in conjunction with the Schedule to Part XI; Convention No. 121, Art. 14 and 19, in conjunction with Schedule II. See the explication in footnote above on the reference wage and the possibility to put a ceiling on the amount of the benefit or the earnings taken into account for its calculation. See also Recommendation No. 121, Art. 14, which recommends that the amount of the survivor's benefit should not be less than that stipulated for total loss of earning capacity.

²¹ Convention No. 102, Art. 1(d) and (e), 32(d), 38 and 69 (j); Convention No. 121, Art. 1(d) and (e), 6, 18(1) and 22 (g).

²² This possibility is foreseen by Recommendation No. 121, Art. 13

²³ This is required by Convention No. 121, Art. 18(2)

In exceptional circumstances, or in countries lacking the necessary administrative facilities for periodical payments, all or part of the periodical payments may be converted into a lump sum corresponding to the actuarial equivalent when the competent authority has a reason to believe that such lump sum will be utilised in a manner which is particularly advantageous for the injured person²⁴.

3.2 Mandatory distinct Employment Injury Insurance Schemes by sector

The main design features of this system are roughly the same as those of a national employment injury social insurance scheme. Basic principles, entitlement and benefits are similar under both options. Differences are at the administration and financing level.

TO BE COMPLETED

3.3 Private Insurance

This option is usually used under an EL system where the employers may subscribe an insurance contract in order to transfer the risk of high cost and volatility of claims to an insurance company. In countries where private insurance is mandatory, there is usually a strong supervisory authority to regulate the premium rates in order to make sure that all employers will be able to covers their workers.

Private insurance benefits are usually paid in a lump sum, which is not in compliance with ILO Convention 121²⁵

TO BE COMPLETED

²⁴ Convention No. 102, Art. 36 (3); Convention No. 121, Article 18(3)

²⁵ Convention No. 102, Art. 38; Convention No. 121, Art. 9(3) require the benefit to be paid throughout the contingency, i.e. as long as the worker is incapacitated to work, or as long he/she suffers a loss of earning capacity or corresponding loss of faculty

4 Comparisons between the EL (including private insurance) and EII scheme (national and by sector)

From the point of view of government, workers and employers, an EII scheme contains many advantages to the EL scheme now in force in Bangladesh.

4.1 Administration

The tripartite composition of the board of directors makes it possible for workers' and employers' associations to be involved in the adoption and the review of the policies regarding management, financing and claims processing. It is a great opportunity for them to make it sure that the institution properly administrates the scheme.

The government may consider that the creation of a new entity dedicated to the EII is a burden since it could be difficult to find all the competent staff that it needs. However, it should be noted that even a better EL program requires the addition of specialized staff to ensure the compliance of the employers and the effectiveness of the insurance market.

4.2 Financing

Employers, or at least those belonging to a specific group or category, may oppose to the compulsory nature of the EII scheme. As the EL program should also force them to purchase group insurance, the difference between the EII and the EL is that, in an EII scheme, employers do not have the choice of their insurer and have to contribute to the public institution. An important advantage of the EII scheme for the employers is that they cannot be sued and do not face excessive costs, especially in a catastrophic accident. One may be concerned that the cost of the public insurance could be higher, at least by the fact that benefits of the EII scheme are better. It should be also noted that private insurers have additional specific expenses, like marketing and lawsuits, are profit seeking organizations while an EII scheme is non-profit organization.

4.3 Entitlement

It is certain that employees have a better access to benefits of an EII scheme: workers can be entitled to benefits even if their employer does not meet his obligations, and in the case of occupational diseases, they can be entitled to benefits even if they are no more doing the job for which the disease is recognized. Workers do not have to prove the responsibility of their employer. In EII schemes, the treatment of the claims is usually fast without delay.

Employers may oppose to the fact they cannot demonstrate they are not responsible for the accident or the disease, but they generally have an interest in being safeguarded against costly lawsuits with a view to determining responsibilities. Governments could also be satisfied with the fact that less disputes, lawsuits and court cases. In general, it is considered that the EII scheme contribute to fostering a better industrial relation.

4.4 Benefits

Employees, in particular victims of severe injuries, should clearly prefer the benefits of an EII scheme, among other things for their permanent nature: they receive periodical cash benefits as long as they suffer economic losses, they will have medical treatments, services and supplies as long as they need them, even many years after the occurrence of the injury, and the survivors of

deceased workers will receive periodical payments for the complete duration of their dependency. Workers with no more earnings capacity will have physical rehabilitation services to be able again to do their personal activities; those who cannot resume the job they occupied at the time of accident, but still have some earning capacity, will receive vocational rehabilitation services to be able to do a new job. Benefits paid for a long period will be adjusted by taking into account the increase in the cost of living. The benefits of an EII scheme in accordance with ILO standards are generally higher than those usually provided under EL schemes.

Employers as well as the Government should also be interested in the fact that employees are entitled to a better program, and the fact that less victims would still have, after the injury and its recovery, to live with no or few financial and medical resources.

4.5 Prevention

In an optimal EII scheme, all staff members involved in the health and safety department and in the insurance program administration can be integrated in the same public institution. This will increase the efficiency of labour inspection and prevention activities. The structure of organisation enables better collections and utilizations of data on injuries and risks in the workplace for identifying priorities of interventions. International studies have revealed that modern workers' compensation programs are more effective when they are closely related to good practices in health and safety in the worksite, in particular to good measures of prevention²⁶.

4.6 National scheme compared to schemes by sector

In large countries with a well-established culture of EII, strong collective bargaining process, very low non-compliance and efficient prevention and rehabilitation services, it is possible to have distinct EII schemes separated by economic sectors. Under this option, the contribution rates are different in each scheme/sector and often also vary by employer based on their experience.

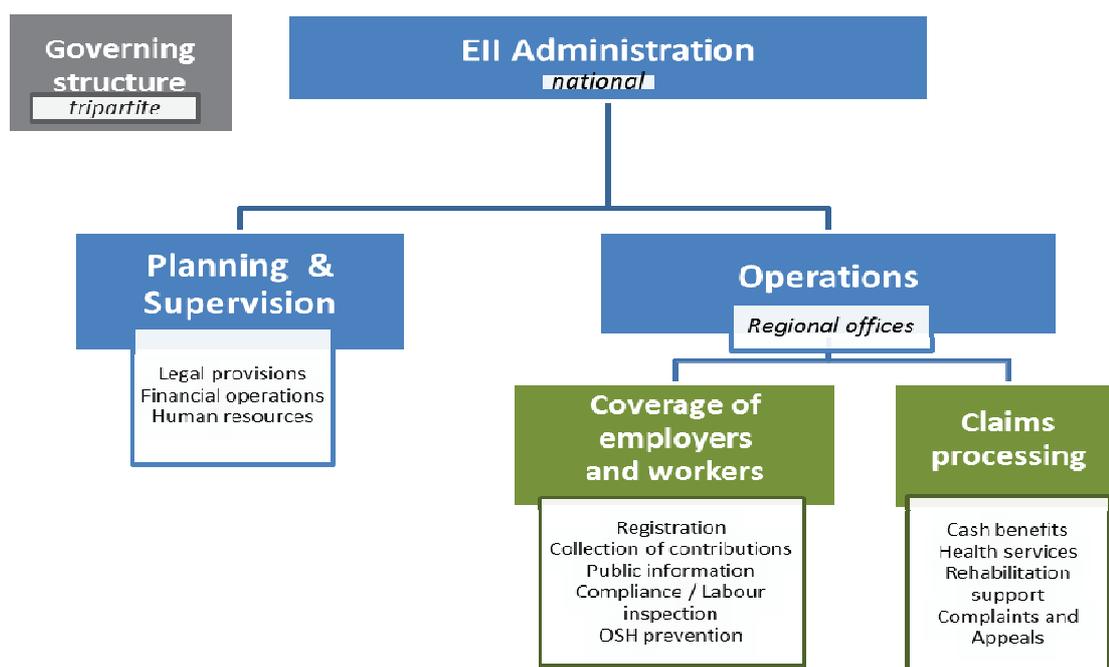
However, in countries with no EII culture, weak collective bargaining process, high level of non-compliance and no or basic prevention and rehabilitation services, a national scheme with a single contribution rate is more appropriate. Different contribution rates by sector in such countries leads to high non-compliance in sectors with high accident rates, leaving workers in these sectors with no protection.

TO BE COMPLETED

²⁶ See ILO Strengthening the Role of Employment Injury Schemes to Help Prevent Occupational Accidents and Diseases (2013).

5 Institutional structure of an EII scheme

The following figure shows the typical institutional structure of an EII scheme. The structure assumes that OSH and Labour Inspection are administered by the same institution as recommended by ILO in similar situations. "The ILO has stated that an effective employment injury scheme is one that adopts a holistic approach, linking the functions prevention (reducing the number of workplace accidents and diseases), rehabilitation (ensuring that individuals affected by employment injury can return to work, if possible) and compensation (where affected workers are unable to return to work). This is in line with the present-day approach of social security, which is not merely curative (only providing compensation) but also preventive and re-integrative."²⁷



²⁷ Mpedi LG and Nyenti MAT, *Employment Injury Protection in Eastern and Southern African Countries*, ILO, December 2014.

6 Current Employment Injury Insurance systems in other similar countries

This section presents the worker's protection when an employment injury occurs in several countries having points in common with Bangladesh at geographical, cultural or socio-economic levels.

Selected countries

In addition to Bangladesh, the analysis will consider:

- Seven countries in Asia, some for their geographical or cultural proximity with Bangladesh (India, Pakistan, Sri Lanka), some being exporting countries potentially present on the same markets (Cambodia, Malaysia, Thailand and Viet Nam);
- Seven countries in Africa, some having an economic profile similar to Bangladesh and the group as a whole having a profile similar to the group of Asian countries considered. These are: Ethiopia, Kenya, Namibia, South Africa, Tanzania, Zambia and Zimbabwe. It should also be noted that ILO had an insight into these countries recently.

According to the indicator of purchasing power parity per capita, Bangladesh is the poorest country in Asian group, but Cambodia is close (Table A4 in annex 2). In the African group, four countries have an indicator lower than Bangladesh.

This section presents the types of employment injury protection schemes in these countries, the extent of coverage of the labour force, the benefits, the financing of the schemes and the institutions involved in administration and monitoring of the schemes. An additional preoccupation is to observe recent trends in the development of the schemes and to note which improvements are anticipated.

In the process leading to the introduction of an Employment Injury Compensation Scheme in Bangladesh, a study tour is planned with the stakeholders in some neighbouring countries. This section should help stakeholders to determine which countries to visit.

6.1 Types of schemes and coverage

6.1.1 Types of employment injury protection schemes

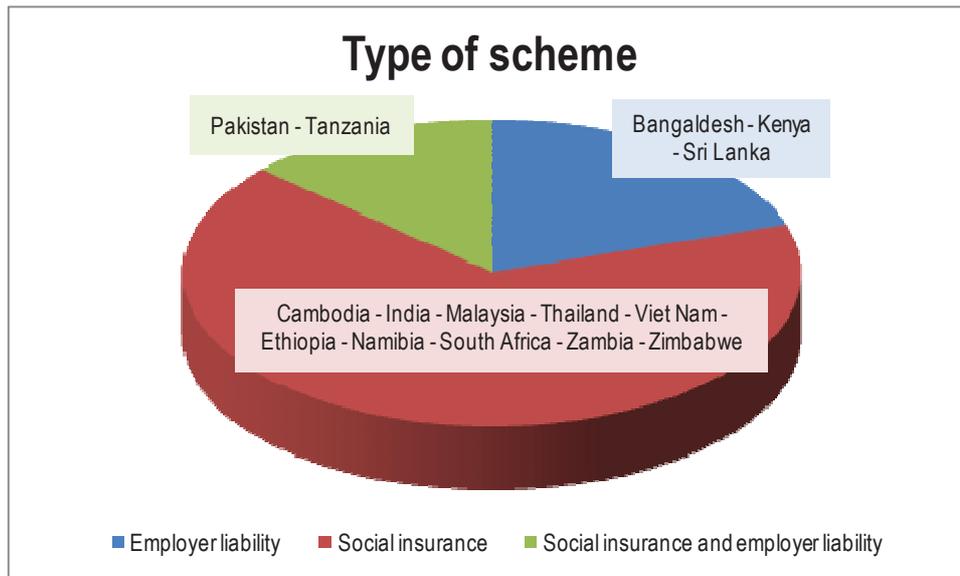
The Worldwide Social Protection Report 2014-2015 (the WSPR) reported that, worldwide, the majority of countries have adopted a social insurance approach to employment injury, though some countries have retained some elements of the employer liability approach. Table A1 in Annex 2 shows the type of scheme in place in each country of the sample and Table A3 in Annex 2 shows, for each country, the year in which the first law about employment injury has been passed and the year for the current law. Highlights are the following;

- The majority of countries (ten on fifteen) protect their workers only with a mechanism based on social insurance; in addition to Bangladesh, one of each geographical group maintain only a mechanism based on employer liability (Sri Lanka and Kenya) and one have a mix of the two schemes (Pakistan and Tanzania);
- In fact, Pakistan and Tanzania have moved to a system of social insurance, but the former system based on employer liability remains in force for the workers not covered by social insurance law; the situation in Tanzania is expected to change as a new Law has been adopted in 2015 to reinforce the protection and cover all workers under a social insurance scheme;

- The historical facts are like in more developed countries: in all selected countries, except Cambodia, the first laws have been enacted many decades ago, and in all them, except Sri Lanka, the laws have change over time;
- Except for Bangladesh and Kenya, all legislative actions made since 20 years were in the social insurance area; in particular, three direct competitors of Bangladesh (Cambodia, Viet Nam, Thailand) have put in place and/or enlarged such schemes in recent years. Cambodia has enacted a Social Security Law in 2002 and the employment injury scheme is in force since 2009.

The following chart shows the distribution of selected countries according to the type of scheme.

Chart 6.1 Type of scheme



6.1.2 Level of coverage

The WSPR reported that the rates of coverage for employment injury are lower in sub-Saharan Africa and in Asia than in other parts of the world. Table A1 in Annex 2 gives for the countries of the sample the estimate of legal employment injury coverage, mandatory or voluntary, as a proportion of the labor force. The main observations are:

- The coverage rate varies substantially from one country to the other: the mandatory coverage ranges from 7.9 % to 67.5 % and the rates are slightly higher in Asian than African countries;
- The rates are related to wealth's indicators (see for example Malaysia and South Africa) and to the part of formal sector in the whole economy: where the formal sector is important, the legal employment injury coverage is important too;
- Tanzania is a special case: it shows a very high level of coverage when voluntary coverage is included, but less than 10 percent of the labor force is effectively covered in practice. For some reasons, the more important being probably a low contributory capacity, the voluntary coverage is taken by only a small fraction of those eligible under the law;
- In fact, it must be pointed out that effective coverage is generally lower than legal coverage, due among others to incomplete enforcement of the legislation in several countries; the Rana Plaza tragedy remind us the fact that legal coverage does not insure to workers or their survivors sufficient compensation when severe accidents occur.

Some countries of the sample are still in stage of implementation and their coverage rate is expected to improve over time. It is usually the case that at the starting point of an employment insurance scheme, the mandatory coverage is limited to a part of the employers, depending on their economic sector, their size, or the earnings level of their workers. A specific list of exclusions may be useful as a benchmark for Bangladesh

6.2 Benefits

Box 6.1 presents a summary of benefits recommended in ILO Employment Injury Benefits Convention No. 121.

Box 6.1 Benefits recommended in C-121

Medical care and allied benefits:

General practitioner, specialist, dental care, nursing care; medication, rehabilitation, prosthetics etc., with a view to maintaining, restoring or improving health and ability to work and attend to personal needs.

Cash benefits:

Periodic payments: at least 60% of reference wage in cases temporary or permanent incapacity for work; at least 50% of reference wage in case of death of breadwinner;

Adjustment of long-term benefits following substantial changes in general level of earnings and/ or cost of living.

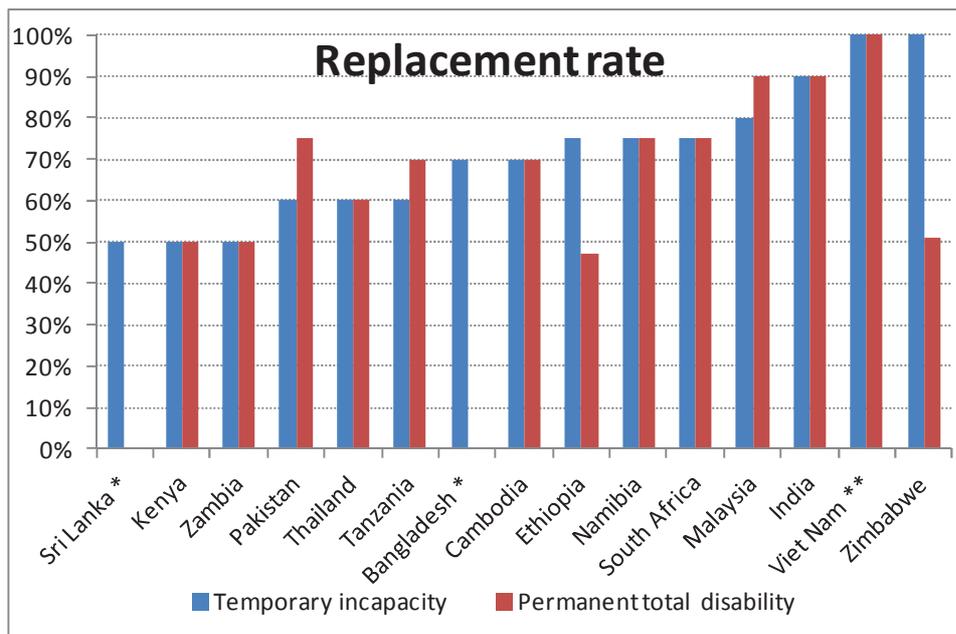
Lump sum if incapacity is slight and competent authority is satisfied that the sum will be used properly.

All countries provide benefits listed in Box 6.1. However, in some of them, benefits are not consistent with C-121 as lump sums instead of periodic payments are paid for permanent disability. In all countries, including those with an employer liability system only, the legislation prescribes the benefits to be provided.

Table A.2 in Annex 2 outlays the description of cash benefits for the 15 countries selected for this study. Highlights are the following:

- The range of replacement rates for temporary incapacity is wide (50% to 100%) and varies over time in two countries. For example, in Bangladesh, the replacement rate is 100% for the first two months of incapacity and grades down to 50% in the fifth month, which is below the minimum prescribed by C-121. There are time limits to compensation in most countries. For countries having a variable replacement rate, Chart 1 shows the average replacement rate over the full potential period temporary incapacity benefits.
- For permanent total disability, benefits are periodical payments except in the three countries with an employer liability programme. The replacement rate is the same as temporary incapacity benefits in 7 of the 12 social insurance countries. In the other social insurance countries, the general pattern is a higher replacement rates for permanent total disability. In Viet Nam, the pension is expressed in terms of the minimum wage (100% of the minimum wage) and the wage at accident. Chart 6.2 outlays the replacement rates.

Chart 6.2 Replacement rate (Data from Table A2 in Annex 2)



* In Sri Lanka and Bangladesh, permanent total disability benefits are lump sums.

** In Viet Nam, the replacement rate for permanent disability applies to the minimum wage.

- The general pattern of **partial disability** benefits is to apply a percentage to the total permanent disability benefit corresponding to the degree of disability if the latter is higher than a threshold. For lower degrees, a lump sum is paid. In the sample of countries, thresholds of 10% and 30% are observed.
- **Permanent disability** pensions are paid for life except in two social insurance countries: there is a time limit for the payment of periodical benefits for permanent total or partial disability in Thailand and Tanzania.
- **Constant attendance** benefits for the severely disabled workers are available in a few countries.
- In case of **death**, the benefits to survivors are periodical payments in all social insurance countries. The C-121 minimum replacement rate is respected. Formulae for the allocation of pensions among dependents are diversified and reflect the societal and household practices of each country. In some countries, the pension paid to all dependents may be as high as the pension paid to a totally disabled worker.
- No legislation stipulates automatic adjustments of periodical payments to changes in the cost-of-living. However, in several social insurance countries, such adjustments are made periodically through ad hoc adjustments.
- **Funeral** benefits are provided in all countries.

6.3 Financing

In countries with an **employer liability** system, employers bear the full cost of the system. They can purchase private insurance to protect themselves against the financial consequences of employment injuries to their workers. In Bangladesh, there is actually no supply of employment injury insurance covering the full range of benefits stipulated in the Labour Law. In Kenya and Sri Lanka, employers can purchase insurance providing adequate coverage.

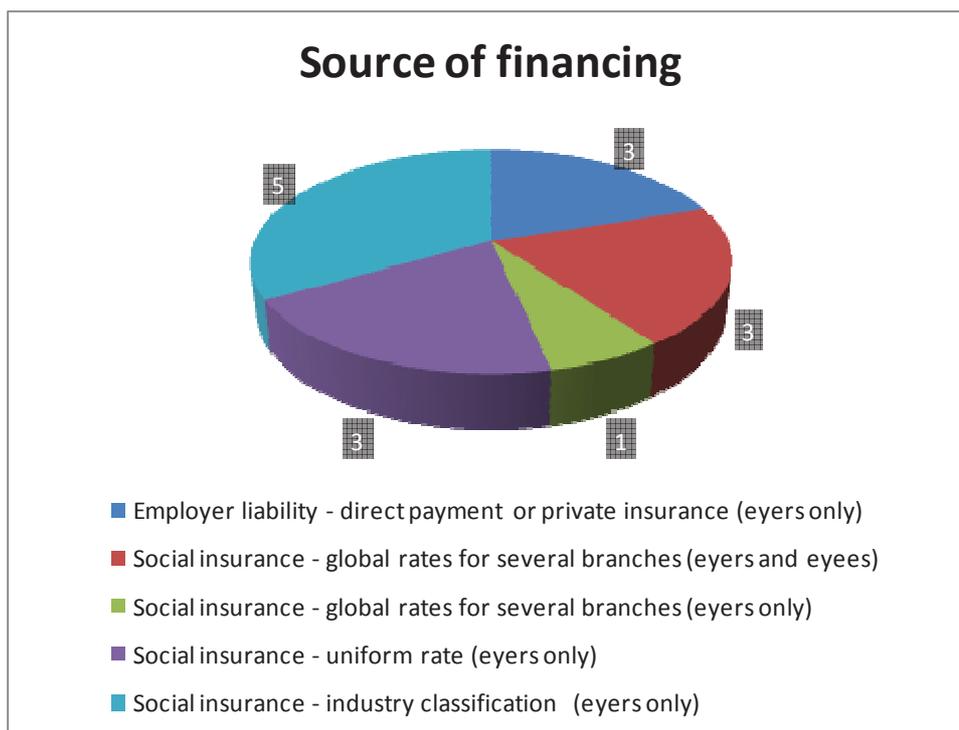
In the 12 countries having a **social insurance** system, the system is financed entirely by the employers except in three countries (India, Ethiopia, and Tanzania) where the public agencies administer other branches of social security. In those countries, contributions are paid by

employers and workers for all branches together. It is not possible to identify a specific contribution rate for the employment injury branch. In Pakistan, the employment injury system is also financed entirely by employers, but the contribution rate is not known as the financing of the programme is merged with the sickness and maternity branch.

In three of the eight other countries with a **social insurance** system, the contribution is the same for all industries. It is interesting to note that those countries are located in Asia: Cambodia, Malaysia and Viet Nam. In Thailand and four African countries (Namibia, South Africa, Zambia and Zimbabwe), rates vary according to industry classification. Besides, the contribution rate may also be influenced by the individual experience of employers in some of those countries (e.g. Thailand, South Africa).

Chart 6.3 presents the distribution of selected countries according to their source of financing.

Chart 6.3 Number of countries by source of financing



In the three social insurance countries with a uniform rate, rates are the following:

1. Cambodia: 0.8%
2. Malaysia: 1.25%
3. Viet Nam: 1.0%

Annex 3 presents an illustration of industry classification rates (Zimbabwe).

6.4 Administration and supervision

Social insurance systems are administered by EII agencies or agencies administering several branches of the social security system. Those agencies are managed by tripartite Boards of Trustees with representatives of employers, workers and government. The ministries of Labor or their equivalent are the supervisory authorities. In a few countries, the administering and the supervisory authorities are at provincial level.

The EII agencies collaborate with other organisations for preventative activities (i.e. between EI inspectors and the State labour inspectors, EI and other government OSH agencies, and EI and national or international institutions). The coordination and networking between Institutions

that promote occupational accident and disease prevention and EII agencies is variable among countries. The former needs data on accidents and diseases to develop efficient prevention programs. In none of those countries, the model observed in developed countries in which prevention activities and inspection of labor sites is under the same umbrella exists.

Private insurance companies administer employer liability systems and are monitored by WC commissions. The government has retained the major responsibility of providing necessary regulatory frameworks and supervision of private insurance companies, such as: (1) licensing of insurance companies eligible to provide EIB packages; (2) regulations of financial control (financial accountability, minimum reserves, investment types, etc.).

6.5 Recent trends

In recent years, Cambodia and Viet Nam, two countries with a relatively important sector of production and exportation of garment, have adopted and implemented social insurance schemes for workers' compensation. A close neighbour, Thailand, had already such a scheme and is now working in some ways as to improve its program.

In the African group of countries, Tanzania and Zambia had implemented social insurance in the nineties. Ethiopia and Zimbabwe are working since 2000 to put in place public institutions for social protection in several branches, including workers' compensation. Recently, Tanzania has done another step forward through adoption of a new Act and will move to a social insurance scheme after completion of the administrative arrangements.

Many of these countries, like many of more developed countries, had formerly a mechanism based on employer liability for employment injury protection. So, slowly but surely, the trend over time, in this sample like worldwide, is to move to a mechanism based on social insurance and to implement it gradually, sometime within a more global strategy for social protection.

In opting for a social insurance scheme, these countries are more likely to provide to their workers a protection in line with ILO's standards. Moreover this choice gives them the opportunity to optimise the use of public resources devoted to health and rehabilitation, labor inspection, law enforcement, etc. So we can expect that the situation will improve because, as the WSPR has pointed out, "An integrated framework comprising comprehensive occupational safety and health measures, strong inspection services and enforcement measures, as well as adequate cash and health care benefits in the event of employment injury, accompanied by appropriate rehabilitation services, remains the best way to ensure that workers and their family dependants are effectively protected against the risk of employment injury."

Obviously, there is still a lot to do before to consider that in Asian and African countries of our sample, the workers and their family dependants are adequately protected, but many of these countries have now the tools which enable them to improve the situation. The actual context in which this question is largely discussed gives to Bangladesh a nice opportunity to make the same move and to join the majority of countries with similar characteristics.

7 Financing issues

7.1 Estimated cost of a National Employment Injury Social Insurance scheme

Based on the data presented in section 6, it can be anticipated that the cost of a National Employment Injury Social Insurance scheme could be ranging between 0.8% and 1.2% of wages, depending on the design options for coverage and benefits that will be selected by the stakeholders.

7.2 Financing by all stakeholders

During the ILO mission in May 2015, the employers' associations have mentioned to the ILO mission team that the Employment Injury Compensation Scheme should not only be financed by the employers, but also by the government, the workers and the buyers. The NCCWE has mentioned to the ILO team that they are open to a small ("token") contribution by the workers.

Although, as mentioned in section 6.3, EII schemes are usually financed by the employers, financing by the workers is also possible. Also, as mentioned in section 3.1.3, sometimes the government pays a small part of the costs, for example to cover a part of administrative expenses at the start of the program or to cover the expenses of inspection services.

7.3 Beneficiaries Welfare Fund

Following the ILO mission, the government and the employers of the RMG sector agreed to the constitution of a central fund for hundred per cent export oriented industrial sector comprising of buyers and employers. Under this agreement, 0.03% of the work-order of a hundred per cent export oriented industrial establishment will be deposited into the fund. Based on the current level of RMG annual exportations, this represents potential total annual contributions of approximately 9 million USD. Under the agreement, 50% of this amount will be deposited in an Emergency Account and 50%, e.g. 4.5 million USD, in a Beneficiaries Welfare Account. The Beneficiaries Welfare Account will be used, amongst other, for donations to the workers and dependents in case of employment injuries.

This Beneficiaries Welfare Account could be used for the financing of the National Employment Injury Social Insurance scheme. Assuming that the cost of this scheme would be at 1% of wages and assuming 4 million workers in the RMG sector at an average monthly wage of BDT 7,000, the total annual cost of a National Employment Injury Social Insurance scheme for the RMG sector could be approximately 44 million USD. The annual contribution of 4.5 million USD to the Beneficiaries Welfare Fund could therefore be used to finance up to approximately 10% of the cost of the National Employment Injury Social Insurance scheme in this sector.

7.4 Other potential sources of financing

The premiums paid for group insurance contracts covering employment-related deaths and permanent disabilities could also be used for the financing of the Employment Injury Compensation Scheme.

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8 Next steps to finalize the feasibility study

In order to finalize the feasibility study, the following steps and activities will need to be conducted:

- Appointment of national stakeholders, namely among social partners for the EII national dialogue and formalization of the consultative process at the national level existing tripartite mechanisms
- Study tour in neighbouring countries for knowledge sharing and capacity building
- Data collection on employment injuries (in collaboration with BBS)
- Consultations with stakeholders on coverage and benefit options to be analysed
- Mapping of groups for the implementations, professional organization such as doctors' associations
- Establishment of a disability scale (international expert in collaboration local experts)
- Pilot data collection by applying the proposed disability scale
- Financial assessments of different options for proposing contributions rates
- Consultations on the legal framework of the new employment injury insurance scheme
- Establishment of an institutional bleu print for the new scheme

9 Roadmap for the establishment of an Employment Injury Scheme

The creation of the institution is an important step in the implementation of the scheme. It is the result of a process that must respect a logical sequence and requires the involvement of stakeholders mainly in the development of the legal framework and the design of the scheme and of technical experts in the implementation of the administrative facilities.

After the feasibility study is carried out; options are laid down; and decisions are made on the scheme design, the ILO proposes the development of a new scheme in three developmental phases, namely:

1. Development of a sound legal framework
2. Design of a sustainable, affordable and self-financed scheme.
3. Building a competent administrative capacity.

Each phase is composed of a detailed list of activities²⁸.

1. Development of a sound legal framework

The objective of this phase is to design the scheme and draft the law and certain regulations. This is achieved through consultation process on social protection and good practices at the international level based on policy briefs developed by experts. The issues to be analysed include the scope of coverage, the benefits design, the financing and administrative provisions and the inter-linkage with OSH policies and labour inspection policies. Though this phase covers the financial aspects, the detailed financial projections and recommended contributions would be completed in the subsequent phase. The involvement of all stakeholders is very important for the development of a scheme that meets the objectives and respects the economic and social environment.

2. Design of a sustainable, affordable and self-financed EII scheme

The objective of this phase is to determine the detailed financial provisions based on a formal actuarial valuation and identify the partners and institutions to be involved in the administration of the scheme. The initial contributions rate(s) would be set and the key partners in the medical and rehabilitation matters would be identified. An assessment of the nature of experts needed for the administration of the scheme would be made.

3. Building of a competent administrative capacity

The objective of this phase is to define the complete administration process, including the development of an IT system, required for the application of the legislation. Necessary manuals are produced and training is provided to the staff and medical partners. There is a large number of tasks to accomplish before the institution is ready to collect contributions and compensate the workers. Certain important decisions must be made in the initial phase regarding the opportunity of outsourcing the realization of certain activities.

²⁸ A draft list of activities is attached in the Annex 4.

Table A1- Main requirements: ILO social security standards on employment injury protection

	Convention No. 102 Minimum standards	Convention No. 121 and Recommendation No. 121 Higher standards	Recommendation No. 202 Basic protection
What should be covered?	Ill health; and incapacity for work due to work-related accident or disease, resulting in suspension of earnings; total loss of earning capacity or partial loss at a prescribed degree, likely to be permanent, or corresponding loss of faculty; loss of support for the family in case of death of breadwinner	C.121: Same as C.102.	Basic income security for those who are unable to earn a sufficient income due to employment injury
Who should be protected?	At least 50% of all employees and their wives and children	C. 121: All public and private sector employees including members of cooperatives and apprentices; in case of death, spouse, children and other dependants as prescribed R.121: Coverage should be extended progressively to all categories of employees and other dependent family members (parents, brothers and sisters, and grandchildren)	At least all residents of active age, subject to international obligations
What should the benefit be?	<i>Medical care and allied benefits:</i> general practitioner, specialist, dental care, nursing care; medication, rehabilitation, prosthetics etc., with a view to maintaining, restoring or improving health and ability to work and attend to personal needs <i>Cash benefits:</i> Periodic payments: at least 50% of reference wage in cases of incapacity to work or invalidity; at least 40% of reference wage in cases of death of breadwinner Adjustment of long-term benefits following substantial changes in general level of earnings and/or cost of living Lump sum if incapacity is slight and competent authority is satisfied that the sum will be used properly	C.121: Medical care: Same as C. 102; also at the emergency and follow-up treatment at place of work <i>Cash benefits:</i> Periodic payments: at least 60% of reference wage in cases of incapacity for work or invalidity; at least 50% of reference wage in case of death of breadwinner Lump sum: same conditions as C.102, plus consent of injured person required R.121: Costs of constant help or attendance should be covered when such care is required Cash benefit: not less than 66.67% of previous earnings; adjustment of long-term benefits taking into account general levels of earnings or cost of living Lump sum allowed where degree of incapacity is less than 25%; should bear an equitable relationship to periodic payments and not be less than periodic payments for three years	Benefits in cash or in kind at a level that ensures basic income security, so as to secure effective access to necessary goods and services; prevents or alleviates poverty, vulnerability and social exclusion; and enables life in dignity Levels should be regularly reviewed
What should the benefit duration be?	As long as the person is in need of health care or remains incapacitated No waiting period except for temporary incapacity to work for a maximum of three days	C.121: As long as the person is in need of health care or remains incapacitated R.121: In addition, cash benefits should be paid from first day in each case of suspension of earnings	As long as the incapacity to earn a sufficient income remains
What conditions can be prescribed for entitlement to a benefit?	No qualifying period allowed for benefits to injured persons For dependants, benefit may be made conditional on spouse being presumed incapable of self-support and children remaining under a prescribed age	C.121: Same as C.102	Should be defined at national level and prescribed by law, applying the principles of non-discrimination, responsiveness to special needs and social inclusion, and ensuring the rights and dignity of the injured people

^a Employment Injury Benefits Convention, 1964. ^b Employment Injury Benefits Recommendation, 1964.

Overview tables of current systems in similar countries

Annex 2 presents a set of tables that outlay information on 15 countries. Data were mainly extracted from the following documents:

1. Section 3.3 of the World Social Security Report 2014/15, ILO
2. EMPLOYMENT INJURY PROTECTION IN EASTERN AND SOUTHERN AFRICAN COUNTRIES, Mpedi LG and Nyenti MAT, December 2014. (Study by the Pretoria International Labour Office).
3. Comparative Analysis of Employment Injury Insurance (EII) and Employment Insurance (EI) in Asia and the Pacific Region, ILO.

Web sites of administrative agencies have also been used.

There are differences in the determination of the type of programme by source of information for the countries where the employment injury protection is provided by monopolistic or oligopolistic institutions. Source 2 has been prioritized as it seems to better describe the factual situation (social insurance vs employer liability).

Table A1 Coverage and financing (periodical payments unless otherwise indicated)

Major area, region or country	Type of programme ^a	Contribution rates (%) ^b				Estimate of legal employment injury coverage as % of the	
		Employee	Employer	Self-employed	Financing from Government	Mandatory coverage	Voluntary coverage
<i>Asia</i>							
Bangladesh	Employer liability	No contribution	Whole cost	Not covered	No contribution	15.0	0.0
Cambodia	Social insurance	No contribution	0.8% of payroll	Not covered	No contribution	20.0	0.0
India	Social insurance	Global contribution, under sickness	Global contribution, under sickness	Not covered	Global contribution, under sickness	7.9	0.0
Malaysia	Social insurance	No contribution	1.25% of monthly payroll, according to 34 wage classes	Not covered	No contribution	36.2	0.0
Pakistan	Social insurance	No contribution	Global contribution, under sickness (6% of monthly payroll)	Not covered	No contribution	28.6	0.0
Sri Lanka	Employer-liability	No contribution	Whole cost or (1 to 7.5% of gross payroll according to assessed risk)	Not covered	Whole cost of medical benefits	42.3	0.0
Thailand	Social insurance	No contribution	0.2% to 1% of annual payroll according to assessed risk	Not covered	No contribution	26.2	0.0
Viet Nam	Social insurance	No contribution	1% of monthly payroll	Not covered	No contribution	30.4	0.0
<i>Africa</i>							
Ethiopia	Social insurance ¹	Global contribution, under old age (included in 7% of basic salary)	Global contribution, under old age (11% civilian and 25% military)	Not covered	No contribution	17.4	0.0
Kenya	Employer-liability (normally involving insurance with private)	No contribution	Whole cost	Not covered	No contribution	9.3	0.0
Namibia	Social insurance	No contribution	Whole cost	Not covered	No contribution	47.1	0.0
South Africa	Social insurance	No contribution	Whole cost	Not covered	No contribution	67.5	0.0
Tanzania, United Republic of	Social insurance	Global contribution, under old age (10% to 20% – if voluntary – of gross earnings)	Global contribution, under old age (10% of gross payroll)	Global contribution, under old age (20% of declared income)	No contribution	8.8	68.0
Zambia	Social insurance	No contribution	Varies according to the assessed degree of risk	Not covered	No contribution	11.9	0.0
Zimbabwe	Social insurance	No contribution	Whole cost	Not covered	No contribution	25.4	0.0

^a Definitions regarding the type of programme are extracted from sources 1 and 2. Source 1 was used unless analysis of source (2) suggested to change.

^b Contribution rates: where there are several contribution rates, the average or most common rate is indicated or a reference to a specific note.

¹ Ethiopia Labour Code prescribes benefits for medical and allied care and temporary incapacity which are paid by employers.

Table A2 Benefits (periodical payments unless otherwise indicated)

Major area, region or country	Disability *			Death	
	Temporary	Permanent total	Permanent partial	Survivors *	Funeral (lump sum)
Asia					
Bangladesh	100% x Wage (first 2 months) 66.7% x Wage (next 2 months) 50% x Wage (next 8 months)	Lump sum: 125,000 takas (list of injuries)	Lump sum: 125,000 takas x disability degree (list of injuries)	Lump sum: 100,000 takas	Cost
Cambodia	70% x Wage	80% x Wage (+constant attendance)	80% x Wage x disability degree (degree > 20%) Lump sum (degree < 20%) 20% x Wage x disability degree x factor	70% x Wage for spouse and children In other cases, 28% to spouse, child, parent	1,000,000 Riel
India	90% x Wage	90% x Wage	90% x Wage x disability degree	Spouse: 50% x Wage Child: 36% x Wage Maximum: 100% x Wage	Up to 10,000 rupees
Malaysia	80% x Wage	90% x Wage (+constant attendance)	90% x ADW x disability degree	90% x Wage (6/10 for spouse and 4/10 for children)	M\$1,500
Pakistan	60% x Wage (100% in Punjab and Sindh)	75% x Wage (100% in Punjab)	75% x Wage x disability degree (100% in Punjab)	Spouse: 60% x Wage Child: 20% x Wage Maximum: 75% x Wage	At least 1,500 rupees
Sri Lanka	50% x Wage	Lump sum (196,083 to 550,000 rupees)	Total disability benefit x disability degree (degree > 30%)	2 to 5 x Annual wage (minimum: 192,083, maximum: 550,000)	Included in survivors' benefit
Thailand	60% x Wage	60% x Wage (duration: 15 Years)	60% x Wage x disability degree (duration: 2 months to 10 years)	60% x Wage (8 years) (split equally between all eligible survivors)	100 x minimum daily wage
Viet Nam	100% x Wage	100% x Minimum Wage + (0.5% + 0.3% x (years of contribution - 1) x Wage Disability grant: 52.5 x minimum monthly wage	(30% + 2 x (degree - 31%) x Minimum Wage (0.5% + 0.3% x (years of contribution - 1) x Wage (degree > 30%) Lump sum (degree => 5%) (5 + 0.5 x (disability degree - 5) x minimum	50% x Minimum wage (for each dependent up to 4) Lump sum: Monthly wage x years of contribution	10 x monthly minimum wage
Africa					
Ethiopia	75% x Wage (first 6 months) 50% x Wage (next 6 months) (provided by eyer)	47% x Wage	47% x Wage (unable to work and incapacity > 10%) Lump sum: 47% x monthly wage x 60 (able to work and incapacity > 10%)	Spouse: 50% x Pension Child: 20% x Pension (30% if full orphan) Parent: 15% x Pension (20% if no other surv.) Maximum: 100% x Pension	At least 2 months wages
Kenya	50% x Wage	Lump sum: 60 months salary		Lump sum: 60 months salary (full dependents) Reduced benefits to partial dependents	Reasonable Cost
Namibia	75% x Wage	75% x Wage	75% x Wage x disability degree (degree > 30%) Lump sum up to 15% salary (degree < 30%)	Spouse: 40% x Total disability pension Child: 20% x Total disability pension	N\$2,450
South Africa	75% x Wage	75% x Wage	75% x Wage x disability degree (degree > 30%) Lump sum up to 15% salary (degree < 30%)	Spouse: 40% x Total disability pension Child: 20% x Total disability pension	Up to 13,050 Rand
Tanzania, United Republic of	60% x Wage	70% x Wage up to 7 years (+constant attendance)	Lump sum up to 84 x monthly salary depending on degree (degree < 30%)	Lump sum: 60% monthly salary	-
Zambia	50% x Wage	50% x Wage (+constant attendance)	50% x Wage x disability degree (degree > 10%) Lump sum (degree < 10%)	Spouse: 80% x Total disability pension First child: 15% x Total disability pension 5% for each additional child (max: 5 children)	Expenses
Zimbabwe	100% x Wage (30 days) 51% x Wage (17 months) Child's supplement	51% x Wage	51% x Wage x disability degree (degree > 30%) Lump sum (degree < 30%)	Spouse: 66.7% x Total disability pension First child: 12.5% x Total disability pension 5% for each additional child (max: 5 children)	200USD

Table A3 Administration and supervision

Major area, region or country	First law	Current law	Administration	Supervision
Asia				
Bangladesh	1923	2006 2013 (amendment)	Ministry of Labor and Employment	Ministry of Labor and Employment
Cambodia	2002	2002	National Social Security Fund	Ministry of Labour and Vocational Training (MOLVT)
India	1923 (workmen's compensation)	1948 (employees' state insurance)	Employees' State Insurance Corporation	Ministry of Labour and Employment
Malaysia	1929	1969 (social security)	Social Security Organization	Ministry of Human Resources
Pakistan	1923 (workmen's compensation) 1965 (provincial social security)	1923 (workmen's compensation) 1965 (provincial social security)	Social security: Provincial Employees' Social Security Institutions in each province	Social security: Provincial Labour Department WC: commissioners in each province
Sri Lanka	1934 (workmen's compensation).	1934 (workmen's compensation).	Department of Workmen's Compensation	Ministry of Labor and Labor Relations
Thailand	1972	1994	Social Security Office	Ministry of Labor
Viet Nam	1947 and 1950	2006 (social insurance)	Vietnam Social Security	Ministry of Labour, Invalids, and Social Affairs
Africa				
Ethiopia	1963 (public-sector pensions)	2011 (public-sector pensions) 2011 (private-sector pensions)	Public Servants' Social Security Agency Private Organization Employees' Social Security Agency	Ministry of Labor and Social Affairs
Kenya	1946	2007 (work injury)	Private insurance companies	Ministry of Labour and Human Resource Development
Namibia	1941	1955 (amendment)	Social Security Commission	Ministry of Labour and Human Resources Development
South Africa	1914	1973 (mining) 1993 (all others)	Rand Mutual Assurance Company (mining) Federated Employers' Mutual Assurance (construction) Compensation Fund (all other industries)	Department of Labour
Tanzania, United Republic of	1948	1997 (social insurance) 1983 (Workmen's Compensation)	National Social Security Fund	Ministry of Labour and Employment Social Security Regulatory Authority
Zambia	1929 (employer liability) 1950 (pneumoconiosis act) 1963 (compulsory insurance)	1999	Workers' Compensation Fund Control Board	Ministry of Labor and Social Security
Zimbabwe	1922	1990, 1998, 2008, and 2011	National Social Security Authority	Ministry of Labor and Social Services

Table A4 Purchase power parity data

Major area, region or country	Rank PPP	PPP/capita	Quartile
Asia			
Bangladesh	141	2,948	1
Cambodia	144	3,041	1
India	123	5,412	2
Malaysia	49	23,338	3
Pakistan	132	4,602	2
Sri Lanka	100	9,738	2
Thailand	78	14,394	3
VietNam	124	5,294	2
Africa			
Ethiopia	172	1,380	1
Kenya	145	2,795	1
Namibia	98	9,583	2
South Africa	83	12,507	3
Tanzania, United Republic of	161	1,775	1
Zambia	136	3,926	2
Zimbabwe	158	1,832	1

Zimbabwe rate table

WCIF INDUSTRIAL CODES AND RATES FOR YEAR 2009 - STATUTORY INSTRUMENT 161 OF 2007

Source: Zimbabwe employers' guide extracted from <http://www.nssa.org.zw/index.php/template-features/2012-09-10-08-13-50> on April 14, 2015.

CODE	DESCRIPTION	WCIF%	CODE	DESCRIPTION	WCIF%
110	General Farming and Ranching	2.58	2590	Cement lime and Plaster Man	7.89
200	Forestry	3.15	2601	Man. Of Asbestos/Concrete and Supply	4.14
400	Fish Production Hatcheries	2.13	2621	Iron. Steel and Alloys etc Man.	6.57
402	Commercial Fishing	2.16	2641	Refining of mining Products	2.31
1000	Hwange Colliery Company	2.22	2685	Sheet Metal/Steel Products Production	3.75
1100	General Mining	3.33	2686	Fabrication of Metal Non-Ferrous Products	3.00
2010	Slaughtering	2.88	2725	Man. Repair Install Equipment	2.49
2020	Milking Production and Dist	2.58	2726	Man.Repair Install Agr/Ind. Products	2.88
2030	Canning and Preserving	5.88	2727	Mechanical and Gen. Engineering	3.21
2040	Manufacture of Veg/Animal Oils	2.16	2780	Manufacture/Assembly Radio, TV etc	2.13
2050	Manufacture of processed Food	2.76	2790	Battery Man Reconditioning/Maint	2.61
2051	Milling	3.30	2792	Man/Repair Other Electrical Goods	2.88
2061	Baking	2.79	2820	Rail Transport Man/ Maint/Assembly	5.01
2130	Distilling	6.00	2830	Man/Assembly Motor Vehicles	3.03
2210	Tobacco Grading	3.58	2831	Man.Caravans,Trailers & Parts	2.82
2230	Textile Manufacture	3.00	2860	Boat Building (Excl. Fibre glass)	2.43
2250	Carpet and rug Manufacture	4.74	2902	Man/Repair Artificial Limbs	2.43
2260	Other Clothing Manufacture	2.22	2994	Man.Miscellaneous Items	2.70
2263	Rope,Cord,Twine etc	2.43	3000	Electric Power Production Supply	3.12
2310	Tanners,Curriers,Curers	3.15	4007	Civil and Construction Engineering	3.72
2312	Bags and other Leather Goods	2.64	4008	General Building Operations	2.88
2340	Footwear Manufacturing	3.30	4009	Railway Track Construction	5.13
2360	Carpentry and Joinery	2.97	5400	Banking, Finance & Insurance	2.34
2361	Handicraft Products,Baskets,Cork etc	9.81	6112	Bulk Agricultural Products	2.52
2363	Sawmill and Wood Industries	4.62	6113	Oil and Petrol Products	2.40
2390	Woodpulp and Papermill	6.39	6122	Other Business Services	2.34
2400	Packing Material Manufacture	2.43	6300	Catering Industry	2.25
2420	Print- Publishing and Distribution	2.31	7130	Chauffeuring and Driving	4.05
2430	Gas Man-Bottling and Distribution	2.16	7140	Road and Water Transportation	3.78
2431	Industrial Chemical Man.	3.66	7150	National Railways of Zim(All operations)	2.10
2441	Chem,Fertiliser and Compost Man.	4.44	7300	All Transportation	2.46
2450	Raw Plastic Material Man.	3.36	8102	Public Administration	2.61
2460	Painting,Varnish, Glue etc	3.30	8210	Education	2.16
2470	Drug& Medicine Manufacture	2.22	8221	Health Services	2.25
2490	Soap,Candles,Toiletries etc	2.61	8391	Security and Protective Services	2.76
2510	Manufacture & Supply Fuel Bitumen	2.13	8422	Post and Telecommunications	10.95
2530	Rubber Prods,-Man Dist etc	2.70	8468	Professional Sport	2.28
2550	Man of Plastics, Fibreglass Products	2.61	8490	Motor Vehicle Repair	2.49
2560	China Earthenware etc	2.70			

Detailed roadmap**The ILO & the Government of Bangladesh****Supporting national constituents in their policy decisions and operationalization of a national employment injury insurance (EII) scheme with a tripartite governance structure²⁹****Phase 1****Preparatory phase on the design, the legislative and the operational framework of a national EII scheme****Outcome 1.1**

Feasibility study of a national EII scheme conducted as a base for advancing discussions and consultations among stakeholders

Outcome 1.2

A sound legal framework for a national EII scheme developed

Outcome 1.3

A sustainable, affordable and self-financed EII scheme designed

Phase 2**Operationalization of a national EII scheme****Outcome 2.1**

A competent EII administrative capacity built up

²⁹ In the case this approach is retained for implementing a national EII scheme. If another approach is taken, this roadmap will be modified accordingly.

Phase 1**Preparatory phase on the design, the legislative and the operational framework of a national EII scheme****Outcome 1.1****Feasibility study of a national EII scheme conducted as a base for advancing discussions and consultations among stakeholders****Output 1.1.1**

Recommendations on the structure of the new law on employment injury insurance in the context of the labour code and other national legislation

Activity 1.1.1.1

Appointment of national stakeholders, namely among social partners for the EII national dialogue and formalization of the consultative process at the national level existing tripartite mechanisms

Activity 1.1.1.2

National dialogue for the national stakeholders on the relevant ILO standards (e.g. No. 121 and No. 102), critical dimensions of the employment injury insurance law, and examples of national legislations of other countries and related laws of the country

The specific dimension and issues include:

- Scope of contingencies covered and their definition,
- Coverage and registration of workers by enterprise type, geographical area and size of employer,
- Benefits provided: short-term and long-term benefits, such as income replacement in case of temporary and permanent disability, medical benefits, constant attendance support, physical and vocational rehabilitation benefits, dependants' benefits and funeral benefits,
- EII services for OSH and prevention,
- Eligibility conditions for beneficiaries,
- Financing legal provisions, and
- Administrative provisions, such as compliance, complaints and appeals

Activity 1.1.1.3

Expert consultations with the Government, professional associations, employers, trade unions and other stakeholders on the structure of the new employment injury insurance law and associated regulations

Activity 1.1.1.4

Workshops on the structure of the employment injury insurance law in the country

Activity 1.1.1.5

Drafting a summary report on the structure of the employment injury insurance law in the country

Output 1.1.2

Disability assessment criteria and methodologies proposed

Activity 1.1.2.1

Research of disability assessments criteria and methodologies of employment injury insurance schemes of developed and developing countries

Activity 1.1.2.2

Consultations with national stakeholders and experts on disability assessments reasonable, realistic and feasible in the national context

Activity 1.1.2.3

Drafting a report which includes a proposal of criteria and methodologies of employment injury disability assessments

Output 1.1.3

Benefit package for health care of disabled workers and payment methods to medical doctors proposed

Activity 1.1.3.1

Research of health care provided to disabled workers and the payment mechanism of developed and developing countries

Activity 1.1.3.2

Consultations with national stakeholders and experts on health care provisions and medical provide payment mechanism reasonable, realistic and feasible in the national context

Activity 1.1.3.3

Drafting a report which includes a proposal of health care provisions and medical care payment mechanism

Output 1.1.4

Benefit package for physical and vocational training of disabled workers and payment methods to training institutions proposed

Activity 2.1.5.1

Research of physical and vocational training to disabled workers and the payment methods of developed and developing countries

Activity 2.1.5.2

Consultations with national stakeholders and experts on physical and vocational training of disabled workers and medical provide payment methods to training institutions reasonable, realistic and feasible in the national context

Activity 2.1.5.3

Drafting a report which includes a proposal of physical and vocational training of disabled workers and payment methods to training institutions

Output 1.1.5

Framework developed on the inter-linkages between the EII scheme with national policies and programmes for occupational safety and health (OSH) and labour inspection

Activity 1.2.2.1

Feasibility study on OSH and prevention policies as part of the EII national scheme

Activity 1.2.2.2

Consultation workshop of experts

Activity 1.2.2.3

Drafting a report on the framework on OSH and prevention as a part of the new employment injury insurance law and regulations on contributions

Activity 1.2.2.4

Feasibility study on labour inspection and compliance requirements in the context of an EII scheme

Activity 1.2.2.5

Consultation workshop of experts

Activity 1.2.2.6

Drafting a report on the framework on compliance and linkages to existing mechanisms for labour inspection as a be part of the new employment injury insurance law and regulations on contributions

Output 1.1.6

Recommendations on the financing strategy of the new law on employment injury insurance

Activity 1.1.6.1

Feasibility studies, data collection for the actuarial costing of the EII and its financial framework.

Activity 1.1.6.2

Seminars for the national stakeholders on the principles and practices of financing employment injury insurance schemes, including specific country examples

The specific issues to be included are:

- Funding methodologies such as terminal funding and pay-as-you go funding method and associated level of reserves,
- Uniform / industry-specific / enterprise-specific experience-based contribution rates, prerequisites for introducing different mechanisms of setting contribution rates and their consequences on employers' incentives for preventions of employment-related accident and occupational diseases,
- Accounting and investment rules, and
- Investment practices

Activity 1.1.6.3

Expert consultations on the financing principles to be adopted in the country

Activity 1.1.6.4

Drafting a summary report on the financing principle to be adopted in the country

Output 1.1.7

Actuarial projections of the EII based on the design and the financing principles to be adopted in the country³⁰

Activity 1.1.7.1

Collection of data and setting assumptions

Activity 1.1.7.2

Calibration and fine-tuning of the ILO actuarial projection model for the EII scheme corresponding to design options

Activity 1.1.7.3

Drafting an actuarial assessment report

Activity 1.1.7.4

Seminar on the financial assessment of design options

Activity 1.1.7.5

Drafting a report on the financial assessment of design options

Output 1.1.8

Institutional feasibility of the EII scheme in the context of national public and private organisations linked to the EII scheme

Activity 1.1.8.1

Inventory of actors, programmes and institutions

³⁰ Contributions for EII schemes are less than 1% of wages for many Asian countries.

Activity 1.1.8.2

Review of linkages with the EII administration

Activity 1.1.8.3

International best practices

Activity 1.3.8.4

Seminar on the institutional feasibility and alternatives

Activity 1.3.8.5

Draft a summary report on institutional feasibility of the national EII scheme

Outcome 1.2**A sound legal framework for a national EII scheme developed****Output 1.2.1**

New employment injury insurance law and set of regulations on financing strategy (e.g. contributions), benefits and the administration of the new employment injury insurance scheme

Activity 1.2.1.1

Drafting a new employment injury insurance law and regulations on contributions, benefits and the administration of the new employment injury insurance scheme

Activity 1.2.1.2

Expert consultations on a new employment injury insurance law and regulations on contributions, benefits and the administration of the new employment injury insurance scheme

Activity 1.2.1.3

Seminar on a new employment injury insurance law and regulations on contributions, benefits and the administration of the new employment injury insurance scheme

Activity 1.2.1.4

Drafting a final report on the new employment injury insurance law and regulations

Outcome 1.3**A sustainable, affordable and self-financed EII scheme designed****Output 1.3.1**

Contribution rate established based on the design adopted and actuarial projections of the employment injury insurance scheme based on the financing principles to be adopted in the country

Activity 1.3.2.1

Collection of additional data needed

Activity 1.3.2.2

Calibration and fine-tuning of the ILO actuarial projection model for the employment injury insurance scheme corresponding to the design adopted

Activity 1.3.2.3

Drafting an actuarial valuation report

Activity 1.3.2.4

Seminar on the financial assessment of the design adopted

Activity 1.3.2.5

Drafting a final report on the financial assessment of the design adopted

Phase 2**Operationalization of a national EII scheme****Outcome 2.1****A competent EII administrative capacity built up****Output 2.1.1**

Recommendations on the governance and institutional structure of the employment injury insurance scheme

Activity 2.1.1.1

Drafting a report on the principles and international good practices on the governance and institutional structure of social insurance and employment injury insurance schemes

Activity 2.1.1.2

Expert consultations on the governance and institutional structure of the employment injury insurance scheme

Activity 2.1.1.3

Drafting a final report on the governance and institutional structure of the employment injury insurance scheme

Output 2.1.2

Proposal of the administration process on the registration of enterprises and workers, contribution collections, benefit claims, appeal procedures and inspections

Activity 2.1.2.1

Expert consultations on the administration process

Activity 2.1.2.2

Drafting a report on the administration process

Output 2.1.3

Manuals produced for disability assessments to be used by medical doctors and administrative staff of the new scheme and training of medical doctors and administrative staff

Activity 2.1.3.1

Drafting an operational manual for disability assessments

Activity 2.1.3.2

Training conducted for medical doctors and administrative staff on disability assessments

Output 2.1.4

Manuals produced health care provisions and medical provider payments and training of medical doctors and administrative staff

Activity 2.1.4.1

Drafting an operational manual for health care provisions and medical provider payment

Activity 2.1.4.2

Training conducted for medical doctors and administrative staff on health care provisions and medical provider payment

Output 2.1.5

Manuals produced on the benefit package for physical and vocational training of disabled workers and payment methods to training institutions and training of medical doctors and administrative staff

Activity 2.1.5.1

Drafting an operational manual for physical and vocational training of disabled workers and payment methods to training institutions

Activity 2.1.5.2

Training conducted for medical doctors and administrative staff on physical and vocational training of disabled workers and payment methods to training institutions

Output 2.1.6

IT system established for the administration process on the registration of enterprises and workers, contribution collections, benefit claims and accounting and training of administrative staff on IT system

Activity 2.1.6.1

Drafting an IT system specification and a flow chart based on the proposed administration process

Activity 2.1.6.2

Software developed for the IT system and tested based on sample data inputs

Activity 2.1.6.3

Drafting an operational manual for administrative staff on IT system

Activity 2.1.6.4

Training conducted for administrative staff on IT system

Output 2.1.7

Statistical reporting system established and training of the administrative staff on statistical reporting system

Activity 2.1.7.1

Assess necessary statistical reports by paying attentions to administrative as well as financial and actuarial purposes and draft statistical reporting requirements and draft a report of necessary statistics

Activity 2.1.7.2

Software developed for producing statistical reports necessary for administrative and financial managements of the scheme

Activity 2.1.7.3

Drafting an operational manual for administrative staff on statistical reporting system

Activity 2.1.7.4

Training conducted for administrative staff on statistical reporting system

Output 2.1.8

Coverage extension plan produced

Activity 2.1.8.1

Assess the administrative capacity and consult the national stakeholders on the gradual extension plan with options, taking into account such dimensions as industry, geography and enterprise size

Activity 2.1.8.2

Draft a coverage extension plan

Output 2.1.9

Human resource plan drafted for the new employment injury insurance scheme

Activity 2.1.9.1

Assess the human resource needed for the implementation of the scheme and consult with the Government draft on the human resource plan

Activity 2.1.9.2

Draft a human resource plan by taking into account the gradual extension plan of the scheme

Output 2.1.10

OSH prevention work plan defined and implemented with regards to the EII scheme

Activity 2.1.10.1

Assess the implementation of the prevention component of the EII scheme and consult with the Government and social partners on OSH policies and implementation

Activity 2.1.11.2

Adopt OSH prevention work plan under EII in consultation with government and social partners.

Output 2.1.11

Registration and compliance work plan defined and implemented in close collaboration with the other labour inspection capacities

Activity 2.1.11.1

Assess the administrative requirements for compliance

Activity 2.1.11.2

Adopt compliance work plan under EII in consultation with government and social partners.

Output 2.1.12

Formal launching of EII scheme operations

Activity 2.1.12.1

Define public information plan and partnerships.

Activity 2.1.12.2

Adopt launching framework with key stakeholders

Activity 2.1.12.3

Launching events and follow-up – monitoring and evaluation framework; public reporting