

Sharing Country Experiences in Social Protection:

CAMBODIA:

Increasing Employability of Workers¹



The social security system in Cambodia is still at an early stage of development and currently includes mainly two schemes, one for the civil servants (NSSF-C) which is still under development, and one for the private sector employees (NSSF). Until recently, social security coverage of informal workers despite making up about 73% of workforce was rather negligible. This is likely to change with the adoption in March 2011 of the 'National Social Protection Strategy for the Poor and The Vulnerable' (NSPS-PV). It is the first attempt to provide a strategic framework: a new social security law is being developed by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY) that will also cover informal economy workers (in line with the NSPS-PV). The NSPS-PV with support from ILO is exploring the development of linkages between social protection and employment services to increase the employability of workers. This is intended to reduce the dependency on government's budgets, as well as to ensure higher levels of social protection and higher and/or more sustainable incomes for the workers involved.

National Social Protection Strategy for the Poor and The Vulnerable (NSPS-PV)

The background and context of the NSPS-PV can be summarized as follows:

- Rationale behind the strategy: to accelerate progress towards the Cambodian Millennium Development Goals so as to reduce poverty and inequality, and to achieve socio-economic security for the population and bring coherence to policy formulation and implementation;
- The Strategy prioritizes the development of effective and sustainable social safety nets for the poor and vulnerable and establishes the framework for sustainable and comprehensive social protection for all Cambodians over the long run (including contributory and non-contributory schemes);
- The Council for Agricultural and Rural Development (CARD) is the governmental body mandated to coordinate and develop the social protection framework.

The five objectives and key interventions of the Strategy are the following:

- 1) The poor and vulnerable receive support to meet their basic needs, including food, sanitation, water and shelter in times of emergency and crisis.
- 2) Poor and vulnerable children and mothers benefit from social safety nets to alleviate poverty and enhance the development of human capital by improving nutrition as well as maternal and child health, promoting education and eliminating child labour, especially its worst forms.
- 3) The working-age poor and vulnerable benefit from work opportunities to secure income, food and livelihoods while contributing to the creation of sustainable physical and social infrastructure assets.
- 4) The poor and vulnerable have effective access to affordable, quality health care and financial protection in case of sickness or illness.
- 5) Special vulnerable groups, including orphans, the elderly, single women with children, people living with disabilities, and people living with HIV and tuberculosis, receive income, in-kind and psycho-social support, and adequate social care.

The instruments used for social protection in NSPS-PV include in particular: 1) Cash and in-kind transfers and fee exemptions; 2) Public works programmes; and 3) Social welfare services.

¹ Cf. Valerie Schmitt (2011): Mission Report: China – ASEAN High Level Seminar on Social Insurance, 14 – 16 September 2011, Chengdu, China. ILO DWT Bangkok; and: UNDP/ILO/Global South-South Development Academy (2011): Sharing Innovative Experiences Volume 18: Successful Social Protection Floor Experiences. UNDP: New York.

Sharing Country Experiences in Social Protection:

CHINA:

Selected Innovative and Best Practices



At the recent China – ASEAN High Level Seminar on Social Insurance held in Chengdu, China, from 14 to 16 September 2011, the fast expansion of social protection coverage in China could be considered as a good Practice in a number of respects, although some challenges remain.¹

1) Gradual and incremental development of the social security system

China has made a major breakthrough in the expansion of coverage while adopting an approach in line with the SPF framework, by extending at least a minimum level of benefits to the whole population (horizontal extension) and by then gradually increasing the levels of benefits (vertical extension). For instance the Basic medical scheme covers today 1.2 billion people (94.6% of the total population). This significant extension was made possible through the introduction of the New Rural Cooperative Medical Scheme (NRCMS) (in 2003), the Minimum Income Guarantee (dibao) to the rural areas in 2004, and more recently the social rural pension scheme for all farmers over 60 years old (in 2009). By 2020 universal coverage will be achieved for health care and pensions. The second phase will be to increase the level of protection by covering new contingencies such as maternity, EII, EI, etc. and also by increasing the levels of benefits of health and pension schemes. After 10 years of negotiation a new Social Insurance Law has been enacted in October 2010 and implemented from 1 July 2011. The main highlights of the Law are i) pooling of basic social pension funds at national level, ii) mobility of pensions and medical care, iii) improved coordination between rural and urban schemes, iv) expansion of level of benefits under rural schemes, iv) improved coverage of special groups, in particular migrant workers. 7,000 insurance agencies are in place in China and 190,000 community (grassroots) branches (one branch every 3 km.).

Furthermore, it is essential to gradually develop strong social security legislations based on experience. China's example is interesting since the Law was enacted in Oct 2010 and implemented since July 2011 after 10 years phase of pilot testing different programmes and schemes. Thanks to its progressive development social security legislation is adapted and can be effectively implemented (this contrasts with the example of Indonesia where comprehensive legislation was imposed without much prior pilot testing).

Social security development needs to be coherent and “has to find its roots in” countries' contexts and capacities. In a country like China where economic development is unbalanced between regions, social security policies need to take these regional differences into account. Two implementation issues are important hereby:

- Support & leverage of grassroots structures / public services particularly in rural areas (with social security management assistants in all villages)
- Standardization and harmonization of systems; to ensure that all have access social security, standards and processes need to be harmonized across regions.
- National pooling of social security funds to support the Western provinces.
- Higher flexibility in access to social services to ensure coverage of migrant workers.

These issues are very relevant as well for Indonesia considering the large differences within its vast archipelago.

¹ Valerie Schmitt (2011): Mission Report: China – ASEAN High Level Seminar on Social Insurance, 14 – 16 September 2011, Chengdu, China. ILO DWT Bangkok.

2) A unified database system

In most ASEAN countries the situation appears relatively fragmented with still very little efforts towards the creation of coherent systems of social protection with the exception of China which has already established a unified database system. China's centralized data management based on the identification and registration of all beneficiaries (smart cards) are an inspiring example for other countries.

3) A network of labour inspectors

Concerning the low enforcement of existing the social security laws in various countries (including Indonesia), the dissemination of the movie prepared by ILO China on linking labour inspection with social security databases is very useful. Another movie deals with the so-called "Twin" system, which facilitates the identification of possible contribution evasion by collecting and comparing data from two sides:

- A network of labour inspectors and assistants visit all enterprises in urban and rural areas in order to collect information on the labour force, working conditions, etc. This data is then entered in a common database and the information collected are compared with:
- The information received from social security institutions.

4) The extensive use of internet

A National Social Insurance Platform is also in place including a common database system accessible through the Internet. Employers and workers can pay their contributions through the internet. The social security system is linked with the banking system (ex: Bank of China) which facilitates the payment of contributions and benefits. All insured have smart cards which facilitates their identification and their access to services. The use of IT technology will be further increased in China, with an objective of issuing 800 million smart cards in the 5 coming years. This will also facilitate access/portability of benefits for internal migrant workers.

Community branches are integrated services (Single Window Service) offering access to all the available social protection schemes as well as job placement services and skills development programs. The combination of employment and social security services through integrated (Single Window) services is important for enhancing employability.

5) Sharing experiences through a series of workshops and a training centre

The need for knowledge sharing and learning from international experiences was recognised by all participants in Chengdu: It is key to exchange knowledge in order to learn from the successes and the failures of each other, e.g. through seminars and workshops, and through the GESS Platform/Website. A training centre on social security also exists in China, which can act as a good link for exchange of experience in the region. Capacity building of social security administration is important to meet the demand. In China hundred thousands of people need to be trained. This is the task of the newly created training centre on social security that could also play a role at regional level.

6) Innovative health programmes²

Social security extension should be gradual – health care packages should be increased progressively: in China the development of social security is progressive in order to be able to little by little expand the fiscal space and ensure sustainability of social protection as a whole. In addition, gradual development is necessary in order to prepare the supply side of social services. While extending health insurance coverage to all, importance should be given also to finance health care infrastructure, staffing, etc. so that the increased demand can be absorbed/served. This concern was addressed by the 2009 major health care reform, which allocated a budget of USD 125 billion to support the implementation of the universal health insurance and also improve health care supply. This is why it is often recommended to start designing a basic/limited health care package and ensure

² UNDP/ILO/Global South-South Development Academy (2011): Sharing Innovative Experiences Volume 18: Successful Social Protection Floor Experiences. UNDP: New York.

that all health infrastructures can deliver this package at their respective levels of responsibility. When the NRCMS was launched in 2004, the reimbursement rate was fixed at 25% and gradually increased to 41% in 2010. Where this gradual approach is not followed and where the benefit package tends to be “comprehensive” but with very limited resource allocation, in the end the real level of benefits remains very low.

Two schemes together work towards developing a Basic Rural Medical Security System in China: the rural New Cooperative Medical Scheme (NCMS) and the Medical Assistance Scheme (MAS) which have been established separately since 2002. They are the main medical security schemes targeting rural residents and the poor in China (cf. Boxes 1 and 2).

Both Schemes have made great improvements in helping rural households, especially rural poor households, to cope with the financial burden from combating disease. The proportion of out-of-pocket expenditure has come down from nearly 75 per cent in 2004 to about 60 per cent in 2010. Farmers' out-of-pocket spending as a share of per capita net income decreased from 74 per cent to 44 per cent with the introduction of the Schemes.

Box 1: China's Rural New Cooperative Medical Scheme (NCMS)

- *Target population: all rural residents;*
- *Enrolment: on a voluntary basis;*
- *Provides reimbursements for enrollees' health spending on inpatient care, outpatient service, some selected catastrophic diseases, pregnancy's institutional delivery, and physical examinations. The approximate reimbursement rate of inpatient care was 39.82 per cent in 2009;*
- *833 million enrollees by the end of 2009; the enrolment rate was 94 per cent of the target population and about 62 per cent of the whole population in China;*
- *Has a multi-channel financing mechanism. Both central and local governments subsidize the enrollees. The households of the enrolled farmers also contribute. Donations from the social sector constitute another funding source.*

Box 2: China's Medical Assistance Scheme (MAS)

- *Target population: the rural poor;*
- *Provides financial assistance as well as exemptions for catastrophic health expenditures and some frequently occurring diseases for the poor and low-income groups;*
- *Funds come mainly from government revenue (central and local governments, including public welfare lottery) and from social-sector donations.*

However, out-of-pocket share of inpatient cost is still as high (approximately 60 per cent, 70 per cent several years ago), which is beyond the affordability of the poor. Thus, the New Cooperative Medical Scheme (NCMS) alone cannot solve the issue of accessibility and equity for the poor. In fact, among its members, the poor use many fewer services than the non-poor. This situation will not change unless the Medical Assistance Scheme (MAS) becomes integrated with the NCMS and pays all or part of the co-payment for the poor so that their out-of-pocket share can drop to 20 per cent or below.

In 2009, total NCMS expenditure was about 92.29 billion yuan and MAS expenditure was about 5.99 billion yuan. Compared to the overall GDP (33,535.3 billion yuan), however, NCMS and MAS expenditures are inappreciable. All of these expenditure amounts represent net benefit expenditures for the beneficiaries (administrative expenditure, which is financed by the fiscal

payment and which has not been published, is not included).

Both schemes targeted to rural residents are in combination a major step towards a more balanced and sustainable economic development.

Sharing Country Experiences in Social Protection:

INDIA:

Health for the Poor & Employment Guaranteesⁱ



India has a rather comprehensive, partly long-established, system of social security, although the programmes for the 'unorganized sector' (as the workers in the informal economy are labelled) are relatively recent. Nevertheless, all the dimensions of the Social Protection Floor (SPF) have been covered in India.

Organized Sector

Social security in the 'organized sector' is well-established starting from the Employees State Insurance Act of 1948, through the Maternity Benefit Act, to the Rajiv Gandhi SKY (Shramik Kalyan Yojana), which insures persons who lose their jobs due to closure of factory establishment or retrenchment or permanent disability.

Unorganized Sector

However, the main challenge of India is the size and structure of its population with a total population of 1.2 billion and a large share of the 'unorganized sector' (a staggering 94% of the workforce). Social security is a very important element of India's constitution. In recent years India has moved from a means-tested approach to a rights-based approach where the State has to provide basic social protection for all those in need of protection: health, education, housing, etc. India is also considering to introduce a food security act. An important recent initiative was the 'Unorganized Workers Social Security Act' of 2008. This act provides for the constitution of a national board established in 2009. The Board's role is to formulate social security schemes for unorganized sector workers, and in the mean time it has recommended the creation of a number of schemes of which two deserve particular attention:

1) RSBY (Rashtriya Swasthya Bima Yojana)

RSBY is providing subsidized health insurance to population below the poverty line, and the use of smart cards. Until today about 24 million *families* are covered till date (i.e. 96-100 million people). For further details see Box 1.

Box 1: India: RSBY (Rashtriya Swasthya Bima Yojana) Scheme

<i>Target group:</i>	<i>Population below the poverty line.</i>
<i>Target population:</i>	<i>300 million by 2012.</i>
<i>Benefits:</i>	<i>Coverage of R-s 30,000 (US\$650) for a family of five for one year; Transportation charges of R-s 1,000 (US\$22) per year; Pre-existing diseases covered from day 1; One day pre-hospitalization and five-day post-hospitalization covered; No age limit.</i>
<i>Funding:</i>	<i>Central and State governments pay the premium to the selected insurer; Beneficiary pays R-s. 30 as the registration fee per year.</i>
<i>Delivery process:</i>	<i>Each enrolled beneficiary is provided with a biometric smart card; Beneficiary can visit any empanelled hospital across India; Beneficiary is provided cashless treatment; Hospital submits paperless claims to the insurance company.</i>

2) **Mahatma Gandhi National Rural Employment Guarantee Act (MG – NREGA)**

MG-NREGA is a successful employment generation programme established in 2005, which provides income security (100 days per household per year); it includes an Unemployment Insurance component when the worker is registered for work but is not provided with work during 15 days in a row (cf. Box 2). The scheme was implemented in a phased manner (from 2006 to 2008), and is now effective in the rural areas of the entire country, covering 619 districts. The objectives of MGNREGA are to:

- 1) provide wage employment opportunities;
- 2) create sustainable rural livelihoods through regeneration of the natural resource base, i.e., augmenting productivity and supporting the creation of durable assets; and
- 3) strengthen rural governance through decentralization and processes of transparency and accountability.

The significantly distinctive innovative feature of MGNREGA is that it is a legal guarantee with a rights based framework. This also guarantees the programme's sustainability. The rights-based framework of MGNREGA has the following key components:

- 1) workers' rights,
- 2) transparency and accountability, and
- 3) productive green jobs.

Apparently political factors also do play their role. A fair measure of public analysis identified MGNREGA as a critical factor in the return of Congress to power with greater strength, underscoring the fact that public policy focusing on vulnerable groups through social protection programmes stimulates equitable development and political gains.

Box 2: India: Mahatma Gandhi National Rural Employment Guarantee Act (MG – NREGA)

<i>Target group:</i>	<i>households in rural areas.</i>
<i>Employment provided:</i>	<i>52.5 million households (2009-2010).</i>
<i>Benefit:</i>	<i>providing at least 100 days of employment in asset-creating public works programmes every year at the minimum wage for every rural household whose adults volunteer to do unskilled manual work for the enhancement of livelihood security.</i>
<i>Delivery process:</i>	<i>Adult members of a rural household may apply to the local gram panchayat (local government at the village or small-town level) for registration and, in return, receive a job card, which is the basic legal document that enables a rural household to demand work. Employment must be provided within 15 days of demand within a 5-kilometre radius of the village (or else extra wages of 10 per cent must be paid) or else an unemployment allowance must be paid by the State at its own cost.</i>
<i>Funding:</i>	<i>Under this Act, the central government meets the cost towards the payment of wages while State governments meet the cost of the unemployment allowance.</i>

ⁱ Based especially on::

Valerie Schmitt (2011): Mission Report: China – ASEAN High Level Seminar on Social Insurance, 14 – 16 September 2011, Chengdu, China. ILO DWT Bangkok.

UNDP/ILO/Global South-South Development Academy (2011): Sharing Innovative Experiences Volume 18: Successful Social Protection Floor Experiences. UNDP: New York.

Sharing Country Experiences in Social Protection: INDONESIA:

Update on Institutional Arrangements in Indonesia: SJSN Law and BPJS Bill



In 2004 Law No.40 was passed dealing with Indonesia's National Social Security System (SJSN - Sistem Jaminan Sosial Nasional). It stipulated an integrated national system but details on the providers were left unresolved. Seven years later, on 28 October 2011, the House of Representatives passed the social security providers bill into law, called BPJS (Badan Penyelenggara Jaminan Sosial, or Social Security Administrative Body). This was hailed by many as a Historical Achievement allowing full health and job protection for all citizens.

Not only was the creation of the BPJS Bill mandated by the 2004 SJSN Law No. 40, but this law also stipulated that the providers should be non-profit entities. Therefore, the new law transforms the four state-owned insurance companies (BUMN) PT Askes, PT Jamsostek, PT Taspen and PT Asabri into non-profit public companies working directly under the President's supervision. Finally, the 2004 SJSN Law stipulated that health should be considered with greatest priority.

New Institutions and Timing

According to the 2011 BPJS Bill, two new institutions will be created:

1. BPJS-I or BPJS-Kesehatan (the healthcare provider): **PT Askes** will be transformed into a non-profit public company to handle BPJS-I, which is tasked with providing the healthcare scheme for all citizens; it would start operating in January 2014;
2. BPJS-II or BPJS-Ketenagakerjaan (the labour provider): **PT Jamsostek** will be transformed into a non-profit public company, and will provide the four programs under BPJS-II (i.e. occupational accident, old-age risk, pension and death benefit); it should operate by July 2015 at the latest.

The law envisions mandatory payments into the social security system by workers "who earn a regular salary" through a payroll tax, while the government would subsidize benefits for "the poor or unemployed".

Providers: Assets

The nation is divided over the bill as it remains unclear how the existing insurers that cater to different segments of the population will be merged exactly into two non-profit entities. The total assets of the four companies are estimated to be Rp. 195 trillion (US\$ 23 billion). Jamsostek is the largest company among them, while Asabri and Taspen handle sums that are not that much smaller.

<i>In comparison: This is almost as much as the 2012 RI Budget for the salaries of all civil servants (Rp. 216 trillion).</i>

Both Taspen and Asabri are instructed by the BPJS Bill to design a roadmap for the transfer to BPJS-II for themselves, in other words, they will be merged with Jamsostek into BPJS-II. The roadmap needs to be ready by 2014, while the actual transfer is mandated to be completed before **2029**. Their assets and human resources will be integrated eventually (before 2029) into the national social security system.

The assets will be used for the operations of the two new social security providers, BPJS-I and BPJS-II. As initial capital the government and the House agreed to disburse Rp. 2 trillion to each of the two new providers (BPJS-I and -II).

Divisive Bill? Reactions by Unions and Employers

Labour unions indicated that the passing of the Bill is a historical event. At the same time, they realize that the implementation needs to be closely monitored (cf. the Action Committee for National Social Security, KAJIS).

The employers' organization, APINDA, has indicated that it will accept the new law only if they are not required to pay more than what they pay at present. Their fear is that the payment of the insurance premium of about 70 million informal workers will somehow be transferred to the employers. Another fear is that the government might leave this social security issue as a ticking bomb for the next government.



The Finance Minister warned that the fiscal implications of the social guarantees could not be calculated exactly in advance, and should in any case not equate to 5 % of GDP. Therefore, he sought to include a provision in the bill that allows for the “capping” of benefits to safeguard fiscal stability.

BPJS: Way Forward

The final draft of the newly endorsed bill was ready in mid-November 2011, and was handed over to the State Secretariat for final checks. On 25 November 2011 the Bill was enacted by the President into Law. The final text may become available in the coming weeks.¹

The DJSN-Council (Dewan Jaminan Sosial Nasional) was established by the SJSN Law of 2004. It consists of 15 Members,² and is in operation since 2009. The DJSN has designed a Blue Print for the implementation of the SJSN Law in 2009, and is currently involved in designing a road map leading to universal health care. The new Bill stipulates that a supervisory council, or ***Dewan Pengawas***, will be installed with members taken from the tripartite partners (government, employers' and workers' organizations).

BPJS: Remaining problems & questions

Some of the remaining problems can be identified as follows:

- Taspen and Asabri will be merged with Jamsostek in BPJS-II at the latest in 2029; in the mean time, Taspen & Asabri are expected to continue as BUMN?
- Are employers required to pay more than they do at present?
- How will the total assets of the four BUMN of Rp. 195 trillion exactly be used?
- The coordination among the eight ministries involved (who do not have a unified perception) needs to be monitored closely.
- Has the difference of opinion between the House and the Government on the content of BPJS-1 (1 or 3 schemes) and BPJS-2 (2 or 4 schemes) been resolved in the final text of the bill?

¹ Currently we are working with the draft dated 7 November 2011.

² Members of the DJSN include 6 from government organisations (Ministries of Health, Defence, Finance, Labour and Social Affairs), 5 experts, 2 from employers' organizations and 2 from workers' organisations.

Sharing Country Experiences in Social Protection:

THAILAND:

Universal Coverage and 500 Baht Schemes¹



Most countries in South and South-East Asia have established a great variety of schemes and mechanisms for the formal sector and the informal economy (compulsory, voluntary, contributory, subsidized, etc.). In a few cases the schemes supplement each other with a basic minimum universal component and complementary schemes providing *higher levels of benefits*. This is not only the case for Brunei, but also for Thailand with respect to the old age pension schemes.

Formal Sector

Thailand has several social security schemes for civil servants and the private sector. The social security fund which insures today 9.8 million of people (or about two-thirds of the formal workforce of 14.4 million) covers legally all enterprises of 1 and more salaried workers and provides five benefits (sickness, maternity, invalidity, death and child allowance).

Informal Economy

The extension of the coverage to the workers in the informal economy (24 million or 62% of the total workforce), in particular the rural workers, is a major challenge. This will be progressively achieved:

- i. by developing universal schemes, such as the Universal Coverage Scheme (UCS) and the 500 Baht Universal Pension Scheme (for details on these projects, see Boxes 1 and 2);
- ii. by providing social welfare / assistance to vulnerable groups and
- iii. by extending voluntary social insurance to the informal economy workers.

Since May 2011, the Ministry of Labour and Social Welfare (MLSW-SSO) has established a new program providing two subsidized benefit packages:

- 1) package 1 – the contribution is 100 Bath (70 Bath by worker, 30 Bath by Government); it covers sickness, invalidity, death;
- 2) package 2 – contribution is 150 Bath (100 Bath by worker, 50 Bath by Government); it covers sickness, invalidity, death, and an old age lump sum.

Since the introduction of this new scheme the coverage in among workers in the informal economy rose from virtually no persons insured in May 2011 to 500,000 persons only four months later (August 2011).

Fragmentation of pension programmes?

Some degree of competition exists in Thailand between the ministries involved in pension schemes, in particular the Ministry of Finance (MoF), the Ministry of Labour and Social Welfare (MLSW-SSO), and the Ministry of Social Development and Human Security (MSDHS). The risk is that it could lead to fragmentation of programmes without proper inter-ministerial coordination (e.g. through the creation of a pension supervisory authority).

Welfare Society

In order to reduce dependency on government's budgets, Thailand uses the concept of *welfare society* which promotes *participation* (financial participation, voluntary work, etc.) of all members of society to the joint development of social security schemes.

¹ Cf. Valerie Schmitt (2011): Mission Report: China – ASEAN High Level Seminar on Social Insurance, 14 – 16 September 2011, Chengdu, China. ILO DWT Bangkok; and: UNDP/ILO/Global South-South Development Academy (2011): Sharing Innovative Experiences Volume 18: Successful Social Protection Floor Experiences. UNDP: New York.

Box 1: Thailand: The Universal Coverage Scheme (UCS)

<i>Target group:</i>	<i>Every Thai citizen not covered under other public schemes.</i>
<i>Target population:</i>	<i>47 million (80% of total population).</i>
<i>Benefits:</i>	<i>Comprehensive package (in kind) that includes:</i> <i>• prevention services covering immunizations, annual physical checkups, premarital counselling, antenatal care and family planning services as well as other preventive and promotive care;</i> <i>• ambulatory care and in-patient care (high-cost treatments such as cancer treatments, open heart surgery, antiretroviral drugs and renal replacement therapy are all included);</i> <i>• only a few conditions are excluded, i.e., infertility, cosmetic surgery.</i>
<i>Delivery process:</i>	<i>• A national centralized, online registration database links providers to public health insurance schemes. Beneficiaries must register with a primary-care contracting unit near their home area (within 30 minutes' travel time from home). Primary care unit acts as a gate-keeper for access to care. Treatment outside this area is limited to accident and emergency care. For complicated cases, there is a referral system to hospitals or special institutes;</i> <i>Benefits are provided free of charge;</i> <i>Hospital submits electronic claims to the Universal Coverage Scheme for inpatient services.</i>
<i>Total expenditure</i>	<i>0.98% of GDP, or US \$ 5,572.8 million (Nominal price, fiscal year 2008).</i>
<i>Source of funding:</i>	<i>General tax revenue.</i>
<i>Impact:</i>	<i>88,000 households in 2008 were prevented from falling below the poverty line;</i> <i>Well-controlled diabetic patients increased from 12.2 per cent of total diabetic patients (2003-2004) to 30.6 per cent (2008-2009);</i> <i>Well-controlled hypertensive patients increased from 8.6 per cent of total hypertensive patients (2003-2004) to 20.9 per cent (2008-2009).</i>

Box 2: Thailand: The 500 Baht Universal Pension Scheme

<i>Target group:</i>	<i>Every elderly Thai person (60 years of age or older) who is not in elderly public facilities or does not currently receive income permanently (i.e., government pension recipients, government employed persons).</i>
<i>Target population:</i>	<i>6.87 million (approximately 95% of the elderly); Number of registered elderly: 5.65 million (82.2% of target population).</i>
<i>Benefits:</i>	<i>In-cash benefits, 500 baht (31.4 constant 2005 PPP \$) per month.</i>
<i>Delivery process:</i>	<i>In principle, the elderly or the authorized representative must register with the local authorities where he or she has inhabitancy registration. The qualified recipients can choose among four methods:</i> <i>• to receive cash directly from the local authority office;</i> <i>• to designate an authorized representative to receive cash directly from the local authority office;</i> <i>• to have the pension transferred to the elderly person's bank account;</i> <i>• to have the pension transferred to a bank account of an authorized representative. However, the elderly must bear the fee for the bank account transfer if they do not have a Krungthai Bank account.</i>
<i>Total expenditure:</i>	<i>33,917 million baht or 2,129.1 constant 2005 PPP \$ (approximately 0.37% of GDP; fiscal year 2010).</i>
<i>Source of funding:</i>	<i>General tax revenue.</i>