

Support to the extension of Social Health Protection in South-East Asia



International
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1919-2019



AT A GLANCE

→ Partners

Lao PDR: Ministry of Labour and Social Welfare, National Social Security Fund, Ministry of Health, National Health Insurance Bureau, Lao Federation of Trade Unions, Lao Chamber of Commerce and Industry

Viet Nam: Ministry of Health, Ministry of Labour, Invalids and Social Affairs, Viet Nam Social Security, Viet Nam workers and employers' organizations

Myanmar: Social Security Board, Ministry of Labour, Immigration and Population, Ministry of Health and Sports; Myanmar workers and employers' organizations

Thailand: Ministry of Public Health, Health Economics and Health Security Division (HEHS), Praboromarajchanok Institute for Health Workforce Development (PIHWD), Health Insurance System Research Office (HISRO), Naresuan University

→ Donor

Government of Luxembourg

→ Duration

September 2017 - February 2021

→ Target beneficiaries

Policy-makers, managers, technical staff, and employers' and workers' organizations, academic and other relevant civil society organizations involved in the design and implementation of social security programs in recipient countries. And ultimately: All residents of recipient countries - especially women and men in the informal economy and currently uncovered by any form of social health protection - as well as residents of other countries that will use the knowledge developed through the Program to make the right to social health protection a reality for more people.

→ Geographical focus

Lao PDR, Viet Nam and Myanmar (initial country level interventions)



PROJECT OBJECTIVES

In low-income countries an estimated 90 % of people have no financial protection against catastrophic health expenditures. Globally, about 39 % of the population is lacking such coverage. As a result, about 40 % of health expenditures globally are shouldered directly by the sick and their families. Countries in Southeast Asia are no exception to this global trend. The importance and potential of social protection and social health protection in reducing poverty and inequalities and contributing to a more inclusive and sustainable economic development is recognised in the 2015 Sustainable Development Agenda.

In this context, the Luxembourg-funded ILO project "Support to the extension of Social Health Protection in South-East Asia" has for overall goal to help more women and men in Lao PDR, Myanmar and Viet Nam access adequate social health protection, under the overall umbrella of national strategies towards UHC and the global development agenda including ILO's Flagship Programme on Social Protection Floors.

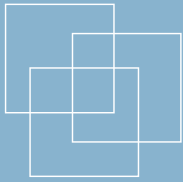
Project Objectives:

- The institutional capacity and financial sustainability of social health insurance schemes will have improved in the target countries.
- The regional knowledge base on social health protection has been expanded; feeding the global knowledge and available to be used in other regions.



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COUNTRY INTERVENTIONS

Lao PDR

- Build capacities on the management and administration of social health protection to ensure an effective, efficient, accountable and sustainable implementation of social health protection.
- Support evidence-informed policy reforms.
- Assist the harmonization of social health protection schemes design and institutional support systems.

Myanmar

- Assist the Social Security Board (SSB) in improving the management and administration of the health insurance unit.
- Develop capacity of national stakeholders in social health protection related topics.
- Support evidence-informed policy reforms.

Viet Nam

- Strengthen capacities on management and administration of social health insurance.
- Built capacities of national stakeholders in social health protection related topics.
- Support evidence-informed policy reforms promoting the sustainability of the scheme.
- Provide advice for the development of strategies and laws for the inclusion of both women and men “near poor” and informal economy workers.

PROJECT OUTCOMES

The overall outcomes include:

- Effective, efficient, accountable and sustainable **gender responsive** social health protection is delivered with an increased coverage in Lao PDR, Myanmar and Viet Nam.
- A growing number of policies promoting the extension and sustainability of social protection in the region and based on additional technical evidence are adopted.

Regional Technical Facility:

The development of a Regional Technical Facility (RTF) on Social Health Protection is at the heart of the ILO-Lux's project outcomes and is the first of its kind in this area of work in the Asia-Pacific Region. The RTF aims to support the extension of social health protection coverage at country and regional levels by strengthening the capacity of target countries to develop and implement strong, sustainable and comprehensive health policies, strategies and plans towards the achievement of Universal Health Coverage (UHC). As a regional centre of excellence it will provide and promote good practices, leadership and joint research opportunities and will deliver training and technical assistance in the region. In order to increase regional capacity and knowledge on social protection, the facility will promote South-South cooperation initiatives, as a complement to on-going national efforts and in support to already existing national policies.

The ILO's approach to Social Health Protection

The ILO recognises the importance to coordinate and rationalize the use of pluralistic financing mechanisms as the most promising approach to attain Universal Health Coverage. It supports Social Health Protection (SHP) systems which aim to provide universal access to essential health care that is affordable, available, of adequate quality and offers financial protection in times of illness, injury and maternity. The ILO supports policies and measures that aim at leaving no one behind, as a commitment to equity and non-discrimination, based on a human rights based approach and in line with International Labour Standards, articulated in the Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Social Protection Floors Recommendation, 2012 (No. 202).

Contact information:

Marielle Phe Goursat, Project Manager
ILO Country Office for Viet Nam
48-50 Nguyen Thai Hoc,
Ba Dinh, Hanoi, Viet Nam

Tel.: +84 24 3734 0907
Fax: +84 24 3734 0904
Email: goursat@ilo.org
Web site: www.ilo.org/vietnam

iloasiapacific
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