

# Priorities for social security

Trends, challenges  
and solutions



This publication is made available under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0) License.

The designations employed herein, which are in conformity with United Nations practice, do not imply the expression of any opinion on the part of the ISSA concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

While care has been taken in the preparation and reproduction of the data published herein, the ISSA declines liability for any inaccuracy, omission or other error in the data, and, in general, for any financial or other loss or damage in any way resulting from the use of this publication.

The report is available in electronic format: [www.issa.int](http://www.issa.int).

Photos: iStockphoto.

Design: [www.agencegardeners.com](http://www.agencegardeners.com)

Also published in Spanish.

ISBN 978-92-843-0137-9

© International Social Security Association 2022

ASIA & THE PACIFIC

2022

# Priorities for social security

Trends, challenges  
and solutions

## ACKNOWLEDGEMENT

---

This report is the result of collective efforts by the professional staff of the Social Security Development branch of the General Secretariat of the International Social Security Association and external experts. Staff were assigned responsibility for authoring specific chapters and sections for this seminal report.

I am indebted to Maribel Ortiz for the chapters *Evolving management practices* and *Promoting inclusive growth and social cohesion*; Yukun Zhu for *Social security responses to the COVID-19 pandemic* and *Extending and maintaining social security coverage*; Paul Mondo Ngomba, Bernd Treichel and Nathalie de Wulf for *Extending and maintaining social security coverage*; Guillaume Filhon, Dmitri Karasyov and Nathalie de Wulf for *Meeting the needs of an ageing population*; and Ann Baeten for *Evolving management practices*. Claudia Ambrosio developed the Facts & Trends.

The report benefitted from comments from Marcelo Abi-Ramia Caetano, Jens Schremmer and others.

*Raúl Ruggia-Frick*  
Director, Social Security Development

# CONTENTS

---

▶ Acknowledgement .....	4
▶ Foreword .....	7
▶ Introduction .....	8

## 01.

### **Evolving management practices 11**

---

▶ Facts & trends .....	12
▶ Evolving management practices .....	14
▶ Good practices .....	18
▶ Key messages .....	19

## 02.

### **Extending and maintaining social security coverage 21**

---

▶ Facts & trends .....	22
▶ Extending and maintaining coverage .....	24
▶ Good Practices .....	28
▶ Key messages .....	29

## 03.

### **Meeting the needs of an ageing population 31**

---

▶ Facts & trends .....	32
▶ Meeting the needs of an ageing population .....	34
▶ Good practices .....	38
▶ Key messages .....	39

## 04.

### **Promoting inclusive growth and social cohesion 41**

---

▶ Facts & trends .....	42
▶ Promoting inclusive growth and social cohesion .....	44
▶ Good Practices .....	48
▶ Key messages .....	49

## 05.

### **Social security responses to the COVID-19 pandemic 51**

---

▶ Social security responses to the COVID-19 pandemic .....	52
▶ Key messages .....	56

---

### **Bibliography 57**

### **Good Practices in Social Security 60**

---



## FOREWORD

---

The International Social Security Association (ISSA) draws its value, strength and dynamism from a global membership of national institutions that administer the main social security programmes of their countries. This gives the Association a unique and privileged vantage point from which to identify and analyse priority administration and policy challenges in social security, and the many innovative responses and creative solutions to these.

For its 2020–22 Programme and Budget, the ISSA defined four priority areas to be addressed during the triennium, namely:

- The future of social security administration and management
- Social security coverage in a changing world
- Meeting the evolving needs of an ageing population
- The role of social security in promoting inclusive growth and social cohesion

No one anticipated that a global pandemic would further complicate these challenges and render them all the more urgent. The quick spread of the SARS-CoV-2 virus, and the new waves of contagion that its mutations continue to spawn, are defining a major watershed in social security. By laying bare the stark contrast between those who have access to social security and those who do not, there is greater political will and national resolve to strengthen social protection systems, provide universal access, and prioritize the needs of women, youth, the disabled, workers in precarious situations including informal workers, platform workers and rural populations.

Amidst this extraordinary crisis, social security institutions are rising as one to support government efforts to stabilize the economy, protect the health of the citizenry, and are retooling and reskilling people to enable them to find jobs and rebuild livelihoods. All these responses are a testament to the leadership, dynamism and resilience of social security institutions.

The COVID-19 crisis has magnified the relevance of the four priority topics of the ISSA for the 2020–22 triennium. In responding to these challenges, the scale of the safety and security requirements of the public engendered by the pandemic have largely driven social security institutions towards human-and-digital solutions. In a span of two years, the delivery mode of most social security benefits and services has shifted and can now be delivered through online platforms, mobile apps, call centres, chatbots and other 24/7 contactless modalities.

This report details the wide-ranging innovations of social security institutions in Asia and the Pacific, as immediate responses to the crisis and, no less important, to address the long-standing challenges of extending coverage, providing old-age protection, reducing inequalities and strengthening social inclusion. Through enhanced management capacities, design-thinking and agile business processes, digital technologies and inter-institutional coordination, social security institutions are responding to current public expectations as well as to institutional capacity needs to ensure the medium- to long-term sustainability of social security.

The report is the third in a series of regional reports prepared by the ISSA General Secretariat. It tailors the triennium's four priority areas to the region's specificities and establishes the context of the 2022 Virtual Social Security Forum for Asia and the Pacific. The regional reports are a key component of the Association's knowledge production activities every triennium that keep ISSA members informed of innovations, developments and emerging trends in social security.

It is my pleasure to present this report to you.

*Marcelo Abi-Ramia Caetano*  
Secretary General

## INTRODUCTION

---

At the time of writing, the initial signs of optimism that were beginning to emerge in the global economy have been dampened by further uncertainty caused by the emergence of another SARS-CoV-2 mutation. While cautious optimism may remain in those countries where vaccination programmes have gained significant traction, other countries are gearing up once more to address important challenges and are taking precautionary measures for yet another wave of infections. Efforts to gain back economies and stem the loss of lives and livelihoods remain critically dependent on the availability and efficacy of vaccines and safety protocols, and the sustainability of wide-ranging policies to protect and support people and enterprises. Like the rest of the world, the recovery of the region of Asia and the Pacific depends critically on the restoration and growth of economic activity and the resumption of trade and international activities on the back of global cooperation, successful vaccination programmes and continuing safety protocols.

Since the onset of the pandemic, every country has turned to social security on a scale rarely seen before. The protracted crisis and the subsequent mutations of the COVID-19 virus continue to pose a policy dilemma – to progressively open up the economy at the risk of a resurgence of contagion. Amidst the unprecedented adversity, social security institutions in Asia and the Pacific are doing their utmost to deliver on the promise of protection. Pre-pandemic efforts to build capacities and improve services are enabling an unwavering response to current demands.

Many institutions are consolidating improvements in governance and management practices. Enabled by digital technologies, institutions in the region have been transforming their business environment by putting in place a digital transformation strategy that encompasses strategic business processes and service delivery. Advanced technologies are increasingly being adopted to address challenges in contribution compliance, evasion and fraud. As the region becomes more adept in the use of advanced analytics, big data and artificial intelligence, social security policy-making and implementation are becoming more and more data-driven, transparent, dynamic and resilient.

The report covers five topics, namely:

- Evolving management practices
- Extending and maintaining social security coverage
- Meeting the needs of an ageing population
- Promoting inclusive growth and social cohesion
- Social security responses to COVID-19 to the pandemic

**Chapter 1, *Evolving management practices***, makes clear that in the region of Asia and the Pacific, the client is at the centre of all innovations in social security: from service delivery improvements to initiatives that simplify contribution compliance and benefit claim processes, digital modalities and human-based services, better management of sustainability risks through to inter-agency coordination and integration of social security services. The overriding goal is to continuously improve client experience and provide sustainable client protection. As the region's social security management practices evolve towards human-and-digital solutions, those with limited digital capacities are certain of tailored responses to meet their needs. A key lesson gained from the pandemic is that operational resilience and disaster preparedness are two sides of the same coin. As social security institutions transition to the new normal, leadership and clarity of vision are key, as institutions upgrade staff capacities and adapt to new management practices. This is how administrators in the region are ensuring that no one will be left behind.



**Chapter 2, *Extending and maintaining social security coverage***, details the region’s efforts and achievements in this very important area. Most countries in Asia and the Pacific have made significant developments to enhance social protection floors. There are positive developments in efforts to progress Universal Health Coverage (UHC) as well as to extend employment injury and unemployment insurance schemes. While coverage gaps persist, many countries are adopting a pragmatic approach to extend coverage, on an incremental basis, to the self-employed and the “missing middle”, the latter referring to those deemed not poor enough to be eligible for social safety net benefits while not being well-off enough to be part of contributory social insurance programmes. The combination of contributory and non-contributory programmes is proving to be an effective strategy to extend protection to informal workers. As in other regions, innovative digital solutions, automated contribution collection systems, one-stop-shops, eservices and secure mobile apps are enabling better access to coverage modalities.

**Chapter 3, *Meeting the needs of an ageing population***, describes a double divide in the region. The first is in terms of social security programmes that are comprehensive and highly developed in North Asia, East Asia and Australasia, but less widespread in South Asia, West Asia and the Pacific; the second is in terms of demographic profiles, with relatively young populations in the latter countries compared to the former. Emerging countries continue to benefit from a demographic dividend, which gives public authorities some room to plan ahead for the ageing of its citizens. Nonetheless, the region of Asia and the Pacific is trending towards ageing and requires to develop long-term care and services to meet chronic health problems and support the elderly to continue to lead independent lives. The measures that ISSA member institutions are putting in place consist mainly of three main types: first, a formalization policy to ensure the sustainability of services; second, the roll out of solutions tailored to satisfy elderly care needs; and third, strengthening the resilience of current services based on lessons learned from the pandemic.

**Chapter 4, *Promoting inclusive growth and social cohesion***, underlines the notion of economic empowerment as fundamental to definitions of inclusion and social cohesion. Social security fosters economic empowerment because it protects incomes against certain life risks and supports the development of individual skills and capacities for employability and productive activity. In Asia and the Pacific as elsewhere in the world, the COVID-19 pandemic is unravelling decades of progress in the reduction of poverty, inequality and vulnerability. The pandemic would appear to be far from over and policy-makers in the region are anticipating the work that lies ahead. Beyond the need to sustain for the foreseeable future the provision of emergency incomes, employment opportunities and business stimulus measures, governments are in search of the ways and means to mobilize fiscal space and to work incrementally towards realizing universal programmes, either by scaling up existing programmes or implementing new schemes. Key factors of success are reliable systems to establish identities and deliver lifelines of support, digital inclusion and connectivity, and inter-institutional coordination and follow-through actions.

**Chapter 5, *Social security responses to the COVID-19 pandemic***, reports that the pandemic has exacerbated pre-existing vulnerabilities, triggered the region’s first decline in human development in 30 years, and caused devastating health and socioeconomic effects that may greatly undermine the prospect of meeting the 2030 agenda of the United Nations Sustainable Development Goals. Many measures have been put in place to respond to the crisis, protect the population, and maintain social and political stability. The pandemic has accelerated a surge in the use of telemedicine in the region. Consulting a health-care provider by telephone, video or text has become the new norm for many medical needs. The crisis calls attention to the urgent need for modern, more comprehensive and shock responsive social protection systems. While emergency relief programmes are addressing citizen needs especially those of vulnerable groups, their temporary nature also serves as a stark reminder that coverage gaps need to be addressed more urgently and sustainably.

Social security will play an even more critical role in the aftermath of the pandemic, but it cannot do so alone. Government leaders and policy-makers need to maximize the synergies between social security and policies on employment, active labour market policies, education, training, school-to-work programmes and promote job-creating initiatives such as entrepreneurship, microfinance and support for start-ups. The way forward is to build back the lives and livelihoods that the pandemic has disrupted or laid to waste – swiftly, urgently and with better, more inclusive outcomes.



# 01

## EVOLVING MANAGEMENT PRACTICES

Social security institutions are an important face of government and serve as important barometers of public opinion for a country's political leadership. This is one compelling reason that drives administrators to strive for service excellence in the administration of social security programmes.

Prior to the COVID-19 pandemic, digital technologies were already making inroads in the delivery of social security services. Administrators in Asia and the Pacific were discovering the many advantages of going digital: speed, convenience, safety and cost efficiencies, to name but a few. Investments in staff capacities and ICT infrastructure have made human-and-digital solutions the emerging strategy with which to raise the bar concerning the pursuit of excellence in social security services.

This strategy has proved to be prescient because the pandemic and the lockdowns and quarantine measures that ensued made in-person transactions a high public health risk. As a consequence, teleworking, online platforms and mobile apps have largely replaced face-to-face, paper-based transactions. The pandemic has thus served to accelerate the

development of new management practices that combine human insight and capacities with digital technologies.

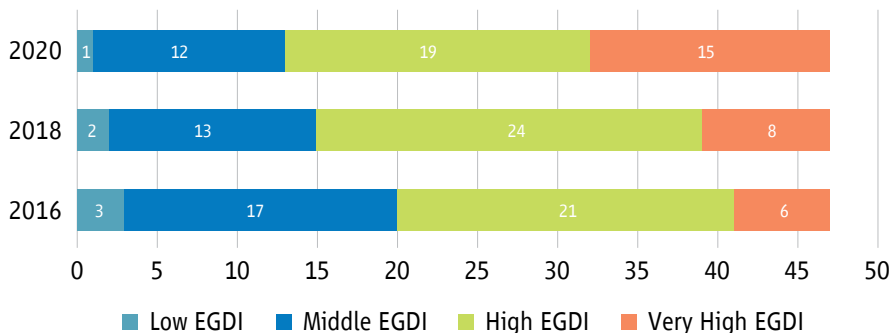
Looking forward to the post-pandemic era, it is clear that the region's social security management practices will comprise of human-and-digital solutions combined with tailored responses for those people with limited digital capacities. As evidenced by wide-ranging good practices, the client remains at the centre of all innovations in social security administration. This is the case from service delivery improvements to initiatives to simplify contribution compliance and the processing of benefit claims, as well as for digital modalities and human-based services, better management of sustainability risks, inter-agency coordination and the integration of social security services.

The overriding goal is to continuously improve client experience and provide sustainable client-oriented social protection. As the Asia and the Pacific region emerges from the crisis, social security institutions are ensuring that no one is left behind in the transition to the new normal.



## Evolving management practices

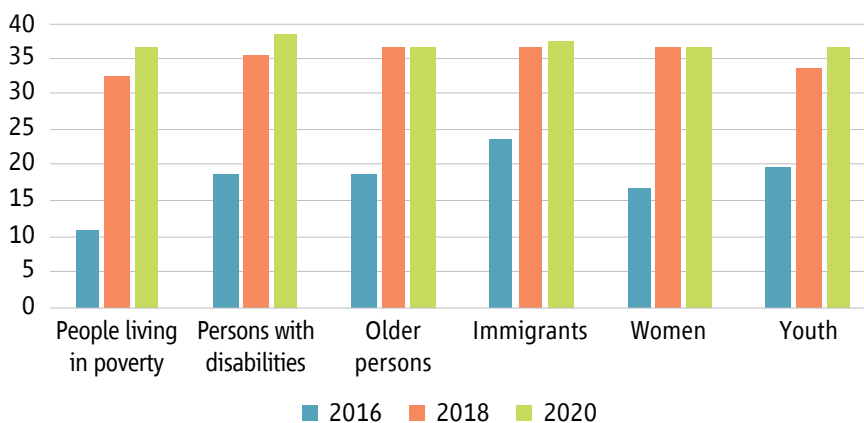
Figure 1. Distribution of Asia and the Pacific countries by EGDI level, 2016, 2018 and 2020



\*EGDI = E-Government Development Index. Source: UNDESA (2020).

## Digital inclusion development

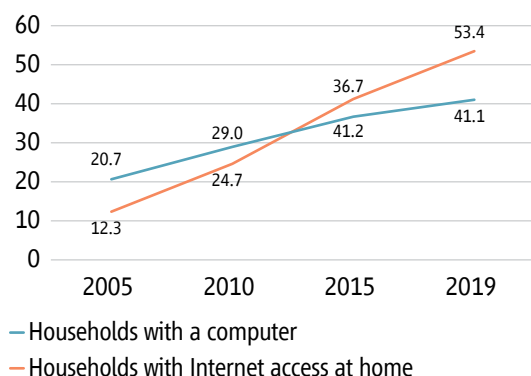
Figure 2. Number of Asia and the Pacific countries providing online services for vulnerable groups, 2016–2020



Source: UNDESA (2020).

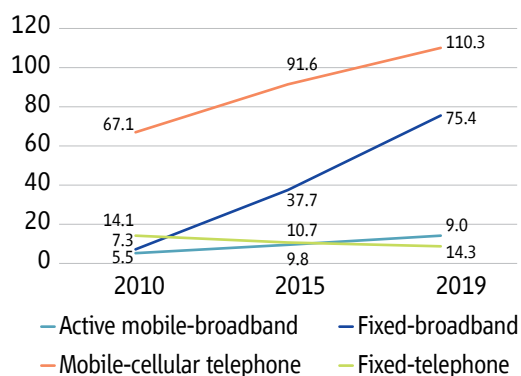
## Access to online services: Mobile and home-based connectivity

Figure 3. Asia and the Pacific households with Internet access at home and with a computer, 2005–2019



Source: ITU (2020).

Figure 4. Asia and the Pacific households with access to mobile telephone and Internet, 2010–2019



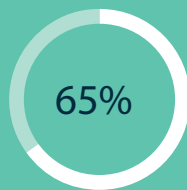
Source: ITU (2020).

## Evolving management practices in Asia and the Pacific



Asia has become the second most advanced region in e-government development, with the average EGD value increasing from 0.58 in 2018 to 0.64 in 2020.

Source: UNDESA (2020, pp. xxvi, 40).

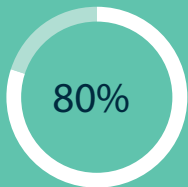


Twenty-four of the 37 surveyed Asian countries (65%) have high or very high EGD values. Eleven Asian countries (23.4%) moved to a higher EGD group.

very high  
EGDI +7

From 2018 to 2020, seven Asia countries moved from high to very high EGD. The Telecommunication and Infrastructure Index is the component driving the EGD up in 2020. In Oceania, all countries remained within the same EGD groups.

## Digital inclusion



80% of the countries in Asia offer government online services targeted for vulnerable populations, while 65% of countries in Oceania offer online services to vulnerable populations.

Source: UNDESA (2020, p. xxvi).

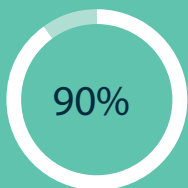


Almost all categories of vulnerable people experienced an increase in access to online services, with the exception of women and older persons.



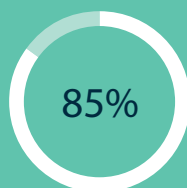
The most targeted vulnerable groups are persons with disabilities and immigrants.

## Access to online services



90% of Asian countries offer business registration and business licence application services online.

Source: UNDESA (2020, pp. xxvi and 43).



85% of Asian countries offer online services for applications for government vacancies and 81% for paying for utilities.



50% of Asian countries provide online services to register a motor vehicle and submit a change of address online.

## Mobile connectivity – Access to the Internet



The number of Asian countries that proactively share public information and provide online services through emails, SMS/RSS feed updates and mobile applications (apps) has risen in all sectors in 2020.

Source: UNDESA (2020).



In Asia and the Pacific, the share of population with mobile-broadband subscriptions doubled between 2015 and 2019.

Source: ITU (2020).



There are more Asia and the Pacific households with access to the Internet at home than there are with a computer at home.

Source: ITU (2020).

## STRATEGY AND GOVERNANCE

### Digital transformation strategies

Enabled by the possibilities of digital technologies, institutions in the region have been innovatively transforming their business environment. This has involved putting in place a digital transformation strategy that encompasses strategic business processes and service delivery (ISSA, 2019a; ISSA, 2019b).

Common main objectives of digital transformation are to improve customer services. For instance, the strategy developed by the Abu Dhabi Pension Fund (ADPF) of the United Arab Emirates (UAE) is enriching customer experience through simplified processes. Innovative solutions, digitalization and automation of internal processes are resulting in enhanced staff productivity, shorter time responses, operational excellence and customer satisfaction. Similarly, the digital transformation strategy developed by the Social Security Corporation (SSC) of Jordan aims at providing better services especially in the context of an increasing number of employers and active insured persons. The plan includes 26 initiatives in the areas of infrastructure development, investment in human resources, meeting the requirements of service recipients, and developing partnerships with relevant parties to provide end-to-end services by electronic means.

In turn, the 2021–25 strategic plan of the Iranian Social Security Organization (ISSO) aims to take advantage of interconnectivity as a means to promote cultural dialogue, public awareness, human resource management, digital social security and investment management.

Other institutions, such as the Public Pension Agency (PPA) of Saudi Arabia, are establishing Digital Transformation Offices to manage their digital transformation journey based on a full cycle methodology, including best practices, frameworks and international standards.

### Management of sustainability risks

Maintaining an adequate level of finance to deliver the promised benefits and services to members and beneficiaries is a fundamental responsibility. Ensuring the financial sustainability of the administered programmes and balancing the inflow of contributions and investment income with the outflow of benefit payments are key management challenges in this area.

The ADPF of the UAE is raising stakeholder awareness of the impact of backdating the pensionable salaries of those with long service careers, which will result in additional costs for which finance must be found. It is also strengthening its internal actuarial capacities.

New legislation has enabled the Fiji National Provident Fund to enhance its solvency management by establishing an Actuarial Unit, developing its actuarial capacity and strengthening its actuarial governance.

In the People's Republic of China, the Ministry of Human Resources and Social Security has taken various initiatives since 2016 to entrust fund investments to fund managers under its supervision. This has resulted in increased investment returns. In Oman, the Public Authority for Social Insurance (PASI) has developed and implemented a risk scoring methodology to ensure the chosen risk profile and net returns of the investment portfolio guarantee the scheme's financial sustainability. The risk framework and processes use key asset indicators such as Sharpe ratio, value at risk, and asset allocation mismatch.

### Compliance and contribution collection initiatives

Contribution collection and compliance are fundamental to contributory social security schemes. Important improvements in the contribution collection processes have been implemented in Oman, the Philippines and Saudi Arabia.

The PASI of Oman has developed several electronic payment channels and auto reconciliation mechanisms to facilitate the collection of contributions. It currently collects payments through collection companies, virtual accounts, remote deposit cheque machines (RDC), and payment gateways. The Philippine Health Insurance Corporation (PhilHealth) is taking steps towards digitalization through an Electronic Premium Remittance System (EPRS) to eliminate manual submissions of contribution-related transactions, minimize fraud and reconciliation issues, and save staff time and other resources that are otherwise necessary for manual submissions. The General Organization for Social Insurance (GOSI) of Saudi Arabia addressed the issues of streamlining contribution collection for small- and medium-sized enterprises (SMEs). In particular, GOSI developed the *Mudad* Payroll Management System, a cloud-based solution for SMEs to more easily process payrolls and comply with the Wage Protection System (WPS). SMEs access the platform through one-stop shops, which integrate access to all the necessary financial institutions and public agencies. Since its launch in mid-2020, *Mudad* has had over 21,000,000 visits, resolved over 700,000 transactions, processed payrolls totalling over 800,000,000 Saudi Arabian riyals and helped more than 60,000 SMEs to comply with WPS.

Controlling compliance constitutes a key but complex function that institutions in Indonesia and Saudi Arabia are addressing. In Indonesia, the Social Security Administering Body for the Health Sector (BPJS Kesehatan) launched the new Compliance Express for Companies (CoEx), an innovation that shortens the time to perform contribution compliance checks. In 2020, the CoEx realized 48,000 examinations and generated additional contribution income of 93 million US dollars (USD). A web-based application (MONIBU) is improving compliance inspection by facilitating the analysis of monthly worker data reports submitted by employers. To enhance its institutional capacity, the PPA of Saudi Arabia established an independent compliance department to help its board exercise oversight of its compliance function, including the definition of management roles and responsibilities, and strengthening policies, procedures and controls to improve compliance.

## IMPROVING SERVICE DELIVERY

### Digitalization of customer services

Digital transformation is making available various online applications and one-stop-shop digital engagements, all aimed at improving customer satisfaction levels and providing safe service amidst the pandemic. The digital initiatives are also empowering and engaging the staff of social security institutions.

The SSC of Jordan created a digital branch to follow up all the transactions submitted and to carry out the tasks of receiving, calculating, disbursing and completing transactions in one place instead of transferring these to different branches.

In the Republic of Korea, the National Health Insurance Service (NHIS) introduced an electronic system through which health-care institutions can submit online applications for dentures and implants. This makes it more convenient for patients, especially the elderly, who no longer have to visit branches or physically mail forms. The country's National Pension Service (NPS) has a digital consultation channel that, among other things, converts into digital electronic forms various reports and forms previously required from clients. Both initiatives are examples of "Untact" service (meaning "contactless"), a high-trending concept in the Republic of Korea that reflects new standards for the "new normal" as the country emerges from the COVID-19 crisis.

In Singapore, the Central Provident Fund Board (CPF Board) launched the country's first fully digital interface, an online nomination process (ONS) that replaced the traditional hand-written bequest process for its members. In 2020, half of the CPF nominations were made online, which saved members an estimated 130,000 hours, as calculated by the CPF Board. The ONS enabled members to make their nominations despite closures of the CPF Service Centres during the COVID-19 pandemic period.

Vietnam Social Security recently launched the VssID application as part of the digital ecosystem that is being developed for its members. It enables access to many online services including member contribution and benefit records for pensions, health and unemployment as well as 24/7 support through chatbots.

The application of artificial intelligence (AI) is improving customer services in social security institutions worldwide. In Malaysia, the Employees Provident Fund (EPF) launched ELYA (EPF Loves You Always), its first bilingual chatbot powered by AI and natural language processing, and supported by live chat. EPF also launched i-Invest, a self-service digital investment platform for members to monitor their investments without going through agents. These initiatives are part of EPF's ongoing digitalization drive.

Other initiatives are aimed at improving the quality of services in specific areas. In Kuwait, the Public Institution for Social Security (PIFSS) replaced its presence-based documentation system with a quick response (QR) code verification that enables users to retrieve certificates and documents electronically using smartphones and

computers. To increase the satisfaction of covered retirees and using international standards, the Civil Servants Pension Fund (CSPF) of the Islamic Republic of Iran launched a communication centre for its beneficiaries that uses an ITIL framework to manage the requests of members and beneficiaries. Maintaining staff interaction during the pandemic has been an important concern. The ADPF of the UAE put in place an internal social communication channel to re-engage employees and maintain social bonds and team spirit amidst the crisis.

### Strengthening human-based customer services

Advances in technologies notwithstanding, human-based customer services are still indispensable.

The Korea Occupational Safety and Health Agency (KOSHA) has eight occupational trauma centres that provide services to help stabilize individuals that have been directly or indirectly exposed to traumatic events, support their return to work and link them to professional medical treatment when necessary.

The Japan Federation of Labour and Social Security Attorney's Associations (JLSSA) continues to offer *Sharoushi*, a legal profession certified by the Ministry of Health, Labour and Welfare that is specialized in social security and labour relations.

The SSC of Jordan has a unified call centre that refers non-electronic member requests to designated contact numbers for assistance. The service is supported by multi-disciplinary staff and the active participation of all relevant partners.

The ISSO of the Islamic Republic of Iran has put in place on-site consultation centres in new establishments to provide information on ISSO operations, to strengthen client relations with employers and social partners.

### Leveraging inter-institutional coordination

The simplification of citizen services is one of the main benefits arising from the coordination of social security services. It also permits many institutional efficiencies, specialization, cost reduction and more services at lower costs, not least of which is the elimination of overlapping tasks and services (ILO, ISSA and UNDESA, 2021).

Inter-institutional coordination is enabling the improvement of customer services in several countries. The Civil Service Employees Pension Fund (CSEPF) of Oman upgraded and enhanced its core pension information system by integrating and connecting it with the systems of other government entities. This has enabled the collecting and sharing of data for contributions collection, pensioner and contributor civil information, and for inter-agency functions. The CSEPF also has an electronic payments system via a Business-to-Business (B2B) Integration framework that supports the automation of pensions and supplier payments, reconciliation and direct debits through direct integration with CSEPF systems.



Data connectivity of the NPS of the Republic of Korea with public institutions including the Supreme Court and the Korea Financial Telecommunications and Clearings Institute (KFTC) makes pension claims possible through the so-called “3-less service”, a “contactless, paperless, and wait-less” service. An estimated 490,000 new applicants per year will no longer be inconvenienced by manual applications. Annually, the NPS saves about 500 million South Korean won related to the issuance of paper documents, which is equivalent to 3.9 tons less of carbon emissions.

Electronic records enable the streamlining of institutional operations as well as interinstitutional collaboration. Since 2014, the Indonesia’s Social Security Administering Body for the Health Sector (BPJS Kesehatan) has been using a digital information system that electronically records primary care (referral) data. The processing of hard-file documents was time consuming, and no more than 30 per cent of primary care providers submitted on time. The P-Care single software application has simplified the process, and is saving USD 151,000 per month. A digitalized archive system manages inter-institutional correspondence, which automatically records and digitally monitors documents for faster and better coordination.

To be effective, coordinated inter-institutional services need common personal identifiers. In India, the Employees’ Provident Fund Organization (EPFO) introduced the Universal Account Number (UAN), a 12-digit unique number assigned to each EPFO member. It acts as an umbrella for the multiple member IDs that an individual may acquire from affiliation with different

agencies. The UAN allows 100 per cent access to all online services, empowers members with self-service modalities, and provides a platform that evolves and caters to the needs of over 60 million members. The administrative cost for managing the fund was reduced significantly from 1.10 per cent of wages to 0.5 per cent.

Common service platforms constitute the most powerful approach to implement coordinated services. In Saudi Arabia, the PPA launched a digital platform (*Mithaq*) through which government agencies provide the PPA with contributor data and employment status. A compliance certificate is issued to recognize involved agencies’ commitment to provide data according to PPA standards.

The NHIS of the Republic of Korea consolidated the collection systems of five major social security programmes administered by three separate institutions. The consolidation unified the notification, collection and compliance systems, and achieved significant improvement in the effectiveness and efficiency of social security contribution collection and compliance.

In Malaysia, the Social Security Organization (SOCSO) established the country’s first social security platform, the Social Synergy Programme (SSP), which is a one-stop centre that brings together agencies that provide social protection benefits. An ICT platform (MySynergy System) uses blockchain technology and enables data management to prevent the payment of overlapping benefits and to track the progress of each recipient. The innovation responds to the issue of agencies operating in silos and Malaysia’s fragmented social security ecosystem.



## Towards data-driven social security

Social security institutions in Asia and the Pacific are applying information dashboards, big data, advanced analytics and AI to support decision-making processes (ISSA, 2019b).

The BPJS Kesehatan of Indonesia established an Audit Follow-Up Monitoring System (MONTILA) to strengthen internal control and directly monitor the implementation of audit recommendations. In 2020, MONTILA recovered more than USD 17 million based on audit findings. The institution also has a machine learning system that reviews records before payments are made, replacing its retrospective fraud detection methods. Initial implementation resulted in the identification of 29,990 potential fraud cases involving almost USD 42 million.

To respond to a series of crises of widespread drought, bushfires, floods and a global pandemic, Services Australia rapidly established a Straight Through Processing (STP) automated service that provides benefit payments in line with four golden rules: the right person,

the right programme, the right rate and commencing on the right date. Based on rigorous assurance checks including the use of statistical methods and data driven analyses, the accuracy of STP payments is more than 99 per cent (Services Australia, 2021a).

The Korea Workers' Compensation and Welfare Service (COMWEL) developed its Intelligent Rehabilitation Recommendation System (IRRS), an AI system that analyses big data on work injuries and employment, and designs scientifically tailored rehabilitation services for injured workers. To develop IRRS, COMWEL designed a vulnerability index based on 98 million separate pieces of case management data using rule-based filtering and case-based reasoning (CBR) methodologies. Related patents are currently being prepared.

To control the COVID-19 pandemic in the Republic of Korea, NHIS is using big data to help the Korea Disease Control and Prevention Agency to put in place a system to manage patients and hospital resources efficiently, based on patient history, symptoms and the severity of patients' underlying health conditions. ■

## GOOD PRACTICES

### Towards data-driven administration

In the Republic of Korea, social security institutions have made significant efforts to use smart technology to improve social security services and the effectiveness of programmes. Korean institutions are particularly taking advantage of big data infrastructure and are building, in parallel, the technological capacity to use it.

The COVID-19 pandemic led to serious concerns about a possible collapse of the country's health-care system. An insufficient number of public hospitals was perceived as a serious threat to the stability of the health insurance system. To effectively manage hospital bed capacity, the National Health Insurance Service (NHIS) used big data to analyze accumulated medical information on patients' treatment histories, health check-ups, and long-term care records, with particular focus on 15 chronic diseases. The information has enabled the risk classification of patients, and effective treatment and resource management.

Also, the Korea Workers' Compensation and Welfare Service (COMWEL) supports the return to work of injured workers. It serves as a safety net that protects the country's human resources. As service expanded over the years, and to increase the effectiveness of its rehabilitation programmes, COMWEL developed its Intelligent Rehabilitation Recommendation System (IRRS), an artificial intelligence system that analyses big data on work injuries and employment. From among the injured workers, it focuses on those who need to be active and designs for them scientifically tailored rehabilitation services. In December 2020, the IRRS was recognized to be the best programme in public-sector service delivery by the Korea Intelligent Information Society Agency.

The two initiatives of acquiring high-quality data technology and strengthened ICT systems on big data have proven to be key success factors, along with human resource investments, professional manpower, sense of duty and quality services.

Source: ISSA (2021b).

### Strengthening human-based services to improve service quality

Many institutions manage social programmes and specialized services for citizens, which often require highly skilled experts and multi-disciplinary employees to respond properly to human conditions as well as to foster a decent work environment.

The Iranian Social Security Organization (ISSO) organizes tailored trainings and onsite consultations with employers to respond to queries and problems, and to foster the participation and satisfaction of employers and other social partners.

In Singapore, the Central Provident Fund Board (CPF Board) is redefining its relationship with citizens, to become one where it is regarded as a "trusted partner" instead of a public service provider only. In line with this, it launched the Rejected Appeals Management Protocol (RAMP) to assist members whose applications to withdraw early their retirement savings due to short-term financial difficulties have been rejected. Through RAMP, CPF Board established ten referral protocols with 33 agencies that provide various forms of assistance for such short-term needs. CPF Board counsellors equipped with knowledge of these other assistance schemes proactively work with the relevant public agencies to seek alternative ways and solutions to avoid the early depletion of CPF Board members' retirement savings. The success of RAMP is mainly due to a clear understanding of member needs and an ongoing evaluation of member satisfaction with the RAMP service. Direct dialogue through the hybrid use of digital tools and analogue methods support the CPF Board counsellors who carry out the initiative.

Source: ISSA (2021b).



## KEY MESSAGES

- Looking forward to the post-pandemic era, members and beneficiaries will remain at the centre of all innovations in social security in Asia and the Pacific. The region's social security management practices will consist of human-and-digital solutions combined with tailored responses to those with limited digital capacities. This is how administrators are making sure that no one will be left behind in the transition to the new normal.
- The digital transformation of social security institutions requires a whole-of-institution approach. Leadership and clarity of vision are key, as is a hand-in-glove fit between the institution's strategic plan and its human and technology resources. Change management and understanding staff needs are important to get their commitment and support during the transition and beyond.
- The convenience, security and autonomy that online services provide and human-and-digital solutions bring have reset public expectations to an even higher level. When the pandemic recedes, the tendency to go back to the pre-pandemic ways of operating will be greatly moderated by a public that now expects speed as a key deliverable of social security programmes.
- Digital technologies can empower social security administrations with data driven decision-making processes. Big data, AI, machine learning and data analytics have the power to integrate information and analyse huge datasets to gain insights on all operational aspects, including enhanced programme compliance, the prevention of error and fraud, more proactive services, and improved client experiences.
- The analytical power of digital technologies holds immense potential to automate decision-making processes. Nonetheless, automated decisions still require human oversight. While digital technologies bring greater transparency in the governance of a social security institution, accountability will always rest with its board, management and staff.
- More than ever, continuity and recovery plans on both technical and business levels are essential. Operational resilience and disaster preparedness are two sides of the same coin. Risk management must now include the new risks that digitalization brings: from network fallouts, resolution and browser compatibility issues through to data privacy, information integrity and cybersecurity.



# 02

## EXTENDING AND MAINTAINING SOCIAL SECURITY COVERAGE

The extension of social protection is part of the 2030 Agenda for Sustainable Development (SDG target 1.3) that calls all countries to urgent action on improving national social protection systems. As part of a human-centred approach to the future of work, extending protection to uncovered workers is one of the 2019 recommendations of the International Labour Organization (ILO) Global Commission for the Future of Work.

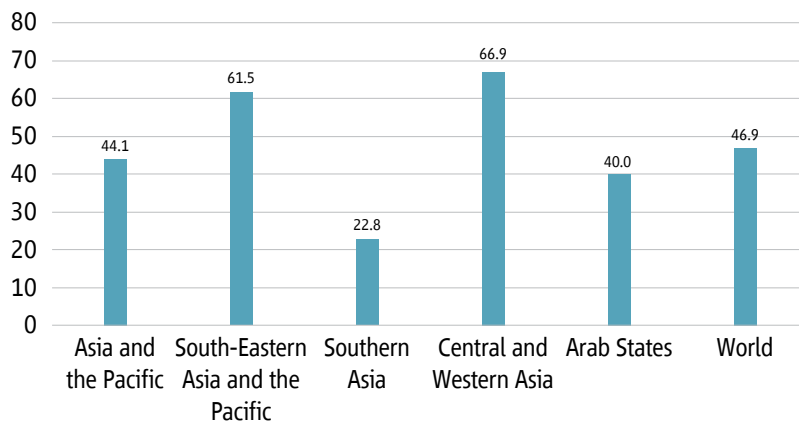
Based on ILO estimates (2021a), 44.1 per cent of the population in Asia and the Pacific has effective access to at least one form of social protection benefit, and 18 per cent of children receive childcare benefits. About 73.5 per cent of older persons receive pensions; 24.8 per cent of active employees are protected against work injury and occupational diseases; and 21.6 per cent of persons living with severe disabilities receive social protection

benefits. Only 14 per cent of the unemployed population receives social protection benefits and social assistance programmes cover 25.3 per cent of vulnerable persons.

Countries in Asia and the Pacific are relentless in their efforts to extend and maintain the social security protection of all population groups, particularly the most vulnerable in society. The continuing state of fragility and vulnerability of the many who remain outside any form of social protection makes imperative policy improvements, better fiscal support and effective strategies to close coverage gaps. Now more than ever, social protection systems and social security institutions in Asia and the Pacific are innovating policy, financing and programme design, enhancing administrative capacities and leveraging ICT solutions, to ensure that no one is left behind as the region develops further.

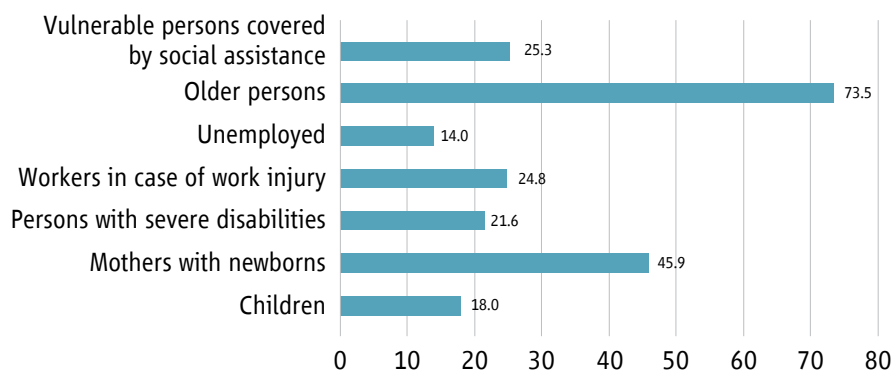
## Effective coverage

**Figure 1.** Share of population covered by at least one social security benefit (%)



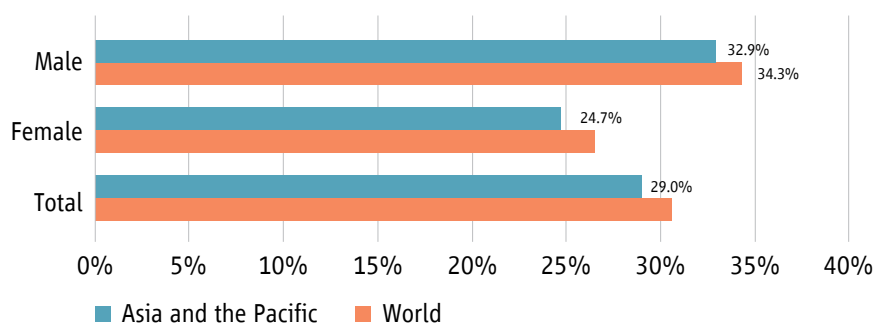
Source: ILO (2021a, Table A.4.2).

**Figure 2.** Coverage by population group (%)



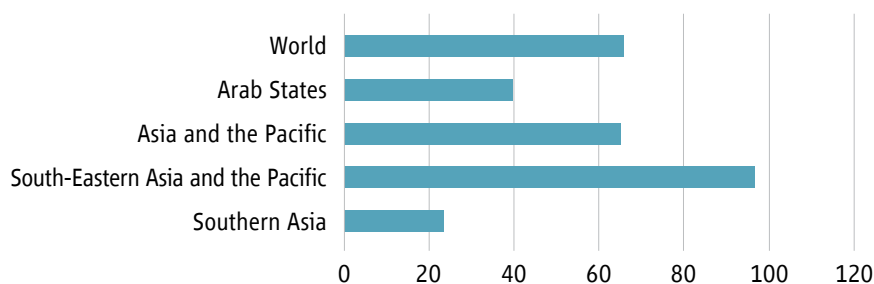
Source: ILO (2021a, p. 20).

**Figure 3.** Working-age population legally covered by comprehensive social security systems, 2019



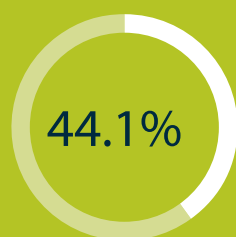
Source: ILO (2021a, p. 56).

**Figure 4.** Percentage of the population covered by a social health scheme, 2020



Source: ILO (2021a).

## Effective and legal social security coverage



In Asia and the Pacific, 44.1% of the population is covered by at least one cash social security benefit, which is lower than the world average (46.9%).

Source: ILO (2021a, p. 20).



73.5%

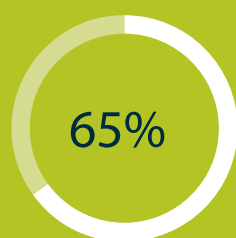
The most accessible type of social protection is old-age pensions: 73.5% of persons of pensionable age receive an old-age pension. Unemployment benefits are less accessible: only 14% of unemployed persons receive unemployment benefits.



29%

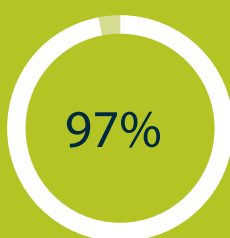
In Asia and the Pacific, only 29% of the working-age population are legally covered by comprehensive social security systems, with women's coverage (24.7%) lower than that of men (32.9%).

## Health social protection



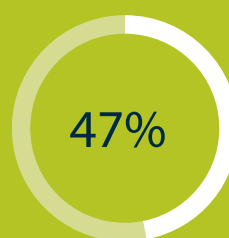
In 2020, 65% of the population in Asia and the Pacific was covered by social health schemes, which is close to the world average (66%).

Source: ILO (2021a, p. 20).



Asia and the Pacific is one of two world regions that together account for 97% of the global population impoverished by out-of-pocket health expenditures.

Source: ILO (2020a).



47% of current health spending in the South East Asia sub-region in 2016 (latest data available) was out-of-pocket, with medicines accounting for the highest level of expenditure.

Source: WHO (2019, p. 43).

## Public expenditure in social security



In Asia and the Pacific, public expenditure on social security represents 7.5% of GDP, compared to the global average of 12.9% of GDP.

Source: ILO (2021a, p. 59).



In Asia and the Pacific, of total average GDP, 1.1% of GDP finances benefits for children, 1.7% of GDP for the working-age population and 5.1% of GDP for old-age benefits.

Source: ILO (2021b).



Health expenditure as a proportion of GDP reveals pronounced differences between sub-regions, ranging from 9.5% of GDP in Central and Western Asia to 2.6% of GDP in South Asia.

Source: ILO (2021a, p. 59).

## TOWARDS UNIVERSAL SOCIAL PROTECTION - DEVELOPING AND IMPLEMENTING SOCIAL PROTECTION FLOORS

---

Governments and developmental partners in Asia and the Pacific are extending social security coverage through social protection floors. Australia, China, Japan, Mongolia, and New Zealand have achieved universal coverage for old-age pensions, in addition to Australia's and Mongolia's universal programmes for family benefits. The adequacy of programme benefits and services continue to depend on available fiscal resources.

Achieving universal coverage and, at the same time, adequate benefits and financially sustainable systems are perennial challenges. On-going efforts include a mix of strategies that extend contributory schemes and tax-financed programmes, the latter often based on targeting and conditionality measures, universalization and categorization, and addressing exclusion to incrementally realize the human right to social security.

### Complementary use of contributory and/or non-contributory financing

Extending social security coverage is gaining momentum in the Asia and the Pacific region through the extension of contributory and non-contributory programmes. Recognizing the limited reach of employment-based contributory programmes, the region is moving towards universal social protection including floors to extend protection to the population at large (ILO, 1952; ILO, 2012).

The tilt from basic social security to social protection floors, based on the complementary use of contributory and non-contributory financing, acted as a major push to extend social security coverage to the most vulnerable population groups. In China, for example, the Legislative Work Plan for 2021 includes social security bills and proposed bills that consist of contributory and non-contributory programmes as core elements of the social security extension strategy. The Ministry of Civil Affairs and the Ministry of Finance have drafted the Social Assistance Law that aims to provide basic income security to the most vulnerable through social assistance (ILO, 2021f).

The coverage of existing programmes is being extended to the self-employed, informal economy workers and those in new forms of work. In the proposed Medical Security Law drafted by the National Healthcare Security Administration (NHSA), China plans to extend multi-tiered health insurance to individual and family businesses without employees, part-time employees and other flexible workers (ILO, 2021f).

Means-tested pensions in Australia and conditional family benefits in countries such as Sri Lanka and Thailand are part of the drive to improve access of vulnerable groups to basic social security. In other countries, universalization and categorization of social protection interventions are succeeding in providing universal health coverage, family benefits and categorical old-age pensions, which typically focus on age-based population groups. Bangladesh, India, Mongolia, Nepal, Thailand, and Viet Nam have deployed categorical social pensions to support their elderly populations.

The rising demand for social security benefits amidst constrained public resources and the limited coverage of contributory social security schemes are favouring measures that address exclusion by expanding the scope of coverage to initially uncovered population groups in countries such as Australia, Bahrain, China, Japan and New Zealand. More measures are being put in place to attain Universal Health Coverage (UHC), promote decent work, protect the social security rights of employees and their families as well as support vulnerable groups through social assistance.

Vietnam Social Security has extended the coverage of its Social and Health insurance programme through a voluntary insurance package for informal and own-account workers. In Singapore, the Central Provident Fund Board is helping Singaporeans to build up their retirement savings through the Matched Retirement Savings scheme. Thus, bringing about improved access to basic social security protection.

In the Islamic Republic of Iran, the Iranian Social Security Organization provides free-of-charge medical services for special patients covered through the ISSO Basic Insurance Package and financial support for the elderly receiving inpatient services. These measures improve the adequacy and quality of social security protection and make coverage accessible to the most vulnerable in society.

## PROTECTING THE MISSING MIDDLE

---

The “missing middle” refers to workers in the informal economy who are without coverage under contributory social security schemes (due to limited contributing capacity, administrative barriers or eligibility for legal coverage) and deemed not poor enough to qualify for non-contributory social assistance benefits targeted at those living in extreme poverty. They are the “working poor” and may include the self-employed; rural, migrant, domestic or micro-, small- and medium-sized enterprise workers; and people engaged in new forms of work. Since most existing social security programmes in Asia and the Pacific are contributory schemes (usually covering various branches), extending their coverage to the missing middle is crucial if the region is to achieve sustainable and equitable universal social security coverage by 2030. The on-going challenge in Asia and the Pacific is to explore tailored, country-specific solutions to do this, either under existing or new social protection programmes.



## Coverage gaps

The region of Asia and the Pacific is characterized by huge gender gaps in employment, with low female labour force participation rates particularly in the Arab States of West Asia and South Asia. In addition, women are over-represented in vulnerable forms of work, particularly unpaid family work.

Close to 70 per cent of workers in the region are in the informal economy, and about half of the region's population has no social protection coverage. A few countries have unemployment benefit programmes, and family allowances and child benefits are not anchored in legislation (ILO, 2016). Although nearly all countries in the region have employment injury benefits in place, with at least one component of social and/or compulsory insurance, the effective coverage rate remains quite low. Only a limited number of countries have established comprehensive social protection systems with relatively broad coverage.

Maternity, unemployment, sickness and disability benefits are mostly covered by contributory schemes and remain a privilege for formal sector workers. While legislation in the countries of Asia and the Pacific provides benefits for old age, disability and survivors, and the majority of older persons receive a pension, coverage gaps remain significant and benefits are often insufficient to cover basic needs (ESCAP and ILO, 2020).

The ILO (ILO, 2021a) estimates that 44.1 per cent of the population in Asia and the Pacific has access to at least one form of social protection benefit, with 18 per cent of children receiving childcare benefits and 12.2 per cent of mothers receiving birth-related benefits. While a high proportion (73.5 per cent) of older persons receive pensions, only 24.8 per cent of workers are protected against work injury, and 21.6 per cent of persons living with severe disabilities receive social protection benefits. Unemployment protection reaches only 14 per cent of the unemployed, and social assistance programmes cover 25.3 per cent of vulnerable groups.

## Recent achievements

Many countries have implemented a variety of measures to maintain coverage of existing members and extend protection either temporarily or permanently to uncovered workers. In Brunei, for example, for self-employed individuals registered under the Employee Trust Fund (ETF), the Government provided from April 2020 full contributions to the Supplemental Contributory Pensions (SCP) for a period of six months. This move was to ensure that self-employed members affected by the pandemic would have on-going survivorship fund coverage. The Republic of Korea extended its state employment insurance programme to artists starting 13 September 2020 as a first step to extending coverage to all workers by 2025. Artists under work contracts who earn monthly incomes of at least 500,000 won (460 USD) are eligible for coverage under the amended Employment Insurance Act.

In addition, some existing contributory programmes have extended access to informal workers. In China, the government has committed to pay on behalf of the extreme poor and people

with serious disabilities the basic health and pension insurance contributions under the schemes for rural and urban residents. In 2020, various levels of government provided a total subsidy of 300 billion Chinese yuan to the Rural and Urban Residents' Pension Programme, benefiting 44.26 million minimum income guarantee recipients, 4.78 million extremely poor and 6.8 million people with serious disabilities.

In September 2020, India's President approved the 2020 Code on Social Security whose main goal is to streamline labour laws and extend social security coverage to all workers in the country. The new law mandates the federal government and state governments to introduce social security programmes that cover all informal workers, including home-based workers, self-employed persons, gig workers, and platform workers.

Moreover, some countries have effectively integrated contributory and non-contributory schemes in an effort to achieve universal coverage. In China, for instance, coverage of the basic pension (consisting of an urban workers' pension, a civil servants' pension and a residents' pension) increased from 98.48 million in 1993 to 999 million in 2020 and 1.014 billion by June 2021. The Rural and Urban Residents' Pension Programme, which covers over 540 million people, played a decisive role in achieving universal pension coverage in China.

In Mongolia, every elderly person receives a pension. The Mongolian old-age pension system comprises both social insurance and social assistance pension schemes, which provide a minimum income security to those who have not qualified for a social insurance pension (Neuland, 2016).

Additionally, some countries have established new contributory schemes (unemployment insurance schemes, in particular) to enhance social protection for different types of workers. Most of the new unemployment insurance schemes established in recent years are in Asia and the Pacific. In the Arab countries, further to the 2006 establishment of the first mandatory and permanent unemployment insurance programme in Bahrain and the 2011 implementation of a defined contribution unemployment insurance scheme in Jordan, the last decade has witnessed the introduction of unemployment benefits for unemployed nationals in several Gulf Cooperation Council States such as Kuwait (2013), Saudi Arabia (2013), and the United Arab Emirates (2018).

In 2020, the government of Indonesia launched the Pre-Employment Card Program, which combines temporary social assistance with skills development to help laid-off workers and jobseekers. The programme benefited 5.6 million participants across the country in 2020. In February 2021, the Unemployment Benefits Program was introduced for workers who were members of the country's health-care and pension schemes.

In 2017, Malaysia introduced the Self-Employment Social Security Scheme (SESSS) and, in 2018, the Employment Insurance Scheme. Together with incentives implemented by the Social Security Organization under the COVID-19 package, such as the Employment Retention Programme, the Wage Subsidy Programme and the Hiring Incentive, these changes have made important contributions to workers' social protection.

## HEALTH COVERAGE

In Asia and the Pacific, significant progress has been made towards Universal Health Coverage (UHC) through the development of universal social protection systems to improve access to essential health care. Several countries in the region have established entitlements to health care for the whole population, including China, Indonesia, Nepal, the Philippines, Sri Lanka, Thailand and Viet Nam (ILO, 2021a).

Health-care access varies significantly between urban and rural populations in the region. Women, in particular, tend not to receive the medical treatment they need, partly due to high costs (OECD and WHO, 2020). In addition, the COVID-19 pandemic has aggravated an already difficult situation for many of the region's countries.

Although the share of a population covered by a core set of health services offers an indicator of access to care and financial protection, it is only a partial measure of coverage. UHC also depends on the range of services covered and the degree of cost-sharing. Importantly, health services need to be of sufficient quality (OECD, 2021).

Most countries in the region need to intensify efforts to provide more people with access to affordable, quality health care. Despite the progress made, barriers to accessing health care remain in the form of out-of-pocket payments for health services, geographic proximity, limitations in the range and quality of health services, to name a few. In the region, lower-middle-income and low-income countries spend – after adjusting for differences in prices across countries – just below USD 250 per person per year on health, against USD 689 and USD 3,712 in the upper-middle-income and high-income countries, respectively. On average, household out-of-pocket expenses accounted for 47.4 per cent of total health expenditure in the lower-middle-income and low-income countries of Asia and the Pacific in 2017 (OECD and WHO, 2020).

Amidst these challenges, there are several promising recent developments. In Indonesia, the Social Security Administering Body for Health (BPJS Kesehatan) has managed the country's universal health coverage (UHC) since 2014. Growing rapidly and covering 220 million people, it is the largest single-payer scheme in the world. BPJS Kesehatan's efforts to achieve UHC faced numerous challenges in its implementation, such as poor data and health information systems. To tackle these issues, it developed innovative strategies such as "Integrated service solutions to achieve UHC" and "Expanding membership coverage to Indonesia's village officials".

Since March 2019, all citizens in the Philippines are automatically enrolled into an "essential health benefit package" under the country's National Health Insurance Programme (NHIP), without regard to the individual's NHIP contribution record. Membership is classified into two groups: direct contributors and indirect contributors.

In the Republic of Korea about 97 per cent of the population is insured through the country's universal single-payer health-care system, as a result of the adoption of UHC in 1989 and the merging of 370 insurance funds in 2000. Significant investments in health

data and technology by the National Health Insurance System (NHIS) are improving the quality, efficiency and effectiveness of service delivery, as described for example by its Smart Citizen Service for Healthcare.

Thailand adopted a UHC policy in 2002. Its health insurance scheme covers close to 75 per cent of the population and is funded through general taxes and managed by the National Health Security Office (NHSO). According to the WHO Global Health Expenditure database, out-of-pocket expenditures have declined substantially, from 34 per cent in 2001 to 14.8 per cent in 2007 and 11.1 per cent in 2017.

In Viet Nam, the social health insurance scheme that was introduced in 1992 was revised by the Health Insurance Law in 2014. A series of policies and regulations enabled the extension of coverage to 87.7 per cent of the population by 2018. Significant progress has been made, based on innovative strategies developed by the Vietnam Social Security (VSS), the governmental agency in charge of implementing social and health insurance policies.

## EMPLOYMENT INJURY COVERAGE

In Asia, most countries introduced work injury insurance schemes in the 1970s, including Thailand in 1974. These schemes offer benefits for a variety of contingencies caused by work-related accidents or occupational disease, either in cash or by providing medical care, treatment and rehabilitation.

The two main types of scheme are social insurance and employer liability insurance. Social insurance systems are applied in Bahrain, India, Indonesia, Japan, Republic of Korea, Malaysia, and the Philippines. Employer liability insurance systems, which exonerate employers from their legal responsibility to ensure a risk-free workplace by purchasing an insurance policy, are applied in Bangladesh, Nepal, Singapore, and Sri Lanka.

The legislation of all countries in the region ensure social security coverage for work-related accidents or diseases (SSA and ISSA, 2019). Some of them, such as Japan or Saudi Arabia (ILO, 2013), also cover migrant workers that may face issues when returning to their home country after being injured at work or developing an occupational disease later. Most commonly, work injury programmes exclude workers who are on casual contracts, the self-employed, domestic workers, and informal workers. Some excluded workers may, however, insure themselves privately or voluntarily contribute to social insurance schemes.

The coverage provided against work-related accidents and diseases is rather modest in Asia and the Pacific (ILO, 2021b). About 24.8 per cent of the workforce in the region receives a benefit in case of an injury at work. Coverage for accident insurances is actually increasing in Asia and the Pacific. The Vietnam Social Security has posted an increase from 13,332,341 million insured workers in 2017 to 14,874,729 in April 2021. Similarly, China has gradually and systematically extended its work injury protection over the years to now cover 277.44 million workers (ILO, 2021f). In July 2021, China's Ministry of Human Resources and Social

Security (MOHRSS) issued a new policy that requires platform companies to participate in occupational accident insurance by purchasing commercial accident insurances for their employees (employer liability). The Ministry of Manpower of Singapore is following a similar path, offering possibilities to self-employed delivery drivers to receive better work injury protection.

Recently, work injury schemes in Asia have moved from retro-active financial compensation for occupational accidents and diseases towards proactive prevention measures. Vietnam Social Security has set up a prevention department, and the Social Security Organisation (SOCSO) of Malaysia is following a comprehensive and ambitious Vision Zero prevention strategy that aims to reduce to zero the number of occupational accidents and diseases.

## ADDRESSING THE ADMINISTRATIVE CHALLENGES TO COVERAGE

Good policy and programme design are important to the effective extension of social security coverage, but it is the effectiveness, responsiveness and resilience of administrative systems and structures that operationalize these that make the difference. It involves the implementation of key business processes such as registration, contribution collection, benefits delivery and records management as well as public outreach and communication.

The imperatives of good governance and the continuous attainment of efficiency and effectiveness require social security administrations to address long-standing challenges in coverage, evasion and exclusion as well as fraud and administrative errors. Countries in Asia and the Pacific have made impressive strides in bridging coverage gaps by leveraging modern ICT and digital solutions to build responsive and resilient administrative systems.

For example, the Social Security Corporation of Jordan established its Digital branch; the Abu Dhabi Retirement Pensions and Benefits Fund of the United Arab Emirate opted for Digital Transformation; and the Social Security System of the Philippines focused efforts on Accelerating the Transformative Digitalization. These measures

and mechanisms play a critical role in addressing challenges faced by social security administrations through digitalization and simplification of operational processes such as registration and case management.

In a similar development, the National Pension Service of the Republic of Korea developed online information sharing among organizations to facilitate case management and the payment of benefits through contactless, paperless, and wait-less mechanisms. In India, the Employees' Provident Fund Organization adopted the Universal Account Number (UAN), which enabled and empowered the institution to deliver benefits to millions with greater efficacy and efficiency.

On contribution collection and compliance enhancement, the Public Pension Agency in Saudi Arabia established and implemented measures to enhance compliance and improve the timely collection of social security contributions. In Indonesia, the Social Security Administering Body for the Health Sector has similarly introduced measures to enhance the collection of contributions.

The commitment to improve service quality by minimizing waiting and queuing time as well as minimizing the risks of service disruptions have equally served as major drivers in developing responsive and resilient administrative systems in Asia and the Pacific. Institutions are increasingly taking advantage of the high digital literacy of the population and technological transitions to drive change from manual to computerized systems, electronic and online solutions, and digital and mobile solutions. For instance, the Public Institution for Social Security of Kuwait, introduced the Mobile Application and Electronic certificate to improve service quality by eliminating queuing and waiting for member services. Regardless of technical progress, the need for a personal touch to ensure service quality remains. This is recognized by efforts to develop human-oriented solutions to problem solving by the Japanese Federation of Labour and Social Security Attorney's Association.

The success of extending and maintaining social security coverage strongly depends on institutional capacity, highly capable staff, digitalization as well as on its communication capabilities. Despite significant challenges, countries in Asia and Pacific have achieved significant improvements in this regard. ■

## GOOD PRACTICES

### Implementing universal coverage in China

The Chinese government has implemented a national plan that provides for the complete coverage of all urban and rural populations by the country's statutory social insurance programmes. A comprehensive registration system supported the implementation of the plan, to ensure the enrolment of all individuals and households. To optimize policy, some noteworthy features of the plan are the differentiated structure of contribution rates for industry sectors, enhanced communication measures, and service delivery through one-stop-shops and mobile apps. The national insurance database was intensively used to analyse coverage gaps and to inform policy implementation and decision-making.

By the end of 2020, the numbers of people participating in basic old-age, unemployment and work injury insurance reached 999 million, 217 million, and 268 million, respectively. The basic old-age insurance participation rate exceeded 90 per cent.

### Integrated service solutions to achieve Universal Health Coverage in Indonesia

The Social Security Administering Body for Health (BPJS Kesehatan) administers the universal health coverage (UHC) programme of Indonesia. Launched in 2014 with 133.4 million members, the programme aims to improve health equity and service access, and to increase programme coverage to 266 million (98 per cent of the Indonesian population) by 2024.

Initially, BPJS Kesehatan's efforts to achieve UHC faced numerous issues in its implementation including financial risks; access to safe, affordable and effective health care; and poor information systems. Two of the innovative strategies developed by the institution to address these challenges were:

- *Digitally integrated service transformation solutions.* BPJS Kesehatan structured the national health ecosystem into four clusters and monitored the coverage evolution through business intelligence dashboards. Based on ISSA Guidelines, the strategy considerably improved the organization's business processes and significantly increased registration and contribution collection.
- *Expanding membership coverage to Indonesia's village officials.* In Indonesia, the village is the smallest governmental unit. A strategy was developed in collaboration with local district governments to increase knowledge and understanding at the village level, beginning with village officials. Supported by web-based registration systems, the strategy increased registrations by 801,634 in April 2021 alone, exceeding the month's target by more than 394 per cent.

### Extending Social and Health insurance coverage through innovative strategies in Viet Nam

Innovations by the Vietnam Social Security (VSS) are enabling Viet Nam to achieve significant progress in the socioeconomic sphere.

*The extension of social and health insurance coverage in Viet Nam.* By streamlining administrative processes, coordinating with relevant ministries, socio-political organizations and enterprises, organizing a network of inspectors, strengthening public education, and using ICT to improve the operational efficiency of collection agencies, the VSS increased the number of health insurance participants from 74.7 per cent of the population in 2015 to 89.4 per cent by April 2021.

*The VssID – Digital Social Insurance.* The VssID is a digital ecosystem that supports the implementation of extending social and health insurance coverage. The VssID offers mobile services to insured persons and beneficiaries of the social, health and unemployment insurance programmes administered by the VSS. Among its many functionalities, clients can review their contribution and benefits history for social, health and unemployment insurance, and use the VssID as a health insurance card. Six months after its launch, 6 million people had downloaded and installed the app.

Source: ISSA (2021b).



## KEY MESSAGES

- 44.1 per cent of the population of Asia and the Pacific is covered by at least one social security benefit. Yet, there are significant subregional differences, with South Eastern Asia and the Pacific having higher social security coverage rates at 61.5 per cent, than South Asia at 22.8 per cent.
- Covering informal workers remains a key challenge for contributory programmes in the region. Importantly, labour market realities and technological changes are giving rise to new and non-standard forms of work that share many characteristics of informal employment.
- Coherent and complementary integration of contributory and non-contributory programmes is key to including the “missing middle” in social protection and moving towards universal coverage.
- A number of countries in the region have established new contributory schemes, particularly unemployment insurance schemes, to enhance national coverage for more types of contingencies. In recent years, the region has been the global leader in the establishment of new unemployment insurance schemes.
- The region is making significant progress towards Universal Health Coverage. Several countries have established entitlements to health care for the whole population. Nonetheless, health-care access and administrative arrangements may vary significantly between urban and rural populations.
- Notwithstanding the progress made in health-care coverage, barriers remain in the form of out-of-pocket payments, geographic proximity, and limitations in the range and quality of available health services.
- There is a positive but modest increase in the coverage of work injury programmes. In the region, only 24.8 per cent of the workforce receives a benefit in case of an injury at work.
- Success in extending and maintaining social security coverage depends on institutional leadership and commitment. ISSA member organizations are investing in staff capacities, new ways of communicating with the public and new technologies are enabling the region to achieve significant gains in extending coverage, including to difficult-to-cover and vulnerable groups.



# 03

## MEETING THE NEEDS OF AN **AGEING** **POPULATION**

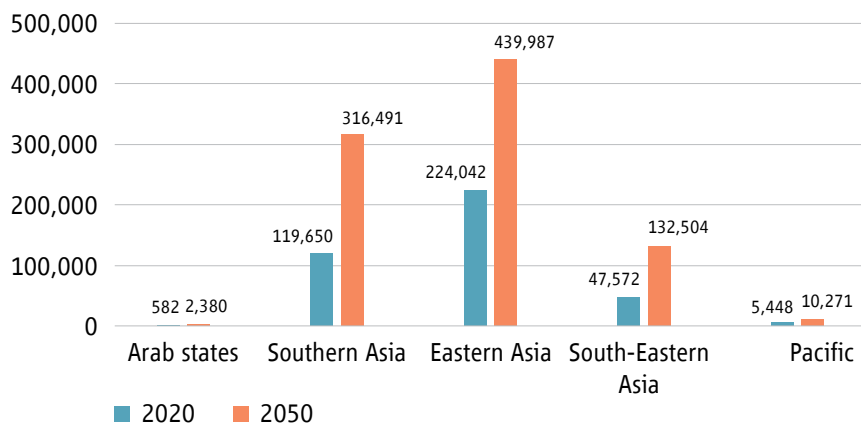
The Asia and Pacific region is characterized by polarized national social protection profiles. This national divergence is also evident in the different ageing patterns among the region's countries. The countries of North and East Asia are, in a similar manner to Australia and New Zealand, already well advanced in their demographic transition, with the populations of Japan and the Republic of Korea featuring among the oldest in the world. In some Central and South Asian countries, working-age people are in the majority, at least for the moment (Phua, Goh and Yap, 2019). When it comes to tackling the challenges of population ageing, the various national institutional systems established to offer health care and support in retirement are rooted in widely different philosophies. Generally, all face challenges in terms of adjusting to the process of rapid population ageing.

The region's Member countries of the Organisation for Economic Co-operation and Development (OECD) operate comparable elder-care systems to those found in other OECD countries. However, when it comes to ensuring replacement income in retirement, alternative solutions have been developed in other countries of the region, including among several Member countries of the Association of Southeast Asian Nations (ASEAN) (OECD, 2018).

Regardless, these myriad institutional solutions face the same challenge: the need to pay out greater sums over the medium and long term to respond effectively to population ageing. While an ageing demographic is a global phenomenon, the distinguishing feature of the picture in the Asia and Pacific region is its duality: the transition is advanced in some countries, yet hardly begun in others, but with indications that the pace of population ageing will be faster. This duality is mirrored in the institutional responses developed by national governments in the region. Whatever the model, high levels of informal labour remain a central factor when it comes to financing an appropriate institutional response. Faced with such issues, members organizations of the International Social Security Association (ISSA) have developed innovative practices capable of providing concrete solutions to the challenges of ageing. These include promoting the formalization of labour, providing professional and dedicated care services for people experiencing a loss of autonomy, or providing a permanent portfolio of practices and services for older insured persons.

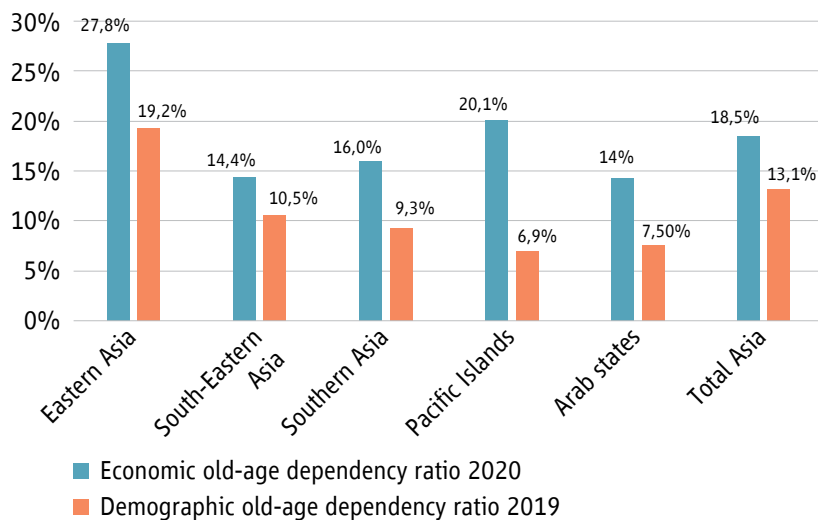
## Ageing and pensions

Figure 1. Growth of population aged 65 or older



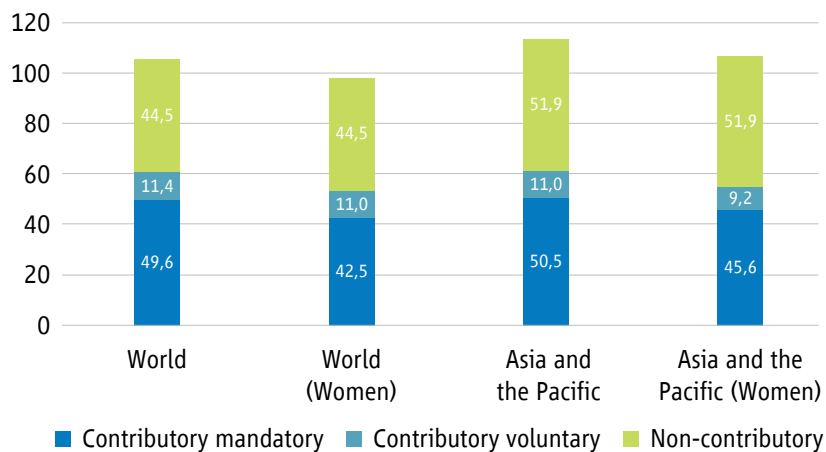
Source: UNDESA (2019).

Figure 2. Economic and demographic old-age dependency ratios



Sources: ILO (2020b) and UNDESA (2019).

Figure 3. Legal old-age pension coverage of the working-age population



Sources: ILO (2021a); SSA and ISSA (2019).



## Demographic snapshot



The share of the population aged 65 or older in Asia and the Pacific was 9% in 2020 and is projected to reach 26% by 2050.

Sources: UNDESA (2019); ISSA (2021a).

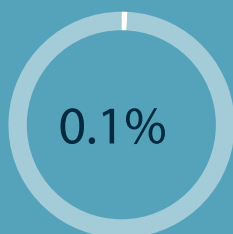


By 2050, all sub-regions will register an increase in the number of elderly people, particularly in East Asia and South Asia.



In Asia and the Pacific, projected declining fertility rates, from 2.09 in 2020 to 1.76 in 2050, are contributing to an increase in the share of the population aged 65 or older.

## Provision of long-term care



Long-term care accounts for a small percentage of institutional budgets: in China and India only 0.1% of GDP is allocated.

Source: Ilkkaracan and Kim (2019).



In East and South East Asia, the number of those in need of long-term care is projected to reach 33.6 million by 2050 and 60.0 million by 2100.

Source: Hayashi et al. (2019).



The economic dependency ratio in Asia and the Pacific exhibits strong sub-regional variations: 9.2 persons of working age per elderly person in Eastern Asia, 9.3 in South Asia, and 6.9 in the Pacific.

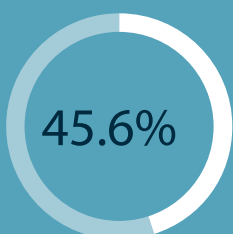
Source: UNDESA (2019).

## Effective and legal coverage

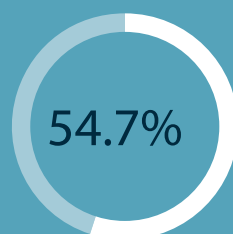


In Asia and the Pacific, 50.5% of the population above the statutory pensionable age receive a contributory old-age pension (49.6% globally); 51.9% receive a non-contributory old-age pension (44.5% globally).

Source: ILO (2021b).



In Asia and the Pacific, 45.6% of women receive a contributory pension (42.5% globally) and 51.9% receive a non-contributory pension (44.5% globally).



54.7% of the labour force (aged 15+) are paying contributions and accumulating rights to a contributory pension.

## THE SPECIFIC NATURE OF AGEING IN ASIA AND THE PACIFIC

The Madrid Plan of Action adopted at the Second World Assembly on Ageing in 2002 recognized population ageing as universal. This policy challenge also influences part of the United Nations Sustainable Development Goals, to create an inclusive society for all ages. Bearing in mind the cross-cutting nature of ageing, all countries report annually on progress achieved towards the Sustainable Development Goals, such as reducing poverty and inequality and improving health protection (UN, 2020). At the World Health Assembly in 2016, 194 countries – including 38 from the region – recognized the need for national long-term care systems. At a regional level, the 1999 Macau Declaration set out guidelines on seven key aspects of ageing for the Member States and Associate members of the Economic and Social Commission for Asia and the Pacific (ESCAP). These were incorporated into the 2002 Shanghai Implementation Strategy, and the key points were taken up by ASEAN in the 2015 Kuala Lumpur Declaration on Ageing (ESCAP, 2019). These cornerstones of policy, built on the recognition of ageing as a common phenomenon, have led to regular meetings seeking to ensure that good practices and knowledge on responding to the challenges of ageing are shared throughout the region. The recent Regional Conference on Health and Socioeconomic Well-Being of Older Persons in Developing Asia, which took place in Manila in September 2021, is one such example. Good practices are also regularly gathered through the databases and policies made available to the region's authorities, such as the Asian Development Bank's KSTA 6556 programmes: *Challenges and opportunities of population aging in Asia: Improving data and analysis for healthy and productive aging*. The aim is to promote the social inclusion of older people by rolling out dedicated services that safeguard their place in both their families and society. In a related vein, as part of a regional ageing strategy, the Arab States of the United Nations Population Fund and the League of Arab States recommend flexible working hours and financial support for caregivers.

Although ageing is indeed a global phenomenon, it is currently more advanced in industrialized countries, and notably, as far as the region of Asia and the Pacific is concerned, in the countries of the North-East, East and Australasia. For these sub-regions, 37 per cent of the population will be aged 60+ in 2050. In North Asia, Central Asia and the Pacific nations, those aged 60+ will represent 24 per cent of the population by 2050. The South Asian countries may be younger, but they are experiencing a much faster rate of ageing than that witnessed in the region's richer countries (ESCAP, 2019). In the next decades, while the older population will grow by 33 per cent in countries in the north of the region (where the average age of the population is admittedly already higher), it will increase by an average of 110 per cent in South Asia, and this within an ongoing context

of relative poverty (ESCAP, 2021). Ensuring a sufficient level of economic and institutional development is therefore a prerequisite for taking a systematic approach to the phenomenon of ageing. While the United States of America, Japan and countries of Europe had time to develop their respective institutional and economic capacities prior to their populations' ageing, this is not the case for several countries in south Asia and the Pacific. According to ESCAP, France experienced 115 years of economic development before starting to age; Sweden, 85; Australia, 73; and the United States, 60. Viet Nam, however, will begin to age in 19 years' time; Sri Lanka in 12; the People's Republic of China (hereafter, China) in 5; and Thailand in 4. By the middle of this century, the region of Asia and the Pacific will boast the largest population of older people in the world, with 1.5 billion people aged 60+. Although Japan, the Republic of Korea and China may exhibit demographic profiles that closely resemble those of other industrialized nations, Indonesia, Viet Nam and the Islamic Republic of Iran, for example, still have (a little) time to prepare for population ageing. This said, while countries such as Australia, New Zealand and Singapore benefit from immigration, which helps to ease the demographic burden, migrant sending countries such as the Philippines and Malaysia suffer from the inverse phenomenon. The demographic dependency ratio – in other words, the ratio of older people to those of working age – varies considerably from one sub-region to the next: there are 11.6 people of working age to every older person in South and South-West Asia, 6.3 in East and North-East Asia, but less than 2 in Japan and the Republic of Korea (ESCAP, 2019). Yet these figures should be tempered by rates of unemployment and informal employment and, in any case, they will fall faster in those regions that are currently younger, reaching 4.2 in South Asia to North-East Asia's 2.1 by 2050.

This region's widespread and fast-paced demographic ageing has consequences – not just on pension systems, but also on morbidity profiles. Infectious diseases are on the decline, but long-term non-communicable diseases (cardiovascular conditions, respiratory syndromes, hyperglycaemia, hypercholesterolemia, cancers, etc.) are on the rise. This upsurge in chronic conditions increases vulnerability to epidemics, including the ongoing COVID-19 pandemic, which is proving particularly dangerous to those aged 65+. Such vulnerability to epidemics requires the development of dedicated and resilient support services, thus helping to avoid epidemic peaks and facilitating the roll-out of any subsequent containment policies.

For the time being, falling birth rates – particularly in the southern part of the region – and rising life expectancy have presented many South Asian and Pacific countries with what is often referred to as a "demographic dividend", in which the number of active individuals (workers) is growing faster than the number of dependent individuals (children and older people who can no longer work). This represents an opportunity to plan responses to address the challenges posed by the projected ageing of the population in the not-too-distant future.



## PROFILE DIFFERENCES THAT ARE ALSO EVIDENT IN MODELS OF CARE

---

As discussed, the region of Asia and the Pacific is divided into several distinct models of old-age care.

In terms of retirement income provision, the first model in this region is that of defined benefit pension systems (India, the Philippines, Taiwan (China), Thailand, Viet Nam). These pensions are paid for through social security contributions, averaging around 17 per cent of salary. They are then supplemented with tax-financed universal benefits. Australia and New Zealand operate universal tax-financed pension systems with a minimum residence requirement, supplemented by a funded, defined-contribution scheme. Certain countries, such as Indonesia, have moved towards a system of defined contribution pensions. It is argued that such schemes, which are typically fully funded, are more sustainable mainly because the income and longevity risks are shouldered by the individual. Other, mainly developing, countries have established an alternative solution to annuities, by creating pension funds that enable the disbursement of capital at different stages of life, not only at retirement. But this does not necessarily mean lower contributions, with contributions in Singapore reaching as much as 37 per cent of salary. Finally, a fourth group of countries offer a hybrid solution, where pay-as-you-go pension schemes

are supplemented by funded schemes that work cumulatively (Sri Lanka, Malaysia). It should be noted that this typology has not yet stabilized, and that many countries in the region have shifted the balance between the first and second “pillars” since 2010 or introduced redistribution measures to make up, at least in part, for private schemes’ shortcomings in coverage or adequacy. This is notable in China (ADB, 2019), or indeed in the Republic of Korea (whose basic pension scheme now covers some 80 per cent of the working population).

The fact remains that the organizational profile of this region’s pension systems often reflects a lack of preparedness for an ageing society: where there are annuity systems in place, the expected level of benefits is, on average, higher than that observed in OECD countries, with pensions commonly calculated based on final salary, or salary in the last few years, even when the requirements regarding eligibility age and contribution period are relatively low. In certain countries, such as China, the estimated contribution rate would need to exceed 50 per cent of salary to ensure actuarial balance given the projected level of benefits (OECD, 2019). In addition, no mention is made in these calculations of derived rights and other survivors’ pensions put in place for households beyond the strictly contributory, direct benefits. Moreover, from a social point of view, these very favourable criteria are generally the preserve of privileged groups who have enjoyed a full career in the formal insured sector, which only serves to widen the income gap at retirement age.

In terms of health care, costs covered by the individual represent, on average, 30 per cent of total health expenditure in Asia and the Pacific – much like in emerging Latin American and European countries. Yet over the course of the last 30 years, many nations in this region have established systems of universal coverage. While New Zealand has a long-standing, regionalized system inspired by the United Kingdom’s National Health Service, Thailand achieved universal coverage in the first decade of the twenty-first century with three health-insurance schemes covering the entire population. China, for its part, possesses an integrated health system that was greatly expanded through the Healthy China 2020 programme and is now considered the largest health-care system in the world. It comprises a mix of public and private institutions wherein the user is responsible for a share of the costs. Indonesia launched a universal health-care scheme in 2014, initially with a view to covering the entire population by 2019.

In South Asia and the Pacific, most health-care expenses, outside of the public health clinics, are only covered by private health insurance. As such, low-income patients often face more significant obstacles in accessing adequate health care owing to the pressure of making direct payments where no collective cost-sharing exists. These countries are also characterized by the vast majority not being covered by any formal system and dependent on Ministry of Health clinics that are not always easy to access.

Given the challenges ahead, the issue of the informal economy remains key to financing fit-for-purpose institutional schemes (ILO, 2020c; ESCAP and ILO, 2020). This is the case for the long-term benefits linked to retirement or older people’s autonomy, which require stable long-term funding (ADB, 2021). This is a particularly sensitive issue in the south and west of the region: only 13 per cent of South Asia’s workers currently pay into a pension scheme and just one third of its pensioners are eligible for benefits from a contributory pension scheme. With coverage rates varying considerably from country to country (with coverage ranging in the region from 100 per cent in Japan to 15 per cent in India and just 3 per cent in Bangladesh), the size of the unregulated economy is a point of additional institutional frailty when it comes to tackling the impending ageing of the population. This is especially so regarding women’s social protection, who are more likely to work informally. The issues surrounding low levels of contribution collection are of particular concern in countries where older people’s incomes come mainly from public and universal pension systems. Ultimately, it often falls to the universal systems, funded from general taxation, to provide a large part of the institutional social and health-care response to ageing. The same goes for those countries that have opted for defined contribution systems, the benefits from which are frequently too low as well as too short in duration, with pensioners forced to turn to universal safety nets to supplement their income. As such, in South and West Asia, with only 8 per cent of the population contributing to a formal pension scheme, universal non-contributory pension programmes have emerged by necessity, as is the case in Nepal and India (Asri, 2017). In countries with large pension funds, such as Australia, Hong Kong (China) or Singapore, the guaranteed replacement

rates are often disappointing (12.5 per cent in Singapore) and must be supplemented through some form of national solidarity. Moreover, since pension funds demand a high short-term return on investment, this indirectly encourages the use of the “leverage effect” in their investments – in other words, the raising of an additional financial debt that, like the public debt, will have to be repaid by future generations and the real economy.

These two branches, retirement benefits and health care, will also need to deal with a number of new needs arising as a result of population ageing. One challenge involves differentiating between which services fall under health care, to be funded by health insurance, and which constitute social care. The ability to carry out activities of daily living (ADLs: eating, bathing, dressing, toileting, mobility, and continence) is generally used as a key indicator for assessing the need for both care and services. It is quite possible to have no health-care needs, but to require care services to manage these six ADLs.

In terms of care, several Asian governments have introduced long-term care insurance (LTCI) to help people cover the cost of regular care received either at home or in a nursing home when they are no longer able to look after themselves. Japan took this step for older people in 2000, while Taiwan (China) put a specific plan in place in 2008, completing the process in 2017. The former subsidized expenses relating to home nursing, meals and transport, plus rehabilitation and respite services. The latter established an integrated community LTC system comprising health, disability-prevention, and dementia care as well as support services for family carers. In China, 134 million people benefit from a specific form of insurance. According to official data released in August 2021, 49 regions have taken part in an LTCI pilot programme. Elsewhere, Singapore launched an insurance scheme for use in the event of severe disability. The scheme, originally known as ElderShield and now called Careshield Life, provides basic financial support to those in need of long-term care, especially in old age.

To reduce care gaps as well as unnecessary hospitalizations, countries are seeking to coordinate their service and health-care offerings, to enable people to remain at home for as long as possible. Over recent years, several countries in Asia and the Pacific have taken a more holistic approach to providing long-term care and services to older people, thereby helping them to age in their own homes. However, the policies being rolled out require additional financial resources.

Notwithstanding the institutional organization of pension and health-care systems, making the most of the “demographic dividend”, on the one hand, and increasing the formalization of labour (Nguyen et al., 2019), notably for women (ILO, 2018b), on the other hand, are the only efficient ways of mounting an appropriate response to the economic challenges posed by ageing. This is particularly true when it comes to financing policies to help maintain older people’s autonomy, which will constitute one of the key budgetary challenges in the coming years.

## THE FIRST INSTITUTIONAL RESPONSES: GRASSROOTS INITIATIVES WORTHY OF MONITORING

Diverse operational solutions have been implemented to rise to the challenges briefly outlined above. These have three aims. First, to increase the formalization of the economy and extend social protection coverage. Second, to establish dedicated services for older people. Third, to ensure the resilience of dedicated services even during political, social or health crises.

To widen access to formal employment, with a view to financing appropriate benefits in the context of an ageing population (ILO, 2021e), several different approaches have been taken across the region. Not least amongst these is to educate the general public about social security and to help citizens better understand the issues surrounding the formalization of their jobs. These include the exemplary policies rolled out by the Japan Pension Service in partnership with the national education system, or by Oman's Public Authority for Social Insurance in association with universities, or by the Iranian Social Security Organization in conjunction with employers. In addition, there is a move to support very small businesses by turning to community intermediaries and reducing red tape, as per Indonesia's Lean Six Sigma programme. With a view to ensuring the correct payment of contributions and professionalizing the prevention of fraud, methods for cross-checking data by unique identifier have also been developed in various countries across the region, including in India by the Employees' Provident Fund Organisation. Finally, the drive to limit errors can be supported by the creation of specific departments charged with monitoring the quality of procedures, as is the case at Saudi Arabia's General Organization for Social Insurance (GOSI).

To enhance the services offered to older people, particularly those requiring home care or residential care, a range of initiatives have

similarly emerged. The Republic of Korea launched its Caregiving Journey to accompany carers and assist them in supporting their relatives. The Iranian social security system partners with start-ups to increase understanding of the needs of older people and to establish innovative services through the Saba innovation programme, while the usual co-payment levied for health-care services was abolished for older people during the pandemic. And finally, with a view to better supporting families in need, Singapore's Central Provident Fund introduced measures to avoid inappropriate pay-outs from retirement savings plans and to link such requests to referrals for emergency assistance. This action was taken to prevent older people from withdrawing their savings too early to the detriment of their medium-term needs, or to avert carers from putting at risk their own savings to help elders in their care.

When it comes to improving the resilience of dedicated services for older people, a variety of solutions have been found. First and foremost, it is a question of maintaining in operation the services particularly affected by the pandemic, through the establishment of specific protocols and extensive use of new information and communication technology, as done by the GOSI in Saudi Arabia and the Social Security System in the Philippines. Other examples include the system for ordering medicines online that was set up by Indonesia's Social Security Administering Body for the Health Sector (BPJS Kesehatan), or the electronic prescription service launched in the Islamic Republic of Iran, which enables the creation of health profiles and the speedy delivery of medicines with minimal contact. Numerous online and phone services provide insured persons with personalized support, whenever and wherever they need it, such as the e-services developed in Kuwait for procuring administrative certificates. It is thus clear that IT tools are now very much in favour, sometimes even allowing contactless access to all services, such as is the case with the "Untact" programme that was successfully developed in the Republic of Korea (ILO, 2020e). ■

## GOOD PRACTICES

---

### **Republic of Korea: Support for informal and family carers**

The Republic of Korea's National Health Insurance Service (NHIS) developed its National Family Caregiver Support Programme to ease the burden on the family caregivers of those in receipt of long-term care. Within the framework of this programme, specialist NHIS advisers assess family carers who are shouldering a heavy burden, looking into their specific personal circumstances, pointing them in the direction of a range of services tailored to their needs. The evaluations carried out following these interventions show a reduction in behaviour that could prove a health risk, a lower incidence of depression, fewer unnecessary admissions of older people into health facilities, and a reduction in the overall cost of long-term care.

The acknowledged success of this programme led, in 2019, to its services being extended to include family counselling.

### **Islamic Republic of Iran: Partnering with start-ups to develop a portfolio of innovative services for older people**

Retired people's wide-ranging social, financial and health-care needs, among others, require the design of specific products and services and the provision of customized economic and social solutions. The Iranian Civil Servants Pension Fund (CSPF) therefore set up the Saba Innovation Centre (Saba) with two key objectives:

- To improve the status quo by meeting beneficiaries' needs and supporting the development of newly created innovative companies.
- To invest in innovative teams and in the roll-out of special services for older and retired people.

As a centre for social innovation, Saba is founded on a public/private partnership that focuses on the creativity and innovative capacity of start-ups and other young and pioneering teams with a view to improving the quality of life of older and retired people. The centre aims to provide the retired community with a range of services including health care, entertainment and an enhanced social life, helping people to enjoy a better quality of life by bolstering their social and cultural inclusion and developing an adapted service economy.



## KEY MESSAGES

- The region of Asia and the Pacific is marked by a double divide: the first between institutional schemes, which are highly developed in countries of North and East Asia and Australasia, but less widespread in South and West Asia and the Pacific; and the second between demographic profiles, with the latter countries relatively young compared to the former.
- The entire region is experiencing population ageing, with the youngest countries currently ageing the fastest, even though they do not yet have the budgetary margins required for comprehensive institutional responses to meet the challenges posed by ageing.
- Emerging countries must make use of the current period, the so-called “demographic dividend”, in which a combination of relatively few older people and young dependent children compared to the working-age population gives the public authorities some room for manoeuvre, to plan for the process of population ageing.
- Such preparations include formalizing the economy, which will provide the resources required to establish an institutional system that can take population ageing and the wider societal context – marked by a questioning of traditional solidarity mechanisms – into account.
- Population ageing creates the need to develop long-term care and services, the former being more associated with chronic health problems and the latter with the provision of social support to the elderly to help them continue to lead independent lives.
- It is in this context that the region’s ISSA member organizations have put in place appropriate measures, which can be broken down into three main types: developing an employment formalization policy to ensure the financial sustainability of the necessary services; rolling out dedicated solutions targeted specifically at older people; and strengthening the resilience of the dedicated services provided, including in the context of the pandemic.





# 04

## PROMOTING INCLUSIVE **GROWTH** **AND SOCIAL** **COHESION**

There are emerging signs that the global economy is beginning to recover from the COVID-19 crisis. A wide divergence in the pace of recovery across the world is anticipated. In Asia and the Pacific, the more developed economies are likely to have a faster rebound than those that are less developed. Generally, the poor – and those who fell into poverty because of the crisis – face an uncertain period of hardship.

Social security is a main component of the unprecedented measures implemented by governments to respond to the pandemic. The International Labour Office's COVID-19 online monitor recorded 363 such measures in 40 countries in Asia and the Pacific, 73 per cent and 27 per cent of which involved the use of non-contributory and contributory social security schemes, respectively (ILO, 2020e). Beyond the region's more developed economies, governments' heavy share in financing social security benefits highlights the limited reach of contributory programmes and the need to provide social assistance to those without social protection.

At the same time, the crisis underlines that national unemployment programmes often do not have the capacity to deal with external shocks of an extraordinary scale. By design, these programmes address job losses that are structural in nature, providing income replacement in the form of cash benefits usually for up to three months only.

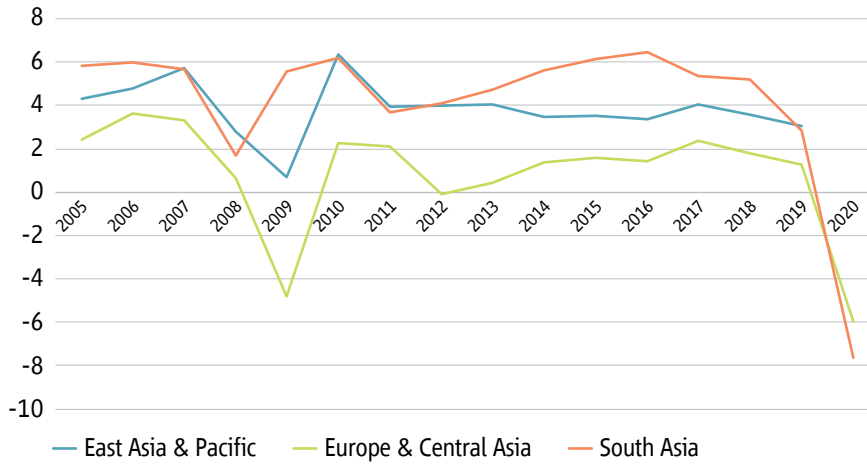
Government emergency measures to support household consumption patterns during the pandemic were stabilizing and reassuring. By definition, emergency measures are temporary. An important question, therefore, is whether these temporary measures are a prelude to the development of a policy of supporting permanent social protection coverage, especially for those workers who cannot afford current contributory programmes.

To make a real difference to social and economic recovery in the region, to promote social inclusion and economic growth, social security systems must be part of a sustained and inclusive growth and development policy.



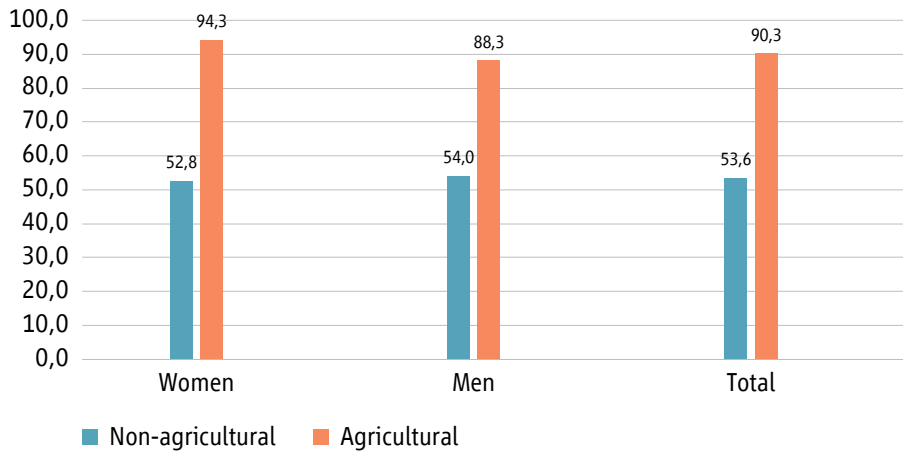
## Indicators of growth and inequality

Figure 1. GDP per capita growth 2005–2020



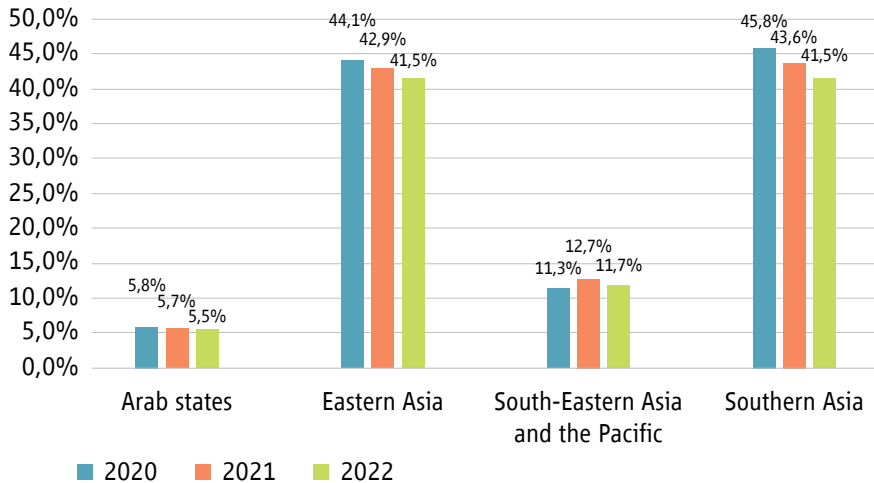
Source: World Bank (2021).

Figure 2. Proportion of informal employment in Asian employment, 2021 or latest year available



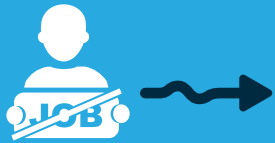
Source: ILO (2021c).

Figure 3. Expected evolution in unemployment in 2021–22



Source: ILO (2021d).

## Unemployment and poverty rates



Asia and the Pacific's unemployment rate remained comparatively low, at 4.4% in 2019, compared with the global level of 5.4%, and has changed little over the past decade. By sub-region, the highest unemployment rate in 2019 was 5.3% in South Asia, followed by 4.6% in the Pacific Islands, 4.4% in East Asia and 2.5% in South East Asia.

Source: ILO (2020c).



In Asia and the Pacific, 14% of unemployed workers receive unemployment benefits with strong sub-regional differences ranging from 24.2% in South East Asia and the Pacific to 0.6% in South Asia.

Source: ILO (2021a, Fig. 4.29).



Due to the COVID-19 pandemic, working hours in Asia and the Pacific decreased by an estimated 15.2% in the second quarter of 2020 and by 10.7% in the third quarter of 2020, relative to pre-crisis levels.

Source: ILO (2020c).

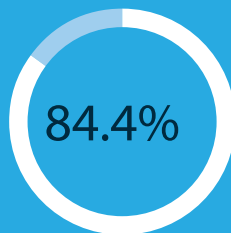
## Informality levels



### Informal workers

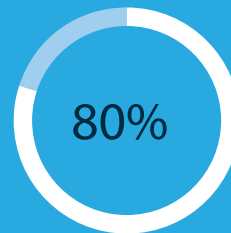
In Asia and the Pacific, informal workers account for nearly 60% of non-agricultural employment, ranging from around 20% in Japan to over 80% in Myanmar, Bangladesh and Cambodia.

Source: ILO (2021c).



In 2020, Asia and the Pacific registered the world's second highest youth informality rate (84.4%), following Africa (93.4%).

Source: ILO (2020d, p. 7).



Over 80% of workers in South Asia are engaged in the informal economy, and over 90% of the region's enterprises are informal.

Source: Bussolo, Sharma and Timmer (2020).

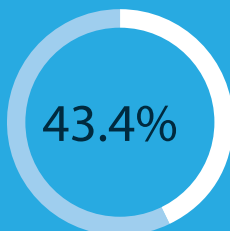
## Vulnerable groups: Workers in economically high-risk jobs and trainees



### 716 million

In Asia and the Pacific, a total of 716 million workers (37.6% of total employment) were employed in the economic sectors that were most exposed to the collapse of productive activities as a result of the COVID-19 pandemic.

Source: ILO (2020c).



By sub-region, East Asia had the largest share of workers in the more exposed sectors (43.4%) followed by South East Asia (40%).

Source: ILO (2020c).



More than 85% of technical and vocational schools and training centres (TVETs) were closed as a measure to counter the COVID-19 pandemic.

Source: ILO, UNESCO and World Bank (2020).

## SOCIOECONOMIC PARAMETERS IN ASIA AND THE PACIFIC PRIOR TO THE PANDEMIC

Asia and the Pacific had close to two decades of strong economic growth prior to the COVID-19 pandemic. While the regional gross domestic product (GDP) growth rate slowed from 5.1 per cent in 2018 to 4.4 per cent in 2019, it was well above the global rates for these years of 3.5 per cent and 2.8 per cent, respectively. The average annual labour income share, however, grew only in East Asia, the sub-region that has a greater number of more advanced economies; inequality worsened in the other sub-regions (ILO, 2020c).

The share of the population living below the USD 1.90 per day extreme poverty line significantly declined, from 37.6 per cent in 1997 to 20.5 per cent in 2007 and 7.5 per cent in 2017 (ILO, 2018a). The proportions who lived in moderate or near poverty were 16.8 per cent in Eastern Asia, 34.4 per cent in South East Asia and the Pacific, and 56.7 per cent in South Asia.

Informality is prevalent in Asia and the Pacific, with up to 1.3 billion of the world's 2 billion informal workers living in the region. Except for the South Eastern Asia and the Pacific and South Asia, men outnumber women in informal employment, with 70.5 per cent of all men in informal employment compared to 64.1 per cent for women. In South East Asia and the Pacific, the comparative numbers are 75.2 per cent and 75.4 per cent, respectively. In South Asia, the proportions are 86.8 per cent and 90.7 per cent, respectively. Informality affects the young population extensively, with an estimated 86.3 per cent of workers aged 15–25 in informal employment (ILO, 2018b).

Informality and educational attainment are negatively correlated. Regional data show that those who completed tertiary education are less likely to be informally employed than workers who completed no more than primary education, with 0.31 and 0.90 probabilities, respectively (ILO, 2018a). Informality and poverty are linked in a vicious cycle, each being a cause and a consequence of the other. Juxtaposing inequality in the picture further complicates the relationship between informality and poverty.

Evidence from the region indicates that reductions in poverty do not necessarily translate into reductions in inequality. The People's Republic of China (hereafter, China) is the first country to achieve the poverty reduction target set by the United Nations Sustainable Development Goals, on the back of its real GDP growth rate that has averaged 9.5 per cent since the 1980s. However, it is now one of the most unequal countries in the world in terms of income, wealth and education outcomes (ADB, 2019). In the Republic of Korea, the poverty rate before the pandemic was at 0.2 per cent, but the country's highly segmented dualistic labour market of regular and non-regular workers led to wide inequality in wage incomes (OECD, 2011). Both countries are expanding access to education and upgrading workforce skills as important parts of their responses to these challenges. This is noteworthy in the context of the region's efforts to recover from the current crisis.

## SOCIAL SECURITY, INCLUSION AND SOCIAL COHESION

As a consequence of the COVID-19 crisis, it is estimated that growth in the Asia and the Pacific region shrunk by 2.2 per cent in 2020, a drop of nearly 7 percentage points from the previous year and the region's first negative growth rate for a number of decades. The region lost an estimated 81 million jobs in 2020 (32 million jobs for women and 49 million jobs for men), and an additional 22 million to 25 million people were pushed into extreme poverty. The job losses are highest in South Asia at nearly 50 million, followed by 16 million in East Asia, 14 million in South East Asia, and 0.5 million in the Pacific Islands (ILO, 2020c). The negative ramifications of these developments on informality, poverty and inequality are important. According to the United Nations, the pandemic has reversed decades of progress on reducing poverty, inequality and exclusion (UN, 2020).

The pandemic has confirmed unequivocally the need for universal health-care programmes and universal social protection floors as well as to attach a high priority to social security in national policy agendas.

The potency of social security as a policy instrument in the recovery process rests on its inherent capacity to influence both sides of the economy. On the one hand, the demand side effects are immediate and come from the income multipliers of social security expenditures. The supply side effects, on the other hand, may not be as immediate as these are essentially returns on a country's investments in its human resources. Social investment to transition people out of poverty through education and capacity building, for example, may take some time to yield returns, but the effects may be more robust to the extent that the acquired skills subsequently enable greater income security and social mobility.

Whether viewed from the demand or supply side, social security is empowering. The concept of economic empowerment – enabling people to respond to their own needs and sense of well-being – is fundamental to any definition of inclusion and social cohesion. Without economic empowerment, it would be difficult for people to feel included in society. It is through economic empowerment that social security creates important pathways to inclusion and social cohesion. That the best route to economic empowerment is through gainful and productive employment makes social security and decent employment inextricably linked.

To strengthen inclusive growth and social cohesion requires more than comprehensive social security systems alone. There are many policy synergies between social security and employment as well as with health care, climate resilience, education and training, school-to-work and job-creating initiatives, internships and entrepreneurship as well as microfinance and support for start-ups. Capturing and building on these synergies will draw out the highest returns for investments in social security. To move in this direction, policy implementation needs to be vastly improved. In this regard, advances in digital technologies can help overcome institutional silos in the public sector, to improve policy coordination and integration.

## SOCIAL SECURITY AND POLICY SYNERGIES

Institutional infrastructure to support coordination and follow through actions are important to connect the implementation of social security policy with other public policies, and vice versa. It is not enough, for example, for non-contributory social security schemes to identify the programme participants and to provide, for instance, employment training. Just as important are the follow through actions, to ensure that programme participants are able to use the acquired skills and to find work, and that job opportunities lead to better and more secure employment, improved incomes and, over time, social mobility.

Coordination should simplify – not complicate – policy implementation. It requires the streamlining of policies and processes to make these contiguous, logical and connected within and across institutions. There has to be clarity in the goal to be achieved by coordination; namely, economic empowerment that will in turn foster inclusion and social cohesion. Formal agreements among the relevant institutions will provide the basis for defining the tools and norms to put coordination into practice, ideally on a sustainable basis and shielded from the vagaries of party politics. The sharing of social data and interoperable databases are important enablers of policy coordination, including the establishment of an interoperability framework, standards, roles and responsibilities and all related details such as service level agreements, data semantics, exchange and maintenance (ISSA, 2019a; ILO, ISSA and UNDESA, 2021).

Country examples from the region show the efforts of governments and social security organizations to build policy synergies, some of which are based on simple institutional networks while others are more elaborate and wide-ranging.

Australia's Department of Human Services (DHS) was established in 2009 by the Government by integrating the three large, separate agencies of Centrelink, Medicare and the Child Support Agency. In 2012, DHS developed *myGov*, which provides secure online access to a range of Australian government services in one place. DHS was renamed as Services Australia in 2019, with the vision "to make government services simple so people can get on with their lives". The *Corporate Plan 2021–22* (Services Australia, 2021b) underlines, among other things, optimized partnerships with many other public agencies as essential to providing seamless service to shared customers across the whole of government.

In China, one way to extend social protection to a large number of people is through social protection community services (SPCSs), the two components of which are active labour market policies (ALMPs) and access to social protection. SPCSs are community public services formed by partnerships between the public and private sectors, civil society and NGOs, and supervised by government. ALMPs take the form of social and home-based services, such as

medical care and domestic assistance, care services and social activities to help older persons, people with disabilities and children. Provided too are occupational training and re-employment services. The SPCSs also arrange for social security registration, contribution collection and benefit payment services. China's Five-Year Plan 2016–20 provides for the expansion of SPCSs to increase household income and consumption, achieve universal coverage, and develop the country's service sector (Ortiz, Schmitt and De, 2019).

In India, 2005 legislation established the country's flagship rural employment programme, the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). A social protection programme with a rights-based legal guarantee, it provides for at least 100 days of guaranteed employment per year to every rural household whose adult members volunteer to do unskilled manual work; a daily unemployment allowance if an applicant is not provided employment within 15 days of having demanded work; and, in case of failure of wage payment within 15 days from work completion, workers are entitled to a compensation of 0.05 per cent per day of the wages earned, until the payment of wages. The programme keeps millions of India's citizens out of poverty. The COVID-19 pandemic led to increases in programme allocations, wage rates and employment level provisions as part of government support (Accountability Initiative, 2021).

In 2018, the Social Security Organisation of Malaysia launched the Social Synergy Programme (SSP) aimed at building systematically and progressively the coordination of social insurance, social assistance and labour market interventions that address the problems of poverty, programme dropout, and duplication of social security benefits. The SSP platform *MySynergySystem* is underpinned by blockchain technology that enables data to be shared and managed soundly and consistently across government agencies and non-governmental organizations (NGOs) through which benefits and assistance are provided to citizens. The sound and consistent management of shared data prevents the overlapping of benefits and, among other things, allows tracking the progress of programme participants. The innovation is significant and a major step to address the issue of silos and Malaysia's fragmented social security ecosystem.

The natural climate of the Philippines is marked by an average of 20 typhoons per year, five of which are destructive. The Department of Labour and Employment (DOLE) links disaster and climate risk management with social security and active labour market policies through short-term wage employment and entrepreneurship for people affected by natural calamities and shocks. It provides employment and entrepreneurship opportunities to displaced, disadvantaged and unemployed workers, most of whom work in the informal economy. Well-designed programmes build capacity and create opportunities for the poor and the marginalized. Programme participants receive training on workplace safety and DOLE pays them the prevailing regional wage and registers them with the country's social security and health insurance programmes (Ortiz, Schmitt and De, 2019).



## POST-PANDEMIC PRIORITY AREAS IN SOCIAL SECURITY

---

Policy-makers in the Asia and the Pacific region are anticipating the post-pandemic work that lies ahead. For the foreseeable future, beyond the need to maintain the provision of emergency incomes, employment and business stimulus measures, national governments must engage in social dialogue to identify social security priorities, mobilize fiscal space, and forge a social contract to work progressively towards universal programmes, either by scaling up existing programmes or implementing new schemes.

Critical to these deliberations are three priority areas:

**Reliable systems to establish identities and deliver lifelines of support.** For many developing countries in the region, two immediate lessons of the pandemic for government were the need to know who and where the citizens were and the need for an effective delivery infrastructure to extend lifelines of support. The pandemic enabled many countries in the region to build registries of people who were without social security coverage. These registries can serve as a starting point for governments to identify and extend social protection to vulnerable groups.

Noteworthy is India's universal biometric ID system, *Aadhaar*, which has facilitated the delivery of COVID-19 social and welfare services (Saini and Hussain, 2021). Established in 2009, *Aadhaar*

uses personal biometrics, making it a secure and effective deterrent against fake or ghost identities. Among its many features are a verification system that allows banks, telecommunication companies and government departments to authenticate a person's identity; a platform that enables direct remittance of money to recipients' bank accounts; and a system to verify benefit entitlements against amounts received.

**Digital inclusion and digital connectivity.** The e-Government Survey 2020 of UNDESA reports an increase in the number of countries in Asia and the Pacific that provide online services for vulnerable groups (UNDESA, 2020). The region's positive trend on digital inclusion means more and more people are able to access digital services effectively. Despite the quarantine and lockdown measures made necessary by the pandemic, reliable digital connectivity enables a wide range of 24/7 online services. These include those that involve providing/obtaining information; filing inquiries, claims and complaints; and receiving/making payments. Digital inclusion and dependable connectivity are priority areas for countries where many citizens still remain outside the digital environment and where the Internet and other digital services lag behind population needs.

**Inter-institutional coordination and follow-through actions.** Social security is but one of several policy instruments that aim at supporting economic empowerment and inclusion and social cohesion. Implementing social security policy in isolation misses important synergies with other social policies that address the same goals. To capture these synergies, inter-institutional coordination

is a must. Importantly, data sharing will generate new information on whether programmes implemented by different institutions are dovetailed and contiguous on the ground, such that the effectiveness of policies to transition people from vulnerable conditions to one of income security can be measured, verified and improved. Without coordination and data sharing, social security programmes will continue to be evaluated on a stand-alone basis and policy synergies will remain unmanaged if not wasted.

One cannot exaggerate the importance of granular information to track the progress of participants in programmes that, for example, aim to build skills that promote employability, entrepreneurship and productive activity. Such data are critical to understanding and managing the effectiveness of these programmes and to improving

follow-through actions that would bridge programme participants to gainful employment and eventually enable income security and social mobility. The sharing of data of public institutions involved in the whole cycle of capacity building – from the funding of it by social security bodies through to training, joining the labour market, finding and keeping a job – is critical to determining whether synergies in the social security ecosystem are effectively being captured. At the same time, the security and privacy considerations that arise from data sharing need to be addressed through advances in information and communication technology. There is much to be gained with interoperable databases in the public sector. ■

## GOOD PRACTICES

### Towards universal coverage and social protection floors

**Indonesia** reprioritized its spending by cutting expensive fuel subsidies and successfully managed political resistance to this change by establishing a compensatory scheme to support low-income families, while at the same time working to extend social protection by supporting the creation of a universal health-care system and extending pension coverage to both public- and private-sector workers. The schemes are contribution-financed while the contributions for the poor and near-poor are covered by government. Removing fuel subsidies and expanding contributory revenues are two of the options available to countries to expand fiscal space for social protection.

**Mongolia** has universal health insurance coverage, with contributions fully subsidized for vulnerable groups and herders. The country provides universal and free general education; a universal Child Money Programme for all children up to age 17 that offers a monthly allowance of approximately USD 7; early-child nutrition for children aged 2–5; universal social insurance coverage for sickness, maternity and work injury, with subsidized contributions for herders, self-employed and informal workers; employment promotion, return to work, retraining and unemployment programmes; a three pillar pension system composed of i) a universal basic pension indexed to the cost of living; ii) mandatory social insurance old-age pension coverage, with subsidized contributions for herders, self-employed and informal workers; and iii) supplementary pension plans; and an integrated benefits and services package that includes a long-term care system for older persons.

Source: Ortiz, Schmitt and De (2019).

### Empowerment of women

**Jordan** launched *Reaya* in 2020. Administered by the Social Security Corporation (SSC), *Reaya* is Jordan's care programme for women's empowerment that aims to support the return to work of women at the end of a period of maternity leave.

Women in Jordan have a low participation rate in the formal economy. Studies show that care of children and family responsibilities are the main reasons for women leaving the labour market. The lack of childcare facilities and the high cost of nurseries compounds this situation.

The programme provides the following benefits:

- **Child-care programme delivered through nurseries.** New mothers can have their infants cared for in SSC-approved nurseries. The SSC directly pays the nursery a monthly care allowance according to the monthly wage of the insured mother.
- **Child-care programme delivered at home.** The SSC provides a monthly subsidy of 25 Jordanian dinar (JOD) for a period of six months to the insured mother who opts to have the child cared for at home.
- **Support for nursery.** The SSC supports the operational costs of accredited nurseries up to 50 per cent of the operating costs and with an annual maximum of JOD 10,000. The subsidy covers part of the salaries of nursery workers, rent, utilities and maintenance costs.

Source: ISSA (2021b).





## KEY MESSAGES

- The concept of economic empowerment is fundamental to any definition of inclusive growth and social cohesion. It is through economic empowerment that social security creates important pathways to inclusive growth and social cohesion. Social security is empowering, whether viewed from the demand side or the supply side of the economy.
- Social security “cannot do it alone” and must work as a key partner. Capturing and building on the synergies between social security, employment and other socioeconomic policies will enable to maximize the investments made through social security. Emergency social security measures can only have temporary, stop-gap effects. To make a real difference to social cohesion, social security must be an instrument of inclusive growth.
- The reversal by the COVID-19 pandemic of decades of progress in reducing poverty and inequality indicates not only the severity of the pandemic but also the fragility of the progress that had been achieved.
- The COVID-19 pandemic confirmed unequivocally the need for universal health-care programmes and universal social protection floors.
- There will likely be wide divergence in the pace of recovery from the crisis across countries. The richer, more developed countries are likely to have a faster rebound than poorer, less developed countries, which will need new and immediate financing for recovery and sustainable development.
- Governments must engage all stakeholders to identify social security priorities, mobilize fiscal space, and phase the scaling up of existing programmes and the implementation of new schemes, to realize progressively universal coverage in the medium to long term.
- A reliable identification system, digital inclusion and dependable digital connectivity are priority areas as the countries of Asia and the Pacific emerge from the pandemic. Digital connectivity, together with dependable identification, make possible a wide range of online personalized services for government and citizens.
- Governments need to develop sound inter-institutional coordination that covers policy, operations and service delivery. In particular, data sharing constitutes a key enabler of a whole-of-government approach to managing different policy instruments and social information. The sharing of government databases also raises a number of security and privacy issues.



# 05

## SOCIAL SECURITY RESPONSES TO THE COVID-19 PANDEMIC

The region of Asia and the Pacific is home to over 60 per cent of the global population. The COVID-19 pandemic, provoked a crisis that destroyed millions of jobs and livelihoods. Across the region, its impacts and government responses to it have differed widely. While there were 640 million multidimensional poor people in the region in 2019, the pandemic's socioeconomic impacts may double this figure (ESCAP, ADB and UNDP, 2021). Like in other regions, the pandemic imperils progress towards achieving the United Nations Sustainable Development Goals, in particular by reversing gains in poverty reduction (ILO, 2021a, p. 19).

Social security measures have constituted an important component of government emergency responses to the COVID-19 crisis. While a few countries were obliged to adopt a "low-road" strategy of minimalist provision under

financial constraints and political pressure, many countries have pursued a "high-road" strategy by investing in reinforcing their social protection systems (ILO, 2021a, p. 18). Fiscal stimulus packages, adjustments in social security contributions and benefits as well as the adaptation of operational processes and service delivery approaches have contributed effectively to mitigate the social and economic impacts of the crisis.

According to Bloomberg's COVID-19 resilience ranking conducted in April 2021, eight of the top ten performers are economies from Asia and the Pacific, with Singapore, New Zealand and Australia heading the list (*Straits Times*, 2021). As will be shown, the policy and administrative measures implemented by countries in the region to respond to the pandemic's social and economic impacts present a number of important take-home points.

## PROGRAMME AND POLICY CONSIDERATIONS

The national governments in the region have enforced many policies and programmes to contain the spread of the virus, ensure effective access to health care, support job and income security for those affected by the crisis, and ensure the timely and adequate protection of the population.

### Additional government budget allocations for the health system

Many countries in the region have channelled additional fiscal resources to their health systems through COVID-19 stimulus packages.

In China (Ke and Zhang, 2020) and the Republic of Korea, the respective central governments have committed to assume any cost not covered by health insurance to ensure free tests and medical treatment for all COVID-19 patients and suspected cases. The Government of Indonesia covers all COVID-19 related medical treatment through general revenues, and the Government of Singapore pays in full the hospital bills of actual and suspected COVID-19 patients.

In June 2021, in response to COVID-19, Malaysia announced an economic aid package, which includes direct cash transfers to citizens, assistance to small- and medium-sized enterprises, and additional health-care spending. The package earmarks significant direct fiscal spending for cash aid, unemployment assistance and wage subsidies (Das, 2021).

In July 2021, India launched a scheme supported by an online portal to provide financial assistance to families who have lost members to the virus, with a supplement paid if the deceased was the sole breadwinner (*Times of India*, 2021).

In Pakistan, one of the initial measures was to expand its national safety net institution, the Benazir Income Support Programme, to provide additional support to its 4.5 million women beneficiaries. The Government also scaled up its flagship cash transfer programme, *Ehsaas Kafalat*, to include 7.5 million additional families affected by the crisis, thus increasing by 85 per cent the programme's annual budget dedicated to cash transfers (Khan and Jamy, 2020).

### Extending and securing effective access to health care

Thailand extended financial protection to nationals as well as foreign residents for COVID-19 health expenses, by granting access to the Universal Coverage for Emergency Patients (UCEP). This measure enables patients to seek treatment at their nearest private or state hospital, free of charge (ILO, 2020e).

In addition to providing a package that includes COVID-19 testing, referral and isolation, the Philippine Health Insurance Corporation advanced 30 billion Philippine pesos (equivalent to 583 million US dollars) to accredited hospitals. An interim reimbursement mechanism provides health-care providers with liquidity to respond to the increased demand (ILO, 2020e).

In Wuhan City, China, where in early 2020 the virus outbreak led to the collapse of the local hospital network, the national government mobilized 42,600 doctors and nurses from other areas to aid the city. Two new hospitals were built in record time, with a respective capacity of 1,000 beds and 1,600 beds.

### Temporary measures in the payment of social security contributions and tax obligations

As part of government response packages, many social security schemes have allowed enterprises to postpone, reduce or even waive social security contributions and taxes for a certain period.

In Brunei Darussalam, part of the stimulus package was a six-month deferment of mandatory contributions to the Employees' Trust Fund and Supplemental Contributory Pensions for local employees earning less than 1,500 Brunei dollars per month and those working for micro, small- and medium-sized enterprises (SMEs) with less than 100 employees.

From February 2020, sole proprietorships and SMEs in China were eligible for exemptions of up to five months from the employer contributions to the old-age, unemployment and work injury insurance schemes. For larger enterprises, employer contributions to the old-age, unemployment and work injury insurance schemes may be reduced by 50 per cent for up to three months. In addition, local governments were given flexibility to adjust employer contributions to the basic medical insurance fund between February and June 2020. Enterprises with significant reductions in earnings due to the crisis were allowed to postpone the payment of social insurance contributions for up to six months without any penalty. In view of the continuing risk of the pandemic placing some enterprises under financial pressure, the policy of the phased reduction of contributions for unemployment insurance and work injury insurance was extended until 30 April 2021 (ISSA, 2020).

Viet Nam suspended the payment of social insurance contributions to the retirement and survivorship fund for a maximum of 12 months, and removed late payment penalties for businesses facing difficulties caused by the COVID-19 crisis (ILO, 2020e).

### Employment promotion policies and unemployment protection for different social groups

While social protection is financed through various means, it depends ultimately on insured workers' ability to work and earn an income (ILO, 2017). Various governments in Asia and the Pacific have

attached great importance to job retention and unemployment protection policies during the COVID-19 crisis.

In April 2020, the Government of Hong Kong, China, announced a 137.5 billion Hong Kong dollars relief package that included the Employment Support Scheme, which covered 50 per cent of employee wages up to a maximum. The benefit was paid through 260,000 employers to over 1.5 million employees for six months in two tranches. Self-employed persons with active Mandatory Provident Fund accounts on the 31 March 2020 were also eligible for the benefit (Fastlane Group, 2020).

In February 2021, Indonesia introduced the Unemployment Benefits Programme for workers who were members of the country's health-care and pension schemes. Furloughed employees were eligible to receive cash stipends for up to six months as well as skills training and career guidance (Akset, 2021).

In April 2020, Jordan introduced five programmes to support unemployed workers during the pandemic. These include the work suspension allowances programme for employers covered by social security (*Tadamun I*) and a programme for those employers who are not (*Tadamun II*). The three other support programmes (*Musaned I*, *Musaned II* and *Musaned III*) include cash benefits depending on income level, and limited withdrawals from employees' unemployment accounts for a period of three months (ISSA, 2021c).

Japan relaxed its Employment Adjustment Subsidy qualifications to incentivize employers to retain workers through partial paid leave. The subsidy reimburses SMEs with two-thirds of the cost of the leave allowance, while large enterprises receive one half (ILO, 2020e).

In June 2020, the Government of New Zealand unveiled a 390 million New Zealand dollar subsidy for employers with apprentices. With a duration of 20 months starting from August 2020, the scheme was applicable to apprenticeships in all fields and has benefitted 18,000 employers (Stuff, 2020).

## Income support through social assistance, cash transfers and other support

As part of the COVID-19 response, governments have put in place income support measures through social assistance and other tax-financed benefits. Cash disbursements to low- and middle-income groups ensure household consumption needs and stabilizes demand in the economy through multiplier effects.

For example, Australia expanded access to income support payments to caregivers of virus-infected persons. A one-off payment of 750 Australian dollars was paid to social security, veteran and other income support recipients and eligible persons, involving around 6.5 million lower-income citizens (Borys, 2020).

In March 2020, the Government of Japan began to subsidize companies until 31 March 2021, to cover the costs for paid leave of workers who had to care for children due to schools being closed as a result of the pandemic. The maximum daily subsidy per person

was set initially at 8,330 Japanese yen (JPY) and was increased to JPY 15,000 on 1 April 2020 (OECD, 2020; ISSA, 2021d; Anshin Immigration & Social Security, 2020).

In March 2020, the Government of Thailand announced a cash transfer programme of 5,000 Thai baht for three months, to be paid to 9 million informal workers not covered by the Social Security Fund (Gentilini, Almenfi and Orton, 2020).

## ADMINISTRATIVE AND OPERATIONAL MEASURES TO IMPROVE BENEFIT AND SERVICES

As the International Social Security Association Good Practices database (ISSA, 2021b) shows, a great many innovations have been introduced by social security agencies to improve benefits and services. These operational and service delivery adjustments have enabled the implementation of emergency response measures and the continued delivery of social security benefits despite COVID-19 restrictions.

### Implementing emergency relief and special assistance

As part of government response packages, social security administrations have taken measures to help members cope with the pandemic.

In May 2020, the National Provident Fund of Fiji distributed lump-sum COVID-19 relief payments to its 7,000 active pensioners.

In Malaysia, the Social Security Organisation (PERKESO) extended services beyond its mandate by supporting the country's targeted COVID-19 screening programme.

Following the outbreak of the COVID-19 pandemic, the General Organization for Social Insurance of Saudi Arabia allowed employers to temporarily suspend wage payments and, instead, compensate employees through the unemployment insurance programme. Employees kept their jobs.

In Singapore, the Central Provident Fund Board through its Centre of Excellence for Citizen Disbursement administered the Government's social transfer schemes to support Singaporeans.

### Streamlining administrative service operations

In China, with a view to optimizing and securing benefit disbursement procedures, the social insurance agencies simplified the procedures to apply for unemployment insurance benefits, including the lifting of documentary requirements, application period and other bundled conditions.

The Fiji National Provident Fund (FNPF) rolled out its Robotic Process Automation, which automated the registration, application, approval and payment processes. Innovations on the FNPF mobile app allowed members to apply directly for fund withdrawals, eliminating the need for in-person visits.

In Indonesia, the Social Security Administering Body for the Health Sector (BPJS Kesehatan) introduced an app for administrative services (PANDAWA) and a chatbot (CHIKA) to facilitate information access, as well as the use of smartphones for customer feedback. These measures allowed easy, fast and reliable services and minimized physical contact between members and the staff of BPJS Kesehatan.

In Jordan, the Social Security Corporation established a unified 24/7 call centre to receive applications that could not be submitted electronically. A digital branch processed and completed all e-transactions in one location. Over a million electronic transactions were completed in 2020, which accounted for 93.5 per cent of that year's transactions. This compares with 443,789 electronic transactions, 75.1 per cent, in 2019.

The Philippine Social Security System accelerated its Transformative Digitalization Initiatives to make its business processes and procedures more responsive, efficient and effective during the pandemic, and added more service delivery channels through various mobile apps and online platforms.

## Staff capacity building and teleworking

Although teleworking has been possible since the 1970s in a few countries, a wider shift to teleworking has occurred in Asia and the Pacific, as elsewhere, to mitigate the health and socioeconomic consequences of the COVID-19 pandemic (ILO, 2021e).

With the outbreak of COVID-19 in Australia, more than 2,100 public servants were seconded to Services Australia to respond to calls for help. Demand peaked in April 2020, with 11,898 staff assisting the agency, including 3,414 redeployed Services Australia employees. The unprecedented mobilization, training and deployment of staff enabled the agency to manage effectively all calls and claims.

In Malaysia, PERKESO established a Pandemic Management Committee to discuss and decide on issues related to COVID-19. PERKESO employees carrying out essential operations were divided into two teams that were rotated weekly to manage claims and other daily operations. Employees categorized as non-essential were requested to work from home. All meetings were held online, and staff were supported through PERKESO's Enrich Programmes that provided training and information on topics such as hygiene, mental health, myths on COVID-19 and new norms (Azman, 2020).

The Social Security System (SSS) of the Philippines observed social distancing measures in all local offices, scheduled transactions in select branches, shifted to online transactions, allowed teleworking for some staff, and provided support mechanisms to SSS employees who reported for work (Ignacio, 2020).

Saudi Arabia closed all governmental agencies as a safety response to the pandemic. However, the Public Pension Agency continued

all business and services electronically through its website as well as through mobile apps, Twitter, Automated Voice Response System (AVR), and customer care contact centres. Remote training courses for employees were held to ensure continuous work quality and efficiency, including five courses for branch employees and 14 courses for contact centre employees to maintain high quality standards of customer service.

## Towards telemedicine services

Beijing was among the first Chinese cities to extend online consultations and e-prescriptions through accredited hospitals from February 2020. This has enabled patients, particularly high-risk groups such as older persons or those with chronic diseases, to receive medical services at home, settle bills online, and choose the delivery modality for receiving medication. Community health service agencies delivered needed medication to the homes of people aged 65 or older with chronic diseases or incapacities (ISSA, 2020).

Beginning in March 2020, BPJS Kesehatan of Indonesia implemented teleconsultations for curative, rehabilitative and preventive procedures. The Mobile KJN app, call centres, SMS and other cross-platform messaging applications ensured access to information. Teleconsultation together with an online pharmacy system that was introduced in 2018 ensure member access to easy, quick and effective health services. This is especially important for patients with chronic illnesses who receive regular monthly check-ups.

In the Islamic Republic of Iran, the COVID-19 pandemic has triggered and accelerated telehealth and e-prescription. By mid-2021, 47,000 out of 49,800 contracted health centres of the Iranian Social Security Organization (ISSO) were using e-prescriptions. At the same time, 11,600 non-contracted health service providers use an application programming interface (API) for e-prescriptions. The e-prescription rate has risen to 90 per cent.

## Towards contact-free online services

To reduce the risk of cross infections, all social security institutions in Asia and the Pacific have minimized in-person services and reduced on-site personnel movement. This has accelerated the adoption of e-services and made contact-free online services the dominant service delivery channel.

With Australia entering lockdown in March 2020, Services Australia expedited payments to the unprecedented volume of jobseeker claims by scaling up its existing automated service, the Straight Through Processing (STP). The accuracy of these automated payment decisions is over 99 per cent, which is well above agency targets.

In the Islamic Republic of Iran, the ISSO adopted a series of COVID-19 response measures, including the creation of online user accounts for every member, a smart system for the submission of insurance declarations and payrolls, as well as the use of electronic debt notifications for employers in place of paper-based ones, online



communication of contribution clearance to employers/contractors, electronic payment of contributions, and digital payment of unemployment benefits as part of the project 3070 – whereby 30 digital services will reduce in-person visits by 70 million.

In Saudi Arabia, an electronic platform, *Taqdeer*, was created in 2020 to serve the customers of the General Organization for Social Insurance (GOSI) in response to the challenges presented by the COVID-19 pandemic. The electronic platform has several contact channels: Contact us, to submit complaints and inquiries; Branch services, for submitting requests; Live chat; Call Me service; and virtual appointments. For the Public Pension Agency (PPA) in

Saudi Arabia, digital transformation is one of the main pillars of its strategic plan for the year 2022. It has merged 61 traditional branches to 17, transformed all services to electronic, and ensured that services are provided to clients with no need for in-person visits to the office.

In the United Arab Emirates, the Abu Dhabi Pension Fund maintained its business continuity in 2020 through 99.9 per cent service availability and zero system downtime, owing to efforts prior to the pandemic to provide a comprehensive range of services through one single point of access at any time and place. ■



## KEY MESSAGES

- The COVID-19 pandemic has exacerbated pre-existing vulnerabilities, triggered the first decline in human development in 30 years, and caused devastating public health and socioeconomic crises that may greatly undermine the prospects for the Asia and the Pacific region to meet the 2030 agenda of the United Nations Sustainable Development Goals.
- Governments in the region have introduced many policy measures and stimulus packages to protect the population and maintain social stability, regardless of differences in levels of socioeconomic development.
- With information and communication technology as an enabler, the region's social security administrations have played a critical role in implementing various crisis responses.
- The COVID-19 pandemic has accelerated the shift towards telemedicine in Asia and the Pacific. Consulting a health-care provider using a telephone, including by video or text, has become the new normal for many medical needs.
- The expansion of existing programmes as well as the introduction of new programmes, whether contributory or non-contributory, permanent or temporary, will contribute positively to the future coverage extension of social security programmes in the region.
- For many sectors and occupations, post-pandemic teleworking will most likely remain, involving a hybrid or blended form of home-and-office working arrangements (ILO, 2021e).
- The pandemic has underlined the important need for the Asia and Pacific region to continue building modern, more comprehensive and shock responsive social protection systems.



# BIBLIOGRAPHY

---

- Accountability Initiative.** 2021. "Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) GoI, 2021-22", in *Budget Briefs*, Vol. 13, No. 6.
- ADB.** 2019. *Maintaining social cohesion in the People's Republic of China in the new era* (ADB East Asia working paper, No. 22). Manila, Asian Development Bank.
- ADB.** 2021. *Financing long-term care in Asia and the Pacific* (ADB Brief, No. 177). Manila, Asian Development Bank.
- Akset.** 2021. "Omnibus Law's implementing regulation on unemployment benefits", 15 March.
- Anshin Immigration & Social Security.** 2020. "Employment adjustment subsidy: Qualifications relaxed to support business impacted from the novel Coronavirus infection", in *Blog*, 27 February.
- Asri, V.** 2017. *Targeting of social transfers: Are India's elderly poor left behind?* (ADB Institute working paper series, No. 799). Manila, Asian Development Bank.
- Azman, A. M.** 2020. *Business continuity during Covid-19* (conference presentation, ISSA Webinar "COVID-19: Adapting internal processes and human resources", 21 April). Geneva, International Social Security Association.
- Borys, S.** 2020. "Another coronavirus Economic Support Payment is on the way — will you have an extra \$750 in your account soon?", in *ABC News*, 12 July.
- Das, D.** 2021. "Malaysian government unveils \$36bn COVID-19 aid package", in *Capital.com*, 29 June.
- Bussolo, M.; Sharma, S.; Timmer, H.** 2020. "COVID-19 has worsened the woes of South Asia's informal sector", in *World Bank Blogs*, 7 December.
- ESCAP.** 2019. *Population ageing and the need for social protection in Asia and the Pacific*. Bangkok, United Nations Economic and Social Commission for Asia and the Pacific.
- ESCAP.** 2021. *2020 older persons in ASEAN in numbers*. Bangkok, United Nations Economic and Social Commission for Asia and the Pacific.
- ESCAP; ADB; UNDP.** 2021. *Responding to the COVID-19 pandemic: Leaving no country behind*. Bangkok, United Nations Economic and Social Commission for Asia and the Pacific, Asian Development Bank, United Nations Development Programme.
- ESCAP; ILO.** 2020. *The protection we want: Social outlook for Asia and the Pacific*. Bangkok, United Nations.
- FastLane Group.** 2020. "COVID-19 Hong Kong Employment Support Scheme", in *Vocus*, 7 August.
- Gentilini, U.; Almenfi, M.; Orton, I.** 2020. *Social protection and jobs responses to COVID-19: A real-time review of country measures* ("Living paper" version 3, 3 April). Washington, DC, World Bank.
- Hayashi, R. et al.** 2019. *Demand and supply of long-term care for older persons in Asia* (ERIA Research Project report, No. 8). Jakarta, Economic Research Institute for ASEAN and East Asia.
- Ignacio, A. C.** 2020. *Responding to the times: The Social Security System experience during the COVID-19 pandemic* (conference presentation, ISSA Webinar "Beyond the first wave of COVID-19: What lessons for social security institutions in South-East Asia?", 23 September). Geneva, International Social Security Association.
- Ilkkaracan, I; Kim, K.** 2019. *The employment generation impact of meeting SDG targets in early childhood care, education, health and long-term care in 45 countries*. Geneva, International Labour Office.
- ILO.** 1952. *Social Security (Minimum Standards) Convention, 1952 (No. 102)*. Geneva, International Labour Office.
- ILO.** 2012. *Social Protection Floors Recommendation, 2012 (No. 202)*. Geneva, International Labour Office.
- ILO.** 2013. *Strengthening the role of employment injury schemes to help prevent occupational accidents and diseases*. Geneva, International Labour Office.
- ILO.** 2016. *Social protection in Asia and the Pacific and the Arab States*. Bangkok, International Labour Office.
- ILO.** 2017. *World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals*. Geneva, International Labour Office.
- ILO.** 2018a. *Asia-Pacific employment and social outlook 2018: Advancing decent work for sustainable development*. Bangkok, International Labour Office.
- ILO.** 2018b. *Women and men in the informal sector: A statistical picture* (Third edition). Geneva, International Labour Office.
- ILO.** 2020a. *Regional knowledge hub, connect, strengthens capacity across Asia-Pacific to promote universal health coverage* (News). Geneva, International Labour Office.
- ILO.** 2020b. *ILOSTAT*. Geneva, International Labour Office.
- ILO.** 2020c. *Asia-Pacific employment and social outlook 2020 – Navigating the crisis towards a human-centred future of work*. Bangkok, International Labour Office.
- ILO.** 2020d. *ILO Monitor: COVID-19 and the world of work: Updated estimates and analysis* (Fourth edition). Geneva, International Labour Office.

- ILO.** 2020e. *Social protection responses to the Covid-19 crisis – Country responses in Asia and the Pacific*. Geneva, International Labour Office.
- ILO.** 2021a. *World Social Protection Report 2020–22: Social protection at the crossroads – in pursuit of a better future*. Geneva, International Labour Office.
- ILO.** 2021b. *World social protection data dashboards*. Geneva, International Labour Office.
- ILO.** 2021c. *ILOSTAT*. Geneva, International Labour Office.
- ILO.** 2021d. *World employment and social outlook – Data finder*. Geneva, International Labour Office.
- ILO.** 2021e. *Teleworking arrangements during the COVID-19 crisis and beyond*. Geneva, International Labour Office.
- ILO.** 2021f. *Social security policy monitor China* (Issue 8, July–October). Geneva, International Labour Office.
- ILO; ISSA; UNDESA.** 2021. *Governance of social protection systems: a learning journey – Module #1: Coordination*. Geneva, International Labour Office.
- ILO; UNESCO; World Bank.** 2020. *ILO-UNESCO-WBG joint survey on Technical and Vocational Education and Training (TVET) and skills development during the time of COVID-19*. Geneva, International Labour Office.
- ITU.** 2020. *Measuring digital development: Facts and figures 2020*. Geneva, International Telecommunication Union.
- ISSA.** 2019a. *ISSA Guidelines on information and communication technology*. Geneva, International Social Security Association.
- ISSA.** 2019b. *Applying emerging technologies in social security* (Summary report 2017-2019). Geneva, International Social Security Association.
- ISSA.** 2020. *Social security responses to COVID-19: The case of China* (Analysis). Geneva, International Social Security Association.
- ISSA.** 2021a. *Responding to growing long-term care needs in East Asia* (Webinar, 24 February). Geneva, International Social Security Association.
- ISSA.** 2021b. *ISSA Database of good practices*. Geneva, International Social Security Association.
- ISSA.** 2021c. *Unemployment benefits during COVID-19* (Analysis). Geneva, International Social Security Association.
- ISSA.** 2021d. *Childcare benefits and compensation during COVID-19* (Analysis). Geneva, International Social Security Association.
- Ke, M; Zhang, Y.** 2020. *How China pays for its COVID-19 medical bills*. Geneva, World Economic Forum.
- Khan, A. Z.; Jamy, G. N.** 2020. *COVID-19 G2P cash-transfer payments – Country Brief: Pakistan*. Washington, DC, World Bank.
- Neuland, S.** 2016. *Universal old-age pensions in Mongolia* (Universal Social Protection brief). Bonn, Deutsche Gesellschaft für Internationale Zusammenarbeit [et al.].
- Nguyen, Q. A. et al.** 2019. *How to extend social protection to workers in informal employment in the ASEAN region*. Bangkok, International Labour Office.
- OECD.** 2011. *A framework for growth and social cohesion in Korea*. Paris, Organisation for Economic Co-operation and Development.
- OECD.** 2018. *Pensions at a glance: Asia/Pacific 2018*. Paris, Organisation for Economic Co-operation and Development.
- OECD.** 2019. *Pensions at a glance: OECD and the G20 indicators*. Paris, Organisation for Economic Co-operation and Development.
- OECD.** 2020. *Supporting people and companies to deal with the COVID-19 virus: Options for an immediate employment and social-policy response*. Paris, Organisation for Economic Co-operation and Development.
- OECD.** 2021. *Health at a glance 2021: OECD indicators*. Paris, Organisation for Economic Co-operation and Development.
- OECD; WHO.** 2020. *Health at a glance: Asia/Pacific 2020: Measuring progress towards universal health coverage*. Paris, Organisation for Economic Co-operation and Development.
- Ortiz, I.; Schmitt, V.; De, L.** 2019. *100 years of social protection: The road to universal social protection systems and floors – Vol. I: 50 country cases*. Geneva, International Labour Office.
- Phua, K. H.; Goh, L. G.; Yap, M. T. (eds).** 2019. *Ageing in Asia: Contemporary trends and policy issues*. Singapore, World Scientific.
- Public Pension Agency.** 2020. *Report on readiness of working remotely: Actions taken by PPA during the COVID-19 pandemic*. Riyadh.
- Saini, S.; Hussain, S.** 2021. “Leveraging India’s Aadhaar platform to ease COVID-19 pain”, in *East Asia Forum*, 1 October.
- Services Australia.** 2021a. *Working together to improve customer experience and payment integrity: Claim Automation/Straight Through Processing*. Canberra.
- Services Australia.** 2021b. *Corporate Plan 2021–22*. Canberra.
- SSA; ISSA.** 2019. *Social security programs throughout the world: Asia and the Pacific, 2018*. Washington, DC, Social Security Administration.
- Straits Times.** 2021. “Singapore tops ranking of world’s best places to be amid COVID-19 pandemic”, 27 April.

**Stuff.** 2020. "Government unveils \$390m subsidy for employers training apprentices", 17 June.

**Times of India.** 2021. "Delhi govt launches social security scheme for Covid-19 affected families", 6 July.

**UN.** 2020. *The Sustainable Development Goals report 2020*. Washington, DC, United Nations.

**UNDESA.** 2019. *World population prospects: 2019 revision*. New York, NY, United Nations – Department of Economic and Social Affairs.

**UNDESA.** 2020. *E-Government Survey 2020: Digital government in the decade of action for sustainable development*. New York, NY, United Nations – Department of Economic and Social Affairs.

**UNDESA.** 2021. *World economic situation and prospects 2021*. New York, NY, United Nations – Department of Economic and Social Affairs.

**WHO.** 2019. *Primary health care on the road to universal health coverage: 2019 Global Monitoring Report*. Geneva, World Health Organization.

**World Bank.** 2021. *World Bank open data*. Washington, DC.

# GOOD PRACTICES IN SOCIAL SECURITY

## Australia

**Services Australia.** 2021. *Working together to improve customer experience and payment integrity: Claim automation/straight through processing* (Good practices in social security). Geneva, International Social Security Association.

## Brunei Darussalam

**Employee Trust Fund.** 2021. *Ministry of Finance and Economy's fiscal stimulus package of Brunei Darussalam* (Good practices in social security). Geneva, International Social Security Association.

## China

**Ministry of Human Resources and Social Security.** 2021. *Implementing the Universal Coverage Plan building the world's largest social security system* (Good practices in social security). Geneva, International Social Security Association.

**Ministry of Human Resources and Social Security.** 2021. *Investment and operation of China's basic old-age insurance fund has achieved remarkable results* (Good practices in social security). Geneva, International Social Security Association.

## Fiji

**Fiji National Provident Fund.** 2021. *Collaboration, innovation and data insight during a time of need – Delivering COVID-19 income protection assistance: The Fiji National Provident Fund story* (Good practices in social security). Geneva, International Social Security Association.

**Fiji National Provident Fund.** 2021. *Developing in-house actuarial function and strengthening actuarial governance* (Good practices in social security). Geneva, International Social Security Association.

## India

**Employees' Provident Fund Organization.** 2021. *Universal Account Number – Enabling, empowering and delivering to millions* (Good practices in social security). Geneva, International Social Security Association.

## Indonesia

**BPJS Kesehatan.** 2021. *Audit follow-up monitoring system for good governance* (Good practices in social security). Geneva, International Social Security Association.

**BPJS Kesehatan.** 2021. *Automated data monitoring solution to increase contribution collection and compliance* (Good practices in social security). Geneva, International Social Security Association.

**BPJS Kesehatan.** 2021. *BPJS Kesehatan's active role in responding to the COVID-19 pandemic: Actions to provide excellent service to members during the pandemic and assist the government in dealing with COVID-19* (Good practices in social security). Geneva, International Social Security Association.

**BPJS Kesehatan.** 2021. *Cross-field synergy in inspection and compliance enforcement for formal sector* (Good practices in social security). Geneva, International Social Security Association.

**BPJS Kesehatan.** 2021. *Digital health system in primary care* (Good practices in social security). Geneva, International Social Security Association.

**BPJS Kesehatan.** 2021. *Digitizing archives: An e-governance implementation in Indonesia* (Good practices in social security). Geneva, International Social Security Association.

**BPJS Kesehatan.** 2021. *Expanding membership coverage to Indonesia's village officials* (Good practices in social security). Geneva, International Social Security Association.

**BPJS Kesehatan.** 2021. *Machine learning and big data – Supporting decision making on fraud detection* (Good practices in social security). Geneva, International Social Security Association.

**BPJS Kesehatan.** 2021. *Managing and governing national health security program in single payer scheme: Integrated service solutions to achieve universal health coverage* (Good practices in social security). Geneva, International Social Security Association.

**BPJS Kesehatan.** 2021. *Simplification and accessibility of administrative services, information and feedback during the COVID-19 pandemic* (Good practices in social security). Geneva, International Social Security Association.

## Iran, Islamic Republic of

**Civil Servants Pension Fund.** 2021. *Establishment of an integrated and two-way communication centre with the beneficiaries of the Civil Servants Pension Fund* (Good practices in social security). Geneva, International Social Security Association.

**Iranian Social Security Organization.** 2021. *Developing a smart system for submission of insurance declarations and payrolls during the COVID-19 pandemic* (Good practices in social security). Geneva, International Social Security Association.

**Iranian Social Security Organization.** 2021. *Developing electronic financial transaction between the ISSO and contributors during the COVID-19 pandemic* (Good practices in social security). Geneva, International Social Security Association.

**Iranian Social Security Organization.** 2021. *Electronic debt notification to employers during the COVID-19 pandemic* (Good practices in social security). Geneva, International Social Security Association.

**Iranian Social Security Organization.** 2021. *In-site consultation to employers in newly established workplaces* (Good practices in social security). Geneva, International Social Security Association.

**Iranian Social Security Organization.** 2021. *Integrated Electronic Prescription System* (Good practices in social security). Geneva, International Social Security Association.

**Iranian Social Security Organization.** 2021. *ISSO strategic planning* (Good practices in social security). Geneva, International Social Security Association.

**Iranian Social Security Organization.** 2021. *Online communication of contribution clearance to the employers/contractors during the COVID-19 pandemic* (Good practices in social security). Geneva, International Social Security Association.

**Iranian Social Security Organization.** 2021. *Online creation of the Insured User Account during the COVID-19 pandemic* (Good practices in social security). Geneva, International Social Security Association.

**Iranian Social Security Organization.** 2021. *Unemployment benefit payment during the COVID-19 pandemic* (Good practices in social security). Geneva, International Social Security Association.

## Japan

**Japan Federation of Labour and Social Security Attorney's Association.** 2021. *An analog approach by skilled experts can be the strongest solution for human-oriented social security issues in the midst of the digital era* (Good practices in social security). Geneva, International Social Security Association.

## Jordan

**Social Security Corporation.** 2021. *Electronic transformation in the Social Security Corporation: Responding to the need of service recipients* (Good practices in social security). Geneva, International Social Security Association.

**Social Security Corporation.** 2021. *Establishing a digital branch: A new mechanism to face challenges* (Good practices in social security). Geneva, International Social Security Association.

## Korea, Republic of

**Korea Occupational Safety and Health Agency.** 2021. *Occupational trauma centres* (Good practices in social security). Geneva, International Social Security Association.

**Korea Workers' Compensation and Welfare Service.** 2021. *Big data-based services to enhance customized rehabilitation* (Good practices in social security). Geneva, International Social Security Association.

**National Health Insurance Service.** 2021. *Consolidated collection management through digitalization* (Good practices in social security). Geneva, International Social Security Association.

**National Health Insurance Service.** 2021. *Digital application for medical services using ICT in the post-COVID era* (Good practices in social security). Geneva, International Social Security Association.

**National Health Insurance Service.** 2021. *NHIS big data and ICT usage in COVID-19 crisis* (Good practices in social security). Geneva, International Social Security Association.

**National Health Insurance Service.** 2021. *Smart Citizen Service for Healthcare* (Good Practices in Social Security). Geneva, International Social Security Association.

**National Pension Service.** 2021. *Online information sharing among organizations to provide "3-less" service and return hidden rights* (Good practices in social security). Geneva, International Social Security Association.

**National Pension Service.** 2021. *Digital consultation through touch screen and various NPS e-certificates issuance service* (Good practices in social security). Geneva, International Social Security Association.

## Kuwait

**Public Institution for Social Security.** 2021. *Electronic certificate* (Good practices in social security). Geneva, International Social Security Association.

## Malaysia

**Employees Provident Fund.** 2021. *ELYA: The bilingual EPF virtual assistant* (Good practices in social security). Geneva, International Social Security Association.

**Social Security Organisation.** 2021a. *Social Synergy Programme* (Good practices in social security). Geneva, International Social Security Association.

## Oman

**Civil Service Employees Pension Fund.** 2021. *Systems integration with Government entities* (Good practices in social security). Geneva, International Social Security Association.

**Civil Service Employees Pension Fund.** 2021. *CSEPF B2B e-payments* (Good practices in social security). Geneva, International Social Security Association.

**Public Authority for Social Insurance.** 2021. *Development of contributions collection mechanisms* (Good practices in social security). Geneva, International Social Security Association.

**Public Authority for Social Insurance.** 2021. *ISO 9001/2015 Certification on service quality and management system* (Good practices in social security). Geneva, International Social Security Association.

**Public Authority for Social Insurance.** 2021. *PASI Investment Portfolio – Risk and return analysis* (Good practices in social security). Geneva, International Social Security Association.

## Philippines

**PhilHealth.** 2021. *PhilHealth Electronic Premium Remittance System* (Good practices in social security). Geneva, International Social Security Association.

## Saudi Arabia

**General Organization for Social Insurance.** 2021. *Digital transformation journey in the Public Pension Agency* (Good practices in social security). Geneva, International Social Security Association.

**General Organization for Social Insurance.** 2021. *Establishing and implementing compliance function at the Public Pension Agency* (Good practices in social security). Geneva, International Social Security Association.

**General Organization for Social Insurance.** 2021. *Electronic platform in response to the COVID-19 pandemic* (Good practices in social security). Geneva, International Social Security Association.

**General Organization for Social Insurance.** 2021. *MITHAQ Platform at the Public Pension Agency* (Good practices in social security). Geneva, International Social Security Association.

**General Organization for Social Insurance.** 2021. *Payroll management system* (Good practices in social security). Geneva, International Social Security Association.

**General Organization for Social Insurance.** 2021. *The Tagdeer Platform* (Good practices in social security). Geneva, International Social Security Association.

**General Organization for Social Insurance.** 2021. *Transformation to the digital branches* (Good practices in social security). Geneva, International Social Security Association.

## Singapore

**Central Provident Fund Board.** 2021. *Breakthrough in traditional bequeath process with the Online Nomination Service* (Good practices in social security). Geneva, International Social Security Association.

**Central Provident Fund Board.** 2021. *RAMP-up to help citizens in need* (Good practices in social security). Geneva, International Social Security Association.

## United Arab Emirates

**Abu Dhabi Pension Fund.** 2021. *Digital transformation* (Good practices in social security). Geneva, International Social Security Association.

**Abu Dhabi Pension Fund.** 2021. *Internal communication to overcome the impact of distanced workforce* (Good practices in social security). Geneva, International Social Security Association.

**Abu Dhabi Pension Fund.** 2021. *Managing actuarial liability* (Good practices in social security). Geneva, International Social Security Association.

**Abu Dhabi Pension Fund.** 2021. *Working remotely: How digital enablement allowed Abu Dhabi Pension Fund to survive as well as thrive through the pandemic* (Good practices in social security). Geneva, International Social Security Association.

## Viet Nam

**Vietnam Social Security.** 2021. *The extension of the social and health insurance coverage in Viet Nam* (Good practices in social security). Geneva, International Social Security Association.

**Vietnam Social Security.** 2021. *VSS-ID – Digital social insurance* (Good practices in social security). Geneva, International Social Security Association.





International Social Security Association  
4 route des Morillons  
Case postale 1  
CH-1211 Geneva 22  
Switzerland

[www.issa.int](http://www.issa.int)