



**Social Protection Floor** initiative



# SPF Joint Meeting

July 7, 2010



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# Agenda

- I. Report back on UNCT meeting
- II. Carry out a SPF rapid assessment in Thailand
- III. Discussion on possible other activities
- IV. AOB



# I. Report back on UNCT meeting

- UNCT meeting held on June 30, 2010 to discuss UNPAF preparation
- The Social Inequality Subgroup
- Last political updates: 5 point roadmap and Plan 11
- Expressed demand from government: CB in stat and data collection, South-South cooperation
- Concrete output for the SPF Joint Team



## II. Carry out a SPF rapid assessment in Thailand

### Where are we at in the SPF Joint Team?

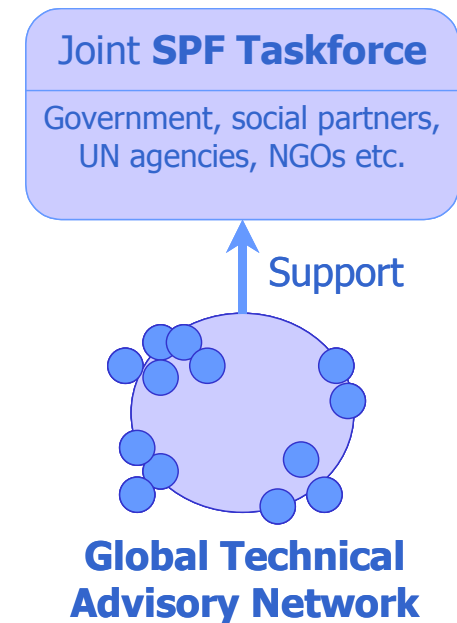
- **Our common ground:** To promote/ contribute to a holistic and coherent vision of national social protection systems to progressively tend towards universal basic coverage and by doing so, contribute to reduce inequalities and close gaps in the country through the development a joint planning for a more coherent and effective action and an enhanced partnership with the Thai government.
  - **Immediate purpose:** to advocate and to identify possible linkages with the next UNPAF, Plan 11 and other planning documents being currently developed by the government of Thailand, and to identify possible assistance through the UN system and other agencies.
- Carrying out a rapid assessment has been identified as possible activity to lead as a team.



## II. Carry out a SPF rapid assessment in Thailand

### What is being done at international level

- Generic Rapid SPF country assessment tool developed at global level to be adapted at national level
- Objectives
  - **Starting point for discussions** on how to build the SPF that is tailored to the needs and capacities of the country.
  - **Provide a diagnosis at initial stage:** take stock of present SPF situation.





## II. Carry out a SPF rapid assessment in Thailand

### Basic concept



To measure the availability and quality of basic social protection in Thailand.

This can be broken down into two components:

- a) **Population coverage**: the question to be answered is “Are people that are in a defined target group for a transfer effectively getting a transfer payment or are effectively having access to essential health care”?
- b) **Coverage adequacy**: question to be answered is “Are people that are receiving a transfer or having access to essential health services, receiving a transfer payment that brings them up to the selected poverty line or are they receiving affordable health care of adequate quality? And Does it contribute to reduce inequalities?”



## II. Carry out a SPF rapid assessment in Thailand

### Operational objectives

1. **Provision of a first evidence base** to assess the situation and be able to monitor progress.
2. **Stocktaking/Mapping:** identifying the existing social protection programs/schemes covering the elements of the SPF, identify the actors active in social protection in the country
3. **Collaboration and national dialogue:** Launch discussions on the SPF process and how to build a Social Protection Floor in Thailand by involving main stakeholders in the development of the methodology based on existing tools/ data and the making of the baseline. **Potential starting point for the inclusion of government and other stakeholders** → efficient flow of information and exchange on SPF activities between government institutions and participating UN agencies, development partners
4. **Analysis:** identification of the covered population and the benefit levels of the social protection programs in the country, the good practices, the weak points, the priority needs, the potentials and constraints.



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### Proposed Outputs

**Proposed output 1:** Development of an assessment tool using the different tools from our respective organizations and the generic tool. This tool could be later use to monitor progress in the implementation of the floor in Thailand.

**Proposed output 2:** Carry out a first assessment (baseline) to guide action. It will be available as an assessment report and interactive mapping on the GESS (Global Extension of Social Security) platform.





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### **Preparatory work: What needs to be done beforehand?**

- 1. Identify the key players who will be involved in designing and conducting the rapid social protection floor assessment:** Government institutions, UN-agencies, projects, donors, civil society organizations, social partners, NGOs social security schemes/programs, etc.
- 2. Constitute a toolbox** made of all available tools which can be used to carry out the assessment (child poverty studies from UNICEF, SPI (ADB), WFP tools for food, etc.
- 3. Identify all relevant national stakeholders, government institutions and participating UN-agencies in the country who may constitute valuable sources of information** to be consulted with when conducting the assessment and inform them about the SPF-Initiative and the country rapid assessment;
- 4. Gather all existing reports, assessments, studies** conducted by any of the above actors during the past 5 years (e.g. child poverty analysis, CPIAs etc) through the GESS platform



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### What to consider when developing the quantitative and qualitative assessment tool?

- Develop a **simple but robust methodology** to allow rapid assessments of the Social Protection Floor situation. The analysis is not meant as a substitute for more complex and probably accurate social security coverage or performance indicators.
- Should include a political and institutional analysis, Delivery capacity and gaps, SP coverage analysis (Indicators of access to social protection according to the core thematic areas under the Social Protection Floor), a Collection of Macro-economic data, Household income and expenditure, Poverty levels
- The baseline should present presenting **a) a stocktaking of social protection schemes and existing programs and b) an analysis of the schemes related to the SPF elements focusing on four aspects: 1) the adequacy of the benefit levels to ensure effective access 2) the effective coverage, i.e. the proportion of the target population that is actually receiving benefits, 3) the availability/supply of the social services and goods and 4) the quality of the goods and services available.**

## As an example – Health Care System

Rights and guarantee for:	In-kind transfers (Demand side)			Essential services (Supply side)
	UCS	CSMBS	SSS	
<b>General target</b>	Every Thai citizen not covered under the CSMBS or SSS	Government employees or pensioners And their dependents	Private employees or temporary public employees	<p>&lt;<b>Public vs. Private providers</b>&gt;</p> <ul style="list-style-type: none"> <li>• Most of health services were provided by <b>public health care providers</b>; In 2007, 65.9 percent of hospitals and 63.3 percent of beds belonged to the MoPH.</li> <li>• <b>Private hospitals</b> have increased since economic expansion during 1992-1997. Most of them locate in Bangkok and urban area. <b>Private health insurance companies</b> play very limited additional role in Thailand due to their high premium rate and very strict under-write policies.</li> <li>• “<b>One hospital for every district and one health center for every sub-district (Tambon)</b>” has been achieved.</li> </ul> <p>&lt;<b>Geographical disproportion</b>&gt;</p> <ul style="list-style-type: none"> <li>• Maldistribution of health care providers b/t <b>Urban vs. Rural areas</b></li> <li>• Different distribution of <b>health care personnel among Bangkok and other regions</b> like Northeastern region</li> </ul>
<b>No. of persons covered (2006)</b>	47 million (76%)	4.2 million (7%)	9.1 million (15%)	
<b>Description of services (benefit package, copayment etc.)</b>	...	...	...	
<b>Link to further information</b>	<a href="http://www.nhso.go.th">www.nhso.go.th</a>	<a href="http://www.cgd.go.th">www.cgd.go.th</a>	<a href="http://www.sso.go.th">www.sso.go.th</a>	

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Children	<ul style="list-style-type: none"> <li>• It does not seem that the multiple health care system has been improved by regular survey of <b>“actual” utilization rates or coverage gap, for instance of special medical needs, of each sub-group</b> like “children”, “people with disabilities”, “people with HIV/AIDS” etc.</li> <li>• For instance of people with HIV/AIDS, the triple-drug ART was integrated into the benefit package of the UCS as late as in 2006.</li> <li>• Regardless of the health care quality issues among the three schemes, the remaining task of health care extension is about <b>“unidentified people in border of Thailand”</b> or <b>“illegal migrants out of social assistance measures by the Thai government”</b></li> </ul>			<ul style="list-style-type: none"> <li>• As in the analysis of the demand side, <b>regular assessments of health care providers specific to each sub-group</b> seem rare.</li> </ul>
People in active age groups with insufficient income				
Older persons				
Pregnant women				
People with disabilities				
People with HIV/AIDS				



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**To consider, among others...**

- Doesn't have to necessarily be comprehensive for all elements of the floor
- Find a “good balance” between the rapidity and level of analysis and data available (Simplistic assumptions will be made)
- Need to ensure national appropriation
- The multidimensionality of poverty and the impact of existing SP schemes to get the vulnerable people out of it..
- The distributional effects of the SP schemes



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## II. Carry out a SPF rapid assessment in Thailand

### What next?

- Draft ToR + concept note on methodology
- Start working on preparatory work
- Funding



## III. Possible other activities

- **Capacity building activities**
- **Capitalization on the SPF success stories (Ayudhaya +1, ?)**
- **Enrichment of communication/ education tools developed at global level**
- **Any other activity ???**