Social Protection in Southeast Asia: A Regional Overview

Summary Report

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Disclaimer

This report synthesises policy and operational insights for decision-makers. It is not a legal text. Country information reflects public materials and expert practice notes available up to August 2025. Data points cited in narrative are indicative and should be triangulated with the latest administrative statistics.

This report synthesises administrative documents, legal instruments, evaluation reports, and operational guidance published by governments and international organisations. It complements comparative datasets and dashboards with implementation notes from the region. To support replicability, we privilege public, authoritative sources, triangulate across multiple documents, and focus on operationally relevant detail. Limitations include heterogeneity in indicator definitions, reporting lags, and uneven availability of disaggregated data.

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About Developlan

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EXECUTIVE SUMMARY

Southeast Asia, home to more than 680 million people, has experienced rapid urbanisation, demographic change, climate risks, and shifts in labour markets that together have reshaped the role of social protection. Over the past two decades, social protection systems in the region have expanded substantially, now encompassing near-universal health coverage in several countries, maturing social insurance institutions, digitalised social assistance, and the emergence of adaptive mechanisms designed to respond to shocks. This growth demonstrates an impressive commitment to reducing poverty and vulnerability, yet significant gaps remain in terms of coverage, adequacy, and fiscal sustainability, particularly for informal and platform workers, migrants, and groups such as persons with disabilities and children from poor households.

Across the region, countries have made important achievements. Thailand, Indonesia, Viet Nam, and Malaysia have demonstrated different routes to broad health protection, while Singapore and Brunei anchor access in strong national financing mechanisms. Timor-Leste and Brunei provide universal pensions, and Cambodia, the Philippines, and Thailand have expanded social pensions and child benefits as important income floors. Digital transformation has been central to these reforms, with countries like Cambodia, Indonesia, Malaysia, and the Philippines developing advanced registries and foundational ID systems that allow more effective targeting and efficient digital transfers. Meanwhile, the experience of the COVID-19 pandemic showed the feasibility of rapid scale-ups, as the Philippines introduced its Emergency Cash Transfer mechanism and Indonesia temporarily expanded its conditional cash transfer and food subsidy programs.

Nevertheless, persistent challenges cut across the region. Informality remains widespread, with more than half of the workforce in some countries operating outside contributory social insurance, leaving them excluded from retirement and unemployment protections. Although several governments have experimented with schemes targeting non-standard workers, including Thailand's Section 40 provisions, Malaysia's i-Saraan and SPS Lindung, and Indonesia's self-employed enrolment, these measures have yet to secure large-scale participation. Adequacy of benefits also remains a concern: transfers and pensions are often modest compared to living costs and provide only partial protection against shocks. The problem is particularly acute in Cambodia, Myanmar, and Lao PDR, where social pensions remain very low. At the same time, fragmentation and weak coordination between ministries and agencies reduce efficiency and undermine the user experience, as seen in the complexity of overlapping programs in Cambodia and Indonesia. On the fiscal side, long-term risks are evident. Reliance on subsidies and general revenues is already a challenge in Malaysia, Thailand, and Viet Nam, where ageing populations and subsidy reform pressures intensify concerns about sustainability.

Despite these gaps, the region has pioneered innovations that offer valuable lessons. Thailand's reform to allow universal health beneficiaries to access treatment anywhere, Viet Nam's rollout of digital health insurance cards, and Singapore's Platform Workers Act are examples of bold systemic shifts. Indonesia's Kartu Prakerja has been widely cited as a global example of hybrid programming, blending income support with access to digital training. Adaptive and disaster-responsive social protection is also taking root, with systems increasingly embedding playbooks and financing instruments for rapid horizontal and vertical expansions during natural disasters or economic crises.

Looking to 2025–2030, the report identifies three shared priorities. First, countries should guarantee basic income security across the lifecycle through predictable categorical benefits for the elderly, children, persons with disabilities, and maternity, with indexation and accessible grievance systems. Second, governments should extend protection to informal and platform workers through flexible contribution schedules, tiered packages, and matching subsidies that make participation feasible. Third, institutionalising adaptive social

protection is essential, embedding disaster-response protocols, financing tools, and delivery systems that can be rapidly scaled during floods, typhoons, droughts, or economic shocks.

Overall, while implementation capacity varies - from Brunei and Singapore's digitally mature systems to Myanmar's fragile, donor-dependent model - the region shares common priorities: building clear rules, ensuring transparency, adopting citizen-centred design, and institutionalising mechanisms for continuous learning. With reforms sequenced effectively, Southeast Asia has the potential to consolidate universal health coverage, establish income security as a basic right, and pioneer adaptive, shock-responsive social protection frameworks that can serve as global exemplars.

LIST OF ACRONYMS

Acronym	Meaning
ADB	Asian Development Bank
ASEAN	Association of Southeast Asian Nations
ASPIRE	Atlas of Social Protection Indicators of Resilience and Equity (World Bank)
BPJS	Badan Penyelenggara Jaminan Sosial (Indonesia)
CCT	Conditional Cash Transfer
CRVS	Civil Registration and Vital Statistics
DTKS / DTSEN	Indonesia's social registry / integrated socio-economic registry
DRF	Disaster Risk Finance
DRG	Diagnosis-Related Group (hospital payment)
EIS	Employment Insurance System (Malaysia)
HEF	Health Equity Funds (Cambodia)
IDPoor	Cambodia's poverty targeting system
JKN	Jaminan Kesehatan Nasional (Indonesia)
JKP	Jaminan Kehilangan Pekerjaan (Indonesia job-loss insurance)
LSSO	Lao Social Security Office
MIS	Management Information System
NHI / NHIB	National Health Insurance / National Health Insurance Bureau (Lao PDR)
PADU	Pangkalan Data Utama (Malaysia's integrated data hub)
PERKESO / SOCSO	Social Security Organization (Malaysia)
PhilSys	Philippine Identification System
4Ps	Pantawid Pamilyang Pilipino Program (Philippines)
UCS	Universal Coverage Scheme (Thailand)
UHC	Universal Health Coverage
VSS	Viet Nam Social Security
WIS	Workfare Income Supplement (Singapore)

GLOSSARY OF TERMS & DEFINITIONS

Selected Glossary of Terms	
Adaptive Social Protection:	An approach that equips routine programs to scale during shocks using pre-agreed triggers and delivery playbooks.
Appeal:	A formal request to review a grievance decision by a higher authority.
Beneficiary:	An eligible person who receives a benefit under a social protection program.
Capitation:	A provider payment method that pays a fixed amount per person per period for defined services.
Case Management:	Processes for managing applications, changes, referrals, and grievances over time.
Categorical Benefit:	An entitlement defined by personal characteristics (e.g., age, disability) rather than means-testing alone.
Co-payment:	A fixed fee paid by the insured at the point of service.
Conditional Cash Transfer (CCT):	Cash transfers that require fulfilment of soft conditions (e.g., school attendance or health visits) where services exist.
Contribution Matching:	A subsidy that complements a worker's contribution to encourage participation in social insurance.
Contributory Scheme:	A program funded by worker/employer contributions that confers insured benefits.
Data Minimisation:	Collecting only the data required for a specified, legitimate purpose.
Data Protection Impact Assessment (DPIA):	A structured appraisal of privacy risks when introducing or changing data processing.
Deductible:	An amount the insured pays before insurance coverage begins.
Designated Payment Points:	Authorised locations (e.g., bank agents) where beneficiaries receive payments.
Disability Assessment:	A process to determine functional limitations and eligibility for disability benefits.
Disaster Risk Financing:	Pre-arranged financial instruments to fund responses to hazards.
DRG (Diagnosis-Related Group):	A case-based hospital payment method.
Eligibility:	The status of meeting criteria to access a benefit or service.
Error, Fraud, and Corruption (EFC):	Irregularities that reduce program integrity and trust.
Foundational ID:	A national identity system used for multiple public and private services.
Gatekeeping:	A requirement to seek primary-care consultation before specialist care to manage costs and quality.
Grievance:	A complaint filed about a program decision, service, or treatment.
Horizontal Expansion:	Adding new beneficiaries during a shock.
Indexation:	Automatic benefit adjustment to inflation or wages.
Informality:	Work arrangements outside standard employment contracts and social insurance coverage.
Integrated Social Information System (ISIS):	A platform that integrates data across programs for coordinated delivery.

KYC (Know Your Customer):	Identity verification processes required for financial and public services.
Labour Market Program:	Measures that enhance employability, job matching, and earnings.
Means Test:	Assessment of income and/or assets to determine eligibility.
Minimum Service Standards:	Published performance targets for timeliness, accuracy, and accessibility.
Moral Hazard:	Changes in behaviour when insured against risk.
Maternity Benefit:	Income replacement or cash support during pregnancy and after childbirth.
National Health Insurance:	A pooled financing mechanism for health coverage.
Near-Poor:	Households just above the poverty line vulnerable to shocks.
Out-of-Pocket (OOP) Spending:	Payments made by individuals at the point of service.
Portability:	The ability to retain entitlements when moving across regions or countries.
Primary Care:	First point of contact within the health system, focusing on prevention and basic treatment.
Provider Payment Method:	How purchasers pay providers (capitation, DRG, fee-for-service, global budgets).
Public Financial Management (PFM):	Rules and institutions governing budget planning and execution.
Quintile Targeting:	Selecting beneficiaries based on consumption or wealth quintiles.
Reference Price:	A benchmark tariff for services or medicines.
Registry:	A database of individuals and households to support eligibility decisions.
Shock:	A sudden event that threatens well-being (economic, climate, health, conflict).
Social Assistance:	Non-contributory benefits and services financed primarily from taxes.
Social Insurance:	Contributory schemes that pool risks across participants.
Social Pension:	A non-contributory old-age cash transfer.
Subsidy Rationalisation:	Reorienting untargeted subsidies to targeted support.
Targeting Error:	Inclusion or exclusion errors in determining eligibility.
Treatment Anywhere:	Policy allowing patients to access care outside their registered facility under specified rules.
Unemployment Insurance:	Temporary income support and services for those who lose jobs through no fault of their own.
Vertical Top-up:	A temporary increase in benefit amount for existing beneficiaries during a shock.
Selected Social Protection KPI Definitions	
Coverage – Categorical Grants:	Share of eligible older persons/persons with disabilities/children receiving the benefit; disaggregate by sex, disability, location.
Coverage – Social Insurance:	Share of labour force contributing to pensions, employment injury, sickness/maternity; voluntary contributors share.
Health Financial Protection:	Share of population covered by public health insurance/subsidies; catastrophic health expenditure incidence.
Payment Timeliness:	Percent of scheduled payments delivered by the promised date; median delay (days).
Payment Reliability:	Share of beneficiaries receiving the correct amount; rate of failed/partial transactions with resolution time.

Error and Fraud:	Estimated over- and under-payments; confirmed fraud cases per 10,000 beneficiaries; recovery rate.
Grievance Acknowledgement:	Share of grievances acknowledged within SLA (e.g., 72 hours).
Grievance Resolution:	Share of grievances resolved within SLA; median time to resolution; escalation rate.
Appeal Outcomes:	Share of appeals upheld/overturned; time to final decision.
Benefit Adequacy:	Benefit as a percentage of relevant consumption basket or poverty line; purchasing power index.
Indexation Compliance:	Share of programs executing indexation as per rule and schedule.
Take-up Rate:	Beneficiaries as share of eligible population (where eligibility is categorical).
Targeting Precision:	Inclusion/exclusion error rates using survey or administrative benchmarks.
Portability Utilisation:	Number and share of cross-jurisdiction claims processed; processing time.
Provider Payment Timeliness (Health):	Share of claims paid within agreed timeframe; average denial rate with reasons.
Primary Care Utilisation:	Share of outpatient visits at primary care vs secondary/tertiary; avoidable hospitalisation rate.
Preventive Service Uptake:	Immunisation coverage, antenatal visits, screening rates linked to benefit nudges.
Beneficiary Satisfaction:	Composite score from experience surveys covering respect, clarity, and timeliness.
Digital Inclusion:	Share of beneficiaries using digital channels; share using assisted/offline channels; failure rates by channel.
Data Protection Incidents:	Number and severity of data incidents; time to containment and notification.
System Uptime:	Availability of core MIS and payment platforms; planned vs unplanned downtime.
Caseworker Load:	Average active cases per caseworker; backlog and clearance rate.
Training Completion:	Share of frontline staff completing mandatory training modules within cycle.
Cost per Beneficiary:	Administrative cost per beneficiary by program; trend over time.
Shock Activation Speed:	Time from trigger to first payouts; number of beneficiaries reached within two weeks of activation.
Horizontal Expansion Scale:	Increase in caseload during shock relative to baseline; error rates during surge.
Vertical Top-up Execution:	Share of baseline beneficiaries receiving top-up on time; reconciliation accuracy.
Inter-operability Tests:	Frequency and success of API tests between ID, registry, and payment systems.
Audit Findings:	Share of high-risk findings remediated within SLA; repeat findings rate.
Public Reporting Timeliness:	Share of programs that publish quarterly/annual statistics on time.
Gender Lens:	Coverage and adequacy gaps by sex; maternity benefit utilisation; care credit uptake.
Disability Inclusion:	Coverage and adequacy for persons with disabilities; assistive device provision; home-visit share.
Rural Access:	Coverage in remote/rural areas; travel time to payment points; mobile teams deployed.
Migrant Access:	Beneficiary share among migrants; cross-border claim throughput; translated materials available.
Hotline Performance:	Average waiting time; abandonment rate; first-contact resolution rate.

Omnichannel Consistency:	Share of cases with consistent status across channels (web, app, hotline, office).
Procurement Cycle Time:	Average days from tender to contract; complaint rate; contract performance score.
Inventory of Assistive Technologies:	Time to fulfil requests; maintenance turnaround.
PFM Alignment:	Budget execution rate; variance against MTEF; contingency usage and replenishment.
Sustainability Stress Test:	Projected financing gap under downside scenarios; policy levers identified and costed.

UNDERSTANDING SOCIAL PROTECTION IN SOUTHEAST ASIA

Social protection is a set of public policies and programs that prevent, reduce, and help people manage economic and social risks throughout the life cycle. It typically bundles (i) social assistance-non-contributory benefits such as cash transfers, in-kind assistance, school meals, and fee waivers; (ii) social insurance-contributory schemes like pensions, health insurance, employment injury, sickness, maternity, unemployment; and (iii) labour market policies-active measures such as skills, public works, and job-search assistance, alongside basic worker protections. In Southeast Asia, governments adapt these components to their institutional legacies, fiscal capacity, and risk profiles. Two cross-cutting features define the region's systems today: extensive use of digital platforms for identification, enrolment and payments; and an explicit drive to integrate disaster risk management with routine delivery so assistance can scale rapidly when hazards strike.

Countries follow different pathways to universality. High-income administrations finance broad entitlements from general revenues; upper-middle-income systems mix tax-financed guarantees (for children, older persons, persons with disabilities) with mandatory social insurance for formal workers and subsidised options for the self-employed; lower-income systems prioritise a foundational set of benefits while progressively expanding contributory coverage. Common strategic choices include: breadth vs depth of benefit packages; universal vs targeted eligibility; contributory parameters for non-standard workers; provider payment methods in health (capitation, DRGs, global budgets); and the degree of decentralisation in administration. Across the region, reforms increasingly emphasise portability for migrants, indexation rules to protect benefit value, grievance redress standards, and data-protection by design.

Ministries of social welfare, labour, finance and health co-govern national systems, with social security funds and health insurance agencies handling contributory branches. Local governments, civil society organisations, faith-based networks and private payment providers play vital last-mile roles. Foundational ID and civil registration systems underpin eligibility verification; social registries consolidate socioeconomic data; case-management systems track applications, changes and grievances; and payment rails enable digital transfers with cash fallbacks where financial infrastructure is thin. Interoperability requires clear legal bases for data sharing, role-based access controls, and audit trails.

Life-cycle lenses help prioritise scarce resources: maternal and early childhood support to boost human capital; school-age inclusion; youth transitions to work; income security and care for persons with disabilities; contributory and non-contributory old-age income; unemployment protection and re-employment services; and disaster-responsive assistance that protects households from asset loss and consumption shocks. In Southeast Asia, the largest uncovered group remains the self-employed and informal workers who face income volatility, occupational risks, and limited access to social insurance. Migrant workers, often with families left behind, require portability and cross-border coordination. Remote and hazard-prone communities require adaptive designs that work when infrastructure fails.

Most systems combine general revenues (for social assistance and subsidised insurance) with earmarked payroll contributions (for pensions, employment injury, sickness, maternity, and unemployment insurance). Policy options to create space include phasing out regressive subsidies, improving contribution compliance, refining subsidies to the near-poor, and linking shock financing to contingency funds or risk pools. Robust costing, scenario analysis, and M&E are essential for credible medium-term expenditure frameworks.

Good governance rests on clear eligibility law, transparent allocation rules, program statistics published on schedule, accessible grievance and appeal channels, and data-protection safeguards. Inclusion requires

disability-responsive design, language accessibility, rural outreach, and safe channels for women and marginalised groups.

Regionally, ASEAN frameworks nudge convergence on portability and social protection floor principles, while national constitutions and laws define entitlements. This regional overview illustrates five key elements:

- **Typologies of Systems**: A practical typology clusters the region into: (i) universalist health-led systems with targeted income floors; (ii) mixed contributory-tax-financed systems with expanding categorical benefits; and (iii) foundational floor builders prioritising basic grants and core services while laying contributory groundwork. Movement between types occurs as fiscal space grows and administrative capacity deepens.
- **Coverage vs. Labour Market Structure**: Informality, self-employment and platform work correlate with lower contributory coverage. Elastic contribution schedules, contribution matching, and simplified onboarding reduce barriers. Compliance strategies should prioritise service value and user experience over punitive measures in early stages.
- **Digital Public Infrastructure and Inclusion**: Foundational ID, civil registration and vital statistics (CRVS), social registries, and payments ecosystems act as enabling infrastructure. Inclusion requires offline pathways, assisted channels, and grievance mechanisms that work for people without smartphones or formal addresses.
- **Gender, Disability and Ageing**: Design must account for care burdens and lifecycle interruptions in women's contributory histories, accessibility needs for persons with disabilities, and the rapid rise in old-age dependency ratios. Care credits, disability-inclusive assessments, and social pensions smooth inequities.
- **Humanitarian-Development-Peace Nexus**: Fragility, conflict and disaster risks intersect. Adaptive programs and humanitarian delivery mechanisms should interoperate, with shared registries where safe, and mutually recognised KYC to speed assistance while protecting people at risk.

Social protection has become an indispensable component of development policy across Southeast Asia. It encompasses policies and programs designed to reduce poverty and vulnerability by ensuring income security, facilitating access to healthcare, and mitigating risks across the life course. Globally, social protection has evolved from a narrow focus on welfare for the poor to a broader developmental agenda, emphasising its role in fostering resilience, productivity, and social cohesion. In Southeast Asia, this shift is evident in the expansion of both contributory and non-contributory programs, reflecting recognition that robust social protection systems are critical to sustaining inclusive growth amid rapid socio-economic transformations.

The architecture of social protection in Southeast Asia is typically structured around four main pillars: social insurance, social assistance, labour market programs, and adaptive or shock-responsive protection. These pillars intersect in complex ways, producing diverse national models.

Social insurance remains the cornerstone for formal workers, covering pensions, health, and employment-related risks. Indonesia's BPJS agencies exemplify large-scale insurance systems, while Thailand's Social Security Fund has created pathways for voluntary participation of informal workers. Social assistance, meanwhile, addresses poverty directly: the Philippines' 4Ps and Indonesia's PKH are among the largest conditional cash transfers in the world. Cambodia's CT-PV represents an important innovation, born during the COVID-19 crisis but now institutionalised. Labour market programs are less developed but growing in relevance through initiatives like Indonesia's Kartu Prakerja and Malaysia's MyFutureJobs. Adaptive SP,

increasingly mainstreamed post-pandemic, ensures systems can expand horizontally and vertically during crises such as natural disasters or economic downturns.

The region demonstrates varied approaches to universality and targeting. Thailand and Timor-Leste pursue universalist schemes such as free healthcare and pensions, while Cambodia and Lao PDR depend on narrowly targeted poverty schemes, often with donor support. Indonesia and Malaysia combine subsidies for the poor with mandatory contributory systems for formal workers, representing hybrid approaches. A lifecycle perspective is gradually emerging, with child benefits, maternity allowances, and social pensions introduced to provide income floors at different life stages. Informality remains the greatest structural challenge, with more than 50 percent of the workforce in many countries lacking access to contributory insurance. Efforts such as Malaysia's SPS Lindung or Thailand's Section 40 seek to extend coverage but uptake remains modest.

Institutional frameworks vary. Ministries of labour, finance, and social welfare set policies, but delivery often lies with semi-autonomous social security funds. Indonesia's BPJS, Malaysia's EPF and SOCSO, and Viet Nam's Social Security are key actors with national reach. Decentralised systems, notably in Indonesia and the Philippines, rely heavily on local governments for implementation, creating variation in delivery quality. Non-state actors, including NGOs and humanitarian agencies, play a critical role in fragile states like Myanmar. Private actors such as gig platforms are increasingly leveraged to deliver benefits, reflecting the growing role of public–private partnerships. Development partners (ILO, World Bank, ADB, UNICEF, WFP) provide technical expertise and financing, especially in lower-income countries.

Digitalisation is transforming social protection in the region. Foundational ID systems such as the Philippines' PhilSys, Cambodia's IDPoor, and Indonesia's NIK enable more precise targeting. Integrated registries like Indonesia's DTKS and Malaysia's PADU enhance interoperability. Mobile payment platforms facilitate direct transfers, reducing leakage and improving transparency. Fiscal sustainability is a growing concern, with ageing populations in Viet Nam, Thailand, and Malaysia raising long-term pension costs, while subsidy-heavy systems in Brunei and Singapore depend on stable revenues. Adaptive social protection is increasingly embedded, with countries designing protocols for disaster response and economic shocks. At the regional level, ASEAN has articulated principles for social protection cooperation, but implementation of cross-border portability for migrant workers remains limited.

Southeast Asia's social protection landscape illustrates remarkable diversity but also convergence around shared priorities. Systems are expanding coverage, modernising delivery, and embedding adaptive capacity, yet still face persistent challenges of informality, adequacy, fragmentation, and fiscal sustainability. The next decade will be crucial for consolidating reforms: guaranteeing basic income security, extending protection to informal and platform workers, and institutionalising adaptive mechanisms. With continued innovation, Southeast Asia is positioned not only to achieve universal social protection but also to contribute globally as a region pioneering adaptive, inclusive, and digitally enabled social protection frameworks.

STATE OF COVERAGE, GAPS AND VULNERABILITIES ACROSS SOUTHEAST ASIA

A regional overview of Southeast Asian countries considers a number of distinct features of social protection systems, including:

- **System architecture and legal foundations**: Constitutional provisions, framework laws, and executive regulations define mandates, entitlements, and financing. A durable design specifies: (a) eligibility criteria in primary law; (b) delegated rule-making for operational details; (c) institutional roles and accountability; and (d) public reporting obligations with grievance and appeals.
- **Benefit portfolio and eligibility rules**: A coherent portfolio balances social assistance (categorical and means-tested), contributory social insurance, and labour market measures. Clear eligibility rules reduce discretion and error. Administrative simplicity-few documents, multiple channels-improves inclusion.
- **Coverage and Adequacy Considerations**: Three questions shape policy - Who is covered (by risk and by life-stage)? How adequate are benefits relative to needs and costs? How predictable are payments and service access? Indexation and service-level standards preserve benefit value and citizen trust.
- **Informal and Platform Workers**: Extending contributory protection requires contribution tiers, partial subsidies, and flexible schedules. Default enrolment at registration points (business, vehicle, platform) with opt-out windows reduces inertia and adverse selection.
- **Migrants and Portability**: Domestic movers and cross-border migrants benefit from portable entitlements, data exchange, and service windows. Administrative cooperation, translated materials, and helplines reduce barriers.
- **Health Purchasing and Provider Payment**: Purchasers contract providers with explicit benefits and tariffs. Blended payments (capitation, case-based, global budgets) shape provider incentives. Quality assurance, referral protocols, and complaint handling anchor citizen experience.
- **Delivery Systems and Digital Public Infrastructure**: Foundational ID links people to records; social registries provide eligibility data; case-management and payment platforms coordinate delivery. Data-protection by design, lawful bases for sharing, consent tools, and audit trails are non-negotiable.
- **Adaptive Social Protection and Climate Risk**: Pre-agreed triggers for vertical top-ups and horizontal expansion support rapid response to floods, typhoons, droughts and earthquakes. Payment contingency plans and beneficiary communication templates speed execution.
- **Governance, M&E and Transparency**: Public dashboards track coverage, timeliness, integrity and grievance outcomes. Independent evaluations and beneficiary experience surveys inform recalibration. Citizen charters set expectations and empower appeals.

Brunei Darussalam

Profile
System Overview: Brunei finances a generous welfare state anchored in public service benefits, universal access to government health services, and mandatory retirement savings through legacy schemes (TAP and SCP) now consolidated under the National Retirement Scheme (SPK). Administration is lean and digital by design, and social

assistance-including monthly welfare, disability and old-age allowances-is channelled through the Community Development Department (JAPEM).
Non-contributory Support: Monthly welfare assistance provides income relief based on assessed need, complemented by categorical supports for older persons, persons with disabilities, and orphans. The system emphasises administrative simplicity and predictable payment calendars.
Contributory insurance: SPK consolidates retirement savings with features aimed at longevity protection and flexible withdrawals at stipulated ages. Formal workers contribute regularly; coverage for the self-employed is facilitated via self-registration and digital channels.
Health protection: Public healthcare is highly subsidised for citizens and stateless residents, with a recent policy shift requiring foreign permanent residents and certain dependents to pay standard charges or secure private insurance. Provider networks are public, with referral pathways and strong primary care.
Delivery systems: Digital member portals, payment integration with local banks, and strong identity verification reduce errors and queues. JAPEM and line agencies publish service standards and maintain hotlines.
Gaps and vulnerable groups: Non-nationals have more limited entitlements; long-term care is emerging as a priority as the population ages. Small numbers mean individual cases loom large-robust grievance handling and casework matter. Shock financing is manageable but requires clear protocols for rapid cash top-ups after climate events.

Overview

Brunei operates one of Southeast Asia's most comprehensive state-supported social protection systems, underpinned by hydrocarbon revenues and a relatively small population base. Universal access to healthcare, education, and categorical allowances has long provided citizens with strong baseline security. At the core are the Old Age Pension Scheme (OAPS), ensuring all citizens above 60 receive a pension, and the Employees Trust Fund (TAP) with the Supplemental Contributory Pension (SCP), now consolidated into the National Retirement Scheme (SPK). Complementary programs administered through the Department of Community Development (JAPEM) provide categorical assistance to orphans, persons with disabilities, and families facing hardship.

Government Strategy and Policy Architecture

Brunei's social protection strategy is guided by the long-term development plan Wawasan Brunei 2035, which places emphasis on a high quality of life, inclusive development, and social security. The government articulates policy through the Ministry of Culture, Youth and Sports (MCYS), the Department of Community Development (JAPEM), and the Ministry of Finance and Economy (MOFE). Key institutional elements include:

- Government Employees Pension Scheme – Defined benefit system ensuring retirement income for civil servants.
- Employees Trust Fund (TAP) and Supplemental Contributory Pension (SCP) – Mandatory defined-contribution schemes for private sector employees, with voluntary enrolment possible for self-employed workers.
- Old Age Pension Scheme (OAPS) – A universal, non-contributory monthly pension for all citizens aged 60 and above, regardless of employment history.
- Categorical assistance programs – Including disability allowances, orphan support, family hardship assistance, and subsidies for rice, sugar, housing, and fuel.

- National Welfare System (SKN) – Introduced to streamline welfare applications and integrate eligibility assessments across programs.

Coverage and Impact

Coverage is broad and nearly universal in key areas. Healthcare and education are provided free of charge to all citizens. OAPS ensures every Bruneian aged 60 and above receives a pension, currently set at BND 250 per month, benefitting approximately 45,000 seniors. The TAP and SCP schemes cover formal private sector workers, with over 190,000 active members in 2023, though adequacy of retirement savings remains a concern. Civil servants continue to be covered under the legacy defined benefit pension, representing a substantial fiscal commitment. Targeted allowances provide income support to children, orphans, and persons with disabilities. Brunei's strong system of universal subsidies on food staples, housing, and fuel effectively extends protection to the entire population, though they also represent fiscal risks in a context of volatile hydrocarbon revenues.

Gaps and Constraints

While the system is broad, several emerging challenges shape the policy agenda. Coverage for informal and self-employed workers remains limited despite digital enrolment channels. The adequacy of retirement savings under TAP/SCP is a concern, particularly for workers with irregular contributions, pointing to the need for voluntary top-ups and employer co-contributions. Brunei's reliance on oil and gas revenues exposes social protection financing to commodity price volatility, raising questions about sustainability as highlighted by the IMF's 2023 Article IV Consultation. Demographic shifts, including population ageing and relatively low female labour participation, further underscore the need to broaden the contributory base and strengthen long-term care planning.

Therefore, despite its breadth, the system faces several key challenges:

- **Informal sector coverage**: Participation of self-employed and informal workers in TAP and SCP is limited, leaving gaps in contributory protection.
- **Retirement adequacy**: TAP balances are often insufficient to provide for retirement, particularly for those with irregular contributions or interrupted careers.
- **Fiscal sustainability**: Heavy reliance on oil and gas revenues makes long-term financing of universal subsidies and pensions vulnerable to commodity price volatility.
- **Labour market dynamics**: Female labour force participation and private sector formalization remain relatively low, constraining contributory coverage expansion.
- **Administrative and data gaps**: Monitoring, evaluation, and impact assessment of programs are limited; publicly available data remain sparse compared with other ASEAN peers.

Delivery and Governance Innovations

Brunei has pursued several innovations to modernize and streamline social protection delivery:

- The National Welfare System (SKN) provides a single entry point for welfare applications, reduces duplication, and strengthens eligibility checks.
- Digital services in TAP and SCP enable workers to check balances, make contributions, and access benefit statements online, encouraging compliance.
- Welfare benefits and pensions are delivered electronically through bank accounts, reducing administrative leakage.
- Universal subsidies are administered automatically at the point of service, though reform discussions focus on targeting to reduce fiscal burden.

- E-government infrastructure and a national digital ID support efficient verification and service delivery.

Capacity Assessment

Brunei benefits from a centralized and well-financed system with strong administrative capacity in its core social protection institutions. The Ministry of Finance and Economy (MOFE) ensures predictable financing, while TAP and SCP have modernized service access and record-keeping. The MCYS and JAPEM administer categorical welfare programs with community-level presence. Nonetheless, capacity for program monitoring, evaluation, and cross-agency integration requires strengthening, especially in areas of data interoperability and actuarial planning. There is also a need for systematic engagement with employers and informal workers to improve coverage.

Priorities for 2025–2030

Looking ahead, Brunei's social protection policy agenda should focus on:

- Expanding contributory protection for self-employed and informal workers through incentives, simplified enrolment, and portable contribution arrangements.
- Enhancing adequacy of TAP/SCP balances by encouraging voluntary top-ups, employer co-contributions, and financial literacy initiatives.
- Conducting regular actuarial assessments and publishing public reports on pension and subsidy sustainability.
- Strengthening women's labour force participation and private sector formalization to broaden the contributory base.
- Institutionalizing routine monitoring and evaluation systems, with transparent reporting of social protection outcomes.
- Continuing to integrate welfare programs under SKN, with a view to interoperability and user-friendly access.
- Exploring fiscal diversification to ensure long-term stability of universal subsidies and pensions in the face of hydrocarbon revenue volatility.

Cambodia

Profile
System Overview: Cambodia's social protection architecture blends social assistance programs guided by a national policy framework with social health protection for the poor and contributory social security for formal workers. IDPoor functions as the national poverty targeting system across programs.
Non-contributory Support: Cash transfers to pregnant women and children in the first 1,000 days, scholarships and school feeding, and emergency cash support have been scaled with digital payment partnerships. Health Equity Funds (HEF) cover user fees and transport for poor households at public facilities.
Contributory insurance: The National Social Security Fund (NSSF) provides employment injury, health insurance for private employees, and evolving branches for other contingencies. Coverage among small firms and migrants is a work in progress.
Health protection: HEF and NSSF health branches together advance financial protection, with referral and transport benefits. Continued work is underway on provider payment reform and quality standards.

Delivery systems: IDPoor provides a common data backbone for targeting and monitoring. Payment delivery leverages agent networks with cash fallbacks. Case management and grievance channels are increasingly standardised at commune level.
Gaps and vulnerable groups: Near-poor households just above the IDPoor threshold, informal workers outside NSSF, and migrant families face discontinuities. Continued indexation of benefit levels and service quality at facilities are priorities.

Overview

Cambodia has undergone significant reforms in building a social protection system over the past decade, particularly with the adoption of the National Social Protection Policy Framework (NSPPF) 2016–2025. The NSPPF laid the foundation for a dual-pillar system comprising social assistance for the poor and vulnerable, and social security for workers. Expansion accelerated during the COVID-19 crisis, when emergency transfers evolved into a permanent nationwide cash transfer system for poor and vulnerable households. Today, Cambodia's social protection architecture includes the Cash Transfer Program for Poor and Vulnerable Households (CT-PV), the IDPoor household registry, and the expanding coverage of the National Social Security Fund (NSSF) for contributory pensions and health insurance. The government's focus for the next phase is to consolidate programs, expand contributory coverage to informal workers, and embed fiscal sustainability mechanisms.

Government Strategy and Policy Architecture

The government's long-term strategy is anchored in the NSPPF and coordinated by the National Social Protection Council (NSPC). Implementation is divided across key institutions: the NSSF manages contributory schemes; the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) manages categorical assistance and disability programs; and the Ministry of Planning manages the IDPoor targeting system. The Ministry of Economy and Finance provides budget oversight.

Key policy instruments include:

- **NSPPF 2016–2025**: Framework for developing inclusive social protection aligned with poverty reduction and human capital development goals.
- **Cash Transfer Program for Poor and Vulnerable Households (CT-PV)**: Introduced as emergency COVID-19 support, institutionalized as a permanent poverty-targeted transfer.
- **NSSF expansion**: Initially covering employment injury, now extended to health insurance, pensions (from 2022), and maternity protection.
- **IDPoor**: Regularly updated household targeting system used across sectors, underpinning CT-PV and service eligibility.
- **Cross-ministry initiatives**: Scholarship programs, disability allowances, and nutrition support.

Coverage and Impact

Coverage of social protection programs has expanded substantially in recent years:

- **CT-PV** now reaches more than 700,000 households (about 2.8 million individuals) with monthly cash transfers, adjusted for household size and vulnerability, making it one of the largest social assistance programs in Cambodian history.
- **IDPoor** is a nationally recognized social registry, updated every three years, and used for targeting across health, education, and welfare programs.

- **NSSF** covers over 2.5 million workers with employment injury and health benefits, and has begun paying contributory pensions since 2022. Maternity protection was added to benefits, improving security for female workers.
- **Categorical programs**, such as disability allowances and scholarships for children from poor households, provide additional support. Scholarship programs reach over 200,000 students annually, helping improve school attendance rates.
- During the **COVID-19 crisis**, cash transfers and food assistance helped cushion households, with evaluations showing CT-PV prevented significant spikes in poverty.

Gaps and Constraints

Despite progress, Cambodia's social protection system faces challenges:

- **Informal economy**: Over 80% of workers are in informal employment, with very limited participation in contributory schemes.
- **Adequacy**: Transfer values under CT-PV and scholarships remain modest relative to the cost of living, limiting their poverty-reduction potential.
- **Fragmentation**: Programs remain spread across ministries with overlapping responsibilities.
- **Rural service quality**: NSSF-contracted facilities are concentrated in urban areas; rural residents face limited access and lower quality of care.
- **Fiscal sustainability**: Current social protection financing relies heavily on general revenues and donor support, creating long-term risks, especially for pensions.
- **Data and interoperability**: While IDPoor is widely used, integration across systems and real-time updating remain underdeveloped.

Delivery and Governance Innovations

Cambodia has pursued delivery innovations with support from development partners:

- IDPoor serves as a unified social registry, widely regarded as a model in the region.
- Digital payments through CT-PV and other transfers are delivered through Wing agents and bank accounts, reducing leakage and travel time for households.
- NSSF digitization and online portals now support registration, contribution payments, and claims processing.
- Grievance mechanisms pilots have been introduced for grievance redress in cash transfers and NSSF benefits.
- Cross-program integration efforts are underway to ensure programs (e.g., scholarships, disability allowances) are linked to IDPoor data, improving efficiency.

Capacity Assessment

Cambodia's institutions have strengthened but still face capacity gaps. The NSPC provides cross-government coordination, though its authority is still consolidating. The NSSF has built actuarial and administrative capacity but needs to expand services to rural areas. The Ministry of Planning manages IDPoor effectively, but updating cycles and interoperability with NSSF and MoSVY databases need modernization. Subnational governments play a growing role in implementation but face resource and staffing constraints. Development partners continue to provide essential technical and financial support.

Priorities for 2025–2030

Looking forward, Cambodia's main challenge lies in fiscal sustainability and adequacy. Current benefit levels under CT-PV, scholarships, and HEF remain modest compared to living costs, limiting their poverty-reduction

potential. Evaluations of CT-PV and the World Bank's 2023 Social Protection Expenditure Review highlight the importance of regular indexation, strengthened financing frameworks, and a medium-term fiscal strategy to reduce reliance on donor support. The NSSF's pension branch (launched in 2022) also requires careful actuarial oversight to ensure sustainability while expanding maternity and health coverage.

Adaptive and shock-responsive protection is another area for system strengthening. Cambodia has shown the ability to scale programs in emergencies but lacks codified disaster-response protocols or pre-arranged financing tools. Embedding such mechanisms within the NSPC and aligning with ASEAN's adaptive social protection guidelines would increase resilience to climate and economic shocks. Finally, equity considerations remain pressing: near-poor households just above the IDPoor threshold, rural communities, and migrant families often fall between the cracks. Enhancing interoperability between IDPoor, health, and labour databases, and improving grievance systems at commune level, will be essential to close these gaps.

The next phase of reforms should focus on:

- **Expanding contributory coverage** to informal and self-employed workers through simplified enrolment and partial subsidies.
- **Strengthening adequacy** of CT-PV and scholarship benefits, with regular indexation to inflation and household size.
- **Consolidating social protection programs** to reduce fragmentation and administrative duplication.
- **Expanding health service quality** and NSSF facility contracting in rural and underserved provinces.
- **Establishing a medium-term social protection financing framework** to ensure fiscal sustainability of pensions and transfers.
- Building an **integrated social protection Management Information System (MIS)** for interoperability between NSSF, IDPoor, and MoSVY.
- **Institutionalizing grievance and accountability mechanisms** across programs.

Indonesia

Profile
System Overview: Indonesia runs a large, integrated social protection system: national health insurance (JKN) managed by BPJS Kesehatan, social assistance programs including the Family Hope Program (PKH) and the Sembako (food) assistance, social security for workers through BPJS Ketenagakerjaan (pensions, old-age savings, employment injury) and the Job Loss Insurance (JKP).
Non-contributory Support: PKH and Sembako target low-income households using the integrated social registry (DTKS, now DTSEN in some communications) and are complemented by social services for specific vulnerabilities. Shock response uses temporary top-ups and expanded caseloads during crises.
Contributory insurance: JKN is close to universal, with multiple premium categories, subsidised for the poor and near-poor. BPJS Ketenagakerjaan covers formal workers and is expanding outreach to the self-employed and micro-entrepreneurs; JKP provides cash benefits plus job-search services after job loss.
Health protection: JKN offers comprehensive benefits with tiered referral and DRG payments for hospitals. Quality, fraud management, and timely provider payments are central operational concerns.
Delivery systems: Foundational ID (NIK), the DTKS/DTSEN registry, and a national payments ecosystem enable scale. Digital case-management (SIKS-NG) supports local data updates.

Gaps and vulnerable groups: Hard-to-reach rural households, informal and platform workers with irregular incomes, and migrants moving between districts or abroad require flexible contribution options, portability, and active outreach.

Overview

Indonesia has developed one of the largest and most complex social protection systems in the world, with programs that span contributory social insurance, universal health coverage, targeted social assistance, and labour market interventions. Guided by the National Social Security System Law (Law No. 40/2004) and subsequent reforms, the country has made significant progress in expanding coverage, particularly through the Jaminan Kesehatan Nasional (JKN) program, which provides near-universal health insurance, and the Program Keluarga Harapan (PKH) conditional cash transfer scheme. The COVID-19 pandemic accelerated reforms in digital payments and social registries, while also highlighting structural challenges such as high informality, adequacy of benefits, and fiscal sustainability. Looking forward, Indonesia's agenda emphasizes integration of fragmented schemes, expanding contributory coverage to informal workers, and strengthening adaptive and shock-responsive social protection mechanisms.

Government Strategy and Policy Architecture

Indonesia's social protection system is anchored in the Sistem Jaminan Sosial Nasional (SJSN) Law (2004), which established five branches of social insurance. The law mandates universal access to health, employment injury, old-age pensions, and death benefits, implemented through two specialized agencies: the BPJS Kesehatan for health coverage and the BPJS Ketenagakerjaan for employment-related benefits. Social assistance is led by the Ministry of Social Affairs (MoSA), which manages flagship programs such as PKH and Bantuan Pangan Non-Tunai (BPNT), now integrated into the Sembako food subsidy program.

Key institutions and instruments include:

- **BPJS Kesehatan**: Administrator of JKN, the national health insurance scheme.
- **BPJS Ketenagakerjaan**: Administrator of pensions, old-age savings (JHT), work injury (JKK), and death benefits (JKM).
- **MoSA**: Oversees PKH, BPNT/Sembako, and other social transfers.
- **DTKS (Data Terpadu Kesejahteraan Sosial)**: Integrated social registry linked with national ID (NIK), used for targeting across programs.
- **Kartu Prakerja**: Hybrid labour market and social protection program for re-skilling and temporary income support.
- **Bappenas and Ministry of Finance**: Provide strategic oversight, budgeting, and monitoring.

Coverage and Impact

In regard to health coverage the JKN program, administered by BPJS Kesehatan, covers more than 240 million Indonesians, making it one of the largest universal health insurance programs globally. Government subsidies cover contributions for poor and near-poor households. Cash transfers through PKH reaches over 10 million poor and vulnerable families with benefits tied to school attendance, health check-ups, and maternal health. BPNT/Sembako reaches more than 18 million households with food assistance via digital beneficiary cards. Employment-based benefits such as BPJS Ketenagakerjaan covers around 30 million formal workers with contributory schemes such as JHT (old-age savings), JP (pensions), JKK (injury insurance), and JKM (death benefits). Pension payments began in 2015 and are gradually expanding. Labor market and COVID-19 responses saw the Pre-Employment Card (Kartu Prakerja) supporting more than 16 million beneficiaries since its launch, offering both income support and access to digital training. During the pandemic, Bansos Tunai

and other emergency transfers reached tens of millions of households, helping stabilize consumption. Education and nutrition support through scholarship programs (KIP) and school feeding initiatives complement PKH, improving school retention and child health outcomes.

Gaps and Constraints

There remain a number of gaps in Indonesia's social protection framework, including:

- **High informality**: Over 55% of Indonesia's workforce remains informal, with limited access to contributory social security despite simplified registration options.
- **Benefit adequacy**: Old-age savings (JHT) often provide insufficient retirement income, while cash transfers (PKH, BPNT) remain modest relative to rising living costs.
- **Fragmentation**: Programs are spread across multiple ministries and agencies, creating duplication and administrative inefficiencies.
- **Fiscal pressures**: Expanding JKN and other large-scale programs requires substantial subsidies, raising questions of long-term sustainability.
- **Service inequality**: Access to quality health services and program delivery is uneven, with rural and remote populations facing persistent gaps.
- **Data and interoperability**: DTKS is critical but requires more frequent updating, real-time integration, and enhanced grievance mechanisms.

Delivery and Governance Innovations

Indonesia has introduced notable delivery innovations:

- **DTKS social registry**: Provides a unified beneficiary database linked to NIK, used across programs for targeting.
- **Digital disbursement**: PKH and BPNT benefits are paid via digital cards and bank accounts, reducing leakage and enabling financial inclusion.
- **Kartu Prakerja**: Blends social protection and activation by combining income support with e-learning, serving as a global example of hybrid programming.
- **BPJS Kesehatan app and e-claims**: Improve access to health information and streamline reimbursement.
- **Grievance and feedback**: MoSA operates hotlines and mobile apps to enhance accountability.
- **Posyandu and school-based outreach**: Strengthen last-mile delivery of PKH and nutrition programs.

Capacity Assessment

Institutional capacity has grown substantially but challenges persist. BPJS agencies operate with modern IT systems and national coverage, but face financial pressures and difficulties extending services to informal workers. MoSA has expanded its digital operations, including grievance redress and cashless payments, but requires continued investment in staff training and subnational delivery. Bappenas and the Ministry of Finance play crucial roles in planning and fiscal oversight but balancing fiscal consolidation with social protection expansion remains difficult. Decentralized governance structures add complexity to coordination, requiring strong vertical linkages with provinces and districts.

Priorities for 2025–2030

Indonesia's next reform phase should prioritize:

- Expanding contributory social security to informal workers through simplified enrolment, co-contribution models, and mobile platforms.
- Strengthening benefit adequacy of pensions (JHT, JP) and social assistance (PKH, BPNT) with periodic adjustments to inflation and cost of living.
- Streamlining program architecture by consolidating fragmented schemes and enhancing inter-agency coordination.
- Ensuring fiscal sustainability of JKN and pensions via actuarial reviews, subsidy reforms, and efficiency gains in health financing.
- Institutionalizing adaptive social protection mechanisms for disasters and economic shocks, building on COVID-19 experiences.
- Enhancing DTKS to enable real-time interoperability, transparent updates, and integrated grievance redress.
- Investing in service quality improvements in rural and underserved provinces, particularly in health and education access.

Lao PDR

Profile
System Overview: The National Social Protection Strategy (NSPS) and the National Health Insurance (NHI) scheme steer progress toward universal coverage. The National Health Insurance Bureau (NHIB) manages a unified arrangement for most of the population, while the Lao Social Security Office (LSSO) administers contributory social insurance for formal workers.
Non-contributory Support: Health Equity Funds and fee waivers target the poor and specific groups, alongside categorical supports and social services delivered with development partners.
Contributory insurance: The LSSO covers pensions and short-term benefits for formal workers; reforms aim to harmonise parameters and improve compliance among SMEs.
Health protection: NHI pooling and provider payment reforms seek to improve financial protection and sustainability while maintaining access in remote areas.
Delivery systems: Expansion of civil registration, unified ID numbers, and digital claims processing are ongoing priorities; grievance and appeal processes are being formalised in health insurance law and practice.
Gaps and vulnerable groups: Remote ethnic communities, cross-border migrants, and those outside formal employment face access and continuity barriers; fiscal sustainability and provider payment calibration remain central issues.

Overview

Lao PDR has gradually developed a social protection system that combines social insurance, social health protection, and social assistance programs. The system remains in an early stage compared with regional peers, but reforms since the 2010s have established a foundation for life-cycle based protection. The adoption of the National Social Protection Strategy (NSPS) to 2030, approved in 2020, and integration of social protection into the 9th National Socio-Economic Development Plan (NSEDP, 2021–2025) highlight the government's commitment to expanding coverage and improving delivery. Key elements include the National Social Security Fund (NSSF) for contributory benefits, the National Health Insurance (NHI) system for health coverage, and targeted assistance programs such as the Poverty Reduction Fund (PRF) and school feeding schemes. Pilot child grants and donor-supported crisis responses have also contributed to building a

more inclusive social protection system. Despite these gains, challenges remain in extending coverage to the large informal workforce, improving adequacy, and ensuring fiscal sustainability.

Government Strategy and Policy Architecture

Lao PDR's social protection strategy is guided by the NSPS 2030, which provides a vision for inclusive, fiscally sustainable protection across three pillars: social insurance, social assistance, and labour market programs. The strategy is aligned with national poverty reduction and human capital goals set in the NSEDP.

Key institutions include:

- **Ministry of Labour and Social Welfare (MoLSW**): Oversees social assistance and policy development.
- **NSSF**: Administers contributory schemes for public and private employees, including pensions, sickness, maternity, and employment injury.
- **National Health Insurance Bureau (NHIB)**: Manages the NHI system, subsidizing access for the poor and other priority groups.
- **Ministry of Planning and Investment**: Oversees poverty reduction initiatives, including the PRF.

Social assistance programs include PRF activities, school feeding, scholarships, disaster response, and nutrition support. Development partners such as UNICEF, World Bank, ADB, and ILO provide substantial support in program financing, technical design, and delivery systems.

Coverage and Impact

Coverage remains modest but expanding:

- NSSF provides compulsory coverage for civil servants and private sector employees, offering pensions, health, maternity, and injury benefits. Membership exceeds 1.3 million workers, but voluntary enrolment for informal workers has had limited uptake due to affordability and awareness issues.
- NHI provides subsidized health coverage to poor households, ethnic minorities, and informal workers in selected categories. Out-of-pocket (OOP) expenditure remains high, but NHI has improved financial protection relative to pre-reform years.
- Social assistance through PRF programs deliver infrastructure and grants to poor villages, while school feeding covers over 1,000 schools annually, supporting nutrition and attendance. Scholarship programs benefit thousands of students from poor households.
- Child grants have been piloted in several provinces with donor support, reaching vulnerable households with children under two years old, providing both income and nutrition counselling.

Gaps and Constraints

Laos' social protection framework has a number of significant gaps or constraints:

- **High informality**: Over 80% of the labour force is informal, with very limited coverage under contributory social protection .
- **Adequacy**: Benefit levels under NSSF pensions and health insurance are often insufficient, while social transfers remain low relative to needs.
- **Fragmentation**: Programs are administered by multiple agencies with limited coordination, leading to duplication and inefficiencies.
- **Delivery challenges**: Manual and delayed payments remain common; digital infrastructure is weak, particularly in rural areas.

- **Data gaps**: No integrated social registry exists, and interoperability between NSSF, NHIB, and MoLSW systems is minimal.
- **Fiscal space**: Limited government revenue constrains the ability to expand and sustain programs without donor funding.

Delivery and Governance Innovations

Several innovations have been introduced:

- Child grants pilots have tested mobile payments and community-based agents, coupled with nutrition counselling.
- NSSF digitalization to modernize contribution and benefits administration through electronic records and online services.
- NHI pilots for digital enrolment and payments are underway in urban areas to reduce transaction costs.
- The government, with donor support, is developing a unified social protection Management Information System to strengthen targeting and delivery.
- Community-driven approaches are ensuring the PRF links social protection with local development, involving community participation in planning and delivery.

Capacity Assessment

Capacity has improved but remains uneven. MoLSW has expanded its policy and program management role, though operational capacity is limited at subnational levels. NSSF has developed actuarial and IT functions but still struggles to extend effective coverage to informal workers. NHIB has improved access to subsidized health coverage but faces challenges in claims management and rural service provision. Coordination platforms exist, but mandates and resources are limited. Development partners continue to play an outsized role in financing, technical assistance, and capacity building, raising concerns about sustainability and domestic ownership.

Priorities for 2025–2030

The reform agenda should focus on:

- Expanding contributory coverage for informal workers with subsidized contributions, flexible payment schedules, and mobile enrolment.
- Increasing adequacy of benefits through adjustments to pensions, health coverage, and child/family transfers.
- Establishing and operationalizing an integrated social protection registry and MIS for interoperability between NSSF, NHIB, and MoLSW.
- Institutionalizing shock-responsive mechanisms for disaster and crisis response.
- Embedding social protection financing in the national budget framework, supported by medium-term expenditure plans.
- Building domestic capacity in policy design, monitoring, and evaluation to reduce reliance on external support.

Malaysia

Profile
System Overview: Malaysia combines contributory social security (PERKESO/SOCSO), provident fund savings (EPF), wide-ranging social assistance programs, and heavily subsidised

public healthcare. A new integrated socio-economic data hub (PADU) supports better targeting and subsidy reforms.
Non-contributory Support: Assistance spans cash, in-kind supports and services delivered by the Ministry of Women, Family and Community Development and related agencies. Subsidy rationalisation aims to better target fiscal support.
Contributory insurance: Employment Injury and Invalidity Insurance cover formal workers; the Employment Insurance System (EIS) provides temporary income support and employment services; a Self-Employment Social Security Scheme extends protection to self-employed and gig workers across expanding sectors.
Health protection: The public health system provides affordable care; private insurance complements coverage for higher-income groups. Key reforms focus on primary care strengthening and referral efficiency.
Delivery systems: PADU enables integrated assessment across programs; payment systems leverage banks, mobile channels and over-the-counter services. Case management and grievance functions are being further standardised.
Gaps and vulnerable groups: Informal workers not yet covered by SOCSO schemes, the near-poor, migrant workers and refugees face coverage gaps; continued work on portability, enforcement, and inclusive communications is required.

Overview

Malaysia's social protection system has evolved into a multi-pillar framework that combines contributory social insurance, universal and categorical benefits, and targeted assistance for low-income households. Anchored in the Employees Provident Fund (EPF) and the Social Security Organization (SOCSO/PERKESO), the system has been further institutionalized under the National Social Protection Roadmap (2021–2025) and the Twelfth Malaysia Plan (2021–2025). While Malaysia has made progress in broadening coverage and modernizing delivery, challenges persist in pension adequacy, informality, fragmentation, and fiscal sustainability. The COVID-19 pandemic prompted emergency withdrawals from EPF and accelerated digitization of delivery systems, raising long-term concerns about retirement security but also creating momentum for reform.

Government Strategy and Policy Architecture

Malaysia's strategy is guided by the National Social Protection Council under the Economic Planning Unit (EPU), which oversees implementation of the Roadmap and ensures alignment with the Twelfth Malaysia Plan. Policy emphasizes closing coverage gaps, strengthening adequacy, consolidating programs, and embedding social protection in national development and fiscal planning.

Key institutional pillars include:

- **EPF**: Mandatory defined-contribution retirement savings for employees, with voluntary top-up options (i-Saraan) for informal workers.
- **SOCSO/PERKESO**: Provides employment injury, invalidity, and unemployment protection (Employment Insurance System, EIS).
- **SPS Lindung**: A subsidized program extending SOCSO coverage to gig workers and the self-employed, delivered in partnership with digital platforms.
- **BUDI MADANI**: Consolidated cash transfer system introduced in 2023 to replace earlier schemes (BSH, BPR), delivered through MyKasih's digital platform.
- **Health-linked protection**: Programs like MySalam (micro-insurance) and PeKa B40 (health screening and chronic disease support) targeted at low-income households.

- **PADU and eKasih databases**: Strengthening integrated beneficiary data management for targeting and delivery.

Coverage and Impact

EPF covers about 14.6 million members, though adequacy remains a concern. Median savings were significantly depleted by COVID-19 withdrawal facilities, raising risks for future retirees. SOCSO covers more than 7 million workers with employment injury and invalidity schemes, and the EIS provides short-term unemployment support, re-employment services, and job matching through MyFutureJobs. SPS Lindung has expanded subsidized insurance to hundreds of thousands of gig workers, including drivers and delivery riders, though overall participation remains modest relative to the scale of informality. BUDI MADANI reaches millions of low-income households, with transfers disbursed digitally via MyKasih's biometric-enabled system. MySalam and PeKa B40 cover millions of B40 households, providing micro-insurance payouts and preventive health benefits, including screenings and chronic disease treatment.

Collectively, these programs have improved financial protection for vulnerable groups, but benefit levels often remain modest relative to household needs.

Gaps and Constraints

Malaysia faces several persistent challenges:

- **Informal sector coverage**: More than 30% of the labour force remains informal, with limited participation in contributory EPF and SOCSO schemes.
- **Pension adequacy**: EPF balances for many members are insufficient to sustain retirement, especially after pandemic withdrawals.
- **Fragmentation**: Multiple overlapping schemes create administrative inefficiencies and complexity for beneficiaries.
- **Unemployment protection**: EIS is limited to formal workers, excluding the majority of informal and gig workers.
- **Fiscal sustainability**: Expanding programs such as BUDI MADANI, PeKa B40, and pension top-ups raises concerns about budgetary sustainability amid fiscal consolidation.
- **Data integration**: Despite progress, PADU and eKasih systems are still being operationalized, with challenges in achieving full interoperability.

Delivery and Governance Innovations

Malaysia has invested significantly in modernizing delivery of social protection services:

- MyKasih/MyDigital enables digital cash transfers for BUDI MADANI, with biometric verification and a wide retail network.
- MyFutureJobs provides job-matching and training linked to SOCSO's EIS benefits.
- i-Saraan and e-CAP facilitate flexible EPF contributions for informal workers and SMEs.
- SPS Lindung uses partnerships with gig platforms (Grab, Gojek) to extend social insurance.
- PADU and eKasih are centralized registries aimed at consolidating beneficiary data across programs, reducing duplication, and enhancing targeting.

These innovations highlight Malaysia's capacity to integrate digital platforms into social protection delivery, though equitable access for rural and digitally excluded populations remains a concern.

Capacity Assessment

Institutional capacity in Malaysia is relatively strong compared to regional peers. SOCSO and EPF have robust IT systems, actuarial expertise, and delivery networks. The Ministry of Finance ensures budgetary support, while the Ministry of Women, Family and Community Development (KPWKM) oversees family and community programs. The EPU coordinates strategy and policy coherence through the Social Protection Council. Despite these strengths, coordination challenges across agencies persist, and implementation capacity is uneven at subnational levels. Fiscal pressures also constrain the ability to expand programs without trade-offs in adequacy or coverage.

Priorities for 2025–2030

Malaysia's next reform phase should focus on:

- Expanding contributory social protection to informal and gig workers through flexible contribution models, subsidies, and platform-based enrolment.
- Rebuilding EPF adequacy through targeted government top-ups, financial literacy programs, and incentives for voluntary contributions.
- Consolidating fragmented programs into a more unified system, leveraging PADU for integrated delivery and monitoring.
- Strengthening unemployment protection by extending EIS coverage to informal workers with co-financing options.
- Enhancing adequacy of BUDI MADANI and health-related programs, with periodic indexation to inflation and needs.
- Embedding social protection financing into a medium-term fiscal framework to balance consolidation with social investment.
- Improving monitoring, evaluation, and grievance systems to enhance accountability and impact measurement.

Myanmar

Profile
System Overview: Myanmar's National Social Protection Strategic Plan outlines protective, preventive, promotive and transformative measures. Implementation has faced headwinds, but the strategic direction remains focused on basic income security, social services, and disaster responsive measures.
Non-contributory Support: Priority measures include maternal and child grants, school stipends, disability and elderly support, and fee waivers, implemented variably with development and humanitarian partners.
Contributory insurance: Formal social security covers a portion of workers; expanding contributory coverage remains a long-term objective tied to economic formalisation.
Health protection: Public provision and health fee policies vary by area; humanitarian programming and pooled funds bridge essential gaps in access, especially in fragile and conflict-affected settings.
Delivery systems: Community-based identification, civil society and faith networks, and humanitarian cash transfer mechanisms perform last-mile roles where state systems are constrained.
Gaps and vulnerable groups: Displaced populations, conflict-affected communities, and those without documentation face acute barriers. Humanitarian-development coherence and safe grievance channels are critical.

Overview

Myanmar's social protection system remains fragile and fragmented, shaped by long-standing underinvestment and further disrupted by political and economic crises following the 2021 coup. Before 2021, the country had begun building a policy framework through the Myanmar Social Protection Strategic Plan (2014–2024) and donor-supported pilots such as the Maternal and Child Cash Transfer (MCCT) program. These efforts aimed to expand life-cycle benefits, social pensions, and delivery systems. However, progress has largely stalled, and coverage remains among the lowest in Southeast Asia. Despite constraints, Myanmar's experience highlights important lessons on piloting, donor engagement, and the challenges of building resilience in fragile contexts. Looking forward, rebuilding trust, restoring basic delivery mechanisms, and protecting fiscal space will be critical for any reform agenda.

Government Strategy and Policy Architecture

The 2014–2024 Myanmar Social Protection Strategic Plan outlined a vision for a life-cycle based social protection system, including social pensions for the elderly and persons with disabilities, maternal and child grants, and emergency support. Implementation was limited prior to 2021, with programs largely dependent on donor funding. The Social Security Board (SSB) administers the Social Security Law of 2012, covering formal workers with health, injury, maternity, and funeral benefits, but coverage is limited to about 2% of the labour force. The Department of Social Welfare (DSW) leads social assistance programs, including MCCT pilots and disability support. Coordination mechanisms were established under the Social Protection Working Committee, though political disruptions have undermined their effectiveness.

Coverage and Impact

Coverage is extremely limited compared to regional peers:

- **SSB coverage**: Around one million formal workers are covered, mainly in urban areas and state-owned enterprises, leaving the vast majority of the labour force unprotected.
- **MCCT program**: Piloted in Chin and Rakhine States and parts of the Dry Zone, providing MMK 15,000 per month to pregnant women and children under two, along with nutrition counselling. Evaluations showed improvements in maternal health and child nutrition indicators.
- **Social pensions**: Pilots for elderly allowances were launched with donor support, but never scaled nationally.
- **COVID-19 relief**: Temporary cash and in-kind assistance reached millions of households during the pandemic, but sustainability was poor and delivery was highly ad hoc.
- **Humanitarian aid:** Post-2021, UN agencies and NGOs have provided significant cash-based transfers and food support, filling gaps left by weakened state systems.

Gaps and Constraints

Myanmar's social protection system faces severe structural and political constraints:

- **Coverage gaps**: Informal workers, who make up more than 85% of the labour force, lack any protection.
- **Fragmentation**: Multiple agencies manage small-scale programs with little coordination.
- **Fiscal limits**: Low government revenues and competing priorities constrain social protection budgets.
- **Political disruption**: Post-2021 governance challenges have undermined institutional capacity and donor engagement.
- **Data and delivery**: Myanmar lacks a comprehensive social registry or digital payments infrastructure, relying on manual delivery through local officials.

- **Trust and accountability**: Political instability and weak transparency undermine confidence in government programs.

Delivery and Governance Innovations

Despite constraints, several innovations provide useful lessons:

- MCCT delivery model combined cash transfers with community volunteers and nutritional counselling, strengthening links between social protection and health outcomes.
- Digital pilots are largely donor-supported initiatives that explored mobile money for transfers, though scale remained small.
- Humanitarian cash from UN agencies (e.g., WFP, UNICEF) have expanded cash-based responses, experimenting with mobile payments and rapid targeting.
- Draft registries have seen efforts to establish a national beneficiary registry initiated but not institutionalized before 2021.

These innovations demonstrate potential pathways for integrating social protection with community-based approaches and digital delivery in the future.

Capacity Assessment

Institutional capacity is weak and uneven. The SSB has actuarial and IT capabilities but limited enforcement and coverage. The DSW has experience in community-based delivery but lacks scale and logistics capacity. Subnational governments have limited resources to implement social protection effectively. Donors historically provided technical and financial support for pilots, but engagement has declined in the current political context. Humanitarian actors have taken a larger role in social protection -type delivery, but coordination with government systems remains minimal.

Priorities for 2025–2030

Myanmar's reform agenda must be realistic and context-sensitive. Priorities include:

- Restoring national coordination platforms for social protection, including the Social Protection Working Committee.
- Resuming and scaling social pensions and maternal/child cash transfers as foundational life-cycle benefits.
- Strengthening township and community-level delivery, building on MCCT and humanitarian cash experiences.
- Rebuilding data and registry systems, with privacy and inclusivity safeguards.
- Expanding contributory coverage through simplified SSB enrolment and compliance mechanisms.
- Engaging development partners in conflict-sensitive, context-appropriate ways to finance and support system rebuilding.
- Embedding social protection within broader recovery strategies to strengthen resilience and trust.

Philippines

Profile
System Overview: The Philippines anchors its system in the Universal Health Care Act (RA 11223), national social assistance including the 4Ps conditional cash transfer, social security (SSS) and public sector pensions (GSIS), and a growing ecosystem of disability supports and social services.

Non-contributory Support: 4Ps provides conditional cash transfers to poor households, complemented by social pensions for indigent seniors and other categorical supports. Listahanan serves as a targeting registry; PhilSys (national ID) supports verification.
Contributory insurance: SSS covers formal private-sector workers and voluntary contributors; PhilHealth provides national health insurance with subsidised categories for the poor; programmes are expanding for unemployment benefits and maternity protections.
Health protection: PhilHealth entitlements expand under UHC; provider payment and contracting seek to enhance primary care and financial risk protection. Communication and grievance systems are being strengthened.
Delivery systems: PhilSys, Listahanan, and local government social registries, together with digital payment channels, underpin scale and portability across islands.
Gaps and vulnerable groups: Informal workers with irregular contributions, persons with disabilities needing assistive technologies and care, and disaster-exposed communities require accessible services, adaptive cash, and stronger local health provider networks.

Overview

The Philippines operates a mixed social protection system anchored on universal health coverage, contributory social insurance for workers, and targeted social assistance for poor and vulnerable households. The Universal Health Care (UHC) Act (Republic Act No. 11223) automatically enrols all Filipinos in the National Health Insurance Program and mandates complementary health-system reforms. Implementation continues to evolve through benefit expansions and payment reforms led by the Philippine Health Insurance Corporation (PhilHealth), including the primary-care Konsulta package and new outpatient/emergency benefits.

On income security, the Social Security System (SSS) under the Social Security Act of 2018 (RA 11199) covers private-sector employees, self-employed persons and Overseas Filipino Workers (OFWs), with an unemployment insurance benefit and a suite of contributory protections; government employees are covered by the Government Service Insurance System (GSIS) under RA 8291, which includes an unemployment/involuntary separation benefit. Work injury and occupational risks are insured under the Employees' Compensation Program (ECP) for both the SSS and GSIS sectors.

On social assistance, the Pantawid Pamilyang Pilipino Program (4Ps) was institutionalized by law in 2019 and remains the flagship conditional cash transfer (CCT) focused on human capital investments. Social pensions for indigent seniors were doubled in 2022 legislation (RA 11916) to ₱1,000 per month, operational from 2024 subject to budget availability. Rapid, needs-tested assistance is delivered through the Assistance to Individuals in Crisis Situations (AICS) and shock-responsive cash through the Emergency Cash Transfer (ECT) during disasters.

Foundational data and delivery systems include PhilSys (national ID, including the ePhilID) and Listahanan (the national household targeting system, with Listahanan 3 finalized in 2022 and now moving into data-sharing and program integration), alongside digital cash-out arrangements via LandBank and partner channels for 4Ps.

Government strategy and policy architecture

Philippines social protection strategy and architecture rests on four pillars:

- **Universal health coverage through UHC**. RA 11223 established automatic enrolment and a reorganized service delivery model (primary care as first contact, provincial integration, and strategic purchasing). PhilHealth's implementing rules and recent circulars have expanded the benefits menu

and refined provider payment, including the Konsulta package (with a per-capita amount of ₱1,700 beginning January 1, 2024) and new outpatient emergency care and preventive oral health benefits.

- **Contributory social insurance**. RA 11199 modernized SSS governance and benefits (including unemployment insurance). Coverage of OFWs is compulsory under Section 9-B of RA 11199; portability between SSS and GSIS is enabled by RA 7699, allowing totalization of creditable service or contributions when workers move across sectors. GSIS covers public sector workers with defined retirement/separation, disability and unemployment benefits.
- **Targeted social assistance**. The 4Ps Act (RA 11310) permanently embedded the CCT into DSWD's mandate and budget; the program maintained more than four million active households in 2024, with substantive graduation to self-sufficiency and continued support for school-age children. The Social Pension for Indigent Senior Citizens was increased by law to ₱1,000/month starting 2024; AICS provides on-demand, case-managed assistance; and ECT enables fast cash support in disasters under an operations manual developed with the NDRRMC and World Bank.
- **Foundational ID and social registry**. PhilSys provides a single, foundational identity (physical PhilID and ePhilID) to enable presence-less, paperless, and cashless transactions; Listahanan 3 provides the poverty targeting database used by national and local programs, now entering active data-sharing with partners.

Coverage and impact

Health. By law, all Filipinos are covered under the National Health Insurance Program, with PhilHealth progressively expanding primary care and specialty packages. The Konsulta package - which defines first-contact, comprehensive primary care including consultations, diagnostics and medicines - has a capitation amount of ₱1,700 per registered member from January 2024 to support provider participation. New outpatient emergency care and preventive oral health benefits add depth to ambulatory coverage. Out-of-pocket (OOP) spending as a share of current health expenditure has declined over time but still accounts for a substantial share (mid-40% range in 2023), underlining the importance of strategic purchasing and primary-care strengthening.

Social assistance. 4Ps continued large-scale delivery in 2024: DSWD reported over 4 million active households and close to 9 million children supported, with hundreds of thousands of households graduating to self-sufficiency since the program's institutionalization. The increased social pension seeks to improve income security among indigent seniors; AICS and ECT provide critical buffers during idiosyncratic and covariate shocks, respectively. These programs are increasingly delivered through digital channels (e.g., ATM or POS cash-outs via LandBank) and rely on PhilSys and Listahanan data to reduce exclusion and inclusion errors.

Contributory insurance. SSS now includes an unemployment benefit for involuntarily separated workers and codifies compulsory coverage for OFWs; GSIS provides an unemployment/involuntary separation benefit for permanent civil servants affected by reorganization or abolition of posts. The Employees' Compensation Program, administered through ECC with SSS/GSIS, insures work-related contingencies across both sectors. Portability rules under RA 7699 improve continuity of protection when workers move between public and private employment.

Gaps and constraints

Despite Philippines impressive gains in social protection, and number of key gaps remain:

- **Informality and contributory coverage**. High informal employment and small-enterprise dynamics keep many workers outside contributory protection or under-covered. While RA 11199 extends compulsory SSS coverage to OFWs and supports unemployment benefits, enforcement and

contribution collection for non-standard workers remain challenging; recent jurisprudence has clarified aspects of OFW coverage while stressing proportional compliance mechanisms.

- **Adequacy of transfers**. The statutory increase of the social pension to ₱1,000/month is a major step but remains modest in relation to basic needs, suggesting a need for regular indexation and service linkages. 4Ps benefit levels also face purchasing-power pressures in high-inflation periods. Financial protection in health. OOP remains material despite UHC and benefit expansions; progress will depend on scaling primary care (Konsulta), strengthening gatekeeping, and calibrating provider payment to quality and cost control.
- **Data use, interoperability, and privacy**. Listahanan 3 and PhilSys are major enablers, but routine, privacy-safe interoperability across national and local systems, and between social assistance, insurance, and disaster response, is still being built out.
- **Last-mile delivery**. Geography and financial inclusion constraints mean some beneficiaries still face travel time and transaction costs to access grants; expanding agent networks and assisted digital options is necessary.

Delivery and governance innovations

Philippines have developed and trialled a range of innovative initiatives for social protection.

In primary care first, PhilHealth's Konsulta package (with updated capitation and a detailed benefits table) aims to make first-contact, comprehensive primary care the norm and to decongest hospitals by bundling diagnostics and medicines at the primary level.

New ambulatory benefits mean outpatient emergency care and preventive oral health benefits fill important gaps and can reduce avoidable hospitalizations if scaled with provider readiness.

Shock-responsive cash through DSWD's ECT provides a standardized, operations-manual-based mechanism for rapid cash transfers after disasters - critical in a hazard-prone archipelago - complementing food/non-food items and early-recovery programming.

Foundational ID and targeting using PhilSys (including the widely deployed ePhilID) enables presence-less, paperless, and cashless transactions; Listahanan 3 modernizes poverty targeting and is moving into wider data-sharing to improve program coherence.

Digital payments at scale using LandBank-enabled ATM/POS cash-outs for 4Ps reduce travel and crowding at payout sites and build a platform for further digitization of grants.

Capacity snapshot

The policy and delivery architecture is clear: the Department of Health and local governments operate service delivery for UHC; PhilHealth purchases care; SSS and GSIS run contributory insurance; ECC governs the cross-cutting injury program; and DSWD stewards social assistance and disaster response. Institutional capacity in the health purchaser and the social insurance funds is comparatively strong (benefits design, claims management, IT, and provider/payor rules). DSWD has modernized its operations for CCT, crisis assistance, and disaster cash transfers and is scaling registries, payments, and grievance systems. Remaining execution challenges include: (i) robust local implementation and case management standards; (ii) continuous data protection and interoperability; and (iii) expanding inclusive payment rails and assisted channels to reach remote or digitally limited households.

Priorities for 2025–2030

Philippines priorities in the coming five years are to deepen and scale the delivery and impact of its social protection coverage, including:

- **Lock in primary care and ambulatory reforms**. Complete Konsulta scale-up with provider readiness standards, transparent referral rules, and timely capitation disbursement; expand outpatient emergency care and preventive oral health benefits while monitoring quality and patient experience.
- **Raise adequacy and predictability of social pensions and 4Ps**. Implement a simple, rules-based indexation path for the social pension and consider calibrated adjustments to 4Ps benefits as fiscal space allows; maintain a public payment calendar and service-level standards.
- **Grow contributory participation among non-standard workers**. Continue strengthening collection mechanisms for SSS and GSIS (including OFW channels) and expand flexible contribution options and service touchpoints for self-employed and platform workers; use PhilSys for e-KYC and frictionless onboarding.
- **Deepen shock-responsive social protection**. Scale ECT and early-recovery programs across regions; pre-arrange finance and codify vertical/horizontal expansion triggers; conduct regular drills and publish after-action reviews.
- **Data and delivery**. Operationalize privacy-preserving interoperability across PhilSys, Listahanan, PhilHealth, SSS/GSIS, and DSWD systems; publish quarterly dashboards on coverage, timeliness, and grievances; expand agent networks and assisted digital channels for payments and service access.
- **Financial protection**. Use strategic purchasing (capitation for primary care, DRGs or case-based payments in hospitals) and medicine price policies to reduce OOP and protect households.

Singapore

Profile
System Overview: Singapore operates a tiered social security architecture built on mandatory savings (CPF), targeted wage supplements (Workfare), means-tested cash supports for seniors (Silver Support), and universal health financing anchored in MediShield Life and MediSave with safety-nets through MediFund.
Non-contributory Support: Silver Support provides quarterly cash supplements to low-income seniors; ComCare and other schemes provide means-tested assistance. Targeting is automated using administrative data, with integrated service delivery via Social Service Offices.
Contributory insurance: CPF savings underpin retirement, housing and healthcare; Workfare Income Supplement and Skills Support encourage labour force attachment among lower-wage workers.
Health protection: MediShield Life offers universal catastrophic coverage; MediSave and subsidies support routine care; a strong primary-care and referral system ensures service quality.
Delivery systems: National digital ID, interoperable data platforms, and proactive communications enable presence less service access. Grievance and appeals are embedded in agency processes with service standards.
Gaps and vulnerable groups: Older singles with limited family support, persons with severe disabilities requiring long-term care, and low-wage platform workers benefit from ongoing enhancements to benefits, portability and protections.

Overview

Singapore's social protection architecture blends broad-based social insurance and savings with targeted cash and service subsidies. Healthcare financing rests on the '3Ms': MediShield Life (universal basic insurance for large hospital bills), MediSave (mandatory medical savings), and MediFund (an endowment-backed safety

net). Together they provide near-universal financial protection for citizens and permanent residents, with targeted subsidies layered on top. Income security for lower-wage workers is anchored in Workfare (the Workfare Income Supplement and Workfare Skills Support), while Silver Support provides quarterly cash supplements for seniors with lesser means. Means-tested ComCare assistance stabilises households facing unemployment, low income or temporary shocks. For severe disability and long-term care (LTC) risks, CareShield Life offers escalating lifetime payouts with extensive premium subsidies, complemented by ElderFund and the Home Caregiving Grant (HCG) for eligible lower-income households. Since 2024–2025, the policy agenda has focused on enhancing Workfare and Silver Support, and extending protections to platform workers via the Platform Workers Act (effective 1 January 2025).

Government strategy and policy architecture

Singapore's social protection approach has five main pillars:

- **Universal health financial protection**. MediShield Life protects all citizens and PRs against large bills, with benefits and claim limits reviewed periodically; MediSave enables pre-funding of routine and catastrophic care; MediFund provides last-resort assistance when bills remain unaffordable after subsidies, insurance and MediSave. In FY2023, MediFund disbursed $156 million across ~1.1 million successful applications, underscoring the system's safety-net function.
- **Lower-wage support and active labour policies**. Workfare supplements wages and CPF savings and encourages training via Workfare Skills Support (WSS). Budget 2024 announced Workfare enhancements from 1 Jan 2025 (higher payouts and broader eligibility).
- **Older-age adequacy**. Silver Support quarterly payouts were raised in 2025, benefiting about 290,000 seniors aged 65+ with lesser means. The Majulah Package (ESB/RSB/MSB) further boosts CPF savings for citizens born in 1973 or earlier, with the Earn and Save Bonus (ESB) starting payouts in March 2025.
- **Platform worker protections**. From 1 Jan 2025, the Platform Workers Act phases in CPF contributions by operators and workers, improves work-injury coverage, and provides a framework for representation. CPF rates will be gradually aligned with employee-employer rates, with Government CPF Transition Support (PCTS) to cushion take-home pay impacts.
- **Preventive care reforms**. Healthier SG enrolment (starting 2023 and expanding) ties citizens and PRs to a family doctor and a personalised Health Plan, reinforcing primary care and prevention while interfacing with financing schemes.

Coverage and impact

Healthcare coverage is universal for citizens and PRs under MediShield Life, with the MediSave and MediFund pillars ensuring that routine and residual costs do not prevent access to care. MediFund disbursements in FY2023 provide a transparent indicator of last-resort protection at scale.

On income and retirement adequacy, Workfare is a permanent feature of the social security system, with automatic assessment for employees based on CPF contributions and declarations for the self-employed. Enhancements effective 2025 expand the reach and quantum of support. For older persons, Silver Support quarterly supplements were raised in 2025 to strengthen retirement incomes for seniors with limited lifetime earnings.

On LTC and severe disability risk, CareShield Life provides lifetime monthly payouts that started at $600 in 2020 and increase 2% annually through 2025 (about $662/month in 2025 for new claims), with extensive premium subsidies and Additional Premium Support to ensure continued coverage. ElderFund delivers up to $250/month for severely disabled lower-income citizens who cannot benefit from ElderShield/CareShield Life, and the HCG provides up to $400/month to defray caregiving costs, tiered by income.

Finally, the Majulah Package injects targeted CPF top-ups (ESB/RSB/MSB) for about 1.6 million citizens born in 1973 or earlier, with ESB credited annually to working seniors' CPF.

Gaps and constraints

Despite strong efficacy and coverage, there remain some significant gaps in Singapore's social protection framework.

- **Benefit adequacy pressures**. Even with raised Silver Support and enhanced Workfare, adequacy can be stretched by persistent cost-of-living pressures and care needs for older singles and caregivers. Targeting must remain responsive to household composition and rising out-of-pocket non-health expenses.
- **Informal and platform work**. Volatile hours and multi-homing across apps can complicate CPF collection and benefit portability. The Platform Workers Act and CPF alignment (2025–2029) mitigate this but will require close monitoring of take-home pay, participation and operator compliance.
- **Long-term care intensity**. Care costs and caregiver time requirements are growing as disability prevalence rises. CareShield Life provides a base, while ElderFund and HCG help, but integrated respite, case management and community services remain essential complements.
- **Inclusion and administrative simplicity**. Some schemes are citizenship-targeted (e.g., Silver Support, Workfare, ComCare), with PRs eligible for different components (e.g., healthcare). Ensuring clear communications and assisted channels - especially for seniors and digitally-limited households - remains a persistent delivery task.
- **Wage progression execution**. Progressive wages and the Progressive Wage Credit Scheme (PWCS) support lower-wage uplift, but small firms face compliance and HR capacity challenges as wage floors and skills requirements ratchet up.

Delivery and governance innovations

Singapore's approach demonstrates four innovative features.

Platform Workers Act (2025). A landmark move to include app-mediated workers in CPF, injury compensation and representation frameworks, with phased CPF alignment and PCTS cushioning for low-income workers - an important extension of social insurance to non-standard work.

Healthier SG. Enrolment with a family doctor, subsidised first consults and preventive-care nudges aim to shift utilisation from episodic hospital-centric care to longitudinal primary care, improving health outcomes and cost sustainability within the 3Ms financing model.

Data-driven automation and presence-less delivery. Automatic assessment for Workfare and Silver Support using administrative data, and integrated service gateways (e.g., SupportGoWhere, GovBenefits) reduce transaction costs and improve take-up, while maintaining targeted eligibility rules.

Wage-policy complementarity. The PWCS co-funds employer wage increases for resident lower-wage workers and dovetails with the Progressive Wage Model, reinforcing earned income alongside transfers.

Capacity snapshot

Singapore's institutions are specialised and digitally mature. The Ministry of Health (MOH) oversees the 3Ms; the CPF Board administers contributions, Workfare, Silver Support and insurance premiums; the Ministry of Manpower (MOM) regulates employment policy and the Platform Workers Act; the Ministry of Social and Family Development (MSF) runs ComCare via Social Service Offices; and the Agency for Integrated Care (AIC) implements LTC support schemes (e.g., HCG, ElderFund). Operational strengths include presence-less digital services, consolidated benefits portals, and robust grievance/appeals channels. Current execution priorities include: (i) CPF collection and operator compliance under the Platform Workers Act; (ii) continued claims and

benefits calibration under MediShield Life/CareShield Life; and (iii) ongoing service design to keep application and renewal pathways simple for ComCare and disability-related supports.

Priorities for 2025–2030

Singapore priorities for strengthening social protection include:

- **Complete platform-worker CPF alignment with safeguards**. Track participation, operator payment timeliness and low-income worker net-pay; review PCTS tapering and consider targeted top-ups if macro conditions tighten.
- **Sustain benefit adequacy for seniors and lower-wage workers**. Keep Silver Support and Workfare parameters responsive to inflation and household composition; coordinate with the Majulah Package to smooth retirement risks for those born ≤1973.
- **Strengthen LTC and caregiver supports**. Integrate CareShield Life, ElderFund, HCG and respite services with clear case-management pathways; expand community-based services and caregiver training.
- **Advance preventive care at scale**. Deepen Healthier SG enrolment, data flows and primary-care performance metrics; align financing levers (subsidies, copays, benefits) to encourage first-contact care and chronic disease management.
- **Keep delivery simple and inclusive**. Maintain assisted and multilingual channels; continue using unified portals (e.g., SupportGoWhere/GovBenefits) and proactive outreach to maximise take-up and reduce administrative burden for households.
- **Embed wage-policy complements**. Continue PWCS/PWM synchronisation and employer capability building so wage floors, skills upgrading and productivity moves reinforce Workfare's impact.

Thailand

Profile
System Overview: Thailand's Universal Coverage Scheme (UCS) complements civil service and social security schemes to provide comprehensive **Health protection:** Social security (SSO) covers private-sector workers; Section 40 provides a subsidised voluntary option for informal workers.
Non-contributory Support: Categorical benefits for older persons and persons with disabilities provide a basic income floor. Local administrations deliver social services and community care.
Contributory insurance: SSO provides pensions and short-term benefits; Section 40 extends selected protection to informal workers with matching contributions; reforms continue to calibrate packages and service access.
Health protection: UCS is tax-financed and managed by the National Health Security Office (NHSO), with provider payment systems (capitation for outpatient, DRGs for inpatient) and an active citizen-feedback and grievance mechanism.
Delivery systems: Foundational ID, robust provider networks, and multi-channel enrolment enable scale. Digital innovations focus on portability of care and choice of providers ("treatment anywhere").
Gaps and vulnerable groups: Migrant workers, cross-province movers, and informal workers with intermittent contributions face continuity issues; long-term care and disability inclusion are rising priorities.

Overview

Thailand's social protection architecture combines a tax-financed universal health system with contributory social security and a set of non-contributory categorical benefits administered largely by local authorities and

the Ministry of Social Development and Human Security. Health coverage is delivered through three main schemes: the Universal Coverage Scheme (UCS) managed by the National Health Security Office (NHSO), the Civil Servant Medical Benefit Scheme (CSMBS), and the Social Security Scheme (SSS). NHSO estimates that, together, these schemes cover over 99% of Thai citizens, with around 47 million enrolled in the UCS alone. The 2024–2025 reform cycle focuses on digital access, portability and community-based long-term care, while contributory social security continues to expand protection for formal and non-standard workers.

Government strategy and policy architecture

Thailand's social protection system is built around four central pillars:

- **Universal health coverage consolidation**. Under the National Health Security Act (2002), the UCS guarantees access based on residency and Thai citizenship. NHSO's current strategy emphasizes digital transformation and portability, captured by the shift from the original "30-baht treats all diseases" to a "30-baht treatment anywhere" model that lets UCS members access care beyond their registered primary facility, verified by national ID. The initiative began piloting in 2024 (expanding in phases and provinces) with full national rollout targeted after operational testing.
- **Contributory social insurance**. The Social Security Office (SSO) administers the SSS for employees (Section 33), former employees (Section 39) and informal workers who opt into subsidized packages (Section 40). Benefits cover sickness, maternity, disability, death, old-age, child allowance and unemployment (for eligible categories), with periodic adjustments to contribution and benefit parameters.
- **Non-contributory income support**. Local administrations pay a universal old-age allowance on an age-banded scale (commonly 600/700/800/1,000 baht per month for 60–69/70–79/80–89/90+ respectively). The government has discussed reforms, including proposals for a flat 1,000-baht rate; as of 2024–2025, those proposals have not been uniformly implemented nationwide. Persons with disabilities receive a monthly disability allowance administered by the Department of Empowerment of Persons with Disabilities; Cabinet approved in principle in late 2024 to make this a universal 1,000 baht, pending formal issuance.
- **Child support and family policies**. The Child Support Grant (CSG) provides 600 baht per child per month for children under six in low-income families, under regulations issued by the Department of Children and Youth (DCY) and administered via a national information system in partnership with local governments.

Coverage and impact

Health coverage is effectively universal. NHSO reports that more than 99% of the population is covered under one of the three public schemes, with UCS membership around 47 million in 2024. UCS reforms are widening first-contact options and piloting "treatment anywhere," including limited participation by private providers, pharmacies and laboratories for minor illnesses and prevention - aimed at reducing congestion and improving patient experience.

Contributory social security is strong, and participation is large and growing. As of Q1-2025, there were approximately 24.8 million insured persons across all SSS sections, including about 12.09 million under Section 33 (employees), with the remainder split across Section 39 and Section 40. These figures underscore the central role of payroll-based protection while highlighting the continued importance of voluntary coverage for informal workers.

The old-age allowance reaches older persons nationwide through local governments; the disability allowance is administered through the Department of Empowerment of Persons with Disabilities (DEP). The CSG

reaches young children in low-income households and is supported by DCY's data systems and operational guidance. Taken together, these measures act as an income floor that complements health entitlements.

Gaps and constraints

Despite a holistic framework Thailand's social protection has five clear gaps:

- **Labour-market coverage gap**. Despite millions enrolled, contributory protection still leaves many informal workers uncovered or under-protected; Section 40 enrolment is voluntary and subject to affordability and awareness barriers. Encouraging take-up requires flexible contributions, targeted subsidies and default enrolment nudges at registration touchpoints.
- **Adequacy of non-contributory benefits**. Age-banded old-age allowances and disability benefits are modest relative to living costs. Cabinet-level decisions to raise or standardize rates require consistent legal instruments and budget allocations to avoid uneven implementation.
- **Service quality and financial protection**. UCS's breadth of coverage coexists with capacity constraints in some facilities. Strategic purchasing (e.g., primary-care capitation, DRGs for inpatient care) and expanded private-sector contracting under regulated terms are essential to maintain quality while protecting households from out-of-pocket expenses.
- **Portability and last-mile access**. Treatment-anywhere pilots must be scaled with robust IT, provider payment rules and clear communication to beneficiaries to avoid confusion at point of service, especially for migrants and those in remote areas.
- **Data and delivery systems for social assistance**. While DCY and DEP have strengthened national platforms, local administrative capacity for outreach, case management and grievance handling remains uneven, which can affect take-up and timeliness.

Delivery and governance innovations

Thailand demonstrates three distinct areas of innovation.

"Treatment anywhere" under the UCS: NHSO is piloting and scaling a model that allows UCS members to access services beyond their initially registered facilities using their national ID, supported by digital back-end systems. This innovation emphasizes convenience, continuity of care and networked purchasing of services, including selected private providers and pharmacies.

Community-based long-term care (LTC): Thailand's LTC program - run through NHSO funds in partnership with local governments - supports home- and community-based care for dependent persons (initially the elderly, now expanding to all-age dependency in some areas), with funding recently increased per registered dependent. The benefits package includes home visits, care planning, basic equipment and rehabilitation, with a growing emphasis on integrating social and health supports.

Data systems for family benefits: DCY operates dedicated CSG registration and data portals used by local governments to manage eligibility and payments, reducing administrative friction and enabling monitoring.

Capacity snapshot

Institutional roles are clear: NHSO purchases and contracts health services under the UCS; SSO administers contributory social security; the Ministry of Social Development and Human Security (via DCY, DEP and local governments) delivers categorical assistance. Central capabilities in purchasing, claims and IT are strong in health and social security; capabilities for case management, grievance and proactive outreach in social assistance vary by locality and would benefit from additional tools and training. Scaling treatment-anywhere and LTC requires sustained provider-payment calibration, data-exchange standards across schemes, and accessible communications for users.

Priorities for 2025–2030

Thailand's social protection priorities require deepening quality and coverage by:

- **Scale "treatment anywhere" nationally** with clear rules of access, transparent referral/payment protocols, and beneficiary communications; monitor patient experience and waiting times as portability expands.
- **Strengthen financial protection and quality** through strategic purchasing: reinforce primary-care gatekeeping and blended payments; expand contracted private providers in underserved areas under UCS rules; publish provider-level performance and grievance statistics. Grow contributory coverage among informal workers via flexible, lower-frequency contributions and targeted subsidies under Section 40; link sign-up prompts to business, vehicle and platform registrations, with agent-assisted onboarding.
- **Enhance adequacy and predictability** of categorical benefits by finalizing legal instruments and budget allocations for approved increases (disability allowance) and any old-age allowance adjustments; maintain an indexation rule and a public payment calendar. Consolidate child-focused support: keep CSG operations reliable with on-time disbursement, local outreach and grievance standards; consider options to widen eligibility as fiscal space allows, drawing on DCY's data to minimize exclusion errors.
- **Expand and standardize LTC**: align benefits, assessment tools and provider payment across provinces; ensure integration with social care and caregiver support; track outcomes (ADL improvements, hospitalizations avoided) and publish dashboards.

Timor-Leste

Profile
System Overview: Timor-Leste operates universal social pensions for older persons and persons with disabilities, complemented by conditional cash transfers for children in poor households and evolving contributory arrangements for public and private workers.
Non-contributory Support: The social pension provides a predictable floor; the Bolsa da Mãe programme targets poor families with children, with adjustments and redesigns to improve early childhood impacts and administrative efficiency.
Contributory insurance: Public sector schemes are established; a contributory social security system for private workers is maturing, with emphasis on governance and member services.
Health protection: Public healthcare is financed through the national budget with a focus on primary care and referral supports, including transport for patients from remote areas.
Delivery systems: Civil registration, bank partnerships for payment delivery, and local administrative outreach are essential for last-mile coverage across rural terrain.
Gaps and vulnerable groups: Benefit adequacy and indexation, disability assessments, and support for families with young children remain priorities; human resource capacity and information systems are strengthening.

Overview

Timor-Leste's social protection system combines a contributory social security regime for workers with a non-contributory 'citizenship' pillar and a broad commitment to free public healthcare at point of service. The contributory regime was established by the Social Security Law in 2016 and detailed through 2017 decrees covering old-age and disability pensions, death benefits, and maternity/paternity/adoption

protection. On the non-contributory side, the elderly and disability subsidy first introduced in 2008 was converted into a formal social pension regime in 2022; in January 2024 the Council of Ministers approved a draft decree-law to raise monthly amounts by age band. Targeted family transfers operate through the Government's conditional "Bolsa da Mãe" program, which continued after a 2023 consolidation that sunset the 'Jerasaun Foun' pilot and refocused on the core conditional scheme. Public healthcare remains free at point of use under constitutional guarantees, with low out-of-pocket shares by regional standards.

Government strategy and policy architecture

Timor-Leste's social protection strategy has four key elements:

- **Dual-pillar architecture**. The Social Security System comprises (i) a contributory regime administered by the National Institute of Social Security (INSS), financed by employer–employee contributions and covering long- and short-term contingencies; and (ii) a non-contributory regime financed from the State Budget, anchored in old-age and disability social pensions and categorical social assistance. The Government launched a dedicated Social Security portal to improve service transparency and access.
- **Family and child benefits.** The "Bolsa da Mãe" conditional transfer - implemented by the Ministry of Social Solidarity and Inclusion (MSSI) with BNCTL as payment partner - targets poor and vulnerable families with children; in 2024 MSSI approved around 69,571 beneficiaries and signed an operational agreement with BNCTL for the payment cycle.
- **Legal modernization of social pensions**. Decree-Law 53/2022 codified the non-contributory social pensions for old age and disability; in 2024 the Council of Ministers approved amendments to increase monthly benefit values by age bands.
- **Strategic framework**. The National Strategy for Social Protection 2021–2030 (NSSP) guides a phased expansion, with a 2022–2023 implementation plan and subsequent adaptive social protection assessments and projects to align cash transfers and nutrition, and to ready systems for climate and disaster shocks.

Coverage and impact

The contributory system has expanded steadily since 2017, extending insurance to private-sector workers while preserving a transitional regime for State employees. Legally specified benefits under the contributory branch include old-age and disability pensions, survivors' benefits, and paid maternity/paternity/adoption protection. On the non-contributory side, the nationwide social pensions for older persons and persons with disabilities provide a predictable income floor - now anchored in law - with the Government moving in 2024 to increase amounts by age to protect purchasing power.

Social assistance has maintained reach through Bolsa da Mãe, which approved nearly 70,000 beneficiary cases in 2024, with banking partnerships to reduce travel time and improve payment reliability. The program's consolidation in late 2023 affirmed a return to the core conditional design, while preserving lessons from the 'Jerasaun Foun' pilot on aligning cash with human-capital outcomes.

Health financial protection is unusual for the region: free primary and hospital care at public facilities is a constitutional entitlement, contributing to very low rates of catastrophic health spending compared to peers. WHO and World Bank analyses note that while out-of-pocket (OOP) payments are low, access barriers (distance, service quality) still shape utilization patterns - a reminder that financial coverage must be paired with strong service delivery.

Gaps and constraints

Timor-Leste's social protection framework has several significant gaps:

- **Labour-market coverage gap**: A large informal workforce and small-enterprise structure limit contributory participation; many self-employed workers face irregular incomes and liquidity constraints despite the availability of voluntary contributions.
- **Adequacy and equity**: Social pension levels have not always kept pace with prices; although increases were approved in principle in 2024, sustained indexation and age-band calibration will be needed. Veteran benefits remain a major, politically salient component of cash spending and can overshadow other social priorities if not managed within a medium-term fiscal framework.
- **Program coherence and delivery**: With multiple categorical schemes and disaster-related supports, avoiding overlaps and gaps requires stronger case management, consistent eligibility rules, and grievance standards across municipalities. Social assistance intake, disability assessments and referrals are uneven.
- **Data systems and registries**: Progress on CRVS and population data has accelerated, but integrated social information systems and API-based data sharing are still maturing. Municipal capacity for analysis and routine reporting varies.
- **Payment access**: Geographic dispersion and financial inclusion gaps mean some households still travel far to cash-out benefits; expansion of agent banking and mobile options is advancing but not universal.

Delivery and governance innovations

Despite its relative limitations in regard to regional counterparts, Timor-Leste does demonstrate interesting areas of innovation, including:

- **Digital public infrastructure for social protection**. The official Social Security portal provides consolidated information on rights, contributions, benefits, and legislation. In July 2025, the ILO and MSSI launched the country's first Statistical Bulletin on Social Protection to standardize indicators and strengthen evidence-based decision-making.
- **Payments modernization**. MSSI and BNCTL signed an implementation agreement for Bolsa da Mãe 2024, and BNCTL continues to expand digital channels, agent banking, and card products; partnerships with telecom providers aim to accelerate digital payments adoption, which can lower costs for beneficiaries in remote areas.
- **Adaptive social protection and nutrition**. The ADB-financed INSPIRE technical assistance, with WFP collaboration, supports linking cash transfers with nutrition interventions and embedding shock-responsive modalities within program SOPs - priorities echoed in the World Bank's 2023 Adaptive social protection Assessment.
- **Health system reforms toward UHC**. WHO describes the Government's Integrated Health Program and the constitutional guarantee of free care, key for maintaining low OOP, while emphasizing service-quality and access improvements.

Capacity snapshot

Institutionally, Timor-Leste has a clear assignment of roles: MSSI leads social assistance and policy oversight; INSS administers the contributory regime; the Ministry of Health purchases and provides public health services. Central capabilities (policy, finance, IT) are strengthening, as shown by the social protection portal launch and production of a Statistical Bulletin.

Execution capacity at municipal level varies: intake, assessments, outreach, and grievance handling need more resources, training, and basic tools (connectivity, case-management templates). Continued partnerships with ADB, the World Bank, UNICEF, WFP and the ILO are oriented to these capacity gaps.

Priorities for 2025–2030

Strengthening social protection coverage and efficacy in Timor-Leste would require a suite of priority initiatives:

- **Deliver legal reforms and indexation for social pensions**. Finalize and implement the 2024 adjustments to benefit levels; establish a simple price-linked indexation rule; publish a payment calendar and service standards for timeliness and grievance resolution.
- **Expand contributory participation**. Introduce flexible contribution schedules and micro-payment options for self-employed workers; pilot contribution subsidies for low-income workers tied to formalization milestones; roll out the new online services of INSS with assisted enrolment in municipalities.
- **Consolidate child-focused assistance**. Stabilize Bolsa da Mãe operations with transparent eligibility, reliable payments via BNCTL and agents, and service-linkages (nutrition and school attendance). Consider an early-years top-up in high-malnutrition areas as fiscal space allows.
- **Build adaptive social protection playbooks**. Codify vertical top-ups and horizontal expansion triggers for shocks; link program SOPs to pre-arranged finance and municipal surge rosters; conduct seasonal drills and after-action reviews.
- **Strengthen data and monitoring**. Use the new social protection Statistical Bulletin to publish quarterly dashboards (coverage, timeliness, integrity, grievances), with municipality disaggregation; advance interoperability among population, CRVS, social protection , and payments data with privacy safeguards.
- **Ensure inclusive, accessible delivery**. Expand agent banking and digital payments options in partnership with BNCTL and telecoms; maintain cash fallback where needed; produce multilingual, accessible communications; and standardize grievance channels.
- **Keep UHC credible**. Continue to reduce non-financial barriers (distance, stockouts, quality) in public health services so the constitutional promise of free care translates into effective coverage for rural and low-income households.

Viet Nam

Profile
System Overview: Viet Nam has expanded social health insurance to almost the entire population and is reforming social insurance to balance adequacy and sustainability. Social assistance includes categorical benefits and emergency supports.
Non-contributory Support: Social assistance provides targeted cash benefits for vulnerable groups; local services complement cash with referrals and casework.
Contributory insurance: VSS administers mandatory and voluntary social insurance and universal health insurance. Reforms in 2024–2025 adjust contribution years and benefit parameters to extend coverage and improve adequacy.
Health protection: Universal health insurance provides wide access; ongoing work focuses on provider payment reform, quality, and financial sustainability.
Delivery systems: National ID, integrated information systems for social insurance and health insurance, and expanding digital services support portability and citizen engagement.
Gaps and vulnerable groups: Informal workers, ethnic minorities in remote areas, and older workers with incomplete contribution histories are key priorities; communications and contribution flexibility are central levers.

Overview

Viet Nam's social protection system rests on three pillars: contributory social insurance (pensions, sickness–maternity, employment injury, unemployment insurance), tax-subsidized social health insurance, and non-contributory social assistance governed mainly by Decree 20/2021. Over the last decade the policy direction has been to expand contributory coverage while preserving a tax-financed floor for vulnerable groups and accelerating digital delivery. The 2018 Party Resolution 28-NQ/TW set the course toward universal social insurance; subsequent Government action plans, legislative amendments and administrative modernization have given that ambition operational shape. In 2024 the National Assembly adopted a new Social Insurance Law (No. 41/2024/QH15) effective 1 July 2025, alongside amendments to the Health Insurance Law (No. 51/2024/QH15), marking the most consequential reform package since 2014.

Viet Nam now pairs near-universal health insurance with a comprehensive modernization of social insurance law and digital delivery. The reforms taking effect in 2025 - shorter vesting, broader mandatory participation, a new social retirement benefit, and e-ID-enabled access - directly tackle the structural reasons many workers and older persons were left out. The principal execution risk is not conceptual but operational: widening take-up among informal workers, improving benefit adequacy for vulnerable groups, and ensuring inclusive digital access as the system goes paperless. With strong implementation, the country is well-placed to reach the 2030 social insurance coverage goal while continuing to deepen financial protection and service quality in health.

Strategy and policy architecture

The Government's strategy blends legal reform, targeted subsidies and digital transformation:

- **Social insurance expansion and simplification.** The new Social Insurance Law reduces the minimum contribution period for a pension from 20 to 15 years, expands the scope of mandatory contributors (e.g., certain part-time workers and non-salaried enterprise managers), and codifies measures against contribution evasion. It also introduces a "social retirement benefit" (a state-budget social pension) for people aged 75+ (and 70–74 in poor households) who lack pensions - bridging the gap before Decree 20 benefits at age 80. These changes are designed to broaden coverage, discourage lump-sum withdrawals, and align with the 2019 Labour Code.
- **Universal health coverage (UHC) consolidation.** Health insurance is the backbone of financial protection. Amendments in 2024, and implementing regulations in 2025, facilitate electronic cards and other administrative improvements while keeping the Vietnam Social Security (VSS) as purchaser and card issuer. The shift from paper health insurance cards to digital credentials (VssID app, VNeID e-ID, chip-based Citizen ID) took effect 1 June 2025, standardizing patient verification at facilities nationwide.
- **Social assistance modernization.** Decree 20/2021 frames monthly social assistance for eligible groups including persons with severe disabilities, children lacking family care, and older persons aged 80+ without pensions (a de facto social pension for the very old). A 2024 proposal sought to raise the standard assistance level from VND 360,000 to VND 500,000 per month, reflecting inflation and adequacy concerns; broader revisions to social assistance are under discussion.
- **Subsidies for voluntary social insurance.** To pull informal workers into the contributory system, the State subsidizes part of voluntary contributions (baseline policy: 30% for poor households, 25% near-poor, 10% others; further increases have been proposed). The reform emphasis is on making voluntary participation more attractive, including higher subsidies and easier payment schedules.

This agenda is anchored in Resolution 28-NQ/TW and Government action programs, with long-run targets such as 60% social insurance coverage by 2030.

Coverage and impact

Viet Nam has achieved near-universal health insurance: as of early 2025, 95.52 million people (about 94.2% of the population) were enrolled. The entire health facility network now accepts chip-based IDs, and by May 2025 there were over 214 million successful lookups using Citizen ID at points of care - evidence of real-time identity verification at scale. This reach matters for equity: subsidized categories include children under six, the poor/near-poor, and older persons.

On financial protection, out-of-pocket (OOP) payments have fallen markedly over three decades - from around 80% of health spending in the mid-1990s to ~40% in 2020 - tracking the rise of social health insurance. While more recent series vary by source and method, the direction of travel is strongly downward, with UHC reforms and purchasing improvements doing much of the heavy lifting.

Contributory social insurance coverage has risen but still trails UHC. VSS reports ~20.1 million social insurance participants in 2024 (≈38% of the working-age labour force) and continued growth into 2025, with both compulsory and voluntary participation increasing. Unemployment insurance participation is expanding and the Employment Law 2025 clarifies compulsory UI participants effective 1 January 2026. Together, these shifts indicate progress toward the Resolution 28 coverage horizon, though a sizeable informal segment remains uncovered.

Digitally, the VssID mobile application launched in 2020 has become a universal gateway for checking contributions and entitlements and is now integrated with VNeID login options. Adoption is rising as paper credentials are phased out.

Gaps and constraints

Despite strong progress, several gaps persist:

- **Labour-market coverage gap.** Even with legal expansion and lower vesting periods, contributory participation still covers well under half of workers. Many informal and self-employed workers face liquidity constraints, irregular earnings and limited perceived value - despite subsidies. The 2030 target (**60%** coverage) will require larger subsidies and easier "on-ramps" (e.g., tiered contributions, mobile agents, default enrolment at business or vehicle registration).
- **Adequacy of non-contributory benefits. Decree 20**'s base level of VND 360,000/month (with proposed increases to VND 500,000) remains modest relative to living costs. The age threshold for the social pension under Decree 20 (80+) leaves many low-income older persons below that age with limited cash support; the new social retirement benefit (75+) is a step forward but will need coordinated implementation and fiscal space.
- **Financial protection.** OOP spending, while lower than before, still accounts for a large share of health expenditure by international comparison, implying continued risk of catastrophic costs for some households and the need for stronger strategic purchasing and gatekeeping.
- **Inclusion and portability.** Internal migrants and some ethnic minority communities face administrative and geographic barriers. Digital channels reduce friction, but connectivity gaps and limited digital literacy can impede take-up without assisted service options. The shift to e-credentials must retain robust offline fallbacks.
- **Delivery capacity in social assistance.** While VSS runs a sophisticated national platform for SI/HI/UI, local social assistance delivery (assessment, case management, referrals) is uneven and would benefit from clearer service standards and grievance pathways, especially as reforms raise benefit levels and potentially expand eligibility.

Delivery and governance innovations

Three innovations stand out:

- **Digital identity-enabled service access.** With the June 2025 transition, patients can verify health insurance via VssID, VNeID or chip-based Citizen IDs; 100% of HI-contracted facilities have the chip-ID lookup in place. This reduces administrative cost and fraud risk and accelerates reimbursements.
- **Data integration at population scale.** VSS reports data sharing between the National Population Database and the National Insurance Database, verifying over 100 million records. That linkage is foundational for real-time eligibility checks, contribution tracking, and analytics on coverage gaps.
- **Parametric legal reforms to widen coverage.** The 2024 Social Insurance Law's 15-year vesting, expanded mandatory categories, and social retirement benefit create more entry points and reduce discontinuities in entitlements. Alongside, proposals to raise subsidies for voluntary SI (e.g., up to 50% for the poor) are under active consideration, often with development-partner dialogue.

Capacity assessment

Institutionally, Viet Nam benefits from a single national insurer (VSS) with a networked presence and an increasingly centralized IT architecture that automates core business processes in line with the Government's digital-government roadmap. The system has demonstrated high-volume identity lookups, electronic claims handling and multi-channel user support. However, realizing the promise of the 2024–2025 legal package will require: sustained actuarial and IT capacity (to manage new categories and contribution rules), robust communications (to explain rights and obligations, especially to informal workers), and local government readiness (for social assistance intake, disability assessments, and grievance resolution).

Priorities for 2025–2030

To convert legal reforms into inclusive, adequate coverage in Vietnam, a sequenced plan would focus on:

- **Implement the 2024 Social Insurance Law** with clear, user-facing rules, model contracts for new mandatory categories, and auto-enrolment nudges at common touchpoints (business, tax, vehicle, platform registrations).
- **Scale voluntary SI** via higher, targeted contribution subsidies (e.g., 50/30/20 as proposed) plus flexible payment schedules, micro-contribution options, and agent networks in markets where informal workers transact.
- **Complete the UHC digital transition** with robust offline and assisted channels, grievance redress, and protection of personal data, ensuring that migrants and older persons can use alternatives if smartphones or IDs are unavailable.
- **Upgrade benefit adequacy** in social assistance by finalizing an increase of the standard level and aligning periodic indexation with inflation; gradually lower the social pension age floor as fiscal space allows, coordinating with the new social retirement benefit to avoid overlap and gaps.
- **Strengthen financial protection** by continuing to reduce OOP through strategic provider payment (e.g., capitation for primary care, DRGs for inpatient) and enhanced benefits for high-cost conditions. Monitor catastrophic spending indicators.
- **Deepen labour-market integration** by linking assistance and employment services, simplifying compliance for micro-enterprises, and tailoring packages for platform workers.
- **Enhance monitoring and transparency** with quarterly dashboards on coverage, timeliness, integrity, and grievances; publish annual "State of Social Protection" reports drawing on integrated registries and population data.

- **Prepare for shocks** by formalizing adaptive mechanisms (vertical top-ups, horizontal expansion) in program SOPs, linking to disaster-risk finance for rapid liquidity.
- **Invest in local delivery capacity** - training, case-management tools, disability assessment protocols, and multilingual communication - to ensure that legal entitlements are realized at the last mile.

STRATEGIES, INNOVATIONS AND PRIORITIES

Key Social Protection Strategies

Across the region Social Protection strategies need to integrate key elements to ensure comprehensive coverage for citizens and target populations, which include:

- **Social Pensions (Old Age, Disability)**: Define simple categorical eligibility and age thresholds. Establish residency rules and verification flows. Set payment value and indexation method. Build enrolment and recertification processes that are accessible to people with mobility and communication barriers. Codify grievance and appeal procedures. Publish payment calendars and service standards. Use multi-rail payments with cash fallback for remote areas.
- **Child Benefits and First-1,000-Days Transfers**: Link transfers to life-cycle touchpoints (antenatal visits, birth registration, immunisation, growth monitoring) without making benefits conditional on service supply. Bundle nudges via SMS or health worker visits. Ensure caregivers without ID can be enrolled with safeguards. Coordinate with nutrition-specific services.
- **Disability-Inclusive Design**: Co-design eligibility assessments with OPDs (organisations of persons with disabilities). Allow proxy enrolment, reasonable accommodation, assistive technologies, and home-based visits. Ensure communications in accessible formats and languages. Budget for personal assistance where relevant.
- **Contributory Coverage for Informal and Platform Workers**: Offer contribution tiers with flexible schedules and matching subsidies. Enable mobile onboarding and e-KYC. Bundle short-term benefits (injury, sickness, maternity) with long-term savings. Default people into protection when they register a business, vehicle, or platform account, while allowing opt-out in early stages.
- **Health Purchasing and Provider Payment**: Maintain explicit benefit packages and update annually. Use blended payment methods (capitation, DRG, global budgets) with quality incentives. Publish provider contracts, tariffs, and performance dashboards. Integrate referral and gatekeeping with patient choice where feasible.
- **Social Registries and Interoperability**: Define the purpose (targeting vs social registry vs integrated social information system). Adopt unique ID keys and data-sharing agreements. Implement role-based access, logging, and consent management. Provide event-based updates (births, deaths, migration) and caseworker-initiated corrections.
- **Payments and Last-Mile Delivery**: Map financial access points. Contract multiple providers with service-level agreements for timeliness and outage contingencies. Use tokenised credentials for low-connectivity verification. Provide grievance and recourse paths for payment failures.
- **Grievance Redress and Citizen Feedback**: Offer in-person, phone, SMS, and digital channels. Track service-level standards (acknowledgement, resolution). Publish anonymised dashboards and learning notes. Protect complainant privacy and mitigate retaliation risks.
- **Adaptive Social Protection Playbook**: Pre-authorise vertical top-ups and horizontal expansion triggers. Maintain surge rosters and remote work protocols. Rehearse simulation exercises before hazard seasons; after action reviews inform updates.

Innovations Across the Region

Universal (or Near-Universal) Health Coverage Platforms

Thailand's tax-financed UCS, Viet Nam's social health insurance, Indonesia's JKN, Malaysia's public system, and Singapore's MediShield Life showcase multiple routes to broad coverage. Common denominators include strong purchasing functions, gatekeeping and referral protocols, explicit benefits, and grievance channels that are used and trusted. Portable entitlements and clear coordination with employer-based or contributory schemes reduce fragmentation.

Non-Contributory Floors: Social Pensions, Disability and Child Benefits

Simple categorical grants (old age, disability, child/first-1,000 days) deliver reliable impact on poverty and human capital when payment systems are predictable and indexation preserves value. The region's experience shows that small, well-governed programs can scale quickly with political commitment, while building capacity for case management and appeals.

Extending Protection to Informal and Platform Workers

Voluntary or semi-mandatory contribution models with matching subsidies (e.g., for self-employed/section-specific options) can bring non-standard workers into social insurance. Key design choices include contribution tiers linked to fluctuating incomes, digital onboarding, agent-assisted enrolment, and bundled packages that prioritise short-term protections (injury, sickness, maternity) alongside retirement savings.

Migrant Worker Portability and Cross-Border Cooperation

Intra-ASEAN migration is substantial. Portability guidelines, bilateral agreements, and administrative cooperation on identity, contribution records and benefit claims make systems fairer and more efficient. Emerging practices include data exchange standards, service windows for migrants, and multilingual communications.

Adaptive Social Protection and Disaster Response

Southeast Asia's exposure to typhoons, floods, droughts, earthquakes and volcanic activity makes adaptive delivery systems indispensable. Operational playbooks pre-authorise vertical top-ups, horizontal expansion, simplified enrolment, and contingency payment routes. Risk financing aligns budgets with hazard seasons; monitoring dashboards track timeliness, coverage and error management after each activation.

Delivery Systems: ID, Registries, Payments, Case Management, and Data Protection

Foundational digital ID and robust civil registration enable presence-less enrolment and reduce leakage. Social registries consolidate eligibility data with clear governance. Multi-rail payments (bank, agent, mobile, cash) ensure inclusion and resilience. Case-management systems integrate applications, changes and grievances with service-level standards. Data-protection by design-including consent management, role-based access, minimisation, retention rules, and audit trails-builds trust.

Governance, M&E and Public Reporting

Publishing program statistics-and doing so on time-improves accountability and problem-solving. Citizen feedback loops, grievance dashboards, and service charters set expectations for timeliness, accuracy, and respectful treatment. Independent evaluations and beneficiary experience surveys guide benefit calibration and operational improvements.

Financing Pathways and Subsidy Reforms

Targeted cash transfers and income-related contributions can coexist with rationalised subsidies. Medium-term expenditure frameworks and actuarial assessments support sustainability. Where tax space is constrained, phased expansions and parametric adjustments-combined with efforts to widen the contribution base-are essential.

Selected Country Innovations

The Southeast Asian region, in general, demonstrates good overall progress toward comprehensive social protection coverage. There are a number of innovative initiatives and strategies implemented by individual countries that offer good examples of strong governmental leadership in social protection.

- **Thailand's Universal Coverage Scheme (UCS):** The UCS demonstrates the power of a tax-financed, purchaser-provider split with strong primary care. A clearly defined benefit package, blended payments, and a mature grievance system anchor public trust. Recent portability enhancements ('treatment anywhere') illustrate constant iteration.
- **Indonesia's JKN:** JKN built a nationwide risk pool with tiered contributions and subsidies. Key lessons include the importance of accurate membership management, timely provider payment, fraud prevention, and communication about entitlements and responsibilities.
- **Philippines' 4Ps and UHC:** Pairing a national CCT with legal entitlements to health services provides a platform for human capital gains. Interoperability between PhilSys, Listahanan and PhilHealth is central to reducing administrative friction.
- **Singapore's Workfare and Silver Support:** Wage supplements and retirement-income top-ups-automated using administrative data-illustrate how targeted supports can be delivered with low transaction costs while preserving work incentives.
- **Cambodia's IDPoor and HEF:** A national poverty identification system underpins transparent targeting; HEF removes financial barriers at public health facilities and adds referral and transport supports
- **Malaysia's SOCSO (EIS and Self-Employment):** Unemployment support plus job-matching services and a dedicated self-employment branch show how to protect workers during transitions and extend coverage to new forms of work.
- **Timor-Leste's Universal Social Pensions:** Simple eligibility and predictable payments can deliver outsized poverty reduction, particularly in rural areas, while administrative systems mature for more complex programs.
- **Viet Nam's Social Insurance and Health Insurance Reforms:** Sequenced legal reforms and digital services have expanded coverage substantially; current priorities focus on adequacy, sustainability, and reaching informal workers.

The success of these initiatives offers good guidance to peer countries in the region to consider in addressing specific social protection challenges, and potential for peer country knowledge transfer.

Country Priorities

This report has addressed in some detail the challenges and priorities facing individual countries across the region, which are summarised in the table below.

Country	Priorities
Brunei Darussalam	• Maintain predictable payment calendars and accessible grievance channels for JAPEM benefits; publish quarterly performance notes. • Continue SPK member services enhancements and clarify options for self-employed contributors. • Codify disaster-response cash top-ups and practice payment surge drills with providers.
Cambodia	• Sustain and index child and maternal transfers; refine HEF referral transport and quality monitoring. • Expand NSSF and strengthen enforcement for small firms while keeping pathways for voluntary contributors. • Continue strengthening IDPoor governance, data quality, and consent-based data sharing.
Indonesia	• Consolidate DTKS/DTSEN governance and application programming interfaces (APIs) for program interoperability. • Deepen coverage of informal and platform workers across BPJS programs with contribution flexibility and matching. • Institutionalize adaptive social protection SOPs linked to risk financing and local surge capacity.
Lao PDR	• Advance NHI sustainability through calibrated provider payments and targeted subsidies for the poor and near-poor. • Strengthen LSSO compliance among SMEs and improve member services and digital channels. • Expand grievance and appeal processes and publish service standards across schemes.
Malaysia	• Use PADU to progressively retarget subsidies and strengthen the link between social assistance and employment services. • Scale Self-Employment Social Security coverage with platform partnerships and default enrolment. • Publish integrated social protection statistics and grievance dashboards across agencies.
Myanmar	• Prioritise inclusive, conflict-sensitive delivery of basic income security and essential services with humanitarian-development coordination. • Document and publish simplified SOPs for cash assistance, with safeguards for beneficiaries and frontline workers. • Maintain community-level grievance channels with protection protocols.
Philippines	• Complete interoperability between PhilSys, Listahanan and local registries; standardise case-management and appeals. • Strengthen PhilHealth primary care benefits and provider payment accountability under UHC. • Expand disability-inclusive supports and local referral networks; drill adaptive cash protocols before typhoon seasons.
Singapore	• Continue Workfare and Silver Support enhancements with targeted automation;

	publish user-centric service metrics. • Advance protections and portability for platform workers within the CPF and insurance ecosystem. • Integrate long-term care planning tools across agencies and community partners.
Thailand	• Sustain UCS benefits while refining portability and provider choice; expand community-based long-term care. • Upgrade Section 40 packages and communications to sustain informal worker participation. • Strengthen cross-border migrant portability and service access with multilingual channels.
Timor-Leste	• Index the social pension transparently and upgrade disability assessments and supports. • Modernise payment options with agent networks and schedule-based payout days; maintain cash fallback for remote areas. • Publish annual coverage, timeliness and grievance statistics across programs.
Viet Nam	• Implement social insurance reforms to expand coverage among informal workers and those with incomplete contribution histories. • Continue quality and financial sustainability reforms in health insurance; enhance digital services for portability. • Publish unified social protection statistics and grievance outcomes to strengthen accountability.

Regional Roadmap

At a regional level, Southeast Asia has a clear roadmap to promoting full coverage of comprehensive social protection. This roadmap translates the diagnostics into sequenced actions at three horizons.

Immediate (0–12 months). Publish service standards and payment calendars across programs; consolidate grievance channels; map payment points and negotiate SLAs with providers; adopt data-sharing MOUs; and run tabletop exercises for shock-responsive cash with post-exercise reviews.

Near-term (12–36 months). Legislate or update entitlements for basic income security; pilot contribution-matching for informal and platform workers; implement registry APIs for program interoperability; and publish annual results reports with coverage, timeliness, and integrity metrics. In health, calibrate purchasing to strengthen primary care while expanding referral support for remote areas.

Medium-term (36–60 months). Expand contributory coverage, unify fragmented programs where efficiencies are clear, and scale inclusive community-based long-term care. Embed climate and disaster risk financing with predefined triggers, and institutionalise beneficiary experience surveys as part of M&E. Regional actions-portability agreements, data exchange standards, and mutual recognition of contributions-will help smooth labour mobility and reduce administrative burdens.

Throughout, invest in people: caseworkers, actuaries, health purchasers, data stewards, grievance officers, and payments specialists. Short, practice-oriented training plus peer exchanges across administrations accelerate learning and lower the cost of mistakes. Finally, communicate with the public: clear, respectful messages build trust and encourage participation.

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