ASSA Chairman’s Statement

This issue of ASSA news features the highlights of the 13th ASSA Board Meeting held in Pattaya, Thailand on 11-14 March 2004 and the updates on most current news and developments of member institutions. We hope ASSA Members and readers find the articles enlightening!

One useful suggestion made during the 13th ASSA Board Meeting was to create a new “Event Section” of the ASSA Website which features the training and Study Visit schedules offered by member institutions from time to time, to facilitate easy access of information for members.

Since its inception on 13 February 1998, the Asean Social Security Association (ASSA) has continually grown from strength to strength. I am confident that despite our diverse backgrounds, different traditions and different stages of developments, we will persevere to stay united in one common vision to become a vibrant, dynamic and respected regional body of social security proponents.

PAGE: 2 THAI LABOUR MINISTER PRESIDED OVER THE OPENING CEREMONY OF THE 13TH ASSA BOARD MEETING
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Thai Minister of Labour, presided over the opening ceremony of the 13th Board Meeting of the ASEAN Social Security Association (ASSA) emphasizing the relationship and cooperation in Southeast Asia Region to develop social security including exchanging knowledge and experiences of 8 member countries’s social security management.

After the opening ceremony of this meeting at Rama Gardens, Bangkok, Mrs. Uraiwan Thienathong, Minister of Labour, expressed her opinion that the performance of ASEAN Social Security Association during the last five years showed the Intention of the Heads of the Social Security Institution to develop social security in Southeast-Asia. It can be seen from the increasing number of ASSA members and the latest country who changed the status from observer to ASSA member was the Lao PDR.

The 13th ASSA Board Meeting was hosted by Thai SSO during 12-13 March 2004. The participating countries include the Board and member institution representatives from Southeast Asia Region in 8 countries namely Brunei, Indonesia, Malaysia, Philippines, Singapore, Vietnam, Lao PDR, Thailand as well as the observers from Australia and International Social Security Association (ISSA), to attend this meeting.

The Pre-ASSA Board Meeting Seminar on 12 March 2004 was held on the topic of “Managing Cost of Social Security Administration” and it was presented by Mr. Hiroshi Yamahama, ILO Specialist, and 3 representatives from FaCS, Australia. Mrs. Uriwan also said that the meeting would provide good opportunity to exchange progress of knowledge and experiences on social security management of 8 member countries in the last six months and to present the “Good Practices” which was an outstanding work for each country.

By: SSO Thailand

ETF BRUNEI DARUSSALAM STUDY VISIT TO EPF MALAYSIA

A 4-day study visit to EPF Malaysia with effective from 15 Jun 2004 was made by two officials namely Mr. Haji Zulkifii bin PADP Haji Abdullah, Acting Deputy Managing Director and Ms. Asnah Haji Othman, Manager of Yayasan Sultan Haji Hassanal Bolkiah Branch. The main objective of the visit was to gain knowledge and experience on the management of Social Security. ETF was particularly impressed with the Customer Services and Enforcement Sections and the visit has enabled TAP to identify the Best Practices that could be emulated by TAP.

By: ETF Brunei Darussalam
(1) ASSA Heads of Delegates at the Pre-ASSA Board Meeting Seminar.
(2) 13th ASSA Board Meeting.
(3) ASSA Secretariat Meeting.
(4) Group Photograph During Welcome Cocktail at Cholchan Pattaya Resort.
(5 & 6) Farewell Dinner at Cholchan Pattaya Resort.
(7) Visit to Nong Nooch Orchid Wonderland.
(8) Visit to Prasart Saedham Building.
NATIONAL SOCIAL SECURITY SYSTEM AND HEALTH INSURANCE PROGRAM IN INDONESIA

Nowadays, in Indonesia membership coverage, type of protection as well as quality of social security scheme is still limited, around 21% of the Indonesia population (220 million). The existing social security now is the employee social security system for private sector organized by PT. Jamsostek, the social savings insurance for civil servants organized by PT. Taspen, the social insurance for Indonesian armed forces organized by PT. Asabri, the health insurance for civil servants, pension fund receivers organized by PT. Askes and public, transport & road traffic accident casualty insurance, organized by PT. Jasa Raharja.

Until now, there are just about 40 million people covered by the health insurance system, of which around 15 million people are PT. Askes customers. The majority of health insurance product available is the social health insurance that has the character of “managed care”, which is organized by PT. Askes and PT. Jamsostek, while almost all commercial health insurance product that has the character of “indemnity” is organized by private company.

Since the insurance coverage is still low, moreover the economic ability of the government and society is also still low, the society is unable to afford the required health services.

Since the year 2002 the Indonesian government has drawn up the National Social Security System which its laws is being discussed by the Legislative Assembly of the Republic of Indonesia and it is expected the enactment covering the health insurance, industrial accident insurance, old-age savings, pension fund and death benefit can be done in the year of 2004.

The National social security is according to the universal principles e.g. solidarity, compulsory, non-profit, trust fund, transparency and accountability as well as portability, which have been implemented in many states and have succeed to give their people the social protection.

Management of the program of National Social Security System is implemented by several Social Security Organization formed as Liability company (Persero) having exception set by the Law covering:

a. Non-Profit
b. The Premium and its investment result is a Trust Fund
c. The Tax exception in accordance to the prevailing law

In the bill of the National Social Security System, the health insurance is carried out in the national scale based on the social insurance mechanism. All the population of Indonesia, gradually will become members of health insurance of National Social Security System. The worker along with his/her dependants who has paid the premium and entitled to obtain the benefits of health insurance.

The benefit of health insurance program is an individual health service in the form of comprehensive health service covering the promotion, prevention, curative and rehabilitation service including drugs and disposable medical equipment. This health service is provided either at the government owned health facilities or private in co-operation with the Social Security Organization. In the emergency case the service can be provided at the facility that is not in co-operation with the Social Security Organization.

The premium rate is a certain percentage of worker’s wage or income or as a fixed number, which is to be borne by both the worker and employer in the amount of 50% respectively up to certain level of salary. The premium rate the government must pay for the social assistance receiver is determined periodically taking into consideration the inflation of health cost.

Concerning the implementation of the law, it will go through a transition period which by the time of the law is put into effect, hence the liability company remains to execute its duty as according to other Law and Legislation of which is the basis establishment and its requested to adjust to the Law gradually. Likewise the implementation of program will be step by step started with the health insurance program.

During the adjustment process to accelerate the implementation of the Social Security for the worker in informal sector and the social assistance receiver, the Social Security Organization is established separately or merged with the existing Social Security Organization.

With the existence of various social security program, people will gradually be able to obtain the protection which it will enhance the productivity and the economic growth of the country.

By: PT Askes

eCARD LAUNCHING HIGHLIGHTS
GSIS 67TH ANNIVERSARY

The Government Service Insurance System (GSIS) celebrated its 67th anniversary last May 31, 2004 with the official launching of its electronic membership identification card aptly dubbed as the GSIS eCard. The GSIS ID Card project is in partnership with Union Bank of...
Country News

the Philippines and will be issued to all its 1.4 million members, including pensioners.

The GSIS eCard is a multifunction ID Card. Aside from being an electronic ID, the GSIS eCard is also an ATM and a cash debit card as well. It will have the members’ name, photograph, signature and GSIS ID and card numbers.

As a membership ID, the GSIS eCard will be used in all member transactions with the GSIS. All proceeds of GSIS loans, claims and benefit will subsequently be loaded to the eCard, which members can access in any ATM in the country, numbering to more than 5,000, or by over-the-counter withdrawals in any branch of Unionbank or its correspondent banks.

As a cash debit card, the GSIS eCard can be used to make purchases with accredited merchant establishments, pay bills and/ or transfer funds. The eCard will also allow withdrawal of cash outside of the country, in any currency from over 500,000 ATMs in more than 120 countries.

The GSIS eCard is now being pilot-tested among GSIS employees and will be rolled-out to the general membership in August 2004.

By: GSIS Philippines

PRIVATE PROPERTIES NOW INSURABLE WITH GSIS

The Government Service Insurance System (GSIS) now offers affordable coverage not only for government properties but also for the private properties of its members. It recently launched three new general insurance products to cater to its members’ non-life insurance requirements, motor vehicle, fire and personal accident insurance, thus, putting the lives and properties of GSIS members in safe hands.

These new insurance plans are available to both active and retired GSIS members. The legitimate spouses, legitimate children and parents of active members may also take advantage of the program.

At 20% discount over prevailing industry rates and payable on installment basis, these GSIS non-life products are among the most competitive and responsive in the country. With the launching of these new non-life insurance products, GSIS members can now begin to enjoy property and personal accident insurance protection at affordable rates.

By: GSIS Philippines

GSIS LAUNCHES HOSPITALIZATION SUPPORT AND MEDICAL REIMBURSEMENT INSURANCE PROGRAMS

To ease the burden of prohibitive hospitalization costs for its members, the Government Service Insurance System (GSIS) has launched two (2) innovative programs that will have significant financial benefits to its members. The Hospitalization Support Program and the Medical Reimbursement Insurance Plan were designed to suit GSIS members’ financial capacities and adequately cover the cost of hospitalization.

The Hospitalization Support Program allows active GSIS members and their dependents as well as GSIS pensioners to avail of substantial discounts ranging from 10% to as high as
Country News

50% on expenses incurred for medical services and medicines dispenses while hospitalized or during consultations at affiliated hospitals under the program.

The program allows affiliated hospitals to use GSIS-purchased medical equipment of their choice under a usufruct agreement for a period of five (5) years, subject to renewal. In turn, GSIS members and their dependents, including GSIS pensioners shall be entitled to specified discounts.

To date, the GSIS has affiliated five hospitals known to be the best in their localities, namely, Perpetual Succour Hospital in Cebu City, Davao Doctors Hospital in Davao City, Lorna Hospital in La Union, UST Hospital and Capitol Medical Center in Metro Manila.

The Medical Reimbursement Insurance Plan, on the other hand, provides reimbursement of hospitalization expenses based on the PhilHealth compensable amounts, ranging from 100% to 500%, depending on the type of the plan purchased. All active GSIS members below the age of 60 are eligible to purchase any of the five plans under the program upon submission of a health declaration.

By: GSIS Philippines

PHILHEALTH ATTAINS UNIVERSAL COVERAGE THROUGH PLAN 5/25

In line with its goal to achieve coverage of the entire population with at least a basic minimum package of health insurance benefits, PhilHealth has identified more than 5 million indigent families to be covered for free by the government’s health care program, thus attaining the “universal coverage” of the population under the national health insurance program. PhilHealth now has a membership of 77% of the population consisting of 44% in the Sponsored Sector, 39% of members in the private sector, 13% in the government sector and 4% in the Individual Paying and Non-Paying Programs.

The most recent beneficiaries started receiving their PhilHealth membership cards within two months from the implementation of the Enhanced PCSO Greater Medical Access program on 29 January 2004 and the process of PhilHealth membership ID distribution has been completed by April 6, a day after President Gloria Arroyo’s 57th birthday.

The government started paying health insurance coverage for the heads of poor families during the presidency of Joseph Estrada. His predecessor, Fidel Ramos, had signed Republic Act 7875 in 1995, providing among other things the “universal coverage of the indigent sector under the NHIP.” In 1999, former President Estrada launched his Medicare Para sa Masa (Medicare for the Poor) program, which offered a health insurance package to the 100 poorest families in each of the 77 provinces.

The program became the Enhanced “Medicare Para sa Masa” in 2000 when its package included out-patient consultation and diagnostic benefits in accredited rural health units. PhilHealth carried on Estrada’s Medicare Para sa Masa under the administration of President Arroyo by launching in April 1993 a separate health insurance program for indigents called Greater Medical Access, or GMA, which is also the President’s initials. The arrangement is for the Philippine Charity premium for the poor families chosen in certain localities.

It is this GMA program that the President has expanded by increasing the number of beneficiaries 10 times. Now called the Enhanced PCSO Greater Medical Access Program, it has enlisted more than five million poor families identified by the Department of Interior and Local Government and the Department of Social Welfare and Development through the barangay officials. At PhilHealth, it is called the Plan 5/25 or “5 Million + 25 Million” program, since the average size of an indigent Filipino family is 5. Thus, 5 million covered families translate to 25 million beneficiaries.

Plan 5 M is the second phase of the PCSO-GMA Program. The PCSO GMA Program, initially implemented in April 2003, was also a joint undertaking of PCSO and PhilHealth to which PCSO shared the payment of the premium counterpart of the Local Government Units based on its income classification. PCSO has a mandate to assist in the premium requirement of indigent enrollment in the health care program.

It was a big leap from the 500,000 heads of poor families already covered by the National Health Insurance Program (NHIP) on the government’s account.

From Ramos to Erap to GMA

(as of that year), as identified by the Department of the Interior and Local Government (DILG).

Philhealth is now issuing “family cards” as proof of membership. It changed the design of the membership cards effective February 1 to include President Arroyo’s picture.

Plan 5 Million under the "Enhanced PCSO Greater Medicare (GMA) Program".
**Country News**

"Essentially, it endeavors to enroll 100 per cent of the poor families all over the country this year."

For the efficient implementation of Plan 5 M, the PCSO shall allot P1.5 billion to cover the LGU premium counterpart, while DBM has guaranteed the release of P1.5 billion to PhilHealth for the national government premium counterpart. Furthermore, to facilitate the identification process, PhilHealth has tapped the participation of other national government agencies such as the Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), and the Department of Agrarian Reform (DAR).

The President has allocated three billion pesos from the PCSO to finance the enrollment of five million heads of families or 25 million beneficiaries within the year. This should increase PhilHealth’s coverage to 88 percent from less than 50 percent of the population in 2001. PhilHealth has a parallel program called Plan 500 with the initial target of enrolling 500,000 indigents in 2001.

the PCSO has been carrying out the program to enroll indigent families in the Philippine Health Insurance Corp. health care scheme since 2002 the distribution of Philhealth-GMA cards to five million indigent heads of families was a program that the agency started in 2001.

De Leon said the PCSO was merely "assisting in the implementation of the law."

using six billion pesos in public funds to further the President’s election campaign by enrolling five million indigents in the PhilHealth program before April 6, Ms Macapagal’s birthday.

By: Philhealth Philippines

**THE PHILIPPINE SOCIAL SECURITY SYSTEM LAUNCHES “PENSIONERS’ DAY” PROGRAM**

The Social Security System (SSS), manifesting continuing concern for its retiree-pensioners through activities intended to improve their health and well-being, simultaneously launched a new program called “Pensioners’ Day” in ten of its major branches across the country on 19 March 2004.

On that day, the SSS treated pensioners to free medical and blood pressure check-ups, free medicines for simple ailments, and short lectures by experts on medical issues and healthy living for the elderly. The occasion also provided SSS the opportunity to set up ID photo and data capture stations for pensioners to avail of the new SSS digitized ID card.

"The idea of a ‘Pensioners’ Day’ stems from our desire to reach out and to provide them with services and information beneficial to their health and well-being.” SSS President Corazon S. de la Paz said in her message during the nationwide launching.

Encouraged by enthusiastic feedback from the pensioners, the SSS has decided to hold a Pensioners’ Day every second and fourth Friday of each month. The activity would be replicated in other major SSS branches nationwide. Following the practice set during the program inauguration, retirees will have lectures on proper diets, exercise, lifestyle and disease prevention, undergo medical check-ups, and be provided with free medicines. The new program is a most welcome boon to SSS retirees, many of whom rely mainly on their pensions for medical expenses and other needs.

By: SSS Philippines

**SSS CONDUCTS ANNUAL AUDIT OF PENSIONERS**

The Social Security System (SSS) disburses monthly pensions to over one million pensioners for retirement, death or disability. From 1991 to 2002, the number grew at an average of 10 percent per year. It was observed, however, that about 4,000 pensioners are 90 years old and above; and many pensioners die with their pensions left unclaimed in the bank because relatives failed to inform the SSS of their death.

Therefore, to ensure that the right benefits are paid to the right persons at the right time, the SSS initiated in April this year the conduct of annual audit of pensioners. This requires all retirement, death and total disability pensioners to present themselves to the SSS branch nearest their residence. Upon presentation, the pensioners undergo the following: (1) Fingerprint cross-matching for pensioners with SSS digitized ID card, and data capture for those without SSS digitized ID card, and (2) Free annual physical examination for total disability pensioners.

The SSS will temporarily suspend the monthly pensions of those who fail to show up for annual confirmation after a grace period of two months. Exceptions are provided for pensioners who are incapable to present themselves. Instead, they will be required to submit a physical examination report issued by a government doctor, with a request for a home visit by an SSS representative.

By: SSS Philippines
EMPLOYER RETURNS AUTO-EXCEL APPLICATION

Before the introduction of the Employer Returns Auto-Excel application, companies had to spend thousands of dollars to develop or purchase software to manage their payroll & CPF data. Now, all employers can enjoy the time savings that electronic filing and payment offer, by simply downloading the Auto-eExcel application from the CPF website, keying and submitting the CPF details in their PC thereafter at no additional cost!

By: CPF Board

EMPLOYER RETURNS (E-GAIN) SERVICE

Real-time, online communication with the Board is now possible with the E-GAIN service.

Employers who would like to clarify their doubts on e-submission can book an appointment with CPF Board and have a real-time chat with the Board’s Online Helpdesk to solve their queries.

Mr Chua, an Accounts Executive from Margaret Drive Special School shares his experience, “I’ve used the E-GAIN Service and found it useful. I’m able to communicate and clarify any doubts on the electronic Modes of CPF submission instantly.”

By: CPF Board

MOBILE PAL (MPAL) SERVICE

The mPAL is a service that allows employers to submit CPF contributions using a mobile phone. Specially designed for employers with less than 10 employees, it allows employers to submit their CPF contribution details in three easy steps. Payment will also be deducted electronically, through GIRO.

Mr Edward Chan, the Managing Director of Metal Treatment Technology (Singapore), was one of the first employers to sign up for the mPAl service. He said, “With mPAL, I enjoy time savings and flexibility of where and when to submit CPF. The mPAL is portable, so CPF submission can be done any time, anywhere, e.g. at home, whilst waiting for appointments, in lounges, etc.”

Mr Chan, who finds electronic transactions a boon noted, “In a society blessed with advanced and sophisticated electronic equipment and technology, it would be absurd if we continue to submit CPF using the conventional pen-and-paper method. In fact business transactions in general should be done through electronic means.”

mPAL was cited in Accenture’s Fifth Annual eGovernment Study, as an example of an innovative service which uses mobile technology for eGovernment applications.

By: CPF Board

E-NOVATIONS FOR GOVERNMENT TO BUSINESS TRANSACTIONS

In today’s competitive business environment, CPF Board recognises that employers need effective tools and services that offer convenience and time savings without raising their cost of operation.

Hence, we have implemented a series of e-services to make employer registration, filing and payment of CPF contributions easier than before.

www.business.gov.sg - A One-Stop Shop to Register as an Employer and Apply for Business Licences

With the aim to create a more pro-enterprise environment in Singapore, www.business.gov.sg website was launched to provide a seamless, one stop online application for business aspirants to register their businesses and apply for the required licence.

At www.business.gov.sg, anyone wishing to start a business or company can find basic information about the types of licence that he would need to set up his business. The applicant can then apply for the required licence together with the registration of his business using an integrated form.
CPF Board is one of the 11 agencies participating in this project. Currently, businesses which engage Singaporeans or Singapore Permanent Residents are required to register with the Board to pay CPF contributions for these workers. This website allows employers to apply for the employer reference number online to make CPF contributions.

Application for employer reference number via this mode is both faster and more convenient for employers. The Board can process the online application and issue a new employer reference number within the day once the information is in order. The current manual process takes about 3 working days. Employer also need not fill up any manual form or provide any supporting documents for this online registration.

By: CPF Board

SIGNING CEREMONY OF THE MOU BETWEEN THAILAND AND AUSTRALIA

Mrs. Uraiwan Thienthong, Minister of Labour, Thailand and H.E. Mr. Miles Kupa, the Ambassador of Australia to Thailand signed the Memorandum of understanding on the cooperation of the Social Security policies and programs, on behalf of the government of the Kingdom of Thailand and the government of Australia on 26 February 2004 at the Social Security office (SSO), Thailand.

The Memorandum of understanding was launched due to the discussion between senior officials from FaCS (Family and Community Services Portfolio) and Bureau of International Cooperation, Ministry of Labour, Thailand during the visit to Thailand in February 2003. The two parties agreed to pursue ideas for cooperation activities and to work toward achieving this under a Memorandum of Understanding.

The Memorandum of Understanding has been set out to promote and establish social security framework of technical assistance between FaCS and SSO to increase the efficiency and effectiveness of policies and programs of social Security through various activities. Its activities consist of exchanging of information on Social Security and developments of technology, research, expertise, training and computer system and software development on mutual benefit basis.
Country News

To achieve this aim, FaCS and SSO have adopted the obligations stipulated in the Memorandum of Understanding, and will provide the efforts to help each other based on information, expertise or any other assistance for the purpose of jointly approving capabilities to achieve their ultimate goals.

By: SSO Thailand

THE NATIONAL HEALTH INSURANCE OFFICE
AND THE SSO JOINED TOGETHER FOR HEALTH CARE DEVELOPMENT

The Social Security Office, the National Health Insurance Office and the Comptroller General signed the agreement on health care development on 19 January 2004. The three organizations agreed to integrate health care services under their responsibilities so that all group of Thai population can access health care services thoroughly and equally. At present, the SSO provides health care services to the insured person while the Comptroller General manages Civil service Medical Benefits Scheme and the National Health Insurance Office are responsible for Universal Health Care (30 baht scheme).

On 4 March 2004, the senior level officers of the National Health Insurance Office visited the SSO to discuss on quality assurance of health care provider, development of the same standard DRG (Diagnostic Related group) the process of registration for Universal health card and the Social Security Card, etc. It can be said that the discussion is the good starting point for further development which will benefit the service utilizers of both system.

Moreover, during 19 – 20 March 2004, the National Health Insurance Office held the workshop on guideline of Cooperation for the development of universal health care system at Chonburi Province. The SSO representatives also joined this meeting. The guideline of cooperation was set up by this meeting in 4 main topics; the quality assurance of health care providers, the payment mechanism for health care service, database system and health promotion and prevention. It was proposed in the meeting that the 3 organizations should join together to define criteria of the hospital standard, develop hospital profile, define list of medical equipment and standard price, review and amend the law to reduce redundancy of the eligibility among the funds. The working group should be set up to operate according to the proposal. The SSO will host the consultative meeting in the next 6 months.

By: SSO Thailand

SSO EXTENDS ITS REHABILITATION SERVICE TO THE EASTERN REGION IN RAYONG PROVINCE

Among various benefits, the SSO provides rehabilitation services for the insured persons and employees who are injured from work and non – work related causes and loss some part of their organs in order that they can re – enter to work or to be self – employed. There was only one rehabilitation center in Pathum Thani Province which started providing rehabilitation service from 1st May 1985.

The SSO, therefore, decided to extend the rehabilitation services to the Eastern Region in Rayong Province. Then, the Industrial Rehabilitation Center in Rayong Province was established and started providing rehabilitation services on 2nd April 2003. The disable employees in the Eastern Region have an opportunity to receive vocational and medical rehabilitation services so that they can re-enter to work or to be self-employed. They don’t need to come to the IRC Pathumthani Province.
Country News

which is the first IRC in Thailand. As of 31st January 2004, there were 65 rehabilitants: 55 men and 10 women - 8 of them finished the courses and re-enter to work, 4 of them re-enter to work with their previous establishments, 2 with new establishments and 2 are self-employed.

The Industrial Rehabilitation Centre in Rayong Province has provided medical rehabilitation services consisting of nursing, Physical therapy, occupational therapy, physical orthosis to prepare the rehabilitants to re-enter to work. There are 6 training courses; Metal work, Wood work, Assemble work, Clerical work, Handicraft work, Bicycle Repair and 5 vocational training programmes; Small-engine course, Clerical work course, Home Electric Appliance Repair course, Air Condition course and Industrial Sewing course. The IRC sent its rehabilitants to have standard tests on 2 areas; Data Recording and Electronics.

This Centre runs its business to serve the SSO' responsibilities, Policies of the Ministry of Labour and the Government aimed at Labour Development, Welfare, Work Security and enhancing disabled employment.

By: SSO Thailand

AUSTRALIA - VIETNAM SECTORAL CONFERENCE ON RETIREMENT INCOMES

Today the issue of retirement incomes is very important in social security sector and it has become the concerns of every country in the fast changing demographic and socio-economic environment. Under the circumstances, the Australian and Vietnamese Governments decided to hold the Australia-Vietnam Sectoral Conference on Retirement Incomes. The event was jointly hosted by the Australian Department of Family and Community Services (FaCS) and Vietnam Social Security (VSS) from 26 to 28 April 2004 at Melia Hotel, Hanoi.

The Conference were attended by Her Excellency Madame Nguyen Thi Hoai Thu, Chairwoman, Social Affairs Committee of Vietnamese National Assembly and the leaders of relevant Government Ministries and Institutions as well as the representatives of international organizations such as the World Health Organization, the World Bank and the International Monetary Fund. Senator the Hon. Kay Patterson, Minister for Family and Community Services, the key officials and experts from the related Australian institutions and companies also attended this important event. The presentations at Conference focused on the pressing issues of retirement incomes, funds management, prudential regulations, social security reforms and the challenges of both countries. The participants had very informative and stimulating discussions by sharing knowledge and experience to improve the policies on retirement benefit of the two countries. The event marked the remarkable efforts of the two Governments in responding to the needs of people in retirement in order to maintain affordable and sustainable social security systems contributing to the economy’s development in both countries.

By: VSS Vietnam

THE ASIAN DEVELOPMENT BANK ASSISTS VIETNAM IN DEVELOPING SOCIAL SECURITY SYSTEM

In March 2004, the Vietnamese Government approved the Memorandum of Understanding on Technical Assistance Project "Developing social security system in Vietnam". This is a non-refundable Technical Assistance on a grant basis financed by the Poverty Reduction Cooperation Fund through the Asian Development Bank. The goal of the project is to develop a social security system in Vietnam with an expanded coverage and financial sustainability. The component to be implemented by VSS is estimated at USD 500,000 in total. The Vietnamese Government will contribute USD 125,000 in the form of office space, counterpart staff and miscellaneous services. As one of the executing agencies of the project, VSS will carry out a plan for administrative redesign with descriptions of functions and tasks, financial analyses, projection for the social security fund and assessment of the investment strategy of the social security fund. Moreover, the project will also research the possibilities to upgrade the accounting and IT systems and at the same time implement a survey on informal sector’s involvement in the social security system with focus on cost implication. The project is expected to be implemented in 2004 and finished at the end of December 2005. The successful implementation of this project will further improve the social security system to meet the expectations of the working people in Vietnam.

By: VSS Vietnam

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# ASSA Directory

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<td></td>
<td>Board Member</td>
</tr>
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<td>Datuk Ng Teck</td>
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<td>Ms Corazon Santos de la Paz</td>
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<td>Board Member</td>
</tr>
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<tr>
<th>Name</th>
<th>Position</th>
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<th>Address</th>
<th>Telephone</th>
<th>Facsimile</th>
<th>Email Address</th>
<th>Website</th>
<th>Status</th>
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<tbody>
<tr>
<td>Mr Attorney Winston F. Garcia</td>
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<td>Government Services Insurance System</td>
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<td>President and Chief Executive Officer</td>
<td>Philippines Health Insurance Officer</td>
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<td>Dr Parrote Sookasami</td>
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<tr>
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<td>Secretary General 1</td>
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