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CHAIRMAN'S STATEMENT

The time has come once again for the leaders and movers in social security in the Southeast Asian region to meet and discuss the burning issues of the industry, and to learn from seasoned experts through the 34th Board Meeting and Conference of the ASEAN Social Security Association (ASSA). Set in the lovely backdrop of Udon Thani, Thailand, this year’s conference will showcase social security’s best practices and will be highlighted by a quality exchange of ideas on how we can strengthen our social security programs, improve the quality of social security administration, and enhance our services for our respective members and clientele.
One of the lingering issues in the region's social security field is how systems are preparing for the biggest shift in demographic history - ageing. Countless scholarly articles and professional conferences have been debating the demographic change in Asia and how countries can become winners or losers because of it, depending on how well they prepare their economic and social systems.

Some countries are now facing a double whammy of a population that is getting older and showing a low fertility rate - notably Japan and China - which means that a shrinking pool of workers will have to support a growing non-working elderly population.

Here in our region, most of the ASEAN countries' demographics show the opposite. The low mortality and fertility rates, along with the increasing number of working-age adults, are currently giving ASEAN countries the opportunity for remarkable economic growth in the next few decades. This is the so-called "demographic dividend" that we are now reaping.

However, this demographic dividend is no guarantee of higher economic growth. Economic and social policies must be in place to take advantage of this young working population by ensuring that they find productive work, start saving and pay taxes. Significant economic growth can be attained if effective government policies and programs are instituted to liberalize trade, attract foreign direct investment, foster capital mobilization, and ensure availability of skilled labor.

This demographic dividend also does not last forever. Population ageing will eventually happen, and with lengthening life expectancies, social security systems must strengthen programs or institute reforms to prepare for longer pension payouts that will allow pensioners a decent standard of living, without burdening active contributors.

Let us use this opportunity to spawn bright and practicable ideas to find answers to our respective issues and concerns. Here is to a lively and productive ASSA Board Meeting and Conference ahead!

EMMANUEL F. DOOC
ASSA Chairman
President and
Chief Executive Officer,
Social Security System
As Secretary-General, I enjoyed working with the rest of the ASSA Board in crafting a conference agenda that meets the professional development needs of our members, in evaluating the dozens of submissions for the ASSA Recognition Awards for best organizational practices, and more importantly, in facilitating the exchange of information and cooperative efforts between members.

Through the member-institutions’ support and cooperation, we have made the ASSA a most relevant organization in the ASEAN in terms of social security. Through regional and international conferences, we sustain the cooperative spirit within ASSA and at the same time, support the development of newly-established social security organizations (SSOs) that are in need of information, ideas, and tested programs to emulate. Mature SSOs, on the other hand, can always learn from innovations and totally new ways of doing and viewing things.

This is why I laud the International Social Security Association (ISSA) for developing the ISSA Guidelines for Social Security Administration to serve as standards upon which member-institutions can benchmark their performance. It is my sincere hope that more and more SSOs, especially from ASEAN, will adopt these Guidelines so that they can attain the world-class service standards that our clientele expect and deserve.

The synergy that we generate in the ASSA will greatly enable each member-institution to effectively provide social security protection to their respective members and their dependents, so that we can achieve a populace where no one will be a burden to society.

Thank you so much once again for your support and cooperation.

"MAY CATHARINE C. CIRIACO
ASSA Secretary-General
Senior Vice President – Administration Group,
Social Security System"
ASSA RECOGNITION AWARDS

An important part of the Conference was the handing out of the ASSA Recognition Awards to the member-institutions for the different categories in best practices. The list of winners for 2016 are as follows:

1. INNOVATION CATEGORY

MALAYSIA
Social Security Organisation (SOCSO) for the SOCSO Health Screening Program (HSP)

PHILIPPINES
Government Service Insurance System (GSIS) for the GSIS Electronic Billing and Collection System (EBICS)

Home Development Mutual Fund (HDMF) for the following:
- Pag-IBIG Fund Loyalty Card Program
- Group Housing Loan Program

2. TRANSFORMATION CATEGORY

MYANMAR
Ministry of Labour (Social Security Board) for Social Security Scheme

PHILIPPINES
Home Development Mutual Fund (HDMF) for the Outsourcing of Collections for Delinquent Accounts through Collection Agencies

Philippine Health Insurance Corporation (PHIC) for the P-CARES Project or the PhilHealth Customer Assistance Relations and Empowerment Staff Project

THAILAND
Social Security Office for the Reform Direction of Social Security management

INDONESIA
Indonesian National Social Security Association for the Practices since 2014: Service Culture to All Indonesian Workers

PHILIPPINES
HDMF for the Pag-IBIG Fund Overseas Filipino Workers (OFW) Center

PHIC for the P-CARES Project

3. CUSTOMER SERVICE CATEGORY

CAMBODIA
National Social Security Fund for Civil Servants for Using banking system to deliver pension service for retirees and invalids

PHILIPPINES

4. STRATEGIC COMMUNICATION CATEGORY

PHILIPPINES
HDMF for the following:
- "Alam mo ba?" Series ("Do You Know?" Series)
- "I Do, I Do!" Avang ng Pag-IBIG ("I Do, I Do!" Pag-IBIG Day)

SINGAPORE
Central Provident Fund Board (CPF Board) for CPFBL Communication Strategy: From Apathy to Affinity
The new ASSA Board also elected Ms. Pornpun Suspanakorn from the Social Security Office (SSO) of Thailand as the new Vice-Chair. Ms. Suppanakorn is in turn, announced to the Board that starting 18 October, there will be a new Director-General of the SSO, who will then take over as ASSA Vice-Chairman. She also announced that Udorn Than, one of the provinces in the northeast of Thailand, will be the venue of the 34th ASSA Board Meeting to be hosted by the SSO. The Board Meeting is slated on 23 to 24 August 2017, with the theme, Ageing Society.

The ASSA Conference was capped by a walking tour of the historic walled city of Manila called Intramuros, where the foreign delegates were given a tour and overview of the life of Filipinos during the rule of Spain over the islands starting in the 1500s.

Another highlight of the Conference was the 33rd Board Meeting, which was marked by the turn-over ceremonies between the outgoing ASSA Chairman Mr. Ng Chee Peng (who is the CEO of Singapore's Central Provident Fund - CPF) and incoming Chairman Enrile S. de Quirós, Jr. of the SSS. The ASSA emblem was transferred to the new Chair, carrying with it the leadership of the ASSA for the next year until his successor is identified. Included in the turn-over ceremonies was the election of the incoming Secretary-General, May Catherine C. Ciriocco, SSS Senior Vice-President, vice Mr. Eng Soon Khuai, also of the CPF.

**FUN-FILLED CULTURAL NIGHT**

Finally, what made the event memorable were the two evenings of songs and dance. On the first night, a live band composed of employees of the SSS performed musical numbers that encouraged the participants to sing and dance. A group of Filipino soul and acoustic singers also performed for the participants over dinner. On the second night, the participants requested the SSS band to perform again. What would have been just a cultural and gala night featuring traditional Philippine dances, instead became a cultural night of singing and dancing wherein the participants themselves volunteered to sing on stage and participate in group dancing.

A fun-filling and to a lively Conference and friendly Board meeting!
EDITOR'S NOTE:
In November 2015, former Insurance Commissioner Emmanuel F. Dooc replaced Emilio S. de Quieroz, Jr., as head of the SSS. Dooc was appointed by Philippine President Rodrigo R. Duterte. As the new SSS President and CEO, Dooc shall also become the new de facto ASSA Chairman for 2017.
E-AMANAH MAKES EMPLOYER PAYMENTS FASTER, MORE SECURED

Brunai Darussalam launched several reforms aimed at making the country's investment climate more attractive and competitive, after it fell 46 spots on the "ease of doing business" index in 2015 to 101st place from 59th place in 2014. Although the rank drop in the World Bank's "Doing Business 2015" report was mainly due to other countries' improvements rather than by regressive new policies in Brunei Darussalam, the Sultanate's rankings for six of 10 indicators dropped in 2015.

Related to achieving better ranking in "ease of doing business," the Tabung Amanah Pekerja (TAP) has placed importance on the use of its online service, called "e-Amanah," which is an online portal that provides speedier processing of monthly contributions paid by employers. TAP believes that while the process of moving from a manual method towards an online process often proves to be daunting, once mastered, it can be the easiest and most efficient method for businesses.

To ensure that employers are better able to understand and adapt to the e-Amanah portal, TAP launched several initiatives. First of these is its ruling that, effective 1 November 2016, TAP shall adopt full usage of e-Amanah for employees' registration and contribution payment, and that employers are advised to use the online service for these two processes.
PIT STOPS
To facilitate employers’ use of e-Amanah, TAP has set up Pit Stop points at each branch. Employers can obtain information and guidance directly from TAP officers on how to use the online portal. Online contribution payment and registration can also be made at the Pit Stops by bringing the User ID and password for the employers’ e-Amanah account.

RAISING AWARENESS
Prior to the full usage of e-Amanah, TAP actively planned out various ways in reaching out to employers and members by conducting talks, roadshows, and other campaigns. These reaching-out initiatives are an effort to further develop positive relations with the registered employers and members.

WORKSHOPS
TAP also set up a number of e-Amanah Workshops to help employers learn how to use e-Amanah more efficiently. These Workshops covered the workflow for contribution payment using e-Amanah, as well as payment methods using the available modes recommended by TAP, such as via Cheque Deposit Machines, Bank Mobile Apps, Online Banking Facilities, and Direct Bank Transfers.

The TAP also participated in the Ease of Doing Business roadshow organized by the Ministry of Finance, where TAP emphasized the speed and security in the use of e-Amanah in processing employers’ contribution payments. It also continually collaborates with several government agencies, such as Darussalam Enterprise (DAKE) under the Prime Minister’s office, and the Labour Department under the Ministry of Home Affairs, as e-Amanah is also considered as part of the requirement in their processes respectively.

As employers became more aware of the relevant channels that exist, such as e-Amanah Pit Stop points and workshops, as well as the e-Amanah hotline, the TAP also participated in the Ease of Doing Business roadshow organized by the Ministry of Finance and continues to collaborate with various government agencies. For the TAP believes, continuous improvements to the system will be of benefit to the employers and ultimately benefit them.

A special team was assigned to approach government buildings, shopping complexes, shop houses, and petrol stations to distribute e-Amanah posters and flyers. This approach was considered effective as employers became more aware of the relevant channels that exist, such as e-Amanah Pit Stop points and workshops, as well as the e-Amanah hotline.
NSSFC slowly enhances pension scheme for civil servants

The National Social Security Fund for Civil Servants (NSSFC) of Cambodia is tasked to manage the social security fund that provides six benefits such as retirement pension, invalidity pension, maternity, work injury, death, and survivorship benefits for dependents. From the time of its establishment, NSSFC has completely provided four benefits: retirement, invalidity, death, and survivorship. The rest of the six benefits are being implemented under other line ministries and institutions. Even with only the four benefits, NSSFC has been successfully solving the social security needs of its members and their beneficiaries. Moreover, the social security fund for civil servants is a defined benefit system, is fully subsidized from the National Budget, without contributions deducted from covered members.

Striving for improvement in the welfare of pensioners, the NSSFC plans to increase the minimum pension from KHR230,000 (US$61.19, at an exchange rate of US$1.00=KHR4,080) to KHR448,000 (US$117.48) for retirees and invalidity pensioners within 2014 to 2018. In accordance with this schedule, for this year, NSSFC has successfully raised the minimum pension to KHR320,000 (US$102.80). Nowadays, the maximum pension amount is around KHR850,000 (US$208.04). The amount of pension for civil servants is gradually increased annually, in line with the inflation rate and prevailing economic situation.

Also this year, the Royal Government of Cambodia approved the National Policy Framework on Social Protection, which plans to consolidate all social security institutions in Cambodia to work under just one umbrella organization. With this, NSSFC anticipates that the pension fund will become more comprehensive, members' contributions will be implemented and utilized with transparency, and the Government's big burden of funding pensions for civil servants will be reduced.
LAO PDR TAKES FIRM STEPS TOWARDS UNIVERSAL HEALTH COVERAGE

Universal health coverage is considered a very crucial issue by the government of the Lao People's Democratic Republic (LaoPDR) and has included the issue in the Fifth Five-Year National Socio-Economic Development Plan (2016-2020). To pursue this policy, the two main implementing ministries - the Ministry of Labor and Social Welfare and the Ministry of Public Health - have vowed to work together by holding meetings between their high-level officers and other stakeholders to realize universal health protection in the country.

On March 29, 2017 in the Vientiane Capital, the National Social Security Fund (NSSF) held a meeting with officials of the two ministries and all public hospitals around the country to exchange lessons learnt on the experiences of implementing social health insurance, and to discuss future cooperation plans. The meeting was co-chaired by Dr. Bounkong Syhavong, Minister of the Ministry of Public Health, and Dr. Khamsone Sanbounthongsai, Vice Minister of the Ministry of Labor and Social Welfare.

The objective of the meeting was to draft development plans for the health insurance system and improve the quality of health care services to satisfactorily meet the needs of NSSF members and all patients. In general, the meeting also focused on how to reach the goal set in the government's master plan on health insurance, which is to reach the coverage target of 80% of the population by 2020. Achieving that goal would necessitate the integration or merger of all health insurance funds in order to pool funding into the National Health Insurance Fund (NHF), which is administered by the Ministry of Public Health. This fund's merger plan is in line with the Universal Health Coverage Plan, which is also an important part of the national strategy for poverty eradication and to lift the country from the least developed status by the year 2020. Alongside the fund integration is the merger of social health insurance schemes.

Finally, a step-by-step guide for the integration or merging of existing social health insurance schemes was also discussed and a plan developed to strengthen the capacity of all stakeholders to support and pursue the national strategy. At an initial transitional period, the NSSF will continue to implement social health insurance for the formal sector, after which it will be gradually integrated into the NHF in the near future.
EPF INTRODUCES NEW RETIREMENT NEST EGG FOR OLDER MEMBERS
To increase savings for their golden years

The 21st Century saw a breathtaking human phenomenon: the form of longer life expectancy. Longevity offers a new set of possibilities for people to enjoy life and relationships. Notwithstanding the benefits, there are other far-reaching implications of ageing. Are we a generation prepared to face this phenomenon? Are we able to finance on this throughout this prolonged journey?

According to statistics from the Employees Provident Fund (EPF) of Malaysia, two in three of their members who are actively working still do not achieve the Basic Savings quantum according to age band. The situation is further aggravated by the fact that majority of the members exhaust their EPF savings within five years after leaving the workforce.

Recognising the issue of savings inadequacy, the EPF introduced a second retirement nest egg named “Akaun Emas” to secure members’ savings from age 55 to 60. Effective January 2017, all new contributions received after age 55 will be automatically parked under Akaun Emas and can only be withdrawn when members reach age 60.

The introduction of Akaun Emas is in line with the implementation of minimum retirement age of 60, taking into consideration the reality that today’s average Malaysian is working beyond the age of 55. At the broader level, this move is in tandem with demographic shifts towards ageing population, as manifested by longer life expectancy at 75 years old, compared to 72 years in 2000.

The extra savings accumulated during this five-year period will go a long way in serving members’ needs when they embrace their next phase of life. This will assist in ensuring the sufficiency of members’ retirement savings upon reaching age 60. The implementation of Akaun Emas will not affect the existing scheme, as members would still have the option to make full or partial withdrawals upon reaching age 55 under Akaun 55.

Nevertheless, members are encouraged to continue their savings with the EPF, be it in the Akaun 55 or Akaun Emas. This will allow them to benefit from the compounding effect as their savings will continue to earn dividends until a full withdrawal is made.

Prior to the introduction of Akaun Emas, the EPF organised a members’ consultation exercise to obtain feedback on key areas of improvements and enhancements to the current EPF scheme. The results showed that majority of members preferred to maintain the full withdrawal of EPF savings at age 55, and new contributions from age 55 to 60 to be locked until age 60.

While the EPF is continuously exploring ways to enhance members’ retirement wellbeing, members are also encouraged to take charge of their retirement planning by utilising the Retirement Advisory Service (RAS) offered by the EPF. This advisory service serves as a platform for members to obtain personalised advice from EPF’s trained officers in the area of retirement planning.

The EPF opines that providing members with basic financial knowledge and holistic information on retirement planning through RAS will lead towards their better retirement wellbeing. Financial literacy helps members in planning and encouraging savings, ultimately empowering them to make informed financial decisions.

RAS was introduced in 2014 and to date, more than 40,000 members have availed themselves of RAS with a satisfaction rating of more than 95%. In addition, RAS was recognised at the international level and won the 2016 Pensions & Investments’ World Pension Summit Innovation Awards in the communications category.

The EPF offers an upfront guiding tool for members to keep track of their retirement savings. It is the minimum amount that a member needs to have in their EPF savings accounts according to their age, in order for them to accumulate at least RM228,000 by age 55.

The diagram below illustrates the new EPF account structure:

- **Members Below Age 55**
  - Monthly Contribution
- **Members at Age 55**
  - All contributions from Account 1 & 2 will be combined and transferred into Akaun 55
- **Members Still Continue to Work After Age 55**
  - Any new contribution after age 55 will be credited into Akaun Emas
- **Members at Age 60**
  - Any balances in Akaun 55 will be combined with Akaun Emas

- **70%** Account 1: Retirement
- **30%** Account 2: Pre-Retirement

*Basic Savings serves as an upfront guiding tool for members to keep track of their retirement savings. It is the minimum amount that a member needs to have in their EPF savings accounts according to their age, in order for them to accumulate at least RM228,000 by age 55.*
MINIMUM-WAGE EARNERS GET LOWEST-EVER 3% HOUSING INTEREST RATE FROM PAG-IBIG FUND

In response to Philippine President Rodrigo Roa Duterte’s directive to give the underserved sector equal access to housing opportunities, the Home Development Mutual Fund (PAG-IBIG Fund) reduced further to 3% per annum its housing interest rates for minimum-wage earners – the lowest in the market.

The new rate is 33% lower than the previous 4.5% interest rate under PAG-IBIG Fund’s Affordable Housing Program (AHP). Minimum-wage workers in the National Capital Region earning up to PHP15,000 (US$317.76) are eligible to avail of the new interest rate for a loan not exceeding PHP400,000 (US$8,166.69).

Under the new rate, the monthly amortization is only PHP1,897 (US$37.59) for the first five years of a PHP450,000 (US$89,916.69) loan in a 30-year repayment term. The gross monthly income required for a loan amount is only PHP420,612 (US$8,174.11).

Since the new rate became effective on 1 May 2017, some 788 units worth more than PHP231 Million (US$45,568.15) have already been acquired by minimum-wage housing loan borrowers who availed of the new rate.

In some housing projects, particularly the ones in partnership with employers and local government units, a PHP450,000 (US$89,916.69) loan amount can already buy a 49 sq.m. house standing in an 80 sq.m. lot with provision for 2 bedrooms, similar to the Sanac Ville project of the local government of San Carlos City, Negros Occidental.

In central Philippines, the savings that PAG-IBIG Fund earns from its tax exempt status are passed on to PAG-IBIG Fund members in the form of more benefits, foremost of which is the subsidized interest, making the rate lower and much more affordable.

But not only minimum-wage earners can avail of decent yet affordable housing, as PAG-IBIG Fund’s regular housing program, which all eligible PAG-IBIG Fund members can avail of, carries an interest rate of as low as 5.5% per annum only – one of the lowest in the market. This became effective on 1 July 2016.

The lowering of the interest rates under PAG-IBIG Fund’s housing loan programs resulted in a housing loan takeout of more than PHP5.6 Billion (US$1.1 Billion) in value, equivalent to 71,964 housing units, covering the period July 2016 to May 2017.

Of this 30% or 22,610 units valued at PHP7.6 Billion (US$1.5 Billion) were under socialized housing.

To help PAG-IBIG Fund sustain its low interest rates reforms have been implemented in recent years, including the outsourcing of collections that has, for the first time, resulted in a single digit 6.45% Non-Performing Loans (NPL) Ratio of the Fund. In effect, PAG-IBIG Fund’s Performing Loans Ratio (PLR) greatly improved reaching 90.53% as of March this year, from just 75% a few years ago. The impact of this high PLR is that more funds for housing loans will be made available to more PAG-IBIG Fund members.

From July 2016 to May 2017, PAG-IBIG Fund also provided PHP4.2 Billion (US$838.4 Million) worth of financial assistance to 37,000 PAG-IBIG Fund members through its Multi-Purpose Loan (MPL) Program. Another PHP1.4 Billion (US$28 Million) worth of Calamity Loans were released to help in the immediate financial needs of 93,125 PAG-IBIG Fund members affected by various calamities.

Aside from the housing and short-term loans it offers, PAG-IBIG Fund also has savings programs that enable members to save for their future. From July 2016 to May 2017, PAG-IBIG Fund collected a total savings of PHP3.4 Billion (US$642.2 Million) from PAG-IBIG Fund members. On top of this, members put additional savings of PHP97 Million (US$18 Million) under the Modified Pag-IBIG 2 (MP-2), an optional savings program of PAG-IBIG Fund. These savings earned dividends in 2016 at a rate of 6.93% for the mandatory savings and 7.43% for the MP-2 – way higher than the interest rates offered by banks for deposit accounts.

PAG-IBIG Fund’s sound financial management has been recognized by no less than the Philippine government’s Commission on Audit, as the Fund recently earned its fifth consecutive Unqualified Opinion for its financial statements for the year 2016. Moreover, PAG-IBIG Fund has been able to provide more benefits and privileges to its members without increasing the mandatory savings of only PhP100 (US$2.05) per month since the 1990s.
PHILHEALTH MODULE NOW IN K-12 HEALTH CURRICULUM

The Philippine Health Insurance Corporation (PhilHealth) developed a Learner’s Material, which was endorsed by the Department of Education (DepEd) as compliant with K-12 (Kindergarten to Grade 12) Curriculum and is suitable for use in public schools. The material will be used in teaching the PhilHealth Lesson in the Grade 10 Health Component of the Music, Arts, Physical Education and Health (MAPEH) subject.

The integration of the PhilHealth Learner’s Material into basic education aims to provide students with the knowledge and understanding about PhilHealth and the values and principles of social health insurance. It also aims to instill appreciation for the National Health Insurance Program (NHIP) among students early on in their lives to raise young advocates and champions of PhilHealth. The learning material will present to the students in detail how PhilHealth fulfills its mandate of providing Filipino citizens from all walks of life and ages with social health insurance coverage in order to protect them from financial disaster because of ill health.

Through DepEd, PhilHealth hopes to roll-out the teaching of the Grade 10 PhilHealth Learner’s Material this School Year 2017-2018 to the 21 public schools in the Division of Urdaneta City, being the pilot area in Region 1, in preparation for this roll-out. PhilHealth Regional Office I, together with its Local Health Insurance Office in Eastern Pangasinan, conducted a Training on the Teaching of PhilHealth Learner’s Material for Grade 10 to MAPEH teachers within the Division of Urdaneta City.

The training was held at Citibank Event Center in Urdaneta City last May 18, 2017. It was attended by the Education Program Supervisor of MAPEH, Mr. Amado R. Macayan and 33 MAPEH teachers coming from different schools in Urdaneta City. The training was facilitated by Team PhilHealth, headed by Dr. Cynthia S. Santos, Division Chief-FOO PRO 1 and Eduardo U. Dulatre, Chief Social Insurance Officer of LHIC Eastern Pangasinan, and joined by other PhilHealth staff members.

The insights shared by Dr. Francis A. Domingo, Education Program Supervisor of DepEd Regional Office 1 made the training more informative and productive. He and Macayan encouraged the teachers to immediately start the teaching of the PhilHealth Learner’s Material from June to August 2017. Macayan instructed the two MAPEH teachers to perform a return demo on July 7, 2017. At the end of the training, the participants were delighted that they are now equipped with accurate information regarding PhilHealth programs and benefits that they can share to their students and to their community.

From the Primary Care Benefit Package to the inclusion of the PhilHealth Learner’s Material in the K-12 curriculum, the strong partnership of PhilHealth and DepEd continues in providing quality care and services to all Filipinos from all ages.
SSS SEES MARKED IMPROVEMENTS IN CLAIMS PROCESSING VIA BENEFITS WORKFLOW SYSTEM

Cognizant of the needs of members for adequate and meaningful social protection, the Social Security System (SSS) harnesses the latest in information technology and communications (ITC) to improve the quality of its service delivery systems.

Disability, death, and retirement claims can be processed in a shorter time frame and often require a shorter processing time due to the volume of paper applications involved. To make the processing of DDR claims faster and more efficient, the SSS established the paperless workflow system that leveraged on the digitization of SSS documents under the Automated Records Management System (ARMS), which was implemented in October 2011.

Since its implementation in 2013, the DDR workflow system (DDR-WFS) has made it easier for the various SSS units and employees involved in claims processing to complete their task and coordinate their activities. The DDR-WFS utilizes the scanning, indexing, and routing functions already in place by the ARMS. With the records needed for DDR claims already digitized and in electronic form, the receiving SSS office no longer have to physically transport bundles of documents to their respective processing centers. Hence, the SSS can immediately evaluate claims based on the electronic versions of the documents as well as online SSS data. This electronic processing effectively cuts costs and saves time.

The DDR-WFS can be said to have revolutionized the SSS benefit payment system from the traditional document-laden, manual processes to paperless and seamless end-to-end processing. In developing the DDR-WFS, the following standards or parameters were considered:

- **Convenience** – The benefit payment system must be hassle-free or trouble-free on the part of the claiming member, the offices or channels within which file claims are comfortable and accessible, the documentary requirements are kept to the minimum, and the wording in the claim application form are plain, simple, and understandable. Moreover, proceeds of the claim must be delivered to the designated account of the claimant or paid through direct credit to his/her bank account.

- **Timeliness** – The benefit should be paid within the right time frame without being held up in the processing stages.

1. **Filing of Claims**
   - **Old System**
     - Filer accomplishes hard (paper) copy of claim application form
     - Issues and Concerns:
       - Difficulty in filing out forms
       - Too many details to be filled-out
       - Inaccurate or incomplete information
     - Accuracy – the right amount of benefit should be paid in accordance with qualifying conditions or entitlements. Underpayment of benefits will shortchange the member while overpayment may affect the fund’s life. Thus, there is a need for the completeness, accuracy, and integrity of documents and data or information required in the computation of benefit.
     - Transparency – the member must be properly apprised of the action taken on his/her claims and the action or decision of people involved in the processing, and payments must be reviewed and controlled through a system of check-and-balance and accountability.
   - **DDR-WFS**
     - No need to fill out forms, electronic claim application is generated using the electronic form manager
     - Manual checklist of requirements
     - Submission of documentary requirements
     - Issuance of claim stubs
     - Issues and Concerns:
       - No uniformity in documentary requirements
       - Documents already submitted are not properly recorded/accurately absorbed
       - Additional documents, if any, are not properly recorded/communicated to file
       - No acknowledgement of documents submitted
     - Advantages:
       - Online document matrix
       - Document compliance module

2. **Transmission of Claim Records to Processing Centers**
   - **Old System**
     - Hard copies are sent by the branches to the Processing Centers thru courier or postal service
     - Issues and Concerns:
       - Delays in transmission
       - Possibility of loss/damage while in transit
       - Incomplete transmission of records
   - **DDR-WFS**
     - Scanned images are uploaded thru electronic file transfer
     - Advantages:
       - Real-time transmission
       - Paper-less
       - Secured against loss/damage
       - Savings on postal/courier service

3. **Processing and Adjudication of Claims**
   - **Old System**
     - Hard copies of claim records are examined and evaluated
     - Issues and Concerns:
       - Processor has to look on the claim record page by page
       - Has the discretion to choose which claim to evaluate
       - Decisions/actions are only recorded in the claim folder
       - Hard copies of records are picked up at the workstations
       - Letters manually prepared and sent to branch/office if additional documents are required
   - **DDR-WFS**
     - Scanned images of claim records are examined and evaluated
     - Advantages:
       - Paper-less
       - Claims to be examined/evaluated are queued to Processor’s Inbox on a first-in-first-out (FIFO) basis
       - Decisions/actions are recorded in the claim and status updated automatically
       - Computer-generated letter sent to branch/office if additional documents are required, eventually thru e-mail/SMS
### 4. Review and Payment of Claims

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<th>Old System</th>
<th>DDR-WFS</th>
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| ✓ Review based on hard copy of Prooflist Issues and Concerns:  
  • Review hard copies of documents  
  • Decisions/Actions taken are recorded only in the claim folder | ✓ Review based on online Prooflist Advantages:  
  • Review scanned images of documents  
  • Decisions/Actions taken on the claim are captured by the system and claim status automatically updated |

### 5. Release of Payment

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<thead>
<tr>
<th>Old System</th>
<th>DDR-WFS</th>
</tr>
</thead>
</table>
| ✓ Thru checks  
  • Direct credit to filer's bank account  
  • Delays in delivery  
  • Loss of check in transit  
  • Additional expenses for mailing | ✓ Thru checks  
  • Direct credit to filer's bank account  
  • Use of SSS UMID Card as ATM Card |

### 6. Tracking of Claim Status

<table>
<thead>
<tr>
<th>Old System</th>
<th>DDR-WFS</th>
</tr>
</thead>
</table>
| ✓ Claim status verification done manually  
  • Only the initial and final status can be verified online  
  • Status of in-process claims can be verified only through individual claim folders  
  • Verification can be done only at the branch/processing center where the claim was filed/processed | ✓ Claim status inquiry via online  
  • Fast and efficient - verification can be done wherever the filer may be  
  • Claim transaction history is available and verifiable online |

### 7. Feedback Mechanism

<table>
<thead>
<tr>
<th>Old System</th>
<th>DDR-WFS</th>
</tr>
</thead>
</table>
| ✓ Feedback is customer-driven, given only upon request  
  • Filer is not well-informed of claim status | ✓ Automated feedback mechanism Advantages:  
  • Periodic notices to filer of claim status are sent thru e-mail/SMS |

### 8. Workload Management

<table>
<thead>
<tr>
<th>Old System</th>
<th>DDR-WFS</th>
</tr>
</thead>
</table>
| ✓ Workload assigned manually  
  • FIFO rule not strictly observed  
  • No systematic accounting and monitoring of input, output, and pending workload  
  • Inequitable distribution of workload | ✓ Workload Balancing System Advantages:  
  • System-assigned workload  
  • FIFO rule strictly observed  
  • Equitable distribution of workload  
  • Dashboard system to monitor inputs, output, productivity, and pending workload |

### 9. Archival of Documents

<table>
<thead>
<tr>
<th>Old System</th>
<th>DDR-WFS</th>
</tr>
</thead>
</table>
| ✓ Hard copies of documents archived  
  • Accumulation of physical records  
  • Difficulty in retrieval of paper-based claim records | ✓ Scanned images are stored in Automated Records Management System (ARMS)  
  • Fast and efficient retrieval of claim records  
  • Scanned images are electronically archived in the SSS repository of documents with backups |

### 10. Application System

<table>
<thead>
<tr>
<th>Old System</th>
<th>DDR-WFS</th>
</tr>
</thead>
</table>
| ✓ Multiple application systems  
  • Not user-friendly  
  • Problems on interfaces/integration | ✓ Comprehensive integration of multiple systems  
  • User-friendly  
  • One-stop and feel |

### 11. Reportorial Requirements

<table>
<thead>
<tr>
<th>Old System</th>
<th>DDR-WFS</th>
</tr>
</thead>
</table>
| ✓ Incomplete reports  
  • Transaction reports  
  • Not periodic generation of reports, only upon request by user | ✓ Reports module  
  • Transaction reports  
  • Management reports  
  • Regular/Periodic generation of reports |

From 2013 to mid-2017, the number of claims processed by SSS using the DDR-WFS reached **1,871,978**. This number is broken down as follows:

- Death claims: **735,287**
- Disability claims: **273,594**
- Retirement claims: **861,097**

Tangible results from the DDR-WFS can also be seen in the steady drop in claim processing times over the years:

```markdown
<table>
<thead>
<tr>
<th>Claim Type</th>
<th>Average Processing Time (Number of Working Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td>Retirement</td>
<td>66.13</td>
</tr>
<tr>
<td>Death</td>
<td>76.39</td>
</tr>
<tr>
<td>Disability</td>
<td>46.11</td>
</tr>
<tr>
<td>EC Disability</td>
<td>53.81</td>
</tr>
</tbody>
</table>

(ETC: Employee Compensation) January to May 2017
```

The pilot implementation of the DDR-WFS was conducted at SSS Diliman in February 2012. Trainings for branch personnel and the nationwide rollout were carried out for the rest of the year. After initial operational hiccups in the early stages of its implementation in 2013, the DDR-WFS has since then become an important standard procedure in ensuring the accurate, timely, and cost-effective processing of benefit claims. More importantly, members and beneficiaries are assured that they receive their due benefits in our committed time.
SSS PUTS ISSA SERVICE QUALITY GUIDELINES IN ACTION

Implementation of Quality Management System

As a corporate strategy, the Social Security System (SSS) implemented the Quality Management System (QMS) standards to carry out its mandate and ensure the high quality of service given to its members and the transacting public. This is consistent with its mandate to provide prompt, convenient, reliable, and meaningful social security protection services to its members and their beneficiaries, such that they will receive the benefit due to them in times of contingencies.

The SSS implemented ISO 9001:2008 QMS with the Registration and Coverage System (RCS) of Diliman Branch as its initial scope to be ISO-certified. Consequently, Diliman Branch was awarded the ISO 9001:2008 Certificate in July 2011. In July 2014, the RCS was re-certified and subsequently expanded to cover other branches nationwide, as follows:

<table>
<thead>
<tr>
<th>Date of Certification</th>
<th>Covered Branches</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2014</td>
<td>Butuan, Pasig, San Fernando, La Union, and Bacolod</td>
</tr>
<tr>
<td>December 2015</td>
<td>Cebu, Legazpi, Calamba, Taguig, Camiling, and Baguio</td>
</tr>
<tr>
<td>December 2016</td>
<td>San Francisco Del Monte, Cebu, Eastwood, Norville, Commonwealth, Caloocan, Metropolis, Valenzuela, Bataan Hills, North Fairview, Laoag, Vigan, Agoo, Camor, Abra, and Bontoc</td>
</tr>
</tbody>
</table>

In 2016, the RGS QMS was extended to include the Death, Disability, and Retirement Payments in the certification of Camiling Branch and in the renewal of ISO 9001:2008 Certificate of Diliman Branch.

Adoption of ISSA Guidelines on Service Quality

As an active member of the International Social Security Association (ISSA), SSS strives to learn from and implement best practices of member organizations that would directly benefit its own members. Thus, the Social Security Commission (SSC) approved for SSS to adopt the ISSA Guidelines on Service Quality (SQ) in July 2014, with the aim of improving further the frontline services vis-à-vis ISO-certified QMS Initiatives.

To implement the said Guidelines, an SQ Committee was created to provide direction and oversight of the SQ Program implementation and integration into the existing QMS. The Guidelines will use the existing QMS structures and mechanisms to pursue excellence in service, based on Directive No. 1 – Service Quality Framework.

Prior to the integration, a maturity self-assessment was conducted involving senior SSS officials. The assessment result indicates that Guideline No. 3 – The Product Development Life Cycle and Guideline No. 6 – Developing the Service Culture are at Maturity Level 4 – Managed. However, further opportunities for improvement (OFI) in these two areas, by way of Guideline No. 5 – Measurement and Feedback as well as integration of other guidelines in the two processes will benefit service performance.

ISSA Service Quality Guidelines

1. The Service Quality Framework – The institution adopts a formal methodology approach to service quality, starting with a clear statement on the importance of service quality and how it intends to deliver and measure it.

2. Consulting and Engaging with Participants – The institution designs, reviews, and updates social programs from the user's perspective by listening to and engaging participants.

3. The Product Development Life Cycle – The institution considers and embeds early quality at each stage of product development from concept (policy intent) to delivery of a social security benefit or service.

4. Addressing the Service Fundamental – The institution treats people with respect, dignity, and courtesy.

5. Measurement and Feedback – The institution measures and publishes performance against its service standards and uses this data to predict future demand or services.

6. Developing a Service Culture – To improve service quality, the institution invests in the skills and capability of the staff who deliver its services.

7. Striving for Excellence through Continuous Improvement – The institution believes that service quality has no end point but can always be improved.
The assessment likewise indicates opportunities to address gaps in Guideline No. 4 - Addressing the Service Fundamentals and Guideline No. 2 - Consulting and Engaging with Participants as they pertain to frontline interaction with SSS members. Guideline No. 7 - Striving for Excellence through Continuous Improvement, if adopted and formalized as a Quality Management program initiative, will benefit all core processes of social security service delivery and improve the delivery of support services to the core processes.

The integration of the Guidelines into the QMS may take some time to develop the actual realization of corporate expectations. To sustain the project, SSS management issued an administrative order organizing SQ teams tasked with specific responsibilities in deploying the SQ Framework and implementing SQ programs. On top of the organization is the President and CEO, as the Executive Sponsor. Under the Executive Sponsor are the Steering Committee, the Working Committee, and the specific SQ Teams.

As a result of Focus Group Discussions (FGDs) following the conduct of customer surveys and consultation with process owners and key personnel, the SQ teams developed their respective work plans and timetables to carry out activities including, but not limited to, the determination of process metrics and requirements of identified projects and OIs.

A Five-Year SQ Implementation Plan was synchronized with the Six-Year OMS Implementation Plan covering the office in the Main Office and all the branches system-wide, which will culminate in 2022.

The SQMS journey continues with Guideline No. 3 - The Service Development Life Cycle already deployed with management support through Office Order No. 2016-639 issued in June 2016.

Guideline No. 4 - Addressing the Service Fundamentals is also in full swing with on-going trainings to reinforce the implementation of the 5-5 Good Housekeeping and Service Fundamentals Manual for Frontliners. This is also expected to enhance SSS branch image and counter personnel competencies.

Guideline No. 5 - Measurement and Feedback: provided both the SQ Teams and process owners with relevant trainings and workshops to master the development and eventual deployment of performance metrics that will link individual performance to the SSS Strategic Performance Management System (SSS-SPMS), thus improving service delivery and customer feedback.

Guideline No. 6 – Developing the Service Culture produced a Manual on Enhancing the Practice of Trust, Empowerment and Teamwork Towards Service Excellence. It was adopted as a guide to instil and strengthen the SQ culture among its total workforce.

Guideline 7 – Striving for Excellence through Continuous Improvement is always a part of the QMS process after each contract of periodic management review and monitoring as a result of the conduct of internal quality audit, customer feedback, and/or process research and development.

Challenges and Expectations

A corporate culture change allowing the workforce to embrace the value of service quality coupled with the employees’ performance on global standard processes is a welcome challenge for SSS in the present times. This means, there is a need to institute programs that will address concerns on the growing demands not only from its members but also from other stakeholders as a result of increased SSS awareness. New trends and technologies will play vital roles as long as financial considerations will not pose any problems. Hence, prudent spending, sound investments, and good governance are ingredients for the overall success of the quality initiatives of SSS.

Retirement means different things to different people. Some may want to receive their retirement payouts once they hit their retirement age, while others may want to continue working and do not need an immediate stream of passive income.

The Central Provident Fund (CPF) Advisory Panel was formed in September 2014 by Singapore’s Ministry of Manpower to study possible enhancements to the CPF system. The aim was to make the CPF system more flexible to meet the needs of more Singaporeans and provide more options in retirement.

The Panel’s recommendations, made in two phases in 2015 and 2016, were accepted by the Government and implemented by the CPF Board. The recommendations provide additional choices to cater to varying needs in retirement, while maintaining simplicity as a core design principle for the CPF system. Here are some highlights of the enhancements made.

NEW CPF LIFE PLAN WITH ESCALATING PAYOUTS

When CPF members turn 55 years old, a Retirement Account (RA) is created for them. Their savings in the RA will be used to join an annuity plan called CPF Lifelong Income For The Elderly (CPF LIFE). Under CPF LIFE, members receive monthly payouts from their payout eligibility age as long as they live. The current payout eligibility age is 65 for members who were born in 1954 or later.

A new CPF LIFE plan with escalating payouts will be introduced in 2018. CPF members on the escalating plan will start off with lower payouts than the existing two CPF LIFE plans with level payouts. However, their payouts will increase by 2% every year to enable them to cope with the rising cost of living.

HIGHER CPF INTEREST RATES ON CPF SAVINGS IN THE RETIREMENT ACCOUNT

To help Singaporeans save more for retirement, the Government started providing an additional 1% Extra Interest on the first $10,000 of CPF balances from the age of 55 with effect from 1 January 2016. This is on top of the existing 1% Extra Interest provided on the first $50,000 of CPF balances. The higher interest will help CPF members grow their retirement savings.
THAILAND: AT THE FOREFRONT OF UNIVERSAL HEALTH COVERAGE

Thailand has proved to the world that Universal Health Coverage (UHC) is achievable. Even as early as 2012, and even with a Gross National Income (GNI) per capita then of US$1,900, the entire population was fully covered by publicly-financed health insurance schemes.

In Thailand, three dimensions of UHC have been achieved: 1) coverage for 96.9% of the population; 2) comprehensive health package that includes curative services, health promotion, disease prevention, and rehabilitation; and 3) full protection of households from financial health risk.

Moreover, empirical evidence has demonstrated that the outcomes are particularly favorable in terms of improved utilization of health services and substantive benefits in favor of poor and rural populations. An analysis of benefit incidence was conducted to measure whether the poor or the rich benefit from public subsidies; the study ultimately revealed that UHC was decidedly pro-poor.

Two important factors contributed to these outcomes. The first factor was the extensive geographical coverage of a functioning primary health care system, which was the result of three decades-long investment by successive governments in infrastructure and the health workforce. This has continued to facilitate equitable access to health services. The second factor was the design of schemes to ensure a comprehensive benefits package and literally no co-payment, which resulted in reduced household spending on health, minimizing the prevalence of catastrophic or ruinous health expenditure and preventing non-poor households from impoverishment.

The tax-financed universal health coverage scheme for 75% of the Thai population, which included a generous benefits package, was financially feasible as a closed-end budget with the application of a mix of provider payments (in particular, capitation) and additionally, the use of the Diagnostic Related Group (DRG) that had a global budget and fixed fees for specific high-cost interventions. The closed-end payment methods of capitation and DRG with a global budget were effective in cost containment, while patient satisfaction was 82% to 95% from 2003-2013, with provider satisfaction increasing from 40% in 2003 to 68% in 2013.

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1. Topping up their CPF savings up to the Enhanced Retirement Sum

CPF members who want higher CPF LIFE payouts can now voluntarily top up their CPF LIFE premiums with savings or cash up to the Enhanced Retirement Sum (ERS), which is set at three times the Basic Retirement Sum (BRS), or $249,000 in 2017.

2. Tepping up for their spouses’ CPF

Members can transfer their CPF savings above what they require for the BRS to their spouse’s Special or Retirement Accounts. In this way, each spouse would benefit from the Extra Interest on lower CPF balances, and have their own lifelong income from CPF LIFE. This is important for housewives who are reliant on their husbands’ CPF LIFE payouts, especially if they outlive their husbands.

3. Deferring their payouts

CPF members are given the flexibility to defer their payout start age up to age 70, to enjoy permanently higher monthly payouts of up to 7% for every year deferred.
It should be noted that most of the contracted providers were and continue to be non-profit public health facilities, with the Ministry of Public Health playing a dominant role in service provision in Thailand. The committed health workforce in the public sector also contributed to the favourable outcomes.

Given health status achievements, in particular, life expectancy at birth of 74 years, child mortality 12.3 per 1000 live births and total health spending at 4.6% of GDP, health systems in Thailand are efficient and classified as one of the best performing in middle-income countries. The positive outcomes of UHC therefore, continue to foster the financial commitment of successive governments to the scheme, in particular, in so far as it critically addresses poverty as related to medical bills, in support of our commitment to reach the targets of Sustainable Development Goal 1.

Thailand has also built up and sustained institutional capacities able to assess the cost-effectiveness of new medical interventions and medicines before they are adopted into the UHC benefits package or the National List of Essential Medicines—the List is the reference for medicines included in the benefits package of the three public health insurance schemes. In this regard, the Ministry of Public Health continues to support the role of health technology assessment in contributing to evidence-based priority setting.

However, challenges remain with the high level of adult mortality, 267 among males and 105 among females, mostly due to traffic-related injuries and others, as well as with the impact of rapid epidemiological and demographic transition. Furthermore, health systems need an appropriate transformation to be fit for the future through the creation of effective inter-sectoral actions for health.

Thus far in 2017, the Social Security Office (SSO) of Thailand has raised social security standards with tangible improvements on many aspects including services, provision of benefits, and management of the Social Security Fund and Workers’ Compensation Fund. Consequently, both insured persons in the formal sector and voluntary-insured persons in informal sector of Thailand would gain access to fair and inclusive social security protection.

The three main reform components are as follows:

Benefits

The SSO provides health promotion and disease prevention services, as well as medical services for insured persons to access medical examinations free of charge in their designated hospital, as declared on each insured person’s SSO ID card.

Furthermore, the dental service reimbursements rate was increased, and insured persons can now access the dental service of contracted providers without need for advance payments.

As to maternity benefits, the limit on number of deliveries was cancelled while the number of eligible children for child allowance was increased to three per household at one time.

The SSO also extended invalidity benefit for insured persons losing less than 50% of working capacity, and provided funeral grants to employees who are disabled or have chronic disease.

For the eligibility to old-age benefits, insured persons can specify the eligible person in advance. With regard to the duration of benefit claim, it was extended from one to two years, and coverage was extended to all employees in government organizations, as well as employees who were dispatched to another country.

Increases were also made to the medical care compensation in case of work-related injury or disease. The voluntarily insured person under article 39 whose insured status was ceased due to default on contribution payment, will be reinstated after the relevant legislation has been completed. Lastly, the burden on entrepreneurs in Thailand’s 12 southern provinces that suffered from inundation, would be eased by reduction of contributions.

UHC has indeed gone far beyond political advocacy, as it has been fully committed to by UN Member States in SDG 3.8. Now is an opportune time to translate these political commitments into reality. Evidence shows that lack of adequate access to functioning primary health care by citizens are main barriers in achieving the MDGs among off-track countries. South-South collaboration in support of strengthening institutional capacities on UHC design and implementation are critical to achieving favourable outcomes.

THAI PUBLIC HEALTH MINISTER AND CHAIR OF NATIONAL HEALTH SECURITY BOARD
Services

The SSO provides e-Services to help entrepreneurs and insured persons in performing transactions. These e-services include the registration of insured persons, filing of social security contributions and inquiries of personal information, all via the website and mobile application. Moreover, the SMS service for notifications was established to remind voluntary insured persons of their contribution’s due date, and the new channels for financial transactions via banks as well as counter services were also introduced.

Management

The SSO focuses its management on ZERO corruption to gain acceptance and trust from insured persons, using distinct indicators on transparency. For example, the investment management unit was restructured for better flexibility and higher levels of professionalism in operations of various and complicated investment instruments, as well as in seeking new investment opportunities and higher returns. Moreover, information technology has been enhanced to make procedures faster and services more convenient by connecting the information networks of organizations both inside and outside Ministry of Labour.

The development of the social security system in Thailand is a continuous journey. Future directives aim to provide extensive social insurance, and steadily improve the benefits along with the services.

All these reforms are for the purpose of uplifting the living standards of insured persons in Thailand regardless of their nationalities and in accordance with the current social and economic situation. In addition, these reforms aim to advance the integration of ASEAN community, by respectfully adapting the philosophy of the late King Rama IX on “Sufficiency Economy” as the management guideline for the social security system, with the primary focus on the overall good of the nation and of insured persons.

VSS ESTABLISHES DATABASES OF HOUSEHOLDS PARTICIPATING IN HEALTH INSURANCE SCHEME

Building a national database on social security under the direction of the Prime Minister is defined as one of the focal tasks of Vietnam Social Security (VSS) and the premise for the application of Information Technology (IT) to issue electronic social insurance (SI) books and health insurance (HI) cards.

Issuing these electronic social security (SS) cards is aimed at better meeting the health management requirements of participants, and ensure the timely payment of SI, HI, and unemployment insurance (UI), as well as benefits for occupational diseases and work injuries to the right beneficiaries.

Thus, in the last two years, VSS has developed the list of households participating in health insurance, which has received the attention and direction of the Government, relevant ministries and agencies, and People’s Committees at all levels. At present, VSS has updated information on over 24 million households, comprised of over 92 million people in the database, which will be the basis to issue a social security identification (ID) number to each person.

The issuance of unique ID numbers for each person to meet the VSS requirements has a meaningful and important role. The unduplicated number for each participant in SI and HI is linked to their respective history of participation and recorded payments of SI and HI in the database. Thus, the linked SS ID number makes it easier to look up and update information when dealing with SI agencies, as well as in preparing for the future issuance of electronic SI books and HI cards.

The issuance of individual social security numbers also contributes to the effectiveness of electronic transactions, the reform of administrative procedures, minimization of criteria and information to be declared on the forms, and reduction of travel time and transaction procedures of employers and participants. For example, participants only need to provide their SS numbers when dealing with VSS instead of voluminous documents.
In addition, SS number issuance prevents abuse of the social insurance fund, especially for short-term benefits such as illness and maternity, controls costs for medical examinations and treatments, and payment of HI to reduce cases of healthcare fraud and abuse due to breach of regulations.

Finally, the insured household database is not only used for the purposes of the sector but since May 2017, it has also been shared with the Ministry of Health in the interest of healthcare management of the people.

In the near future, VSS shall continue to review, correct, and update the database participants based on their social insurance numbers. It is projected that the issuance of SS books, HI cards, and the settlement of SI and HI will be accomplished electronically by year 2020.

Administrative procedures reform is identified as one of the key tasks of Vietnam Social Security (VSS), and it is thus given priority in resources allocation. In recent years, VSS has implemented various solutions to reform administrative procedures.

First, VSS has invested heavily in information technology (IT) applications and computerization in managing and settling social insurance (SI), health insurance (HI), and unemployment insurance (UI) schemes. In the period 2012 to 2015, VSS planned and applied IT to build its centralized database system, ready for linking with the national population database.

Second, VSS has diversified transaction windows for receiving and returning settlement dossiers to provide more favorable conditions for employers and individuals when transacting with VSS. These include online e-transactions, using postal services (free of charge for businesses), and directly at the VSS one-stop-shop.

VSS also uses e-transactions for contributions collection, issuance of books and cards to settlement and payment of benefits. This is a big breakthrough in computerization, which helps reduce travel costs and waiting time for businesses.

E-transactions also help businesses become more active in submission, as online transactions save them time and money in travelling, queuing, and receiving settlement results.

Third, VSS has reviewed application forms to ensure that each procedure, component, and criteria required there in minimizes time and expenses for employers and individuals transacting with VSS. Based on the results of the review by the end of 2016, administrative procedures of the sector drastically decreased from 263 to 32. In 2017, VSS shall continue to review and simplify the administrative procedures and further cut these down from 32 to 28.
Fourth, VSS has increased control of administrative procedures through the online electronic one-stop system. Through this, VSS monitors and supervises the situations that may arise when handling dossiers, and ensures that there are no delays in settling with the social insurance agencies at all levels.

Fifth, to maximize the effectiveness of administrative procedures reform, in the past few years, VSS promoted the S, H, and UI schemes via diversified ways of generating publicity and ensuring transparency in mass media and at the VSS offices. The aim is for businesses and individuals to become more involved in monitoring the implementation of reforms in administrative procedures. VSS also actively coordinated with newspapers, radio and media agencies, widely organized press conferences to provide periodic information on the insurance schemes and the implementation of reforms and their achievements.

Sixth, to garner wider support, VSS launched a contest on unique initiatives for administrative procedures reform and e-transaction applications in the fields of S, H, and UI. The contest aimed not only at disseminating the policies of the various insurance schemes but also at seeking new initiatives and ideas, as well as mobilizing the intellectuals of the whole society to jointly reform administrative procedures in S, H, and UI.

Finally, VSS continues to promote the exchange of information by signing coordination regulations with relevant agencies and organizations. For example, the VSS and the General Department of Taxation regularly exchange information on the payment of taxes and social insurance by business enterprises. It also coordinates regularly with experts from the World Bank, related ministries and agencies to evaluate proposals for improving business processes associated with IT to implement administrative procedures reform.

With all these efforts, VSS has successfully implemented administrative procedures reform, and is considered by the government as one of the most proactive agencies and ministries in administrative procedures reform. More importantly, service attitude of VSS staff in the whole system has garnered wide appreciation by employers and individual members.
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