



វិទ្យាស្ថានសភាកម្ពុជា
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Briefing Note

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Social Protection Programs in Cambodia: Current and Future

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1. Introduction

Improving the social welfare and the livelihood of citizens is a core role for governments. Most have created social security programs that provide benefits to their citizens, especially the poor and vulnerable. These programs provide additional funds to support individuals and families who are experiencing low incomes, unemployment, and life events such as illness, child-rearing, and retirement.

As Cambodia has moved from a low-income to lower-middle-income status in 2016, the Royal Government of Cambodia (RGC) has introduced some social welfare programs. In part because of these efforts, the poverty rate fell from 47.8 percent in 2007 to 13.5 percent in 2014[1, 2]. However about 4.5 million people remain in near-poor situations and are vulnerable to falling back under the poverty line if there are economic or external shocks[1].

To further address low-incomes and financial vulnerability in Cambodia, the RGC has approved the National Social Protection Policy Framework 2016-2025 (SPPF). The SPPF has two pillars: social assistance and social security. The framework defines social assistance as help for the poor and vulnerable through the government budget or Official Development Assistance (ODA), while social security intervenes to protect people from a sudden drop in income due to unexpected illness, unemployment, employment injury, death of a breadwinner, maternity and old age[3].

This paper will provide an overview of the current social programs in Cambodia (both social assistance and social security). It will also look at the challenges in implementing social programs and will provide comparisons with social assistance and security programs in Thailand, Japan, and France.

2. Current social assistance and social security programs in Cambodia

This section will examine the progresses related to the above two categories: social assistance and social security. See summary of the social protection programs under each category in the Table 2.1 below:

Table 2.1 Summary of the Programs under each Category

Social Assistance	Social Insurance
<ul style="list-style-type: none">• Human development• Emergency response• Social Welfare for Elderly and Disability• Social Health Protection (Health Equity Fund)• Technical Vocational Education and Training (TVET)	<ul style="list-style-type: none">• Pension• Health Insurance• Employment Injuries

2.1 Social Assistance

The RGC has offered social assistance more than a decade. It has been delivered by different ministries in the past, such as the Ministry of Social Affairs, Veterans, and Youth Rehabilitation, the Ministry of Education, Youth, and Sport, Ministry of Health, National Committee for Disaster Management (NCDM), Ministry of Labor and Vocational Training (MOLVT) with other development partners including World Bank, ADB, World Food Program, UNICEF and USAID[4]. Over modern history, social assistance programs in Cambodia have largely focused on human development and emergency response[5]. Some other smaller programs also exist.

2.1.1 Human Development

For human development, the RGC which has implemented programs to protect pregnant women and children, school feeding programs, and scholarship programs. So far, around 300,000 schools of children in nine provinces are implementing school feeding programs in collaboration with WFP to provide breakfast to children at school[3]. Furthermore, 75,000 students from grade 4 to 6 are receiving

scholarships of around USD 60 annually from MoEYS, while 25,000 students are receiving scholarships from WFP[3]. MoEYS also provides scholarships to students at secondary schools to encourage youth to continue their studies. The school feeding and scholarship program areas are implemented in the areas where food insecurity and low educational attainment exist.

2.1.2 Emergency Response

In 2008, the RGC established the Emergency Food Assistance Project (EFAP) to help the around 500,000 poor people suffering from the high price of commodities with support from development partners through loans and grants. The EFAP came to end in 2015; however, the RGC has extended it in the form of two programs: Cash-for-Work and Food-for-Work. Currently, the RGC has established emergency funds on ad hoc basis allocating this fund to MoSVY to assist victims of natural disasters and other emergencies. However, this fund largely relies on external source.

2.1.3 Social Welfare for Elderly and Disability

The government runs further several social assistance programs for vulnerable groups, including social welfare for the elderly, social welfare for people living with disabilities, disability allowances and social welfare for vulnerable children and orphans. See more in the Table 2.2.

Table 2.2 Social Assistance Program/Scheme for Vulnerable Group

Program/ Scheme	Type and value of transfer	Eligibility	Coverage	Ministry/ Agency
Social welfare for the Elderly	-	Elderly (65+ years)	Provinces: 11	MoSVY
Social welfare for families living with disabilities	-	People with disabilities who are poor, elderly or have no supporting families	Beneficiaries: 300 000 (almost 100% coverage)	MoSVY
Disability allowance	Cash; USD 5 per month	People with disabilities who are poor, elderly or have no supporting families, verified by local authorities	Nominally nationwide	MoSVY
Social welfare for vulnerable children and orphans	Social service; USD 1.25 per day per child	Vulnerable children and children living in residential care institutions	Nationwide Institutions: 253 Children: 11, 017 (to include only the RGC)	MoSVY/ NGOs

Source:[5]

2.1.4 Social Health Protection

The RGC, through the Ministry of Health, has established the Health Equity Fund (HEF) to subsidize the health care fees of low-income people who hold an ID Poor Card.¹ The equity fund includes: payment of fee, a minimum set of activities at health centers, procedures for pregnant women to attend hospitals, admission to hospitals, financial support during their stay in hospital, and transportation. The program currently benefits approximately three million people which is 92.7% of total poor people[6].

¹ It is a card provided by government to certify cardholders are poor to receive special public services.

2.1.5 Second Chance or Informal Technical Vocational Education and Training (TVET)

The objective of this scheme is to help youth who drop out of school from poor households identified by schools and local authorities. Through this scheme (implemented by Ministry of Labor and Vocational Training) dropouts can receive technical vocational training, where the cost for training is USD 28 per one week and USD 100 for one year, covered by government [5]. From 2009-2013, 600,000 students graduated from trainings of: 1.) high and basic skill, 2.) post-harvest techniques, 3.) skill bridging, 4.) specific training for minority group, 5.) program for poverty reduction training 6.) entrepreneurship and 7.) apprenticeship[3].

2.2 Social Security (Social Insurance)

2.2.1 Social Insurance Execution

Cambodia has a two-tier system of social insurance: one for private-sector employees and one for public-sector employees. Social insurance is administered through the National Social Security Fund (NSSF) and MoSVY. While NSSF manages the social insurance for private employees, MoSVY manages social insurance for civil servants, police, soldiers and veterans through the National Social Security Fund for Civil Servant (NSSF-C) and National Fund for Veterans (NFV). The three main components of social insurance run by the RGC are pensions, health insurance, and employment injury. The following Table 2.2 below reflects the practices of each scheme and other program applied by NSSF and MoSVY.

Table 2.2 Social Security Scheme by Sector

Schemes	Private Sector	Public Sector
Pension	The pension for private employees is regulated in the Law on Social Security Schemes for Persons Defined by the Provision of the Labor Law since 2002, but the implementation has not yet started. However, government has committed to implement this in 2019, according to the statement of reason of Budget Law 2019.	The pension for the public employees is around 60%-80% of the basic salary (excluding position allowance); it is upon the subsidy from the government only[3, p.22]. Currently, the retired public servants, police, and soldiers getting retirement benefits are only 7% of the total population. The government plans to spend approximately 60 billion riels on the pensions of public employees in 2019 [7, p.20]. This scheme has now covered around 180 000 civil servants, 87 500 war veterans, police and soldier and their dependents.
Health Insurance	Some employees in the private sector get health insurance directly from their firms. However, according to the report of the government, only eight private insurance companies serve Cambodia, with capital of approximately \$9.2 million. They cover only a small share of total employment in private sector. Under this scheme, employers must pay health insurance to NSSF for employees at a rate of 1.3% of the	Health insurance for public employees started in 2018 based on Royal Degree No. 0217/078 issued on 01 February, 2017, coming into force in 2018. In 2019, government plans to increase expenditure on health insurance for public employment by around 50 billion riels[7, p.20].

		average total wage determined by NSSF, and the employee themselves are required to contribute 1.3% average total wage as well[8].	
Employment injury		Private institutions which employ at least eight workers must register for employment injury insurance at the NSSF, according to the Law on Social Security Schemes for Persons Defined by the Provision of the Labor Law 2002. Employers must pay for this insurance for employees at a rate of 0.8% of the average total wage determined by NSSF[8]. If an employee loses the ability to work permanently because of employment injury, he/she will get total wage and other benefits.	According to sub-decree No. 134 issued on 23 August 2017 on Conditions, Formalities, and Procedures of Benefit Provision of Social Security Schemes on Employment Injury for Public Employees and on Health Care for Public Employers, Former Civil Servants, and Veterans. This will come into force from 2019. Now, the insurance under this scheme is implemented differently by the line ministries. Government plan to spend on employment injury insurance scheme around 6 billion riels for public employee, it is under management of Ministry of Health[7, p.20].
Other	Maternity	Woman who delivers one child will get 400,000 riels, two children 800,000 riels, and three children 1,200,000 riels based on the Prakas 404 issued on 11 October 2017.	Public employment who delivers one child will get 800,000 riels based on the sub degree No. 194 issued on 20 November 2017.
	Death	Based on article 10 of the Law on Social Security Schemes for Persons Defined by the Provision of the Labor Law, any member of NSSF who has worked one hundred eighty qualifying months for Social Security Schemes, the death beneficiary shall get a survivors' pension.	Based on article 5 of the sub degree No. 194 issued on 20 November 2017, if public civil servant died while on mission, he/she will get funeral allowance from 1,500,000 riels to 4,000,000 riels and cash allowance of six months of total final salary including survivor's pension payable to widow and children.
	Sickness Cash Benefit	Provided daily 70% of average daily wage of insured person during the period of illness, working injury, maternal leave or other accidents	Full salary, including allowances for up to three consecutive months of illness and 90% of salary thereafter for up to 12 months, depending on years of service.

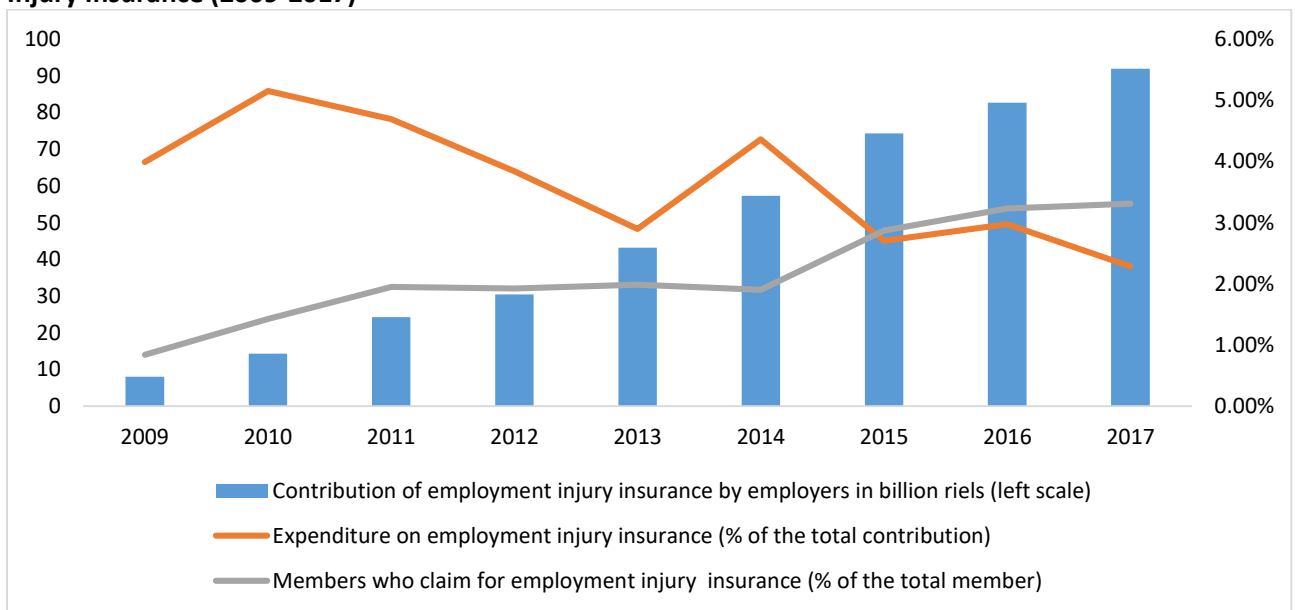
Source: Social Protection Policy Framework 2016-2025, 2015; and Report on 10 Years Achievement (2008-2017) and Vision for 2018, 2018 and OECD, 2017[3, 5, 9]

2.2.2 Achievements of implementing Social Insurance through NSSF

- **Employment Injury from 2009-2017**

The number of enterprises registered for employment injury insurance increased from 983 to 10,849 over 2009 to 2017. The number of employees covered by the programs rose from 451,232 to 1,435,316 over the same period. The number of the enterprises paid for employment injury insurance was between 82%-93% of total registered enterprises [9, p.5]. Figure 2.1 below shows how the contribution of employment injury insurance by employer increased from 8 billion in 2009 to 92 billion in 2017, while the number of members who claimed for insurance rose as well. The expenditure for employment injury from 2009-2017 was 3.7% on average, and the number of members who claim for employment injury insurance was 2.1% in average.

Figure 2.1: The Contribution of Employment Injury, Expenditure and Member Claim for Employment Injury Insurance (2009-2017)



Source: Report on 10 Years Achievement (2008-2017) and Vision for 2018, 2018[9]

The Figure 2.1 shows that the fund for employment injury insurance is sustainable as the annual expenditure on this insurance was just 3.7% on average for the last decades, so the government can consider to improve more benefits from this type of insurance.

- **Health Insurance from 2016-2017**

According to the 10-year-reort of the achievement (2008-2017) and Vision for 2018 of RGC, NSSF re-identified the 3,271 enterprises (38.45% of total registered enterprises) as of 2017 consisting of 1,121,409 workers (848, 126 are female). However, only 626 enterprises (19% of re-identified enterprises) was determined to pay contribution for health insurance, and only 610 enterprises paid the contribution in 2017, covering 608,965 (505,605 female) with the contribution 154.75 billion riels. Additionally, NSSF signed agreement with health agencies 1,295 places, including 04 national hospitals, 107 health centers, and 15 private hospitals. As result, there are 218,697 members claim for health insurance from NSSF in 2017[9]. It is noted that NSSF spent for health insurance from 2016-2017 was 27.4 billion riels. The Figure2.1 above suggested that the government could take more actions to encourage more enterprises to register for health insurance to enable more workers to get health benefits from the health insurance scheme.

3. Issues and Challenges of Social Protection in Cambodia

Section 2 of this paper has shown that how the RGC has paid its attention to improve the quality of lives of its citizens through setting out the social programs/schemes; however, in the implementation of those program/schemes, several challenges have been identified:

3.1 Social Assistance

Firstly, in regards to emergency response, the coordination between the humanitarian aid and social assistance system is not effective during the potential crisis to identify the most vulnerable group of people.

Secondly, even though the RGC has tried its effort to improve the health care for its citizens, the improvement of nutrition for pregnant women and children has not been progressing remarkably[3]. Compared between 2010 and 2014, the stunning among children aged under 5 was 40% vs 32%; underweight among children under 5 years was 28% vs 24%; anemia among children under 5 was 56% vs 55% respectively; anemia among women of reproductive age (15–49 years) was 44% vs 45% and thinness among women of reproductive age (15–49 years) was 19% vs 14%, respectively[10].

Thirdly, the school feeding program mainly rely on the financial support of development partners, and the scholarship program for students are not implemented widely. The scholarship program targets mainly only grade 4-6; 50,000 more students within 4 to 6 did not receive scholarship, and this could be considered to expand the program[3].

Fourthly, low level of school attainment is still major issues to enable young people to enter labor market. Finishing the secondary school serves as basis for youth to receive specific vocational training to respond to labor market[3].

3.2 Social Security

First, in term of institution, the management of social security program under different ministries and institutions has led to inconsistencies, gaps and overlaps of each policy, which have negative impacts of the effectiveness and efficiency in the use of resources [11, 12]. For example, the pension allowance for civil servants, police officers and soldiers are inconsistent due to different regulations, and this has led to resentment among plan contributors, especially those who hold similar positions, but receive different pensions[3].

Second, Cambodia's public expenditure on social insurance program keep increasing; however, the expenditure paid for retired civil servants and military veterans is paid by tax revenue rather than contributory; sole responsibility by government[5].

A large number of enterprises have not registered with health insurance for employee, so the employee cannot get health benefit from health insurance scheme which could possibly affect the employees' welfare which already have low salary.

4. The Comparison of the Practices and Expenditure of Social Protection/Security Program

4.1 Comparison of Practices

This section, the paper will examine how Thailand, France and Japan applied social protection/security program or social safety net. Firstly, this briefing note reflect the comparison between three countries which are Thailand, France and Japan. The rational to select those countries is that: Thailand is Cambodia's neighboring country and could be a good peer country to see its practices in carrying out the

social protection program. Whereas, France and Japan are developed countries with long-experience to implement social program for their citizens, where Cambodia take into consideration to replicate. Five main programs are going to be used to compare the social protection/security program among the three countries including 1.) Old-age, disability and survivor 2.) Sickness and maternity 3.) Work injury 4.) Unemployment and 5.) Family allowance. Each scheme/program will cover four aspects which are coverage, source of fund, qualifying condition and benefits. The comparison is discussed in the Table 4.1 below:

Table 4.1 Comparison of Social Protection Program/Scheme

Scheme/Program		Thailand	France	Japan
Old-age, disability and survivor	Coverage	<p>-<i>Formal sector system (Social insurance):</i> Target employed persons</p> <p>-<i>Informal sector system (Social insurance and national saving fund):</i> It is voluntary coverage for self-employed persons in the informal sector.</p>	<p>- <i>Social insurance:</i> All employed person in firms, non-agricultural self-employed persons and dependent spouses.</p> <p>- <i>Mandatory occupational pension:</i> Same as Social insurance above, but non-agricultural self-employed persons are replaced by salaried agricultural workers.</p> <p>- <i>Social Assistance:</i> Residents of France.</p>	<p>-<i>National pension program (NP):</i> residents of japan aged 20-59.</p> <p>-<i>Employee’s pension insurance program (EPI):</i> Employed persons younger than age 70 covered by firms.</p>
	Source of funds	<p>- <i>Insured person formal sector:</i> 3% of gross monthly earning (old-age benefit).</p> <p>- <i>Self-employed person:</i> Annual flat-rate contribution is 5,184 baht for formal sector, and it is 70-100 baht per month in the informal sector.</p> <p>- <i>Employer:</i> 3% of monthly payroll (for old age benefit)</p> <p>- <i>Government:</i> 1% of gross monthly income for formal sector system, where informal sector 30-50 baht per person a month</p>	<p>-<i>Insured Person:</i> Under social insurance, almost 7% of monthly income for (Old-age and survivor benefit) and 0.4% of income for survivor allowance. Whereas, under Mandatory Occupational pensions: 3.1% to 8.1% of monthly income</p> <p>- <i>Self-employ person:</i> Under Social Insurance, after the second year, the self-employed person must contribute 17.75% of annual declared income up to €39,732 and plus additional 0.6% if the annual declared income exceeds the above-mentioned annual income. Whereas, mandatory occupational pension, self-employed person is</p>	<p>-<i>Insured person (NP):</i> 16,260 yen a month.</p> <p>-<i>Insured person (EPI):</i> 9.150% of monthly wage class earning.</p> <p>-<i>Self-employed person (NP):</i> 16,260 yen a month.</p> <p>-Employer: 9.150% of monthly payroll.</p> <p>-<i>Government (NP):</i> 50% of the cost of benefits and the total cost of administration.</p> <p>- <i>Government (EPI):</i> the total cost of administration.</p>

			<p>required to contribute 7% of annual declared income up to €39,732 plus 8% if exceed the above ceiling.</p> <p>- <i>Employer:</i> Under social insurance: 8.5% of monthly payroll (old age) and 1.9% of gross monthly payroll (survivor allowance). Under occupational pension: 4.65% to 12.75% of monthly payroll depending on the program.</p> <p>-<i>Government:</i> Contribute for payment to long-term unemployment (under social insurance). Under social assistance scheme, government cover total cost of the scheme by using tax levied from individual income.</p>	
	Qualifying Conditions	<p>-<i>Old-age pensions:</i> At age 55 with their 180-month- contributions.</p> <p>-<i>Disability Pension:</i> He/she must not be able to work and have at least 3 months of contribution in the last 15 months before totally disable.</p> <p>- Survivor benefit: Paid if the deceased died before becoming entitled to an old-age pension.</p>	<p>- <i>Old Age pension:</i> The retirement age is at age 62 minimum, and the age 67 is automatic entitlement to receive full pension.</p> <p>- <i>Disability pension:</i> The age must not be less than normal retirement age, and have at least a 66.7% assessed loss of income capacity.</p>	<p>-<i>Old age (NP):</i> At age 60 with at least 25 years of contributions.</p> <p>-<i>Old-age (EPI):</i> Age 60 (men), 59 women (seamen and miners) with at least 25 years contributions.</p> <p>-<i>Disability pension (NP):</i> Must be assessed with group I and Group II.</p> <p>-<i>Disability pension (EPI):</i> Must be assessed with group I, II or III.²</p>

² Group I: total disability and requires constant attendance,

			<ul style="list-style-type: none"> - Spouse pension: This include widow(er) aged 55 or older or disabled. - Death grant: The deceased was employed, received unemployed benefit, or disability pension. 	<ul style="list-style-type: none"> -<i>Survivors pension (NP)</i>: the deceased receive from an NP old age pension. -<i>Survivors pension (EPI)</i>: the deceased receive an (EPI) old-age and disability pension at the time of death and had at least three years of contribution.
	Benefits	<ul style="list-style-type: none"> -<i>Old-age Pension in formal sector</i>: 20% of average monthly salary in last 60 month before retirement. -<i>Old-age Pension informal sector</i>: is paid based on the insured's account balance at retirement. - <i>Old age pension (social assistance)</i>: 600-1000 bath monthly. - <i>Permanent disability-formal sector</i>: 50% of insure average's daily wage in highest 3 month before disability. -<i>Permanent Disability-Informal sector</i>: it starts from 500baht to 1000 baht depending on number of year contribution. The pension is paid up to 15 years. 	<ul style="list-style-type: none"> - <i>Old Age Pension</i>: Under social insurance, 50% of the insured's average annual earnings is paid with dependent child supplement which is 10% of old-age pension. Under mandatory occupational pension scheme, the insured lifetime pension points multiplied by the value of pension point at retirement with children supplementary 10% for salaried employee and 6% for managers. - <i>Permanent Disability</i>: If the insured is assessed to be incapable in any professional activities, the insured get 50% of the average annual earnings, 30% if the insured is capable to do some earning activities - <i>Survivor</i>: 54% of the social insurance old age pension. 50% of 	<ul style="list-style-type: none"> -<i>Old-age (NP)</i>: The full pension is 780,100 yen a year. It is paid every two months. -<i>Old age (EPI)</i>: Depend on the insured's average monthly wage over the full career. -<i>Permanent disability (NP)</i>: 975,125 yen a year for group I and 780,100 yen for group II; it is paid every two months. -<i>Permanent disability (EPI)</i>: 125% of old age employee's pension. - <i>Survivors (NP)</i>: 780,100 year is paid to widow(er) or to full orphans. -<i>Survivors (EPI)</i>: 75% of the old age pension is paid to the first eligible survivor.

Group II: severely restricted ability to live independently,
Group III: severely restricted ability to work.

		<p>-Survivors formal sector: Lump sum of 10 times of the monthly old-age pension, deceased received.</p> <p>-Survivors in the informal sector: Lump sum of old age benefits plus the balance of the insured additional contribution (for eligible survivors)</p>	<p>mandatory occupational pension. Survivor also get spouse allowance which is € 607.54 per month up to 2 years and death grant (90 times of deceased's average daily wage in the last three months before death.</p>	
Sickness and maternity	Coverage	<p>-Formal sector: Employed person</p> <p>-Informal sector: voluntary coverage for self- employed person in the informal sector.</p> <p>-Universal coverage scheme: Thai citizens under any other government health insurance scheme.</p>	<p>- Persons who are employed and resided at least three months in France</p> <p>- All pensioners who are residing in France or abroad are covered with medical benefit.</p> <p>- Special system for public sector employee, agriculture industry, mining, railroad, clergy, seamen and agriculture self-employed.</p>	<p>-National health insurance: residents of Japan up to 75 years old.</p> <p>-Employee's health insurance: members of occupational health insurance society and firms with 5 or more than 05 employee.</p> <p>- Health and medical care for old person: it covers at age 75 or older and certain persons aged 65 to 74</p>
	Source of funds	<p>-Insured person-formal Sector: 1.06% of gross monthly earnings (sickness & maternity), 0.4% (disability & survivor).</p> <p>- Self-employed person: The same as the Old Age, Disability, Survivor above</p> <p>- Employer: 1.06% of monthly payroll (sickness & maternity),</p>	<p>- Insure person: No</p> <p>- Self-employed person: 0% to 6.5% of declared income upon the insured's income and profession.</p> <p>- Employer: 13.3% of payroll.</p> <p>- Government: Contribute for long-term unemployment.</p>	<p>-Insured person (NP): 84,951yen or 142,652 yen for each household</p> <p>-Insured pension (EPI): 5% of monthly earning, according to 50 wage classes.</p> <p>-Self-employed: 84,952 yen for each insured person. Those with low income paid only 66,738 yen, or 142,652 yen for each household.</p>

		0.4% (disability & survivor) for formal sector. For informal sector, it is under scheme of Universal Health Coverage		<p>-Employer (EPI): 5% of monthly earning, according to 50 wage classes.</p> <p>-Government: 50% (41% from the national government and 9% from the prefecture) of the cost of medical care.</p>
	Qualifying Conditions	<p>-Cash sickness and medical benefit-formal sector: must have at least three months of contributions in the in the last 15 months before treatment began.</p> <p>- Cash sickness benefit-<i>Informal sector</i>: Must have at least 3 months of contribution in the last 4 months before illness or injury began.</p> <p>- Cash maternity, child birth grant, and medical benefits-formal sector: Must at least have five months of contributions in the last 15 months before childbirth</p>	<p>- Cash sickness: Must obtain at least 150 hours of contribution for the last three months before sick leave.</p> <p>- Cash maternity: Must obtain 10-month- coverage and 150 hours within the last three months before certification of pregnancy.</p> <p>- Paternity: Paid to father of the child who obtain at least 10-month-coverage.</p> <p>- Medical benefit: Must obtain at least under employment for 60 hours in the last month.</p>	<p>-National health insurance and health medical care program for older people: Must reside in Japan</p> <p>- Employee's health insurance: Must be in employment.</p>
	Benefits	<p>-Sickness benefit-formal sector: 50% of average daily salary in the highest in three months of the last nine months before sickness.</p> <p>-Sickness-informal sector: 200 bath /day is paid for up 30 days/ year.</p>	<p>Sickness Benefit: 50% of average daily income of the insured in the last three months before sickness started; and this will increase to 66.7% if the insured person has three dependent children up to 6 or</p>	<p>-Sickness (NP): provide maternity and child care allowance and funeral grants according to municipality.</p> <p>- Sickness (EPI): 66.7% of the average daily basic wage.</p>

		<p><i>Maternity and Child birth grant-formal sector:</i> 50% of average daily salary in the highest in three months of the last 9 months, and a lump sum payment of 13,000 baht per child.</p> <p>- <i>Worker's medical formal sector:</i> including examination and treatment, medical care and hospitalization.</p> <p>-<i>Dependents' medical informal sector:</i> necessary medical care related to childbirth for wife of, or woman who cohabits with an insured man.</p>	<p>12 months depending on the seniority of work.</p> <p><i>Maternity benefit:</i> 100% of the average daily income of the insured person in the last three months before maternal leave starts.</p> <p>- <i>Worker's Medical benefit:</i> Benefits including general and specialist care, hospitalization, medicine, optical and dental care, maternity care, appliances, and transportation.</p> <p>- <i>Dependent's Benefit:</i> The same as insured's person medical benefit.</p>	<p>-<i>Worker's (NP) and (EPI):</i> include health insurance and medical care which include: medical treatment, surgery, hospitalization, nursing care, dental care and maternity care. The cost of sharing depended on age person.</p>
Work injury	Coverage	Employees of industrial and commercial firm. There is a special system for government employee and private school employee.	Employed persons, students, and certain job seekers. Voluntary coverage for French citizens employed abroad. This scheme does not cover self-employed persons.	<p>-Employed persons</p> <p>-Some of self-employed persons and entrepreneurs</p> <p>-Special system for civil servants.</p>
	Source of funds	<i>Employer:</i> 0.2% to 1% annual payroll, according to the degree of risk.	- <i>Employer:</i> Pay total cost	<p>-Self-employed person: 0.3%to 5.2% of the basic daily benefits multiplied by 365.</p> <p>-Employer: 0.2% to 8.8% of payroll, according to the type of business.</p> <p>-Government is provides subsidies as needed.</p>
	Qualifying Conditions	There is no minimum qualifying period	Any accident that happens while commuting to work and work.	There is no minimum qualifying period.

	Benefits	<p>-<i>Temporary disability</i>: 60% of the insured's monthly wage before disability.</p> <p>-<i>Permanent disability</i>: Total 100% disability, 60% of average wage before the disability is paid up to 15 years.</p> <p>- <i>Workers' medical</i>: up to 45,000 baht for each incident of work, up to 300,000 baht in certain special cases, and up to 20,000 baht is rehabilitation services.</p> <p>-<i>Survivors</i>: 60% of the deceased's last monthly wage is paid for up to 8 year.</p>	<p>- <i>Temporary disability</i>: 60% of the insured average daily wage for first 28 days and increase to 80% after 29th day till recovery or certification of permanent disability.</p> <p>- <i>Permanent Disability Benefit</i>: 100% of the insured person's annual reference income is paid if the insured is totally disable.</p> <p>- <i>Workers' medical benefit</i>: the benefits include medical treatment and surgery, hospital, appliances, Rehabilitations and transportation. Funds of sickness pays for all service directly.</p> <p>- <i>Survivor's Benefit</i>: 40% of the deceased's annual reference earning is paid.</p>	<p>-<i>Temporary disability</i>: 60% basic daily benefit plus 20% special supplement of the basic daily benefit is paid after three-day waiting period till recovery.</p> <p>-<i>Permanent disability</i>: the pension is according to assessed degree of disability.</p> <p>-<i>Worker's medical</i>: This include treatment, hospital, and surgery nursing, dental care, and transportation and so on. There is no limit to duration of benefits.</p> <p>-<i>Survivors</i>: the annual pension is basic daily benefits multiplied by 153 to 245 days.</p>
Unemployment	Coverage	Employed person	<p>-All employed persons who are resided in France or in the Monaco (principality). Childcare giver, household workers and apprentices are also covered.</p> <p>Exclusion: Civil servants and self-employed persons.</p>	<p>-Employed person up to age 65. -Special systems for daily workers and seasonal workers.</p>
	Source of funds	-Insure person: 0.5% person earning monthly	- <i>Insured person (social insurance)</i> : 0.95% of gross covered income.	-Insure Person: 0.4% of monthly earing, 0.5% for agricultural, forestry, fishery, or sake brewing industry workers.

		<p>-Employer: 0.5% of monthly payroll.</p> <p>- Government: 0.2% of gross monthly earning.</p>	<p>- Employer (Social insurance): 4.05% of payroll and 0.15% of payroll to finance salary guarantee fund if the employer meets bankrupt.</p>	<p>-Employer: 0.7% of payroll, 0.8% for agricultural, forestry, fishery, or sake brewing industry workers and 0.9% for construction workers.</p> <p>-Government: 13.7% is for unemployment and special benefits allowance, 18.3% daily worker, 6.9% for child care leave and for older workers.</p>
	Qualifying Conditions	<p>-Must have at least 6 months of contribution within the last 15 months before employment.</p>	<p>Must be not more than retirement age and at least 88 days of contribution within the last 28 months before unemployment.</p>	<p>-Unemployment: must have at least 12 months of coverage during the last 24 months before unemployment.</p> <p>-Older worker: Paid to workers aged from 60-64</p> <p>- Child care leave: Insured person who take care newborn child up to 1 year or 18 months under certain condition.</p>
	Benefits	<p>50% of the insured's average daily wage in the highest month in 9 months before unemployment up to 180 days for if involuntarily unemployed. If voluntary unemployed, 30% of the insured's average daily wage is paid up to 90 days</p>	<p>57% to 75% of the insured's average daily income in the last 12 months is paid. The duration of the benefit is paid in accordance to number of months that insured person contributed up to 24 months. It will reach to 36 months if age is older than 50 or older.</p>	<p>-Unemployment: 50% to 80% of average daily wage in the last six months. If aged 60-64, the insured person is paid from 45%to 80%.</p> <p>-Older worker: up to 15% the wage after 60 age, depend on the percentage of wage reduction.</p>

				<p>-Child care leave: 67% of the average daily wage in the last six months multiplied by 30 for the first six months, and after that, it will be paid 50% of daily wage above</p> <p>- Nursing care leave benefit: Receive 40% of Insured person's wage before leave to offer the nursing care for his/her family members.</p>
Family allowance	Coverage	Employed person	Residents of France.	-Persons raising or fostering one or more children younger than the age of graduation from junior high school.
	Source of funds	See source of funds under old age disability and survivors above.	<p><i>Insured person: None.</i></p> <p><i>Self-employed person: 2.15% to 5.25% of declared income, depending on income level.</i></p> <p><i>Employer: 3.45% of monthly payroll for earnings up to 3.5 times of monthly minimum wage. It increases to 5.25% for income exceeding the 3.5 times of monthly minimum wage.</i></p>	<p>-Employer: 47% of the cost (about 2% of wage) for children up to 3 year.</p> <p>-Government: employee's children up to age 3 with sharing cost of The National Treasury, prefecture and municipalities with the rate 36%, 9%, 9% respectively. For the employee's children aged from 3 up to 15 and the children of self-employed and unemployed persons: The sharing cost of The National Treasury,</p>

			<i>Government:</i> Provides variable subsidies to cover contributions for the long-term unemployed	prefecture and municipalities with the rate 67%, 17%, 17% respectively.
	Qualifying Conditions	Child allowance: Must have at least 12 months in the contribution in the 36 months before the month of entitlement	Family allowance: Must have two or more dependent children aged less than 20. Early childhood: Paid for the newborn, and foster child.	Must meet an income test of 9.6 million yen a year for parents with two children.
	Benefits	Child allowance: Amount monthly allowance is 400bath is paid for each child.	<i>Family allowance:</i> The amount is varied according to number of children and family income <i>Early childhood:</i> The benefit has other four components. Parental allowance for a sick child: Receive daily payment with amount of €43.14 up to 22 days a month. - Family support allowance: About €109 per month is paid to single parent who looks after the child.	15,000 yen a month is paid for each child younger than age 3 10,000 yen per month for each of the first two children aged 3 up to graduate from elementary school.

Source: International Social Security Association, 2018 [13]

4.2 Expenditure for Health Sector and Social Protection Program of Cambodia, Thailand, France and Japan

The Table 4.2 below shows the expenditure of health and social protection as the share of GDP in four countries, namely Thailand, Japan, France and Cambodia. However, the data of Cambodia specifically on social protection expenditure is not available. It is observed that the health expenditure in France and Japan was similar which was approximately 7.3% of GDP on average from 2013-2016 and is the highest among the four countries, while the expenditure of health sector in Thailand and Cambodia was 2.7% and 1.3% of GDP on average respectively from 2013-2016.

If we look at the social protection programs' expenditure from 2013-2016, France is the lead country in its expenditure which spent about 3.4 of GDP on average, followed by Japan 2.5% of GDP and Thailand's 0.2% of GDP.

Table 4. 2: Share of Health and Social Protection Expenditure in GDP (%)

Countries	Expenditure	2013	2014	2015	2016	Average
France	Health	7.2	7.3	7.3	7.3	7.3
	Social protection	3.4	3.4	3.4	3.4	3.4
Japan	Health	7.4	7.4	7.4	7.3	7.3
	Social protection	2.5	2.6	2.5	2.6	2.5
Thailand	Health	2.6	2.8	2.6	2.8	2.7
	Social protection	0.2	0.2	0.2	0.2	0.2
Cambodia	Health	1.4	1.2	1.3	1.3	1.3
	Social protection	N/A	N/A	N/A	N/A	N/A

Source: United Nations Statistics Division, 2018 [14]

5. Discussion Points

The discussion of this section is mainly based on the Table 2.2 and Table 4.1. The discussion points are as follows:

1. All the countries including Cambodia, has social protection program to improve the quality of life for the citizens whether developed or developing countries. The program includes pension for employee (both private and public), benefit for survivors, disability, work injury, unemployment, and family allowance.
2. It is worth noted that while the developed countries have not mentioned anything about the informal sector benefit from social security program, the developing country like Thailand and Cambodia take this sector into account. This could be the lesson learned for other countries especially developing countries, when implementing social protection program, those who work in informal sector could be one of the main targets for social protection program inclusion.
3. While the other three countries implementing the Unemployment scheme under social insurance program, Cambodia does not apply it yet, rather to implement TVET program to improve technical skills for school drop-out-youth. This could be the policy consideration for Cambodia in the future.
4. In regards to source of fund, all parties, namely employee, employer, self-employed person and government need to contribute to social insurance program to ensure sustainability of the program. At this point, the RGC of Cambodia could consider about self-employed person's contribution for social insurance program, as it now has no policy mentioned about this group of persons in social insurance program yet.

5. Japanese government is obliged to share expenditure for the benefit of old age pension, survivor, disability about 50% and total cost of administration, and 50% in sharing for the cost of medical care.
6. It is also worth noted the required contribution from insured person of developed countries France and Japan is higher than that of developing countries namely Cambodia and Thailand. The required contribution from insured person for old age pension, survivor and disability is 7% of total monthly earning, while Japan's is about 9%. Thailand's is 3%; Cambodia does not apply yet for private employee under pension scheme, but public employee is covered. However, for Cambodia, the pension of public employee is fully subsidized by government; no contribution from insured public employee.
7. Regards to insurance for sickness and maternity, Japanese government has covered the expenditure for medical cost 50%, but this is shared among national and prefecture (41% national government and 9% for prefecture). This can be a good practice to share responsibilities between national and sub-national government.
8. France case reflects that it uses tax payment on individual income to pay for social assistant program. Since most of the social assistance program of Cambodia mainly rely on the development partners. Therefore, the France's practice could be considered for the future.
9. Thailand and Japan employer pay for Work injury insurance with a range of percentage of payroll upon the type of business, while Cambodia paid for work injury insurance by employer at a flat rate which is 0.8%
10. France is the lead country in this expenditure which spent about 3.4 of GDP on average, followed by Japan 2.5% of GDP and Thailand's 0.2%of GDP.

6. Conclusion

RGC has eventually increased its attention on the social protection program/scheme to improve the quality of life through setting out the Social Protect Policy Framework 2016-2025 focusing to two main pillars which are social assistance and social insurance. In terms of social assistance, the RGC implemented a number of programs to help the poor and vulnerable citizens which are human development (school feeding program, nutrition improvement for women and children, and scholarship program), emergency response, social health assistance, social welfare for elderly and disability and TVET. However, the expenditure on social assistance are largely emphasize on human development and emergency response, and social assistance programs are further facing challenges such poor coordination between humanitarian aid and social assistance system to identify vulnerable group of people, no remarkable improvement on women and children's nutrition, narrow scholarship and school feeding program, low school attainment of youth drop-out-of school to receive vocational training.

For social insurance, the RGC has implemented under three main schemes which are pension, health insurance and employment injuries. For pension scheme, it is now implemented for public employee only, yet the government committed to implement this scheme for private employee from 2019. While the health insurance scheme is implemented partially for private employee, government employee is covered fully under this scheme. For work injury scheme, this will be applied fully for both private and public employees. However, social insurance program is implemented under different ministries has led to inconsistency and poor cost effective of program implementation and resentment among the government civil servants. Furthermore, most spending paid for retired public employee are mainly by tax-finance not contributory which can be a risk expenditure for government in the future.

Furthermore, among the four countries, it is also noted the Cambodia's expenditure of health sector as a share to GDP was the lowest compared to other three countries namely Japan, France and Thailand, while the France is the leading country on expenditure of social protection program which was about 3.4% on average, while Japan's and Thailand's are 2.5% and 0.2% respectively.

Additionally, compared to other countries in regards to the social protection program/policies, Cambodia has also executed similar other countries including Thailand, Japan and France. Cambodia also applied pension for old age, disability, survivor benefit, sickness, maternity, work injury, and family allowance. But it is worth noted that Cambodia does not applied employment scheme as other three countries which could be policy consideration in the future.

Lastly, to ensure sustainability of program, the contribution from four main actors are required which are employer, employee, government and self-employed person, while Cambodian policy related to social security program does not reflect any about self-employed person.

References

1. WB. (2018). *The World Bank In Cambodia* [Online]. WB. Available at: <https://www.worldbank.org/en/country/cambodia/overview> [Accessed 25 Dec 2018].
2. ADB. (2018). *Poverty in Cambodia* [Online]. ADB. Available at: <https://www.adb.org/countries/cambodia/poverty> [Accessed 25 Dec 2018].
3. RGC, (2017). *Social Policy Protection Framework 2016-2025*. PP: RGC.
4. ILO, (2012). *Social Protection Expenditure and Performance Review* ILO.
5. OECD, (2017). *Social Protection System Review of Cambodia*. Paris: OECD, Available at: <https://www.oecd-ilibrary.org/docserver/9789264282285-en.pdf?expires=1545723974&id=id&accname=guest&checksum=BE32BF882D7F5BD84DA470B4D7644FF0>.
6. MOH, (2017). *Progress Report in 2017 and Plan in 2018*. MOH, Available at: <http://moh.gov.kh/content/uploads/2017/05/MOH-Report-Kh-V6.pdf>.
7. RGC, (2018). *The Statement of Budget Law 2019*. PP: NA.
8. National Security Fund. (2014). *The Contribution for Health and Occupational Riks Payment* [Online]. NSF. Available at: <http://www.nssf.gov.kh> [Accessed 29 November 2018].
9. NSF, (2018). *The Report for 10 Years Achievement (2008-2017) and Vision for 2018* RGC.
10. USAID, (2018). *Cambodia: Nutrition Profile* USAID, Available at: <https://www.usaid.gov/sites/default/files/documents/1864/Cambodia-Nutrition-Profile-Mar2018-508.pdf>.
11. Government, R., (2016-2025). *National Social Protection Policy Framework*. Available at: <http://inndec.com/library/docs/SPPF%20English%20-%20Final%20Ver.pdf>.
12. Hui, K. (2016). *Social Health Protection* [Online]. GIZ. Available at: <http://giz-cambodia.com/wordpress/wp-content/uploads/FactSheet-Reforming-Cambodia%E2%80%99s-Social-Protection-Framework.pdf>.
13. International Social Security Association, (2018). *Social Security Programs Throughout the World: Europe, 2018*. ISSA.
14. United Nations Statistics Division (2018). Table 3.1 Government final consumption expenditure by function at current prices. In: UNdata (ed.) *National Accounts Official Country Data*.