ASSA

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NAVIGATING THE FUTURE OF SOCIAL SECURITY

INTEGRATION, INNOVATION AND INCLUSION

Content

ASSA Chairman's Statement

Dear Esteemed ASSA Colleagues,

It is both an honour and a privilege to address you as we gather for the 41st ASSA Board Meeting, graciously hosted by the Government Service Insurance System (GSIS) in collaboration with other ASSA Member Institutions from the Philippines. I extend my deepest gratitude to our Philippine colleagues for their exceptional efforts in bringing us together under the theme "Navigating the Future of Social Security: Integration, Innovation, and Inclusion." This theme reinforces our collective responsibility in addressing the dynamic and multifaceted challenges of social security across ASEAN.

At last year's 40th ASSA Board Meeting in Kuala Lumpur, we marked ASSA's 25th Anniversary, a significant milestone that reminds us of the journey we have made since our inception in 1998. From the initial alliance of seven founding Member Institutions representing five ASEAN countries, ASSA has evolved into a vibrant network of 20 Member Institutions spanning 10 ASEAN nations. This growth is not merely a testament to our collaborative spirit but also a reflection of the immense value that shared experiences, mutual learning, and regional solidarity bring to advancing social security systems.

While we have made considerable progress, we must remain vigilant in addressing the challenges ahead. According to the International Labour Organization's World Social Protection Report 2024-2026, only 45.9% of the ASEAN population is covered by at least one social protection benefit (excluding health), below the global average of 52.4%. Furthermore, social protection expenditure in our region stands at just 5.0% of GDP, far below the global average of 19.3%. These figures highlight the urgency of bridging gaps to ensure no one in ASEAN is left behind.

The challenges we face are diverse and complex. Our region's rapidly ageing population underscores the urgency of reforming pension and retirement systems to meet the evolving needs of our citizens. Informal employment, which accounts for nearly 79% of the employed population in ASEAN, presents another pressing concern, leaving millions vulnerable to economic instability, inadequate healthcare access, and insufficient retirement savings. Moreover, the increasing cross-border mobility of workers necessitates the development of harmonised social security frameworks that provide comprehensive coverage across national boundaries.

Climate change further compounds these challenges, particularly in protecting vulnerable populations from climate shocks. ASEAN is one of the most disaster-prone regions globally, and the typhoons that have impacted several ASEAN nations this year have only heightened existing vulnerabilities, especially for those without adequate social protection. These events emphasise the need to strengthen our social security systems to safeguard communities during disasters, ensuring resilience in the face of increasingly frequent and severe climate events. The ASSA Sustainability Pledge is an important step forward in this direction, reinforcing our commitment to supporting climate resilience within our social protection systems.

In this context, the theme of our 41st Board Meeting—Integration, Innovation, and Inclusion—is especially pertinent. By fostering deeper integration, embracing innovative approaches, and prioritising inclusivity, we can transform challenges into opportunities and build a future where social security serves as a foundation for resilience and equity.

This newsletter highlights inspiring stories of progress and resilience from across our Member Institutions. These achievements reflect the unwavering dedication of ASSA Member Institutions to improving the lives of over 670 million ASEAN citizens. By sharing best practices and engaging in meaningful dialogue, I am confident that we will further strengthen our collective capacity to address emerging challenges.

As we embark on the discussions, exchanges, and decisions that will shape the outcomes of this 41st Board Meeting, let us remain steadfast in our shared vision of a secure, inclusive, and prosperous ASEAN. Together, we can create lasting positive impacts for generations to come.

Ahmad Zulqarnain Onn
Chairman, ASEAN Social Security Association
Chief Executive Officer, Employees Provident Fund Malaysia

ASSA Secretary General's Statement

Dear Esteemed ASSA Colleagues,

As we come together for the 41st ASSA Board Meeting, I feel honoured to share my thoughts with all of you. Hosted by Government Service Insurance System (GSIS) along with other Member Institutions from the Philippines, this meeting provides us with a wonderful opportunity to connect, learn from each other, and work collectively towards the future of social security in ASEAN. I would like to extend my heartfelt gratitude to our colleagues from the Philippines for their dedication and outstanding efforts in making this meeting possible.

The theme of this year's meeting, "Navigating the Future of Social Security: Integration, Innovation, and Inclusion," encapsulates the essence of the important discussions we need to have. While the challenges facing our region are diverse, our shared commitment to overcoming them through cooperation and innovation is equally clear. We are here because we recognise the power of our collective action and the responsibility we have to improve the lives of millions across ASEAN.

Since our last Board Meeting, we have met several times to advance three key proposals: the ASSA Membership Criteria, the ASSA Semi-permanent Secretariat, and the ASSA Sustainability Pledge. These initiatives are aimed at strengthening our network, improving our operational efficiency, and ensuring that our practices continue to evolve in line with global and national sustainability goals. Together, we believe these steps will help us move towards a more integrated and resilient future, ensuring that our social security systems meet the diverse needs of ASEAN's citizens.

Noteworthy progress has also been made on the portability of social security benefits within the region, a critical issue discussed extensively at last year's meeting. The National Social Security Fund (NSSF) of Cambodia, through the Ministry of Labour and Vocational Training of Cambodia and the ASEAN Committee on Migrant Workers (ACMW), facilitated the participation of ASSA Member Institutions in three events from December 2023 to January 2024 to support the development of the ASEAN Guidelines on the Portability of Social Security Benefits for Migrant Workers. Additionally, Viet Nam Social Security (VSS) convened the "Consultative Workshop on International Experience on Bilateral Social Insurance Agreements" in Hanoi on 29 and 30 August 2024.

The ASSA Secretariat has also organised several knowledge-sharing sessions, fostering the exchange of ideas and best practices among Member Institutions. These sessions have covered crucial topics such as sustainable finance for social protection (by Dr. Amjad Rabi), driving sustainable change in ASEAN (by Ms. Fiona Stewart from the World Bank), strategy for enhancing retirement security (by Mr. Nguyen Vinh Quang from VSS), and social security coverage and portability for migrant workers (by Mr. Hendra Nopriansyah from BPJS Ketenagakerjaan).

These efforts reflect our ongoing commitment to improving social protection systems—not only for today but for future generations. I am optimistic that through our continued collaboration, we can make meaningful progress toward ensuring that no one in ASEAN is left behind, especially as we address critical issues such as an ageing population, migration, and the impact of climate change.

As we engage in the discussions and exchanges during this meeting, I encourage all of us to think about how we can build on the successes we have achieved and tackle the challenges that lie ahead. Together, we have the opportunity to shape a future where social security is truly inclusive, innovative, and integrated, offering a better quality of life for all in ASEAN.

Let us continue this important work with enthusiasm and shared purpose.

Balqais Yusoff
Secretary General, ASEAN Social Security Association
Head of Policy and Strategy Department, Employees Provident Fund Malaysia


25th
ANNIVERSARY
ASSA
40TH ASSA BOARD MEETING
20-22 NOVEMBER 2023
HILTON KUALA LUMPUR


Embracing Diversity,
Building A Shared Future
40TH ASSA BOARD MEETING | 20-22 NOVEMBER 2023 | HILTON KUALA LUMPUR


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Embracing Diversity,
Building A Shared Future


Embracing Diversity,
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ending Social
curity Coverage to
Vulnerable Groups:
ASEAN Experience

ASSA | 25th ANNIVERSARY CELEBRATING ASEAN SOCIAL SECURITY ASSOCIATION'S SILVER JUBILEE


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A BOARD MEETING | 20-22 NOVEMBER 2023 | HILTON KUALA


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Dato' Sri Dr. Mohammed Azman


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Embracing Diversity
Building A Shared Future


Hilton


ANNIVERSARY
25TH ASSA ANNIVERSARY

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TABUNG AMANAH PEKERJA

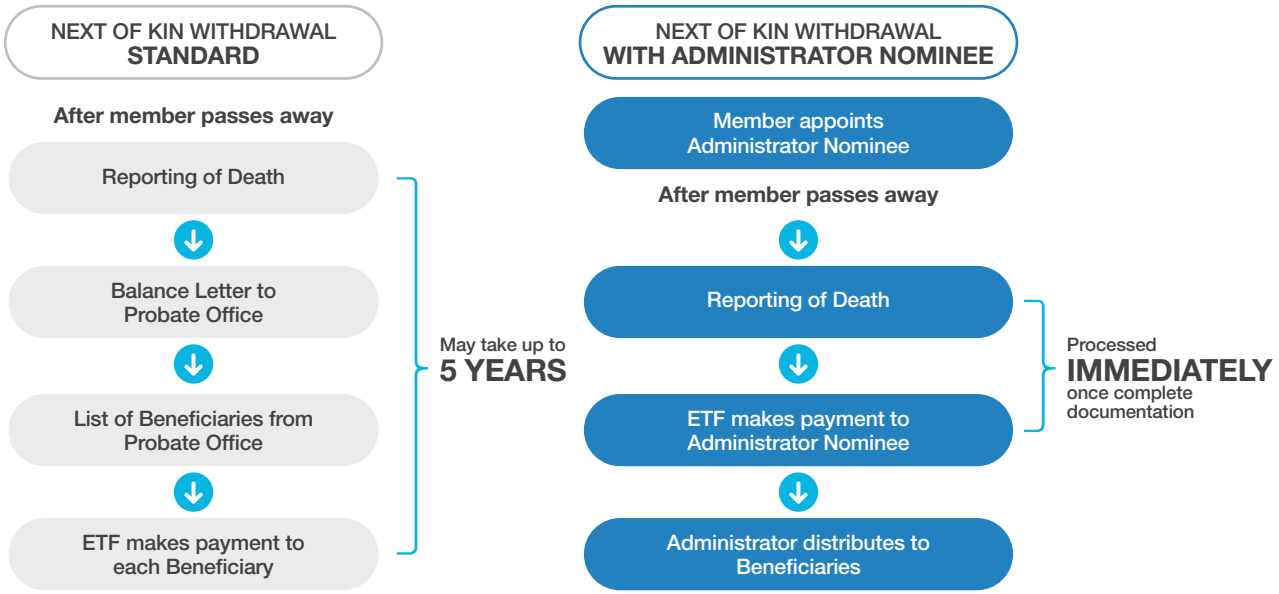
Securing the Future: National Retirement Scheme Nomination Feature and Engagement Efforts

With the implementation of Skim Persaraan Kebangsaan (SPK), or the National Retirement Scheme, on 15th July 2023, a new feature was introduced, allowing members to nominate an administrator. The appointed administrator will be responsible for managing and distributing the member's SPK savings after their passing.

In the event of a member's demise, the standard process requires a family member to notify the Employee Trust Fund (ETF) by submitting the necessary documentation when reporting the death. The ETF will then issue a letter stating the savings held by the deceased member, which must be submitted during the probate process as part of the deceased's estate.

The duration of the probate process varies depending on the complexity of each individual case and estate. More complex estates may take longer to process, and the Probate and Letter of Administration will only be issued upon completion. The beneficiary must provide this letter as supporting documentation when applying to withdraw the deceased member's savings from the ETF. This ensures that the member's savings are withdrawn and paid to the eligible beneficiaries in accordance with the law.

However, due to the time and costs involved in completing the probate process, many next-of-kin withdrawals under the ETF stall at the death reporting stage, unable to proceed further due to incomplete documentation. Additionally, beneficiaries who lack sufficient funds to cover the costs of initiating the probate process may face even longer delays.



SPK Nomination offers members an alternative and more personalised estate distribution method, as it allows the member's savings to be efficiently paid to the appointed administrator. Members are allowed to appoint up to three nominees, which may include a spouse, children aged 18 and above, parents, siblings, or they may engage a legal firm.

Nominations can be applied for seamlessly via the ETF's online service portal, e-Amanah, where the member can log into their account. For the application, members are required to set the order of priority, as the member's savings will be paid to the nominated administrator with the highest priority.

Numerous roadshows were conducted for both public and private sectors to ensure that members are well-informed before making their nomination. During the roadshows, members can have one-on-one consultations with ETF personnel to address any concerns they might have. On-the-spot registration for e-Amanah is also available throughout the roadshows. The positive impact of the roadshows is evident, with an increasing number of nomination applications approved by the ETF. As of July 2024, a total of 2,092 members have made their SPK Nomination since the introduction of this feature.

The availability of this feature via e-Amanah allows members to apply at their convenience, offering unparalleled ease and flexibility. Members may also direct any concerns they have via online enquiry and feedback forms or through any ETF communication channel of their choice. Moreover, comprehensive information is readily accessible on the ETF website and through ETF's social media channels, ensuring that members can easily find the information and support they need at any time.

Empowering Cambodian Youth: How Cash Transfers and TVET Drive Joint Efforts for Inclusive Growth and Sustainable Development

Cambodia, with its rapidly growing youth population, has a significant opportunity to drive economic growth by equipping young people with the skills they need to thrive in the labour market. However, this opportunity is not without challenges. Many young Cambodians, particularly those from low-income households, lack access to education and relevant vocational training, putting them at risk of being left behind. The growing divide between youth with opportunities and those without poses a potential threat to the country's social and economic stability.

Recognising this challenge, the Cambodian government, with the support of various stakeholders, has implemented the **Technical and Vocational Education and Training (TVET) Scholarship Program for Youth from Poor Households (TVET-SP)**. This program provides short-term vocational training to equip low-income youth with the skills needed to meet market demands. To ensure that youth from disadvantaged backgrounds have the financial capacity to participate, the program also integrates conditional cash transfers, which provide crucial financial support during the training period.

By addressing both educational and financial barriers, the TVET-SP program offers a comprehensive solution that promotes youth empowerment, poverty reduction, and sustainable development across Cambodia.

Policy Framework

The **National Technical Vocational Education and Training Policy (NTVETP) 2017-2025** and the **National Social Protection Policy Framework (NSPPF) 2016-2025** serve as the cornerstones of Cambodia's youth development initiatives. These policies are designed to improve the quality and accessibility of vocational training, particularly for marginalised groups, including youth from low-income households. The government's commitment to inclusive growth is reflected in these frameworks, which aim to empower youth and prepare them for a competitive labour market.

The NTVETP focuses on aligning vocational training with the needs of the labour market, ensuring that the skills taught in TVET institutions meet both national and international demands. Meanwhile, the NSPPF emphasises the social protection aspect, recognising that vulnerable youth need financial support to fully participate in vocational training programs.

Together, these policies underscore the importance of comprehensive support for youth development, addressing both the skills gap and the financial barriers that prevent low-income youth from accessing education. In line with these policies, the TVET-SP program aims to equip young Cambodians with skills relevant to high-demand sectors such as automotive, construction, hospitality, and ICT. The program is complemented by conditional cash transfers, which remove financial barriers to education and incentivise participation.

Stakeholders Involved

The success of the TVET-SP program is a result of coordinated efforts by several key stakeholders, each playing a vital role in its implementation and sustainability:

- **General Secretariat of National Social Protection Councils (GS-NSPC):** This body provides leadership and coordination for the program's implementation, ensuring alignment with broader national social protection policies.
- **Ministry of Labour and Vocational Training (MoLVT):** Oversees the delivery of vocational training and ensures that the courses offered align with the evolving demands of the labour market.
- **National Social Assistance Fund (NSAF):** Manages the disbursement of conditional cash transfers, ensuring that eligible youth receive financial support throughout the program. The NSAF plays a critical role in ensuring that cash transfers are timely, transparent, and effectively administered.
- **TVET institutions:** Both public and private institutions are involved in delivering training courses, offering a wide range of programs based on industry needs. These institutions are responsible for providing competency-based training that equips youth with the practical skills required by employers.

Key Objectives

The TVET-SP program has several key objectives aimed at empowering youth from low-income households and fostering sustainable development in Cambodia:

- **Expand access to vocational training:** The program seeks to increase access to vocational training for youth from poor households by offering a range of courses in high-demand sectors.
- **Support school dropouts:** Many youth from low-income households drop out of school due to financial pressures. The TVET-SP program provides an alternative pathway by offering tailored vocational courses that equip these youth with marketable skills.
- **Facilitate job placement:** The program connects trained youth with employers, improving their access to meaningful employment opportunities. By fostering strong links between TVET institutions and the private sector, the program ensures that training is relevant to the labour market and that graduates are well-positioned to secure jobs.

By achieving these objectives, the TVET-SP program contributes to reducing youth unemployment, improving livelihoods, and driving inclusive economic growth in Cambodia.

Role of Cash Transfers and Program Conditionality

One of the most innovative aspects of the TVET-SP program is the integration of conditional cash transfers. These transfers provide a monthly stipend of USD 70, helping to cover the living expenses of youth during the training period. This financial support is crucial for youth from low-income households, who often face pressure to work and contribute to their family's income.

However, these cash transfers are not unconditional. Participants must meet certain requirements to continue receiving financial support. These conditionalities promote accountability and ensure that participants are fully engaged in the training program. The key conditions include:

- **Attendance:** Participants must maintain at least an 80% attendance rate throughout the training. This ensures that participants remain committed to the program and take full advantage of the training opportunities.
- **Performance:** Beneficiaries are required to meet minimum performance standards in both practical and theoretical assessments. This helps ensure that participants are acquiring the skills needed to succeed in the labour market.
- **Completion:** Participants must complete the entire training program to continue receiving financial support. This encourages participants to stay engaged and complete their courses, maximising their chances of finding employment after graduation.

The integration of these conditionalities ensures that the program not only provides financial assistance but also promotes active engagement and successful completion of the training. By tying financial support to performance, the program encourages youth to take ownership of their education and development.

To ensure the efficient and transparent delivery of cash transfers, the program uses a system of **digital payments.** This minimises delays, reduces the risk of corruption, and ensures that beneficiaries receive their stipends in a timely manner. The use of digital payments is particularly important in rural areas, where access to financial services may be limited.

Program Design

The TVET-SP program addresses the dual challenge of skills development and financial barriers faced by Cambodian youth. It offers short-term vocational training courses across sectors such as construction, automotive, mechanics, ICT, and hospitality.

These courses are aligned with the needs of the labour market, ensuring that graduates are equipped with the skills most in demand by employers. The training is delivered in collaboration with public and private TVET institutions, which have been selected based on their capacity to provide high-quality, competency-based training.

In addition to vocational training, the program includes **labour market transition services** to support participants in finding employment after completing their courses. These services include:

- **Career counselling:** Participants receive guidance on career planning and job search strategies, helping them navigate the labour market.
- **Job matching and job search support:** The program connects participants with employers and job opportunities, facilitating their transition from training to employment.
- **Entrepreneurial coaching:** For participants interested in starting their own businesses, the program offers entrepreneurial coaching to help them develop the necessary skills and knowledge to succeed as entrepreneurs.

This comprehensive approach ensures that participants are not only equipped with technical skills but also receive the support needed to transition successfully into the labour market.

Impact and Sustainability

The TVET-SP program is making a significant impact on youth development in Cambodia. By combining vocational training with conditional cash transfers, the program addresses both the skills gap and the financial barriers that prevent many youth from participating in education and training programs.

The integration of conditional cash transfers is a particularly important innovation. By providing financial support tied to attendance, performance, and completion, the program ensures that participants remain motivated and engaged throughout their training. This approach not only increases the likelihood of successful program completion, but also promotes long-term accountability and responsibility among participants.

As the program continues to expand, it is expected to play a crucial role in reducing youth unemployment, improving livelihoods, and fostering inclusive economic growth in Cambodia. By equipping youth with the skills they need to succeed in the labour market and providing them with the financial support to participate in training, the TVET-SP program is helping to create a more equitable and prosperous future for all Cambodians.

A Digital Leap Forward:
Enhancing NSSF Registration and Contribution through the Web-Based System

Since its establishment in 2007, the National Social Security Fund (NSSF) of the Kingdom of Cambodia has progressively expanded its scope, launching a series of social protection schemes to cover various segments of the population. These include:

- Occupational Risk Scheme for the private sector in 2008;
- Health Care Scheme for the private sector in 2016;
- Health Care Scheme for public employees, former civil servants, and veterans in 2018;
- Occupational Risk Scheme for public employees in 2021;
- Pension Scheme for the private sector in 2022; and
- Voluntary Health Care Scheme for the self-employed and dependents of NSSF members in 2023.

Up until October 2023, employers or representatives of enterprises/establishments, as well as workers, were required to visit NSSF offices in person for enterprise and worker registration. However, as the number of enterprises, establishments, and the labour force in Cambodia continued to grow, this manual method became increasingly inefficient.

To address this challenge, and in alignment with the Pentagonal Strategy – Phase I for Growth, Employment, Equity, Efficiency, and Sustainability of the Royal Government of Cambodia, as well as the Cambodia Digital Economy and Society Policy Framework 2021-2035, NSSF partnered with GIZ to develop the Web-Based Registration and Contribution Application (WBRCA). Launched in November 2023, this system aims to streamline the registration and contribution processes, enabling enterprises and workers to complete registration online without visiting an NSSF office.

The WBRCA simplifies the registration, claims management, claims processing, and claims settlement processes. By automating these workflows, the application helps enterprises and workers save time and reduces overcrowding at NSSF offices. Enterprises can use the WBRCA to register new members, calculate contribution amounts, view payment histories, and generate reports, significantly speeding up these processes.

Main Functions of WBRCA

a. Enterprise Registration

Step 1: Create an account in WBRCA. Every employer will receive an email from NSSF to confirm the account and log in.

Step 2: Log in to WBRCA using the registered email address and password. In case of a forgotten password, the enterprise user can request a new one through the application.

Step 3: Complete the required information for enterprise/establishment registration with NSSF, including:

1. Name of the enterprise/establishment;
2. Logo of the enterprise/establishment;
3. Workplace address;
4. Headquarters address;
5. Commercial registry information;
6. Name of employer;
7. Name of manager or worker representative;
8. Representative's information;
9. Contribution payment option; and
10. Necessary supporting documents (as attachments).

Note: *After submitting the registration request, the enterprise user must wait for review and approval by an NSSF official.*

Step 4: Download the E-Certificate of Enterprise Registration.

b. Worker Registration

Step 1: The enterprise user must search and check whether the worker is already registered with NSSF by taking a live photo and using the worker's Khmer national identity card or passport number.

Step 2: If no information is found for the worker in step 1, the enterprise user must complete the required information, including general information and address details, and upload identity cards or passports.

After the NSSF official reviews and approves the registration request, the enterprise user will receive the NSSF membership codes for the registered workers.

Note: *Workers with an NSSF membership code generated through the application are required to visit the NSSF office for fingerprint scanning and to receive their NSSF membership card.*

c. Declaration of Contribution Payment

Step 1: Create the declaration of NSSF members by selecting the contribution payment date.

Step 2: Upload the NSSF member table for contribution payment.

Step 3: Certify the number of declared NSSF members and the uploaded payroll ledger.

Step 4: Pay contributions online through the application after approval by the NSSF official.

BPJS Kesehatan
Badan Penyelenggara Jaminan Sosial

Factors Influencing Hospital Utilisation Under the Indonesian National Health Insurance Program

Abstract

Background
The National Health Insurance (JKN) Program in Indonesia ensures access to healthcare for its participants through a network of health facilities, including hospitals as advanced healthcare facilities (FKTL). The provision of guaranteed health services and participants' access to these facilities drives the utilisation rates of outpatient and inpatient services, which significantly impacts the financing of the JKN Program. Various factors, such as socioeconomic conditions, demographics, physical accessibility, and financial capacity, influence hospital utilisation rates. This study aims to analyse the enabling factors affecting outpatient and inpatient utilisation rates in hospitals.

Methods
Using comprehensive claim data from BPJS Kesehatan, this study employed bivariate analysis to assess the correlation between enabling factors and hospital visit rates among JKN participants.

Results
The findings reveal positive correlations between Indonesia Case-Based Group (INA CBG) tariffs, the proportion of referrals form first level health facilities (FKTP), and hospital availability with the rates of outpatient and inpatient visits. These positive correlations suggest that increases in INA CBG tariffs, primary care referral ratios, and hospital availability are associated with higher hospital utilisation and corresponding increases in health service coverage costs.

Conclusions
To ensure the sustainability of the JKN Program while maintaining high-quality health services, this study recommends expanding partnerships with hospitals, alongside an evaluation of INA CBG tariffs, FKTP referral proportions, and hospital availability across different classes. Future research should explore additional factors influencing utilisation, particularly from the perspective of hospital management, to provide a more comprehensive understanding.

Introduction

Health-seeking behaviour refers to the actions taken by individuals to address perceived illness or health status, encompassing prevention, early diagnosis, and disease management. These efforts significantly contribute to reducing healthcare costs, disability, and mortality. To better understand health-seeking behaviour, two prominent theoretical frameworks are often employed:

1. **The Health Belief Model:** This model emphasises the concept of 'perceived vulnerability,' which suggests that individuals are more likely to seek healthcare when they believe they are at risk of a health issue.

2. **The Theory of Planned Behaviour:** This theory connects attitudes toward behaviour, subjective norms, and perceived behavioural control with behavioural intentions and subsequent actions, highlighting how individual beliefs and social factors influence health-seeking decisions.

Health-seeking behaviour is complex and dynamic, influenced by a range of factors that may change over time. It does not follow a uniform pattern but reflects the prevailing conditions and circumstances that shape individuals' choices regarding care-seeking. Timely and appropriate health-seeking is essential for effectively managing illness and promoting health, making it critical to understand the determinants of this behaviour in order to design services that are client-centred and responsive to the needs of the population (Haileamlak, 2018).

Health-seeking behaviour must be supported by equitable distribution of health facilities, which is the responsibility of both central and local governments. This responsibility includes planning, organising, administering, fostering, and supervising the implementation of fair and affordable health efforts, ensuring the availability of equitable facilities and health workers to provide safe, efficient, and quality health services. Unequal distribution often leads to overcrowding, such as long queues at health facilities, and exacerbates disparities in healthcare access (Centre for Economic and Development Studies, 2018).

Data show that the utilisation of BPJS Kesehatan from 2014 to the end of November 2019 for advanced inpatient services (RITL) and advanced outpatient services (RJTL) continued to increase. This supports the hypothesis that the increase in BPJS Kesehatan coverage and health facilities leads to the increased utilisation of health services. For instance, RITL cases rose from 4.2 million in 2014 to 11 million in 2019, while RJTL cases grew from 21.3 million to 85.6 million over the same period. These trends suggest that as more resources are used to provide JKN benefits, the financing costs for JKN will increase. One of the resources involved comes from enabling factors, which according to Andersen's theory, are influenced by the ability to pay and availability of resources. In the context of BPJS Kesehatan claims, enabling factors include Indonesia Case-Based Group (INA CBG) rates for financing advanced level health facilities (FKTL) claims, the number of available FKTL, and the proportion of referrals from first level health facilities (FKTP) to FKTL (Lederle et al., 2021).

This study aims to determine whether the enabling factors of INA CBG claim costs, the number of FKTL by class, and the FKTP referral ratio nationally correlate with the number of JKN Participant visits to FKTL, both at the advanced outpatient (RJTL) and inpatient (RITL) levels. Understanding these enabling factors is crucial for improving access to health services and should be considered in future financial planning for the JKN program. Appropriate financing is essential for ensuring the sustainability of the JKN program and the wellbeing of the Indonesian population.

Methods

This study adopts a quantitative research design, approached from the perspective of the health insurance provider or payer—BPJS Kesehatan. Claim data from all hospitals collaborating with BPJS Kesehatan between January 2016 and December 2019 were included in the study. The sample selection was carried out using a total sampling technique (saturated sampling). Bivariate analysis was conducted to examine the correlation between the independent and dependent variables, following the research conceptual framework presented below.

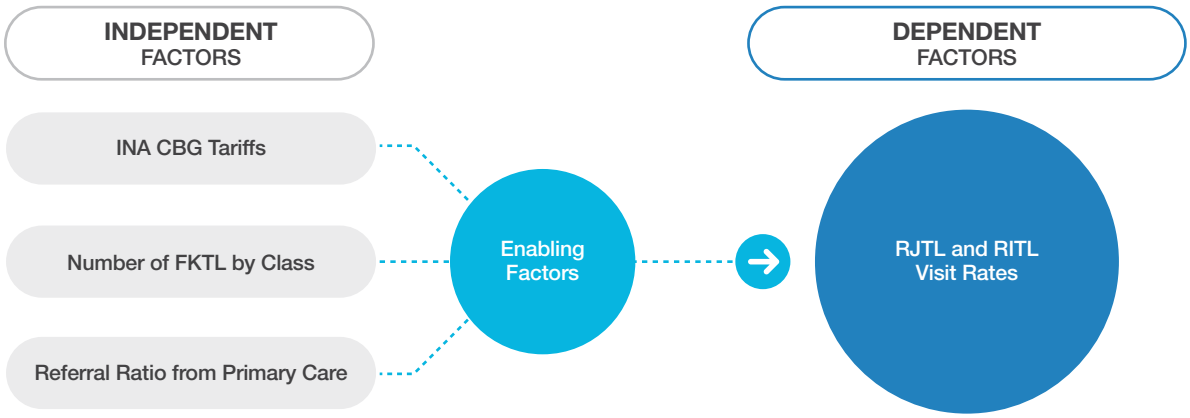


***Figure 1:** Research conceptual framework*

All 308,911,815 outpatient and 42,793,828 inpatient service claims from hospitals that collaborated with BPJS Kesehatan for the service months between January 2016 and December 2019 were included in the study. The inclusion criteria for this study were:

1. All data on advanced inpatient services for JKN participants from 2016 to 2019 from hospitals collaborating with BPJS Kesehatan.

2. All types of JKN memberships with sociodemographic characteristics such as gender, age, number of family members, and income proportion.

3. All health service utilisation in hospitals, including the proportion of referrals from primary health care facilities (FKTP).

4. All hospital classes and ownership categories of hospitals collaborating with BPJS Kesehatan.

5. All hospital health service costs at the RJTL and RITL levels.

The exclusion criteria for the study were incomplete health service data or data that did not meet the research criteria. In this study, all data collected met the inclusion criteria and were included in the analysis.

Results

The results of the study are presented through univariate and bivariate analyses. The bivariate analyses are divided into two parts: the correlation between the independent and dependent variables at the RJTL level (advanced outpatient services) and the correlation between the independent and dependent variables at the RITL level (advanced inpatient services).

A. Univariate Analysis

Variable		Minimum	Maximum	Mean	Standard Deviation
Dependent Variable					
RJTL (outpatient) utilisation rate (per 1,000 participants)		0.14	385.81	28.29	34.99
RITL (inpatient) utilisation rate (per 1,000 participants)		0.08	60.78	4.79	4.77
Independent Variable *(Enabling Factor)*					
RJTL unit cost (IDR)		112,068	590,624	246,580	57,010
RITL unit cost (IDR)		1,222,379	11,510,653	3,692,072	1,036,346
Number of hospitals per 100,000 registered participants	Class A hospitals	0.00	1.20	0.02	0.08
	Class B hospitals	0.00	2.40	0.14	0.29
	Class C hospitals	0.00	13.45	0.63	0.69
	Class D hospitals	0.00	32.33	0.64	1.14
Referral ratio from primary care (%)		0.001	0.443	0.13	0.06

***Table 1:** Results of univariate analysis*

For the dependent variables, the average RJTL (outpatient) utilisation rate from 2016 to 2019 was 28.29 per 1,000 participants, with a minimum of 0.14 and a maximum of 385.81 per 1,000 participants. In comparison, the average RITL (inpatient) utilisation rate was 4.79 per 1,000 participants, ranging from 0.08 to 60.78 per 1,000 participants. Among the independent variables, the average RJTL unit cost was IDR 246,580, with a minimum of IDR 112,068 and a maximum of IDR 590,624, while the average RITL unit cost was IDR 3,692,072, ranging from IDR 1,222,379 to IDR 11,510,653.

The density of hospitals varied significantly by class. On average, Class C and D hospitals were the most available, with densities of 0.63 and 0.64 hospitals per 100,000 registered participants in each district or city, respectively. In contrast, Class B hospitals had a lower density of 0.14 hospitals per 100,000 participants, and the most advanced Class A hospitals had an average density of only 0.02 hospitals per 100,000 participants. These figures highlight a significant disparity in hospital availability across classes. Additionally, the referral ratio from primary care to hospitals, calculated as the number of referrals relative to the number of participants accessing first-level healthcare facilities (FKTP), averaged 0.13%, or 130 referrals per 100,000 participants.

B. Bivariate Analysis

The bivariate analysis explores the correlation between the independent variables (enabling factors) and the utilisation rates of RJTL and RITL services. The strength of the correlation is determined based on the interval criteria shown below:

Coefficient	Correlation Strength
0	No correlation
0.00 - 0.25	Very weak correlation
0.25 - 0.50	Moderately strong correlation
0.50 - 0.75	Strong correlation
0.75 - 0.99	Very strong correlation
1	Perfect correlation

***Table 2:** Correlation strength intervals*

Factor	Variable	Test Method	P-Value	Coefficient
Cost of claims		Correlation Pearson	< 0.01	0.4385
Number of hospitals per 100,000 registered participants	Class A		< 0.01	0.3164
	Class B		< 0.01	0.3910
	Class C		< 0.01	0.3763
	Class D		< 0.01	0.2755
Proportion of referrals			< 0.01	0.3839

***Table 3:** Correlation between independent variables with RJTL utilisation rates*

For RJTL utilisation rates, the correlation test results revealed that health service claim costs had a moderately strong positive correlation, with a coefficient of 0.4385. Similarly, the number of hospitals across all classes—A, B, C, and D—also demonstrated moderately strong correlations with RJTL utilisation rates, with coefficients of 0.3164, 0.3910, 0.3763, and 0.2755, respectively. The proportion of referrals from primary care had a moderately strong positive correlation with RJTL utilisation rates, with a coefficient of 0.3839. All these relationships were statistically significant, with p-values of less than 0.01, indicating a rejection of the null hypothesis (H0).

Factor	Variable	Test Method	P-Value	Coefficient
Cost of claims		Correlation Pearson	< 0.01	0.3032
Number of hospitals per 100,000 registered participants	Class A		< 0.01	0.1720
	Class B		< 0.01	0.2751
	Class C		< 0.01	0.2742
	Class D		< 0.01	0.2081
Proportion of referrals			< 0.01	0.3521

***Table 4:** Correlation between independent variables with RITL utilisation rates*

For RITL utilisation rates, the results showed that health service claim costs had a moderately strong positive correlation, with a coefficient of 0.3032. The number of hospitals in Class B and Class C also had moderately strong correlations with RITL utilisation rates, with coefficients of 0.2751 and 0.2742, respectively. However, the number of hospitals in Class A and Class D showed very weak correlations, with coefficients of 0.1720 and 0.2081, respectively. The proportion of referrals from primary care to hospitals had a moderately strong positive correlation with RITL utilisation rates, with a coefficient of 0.3521. As with the RJTL rates, all these relationships were statistically significant, with p-values of less than 0.01.

In summary, the results confirm that all independent variables show a correlation with the utilisation rates of both RJTL and RITL services. However, the strength of these correlations varies across factors, with health service claim costs and primary care referral proportions consistently demonstrating moderately strong correlations. Hospital availability shows varied strengths of correlation depending on the hospital class and the type of service being utilised.

Discussion

A. Effect of Health Service Costs on RJTL and RITL Rates

This study reveals moderately strong correlations between health service claim costs and both RJTL (advanced outpatient) and RITL (advanced inpatient) utilisation rates. This finding indicates that higher health service costs are associated with increased utilisation, reflecting the critical role of adequate financing in healthcare accessibility.

Healthcare costs are often perceived as expenses related to treating illnesses, purchasing medications, or acquiring medical equipment. While this perspective is partially accurate, these expenses represent only a fraction of the broader concept of healthcare costs. To fully understand healthcare costs, it is essential to consider them within the context of a health financing system, which is a critical component of a country's overall health system.

Healthcare costs encompass the financial resources necessary to organise and utilise health services to meet the needs of individuals, families, and communities. From the health service provider perspective, these costs nclude the investments and operational expenses needed to maintain infrastructure, procure medical equipment, and provide services by both government and private institutions. On the service user side, healthcare costs refer to the expenses borne by individuals for accessing healthcare.

The study highlights the dual nature of healthcare costs, which are broadly classified into medical service costs—expenses incurred for patient treatment and recovery—and public health service costs, which are funds allocated to preventive measures and community health initiatives. Effective health financing systems must ensure sufficient funding availability to allow easy access, resource allocation alignment with population needs, proper regulation of fund utilisation, and efficient fund management. However, challenges persist, including perceived inadequacy of hospital funding and misaligned allocations (Setiawan et al., 2021).

Advanced healthcare services demand significant investments and adequate financing, including procurement of advanced medical technologies and infrastructure development. Improving hospital service quality involves not only better communication and empathy between providers and patients but also significant operational expenditures. For instance, procuring essential medical equipment and upgrading hospital infrastructure are critical aspects of service quality enhancement (Agustina et al., 2023).

The strong correlation between health service costs and the RJTL and RITL rates observed in this study aligns with findings from Akinleye et al. (2019). Their research highlights that financially stable hospitals are better equipped to maintain reliable systems and sustain the resources needed to improve service quality. Furthermore, Fatima et al. (2018) demonstrated that high-quality hospital services enhance patient satisfaction and loyalty, ultimately increasing hospital utilisation rates.

B. Effect of Hospital Availability by Class on RJTL and RITL Rates

The study identifies a moderately strong correlation between hospital density across Classes A, B, C, and D and RJTL utilisation rates, as well as RITL rates, except for Class A and D hospitals, which show weaker correlations with RITL rates. This finding reflects the integral role of hospital availability in influencing healthcare utilisation.

Under the Minister of Health Regulation No. 03 of 2020 on the Classification and Licensing of Hospitals, hospital classification is now based on bed capacity rather than the ability to provide specialised services. Class A hospitals require at least 250 beds, Class B hospitals at least 200 beds, Class C hospitals at least 100 beds, and Class D hospitals at least 50 beds. Despite these classifications, disparities in infrastructure and service quality persist, limiting equitable access to healthcare services.

Since the inception of the JKN Program in 2014, access to quality health services has significantly improved. As of 30 June 2024, there are 24,736 first-level health facilities (FKTP) and 2,467 advanced referral health facilities (FKTL), covering 85% of hospitals nationwide. The ratio between FKTP and FKTL stands at approximately 10:1, serving 272.3 million registered participants. Based on the audited 2022 BPJS Health Program and Financial Management Report, 205.6 million participants accessed services at FKTP, 95.9 million participants utilised specialist outpatient services at FKTL, and 12.0 million participants utilised inpatient services at FKTL.

The provision of health services is closely tied to infrastructure availability. Without infrastructure improvements, equitable distribution of services becomes challenging, limiting access to health insurance benefits. The World Health Organization (WHO) recommends an ideal ratio of 1 hospital inpatient bed per 1,000 people. Similarly, the Minister of Law and Human Rights Regulation No. 22 of 2021 sets a national target for the same ratio to ensure adequate healthcare capacity.

This study highlights that the number of hospitals in all classes (A, B, C, and D) significantly influences the RJTL rate. This impact stems from the role of hospitals in the hierarchical referral system. Class A hospitals serve as tertiary referral centres, receiving referrals from lower-class hospitals (Classes B, C, and D). Class B hospitals receive referrals from class C and D hospitals, and so forth, except in emergency cases. Higher-class hospitals are equipped with more advanced infrastructure and facilities, which cater to patient needs for reliable and comprehensive health services. As a result, a higher proportion of higher-class hospitals corresponds to increased patient visits. A study by Nurhasmal et al. (2021) found a significant relationship between hospital services, environment, and facility availability with patient satisfaction in the inpatient department of Dr. Tajuddin Chalid Makassar Hospital (Class B). Patient satisfaction was cited as a key driver of repeat visits, underscoring the importance of service quality and infrastructure in influencing hospital utilisation rates.

C. Effect of Referral Proportion on RJTL and RITL Rates

The visit and referral profiles at primary healthcare facilities offer valuable insights into the effectiveness of first-level health services and their influence on hospital utilisation. In Indonesia's JKN Program, the socio-organisational structure of healthcare incorporates a tiered referral system where primary healthcare facilities (FKTP) serve as gatekeepers, referring patients to hospitals or advanced healthcare facilities (FKTL) only when necessary. A well-functioning primary care framework not only ensures appropriate referrals but also reduces unnecessary hospital visits, emphasising the need for a robust primary care network.

Achieving equitable access to healthcare is a global objective, reinforced by the Universal Health Coverage (UHC) Movement and the Sustainable Development Goals (SDGs). However, disparities in health access persist, particularly among marginalised and impoverished groups, who often face compounded challenges of poor health outcomes and limited entitlement to care. Inadequate access to healthcare is often synonymised with low uptake of services, frequently assumed to be due to financial barriers on the demand side. While demand-side financing policies have been adopted to address low service uptake, these policies may not fully address socio-cultural barriers like stigma, which can significantly hinder access. Understanding the specific context and barriers to access is essential for crafting effective policies (Dawkins et al., 2021).

This study observed a moderately strong positive correlation between the proportion of referrals from FKTP and both outpatient department (RJTL) visits and inpatient care (RITL) rates. This indicates that as referral rates from primary care facilities increase, so do hospital utilisation rates. However, several challenges hinder the effectiveness of the tiered referral system. For instance, many patients perceive the referral process as cumbersome, requiring them to visit FKTP before accessing FKTL services. Furthermore, some primary care facilities, such as Puskesmas or clinics, directly refer patients to hospitals without adequate treatment or explanation, undermining the system's intended efficiency.

A significant procedural issue lies in the inconsistent application of referral requirements. A proper referral should include a cover letter with detailed information such as patient identity, examination results, diagnoses, treatments administered, and the purpose of referral. In practice, this is not consistently implemented, leading to procedural gaps. Additionally, patient demands often create tension in the system. Many patients insist on hospital referrals, even when their conditions can be adequately managed at FKTP. Research by Ratnasari (2018) highlights how mistrust in primary care services drives patients to insist on hospital referrals, sometimes threatening to leave FKTP unless their demands are met, creating friction with healthcare providers.

The findings of this study align with prior studies. For instance, Lasserson et al. (2021) found that 3.7% out of the 4.4% patients referred to hospital emergency departments were subsequently admitted for specialist inpatient care. Similarly, Zielinski et al. (2008) observed higher referral rates to specialised care in urban family medicine practices, with patient comorbidities and residential location being key factors. In the context of the JKN Program, the tiered referral regulations stipulate that referrals should only be made for cases beyond the 144 diagnoses manageable at the primary care level. This underscores the importance of addressing patient mistrust and improving the efficiency of referrals to optimise healthcare delivery.

Conclusion

This study reveals that the utilisation rates of advanced outpatient (RJTL) and inpatient (RITL) services among JKN participants are significantly influenced by healthcare costs, hospital density across Classes A, B, C, and D, and referral proportions from FKTP facilities. A moderately strong correlation was observed between these factors and RJTL rates, while the correlation with RITL rates was weaker, particularly for Class A and D hospitals.

The findings offer valuable insights and actionable recommendations for enhancing the sustainability and effectiveness of the JKN program. Key suggestions for various stakeholders include:

A. Ministry of Health

- Evaluate the current INA-CBG tariffs to determine whether adjustments are achieving improvements in health outcomes and addressing rising healthcare costs for JKN participants.
- Review the FKTP referrals to ensure compliance with standard criteria, enhancing FKTP's capability to manage patients within its competence while ensuring hospital referrals are reserved for cases requiring advanced care.
- Develop policies to promote a more equitable distribution of hospital facilities across all classes, tailored to Indonesia's population density.

B. BPJS Kesehatan

Carry out a strategic purchasing function that prioritises the quality of health services and sets rigorous standards for health facilities that have good performance in health services during the credentialing and re-credentialing process.

C. Researchers

Conduct additional studies incorporating a broader range of factors influencing utilisation. Future research should consider hospital management perspectives using primary data from hospitals, enabling comparisons with this study's findings

BPJS Ketenagakerjaan's SERTAKAN Initiative: Innovating Social Security for Inclusive Protection

In a rapidly evolving world where labour markets are becoming increasingly diverse and informal workers are on the rise, social security systems must adapt to meet the needs of all workers. BPJS Ketenagakerjaan, Indonesia's national social security agency, has responded to this challenge with the innovative SERTAKAN program, aimed at providing comprehensive social security coverage to informal and self-employed workers. This program not only serves as a model for Indonesia but also has significant implications for the broader ASEAN region, where similar challenges exist.

A New Era for Social Security in ASEAN

The ASEAN region is home to a vast and varied workforce, with a significant portion of workers employed in the informal sector. These workers often lack access to the benefits and protections offered to formal workers, making them particularly vulnerable to economic shocks, work accidents, and old age. Recognising these challenges, BPJS Ketenagakerjaan launched the SERTAKAN program to extend social security coverage to this underserved demographic, marking a significant step forward in the region's efforts to create more inclusive social protection systems.

The SERTAKAN program, short for *Sertakan Pekerja di Sekitar Anda* (Register the Workers Around You), focuses on providing social security protection to self-employed and informal workers, such as online drivers, house assistants, street vendors, farmers, and fishermen. The program's goals align closely with the ASEAN Social Security Association's (ASSA) mission to promote social security integration and cooperation across member states, ensuring that all workers, regardless of their employment status, have access to essential protections. As of July 2024, BPJS Ketenagakerjaan covers a total of 38,586,271 workers, with 7,963,095 of these being informal workers.

Integration: Bridging the Social Security Gap

One of the key strengths of the SERTAKAN program is its ability to integrate informal workers into the broader social security system. Traditionally, social security systems have focused on formal sector workers, leaving a significant portion of the workforce without adequate protection. SERTAKAN addresses this gap by offering informal workers access to BPJS Ketenagakerjaan's comprehensive benefits package, which includes old-age security, employment injury security, and death security.

This integration is crucial not only for the well-being of informal workers but also for the overall sustainability of the social security system. By bringing more workers into the fold, SERTAKAN helps to broaden the contribution base, ensuring that the system remains financially viable in the long term. Moreover, the program's focus on inclusivity aligns with ASEAN's broader goals of fostering regional integration and reducing inequality.

Innovation: Leveraging Technology for Greater Reach

Innovation is at the heart of the SERTAKAN program. BPJS Ketenagakerjaan has embraced digital transformation to reach a wider audience and make social security more accessible to informal workers. One of the most notable innovations associated with the program is the JMO (Jamsostek Mobile / Social Security Mobile) app, which includes features specifically designed to facilitate the registration and management of social security benefits for informal workers.

Through the JMO app, workers can easily sign up for the SERTAKAN program, make contributions, and access information about their benefits. This use of technology is particularly important in a country as large and diverse as Indonesia, where many workers live in remote areas with limited access to traditional social security offices. By leveraging mobile technology, BPJS Ketenagakerjaan has made it possible for even the most isolated workers to participate in the social security system.

In addition to the JMO app, BPJS Ketenagakerjaan has also launched a nationwide campaign to promote the SERTAKAN program. This campaign involves collaboration with local governments, local figures, and community groups to raise awareness about the program and encourage enrolment. The campaign's success is reflected in the growing number of informal workers who have joined the program, contributing to a more inclusive and comprehensive social security system.

Inclusion: Protecting the Most Vulnerable

At its core, the SERTAKAN program is about inclusion. By focusing on vulnerable and marginalised workers, such as those in the informal sector, SERTAKAN ensures that social security is not a privilege reserved for formal sector workers but a right accessible to all. This inclusive approach is particularly important in the ASEAN context, where informal employment constitutes a significant portion of the workforce.

SERTAKAN's inclusive framework not only provides financial security to informal workers but also contributes to broader social and economic goals, such as reducing poverty and inequality. By extending social security coverage to previously excluded workers, the program helps to create a more equitable society where all individuals have the opportunity to thrive.

Moreover, the program's emphasis on protecting the most vulnerable workers aligns with the United Nations' Sustainable Development Goals (SDGs), particularly SDG 1 (No Poverty) and SDG 10 (Reduced Inequalities). By ensuring that informal workers have access to social security benefits, SERTAKAN plays a crucial role in achieving these global objectives and promoting social justice.

The SERTAKAN Campaign: A National Movement

To further its reach and impact, BPJS Ketenagakerjaan has launched a comprehensive SERTAKAN campaign aimed at raising awareness about the program and encouraging more informal workers to join. The campaign involves a series of public outreach initiatives, including workshops, social media campaigns, and partnerships with local governments and organisations.

One of the key messages of the SERTAKAN campaign is the importance of protecting loved ones by enrolling in the social security program. This message resonates particularly well with informal workers, many of whom are the primary breadwinners for their families. By highlighting the benefits of social security, the campaign has successfully motivated a large number of informal workers to participate in the program, helping to secure their financial future and that of their families.

The SERTAKAN campaign has also received significant media coverage, further boosting its visibility and impact. Through these efforts, BPJS Ketenagakerjaan has been able to reach a wide audience and ensure that the benefits of social security are accessible to all workers, regardless of their employment status.

Inclusive Social Security: Expanding Coverage to Lao PDR's Informal Workforce

Lao Social Security Organisation (LSSO) has initiated the expansion of social security coverage to informal economy workers, focusing on the self-employed, production and service groups, cooperatives, and the general populace. The goal is to ensure these groups have access to basic social protection and receive the same benefits as civil servants and workers in the enterprise sector. These benefits include health insurance, maternity, sickness, unemployment, pension, death grants, and survivor benefits, as stipulated in the Social Security Law.

Since late 2023, LSSO has introduced various service delivery approaches to enable citizens living in remote areas to access social security services. One key initiative is mobile registration for coffee and tea farmers in the southern provinces of Champasak, Saravane, and Sekong. The mobile service package includes contract issuance, contribution collection, receipt generation, and social security card issuance.

Findings from this pilot program in three districts showed that the mobile service registration system effectively facilitates and extends social security coverage to rural dwellers who are otherwise unable to register due to the distance from social security offices. Major activities under this mobile service include awareness-raising campaigns to improve understanding of social security rights and obligations and to facilitate the registration process for rural populations. The results of these campaigns indicate that citizens are highly interested in receiving social security benefits, particularly pensions, death grants, and health insurance, which significantly influence their decision to join the social security system.

Lessons learned from the mobile services include improvements in service delivery, awareness-raising strategies, and contribution payment mechanisms. Synergies between the public and private sectors, including groups such as organic vegetable producers, street vendors, textile weavers, and coffee and tea farmers associations and cooperatives, should be strengthened. This will help ensure the availability of accurate data, identification of clear target groups, and better collaboration with local authorities.

LSSO has now created a stronger technical team and developed a service system that can be implemented in eight provinces and six districts in Vientiane Capital. A total of 668 new members, including 488 women, have registered, and LSSO plans to scale up the mobile services to five additional provinces by late 2024.

KWSP EPF

EPF Account Restructuring Initiative: Leveraging Behavioural Insights to Enhance Financial Security and Resilience

On 11 May 2024, the Employees Provident Fund (EPF) Malaysia launched the Account Restructuring initiative, transforming how EPF members manage their savings. This initiative, inspired by the Sidecar Account concept, balances short-term financial needs with long-term savings goals. It introduces a third account for liquid savings while increasing the allocation for retirement savings to enhance long-term financial security. This innovative approach aims to improve members' financial wellbeing by empowering them to manage both their short-term, medium-term, and long-term needs more efficiently.

The Struggle to Save

The EPF scheme is a mandatory retirement savings scheme for private-sector employees in Malaysia. Under this scheme, employees contribute 11% of their wage, while employers contribute 13% for those earning RM5,000 or below, or 12% for those earning above RM5,000. Previously, contributions were allocated into two main accounts: Account 1, which received 70% of contributions and was dedicated to retirement savings with funds accessible only upon reaching age 55, and Account 2, which held the remaining 30%, accessible for withdrawals to fulfil lifecycle needs, such as housing, healthcare, education, and pilgrimage expenses for Muslim members.

While efforts have been made to boost retirement savings of EPF members, inadequate savings remain a key challenge. As of September 2024, only 21.8% of EPF members aged 18 to 55 years, or 35.6% of those who are active and under formal employment, met the Basic Savings target by age. Set at MYR240,000 (approximately USD53,643) upon reaching age 55, this target assumes the individual would need MYR1,000 (approximately USD224) per month for 20 years upon reaching full withdrawal age. The significant percentage of members unable to meet this modest target is concerning.

The inadequate savings levels among EPF members may be explained by the low wage structure even among formally employed workers. As of September 2024, 55% of active EPF members who are formally employed earned below MYR3,000 (approximately USD671) a month, and 77% earned below MYR5,000 (approximately USD1,118). This low wage and low savings situation presents a major concern, leading to consequential impacts. When faced with economic challenges such as high cost of living and an unstable labour market, individuals may succumb to a scarcity mindset. Troubled by the preoccupation with what is currently lacking, they may struggle to focus on longer-term planning.

Challenges in managing savings beyond the mandatory EPF contributions have also persisted, exacerbated by Malaysia’s low-wage environment. According to the EPF Members Financial Literacy Survey 2022, 52% of members were unable to save, and 46% had no emergency savings. The COVID-19 pandemic further highlighted these vulnerabilities, as 8.1 million members tapped into their retirement savings to address their immediate financial needs, draining MYR 145 billion (USD 32.4 billion) from their EPF accounts.

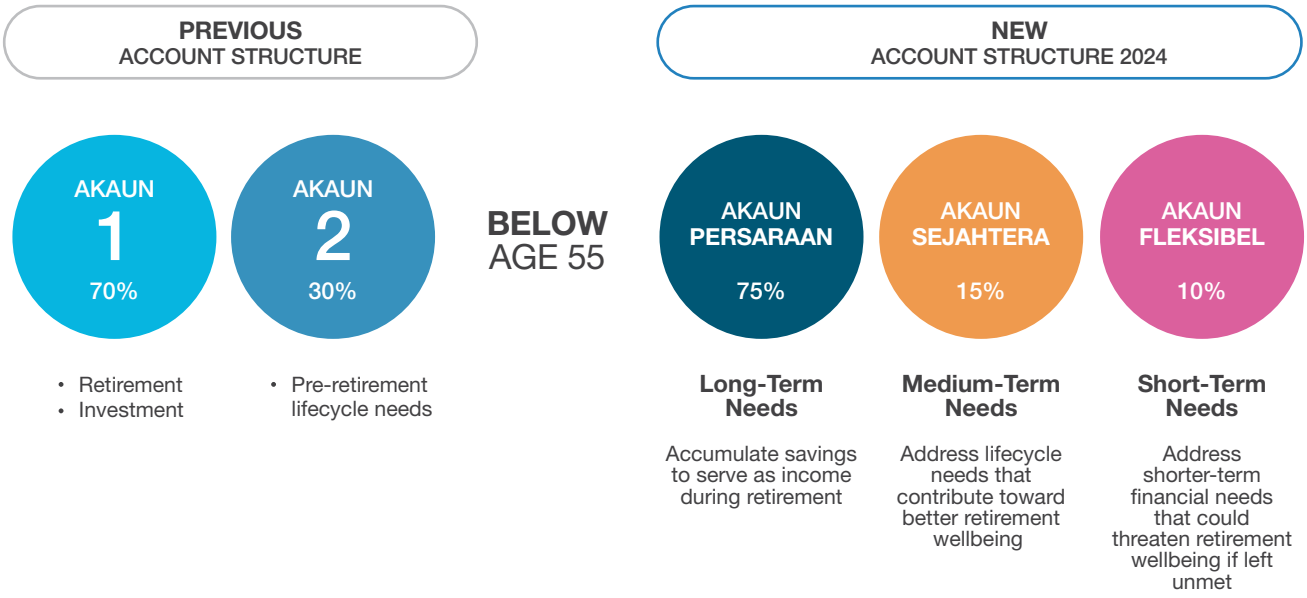
Additionally, confusion regarding the purpose of EPF accounts has contributed to high demand for further withdrawals to fulfil immediate and short-term needs. The names of Account 1 and Account 2 do not clearly reflect their intended purposes for retirement or lifecycle needs, which could contribute to retirement wellbeing, respectively. This lack of clarity led to additional withdrawal demands after the COVID-19 emergency withdrawal facilities, despite being in the post-pandemic recovery phase.

The EPF Account Restructuring Initiative

In 2020, the EPF conducted a public consultation to gather feedback on the EPF scheme, including the potential account restructuring. The survey revealed that 83% of respondents preferred empowerment through the introduction of an account that is flexible in nature, with 63% supporting a balanced approach combining flexibility with increased retirement account allocation. The findings highlighted the necessity for a more adaptable retirement planning framework.

A fundamental part of the Account Restructuring initiative is renaming existing accounts to reflect their intended purposes. Account 1 has been renamed 'Akaun Persaraan' (Retirement Account) to emphasise its focus on retirement savings, while Account 2 is now called 'Akaun Sejahtera' (Wellbeing Account), aimed at supporting members' lifecycle needs leading to enhanced wellbeing. To provide greater flexibility, a third account, 'Akaun Fleksibel' (Flexible Account), has been introduced, offering EPF members easier access to a portion of their savings for emergencies or immediate needs.

With the introduction of Akaun Fleksibel, the initial 70-30 split between Account 1 (now Akaun Persaraan) and Account 2 (now Akaun Sejahtera) has been revised. The contribution to Akaun Persaraan has increased by 5%, from 70% to 75%, while Akaun Sejahtera has been reduced from 30% to 15%. The remaining 10% of contributions now go into Akaun Fleksibel. This restructuring seeks to address the principle of loss aversion by compensating for the perceived loss from increased illiquid savings in Akaun Persaraan with the provision of accessible funds for short-term use in Akaun Fleksibel. This approach is designed to reduce the temptation to dip into retirement savings and make members more aware of the importance of saving for both the present and future.



In addition, members had a one-time opportunity from 12 May 2024 to 31 August 2024 to have a portion of their Akaun Sejahtera balance transferred to Akaun Fleksibel. Members with RM3,000 or more in Akaun Sejahtera at the time of opting in would also have a portion of their balance transferred to Akaun Persaraan. At the end of the opt-in period, a total of 4.14 million members (31.6% of EPF members below age 55) opted for the initial amount transfer, resulting in MYR14.54 billion transferred from Akaun Sejahtera to Akaun Fleksibel and MYR6.56 billion to Akaun Persaraan. The transfer to Akaun Fleksibel provides members with immediate flexibility in managing their funds without having to wait for new contributions to accumulate. Moreover, the transfer from Akaun Sejahtera to Akaun Persaraan has enhanced retirement savings adequacy, enabling 47,164 members who previously did not meet Basic Savings by age to achieve it immediately following the transfer.

As of 30 September 2024, a month after the initial amount transfer was closed, 3.86 million members (29.4% of EPF members below age 55) made withdrawals from their Akaun Fleksibel, totalling MYR10.78 billion. The difference between the number of members opting for the initial transfer and those making withdrawals indicates some degree of financial prudence among EPF members. Many opted to have funds transferred to Akaun Fleksibel for flexibility but refrained from immediate withdrawal, demonstrating a strategic approach to financial management.

Using Behavioural Insights to Boost Financial Security

A key objective of the reform is leveraging the theory of mental accounting to influence members' financial behaviours. Mental accounting helps members categorise funds for specific uses. By bucketing the three accounts for long-term retirement needs, medium-term lifecycle needs, and short-term emergency or other financial needs, members are encouraged to strategically plan for their lifetime financial goals.

The increased allocation for retirement savings in Akaun Persaraan (from 70% to 75%) should help members meet the Basic Savings target more effectively. At the same time, the introduction of Akaun Fleksibel offers members the opportunity to access funds when needed for emergencies or other short-term needs, without sacrificing their future savings.

One of the key shifts in this initiative is the recognition that members' financial needs go beyond just saving for retirement. For many members, particularly those in informal employment where income is unstable, the new Akaun Fleksibel provides the financial flexibility needed to respond to immediate financial pressures. This adjustment not only enhances financial resilience but also helps members feel more in control of their savings and decisions.

By linking short-term access to funds with long-term savings goals, the EPF seeks to address the inherent present bias that discourages long-term saving. With Akaun Fleksibel, members can access liquid savings without jeopardising their retirement security. This initiative, therefore, promotes both immediate and long-term financial wellbeing.

Conclusion and Future Outlook

In summary, the introduction of Akaun Fleksibel and the new contribution allocation underscores EPF's commitment to providing members with autonomy over part of their EPF savings based on individual needs while accelerating retirement fund accumulation. The significant uptake in the initial amount transfer reflects members' desire for flexibility. The observed withdrawal patterns suggest that members are exercising some financial prudence by keeping funds accessible without necessarily withdrawing them immediately.

These initial findings indicate that the Account Restructuring initiative is likely to positively impact members' capability to manage both short-term and long-term financial needs. As the initiative progresses, further behavioural insights will help refine the approach and ensure its long-term success. The significant changes introduced are expected to create a more adaptable and future-proof retirement savings system, ultimately enhancing the financial wellbeing and security of EPF members.

Fostering the Wellbeing of Malaysia's Civil Service Retirees Through KWAP's *Jelajah MyPesara* Programme

As the retirement landscape undergoes dynamic transformation, the focus intensifies on pensioners' wellbeing for a stable, comfortable, and peaceful retirement. Recognising this important juncture, Retirement Fund (Incorporated) (KWAP) aspires to lead and drive the evolution forward. Over the years, KWAP has consistently demonstrated its dedication to being a proactive partner in steering a meaningful retirement through various efforts, reflecting its tagline, "Your Retirement Companion."

Embracing this commitment, the inception of the ***"Jelajah MyPesara"*** programme is a clear indication of KWAP's pledge to support pensioners throughout their retirement while also keeping future pensioners in the loop. Launched in 2023, the programme is a manifestation of this new approach, providing a comprehensive year-long engagement for those aged 50 and above. *Jelajah MyPesara*, through its periodic engagement programmes across Malaysia, plays a crucial role in disseminating vital information and enhancing awareness about retirement, equipping individuals with the tools and insights necessary to ensure a secure future.

Key Themes of *Jelajah MyPesara*

Jelajah MyPesara focuses on three core themes: financial planning, health, and entrepreneurship, all curated to address the specific needs of pensioners and help them achieve a fulfilling retirement with optimal social security and quality of life. Additionally, the programme highlights the services offered by KWAP, alongside various ministries, agencies, and service providers within the retirement ecosystem.

a. Financial Planning

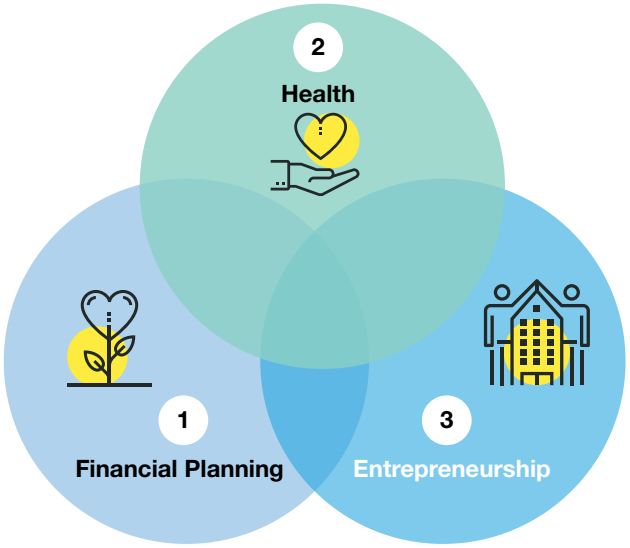
The financial planning theme under *Jelajah MyPesara* is strategically designed to elevate financial literacy among pensioners and future pensioners. It addresses critical aspects such as scam awareness, debt management, and cash flow proficiency. The programme aspires to empower participants with the knowledge and tools to make well-informed decisions, contributing to a more stable and comfortable retirement.

b. Health

Another integral facet of *Jelajah MyPesara* is the health-themed seminars. These encompass a series of enlightening sessions that explore essential subjects such as healthy diets, meal preparation, and the selection of nutritious food options. The seminars also include free health screenings and services such as basic medical check-ups, oral hygiene checks, comprehensive eye examinations, and complimentary physiotherapy consultations.

c. Entrepreneurship

The entrepreneurship theme embedded in the *Jelajah MyPesara* programme is designed to equip pensioners with entrepreneurial skills and the knowledge necessary for initiating and managing businesses during their retirement years. The modules cover fundamental topics such as accounting and finance for small enterprises, marketing and digitalisation, and awareness of business scams.



Outreach and Wellbeing Support

The programme places a strong emphasis on improving the overall wellbeing of pensioners, particularly through targeted initiatives that address their physical, emotional, and financial needs. These efforts include facilitating and conducting courtesy visits to low-income pensioners and those with health-conditions, offering much-needed support and companionship. Additionally, the programme collaborates closely with state governments and pension associations to provide basic care packages, ensuring that this group receives the essential support they need for their overall wellbeing. By prioritising the welfare of pensioners, the programme aims not only to uplift their spirits but also to foster a sense of community and belonging among them.

This programme provides an alternative to traditional over-the-counter services, aiming to humanise the process of serving pensioners and future pensioners by addressing their needs and requests on-site. The services offered include reprinting Pension Cards as well as attending to queries and requests related to pension benefits. This approach not only prioritises convenience but also demonstrates appreciation for pensioners and future pensioners by meeting them in their local areas.

Delivering Impact Across the Value Chain

In 2023, *Jelajah MyPesara* was conducted throughout Malaysia through collaborative efforts with the Public Service Department of Malaysia, government agencies, and relevant associations. KWAP has successfully engaged with over 8,000 participants nationwide, bolstered by the active involvement of 17 KWAP staff through the KWAP Ambassador Programme.

The KWAP Ambassador Programme not only aims to provide exposure and allow fellow KWAP employees to gain hands-on experience in engaging with its key stakeholders, but also aligns with Environmental, Social, and Governance (ESG) principles by fostering social responsibility and community engagement. Through their participation in the initiative, the KWAP ambassadors embody KWAP's tagline, "Your Retirement Companion," making it an integral aspect of their approach and interactions.

The *Jelajah MyPesara* initiative's impact extends across multiple facets, creating substantial value for various stakeholders:

a. **Pensioners and future pensioners:** Improving financial literacy enables pensioners to manage their personal finances better, protect themselves from financial scams, and plan for stable and sustainable income security throughout their retirement. Health screenings and educational seminars provide essential health services and knowledge, promoting better health management and lifestyle choices. Additionally, opportunities for social engagement and entrepreneurial activities help pensioners stay active, connected, and empowered within their communities.

b. **Government agencies:** The programme fosters healthy relationships with relevant government agencies, offering a platform for these agencies to showcase their services and programmes tailored to the target group. Collaborative efforts ensure the wellbeing of pensioners through various initiatives, while insights gathered from these engagements help inform and improve related policies.

c. **Associations:** Working with pension associations enhances the reach and effectiveness of the initiative, ensuring more pensioners and future pensioners benefit from the programme. This collaboration increases awareness and strengthens KWAP's brand presence among pensioners and future pensioners, while also providing opportunities for KWAP to participate in more national-level engagement programmes organised by these associations.

d. **Nation:** By elevating the financial acumen and health awareness of pensioners and future pensioners, *Jelajah MyPesara* contributes to the nation's resilience. A community of well-prepared pensioners enriches society with their experiences and participation, adding social and economic value to the country.

Prioritising the enhancement of pensioners' wellbeing promotes social stability and cohesion, ensuring older citizens remain active and healthy. By focusing on the entire value chain of retirement experiences, *Jelajah MyPesara* fosters a more informed, healthier, and financially secure pensioner community.

Forging Ahead

The journey is far from over, as KWAP recognises the ongoing importance of addressing pensioners and future pensioners' needs and requests through continuous engagement. *Jelajah MyPesara* serves as a vital platform for KWAP to gather valuable feedback from customers via surveys. This feedback is crucial in helping KWAP gain a deeper understanding of the needs of pensioners and future pensioners, enabling the provision of tailored services and value-added offerings to meet those needs effectively.

Jelajah MyPesara also plays a crucial role in fostering and supporting the social wellbeing of pensioners. It acknowledges the multifaceted challenges faced by pensioners, including declining health and income insecurity. Therefore, it is essential for *Jelajah MyPesara* to stay resolute in its mission of raising awareness on the importance of early retirement planning.

To expand its outreach, maintaining strong relationships with government agencies and associations is crucial. Collaboration and government support are essential for enhancing the programme's outreach capabilities, expanding knowledge and databases of pensioners and future pensioners, and bridging communication gaps.

KWAP remains steadfast in its commitment to foster the wellbeing of pensioners and future pensioners, embracing it as a foundational pillar of its mission to nurture and support a meaningful and fulfilling retirement journey while ensuring the social aspect of ESG remains a central focus in its efforts. As the retirement landscape continues to evolve, KWAP's dedication to support pensioners and future pensioners through initiatives like *Jelajah MyPesara* exemplifies its proactive approach in securing a fulfilling and sustainable retirement for all. By prioritising the holistic wellbeing of pensioners, KWAP not only enhances their quality of life but also plays a key role in supporting a thriving nation, solidifying its position as a trusted and indispensable partner in the retirement journey, synonymous with its tagline, "Your Retirement Companion."

PERKESO

SEHATi: Enhancing Healthcare Access and Management for PERKESO Insured Persons

Social Security Organisation (PERKESO) has introduced SEHATi, a digital platform consisting of a portal and mobile application, to enhance access to health programmes and medical benefits for its Insured Persons (IPs). The SEHATi platform serves to streamline various services, including eligibility management, programme implementation, benefits delivery, and payment reimbursement for healthcare panels. In addition, it facilitates comprehensive data and record management, aligning with the International Social Security Association (ISSA) Guidelines for Information and Communication Technology.

The platform's primary focus is on delivering the PERKESO Health Screening Programme (HSP) and medical benefits. SEHATi has significantly simplified the process for IPs to access free health screenings and receive early treatment for employment injuries. The platform also helps clinics, laboratories, and mammogram centres manage programme administration, payment reimbursements, and data management efficiently.

Challenges Faced by PERKESO

Recent statistics from PERKESO highlight a concerning rise in applications for invalidity and survivors' pensions, with over 63,000 applications in 2023. Notably, 41% of these cases were due to non-communicable diseases (NCDs), such as diabetes, hypertension, and high cholesterol. In response, PERKESO has implemented a proactive initiative to address these health challenges by offering free health screenings to over 2 million eligible IPs through the HSP. However, managing such a large volume of participants requires a more organised and user-friendly platform to ensure effective benefits delivery.

Employment injury claims also continue to be significant. Many IPs face delays in receiving benefits due to manual processes, which often require them to pay out-of-pocket for treatment, further straining their financial situation. This inefficiency highlights the need for a more user-friendly system that simplifies access to benefits and reduces the burden on IPs.

Addressing the Challenges with SEHATi

To address these issues, PERKESO has taken a major step by developing SEHATi, a platform that supports 9.5 million active IPs eligible for social security protection. With the integration of the ISSA Guidelines for Information and Communication Technology, SEHATi is designed to facilitate seamless management and delivery of benefits.

The platform includes key modules such as the HSP and medical benefits, which rely on third-party services from panel clinics. Through SEHATi, IPs can check their eligibility, set appointments, and access health screening results, while PERKESO and the clinics can manage payment claims and data in an organised manner.

SEHATi's Key Features and Benefits

SEHATi incorporates several features aimed at improving healthcare access and management for PERKESO's IPs. One of its main components is the Health Diary, an electronic medical record system where IPs can monitor their health, track their eligibility for HSP, and set appointments with panel clinics. Additionally, IPs can record their daily health data for self-monitoring purposes.

The platform has also streamlined the process for seeking early treatment for employment injuries. Previously, IPs had to cover medical expenses upfront and later submit claims to PERKESO. With SEHATi, IPs can now check their eligibility and receive approval for acute treatment immediately, reducing the financial burden. The platform also expands access to a wider network of panel clinics.

Furthermore, SEHATi enhances data management by providing relevant health analysis, follow-up procedures, and rehabilitation services when necessary. The platform ensures a "no-wrong-door" approach to accessing social security benefits, including temporary disablement benefits and the Return-to-Work Programme, following an employment injury.

Evaluating SEHATi's Impact

Since its introduction in 2022, SEHATi has been adopted by nearly 350,000 IPs, as well as more than 4,000 panel clinics, laboratories, and mammogram centres. The platform features a dashboard that provides employers with anonymous health analysis of their employees, enabling them to implement targeted health promotion programmes.

Data from 2023 and 2024 reveal alarming health trends among IPs who participated in the HSP, with 59.4% being overweight or obese, 19.7% diagnosed with diabetes, 20.0% with high blood pressure, and 59.7% experiencing high cholesterol levels. This analysis underscores the importance of SEHATi in supporting preventive healthcare and facilitating early interventions.

In conclusion, SEHATi represents a significant advancement in PERKESO's efforts to provide efficient healthcare services and social security benefits to its IPs. By leveraging digital technology, PERKESO has not only improved the accessibility and management of health programmes but also positioned itself as a leader in innovative social protection.

SEHATi

Strengthening Collaboration in Social Security for Myanmar Migrant Workers

The ASEAN Member States (AMS) are enhancing cooperative activities to improve the quality of life for their people. These efforts focus on people-oriented, environmentally friendly initiatives aimed at promoting sustainable development, with the ultimate goal of achieving human development, resilience, and sustainability. Promoting and protecting the rights of migrant workers, including through social protection via AMS cooperation, is a key activity in fostering an inclusive community.

AMS have reached a consensus that migrant workers are entitled to fair and appropriate remuneration and benefits, and that they do not forfeit rights to benefits arising from their employment in accordance with the national laws, regulations, and policies of the receiving country, even if they leave that country.

Furthermore, AMS are committed to taking relevant actions to ensure the portability of social security benefits for migrant workers. These actions include developing comprehensive migration policies, discussing steps toward establishing bilateral and/or multilateral agreements or memorandums of cooperation between AMS following findings and recommendations from relevant studies, advancing the use of technology, strengthening the capabilities of labour officials and those in charge of social security, and enhancing cooperation both among AMS and with ASEAN's external partners.

The ASEAN Social Security Association (ASSA), comprising 20 member institutions which are social security organisations in the ASEAN region, has been actively working to promote the development of social security and regional cooperation. In practice, the implementation of social security systems is complex, having to take into account factors such as economic and social issues. Among the priorities of social security organisations is the portability of benefits, ensuring that individuals can access social security benefits even if they migrate. Achieving this requires close collaboration between the social security organisations of sending and receiving countries in the ASEAN region, a crucial step in facilitating portability for migrant workers.

Currently, Myanmar sends its workers to Thailand, Malaysia, and Singapore as a sending country in the ASEAN region. Thailand hosts the largest number of Myanmar migrant workers, while Singapore has the fewest. In terms of social security collaboration, Myanmar's Social Security Board (SSB) has partnered with Malaysia's Social Security Organisation (PERKESO) to promote social security programs for Myanmar workers in Malaysia, formalising this with a Memorandum of Collaboration (MoC) signed on 13 October 2020.

Under this collaboration, PERKESO informs SSB when information and supporting documents are needed for Myanmar workers registered with PERKESO who have died or been injured in Malaysia due to employment injuries. This would facilitate the disbursement of dependent and permanent disability benefits. SSB, in turn, coordinates with the Ministry of Foreign Affairs and Ministry of Home Affairs to gather any additional required information. Following this, SSB assigns its township office to communicate with the migrant worker's family to collect the necessary documents, which SSB then analyses and sends to PERKESO via the Myanmar Embassy.

Currently, over 140,000 Myanmar migrant workers are covered under the social security system administered by PERKESO. Among the Myanmar migrant workers registered with PERKESO, the SSB statistics from the June 2024 report shows that dependent benefits have been provided to the dependents of 29 deceased workers, and permanent disability benefits have been provided to two individuals due to employment injuries. Documents for six dependents are currently under analysis following the MoC implementation.

One of the two individuals with disabilities, Mr. Aung Ko Thin, fell from a height of six meters on 2 May 2020 while working at a construction site in Malaysia, resulting in severe injuries and permanent disability. In this case, SSB, PERKESO, and the relevant government departments coordinated to smoothly repatriate him and facilitate his permanent disability benefits. On 13 December 2023, Mr. Aung Ko Thin safely arrived at Yangon International Airport at around 10:30 AM, accompanied by two representatives from PERKESO and one doctor from Asia Medevac Service Sdn Bhd. Representatives from SSB and a medical team from North Okkalapa Public Hospital in Yangon transported Mr. Aung Ko Thin by ambulance and provided necessary treatment. Subsequently, the responsible parties from SSB, PERKESO, the Department of Labour, and the Myanmar Overseas Employment Agencies Federation met with Mr. Aung Ko Thin's family members to express their deepest sympathies regarding his disability. Furthermore, discussions were held regarding the requirements for his permanent disability benefits, which PERKESO has been providing. This was the first time a repatriation of a Myanmar migrant worker who became disabled due to an employment injury was conducted after the signing of the MoC.

This collaboration exemplifies the successful partnership and synergy between SSB Myanmar and PERKESO Malaysia, demonstrating the profound impact their efforts have on the lives of migrant workers and their families. It also represents a crucial step toward achieving the portability of social security benefits for migrant workers, a key objective for social security organisations across ASEAN countries.

Delegates from PERKESO negotiating the MoC terms with SSB officers at SSB Head Office, Nay Pyi Taw, Myanmar, on 25 March 2019.

Mr. Aung Ko Thin arrived at Yangon International Airport on 13 December 2023.

Medical care provided to Mr. Aung Ko Thin at the hospital.

Mr. Aung Ko Thin's mother signed for disability benefits.

ECC Sets Up Return-To-Work Assistance Program to Optimise Benefits for Persons With Work-Related Disabilities

The Employees' Compensation Commission (ECC) has launched the Return-to-Work Assistance Program (RTWAP) to enhance the provision of Employees' Compensation benefits to persons with work-related disabilities (PWRDs).

The UN Convention on the Rights of Persons with Disabilities echoes the obligation of state parties to recognise the right of persons with disabilities to work on an equal basis with others. This includes the right to gain a living through freely chosen work in an open, inclusive, and accessible labour market. State parties must safeguard this right, including for those who acquire a disability during employment, by promoting employment opportunities, career advancement, and assistance in finding, obtaining, maintaining, and returning to employment. This calls for the mainstreaming of disability issues as an integral part of sustainable development strategies.

In line with this, the ECC has taken a significant step in its mandate by adopting a more holistic approach to addressing the physical, social, psychological, and economic challenges faced by PWRDs through the establishment of the RTWAP. The program aims to facilitate the seamless reintegration of PWRDs into the workforce, empowering them to resume their careers with renewed confidence and dignity. The ECC views disability not as a limitation but as an opportunity for PWRDs to discover their boundless potential.

Work-related disabilities can present significant challenges, often affecting a worker's ability to return to their previous roles or adapt to new responsibilities. In the Philippines, where many industries are labour-intensive, these challenges are particularly pressing. Recognising the need for a robust support system, the ECC developed RTWAP to bridge the gap between workers' needs and their successful return to employment.

RTWAP is a comprehensive initiative that offers tailored services to meet the unique needs of workers with disabilities. The program is built on the following key pillars:

- Individualised rehabilitation and recovery plans;
- Workplace adjustments and accessibility;
- Career counselling and skills development;
- Mental health and emotional support;
- Continuous monitoring and support; and
- Collaboration with employers and stakeholders.

ECC is committed to fostering an inclusive workforce in the Philippines, where every worker, regardless of their physical condition, has the opportunity to thrive. RTWAP is a testament to this commitment, reflecting the belief that everyone deserves the chance to contribute meaningfully to the economy and society.

Through this program, the ECC seeks to empower workers with disabilities by providing the tools, resources, and support necessary to overcome their challenges. By addressing both the physical and psychological aspects of returning to work, RTWAP aims to restore workers' confidence and sense of purpose, enabling them to continue building their careers and supporting their families.

During the launch of the program, ECC Executive Director Atty. Kaima Via B. Velasquez encouraged workers with work-related disabilities and employers interested in fostering inclusive workplaces to explore the opportunities offered by RTWAP. “Together, we can make a significant impact on the lives of countless individuals and contribute to the overall prosperity of the nation,” Director Velasquez said.

RTWAP stems from ECC’s recognition that, while its current benefits are significant, they do not fully address the need for PWRDs to regain their employment—a fundamental right of every individual.

Wilbert Mungag, a former lineman at ORMECO Inc. in Calapan City, Philippines, expressed his gratitude to RTWAP and the ECC for the ongoing support he has received, ranging from monetary benefits to rehabilitation services. “I am so grateful to ECC because, even after they helped me return to employment, they continue to provide benefits and services such as livelihood packages, cash assistance, and physical rehabilitation,” Mungag said.

ECC is a leading organisation in social protection in the Philippines, dedicated to promoting social inclusion, economic empowerment, and equal opportunities for PWRDs.

ECC Management headed by Atty. Kaima Via B. Velasquez, Executive Director; Dr. Christine C. Marquez, OIC-Division Chief, Work Contingency, Prevention & Rehabilitation Division; and Atty. E. Patrice Jamaine T. Barron, Chief, Appeals Division launched the Disability Management and Return-to-Work Assistance Program (DM-RTWAP) in Iloilo City on 18 July 2024.

Dr. Christine C. Marquez, OIC-Division Chief for Work Contingency, Prevention & Rehabilitation Division of ECC gave an overview of the Disability Management and Return-to-Work Assistance Program (DM-RTWAP) before key stakeholders in Calamba, Laguna on 28 February 2023.

ECC visited Mr. Samson A. Miñon, a maintenance personnel at a private manufacturing company who met a workplace accident. Besides monetary benefits, he also receives free rehabilitation services and treatment from ECC.

GSIS: Demonstrating Resilience and Growth Amid Global Challenges

As the Association of Southeast Asian Nations (ASEAN) navigates the evolving landscape of social security driven by rapid technological advancements and economic shifts, the Philippines' Government Service Insurance System (GSIS) continues to showcase significant financial and operational growth. This success demonstrates GSIS's resilience and dedication to its mission.

For 87 years, the Philippines' pension fund has been at the forefront of protecting the welfare of government employees, consistently enhancing its products and services to meet the evolving needs of its members and pensioners.

Aligned with the government's *Bagong Pilipinas* vision of governance, the GSIS has set a new benchmark in the public sector through strategic financial management and leveraging the latest technology to deliver the ultimate ginhawa (relief) experience to its stakeholders.

In May 2024, the GSIS reported a net income of Php48 billion, marking a 12% increase from the May 2023 levels. This growth was fuelled by strong revenue, which reached Php127 billion, a 13% increase from the same period in 2023.

The GSIS attributes this success to strategic investments in key sectors such as infrastructure, food, telecommunications, mining, and energy to support the nation's economic growth. On the global front, the GSIS's total assets reached Php1.75 trillion by May 2024, a 10% increase compared to May of the previous year.

These accomplishments have extended the social insurance fund's life to 2058, ensuring the GSIS's ability to provide timely benefits to both members and pensioners now and in the future.

Empowering Lives—Turning Dreams into Reality

For nearly two decades, Rachelle Anne Pineda and her family rented a home. However, their lives took a heartwarming turn through the GSIS Lease with Option to Buy (LWOB) Program.

"It's overwhelming to finally have a place we can call our home…," Rachel shared, commending the ease and convenience of the online application process and the responsive support from the GSIS staff—making the otherwise daunting journey of home ownership seamless and straightforward.

Celso Zara, a 71-year-old retiree of the Philippine Air Force, echoed this sentiment, saying, "The joy of finally securing our own home is indescribable. After years of anticipation, it's a dream come true."

The GSIS believes that access to decent and affordable housing is a fundamental right, essential for dignity and stability. Launched in May last year under the *Pabahay sa Bagong Bayaning Manggagawa* (PBBM) program, LWOB is designed to make home ownership accessible. As of May 2024, it has already helped over 2,000 families secure homes by offering them the opportunity to lease GSIS residential properties with the option to purchase without a down payment.

Meanwhile, the Housing Account Restructuring and Condonation Program has provided relief to more than 1,000 housing loan borrowers by clearing Php1.6 billion in penalties and offering Php121 million in interest discounts. Through this program, the GSIS is committed to helping its members settle their housing obligations.

Looking ahead, the GSIS is also set to complete the construction of its high-rise residential buildings next year. This aims to meet the housing needs of government workers and contribute to closing the housing gap in the country.

Insuring Government Properties for Disaster Resilience

In response to the government's directive to enhance the protection of government properties and strengthen national resilience against natural disasters, the GSIS has made significant strides in the insurance sector.

In 2023, the GSIS recorded a historic Php9.8 billion in gross premiums written (GPW) for non-life insurance, the highest ever and a 44% increase from the previous year's Php6.8 billion. With a net worth exceeding Php55 billion, the GSIS remains the largest non-life insurer in the country. In the first quarter of the year alone, the GPW rose 12% to Php2.98 billion, while net income from general insurance operations grew by 35% to Php3.3 billion compared to the first quarter of 2023.

GSIS's commitment to innovation is further demonstrated by its plan to introduce Parametric Insurance for Local Government Units. This new insurance model will provide quick financial support following disasters by issuing payouts based on specific parameters, such as earthquake magnitude or typhoon wind speed, ensuring timely aid to affected communities and bolstering resilience and recovery capabilities.

The pension fund also launched its Property Inventory Application in the first half of the year. This tool is envisioned to enhance the government's ability to respond quickly to calamities through efficient documentation and asset management.

Providing Strategic and Sustainable Support for Financial Freedom

Jessie Taguinod, a teacher, beamed with pride as she walked through her thriving piggery that now stands as a testament to her hard work and determination. Starting with just 26 pigs purchased using proceeds from her Multipurpose Loan (MPL) Flex loan, her stock has now grown to over a hundred, providing stable and additional income for her family.

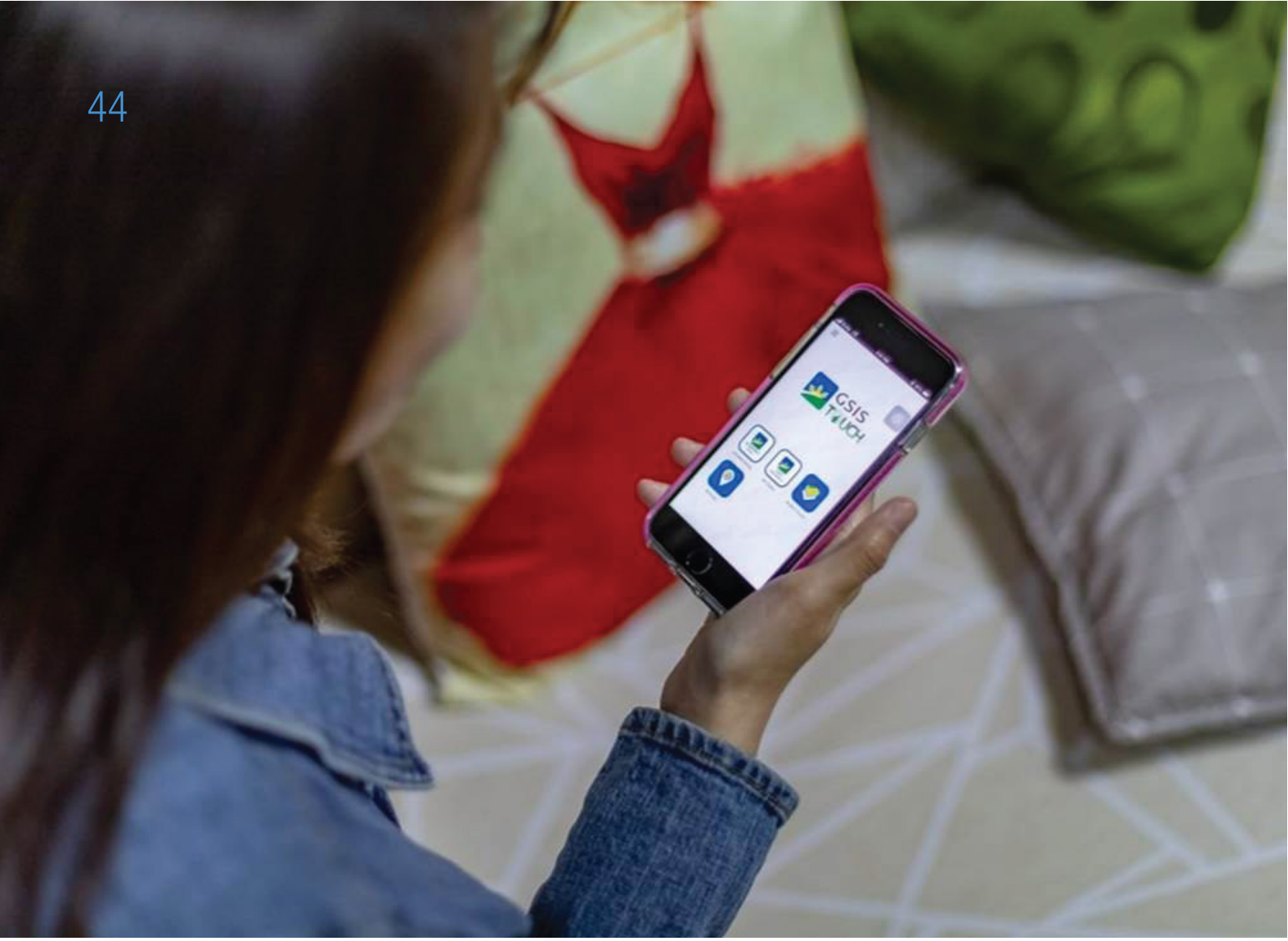
In celebration of National Teachers' Month last September 2023, the GSIS introduced the groundbreaking MPL Flex loan program. This program sets new standards with the lowest rate of 6% and highly flexible payment options tailored for government employees. Members can repay over periods ranging from one to 15 years and borrow up to 14 times their basic monthly salary, capped at Php5 million.

MPL Flex empowers GSIS members to achieve both personal and investment goals. Whether establishing small businesses or purchasing a home, MPL Flex offers GSIS members the *ginhawa* of having a roof over their heads.

Roland Satin, another teacher from the Mayo Crossing Elementary School in Lucena, used his MPL Flex loan to open an internet café in their neighbourhood, providing essential internet access for his community. "This café has evolved beyond a business—it's become a community lifeline that keeps my neighbours connected and gives them the tools to succeed in work and study," he shared.

Applications for the MPL Flex can be conveniently submitted through the GSIS Touch mobile application or at the GSIS Wireless Automated Processing System (GWAPS) kiosks in GSIS branches—a quick and paperless process.

The experiences of Jessie and Roland highlight the transformative impact of GSIS loans on their lives and communities. The GSIS remains committed to helping members manage their finances and reduce debts by providing strategic and sustainable financial support.



Accelerating Digitalisation for That *Ginhawa* (Relief) Experience

In embracing digitalisation to improve its programs and services, the GSIS launched its new membership identification card—the GSIS Digital ID—on its 87th anniversary last May. Integrated into the GSIS Touch mobile app, this digital ID will replace physical ID cards as the official GSIS membership ID.

The GSIS has also significantly enhanced the GSIS Touch mobile app. With the integration of a payment feature, through its collaboration with Maya, the Philippines' premier end-to-end digital payments company, members and pensioners can effortlessly settle loan payments directly within the app. This integration facilitates transactions via a wide array of banks and e-wallets linked through Maya, ensuring efficiency and flexibility in managing their financial obligations. In 2023, facial recognition for the Annual Pensioners Information Revalidation (APIR) via the GSIS Touch mobile app was also successfully introduced.

The GSIS Touch also supports tentative loan computation and application for various loans including the GSIS MPL Flex, GFAL-Education Loan, Policy Loan, Emergency Loan, and Pension Loan.

Now available to members and pensioners in 41 countries, the app enables them to register, schedule APIR appointments, receive one-time passwords (OTP) via email, and conduct transactions requiring OTP authentication.

As of December last year, 97% of GSIS transactions have been processed electronically through kiosks and the mobile app, with only 3% handled over-the-counter. This shift demonstrates GSIS's commitment to enhancing convenience, reliability, and accessibility for its members and pensioners.

Bridging the Digital Divide for Learners

Nestled in the heart of Mariveles, Bataan, the Biaan Aeta Integrated School stands as a beacon of hope and progress. Mariquita Banal, a dedicated teacher at the school, expressed her excitement about the new opportunities brought by the GSIS Adopt-A-School program.

“We are very grateful to GSIS for the technological devices. The computers and interactive board televisions are a huge help. These devices will greatly improve education here at Biaan Aeta Integrated School. Thank you, because it has been our dream to provide our students with computers for their studies and keep up with the digital world. Our dream of having a digital classroom will come true because of your donations,” Mariquita shared with gratitude and joy.

In Antique, another story of transformation unfolds. Albert Antiquez, the principal of Antique Vocational School, shares a similar sense of fulfilment and appreciation. For years, he has strived to elevate the learning experience of his students, and now, with the help of the GSIS, that vision is becoming a reality. “We are very fortunate to have received the GSIS Adopt-A-School program IT package. This will significantly contribute to our learners’ development, especially in research,” Albert said.

For Mark Cyrus Tayco, a grade 6 student at Mina-A Elementary School in Aklan, the program has been life-changing. "We no longer have to go to another town to use a computer; we can do it here. We can type our assignments on the computer here at school. Thank you very much for the computers and TV because they will make our projects and schoolwork easier," he shared.

These heartfelt stories reflect the profound impact of the GSIS Adopt-A-School program. By bridging the digital divide, GSIS is not just providing technological tools; it is opening doors to a brighter future for countless students and teachers. Through this program, dreams are becoming realities, one school at a time.

As GSIS continues to forge ahead, it will remain dedicated to uplift the lives of its members and stakeholders. Through sound financial management, digital advancements, and impactful community initiatives, GSIS is shaping a future where aspirations become achievements, lives are transformed, and every Filipino’s journey towards a better future is supported.

The Lingkod Pag-IBIG on Wheels: Bringing Social Security and Service Closer to Members Across the Philippines

Home Development Mutual Fund (Pag-IBIG Fund), the Philippines' premier savings institution and the largest source of funds for shelter financing, continues to expand its reach beyond physical branches through its innovative mobile branch initiative, the Lingkod Pag-IBIG on Wheels (LPOW). In line with the ASEAN Social Security Association (ASSA)'s vision to promote the development of social protection in the ASEAN region, Pag-IBIG Fund's LPOW bridges gaps in access, availability, and delivery of social service programs to communities.

Launched in April 2022, the LPOW has become an innovative and pivotal part of Pag-IBIG Fund's strategy to bring its service closer to the people wherever and whenever it is needed. Initially rolled-out with four units to serve calamity-stricken areas, Pag-IBIG Fund expanded the LPOW fleet to eight units, enhancing its capacity to serve members in a wide range of locations. The LPOW offers a full suite of services, including applications for multi-purpose, calamity, and housing loans; Modified Pag-IBIG II (MP2) savings; membership registration; provident benefit claims; and issuance of Loyalty Card Plus. The mobile branches are equipped with the latest technology, enabling real-time processing of transactions and ensuring that members receive prompt and efficient service.

The success of this initiative has allowed Pag-IBIG Fund to use LPOW not just to provide immediate assistance in calamity-stricken areas, as its reach and impact extend far beyond disaster response, but has also transformed the way it delivers public service to its members.

PHILIPPINES
HOME DEVELOPMENT MUTUAL FUND (PAG-IBIG FUND)

By taking services directly to communities, especially those in need, this mobile service delivery model ushers in a new era of public service where accessibility, convenience, and efficiency are prioritised, ultimately transforming how social security institutions engage with and serve their members.

By deploying LPOW units in strategic, high-traffic locations such as marketplaces, municipal halls, transport terminals, and government events, Pag-IBIG Fund brings its services directly to the people. This approach not only enhances the accessibility of essential services but also aligns Pag-IBIG's offerings with other government initiatives, creating a unified network of public service delivery. By positioning LPOW alongside other public service touchpoints, Pag-IBIG Fund strengthens its collaboration with local governments and community organisations, ensuring that its services are part of a larger ecosystem of support available to citizens.

Pag-IBIG Fund aims to serve every Filipino worker, including those in areas where physical branches are not available or are difficult to access. The LPOW ensures that social security benefits are within reach of all members, regardless of their location.

"Our goal is to ensure that our services are accessible to all, especially during challenging times such as calamities," said Pag-IBIG Fund CEO Marilene C. Acosta.

"However, we recognise that there are many other instances where people need our support—whether they are in remote areas, have mobility challenges, or lack access to traditional banking and social security services. The LPOW addresses these gaps by providing an on-the-ground presence that bridges the divide between our services and the people who need them most," she added.

As of July 2024, the LPOW mobile offices have served over 120,000 Pag-IBIG members across 705 locations in the Philippines, embodying Pag-IBIG Fund's commitment to integration, innovation, and inclusion, remaining responsive to the needs of its members and promoting the security of their welfare and of their families.

PhilHealth
Your Partner in Health

Enhancing Health Coverage: The PhilHealth Benefits Development Planning Protocol

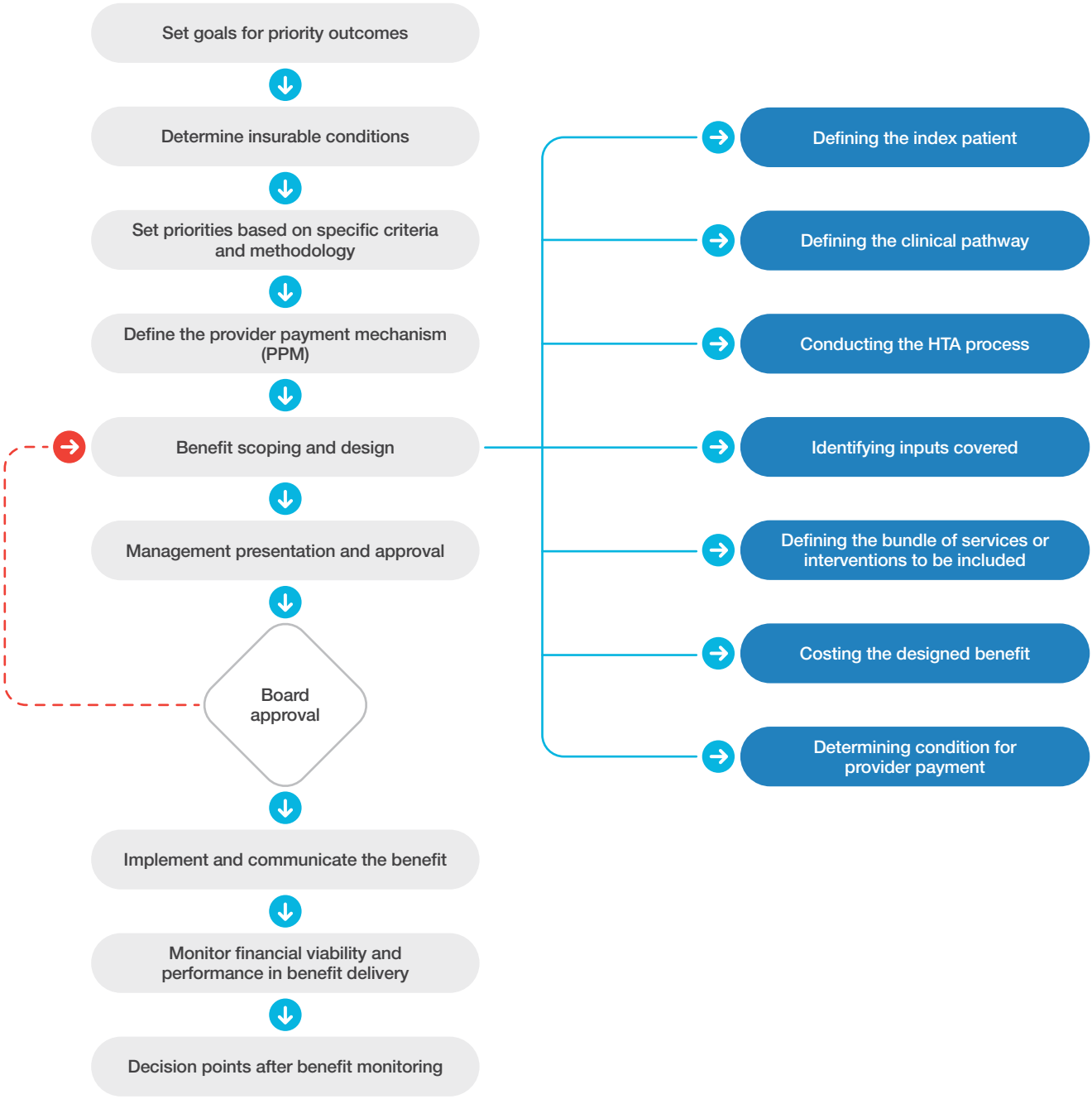
The Philippine Health Insurance Corporation (PhilHealth) was established in 1995 to administer the national health insurance program. Since its establishment, PhilHealth has gained extensive experience in developing and enhancing benefit packages. Initially, the development of these packages was driven by perceived needs, often influenced by management, interest groups, or organisations based on their respective priorities. PhilHealth functioned as a passive purchaser, with no standard procedure or methodology guiding the development process and rate setting. Instead, these were based on actuarial ceilings, claims profiles on utilisation, and the average value per claim (AVPC). The main goal was to offer benefit packages that remained within the financial capability of the Corporation, with less emphasis on financial risk protection for members.

The passage of Republic Act No. 11223, known as the Universal Health Care (UHC) Act, mandated PhilHealth to provide coverage for all Filipinos and develop comprehensive benefit packages. The law outlines access to preventive, promotive, curative, rehabilitative, and palliative care, covering medical, dental, mental, and emergency health services. Additionally, PhilHealth is required to shift from a reimbursement-based payment model to a prospective payment mechanism using the Diagnosis Related Group (DRG) system.

Over time, and in response to the UHC Act, PhilHealth recognised the need to institutionalise the way it develops benefit packages. By adopting a more methodical approach to benefit development, PhilHealth is aligning its processes with its UHC mandate. This shift enables the transition from passive purchasing to strategic purchasing, ensuring equitable resource distribution, improved quality of care, and greater efficiency in delivering health services—all aimed at better health outcomes. To facilitate these directives, the Benefit Development Planning Protocol (BDPP) was established as a guide for implementing these reforms.

The PhilHealth BDPP

The BDPP outlines the process for identifying and designing PhilHealth benefit packages, serving as a roadmap that details the steps from identifying services to determining which services should be included in the PhilHealth benefits package. It also specifies the processes, sources of information, and relevant stakeholders involved in the benefits development process.



The benefits development process involves the following steps:

1. **Setting Goals for Outcome Priorities**
   a. Set clear goal and general criteria for selecting outcome priorities and, subsequently, services and products within each priority.
   b. Clearly state the intended impact or goal of the health benefits package (HBP), which may include improving health outcomes, reducing health inequities, and enhancing financial risk protection (FRP).
   c. Utilise well accepted references such as the UHC Act, special and other health laws, the National Objectives for Health (NOH), and the Philippine Development Plan (PDP) as guides in selecting outcome priorities and their corresponding service and product priorities.

2. **Determining Insurable Conditions**
   a. Adopt the UHC Act's provision distinguishing between population-based and individual-based health services, with PhilHealth mandated to purchase the latter.
   b. Differentiate insurable conditions for social health insurance (SHI) from the "insurable risk" concept used by private health insurance companies.
   c. Prioritise equity and coverage for vulnerable populations, alongside budgetary considerations, when deciding which conditions to cover under the HBP.

3. **Setting Priorities Based on Specific Criteria and Methodology**
   a. Operationalise the criteria and methods for appraising disease/condition-service pairs against established goals.
   b. Translate general criteria into specific criteria that can be used consistently to appraise disease/condition-service pairs through pre-agreed, technically rigorous appraisal methods.

4. **Defining the Provider Payment Mechanism (PPM)**
   The PPM for the benefits is determined and added to PhilHealth's service package subject to the boundaries of existing laws like the UHC Act.

5. **Benefit Scoping and Design and Determination of Financial Feasibility**
   Following benefit design and cost estimation, it is crucial to assess the financial impact and sustainability of including additional benefits to guide package approval and budgeting discussions. Ensuring the financial sustainability of the health insurance scheme remains a top priority as PhilHealth incrementally expands its benefit coverage. Proposed benefit packages shown to be financially infeasible for implementation must be revised accordingly to meet the financial constraints of the Corporation.

6. **Management Presentation and Approval**
   Once the prototype benefits package is ready, it is subjected to risk management, actuarial evaluation, and a three-tiered approval by the PhilHealth Executive Committee, the Benefits Committee of the PhilHealth Board of Directors, and the Board of Directors.

7. **Implementing and Communicating the Benefit**
   A critical step in implementing benefits packages is to plan and develop effective communication strategies that will be implemented through various channels targeting intended members and health care providers. These strategies include the publication of PhilHealth circulars, advisories, news articles in major newspapers, art cards in PhilHealth website and Facebook page, knowledge products for target audiences including patient groups, parents or carers, health care providers, and other government agencies.

8. **Monitoring Financial Viability and Performance in Benefit Delivery**
   In implementing a more robust benefits development process, monitoring and evaluation mechanisms must be employed to ensure that designed benefits align with set goals and are achieving the intended outcomes.

9. **Decision Points After Benefit Monitoring**
   A continuous process of reviewing, learning, and revising benefits based on the implementation and management of existing benefits is at the heart of the benefits development process. All findings from benefits monitoring, even if they do not trigger modification of an existing benefit, shall be forwarded to appropriate teams or office in PhilHealth that can address the issues to support the Corporation's thrust for financial risk protection. Technical recommendations on the decision options and resulting policy outcomes from the benefit review will be documented and communicated to the appropriate offices for action.

The Advantages of the BDPP

A study conducted by the Joint Learning Network for Universal Health Coverage in 2022 revealed that HBP revisions are scarce and that few countries have an explicit process for periodically reviewing their HBPs. The Philippines, along with only two other countries, was identified as a rare example of countries that have legal provisions that require periodic reviews of its HBPs.

The establishment of the BDPP, with its explicit prioritisation criteria and transparent decision-making process, helps safeguard the benefits development process against undue influence. This ensures financial sustainability and fosters public satisfaction with PhilHealth’s coverage.

MySSS Pension Booster: Key to Becoming Future-Ready

What does your future hold? Are you ready for it?

These are common questions, especially when it comes to retirement. The future, and one's readiness for it, depend on key steps such as setting financial goals and crafting a retirement savings plan. Financial security, after all, is the peace of mind that comes from acting now to provide for tomorrow.

To help its over 42 million members financially prepare for retirement, the Social Security System (SSS) of the Republic of the Philippines offers the "**MySSS Pension Booster**." It is a provident fund/savings program that allows members' invested money to grow and earn a higher annual return.

Towards Inclusive Growth

Department of Finance (DOF) Secretary Ralph G. Recto, who also serves as the Chairperson of the Social Security Commission (SSC)—the policy-making body of the SSS—said that the MySSS Pension Booster is a vital step toward financial empowerment for Filipino workers.

He added that the program, which is among the reforms introduced by Republic Act No. 11199 or the Social Security Act of 2018 that he sponsored during his tenure as a senator, is consistent with the Philippine government's goal of securing the financial well-being of all Filipinos.

"This aligns perfectly well with the national government's ongoing efforts to ensure financial security for all Filipinos, which is the cornerstone of inclusive growth," said Recto.

Rebranded and Revitalised

In June 2024, the SSS renamed its "Workers' Investment and Savings Program (WISP)" and "WISP Plus" to "MySSS Pension Booster" to simplify and improve members' understanding of the program's goal: to build their savings and boost their retirement funds.

The rebranding also allows the institution to reposition the provident fund/savings program to cater to mid- to high-income professional earners, such as corporate executives, doctors, lawyers, Overseas Filipino Workers (OFWs), seafarers, employees in the business process outsourcing industry, and entrepreneurs.

"Our rebranding is a move toward capturing those who can and want to invest more to enrol in the MySSS Pension Booster," explained SSS President and Chief Executive Officer (PCEO) and SSC Vice Chairperson Rolando Ledesma Macasaet. He said that the program will yield a "better and bigger" pension after retirement.

The MySSS Pension Booster is not just an ordinary retirement savings plan, Macasaet noted; it is a safe, convenient, and tax-free investment opportunity that allows members to earn income from their contributions.

The revitalised program offers a projected annual return rate of 7.2 percent, well above the interest rates offered by commercial and universal banks and higher than the 6.97 percent return of investment recorded under WISP Plus in 2023.

Mandatory and Voluntary Schemes

The MySSS Pension Booster consists of mandatory and voluntary retirement savings schemes. The mandatory scheme is mainly designed for employed members contributing at a Monthly Salary Credit (MSC) above Php20,000.00 (USD $353.93) and who have not yet filed a final claim such as total disability, retirement, or death benefit under the Regular SSS Program. Meanwhile, the voluntary scheme is open to all SSS members regardless of their MSC amount, provided they have at least one posted contribution and no filed final claim.

Enrolment in the Mandatory MySSS Pension Booster is automatic, with employed members' contributions exceeding the Php20,000.00 (USD $353.93) MSC threshold placed instantly in an individual Pension Booster account. On the other hand, enrolment in the voluntary scheme requires self-employed, voluntary, and OFW members to accept the terms and conditions through their My.SSS account.

Some salient features of the Voluntary MySSS Pension Booster include: (1) affordability of contributions as low as Php500.00 (USD $8.85) per payment, (2) flexibility of payment terms depending on the member's capacity to save, and (3) permissibility of partial or full withdrawal of savings, including interest, for urgent cash needs.

Both mandatory and voluntary schemes offer tax-free earnings. SSS members may receive the accumulated principal and investment income value as a pension or lump sum, or a combination of both, in addition to their final benefit under the Regular SSS Program.

Start Early, Be Future-Ready

So, when is the best time to build a retirement fund? For the SSS PCEO, planning and saving for retirement should begin on the first day a person starts earning money.

"The best time to start saving is today," said Macasaet, explaining that only upon leaving employment do people realise the immense value of building a retirement fund early in their lives.

According to Macasaet, another advantage of saving early to become future-ready is the so-called "compound interest," wherein, as in the case of MySSS Pension Booster, members' pooled contributions earn investment income annually.

SSS members could maximise their earnings from the MySSS Pension Booster if they stay in the program for at least five years or more. "The longer they leave their money with SSS, the bigger earnings they will get," emphasised Macasaet.

PHILIPPINES
SOCIAL SECURITY SYSTEM (SSS)

Phy-gital@CPF Service Centres: Bridging the Digital Divide

Recognising the challenges posed by Singapore's rapidly ageing population—where more than 75% of CPF members served at our Service Centres are aged 55 and above today, and one in four Singaporeans will be aged 65 and above by 2030—the Central Provident Fund Board (CPFB) has adopted a 'digital first, but not digital only' approach. We are committed to ensuring that no one is left behind in the digital world and that every member can enjoy inclusive and accessible services, regardless of their technological proficiency.

In line with this commitment, we have transformed our Service Centres through the following strategies:

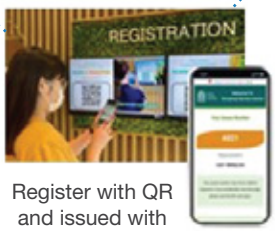
- Designing a service experience that is seamless and innovative, yet inclusive and accessible for all CPF members at CPF Service Centres, especially the elderly and vulnerable.
- Boosting digital confidence and enhancing digital literacy among less digitally savvy Singaporeans.

To achieve these objectives, CPFB actively applied our in-house, multi-disciplinary Research-Design-Test framework. This enabled us to gain an in-depth understanding of the needs, challenges, and preferences of CPF members and redesign the customer journey at the Service Centres by implementing three key shifts in our service approach:

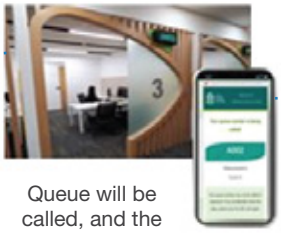
1. From manual to fully digitalised and seamless counter experience

CPFB leveraged technology to enable online appointment booking and a paper-free digital queue system—from self-registration via QR code to issuance of a virtual queue itinerary. Members can also provide feedback after each service interaction through digital survey forms. For non-tech-savvy members without smart devices, CPF ambassadors will issue manual queue tickets and extend assistance if members need help sharing their feedback.

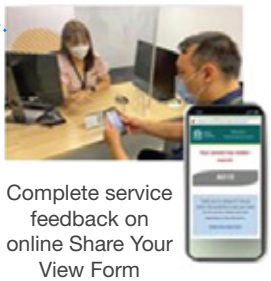
Make an appointment online with new booking system where customers can select their enquiries so that our frontliners can offer personalised and efficient service



Register with QR and issued with virtual queue ticket



Queue will be called, and the counter will be shown on the virtual ticket



Complete service feedback on online Share Your View Form

1st in Public Service to implement a Cloud-based Integrated Queue Management System (IQMS) with web QR registration

2. From old-fashioned setting to refreshed and inclusive design for all

Our Service Centres were redesigned with innovative and user-friendly features to improve accessibility and comfort for all members.

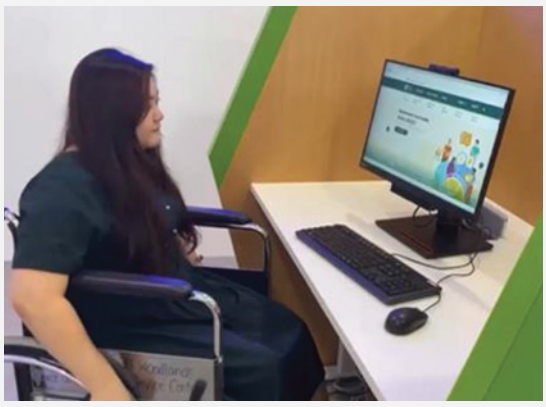
a. New self-help kiosks are designed with a unique cone shape to provide privacy and space for transactions. Padded benches with backrests are installed to provide better comfort for the elderly while queuing. We have also equipped our kiosks with large keyboards and implemented larger fonts on webpages to assist visually impaired and senior members with transactions.

Spacious yet space saving

Large keyboard and bigger fonts

b. Singpass (Singaporeans' digital identity) face verification is available at all self-help kiosks to enable the elderly to easily login to their accounts. Members using wheelchairs or personal mobility devices also have the option of using height-adjustable hydraulic kiosks.

Singpass Face Verification



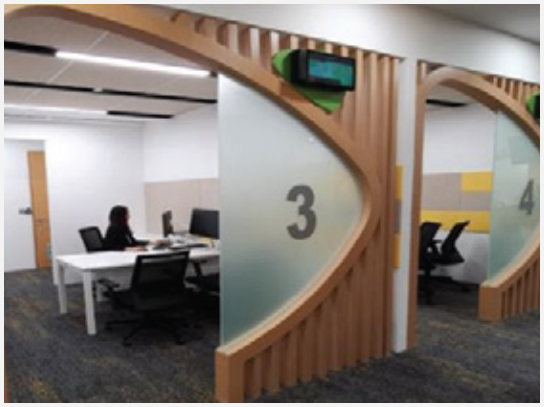
Height adjustable kiosk

c. To keep members engaged, specially curated CPF videos and information are played in waiting areas. The modular furniture also allows easy conversion of the areas into event spaces when required.

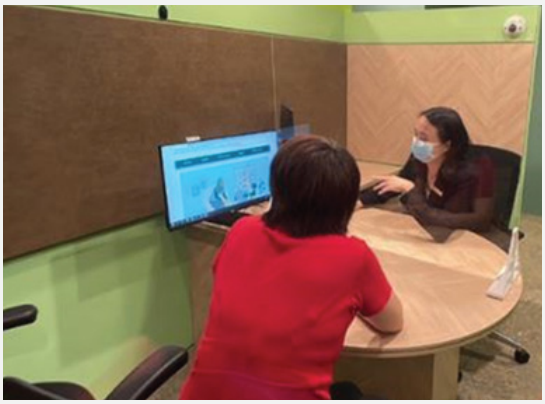
Curated CPF videos

Modular furniture for flexible use of space

d. Spacious consultation pods accommodate members using mobility devices and accompanying family members. The pods are enclosed for privacy and fitted with acoustic pads to absorb ambient noise.



Enclosed consultation pods



Acoustic pads for better noise absorption

e. When needed, vulnerable members can be served quickly in dedicated rooms near the front lobby. Our Service Centres are wheelchair, elderly and guide-dog friendly, with demarcated spaces for parking wheelchairs or personal mobility devices.

Dedicated room at front lobby for vulnerable members

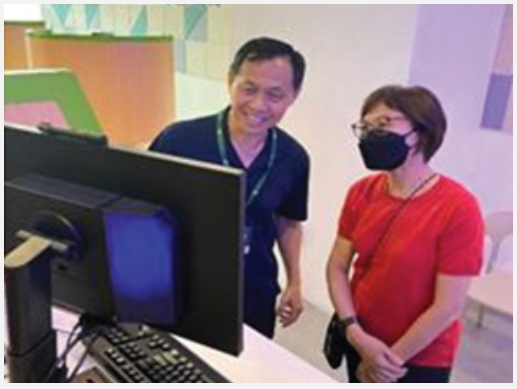
Parking space for wheelchairs / Personal Mobility Devices

Did you know?
Our service centres are guide dog friendly.

f. CPFB also adopted measures to empower the less digitally savvy members to self-help:

i. Self-help kiosks are equipped with multilingual instructional videos so that members who are keen to navigate digital services but are unsure can view the videos before they start to transact. CPF ambassadors are also stationed at the kiosks to provide personalised guidance.

Instructional videos in 4 languages



CPF Ambassadors

ii. For members who are unable to visit CPF Service Centres but need a face-to-face consultation, CPFB has partnered with ServiceSG to provide alternative service options—members can visit the ServiceSG centres near their homes and access CPF advisory services via a video conference.

3. From looking within to going beyond CPF services:

To do our part in up-skilling less digitally savvy Singaporeans, CPFB has set up the first-of-its-kind "E-Xperience Space" at Service Centres, offering a platform to host both CPF-initiated activities and government collaborations. Examples include:

a. **E-Xperience workshops:** Workshops conducted by CPF volunteers in multiple languages to educate seniors on online safety and CPF digital transactions such as CPF top-ups or withdrawals.

b. **Digital Skills for Life program:** One-on-one sessions conducted by Infocomm Media Development Authority (IMDA) digital ambassadors to help seniors embrace digital learning and navigate other government services and banking applications.

c. **CPF-IMDA monthly workshops:** CPFB and IMDA jointly conduct workshops to share about CPF mobile app and other trending topics, such as how to set up and use smart devices, Gmail, and Google Maps. These workshops are conducted in group-learning setting to encourage participation.

The transformation has enabled us to maintain our high standard of service, with 97.1% of appointments served within 15 minutes of the scheduled time. Furthermore, members' satisfaction with CPF services has remained consistently high at 98.7%. Here are some comments from our delighted members:

Ms. Roseze, a wheelchair user, commended:

"Keep up the good service."

Mr. and Mrs. Leong, both 63 years old, shared:

"Both my wife and I find the newly renovated CPF individual office cubicles set ups both practical and great for private conversations to attend to us as it gave a sense of security in terms of confidential information sharing and exchange of conversations.

It is safe and meeting a government officer to assist you face to face MATTERS, seniors like us appreciate very much."

Ms. Hong, 65 years old, remarked:

"Online registration convenient and fast, and the onsite assistance rendered at the door was friendly and quick. An almost zero waiting time was a pleasant surprise."

Ms. Lim, 56 years old, stated:

"I like the efficient arrangement. Arrived at the service centre, given queue number and waited just shortly. While waiting, I get to watch and receive CPF information on the TV screen."

The E-Xperience workshops have also been well-received, with 2,746 seniors attending as of July 2024, averaging over 110 attendees per month. Participants' feedback has been overwhelmingly positive, with 97.3% expressing satisfaction and 95.4% highly recommending the workshops to others.

Till July 2024, the collaboration with IMDA has benefited 23,804 seniors, engaging an average of 990 seniors each month. The relatively new CPF-IMDA joint digital workshops on trending topics, such as Gmail and Google Maps, have drawn active participation from 247 seniors thus far.

Encouraging comments from CPF members further underscore the positive impact of these engagement efforts:

Mr. Razali, a workshop participant, commended:
"It's good to learn what we don't know, so we become knowledgeable. I will recommend the workshop to others."

Mr. Lee, 73 years old, shared:
"A very insightful experience to prevent scams and maneuver through the various CPF transactions."

Mdm. Rusnani, 62 years old, expressed:
"Good knowledge for me who is going to senior citizen age."

CPFB has also been recognised for our design and digital inclusivity efforts at award platforms:

- Singapore Good Design Award 2023 by the Design Business Chamber Singapore for the transformation of CPF Service Centres.
- Minister for Manpower Awards 2024 acknowledging CPFB's commitment to empower seniors in their digital journey.

Singapore Good Design 2023

Category: Experience Design

MINISTRY OF MANPOWER

Minister for Manpower Award 2024

Category: Service Delivery Excellence - Empowering Seniors: Bridging the Digital Divide at CPF Service Centres

Our bold stance to adopt the new 'phy-gital' approach in the reinvention of the customer journey has reaped rewards, sensitively integrating physical and digital elements to the design of our Service Centres to enhance the overall service experience and ensure inclusivity for all members. Additionally, our strategic partnerships with other government agencies, such as IMDA and ServiceSG, have expanded our reach and empowered seniors while enhancing accessibility for needy members at a Whole-of-Government level.

As we continue this transformative journey, we remain dedicated to providing innovative, inclusive, and accessible 'phy-gital' services, ensuring that every member can navigate the digital landscape with confidence and ease. We are grateful for the ongoing support and collaboration that have made these initiatives possible, and we look forward to continuing to partner with our members, empowering them in their digital journey.

NHSO
National Health Security Office

Driving Excellence:
How Thai Medical Innovations are Transforming Universal Health Coverage (UHC) in Thailand

Thailand is globally recognised for its successful implementation of Universal Health Coverage (UHC), which provides all Thais with access to standard, essential care. This system plays a crucial role in financial risk protection and significantly reduces unmet health needs. Achieving UHC involves three core components: population coverage, service coverage, and financial risk protection. As Thailand faces rising healthcare costs due to an ageing population and a high prevalence of non-communicable diseases (NCDs), effectively managing these expenses is increasingly critical.

The Universal Coverage Scheme (UCS) is one of Thailand's three public health insurance schemes, covering 72% of the Thai population. Approximately 50% of the UCS budget—around 70 billion Thai Baht or 1.97 billion U.S. Dollars—has been allocated to importing medical supplies, drugs, and equipment. To mitigate dependency and preserve national resources, efforts have been made to incorporate domestically produced medical innovations developed by Thai researchers into the UCS. This strategy fosters self-reliance, supports the local economy, and drives sustainable healthcare practices.

The National Health Security Office (NHSO) of Thailand has been at the forefront of integrating innovative healthcare solutions into the UCS. By prioritising Thai-developed medical devices, NHSO strategically optimises healthcare costs and access to high-quality medical care, leading to substantial public health expenditure savings. For example, when procurement or approval for benefits involves products from the innovation list, these items are preferentially chosen over imported alternatives. This approach reduces reliance on imported products while encouraging local manufacturers to expand their operations, transition to commercial production, and contribute to Thailand's economic development. It also stimulates local research and development, positioning Thailand as a competitive player in the global medical device market.

THAILAND
NATIONAL HEALTH SECURITY OFFICE (NHSO)

NHSO has successfully integrated seven Thai-developed medical innovations into the UCS, serving as examples to inspire Thai researchers and drive their research toward practical, policy-relevant applications. These innovations include:

1. **3D-Printed Titanium Plates for Skull Surgery:** Developed by a Thai company using advanced 3D printing technology, these plates offer a custom-fit solution that addresses the limitations of traditional polymethylmethacrylate (PMMA) plates, such as long hardening times and shape constraints. Approved by the National Health Security Office Board in September 2024, these plates have been integrated into the UCS, reflecting NHSO's commitment to supporting local innovation and reducing healthcare costs. The company behind these plates has also received U.S. Food and Drug Administration (FDA) approval and is preparing to enter the U.S. market, highlighting the global potential of Thai medical innovations.

2. **Dental Implants:** Developed by the Dental Innovation Foundation under the Royal Patronage and supported by the Center of Excellence in Life Sciences (TCELS), these implants aim to improve patients' quality of life by providing affordable and effective dental solutions. The project was inspired by King Rama IX's royal speech emphasising the importance of good oral health for overall well-being.

3. **Colostomy Bags:** To address the needs of colorectal and rectal cancer patients requiring ostomy care, Prince of Songkla University developed colostomy bags made from natural rubber. These bags have been commercialised by Novatech Healthcare, a company that has successfully registered them as medical devices and included them in the UCS benefits package. Locally produced colostomy bags reduce dependency on imports and enhance the affordability of ostomy care.

4. **OV Antigen Rapid Test Kit:** This kit allows for quick and convenient screening for liver fluke infections, a significant risk factor for cholangiocarcinoma. Early detection through this kit enables timely treatment, improving patient outcomes and reducing long-term healthcare costs.

5. **Microalbuminuria Rapid Test (Albii):** Designed for the early detection of chronic kidney disease, particularly among diabetic and hypertensive patients, this test assists in closely monitoring kidney function and providing timely interventions.

6. **sPace Dynamic Prosthetic Foot:** Addressing the need for high-quality prosthetic solutions, researchers developed the sPace Dynamic Prosthetic Foot from carbon fibre. This innovation offers enhanced strength, flexibility, and lightweight characteristics, closely mimicking the natural movement of a human foot. The prosthetic foot is used within the UCS and is also being exported, demonstrating its competitiveness in the global market.

7. **Pertussis Vaccine (aP):** Developed and produced by BioNet-Asia, a private company with over 40 years in Thailand's vaccine market, this acellular pertussis vaccine is manufactured using recombinant technology. It supports Thailand's vaccine security and reduces the need for imports, showcasing Thai researchers and products on the global stage.

Each of these innovations contributes significantly to the effectiveness and sustainability of the UCS while reducing healthcare costs and enhancing Thailand's position in the global medical device market. Integrating these innovations into the UCS improves healthcare delivery and fosters a culture of innovation and self-reliance within Thailand.

The success of these initiatives underscores the transformative impact of local innovations on healthcare systems and public health outcomes. By supporting Thai innovators and promoting locally developed medical products, NHSO is committed to creating a more sustainable and prosperous future for Thailand's healthcare system and economy. This commitment includes fostering an environment that supports Thai researchers and their innovations, paving the way for enhanced healthcare access and quality for individuals across the country.

Moreover, NHSO's approach to integrating local innovations aligns with broader national policies aimed at enhancing self-reliance and competitiveness in the global economy. By prioritising Thai-developed products, NHSO contributes to the sustainability of the UCS and supports the growth of the domestic medical device industry, which is crucial for long-term healthcare and economic stability.

In conclusion, the integration of Thai medical innovations into the UCS is a strategic move that exemplifies NHSO's commitment to improving healthcare access, reducing costs, and fostering economic growth. The ongoing support for local researchers and their innovations will continue to drive progress in Thailand's healthcare sector, ensuring that the benefits of these advancements extend to all Thais and contribute to the nation's overall well-being and global competitiveness.

SSO's Proactive Healthcare Initiatives: Expanding Access and Improving Wellness

Chronic health conditions and diseases, often exacerbated by risky behaviours and limited access to quality medical services, pose significant challenges to individuals and societies alike. These issues not only drive up medical expenses but also reduce work capacity and diminish overall quality of life. Recognising the gravity of these challenges, the Social Security Office (SSO) is dedicated to improving the well-being of insured persons through a series of proactive healthcare initiatives. These efforts are designed to address both treatment needs and preventive care, while also removing barriers to accessing health services.

In 2024, the SSO launched two key proactive projects: the Nationwide Proactive Health Check-Up in Workplaces and Communities Project and the SSO Mobile e-Dental Project. Both initiatives are geared toward early disease detection and the promotion of health and wellness among insured persons. By implementing these projects in workplaces and communities, the SSO aims to foster a healthier and more productive workforce, which is essential for sustainable economic and social development.

Nationwide Proactive Health Check-Up in Workplaces and Communities Project

Since 2017, the SSO has offered 14 health check-up lists based on age groups. In 2024, the SSO expanded this initiative by launching a nationwide proactive health check-up project that increases accessibility for insured persons. This project not only enhances access to comprehensive health check-ups at any healthcare facility registered with either the SSO or the National Health Security Office (NHSO), but also allows insured persons to undergo on-site health screenings without work absence in their workplaces or communities. This expansion was facilitated through a Memorandum of Understanding (MoU) between the SSO and the NHSO, aimed at detecting diseases, monitoring health risk factors, and promoting better access to healthcare.

The services include 24 basic health check-up tests provided by the NHSO and an additional 14 tests provided by the SSO, such as breast cancer screening, complete blood count tests, and blood glucose and lipid profile assessments. These tests are crucial for assessing the risk of chronic diseases, and if any abnormalities are detected, insured persons can receive early treatment.

The SSO has taken a proactive approach by coordinating with hospitals to offer on-site health check-up services at workplaces and community centres. This initiative facilitates service access for all types of insured persons—mandatory insured persons under Section 33 (employees who are not less than 15 years old and not more than 60 years old) and voluntary insured persons under Section 39 (persons who continue their insured status after the termination of their insured status under Section 33) and Section 40 (self-employed persons). The key implementation process involves:

1. Employers and communities submitting requests to participate in the project to their nearest SSO.
2. The SSO coordinating with registered healthcare providers to deliver the health check-up services.
3. Healthcare providers conducting on-site health check-ups for insured persons.

The Nationwide Proactive Health Check-Up in Workplaces and Communities Project from May to August 2024 was successful. In just four months, it served 148,905 insured persons, representing 20.14% of all those who had health check-ups from January to August 2024. This includes 144,625 insured persons in workplaces and 4,280 in communities. Compared to 2023, where the project reached 282,212 insured persons in 13 pilot provinces, accounting for 22.55% of all insured persons who received health check-ups, it is clear that the 2024 project effectively expanded access to health check-up services, despite the shorter implementation period.

The SSO Mobile e-Dental Project in Workplaces

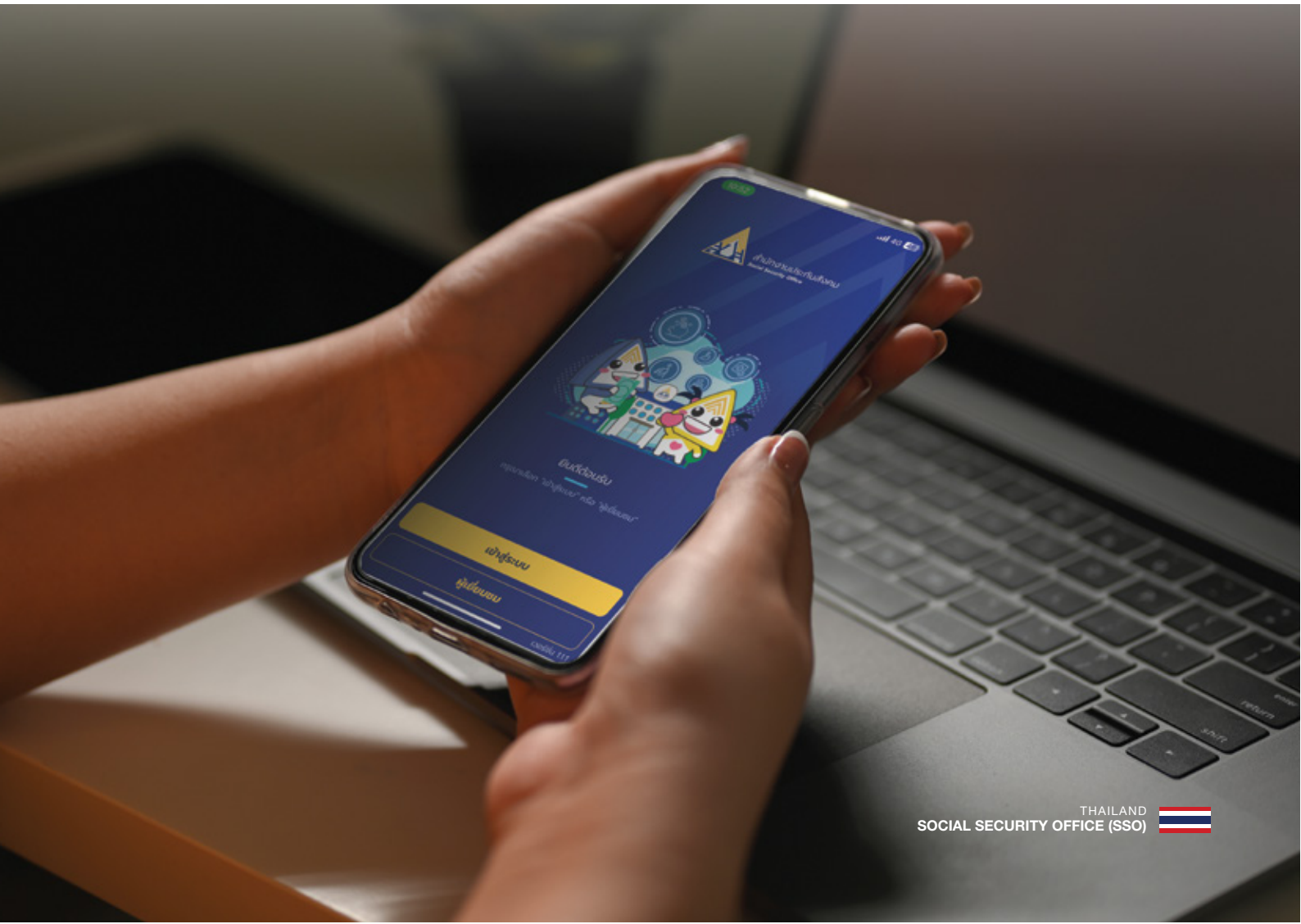
To address the underutilisation of annual dental services, the SSO introduced a proactive measure through the SSO Mobile e-Dental Project, which brings dental care directly to workplaces. This initiative is designed to overcome challenges such as travel costs, time off from work, and lost productivity, thereby ensuring that insured persons can access essential dental services without disrupting corporate operations.

The project commenced with the signing of a MoU between the SSO and healthcare providers equipped with mobile dental units that adhere to Ministry of Public Health standards. These units, furnished with high-quality medical equipment, offer services including fillings, scaling, and tooth extractions.

To facilitate these services, the SSO coordinates with employers to schedule mobile dental check-ups at workplaces using the mobile dental units. In addition, these services are offered free of charge to insured persons, who need only present their national ID card to verify their insured status, while healthcare providers can be reimbursed for treatment costs directly through the SSO's e-channel system.

During the initial phase from January to April 2024, the SSO implemented this project in eight pilot provinces, namely Bangkok, Samut Prakan, Pathum Thani, Nonthaburi, Ayutthaya, Chiang Mai, Nakhon Ratchasima, and Sisaket. During this period, 6,288 insured individuals received dental services through mobile dental units. According to a satisfaction survey, 96.26% of respondents were satisfied with the services, marking a significant achievement. Consequently, the project has been expanded nationwide, leading to a substantial increase in service utilisation. By July 2024, 223 enterprises had requested to participate in this project, and 11,140 insured persons received the services, showing a gradual increase in success.

In conclusion, the SSO's commitment to improving the health of insured persons nationwide is evident in its comprehensive and proactive health measures. These targeted projects aim to improve healthcare access, raise awareness of health's significance, facilitate easier access to services, reduce disparities in healthcare accessibility, and broaden opportunities for insured individuals to fully utilise their health benefits.



VSS Inspection Achievements: Strengthening Compliance With Social Insurance, Unemployment Insurance, and Health Insurance Laws

Over the past three decades, Viet Nam Social Security (VSS) has consistently affirmed its central role in the national social security system. A key component of VSS's success has been its inspection tasks, which not only protect the rights of scheme participants but also enhance management efficiency, transparency, and legal compliance in handling social insurance (SI), health insurance (HI), and unemployment insurance (UI) funds.

Institutionalisation of Inspection Tasks in Legal Regulations

Over the years, the Party and the State have consistently prioritised leadership, direction, and implementation of SI and HI policies to promote social progress and equity, which are key drivers of sustainable national development. Within this framework, technical inspections play a vital role in monitoring and identifying violations and shortcomings during policy implementation. These inspections ensure that authorities can promptly handle non-compliant businesses and individuals, safeguarding the rights of scheme participants and raising awareness of the need for legal compliance among institutions and employers. Ultimately, this safeguards the interests of SI, HI, and UI participants.

To facilitate the smooth implementation of SI and HI policies, institutionalising technical inspections has been essential. In recent years, VSS has worked with relevant ministries, agencies, and socio-political organisations to advise the National Assembly and the Government on strengthening technical inspection functions under the SI Law, HI Law, and related regulations.

In 2023, a key policy change emerged with the enactment of the Inspection Law 2022, passed by the National Assembly on 14 November 2022, and effective from 1 July 2023. The law mandates the establishment of inspectorate agencies within governmental bodies. Consequently, the Government issued Decree No. 03/2024/ND-CP on 11 January 2024, outlining the specialised inspection functions of various agencies, including VSS. As a result, the VSS Inspectorate was established on 1 March 2024, marking a new chapter in the institution's inspection functions.

The establishment of the VSS Inspectorate has significantly impacted VSS's inspection tasks, as it is now an agency performing specialised inspection functions under the direction and guidance of the Government Inspectorate (previously a department under the Director General of VSS). This change ensures greater consistency and unity in inspection efforts across various agencies. Furthermore, the Chief of the Inspectorate now has direct responsibility for organising and overseeing inspection plans, including unscheduled inspections, enabling more efficient responses to violations that affect the rights and interests of employees.

Based on legal regulations on specialised inspections of SI and HI contributions, VSS has consolidated its inspection organisational structure from the central to local levels, creating a solid network for performing inspection tasks in compliance with legal regulations. The organisational structure of inspection tasks consists of two levels:

- **Central Level**: The VSS Inspectorate consists of a Chief of the Inspectorate, three Deputy Chiefs of the Inspectorate, and five professional divisions with 38 inspectors, civil servants, and public employees.

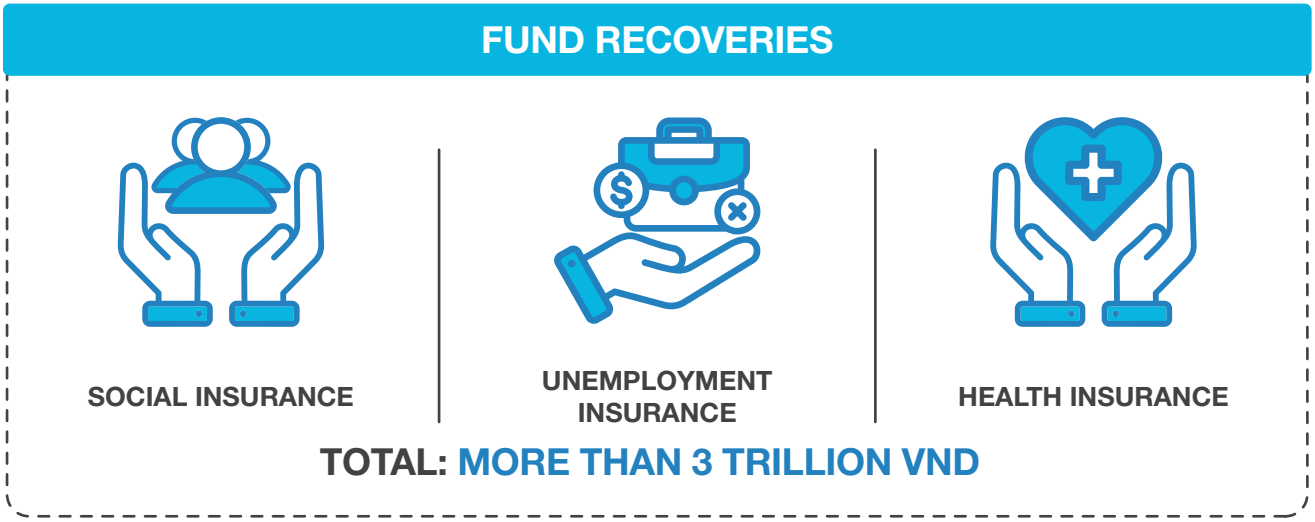
- **Provincial Level**: The Inspection Division at each Provincial Social Security Office is headed by a Division Head and a Deputy Head, supported by public employees. Across 63 provinces and cities, the total number of public employees in the Inspection Divisions is 557. Additionally, the Directors of the Provincial Social Security Offices have the authority to assign qualified personnel to perform specialised inspection tasks, including Deputy Directors, Heads and Deputy Heads of the Inspection Division, Heads and Deputy Heads of the Collection Management, Book and Card Division, and other relevant officials. Thus, the number of personnel assigned to perform specialised inspection tasks is approximately 1,800.

Outstanding Achievements in Technical Inspection Tasks

The technical inspection tasks on compliance with SI, HI, and UI laws have achieved significant results in supporting VSS's objectives:

- **Reducing SI, UI, and HI Debts**: Along with other measures, the technical inspection tasks have helped VSS achieve important results in increasing revenue and reducing late payments for SI, UI, and HI. The ratio of late payment amounts to receivable amounts has gradually decreased over the years, with 2023 witnessing the lowest late payment rate ever at 2.69% (compared to 6% in 2016).

- **Strengthening Employer Compliance**: The inspections have raised employers' responsibility to comply with SI, HI, and UI laws. Many units and enterprises have promptly addressed violations and become more proactive in fulfilling their legal obligations. Instances of evasion, non-payment, underpayment, and late payment of SI, HI, and UI have gradually decreased.



In 2023 and the first eight months of 2024, the VSS system directly conducted inspections at 33,290 units. Through these inspections, numerous violations were detected and addressed, including over 20,000 employees required to participate in SI, HI, and UI but who were either not enrolled or had their payment periods shortened, resulting in arrears of 120.4 billion VND. Nearly 55,000 employees were found to have underpaid their contributions, with arrears totalling 129.9 billion VND. Additionally, over 2,800 billion VND of late payments for SI, HI, and UI have been recovered, reaching 89.8% of the total late payments from units and enterprises prior to inspection. VSS also sought the recovery of 21.3 billion VND for the SI fund, 290 million VND for the UI fund, and 140 billion VND for the HI fund due to settlements, payments, and benefits processed contrary to regulations. Furthermore, VSS issued decisions to impose fines or recommended authorities to issue 2,651 administrative penalty decisions regarding SI, HI, and UI payments, with a total fine amounting to 88.9 billion VND. These experiences have helped VSS achieve the following objectives:

- **Providing Evidence for Enhanced Policy Implementation**: The results obtained from inspection tasks serve as a basis for VSS to propose recommendations to the Ministry of Labor - Invalids and Social Affairs, the Ministry of Health, and the People's Committees of provinces and municipalities to enhance their responsibility in organising and implementing SI and HI policies. This ensures the legitimate and legal rights and interests of workers while maintaining social order, safety, and local social security.

- **Supporting Legislative Amendments**: The outcomes of the technical inspection tasks provide solid practical evidence and authentic data that highlight shortcomings and inadequacies in the implementation of SI, HI, and UI policies. These results are essential for the Government to gather sufficient information for studying, evaluating, and proposing amendments to the SI Law, HI Law, Inspection Law, and related regulations. The goal is to establish a comprehensive legal framework that ensures feasibility, meets practical requirements, and fully protects the rights of SI and HI participants.

Acknowledging the achievements of the VSS inspection tasks, Mr. Nguyen The Manh, Director General of VSS, affirmed at the launching ceremony of the VSS Inspectorate on 1 March 2024: "The establishment of the Inspectorate at VSS is a recognition by the National Assembly and the Government of VSS's role, position, and contribution to social security over the past 29 years. To achieve this, VSS, in general, and the staff working on inspection tasks, in particular, have made great efforts, fulfilling the tasks assigned by the National Assembly and the Government and proactively advising competent State agencies in developing the Inspection Law, SI Law, HI Law, and other guiding legal documents."

Application of Information Technology in Inspection Tasks

One of the key factors that has improved the effectiveness of VSS inspection tasks is the innovation of methods and the application of information technology (IT). VSS has effectively utilised professional software and centralised, interconnected database systems to review, analyse, detect violations, and focus on key evidence for inspections.

Typically, data review and analysis prior to on-site inspections have helped inspection teams evaluate, narrow down, and select samples requiring inspection. This approach has improved the ability to detect and identify signs of errors and violations comprehensively, enhancing the quality and results of the technical inspection tasks. With the ability to review and analyse big data, IT applications have enabled the review of 100% of business records, even for enterprises with thousands of employees or medical facilities with millions of HI visits. This marks a significant advancement compared to traditional methods, which relied on random checks due to time and human resource limitations.

The application of IT not only allows VSS to quickly detect violations but also shortens the time required to conduct technical inspections, reduces costs, and optimises human resources. Furthermore, leveraging data from the national database system facilitates the process of debt recovery and timely detection of SI and HI profiteering while minimising disruptions to business and production lines during inspections. This contributes to developing a cooperative relationship between VSS and employers.

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