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Social protection assessment based national dialogue: Towards a nationally defined social protection floor in Myanmar

Description of existing social security and social protection schemes for each of the four social protection floor guarantees, identification of policy gaps and implementation issues, recommendations, rapid costing exercise to estimate the cost of completing the social protection floor

Lou Tessier (ILO) produced the report, with the support of Felice Bakker (ILO), on behalf of the social protection assessment-based national dialogue participating agencies, which included the sector working group on social protection under the Nay Pyi Taw accord, the social protection Technical Support Group and a number of civil society organizations (social partners and NGOs).

In addition to the author, Thein Than Htay (ILO) supported the assessment process and the finalization of the Myanmar version of this report.

Yangon, 24 September 2014

Acknowledgement by the Ministry of Social Welfare, Relief and Resettlement

Agga Maha Thiri Thudhamma Theingi Dr. Myat Myat Ohn Khin

Union Minister

Ministry of Social Welfare, Relief and Resettlement

At the conference on **Social Protection: Call to Action**, in June 2012, President U Thein Sein called for the adoption of an inclusive national social protection system, based on the needs of each and every single group of people at different level of socio-economic conditions, including children, women, the vulnerable ones, the elderly, and people with disabilities. The President also guided to form the high-level national Social Protection Working Committee to coordinate social protection activities. The Union Minister for Ministry of Social Welfare, Relief and Resettlement has chaired the Social Protection Working Committee. In order to assist the committee, Technical Support Group on social protection was established and it is co-chaired by the Ministry of Social Welfare, Relief and Resettlement, and UNICEF.

In this framework, a number of activities that have supported the formulation of national strategic plan on social protection were conducted by the Technical Support Group in 2014, including social protection Assessment Based National Dialogue. I express my gratitude for the concerned Ministries, UN Agencies, INGOs, NGOs, representatives of

employees and employers, civil society organizations and research groups which have actively participated in the process with all their might and main. The assessment report will be useful for the Government of Myanmar and the United Nations Country Team since it has provided a description of existing social protection schemes and programmes as well as identified policy recommendations for the achievement of a rights-based social protection floor in Myanmar. Some of the new policy options should be integrated into the Myanmar social protection landscape with a view to progressively build the inclusive social protection system.

The endeavours of every individual who has contributed in developing this Assessment Based National Dialogue Report are fully acknowledged and honoured.

A handwritten signature in blue ink, reading "Myat Myat Ohn Khin", with a horizontal line underneath the name.

Agga Maha Thiri Thudhamma Theingi Dr. Myat Myat Ohn Khin

Foreword

In January 2012, His Excellency President U Thein Sein stated at the National Social Protection Forum in Nay Pyi Taw that “we can collectively build a Myanmar society where equality and harmony flourish by reinforcing social protection amidst the rapid reforms.” In January 2013, the Nay Pyi Taw Accord Conference established a Social Protection Sector Working Group (SPWG) to coordinate the efforts of the government, development partners, and non-governmental organizations in preparing a national social protection strategy.

Accordingly, the United Nations Country Team (UNCT) identified social protection as a priority within its 2012-2015 Strategic Framework. It was guided by the concept of Social Protection Floors (SPFs), which was adopted by the United Nations Chief Executive Board in 2009 and by the International Labour Conference at its 101st Session in June 2012. Social Protection Floors should comprise a set of social security guarantees that aim to ensure that all in need have access to essential health care and basic income security and other services defined at the national level (such as education, social welfare, nutrition, and other goods and services). The provisions of the Constitution of Myanmar on the rights to health and education for all, as well as the Social Security Law, 2012, are efforts in the spirit of the SPF.

In January 2014, the SPWG led by the Ministry of Social Welfare, Relief and Resettlement on the government side and UNICEF on the Development Partner’ side, with active contributions from ILO, WHO, UNDP, WFP, UNAIDS, IOM and UNFPA as well as the World Bank, endorsed a plan of activities for completing Myanmar’s first national social protection strategic plan, and established a Technical Support Group (TSG) to support the strategy preparation. Led by the ILO, the social protection Assessment Based National Dialogue (ABND) process outlined in this document was an important input to the development of the national social protection strategic plan and benefitted from inputs of the UN agencies members of the SPWG.

The ABND process drew on the SPF framework and included bilateral consultations, stakeholder workshops, and technical seminars. While the Government of Myanmar has worked to extend the coverage of some social protection programmes, a number of policy gaps and implementation issues were identified, and specific policy recommendations were formulated to make progress towards a SPF. The ABND process aimed to formulate recommendations with due consideration to international standards and good practices, as well as international conventions ratified by Myanmar.

The fiscal costs of new or scaled-up programmes and policy options were estimated during the ABND process using, in part, Government budget projections as produced by IMF. These projections can be easily revised as the Government finalizes the policies and programmes to be supported and the associated implementation arrangements. A TSG social protection policy workshop in October 2014 drew on the ABND findings to develop a shared vision and overall strategy for social protection, and the first draft of the Strategy was subsequently completed for Government review and further consultation as required towards endorsement.

We hope that the results of the ABND exercise, and particularly the policy recommendations presented in this report, will provide useful guidance in the extension of social protection and in the development of a national social protection strategy for all in Myanmar, and that some of these recommendations will be translated into action. We are confident that the participatory approach that was adopted throughout the exercise contributed to raise awareness among line ministries, civil society organizations, workers’ and employers’ representatives, and development partners on the

SPF concept, its relevance for Myanmar, and the importance of a coordinated and holistic approach to social protection development.



Renata Lok-Dessallien
UN Resident/Humanitarian Coordinator in Myanmar



Bertrand Bainvel, UNICEF Representative
Chair of Social Protection Working Group
in Myanmar



Steve Marshall, Liaison Officer
ILO Liaison Office for Myanmar

Note by the author

The author gratefully acknowledges support received from all those involved in the process of the assessment based national dialogue exercise in Myanmar. In particular, ministries and organizations members of the social protection Technical Support Group (TSG) created in August 2014 (Ministry of Social Welfare, Relief and Resettlement (MoSWRR), Ministry of Labour, Employment and Social Security (MoLES), Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Finance (MoF), Ministry of Fisheries, Livestock and Rural Development (MoFLRD), Myanmar Women's Affairs Federation, Myanmar Maternal and Child Welfare Association (MMCWA), Children and Women Development Association, Myanmar Red Cross Society, Myanmar Development Research Institute (MDRI), UNICEF, ILO, WFP, WHO, UNDP, the World Bank, HelpAge International); as well as other relevant ministries and organizations involved in social policy development: ministries (Ministry of Home Affairs, General Administration Department and Ministry of National Planning and Economic Development (MoNPED), FERD, President's Office), workers' representatives (AFFM, FTUM, MTUF, UTA), employers' representatives (UMFCCI) and other development partners (particularly Action Aid, ADB, Care, FES Myanmar, IOM, JICA, LIFT/UNOPS, Oxfam, Save the Children, SPPRG, UNAIDS, UNFPA, World Vision). The author would like to thank the social protection TSG co-chaired by the MoSWRR and UNICEF for their active participation to this exercise and their inputs and comments to the draft report.

The author values the constant support throughout the process of Steve Marshall and Piyamal Pichaiwongse, ILO Liaison Officer and Deputy Liaison Officer respectively, as well as Isabel Ortiz and Valerie Schmitt, respectively Director and Chief of Policy, ILO Social Protection Department. This also extends to Dr Zaw Oo, Economic Advisor to the President's Office and Executive Director of MDRI.

More specifically, the author would like to thank individuals for their technical inputs, support and feedback: Dr Ko Ko Naing, Head of Office, and the team of the Department of Social Welfare, MoSWRR, U Yu Lwin Aung, Former Director General, Social Security Board, MoLES, Dr San San Aye, Former Director, Department of Health Planning, MoH, U Win Aung, Former Director General, Pension Department, MoFR, U Ko Lay Win, Director, Department of Educational planning and training, MoE, U Zarni Minn, Deputy Director, Department of Rural Development, MoFLRD. The author would like to thank all the persons who co-facilitated the exercise: Kyaw Linn Htin (MoSWRR), Mi Win Thidar (MDRI), Andrea Smurra (International Growth Centre), Felice Bakker, Thein Than Htay, Ni Hlei Cuai, Khin Hnin May and Thet Hnin Aye (ILO), Puja Dutta, Mariana Infante and Khin Aye Yee (World Bank), Inge Stokkel and Swe Swe Win (WFP), Krittayawan Tina Boonto and Aye Aye Nwe (UNAIDS), Sangay Wangmo (WHO), Cristina Roccella and Nandar Aung (UNICEF), Konstantin Barwaldt and Kaung Myat Soe (FES Myanmar), Mathew Tasker (Save the Children) as well as Capucinne Loo, Dharmapriya Wesumperuma, Tin Mar Lwin and Aye Myat Phyu (HelpAge International). Special thanks to Michael Cichon, President of the International Council of Social Welfare, for his technical inputs on the present report and RAP costing tool.

The author, however, is solely responsible for the content and any opinions expressed in this paper.

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Myanmar, 24 September 2014

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Executive summary

The social protection floor is composed of entitlements to transfers and services that enable and empower all members of a society to access a nationally defined set of goods and services at all times.

The social protection floor aims at a situation where: 1) all residents have access to affordable essential health care, including maternity care; 2) all children receive basic income security providing access to nutrition, education, care, and any other necessary goods and services; 3) all persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity, and disability, receive basic income security; and 4) all residents in old age receive basic income security either through pensions or in-kind transfers.

The social protection floor framework is used to describe existing social protection programmes, identify policy gaps and implementation issues, and draw recommendations for the further design and implementation of social protection provisions in order to guarantee at least the social protection floor to the entire population.

The costs of the proposed social protection provisions are then estimated and projected over a ten-year period using the ILO's Rapid Assessment Protocol (RAP). This costing exercise can serve as a basis for discussions on the fiscal space and government budget reallocations, and in turn help prioritize between possible social protection policy options.

From October 2013 to September 2014, the ILO, as a member of the Technical Support Group (TSG) on social protection (co-chaired by the United Nations Children's Fund (UNICEF) and the Ministry of Social Welfare, Relief and Resettlement (MoSWRR)), engaged line ministries, the United Nations (UN) country team, social partners, civil society organizations, research institutions, and other relevant stakeholders to assess the social protection situation in Myanmar, identify policy gaps and implementation issues, and draw appropriate policy recommendations for the achievement of a comprehensive social protection floor in Myanmar.

This policy dialogue, called the assessment based national dialogue (ABND) exercise, consisted of the following steps:

STEP 1 – Development of the assessment matrix

The assessment matrix lists and describes the existing social protection schemes along the life cycle, identifies policy gaps and implementation issues, and provides policy recommendations to further design and implement social protection provisions with a view to close the social protection floor gaps.

STEP 2 – Costing using the ILO costing tool called the Rapid Assessment Protocol (RAP)

The recommendations for specific social protection provisions that need to be introduced or further expanded formulated in STEP 1 were translated into "costable" scenarios. The costs of these provisions were calculated and projected over the 2014-24 period in terms of percentage of gross domestic product (GDP) and government expenditures. The projected costs were then added to government budget projections in order to provide preliminary indications of the affordability of the proposed social protection provisions.

STEP 3 – Finalization and endorsement

This step entailed sharing the results of the costing exercise and discussing the next steps (e.g. identification of possible measures to increase the fiscal space for social protection) with all

stakeholders in the framework of workshops and meetings, notably with the newly created Social Protection Technical Support Group. The final report was shared with the Government of the Union of Myanmar.

The assessment based national dialogue exercise provides three types of recommendations:

TYPE 1 – Additional or extended SPF provisions to build a social protection floor in Myanmar and guarantee income security across the life cycle:

- Once supply-side readiness is achieved through the progressive increase of government spending on health, ensure that out-of-pocket (OOP) expenditures on health are kept at a minimum and the population not covered by the Social Security Medical Care Scheme enjoys financial protection in case of sickness.
- Extend the Social Security Medical Care Scheme (extend coverage to beneficiaries' families and extended coverage for government employees).
- Put in place a nutrition-sensitive social protection scheme to prevent malnutrition in the first 1,000 days of the new-born.
- Provide social protection mechanisms to support families with children and reduce school dropouts, including through the reinforcement of existing mechanisms (i.e. school stipends).
- Put in place a social protection scheme for children with disabilities.
- Develop social protection mechanisms against seasonal under-employment for the rural informal population. Create linkages with vocational training opportunities.
- Extend maternity protection to all pregnant women.
- Create a social protection scheme for adults with permanent disabilities who cannot earn a sufficient income.
- Create a social pension for people who do not currently enjoy a pension.
- Address the special needs of elderly dependent persons, including the need for long-term care.

The cost of these additional benefits was estimated to range between 2.24 and 7.2 per cent of GDP by 2024.

TYPE 2 – Structural reforms of the social security system that will require in-depth feasibility studies:

- Strengthen the Health System in order to ensure supply-side readiness.
- Ensure coordination among interventions directed at children (i.e. child protection, nutrition, fight against child labour, reintegration of child soldiers, among others).
- Apply the same social protection schemes to the whole formal sector (government employees and formal private sector workers).
- Move towards a unified and enforced labour legislation.
- Include social protection in the legislative framework for overseas migrants.
- Create a coordination mechanism and portability of benefits across the different pension schemes.
- Establish a sustainable coordination and monitoring mechanism at central, state, and regional levels.

- Improve the delivery of social protection schemes through the establishment of a single entry point for the identification, registration, and benefit delivery to beneficiaries, especially in hard-to-reach areas with limited administrative presence.

TYPE 3 – Improved operations of existing schemes:

- Develop a detailed package for the Social Security Medical Care Scheme and extend access to more health-care facilities.
- Ensure that free primary education is enforced.
- Enforce all social security schemes mentioned under the Social Security Law, 2012.
- Extend provisions for access to vocational training.
- Review the level of workmen’s compensation in cases of work injury.
- Revise the new voluntary social security scheme to ensure financial access to informal economy workers.
- Raise awareness on workers’ rights to social security.
- Ensure current pension schemes are indexed on inflation and wages.

We hope that the policy recommendations entailed in this document will be further explored by the Government of Myanmar and will lead to policy reforms.



Table 1. Typology and list of recommendations of the ABND Exercise

	TYPE 1 – Additional or extended SPF provisions	TYPE 2 – Structural reforms	TYPE 3 – Improved operations
Health	Reduce OOP through financial protection Scale-up the HIV/AIDS treatment and counselling programme	Strengthen the Health System	Develop a detailed package for the Social Security Medical Care Scheme
Children	Introduce a maternity and newborn nutrition-sensitive social protection scheme Ensure that families with children are provided with support, including through the reinforcement of existing mechanisms (i.e. school stipends) Pay special attention to children with disabilities	Ensure coordination among interventions directed at children	Ensure that free primary education is enforced
Working Age	Develop social protection mechanisms against seasonal under-employment Extend maternity protection Create a social protection scheme for adults with permanent disabilities	Apply the same social protection schemes to the whole formal sector Move towards a unified and enforced labour legislation. Include social protection in the legislative framework for overseas migrants	Enforce all social security schemes mentioned under the Social Security Law, 2012 Extend provisions for access to vocational training Review the benefit levels of workmen's compensation in case of work injury Revise the new voluntary social security scheme to ensure financial access to informal economy workers Raise awareness on workers' rights to social security
Elderly	Create a social pension Address the special needs of elderly dependent persons	Create a coordination mechanism and portability of benefits across the different pension schemes	Ensure current pension schemes are indexed on inflation and wages
Cross-cutting	Establish a sustainable coordination and monitoring mechanism at the central, state, and regional levels. Improve the delivery of social protection schemes through the establishment of a single entry point for the identification, registration, and benefit delivery to beneficiaries, especially in hard-to-reach areas with limited administrative presence.		

Methodological note

The assessment based national dialogue's main function is to trigger a national dialogue on social protection with all key stakeholders in the country—the Government, social partners, civil society organizations, academia, and the UN country team. Its primary objective is to identify priority areas for government intervention in the field of social protection and support informed decision-making towards the future development of the national social protection floor.

The assessment, which is the first step of the exercise, includes an inventory of existing schemes and identifies some design gaps and implementation issues for each scheme. The analysis, however, is cursory and cannot replace a comprehensive study of the management and the governance of these schemes.

The assessment led to three types of recommendations. For the first type—additional SPF provisions to complete the social protection floor in Myanmar—we were able to calculate and project the costs of the proposed additional provisions. For the second and the third types—structural reforms and improved operations—additional in-depth feasibility studies are needed to provide solid recommendations to the Government. These studies are meant to be part of subsequent policy and technical support activities by the ILO and other UN agencies.

The costing part, which is the second step of the exercise, uses the Rapid Assessment Protocol (RAP). The RAP follows a logical analytical sequence and allows for: 1) flexibility in the design of benefits, 2) adaptable projections depending on the data available, and 3) estimates of future costs of cash transfer elements. However, the results of the costing exercise remain simplistic and do not replace in-depth feasibility and actuarial studies.

In the case of Myanmar, the ABND exercise was also used as a key input for the formulation of a national social protection strategy.

Abbreviations

ABND	Assessment based national dialogue
ACT	Artemisinin based combination therapy
ADB	Asian Development Bank
AFFM	Agriculture and Farmer Federation of Myanmar
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ART	Anti-retroviral treatment
ARV	Anti-retroviral drug
ASEAN	Association of Southeast Asian Nations
CBO	Community-based organization
CEDAW	Convention on the Elimination of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSO	Civil society organization
DPT	Diphtheria-pertussis-tetanus
ECCD	Early Childhood Care and Development
FAO	Food and Agriculture Organization of the United Nations
FERD	Foreign Economic Relations Department
FTUM	Federation of Trade Unions Myanmar
GAVI	Global Alliance for Vaccines and Immunizations
G20	Group of Twenty
GDF	Global Drug Fund
GDP	Gross domestic product
Hib	Haemophilus influenzae type B
HIV	Human immunodeficiency virus
HSS	Health system strengthening
IDA	Iron deficiency anaemia
IDD	Iodine deficiency disorders
IHLCS-II	Integrated Household Living Conditions Survey
ILO	International Labour Organization
IMF	International Monetary Fund
INGO	International non-governmental organization
IOM	International Organization for Migration

JICA	Japan International Cooperation Agency
LIFT/UNOPS	Livelihoods and Food Security Trust Fund/ United Nations Office for Project Services
MDRI	Myanmar Development Research Institute
MMCWA	Myanmar Maternal and Child Welfare Association
MoE	Ministry of Education
MoFLRD	Ministry of Fisheries, Livestock and Rural Development
MoF	Ministry of Finance
MoH	Ministry of Health
MoLES	Ministry of Labour, Employment and Social Security
MoNPED	Ministry of National Planning and Economic Development
MoSWRR	Ministry of Social Welfare, Relief and Resettlement
MTUF	Myanmar Trade Union Federation
NGO	Non-governmental organization
OHCHR	Office of the High Commissioner for Human Rights
OOP	out-of-pocket
OPSHG	Older People's Self-Help Group
PEM	Protein energy malnutrition
PMTCT	Prevention of mother-to-child transmission
RAP	Rapid Assessment Protocol
RDT	Rapid Diagnostic Tests
SPF	Social protection floor
SPIAC-B	Social Protection Inter-agency Cooperation Board
SSB	Social Security Board
SSE	State-owned Economic Enterprise
TB	Tuberculosis
TB-HIV	Tuberculosis-HIV
TT	Tetanus toxoid
TVET	Technical Vocational Educational Training
UDHR	Universal Declaration of Human Rights
UHC	Universal Health Coverage
UMFCCI	Union of Myanmar Federation of Chambers of Commerce and Industry
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework

UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAD	Vitamin A deficiency
WFP	World Food Programme
WHO	World Health Organization

1. Introduction

Since the adoption of the new Constitution of the Government of the Union of Myanmar in 2008 and the opening of its economy, Myanmar has experienced rapid economic growth (now reaching over 7 per cent annually (IMF, 2014)). In this context, the development of social protection mechanisms—called for by both the Government and an increasing number of civil society and workers’ representatives—can play a central role in improving the lives of Myanmar’s people towards greater social cohesion and sustainable peace building.

In his Presidential address at the National Social Protection Conference held in June 2012, President U Thein Sein called for an inclusive and comprehensive social protection system, providing access to health care and income security for all, which are the main objectives of the social protection floor. He also called for the establishment of a national high-level institution mandated to guide and coordinate a broad range of national social protection initiatives in conformity with national development priorities. The newly created National Social Protection Working Committee will bear that function. In January 2013, the Government of Myanmar presented its Framework for Economic and Social Reforms 2012-2015 at the Development Forum, embedding the extension of social protection into the reform process:

Myanmar needs a social protection system that is based on the needs of multiple economic groups, including women, children, vulnerable groups, the aged, and people with disabilities. To this end a high-level National Committee for the Coordination of Social Protection, led by the Ministry of Social Welfare, Relief and Resettlement and the Ministry of Labour, will be established. This committee will work towards rights-based, inclusive, and systemic policy development, with due attention given to alleviating poverty and addressing inequities, social exclusion, and emergencies.

The social protection floor framework promoted by the United Nations (UN) and the Group of Twenty (G20) Finance Ministers and Central Bank Governors is a relevant tool to describe social security, social protection, and poverty alleviation programmes in Myanmar, and to identify the necessary measures to establish a comprehensive, rights-based, and systemic social protection floor in Myanmar.

The recommended measures relate to the expansion of benefits and the provision of adequate protection against poverty for all, especially vulnerable groups, with a view to develop the social protection system as a whole in a coherent and coordinated manner.

Special attention was also given to those social protection measures that, beyond their protective and redistributive roles, will also provide practical answers to the challenges of building inclusive growth to avoid increased inequalities and the move towards an ageing society. In this context, synergies with other strategies (employment creation, skills development, and so on) may need to be explored.

2. Context

a. The national context

An increased priority to social protection

Myanmar is one of the biggest South-East Asian countries; however, it is also one of the poorest countries with an estimated GDP per capita of US\$ 868 in 2012-13 and a poverty rate of 26 per cent (Ministry of National Planning and Economic Development, 2011). Since launching its transformational reform process in 2011, the Government of Myanmar has brought about political, social, and economic changes in the country. As a result of these reform processes, Myanmar's economy grew at a rate of 7.5 per cent in the 2013-14 fiscal year (Asian Development Bank, 2014). The economy is only expected to grow in the coming years as a result of the expansion in gas and gem exports, as well as its increasing foreign investment (The World Bank, 2014).

Social protection in Myanmar is largely limited to the social security scheme for formal private sector workers (under the Social Security Act, 1954), the civil servant pension scheme (Civil Service Law, 2013), and a series of small-scale assistance programmes, including school stipends and school grants under the Ministry of Education and programmes targeted at specific vulnerable groups (i.e. people living with disabilities, youth, women, among others) under the Ministry of Social Welfare, Relief and Resettlement. Overall, social protection coverage is estimated to be limited in terms of both legal coverage and effective coverage.

Social protection in Myanmar has the potential to contribute to a number of national priorities and social needs across the life cycle, in particular (but not exclusively):

- Poverty and vulnerability reduction – Poverty in Myanmar affected over 25 per cent of the population in 2010 and a significant number of households were affected by specific vulnerabilities (in particular underemployment, floating, lack of access to basic services, catastrophic health expenditures, among others)¹.
- Disaster risk management and response – Myanmar is a country prone to natural disasters.² Social protection can help sustain the country's development efforts and withstand the impact of disasters through:
 - o lowering the level of disaster risk through building disaster- and climate-proof infrastructure through public employment programmes;

¹ For more details, refer to:

- Ministry of National Planning and Economic Development with the support from Sida, UNICEF, and UNDP: *Integrated Household Living Conditions Survey in Myanmar (2009-2010): Poverty Profile* (Yangon, UNDP, 2011).
- The World Bank: *Myanmar Social Protection Assessment* (Social Protection and Labor Global Practice, East Asia and the Pacific Region, forthcoming).

² Coastal regions are exposed to cyclones and storm surges and major parts of the country are at risk from earthquakes and fires. Recurring flooding is common across the country and some parts of the country are exposed to landslides and drought (Ministry of Social Welfare, Relief and Resettlement, 2012).

- increasing people’s resilience against disasters by providing long-term, regular, and predictable access to social protection programmes and access to inclusive insurance schemes; and
- accelerating disaster response by scaling up social transfer programmes with contingency funding.
- Formalization of employment – As Myanmar experiences economic growth, it will need to progressively broaden its tax base and ensure that decent jobs are created, encompassing appropriate social security coverage.

The priority given to social protection by both the Framework for Economic and Social Development (FESD), 2012, and the presidential address of 2012 provides an opportunity for the effective extension of social protection in the country. Since then, the Government of Myanmar took concrete steps towards sector coordination on social protection through the nomination of a Social Protection Technical Support Group and a Social Protection Working Committee. These entities are in charge of formulating a national social protection strategy. Since the Government of Myanmar is about to formulate such a strategy, the review of existing programmes and the identification and formulation of key recommendations to close the coverage gaps provided by the ABND, with active participation of the Social Protection Technical Support Group, offer concrete options to build a comprehensive social protection system in the country.

Overview of existing schemes

The social protection system is principally composed of one contributory social protection programme and a number of scattered non-contributory programmes aimed at providing social assistance.

Most social protection programmes are funded by the general government budget or co-funded by donors. The social security scheme is a contributory scheme where contributions are paid by employers and workers in the formal economy.

This section briefly describes existing schemes for each target group—government employees (civil servants, military, and political personnel), private sector workers (private and public enterprises), informal economy population, and children—and identifies each scheme’s corresponding legal framework (where applicable).

a) Government employees

There are 997,000 government employees composed of civil servants, political personnel, and military personnel.

Table 2. List of schemes for government employees

Target group	Types of benefits	Responsible body
Civil servants	Invalidity and work injury pension, survivor’s pension, compensation pension, and old-age pension	Pension Department, Ministry of Finance
Political personnel	Invalidity and work injury pension, survivor’s pension, compensation pension, and old-age pension	Each responsible ministry

Military personnel and Medical care, disability and Ministry of Defence
their families survivor's pension, and old-age
pension

Civil Servant, Military Personnel, and Political Personnel Pension Scheme

The pension is rooted in the Constitution of the Union of Myanmar, 2008, article 26b, Civil Service Law (chapter 12, section 7) and Rules, 2013, and Political Pension Law (amending the Political Pension Law, 09/94, 07/00 and 02/01) and Rules. Government employees are protected in case of invalidity and work injury, death, termination of employment, old age, and a survivor's pension. The first three benefits cover the active-age period and the last two benefits cover the old-age period.

The old-age pension is received when a worker reaches 55 years of age and 30 years of service for civil servants and reaches 60 years of age and four years of service for political personnel. In the case of death due to an employment-related injury or death after ten years of service, the government pension can be transferred to the beneficiary's children or relatives at three-quarters of the pension level. Benefits are financed by the general government budget and the target replacement rate is 50 per cent of the last monthly salary.

The civil servant pension scheme is under reform. The new system should progressively establish a contributory pension scheme fund for civil servants. A new formula is under consideration to reform the defined benefit system and the target replacement rate should gradually reach 60 per cent of the last monthly salary.

Medical care for military personnel and their families

Free medical care is provided in all Ministry of Defence medical facilities for all military personnel and their families.

Disability and survivor's benefits for military personnel and their families

Disabled soldiers and families of deceased soldiers will receive cash transfers. The rules corresponding to the Families of Disabled or Deceased Soldier Supporting Act, 2012, are currently under review by the Parliament.

b) Workers in public and private formal enterprises

Table 3. List of schemes for workers in public and private formal enterprises

Target group	Types of benefits	Responsible body
Workers in public and private companies with five workers or more	Medical care, sickness, maternity, paternity, work injury, and funeral grant	Social Security Board, Ministry of Labour, Employment and Social Security

Social security schemes

The Social Security Board (SSB) was created in 1956 after the adoption of the Social Security Act, 1954. The SSB is in charge of the design and management of the social security schemes. The SSB has 77 township offices covering 110 townships (i.e. one-third of the existing townships). It is present in all states and regions with the exception of Chin State. In 2012, the Government of the Union of Myanmar adopted the new Social Security Law, 2012, which extends the social security system in the following ways:

- covers additional branches of social security (family benefit, old-age pensions, disability and survivor's pensions, unemployment insurance, and housing benefits);
- increases benefit levels of existing cash benefits under the Social Security Act, 1954, (sickness, maternity, funeral and work injury);
- opens the possibility for contracting with medical facilities outside of the Social Security Board-owned facilities under the new medical care scheme; and
- possible progressive extension of mandatory registration to smaller enterprises (current threshold is five workers) and voluntary registration for sectors not covered by mandatory registration (informal workers and rural workers).

Compulsory registration to the Social Security Board applies to:

- companies with five workers or more, excluding the following: government personnel, international organization employees, seasonal workers in farming and fishing, non-profit organization employees, and domestic workers; and
- all company workers, including unpaid apprentices, permanent employees, and temporary staff, with the exclusion of dependent family members of the employer.

Voluntary registration applies to:

- companies with fewer than five workers;
- students; and
- independent workers and farmers.³

Six types of benefits are currently operating: medical care, funeral grant, sickness cash benefit, maternity cash benefit, paternity cash benefit, and work injury. For the first five benefits, the employer and worker pay equal contributions (two per cent of the worker's wages if less than 60 years of age and 2.5 per cent if greater than 60 years of age) into the "Health and Social Care Fund". For the work injury benefit, the employer contributes one per cent of the worker's wage into the "Employment Injury Fund".

In accordance with the new Social Security Law, 2012, there are six planned provisions: family benefit, disability benefit, superannuation benefit (old-age pension), survivor's benefit, unemployment insurance, and a housing fund. For the first, contributions are included in the "Health and Social Care Fund". For the following three benefits, the employer and employee pay equal contributions (three per cent) into a "disability benefit, superannuation benefit, and survivor's benefit fund" and equal contributions of one per cent of the worker's wage for unemployment insurance into the "unemployment benefit fund". The creation of a housing fund should facilitate access to housing at a subsidized rate and with subsidized loans.

c) Informal economy population

There is currently little reliable data available to estimate the size of the informal economy. By default, this report considers all the population not covered by schemes for the formal sector (government employees and formal private sector workers and their families) as the informal economy.

³ Voluntary registration is not open yet.

Only a few consolidated data for the following programmes are currently available.⁴ The available data suggests that about 1.3 per cent of the informal economy population receives some form of benefits.

Table 4. List of schemes for the informal economy population

Target group	Types of benefits	Responsible body
All Myanmar citizens	Free medicine, free emergency operations, free institutional delivery, maternal care, malaria control, tuberculosis treatment, and HIV/AIDS treatment in medical facilities run by Ministry of Health	Ministry of Health
People with disabilities (children and adults)	Free training	Ministry of Social Welfare, Relief and Resettlement
People living with leprosy	Free meals	Ministry of Social Welfare, Relief and Resettlement
Workers in companies not covered by SSB	Compensation in case of work injury	Ministry of Labour, Employment and Social Security
The elderly	Voluntary homes, Older People's Self-Help Groups, and Village Development Committees	Ministry of Social Welfare, Relief and Resettlement

The Ministry of Health runs free programmes for all Myanmar citizens, mixing both supply-side and demand-side interventions. The programmes include Free Medicine Programme, Free Emergency Operation, Free Institutional Delivery, National Malaria Control Programme, National Tuberculosis Programme, among others.

The Ministry of Social Welfare, Relief and Resettlement provides many assistance mechanisms directed at special vulnerable groups, in particular to individuals with disabilities and the elderly. The programmes include Free Training Institutions for People with Disabilities (for adults and children), Welfare for People Living with Leprosy, Training centres for vulnerable youth and women, Voluntary Homes for the Elderly, Older People's Self-Help Groups, and Village Development Committees.⁵

The Social security schemes operated by the Social Security Board under the Ministry of Labour, Employment and Social Security, will introduce a voluntary contributory scheme for informal

⁴ This includes 67,000 registered HIV/AIDS patients, medical treatment from the Hospital Equity Fund for 2,072 beneficiaries, maternal care to 1,346 women, malaria treatment for 251,273 individuals (Ministry of Health, 2013), TB drug treatment for 143,164 individuals (Ministry of Health, 2013); training for 141 adults with disabilities (Ministry of Labour, Employment and Social Security, 2013); and free meals for 76 people living with leprosy.

⁵ The Older People's Self-Help Groups and Village Development Committees receive financial and technical support from Help Age International.

workers whereby both employer and worker contributions would need to be paid by the informal worker.

According to the Workmen’s Compensation Act, 1923, Rules, 1924, and amendments to the Workmen’s Compensation Act, 2005, workers in companies not covered by SSB receive financial compensation in case of occupational disease or work injury resulting in disability or death of the worker. The compensation is paid entirely by the employer and is paid in lump sum for permanent disability or death and monthly instalments for temporary disability.

The Rural Development Strategic Framework, 2014, was recently adopted and mentions a number of instruments to extend social protection programmes to the rural economy, including infrastructure and public employment programmes.

d) Children

There are currently 12,734,000 children (aged 0-14 years) in Myanmar.⁶ A total of 10,917 children attend early childhood development centres and day care centres, 1,420 orphans receive institutional care, 547 children with disabilities receive training, 5.2 million children receive support for compulsory primary education, and 11,022 children receive stipends. Approximately 41 per cent of children in Myanmar receive some sort of benefit.

Table 5. List of schemes for children

Target group	Types of benefits	Responsible body
All primary school students	1,000 kyats per year per primary school student, as well as textbooks and exercise books	Ministry of Education
Primary, middle, and high school students, with priority given to orphans or students from single-headed households	School stipends of 5,000 kyats per month for primary school students, 6,000 kyats per month for middle school students, and 8,000 kyats per month for high school students ⁷	Ministry of Education
Low-income families with children, where a household member is working in a company with five or more workers affiliated with social security	Education allowance for primary school children	Social Security Board, Ministry of Labour, Employment and Social Security
Free preschool and day care centres	Free day care	Ministry of Social Welfare, Relief and Resettlement

⁶ Based on United Nations Department of Economic and Social Affairs (UNDESA) population projections, 2014.

⁷ Benefits are provided ten months per year.

All children	Nutritional support and immunizations	Ministry of Health
Orphans	Institutional care	Ministry of Social Welfare, Relief and Resettlement

The Basic Education Law is currently being drafted and is in its second stage of comments.⁸ Overall, programmes for children are scattered and not yet embedded within law. Even though primary basic education is free, there are many induced costs and opportunity costs to attending school. There are currently three programmes, two of which are operated by the Ministry of Education and one by the Ministry of Labour, Employment and Social Security, which provide incentives to families to keep children in school by reducing the opportunity costs of attendance and promoting retention.

The Ministry of Social Welfare, Relief and Resettlement provides free preschool and day care centres for children in Myanmar. The Early Childhood Care and Development (ECCD) Law was enacted on 6 February 2014 and the rules are currently being developed.

The Ministry of Health provides immunizations and nutritional support to pregnant mothers and newborns. The nutrients provided include iron tablets, vitamin B1 tablets, vitamin A capsules, among others. The immunizations provided include tuberculosis, diphtheria-pertussis-tetanus, tetanus toxoid, hepatitis B, among others. Both programmes are not yet embedded within law and receive financial support from external donors.

Table 6. Recap of the legal framework

Government employees	
Civil Servant, Military, and Political Personnel Pension Schemes	• Constitution of the Union of Myanmar, 2008, article 26b; Civil Service Law (chapter 12, section 7) and Rules, 2013; and Political Pension Law (amending the Political Pension Law, 09/94, 07/00 and 02/01) and Rules
Medical care for military personnel and their families	• The programme is not yet embedded within law.
Families of disabled and deceased soldiers	• Families of Disabled or Deceased Soldiers Supporting Act, 2012.
Workers of public and private formal enterprises	
Social Security Scheme	• Social Security Act, 1954; Social Security Law and Rules, 2012
Employee Skill Development Fund	• Employment and Skill Development Law, 2013
Informal economy workers	

⁸ September 2014.

- | | |
|---|---|
| Free Training Institutions for People with Disabilities | • “Developing Rights of Persons with Disabilities” Law is currently being drafted |
| Welfare for People Living with Leprosy | • The programme is not yet embedded within law. |
| Older People’s Self-Help Groups; Voluntary Homes for the Elderly; Village Development Committees. | • The programmes are not yet embedded within law, but the Law for Older People is currently being drafted and may give ground to these three programmes |
| Social Security Schemes | • Social Security Law and Rules, 2012 |
| Free Medicine Programme for HIV/AIDS patients | • Strategic Plan and Operational Plan on HIV and AIDS 2011-2016 (NSP II) |
| National Tuberculosis Programme | • The programme is not yet embedded within law. |
| Rural economy | • Rural Development Strategic Framework, 2014 |

Children

- | | |
|--|---|
| Basic Education (support to compulsory education and National School Stipends Programme) | • The programmes are not yet embedded within law, but the Basic Education Law is currently being developed. |
| Free preschool and day care centres | • The programme is not yet embedded within law. The rules to accompany the Early Childhood Care and Development (ECCD) Law are currently being developed and may give ground to this programme. |
| Free national nutritional programmes | • The National Plan for Action for Food and Nutrition is currently being formulated. |
| Expanded programme on immunization | • The programme is not yet embedded within law. |
| Institutions for orphans | • The programme is not yet embedded within law. |

b. The global and regional contexts

In April 2009, the High Level Committee on Programmes of the UN Chief Executives Board adopted the social protection floor as one of its joint initiatives to face the financial and economic crisis and accelerate recovery, with the ILO and the World Health Organization (WHO) as lead agencies. This initiative supports countries in planning and implementing sustainable social protection schemes and essential social services. As this objective transcends the mandate of any single body or agency, the initiative built a global coalition of UN agencies (Food and Agriculture Organization of the United Nations (FAO), Office of the High Commissioner for Human Rights (OHCHR), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Department of Economic and Social Affairs (UNDESA), United Nations Development Programme (UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), UN-HABITAT, UN

Refugee Agency (UNHCR), UNICEF, United Nations Office on Drugs and Crime (UNODC), UN Regional Commissions, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), World Food Programme (WFP), and World Meteorological Organization (WMO)), the International Monetary Fund (IMF) and the World Bank, as well as development partners and NGOs.

At its 101st session (2012), the International Labour Conference, composed of tripartite representatives of 185 member States including Myanmar, adopted the Recommendation concerning national floors of social protection (Social Protection Floors Recommendation, 2012 (No. 202)) which reaffirms the role of social security as a human right and a social and economic necessity (International Labour Organization, 2012). The Recommendation provides guidance to member States in building social protection floors within progressively comprehensive social security systems and was adopted almost unanimously (453 votes in favour and one abstention) after fruitful and constructive debate among constituents. Recognizing the crucial role of social protection in social and economic development, and notably in combatting poverty, vulnerability, social exclusion, and realizing decent work for all, the Conference also adopted the Resolution concerning efforts to make social protection floors a national reality worldwide, which invites governments, employers, and workers to jointly give full effect to Recommendation No. 202 as soon as national circumstances permit (International Labour Organization, 2012b).

In order to encourage momentum after the 101st session of the International Labour Conference, Helen Clark, Chair of the United Nations Development Group, and Guy Ryder, Director-General of the ILO, urged the UN to help countries adopt social protection floors. They advocated for One-UN Social Protection Floor Operations and called upon UN Country Teams to consider specific steps to expanding social protection floors through several channels, including One-UN national social protection Teams working with various partners, building and/or strengthening social protection programmes based on national dialogue, giving policy advice on social protection needs and gaps including financing strategies, integrating social protection floors in national strategies and United Nations Development Assistance Frameworks (UNDAFs), and building up data and national statistical capacities.

The Social Protection Inter-agency Cooperation Board (SPIAC-B) is an inter-agency coordination mechanism to enhance global coordination and advocacy on social protection issues and coordinate international cooperation. The 5th Meeting held in Geneva in May 2014 included working sessions on One-UN SPF country operations and social protection inter-agency assessment tools.

Social protection floors are nationally defined sets of rights and transfers that enable and empower all members of a society to access a minimum of goods and services at all times. They can be composed of:

- essential services, which refers to geographical and financial access to services such as water and sanitation, adequate nutrition, health, education, and housing; and
- essential transfers, which refers to cash and in-kind transfers to the poor and the vulnerable to provide minimum income and health security.

By calling for both demand- and supply-side measures (transfers and services), the SPF takes a holistic approach to social protection. The SPF calls for access to a minimum set of goods and services for all age groups, but with particular attention to marginalized and vulnerable groups (such as ethnic minorities and people with disabilities). Once a social protection floor has been established, countries may then choose to progressively extend to their populations higher levels of social protection (e.g. by shifting from free primary education to free secondary and pre-primary education, or by increasing levels of benefits through a mix of non-contributory and contributory schemes.)

Social protection floors should comprise at least the following basic social security guarantees:

(a) access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality;

(b) basic income security for children, at least at a nationally defined minimum level, providing access to nutrition, education, care and any other necessary goods and services;

(c) basic income security, at least at a nationally defined minimum level, for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; and

(d) basic income security, at least at a nationally defined minimum level, for older persons. (ILO Recommendation, 2012 (No. 202))

Defining the components of the floor as guarantees creates the flexibility that makes the concept of a social protection floor compatible with all possible national social protection systems. The four guarantees set minimum performance or outcome standards with respect to the access, the scope, and the level of income security and health care in national social protection systems rather than prescribing a specific architecture of national social protection systems. While not all countries will be able to immediately put in place all components for the whole population, the SPF provides a framework to plan a progressive implementation that ensures a holistic vision of the social protection system and that exploits synergies and complementarities between different components.

The SPF also serves as a tool for gender empowerment. Globally, women are disproportionately represented amongst the poor and the vulnerable. They face many legal and social constraints that limit their access to the labour market, productive assets, and decent work with equal remuneration with male counterparts. Women tend to be confined to more casual, insecure, and hazardous forms of work and self-employment, particularly in the informal economy, with no or only limited access to social protection. The SPF, which aims at extending basic social protection to those who are currently excluded, has great potential to redress existing gender imbalances. In societies where women are expected to take on caring roles, social transfers are also found to be particularly important supports. An ILO working paper explored some of the linkages between gender inequality and social protection and found that when properly designed, SPFs have the potential to close coverage gaps affecting women, help them overcome the barriers to participation in the labour market in decent employment, and contribute to their empowerment (Tessier, et al., 2013).

While Asia and the Pacific have made considerable economic progress in the last two decades and have lifted millions out of poverty, not all have benefitted from these gains. Millions of people are still poor, deprived of basic rights, and vulnerable to increased risks due to global economic crises and climate change. This threatens to reverse hard-won human development gains of the past decade. Given this context, it is not surprising that social protection, which refers to a range of policy instruments for ensuring that the rights of all people to income security and access to a minimum level of social services are realized, is high on the policy agenda in the region.

The SPF is also a priority on the G20 agenda. In a preparatory meeting to the G20 Heads of State Summit, G20 Labour and Employment Ministers recommended in September 2011 to “strengthen social protection by establishing social protection floors adapted to each country”.

At their 67th Session in May 2011, member States of the UN Economic and Social Commission for Asia and the Pacific passed a resolution on “Strengthening social protection systems in Asia and the Pacific”. In September 2013, ASEAN member States adopted the Declaration on Strengthening Social

Protection. The Declaration is closely aligned with the guiding principles prescribed by the Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Social Protection Floors Recommendation, 2012 (No. 202). The Declaration states that “the poor, at risk, persons with disabilities, older people, out-of-school youth, children, migrant workers, and other vulnerable groups, are entitled to have equitable access to social protection that is a basic human right and based on a rights-based/needs-based, life-cycle approach and covering essential services as needed”. A regional action plan to put in place the declaration is currently being drafted and will include specific actions to be taken by ASEAN member States, including Myanmar.

The ASEAN Economic Community will become a reality in 2015, creating a single market and increased economic opportunities. This will have implications for the labour force and its mobility. In this context, the social protection systems of ASEAN countries will have a fundamental role to play in ensuring the fruits are shared and the community is resilient.



Table 7. Recap of relevant global instruments

Relevant instruments	Status for Myanmar	Regular reporting
Convention on the Elimination of Discrimination Against Women (CEDAW)	Ratified in 1997	Yes ⁹
Convention on the Rights of the Child (CRC)	Ratified in 1991	Yes ¹⁰
Convention on the Rights of Persons with Disabilities	Ratified in 2011	Yes ¹¹
Universal Declaration of Human Rights (UDHR), articles 22, 23, and 25	Myanmar is a member of the United Nations General Assembly	No
Social Protection Floors Recommendation, 2012 (No. 202)	Myanmar is a member of the International Labour Conference and voted for the adoption of the Recommendation in June 2012	Yes ¹²
Global Health and Foreign Policy resolution on the Universal Health Coverage (UHC), 2012 ASEAN Declaration on Strengthening Social Protection, 2013	Myanmar is a member of the United Nations General Assembly	No
Cha-am Hua Hin Declaration on the Roadmap for the ASEAN Community (2009-2015)	Myanmar is a member of the ASEAN	No ¹³

⁹ Each state party to the Convention must submit to the Committee an initial comprehensive report on measures taken to implement the convention. The initial report must be submitted within one year after the Convention comes into force, followed by subsequent reports at least over four years or when is requested by the Committee.

¹⁰ Each state party to the Convention must submit to the Committee an initial comprehensive report on measures taken to implement the Convention. The initial report must be submitted within two years after the ratification of the Convention, followed by subsequent reports every five years thereafter or upon request from the Committee.

¹¹ Each state party to the Convention must submit to the Committee an initial comprehensive report on measures taken to implement the Convention. This initial report must be submitted within two years after the Convention comes into force, followed by subsequent reports at least every four years or whenever it is requested by the Committee.

¹² Each member State needs to report periodically on the efforts made to implement principles contained in ILO Recommendations.

¹³ The ASEAN is currently formulating an action plan to implement the Declaration which may lead to a reporting mechanism.

3. Assessment based national dialogue in Myanmar: Objectives, methodology, process

a. Objectives

The assessment based national dialogue exercise's main objectives are:

1. to contribute to the national dialogue on social protection with all key stakeholders in the country, including the Government of Myanmar, social partners, civil society organizations, academia, and the UN country team, while raising awareness on the social protection floor concept and increasing capacities in policy formulation and planning;
2. to contribute to the Myanmar National Social Protection Strategy;
3. to identify priority areas for the Government's intervention in the field of social protection and the necessary measures for the establishment of a more comprehensive, rights-based, and systemic social protection floor;
4. to support informed decision-making towards the future development of a nationally defined social protection floor while ensuring that the proposed new schemes and benefits do not threaten the financial sustainability of the social protection system as a whole; and
5. to identify opportunities for partnership on social protection between the Government of Myanmar and development partners.

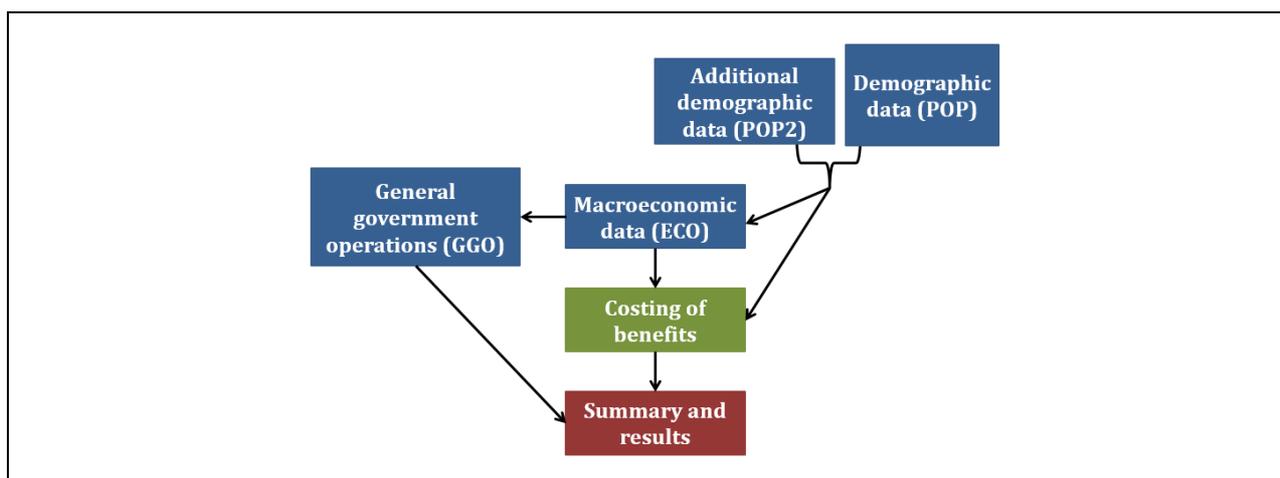
b. Generic methodology and process

The assessment describes existing social security schemes and social protection programmes, and identifies policy gaps and implementation issues for each of the four basic guarantees of the SPF mentioned above. This assessment helps to draw recommendations for the further design and implementation of social protection provisions to reach at least the social protection floor for all the population. The subsequent costing exercise estimates the cost of introducing these additional social protection provisions. The assessment based national dialogue (ABND) exercise consists of the following steps:

STEP 1 – Development of the assessment matrix - An assessment matrix containing an inventory of existing social security, social protection, and poverty alleviation programmes for each of the four SPF guarantees is developed. The matrix helps to identify policy gaps, implementation issues, and a number of recommendations for the design and implementation of further social protection provisions with the aim of guaranteeing at a minimum the SPF to all the population.

STEP 2 – RAP Protocol - The costs of the proposed social protection provisions are then estimated and projected over a ten-year period using the ILO's Rapid Assessment Protocol (RAP). This costing exercise can serve as a basis for discussions on available fiscal space, government budget reallocations, and the prioritization of different social protection policy options.

Figure 1. RAP Model Structure



STEP 3 – Finalization – The recommendations are shared with government representatives, workers and employers, and civil society organizations with a view to validate the assumptions and recommendations, as well as to prepare for the next steps, which may include feasibility studies for the design of new schemes, expansion of existing schemes, and establishment of coordination mechanisms.

Table 8. Scope of the assessment based national dialogue

The assessment tells us:	
What is the situation?	Descriptions of existing schemes, laws, and regulations for each SPF guarantee.
How far are we from the full realization of the SPF?	A comparison of existing schemes with the SPF framework. Does the entire population have access to health care and income security? Are the benefits adequate?
What should we do to complete the SPF?	Recommendations for new or the extension of existing social protection provisions.
How much will it cost?	Cost calculations of the additional SPF provisions using the RAP protocol, cost estimates relative to GDP and government revenues and expenditures, and the incorporation of estimated costs into government budget projections, providing preliminary indications of the affordability of proposed social protection provisions.
The assessment can be followed by:	
How to finance the new SPF provisions?	Recommendations on how to finance the new provisions through reallocation of government expenditures, increases in the fiscal space, or other means.
What will be the return on investment?	Analyse impact of the SPF provisions on the reduction of poverty and inequalities, employability and productivity, and economic growth. Also, study the comprehensive rate of return to investing in the SPF.
How to advocate for the recommendations?	Develop social marketing and communication strategies to advocate for the recommendations among the general public, civil society organizations, workers and employers, and the Parliament and the Government (e.g. line ministries, Prime Minister’s office, among others).

c. Process followed in Myanmar

An inventory of social protection programmes in Myanmar was conducted by the World Bank from October 2013 to February 2014.¹⁴ It highlighted that the Government's social protection programmes are small and scattered and a number of social assistance programmes are run by NGOs on a temporary basis as part of emergency relief programmes. This inventory laid the foundation for the assessment matrix.

It was agreed that an assessment based national dialogue (ABND) would be conducted involving a wide range of stakeholders to assess the social protection situation, identify areas for government intervention to complete a national floor of social protection, and estimate the cost of the interventions. This process, aiming at informing the discussion on a national social protection strategy for Myanmar, was combined with: i) a Social Protection Assessment (SPA) conducted by the World Bank and WFP, which provided inputs to the various national dialogue workshops, and ii) a direct support to the strategy drafting process provided by UNICEF.

The table below summarizes the activities conducted under each of the three steps of the social protection assessment-based national dialogue process. The process started in October 2013 with the inventory of social protection programmes in Myanmar led by the World Bank.

Table 9. Steps of the assessment based national dialogue in Myanmar

STEP 1 – Development of the assessment matrix	
Desk review	Based on a desk review and the social protection inventory led by the World Bank, ¹⁵ the ILO conducted a series of bilateral consultations from November 2013 to January 2014 with the Social Security Board, Ministry of Labour, Employment and Social Security, UNICEF, WHO, WFP, ADB, and the World Bank.
Bilateral consultations	Between March and June 2014, meetings were organized to take stock of existing social protection schemes and related laws and regulations for each of the four guarantees of the social protection floor. They were organized with: <ul style="list-style-type: none"> • Ministry of Social Welfare, Relief and Resettlement: Department of Social Welfare; • Ministry of Labour, Employment and Social Security: Social Security Board; • Ministry of Health: Department of Health Planning; Occupational and Environmental Health Unit, Nutrition Center; and Department of Health; • Ministry of Finance: Pensions Department; and • Ministry of Education: Department of Educational Planning and Training.
National dialogue No. 1	The preliminary assessment matrix was presented and reviewed at the first national dialogue on social protection on 23-25 March 2014. The dialogue was attended by representatives from line ministries (Ministry of Social Welfare, Relief and

¹⁴ The World Bank: *Myanmar Social Protection Assessment*. Social Protection and Labor Global Practice. East Asia and the Pacific Region (forthcoming).

¹⁵ Ibid.

Resettlement (MoSWRR), Ministry of Labour, Employment and Social Security (MoLES), Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Finance (MoF), Ministry of Fisheries, Livestock and Rural Development (MoFLRD), Ministry of Home Affairs, General Administration Department, Ministry of National Planning and Economic Development (MoNPED), and the Foreign Economic Relations Department (FERD)), social partners, civil society organizations, NGOs, INGOs, and relevant UN Country Team members. On the basis of a draft social protection assessment matrix integrating the social protection inventory developed by the World Bank, the dialogue provided a clear consensus on the picture of the social protection provisions in Myanmar and identified coverage gaps and implementation issues as well as recommendations to fill those gaps. Several concrete policy recommendations emerged from this meeting to further design and implement social protection provisions with a view to close the social protection floor gaps.

Finalization of the matrix Based on the inputs from the national dialogue, the assessment matrix and the legal framework analysis were further elaborated in order to finalize the social protection assessment matrix.

STEP 2 – Costing using the RAP protocol

<p>National dialogue No. 2</p>	<p>During the second national dialogue on social protection on 18-20 June 2014, the recommendations formulated in March were translated into concrete policy options with “costable” scenarios, i.e. specific social protection provisions that need to be introduced or further expanded to fill the coverage gaps.</p> <p>This national dialogue workshop was also an opportunity for knowledge-sharing on existing programmes run by the Ministry of Finance, the Ministry of Health, the Ministry of Education, and the Ministry of Fisheries, Livestock and Rural Development. Each ministry representative presented their current programmes, their expected evolution, challenges met, and lessons learned. The first day allowed the participants to gain clarity on sector priorities and develop concrete policy scenarios accordingly.</p> <p>Lastly, this national dialogue hosted a first discussion on lessons learned from the current delivery mechanisms and benefit design of cash transfers and public employment programmes in Myanmar. This discussion was based on the first results of the Social Protection Assessment led by the World Bank in collaboration with WFP.¹⁶</p>
<p>Costing</p>	<p>The costing exercise was facilitated by the ILO and received inputs from other UN agencies, development partners, line ministries, and INGOs. The cost calculations and projections were completed for 2014-24 for the proposed provisions using the ILO costing tool called the Rapid Assessment Protocol (RAP).</p>

¹⁶ Ibid.

Facilitator training	A facilitator training was held on 25 August 2014 to introduce the national dialogue facilitators (from various agencies) to the RAP model. This was done to enable a smooth and effective third national dialogue in September, where participants, in groups according to SPF guarantees, prioritized policy options.
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STEP 3 – Finalization and endorsement	
National dialogue No. 3	The policy options elaborated in June were presented and reviewed at the third national dialogue on social protection on 3-5 September 2014. The participants benefited from a training on the RAP model and three packages of social protection benefits along the life-cycle were formulated according to national priorities (low, medium, and high packages). The World Bank presented country experiences on poverty reduction linked to the introduction of social protection schemes. The fiscal space was projected for each of the formulated packages of social protection benefits, which led to a discussion on available fiscal space, government budget reallocation, and the prioritization of different social protection options. This discussion was complemented by the social budget analysis provided by UNICEF Myanmar.
Writing of the report	The costing tool was further elaborated and the assessment report was produced in September 2014. Before its launch, the report received inputs from the Social Protection Technical Support Group as well as the UN country team (UNCT).
Advocacy	After the launch of the report, advocacy work should be continued to seek for the endorsement of some of the recommendations and their inclusion in the national social protection strategy.

Table 10. The assessment on the ILO’s knowledge-sharing platform on the extension of social security – www.social-protection.org

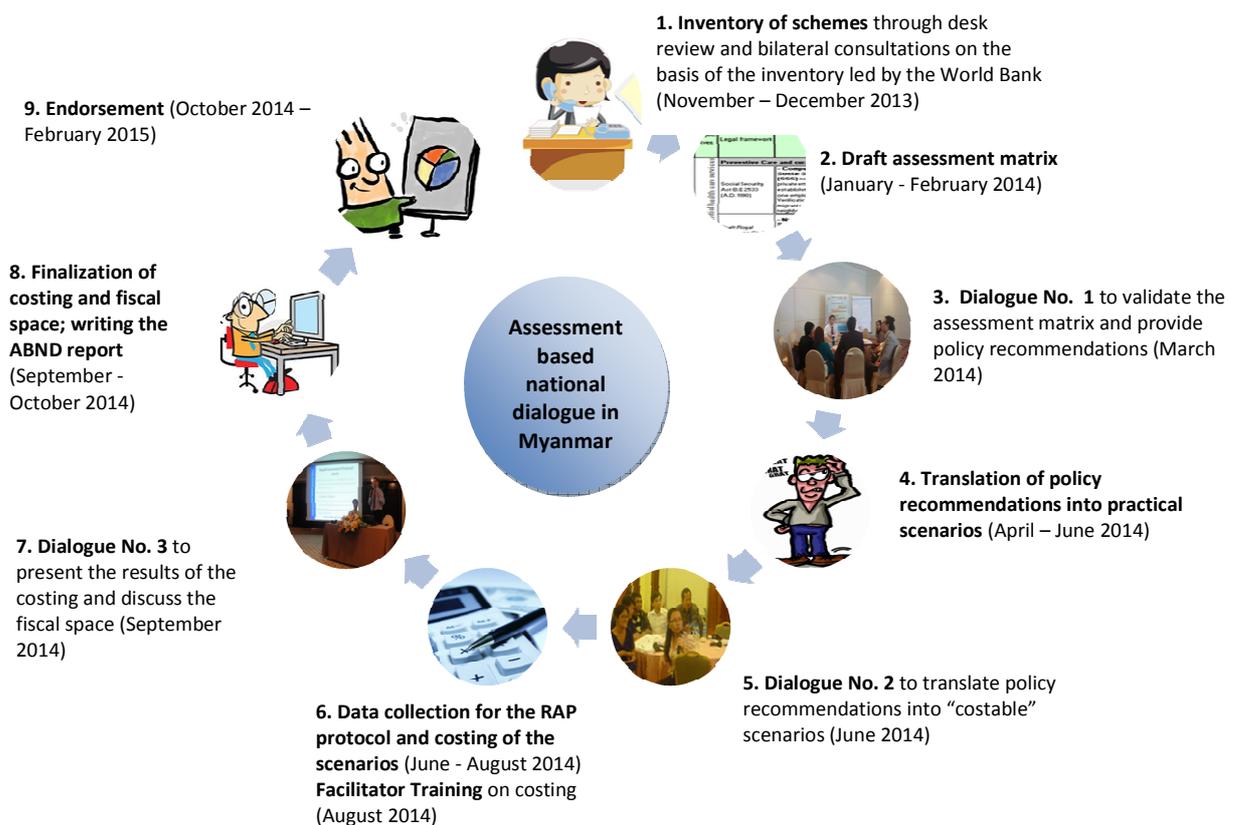
<ul style="list-style-type: none"> Myanmar: Social Protection Assessment-Based National Dialogue. Available at: myanmar.social-protection.org National Dialogue on the Social Protection Assessment Matrix for Myanmar, March 24-26 2014. Available at: http://www.social-protection.org/gimi/gess/ShowWiki.action?wiki.wikid=2410. 2nd National Dialogue on Social Protection, Policy Options and Scenarios, June 18-20 2014. Available at: http://www.social-protection.org/gimi/gess/ShowWiki.action?wiki.wikid=2434. 3rd National Dialogue on Social Protection, Evaluating the cost of social protection policy options. Available at: September 3-5 2014, http://www.social-protection.org/gimi/gess/ShowWiki.action?wiki.wikid=2503. Myanmar country page. Available at: http://www.social-protection.org/gimi/gess/ShowCountryProfile.do?cid=547.

The assessment process in Myanmar was based on:

- literature review of studies, reports, laws and regulations, and statistical reports;

- bilateral consultations, technical workshops, and a wide range of national consultations to share the results at each step, gather inputs, and seek feedback, as well as enhance a national dialogue among the Government, social partners, and civil society organizations; and
- enhancement of policy dialogue among the UN system, line ministries, and civil society organizations.

Figure 2. The process of the assessment based national dialogue in Myanmar



4. Step 1: Development of the assessment matrix (existing provisions, policy gaps, implementation issues, recommendations)

The assessment matrix is a tool to analyse to what extent existing and planned social protection provisions match the benchmarks set by the four guarantees of the social protection floor framework and to support the identification of policy priorities to complete such a floor. For each of the SPF guarantees, the matrix lists existing and planned social protection provisions, their legal and effective coverage, policy gaps, and implementation issues. It then identifies opportunities for improvement through recommendations.

Figure 3. Structure of the assessment matrix

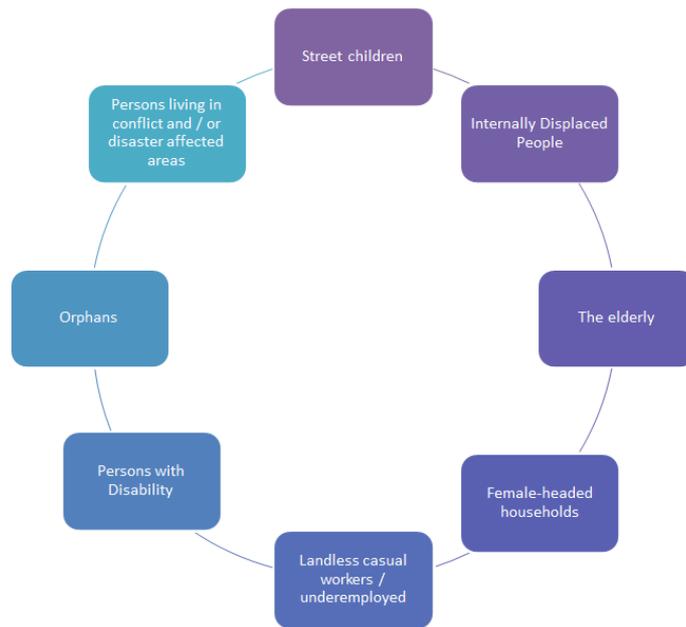
	Objectives	Existing provisions	Planned provisions	Policy gaps	Implement- ation issues	Recomm- endations
Health	Four SPF guarantees	Identifying existing situation in the country		Identifying policy gaps and implementation issues, addressing which would complete the SPF		Priority policy options, decided through national dialogue
Children						
Working age						
Elderly						

The final assessment matrix is accessible at social-protection.org:

<http://www.social-protection.org/gimi/gess/ShowRessource.action?ressource.ressourceId=46717>.

During the first national dialogue workshop, participants identified special vulnerable groups to be kept in mind when filling in the social protection assessment matrix and developing policy options for the extension of coverage.

Figure 4. Special vulnerable groups



Source: National Dialogue Workshop on the social protection assessment matrix, 24-26 March, 2014.

a. Health care

“all residents have access to a nationally defined set of essential health care services including maternity care that meets the criteria of availability, accessibility, acceptability and quality”



Existing provisions

Myanmar is at the beginning of a process that will structure health financing mechanisms in a coherent way. At the moment, two main financing mechanisms exist. One is the Social Security Medical Care Scheme, which only covers the formal private sector, a small proportion of the population. The second is the Ministry of Health, which runs a number of free health-care programmes not yet embedded within law.

Social Security Medical Care Scheme

Legal framework	The scheme was established by the Social Security Act, 1954, and is embedded in the Social Security Law, 2012.
Target group	The scheme covers organized private sector workers and some groups of civil servants, such as employees from the Ministry of Labour, Employment and Social Security, Ministry of Industry, Ministry of Rail Transportation, public enterprises, among others.
Benefit package	Under the law, the content of the benefit package is not detailed. In practice, the scheme provides a comprehensive benefit package. Worker benefits include out-patient care, in-patient care, medicine, laboratory tests, delivery, and transportation in case of referral outside urban areas, for a maximum period of 26 weeks.
Eligibility	Workers registered with the SSB and regularly pay contributions.
Selection of providers	Patients can only receive care and treatment in SSB facilities, comprising of three hospitals and approximately 95 clinics nationwide. Treatment can be received in other public facilities run by the Ministry of Health, but only upon referral.
Payment mechanism	If the worker attends another public facility upon referral by SSB, they will have to pay upfront for the services and receive reimbursement retrospectively.
Responsible authority	The SSB, Ministry of Labour, Employment and Social Security.
Financing	The scheme is funded on a bipartite basis (employers and workers) and contributions are paid to the “Health and Social Care Fund”. If the worker is less than 60 years old at registration, workers and employers both contribute two per cent of the worker’s wage. If the worker is 60 years old or older at registration, workers and employers both contribute 2.5 per cent of the worker’s wage.
Expenditure	The total cost for the medical care benefit was 1251.71 million kyats (US\$ 1,290,422) in 2011. ¹⁷
Population covered	In January 2014, the scheme covered 710,000 workers. This accounts for approximately 1 per cent of the total population (Central Statistical Organization, 2012). ¹⁸

Free Care for the Military

¹⁷ Currency conversions in this paper have been made at a rate of 970 kyat = 1 US\$, September 2014 conversion.

¹⁸ Based on UN DESA population projections, 2014.

Legal Framework	Information is not yet available.
Target group	The programme covers all military personnel and their families.
Benefit package	All medical services.
Selection of providers	Free care is provided by military hospitals nationwide.
Responsible authority	The Ministry of Defence.
Financing	The scheme is financed by the general government budget.
Expenditure	Consolidated data is not yet available.
Population covered	Consolidated data is not yet available.

Programmes run by the Ministry of Health

A policy framework for universal health coverage (UHC) and its various components are under development in the Ministry of Health. Coordination mechanisms across programmes and ministries are currently being strengthened and focus is on the supply side.

1. Free Medicine Programme

Legal Framework	The programme is not yet embedded within law.
Target group	The programme covers all patients at Ministry of Health facilities, with a focus on maternal and child health.
Benefit package	The benefit package consists of free medicine from the official essential drug list.
Selection of providers	Free medicine is provided by public health facilities (hospitals and health centres) managed by the Ministry of Health nationwide.
Responsible authority	The Ministry of Health.
Financing	The scheme is financed by the general government budget.
Expenditure	The total cost for the free medicine benefit was US\$ 144 million for fiscal year 2013, representing 31 per cent of the Ministry of Health's budget.
Population covered	Consolidated data is not yet available.

2. Free Institutional Delivery

Legal Framework	The programme is not yet embedded within law.
Target group	The programme provides free institutional delivery to women with five or fewer children.
Benefit package	The benefit package covers free delivery care—both simple and complicated deliveries—and necessary medicines.
Selection of providers	Women can attend public health facilities (hospitals and health centres) run by the Ministry of Health nationwide.

Payment mechanism	The service is free for the designated target group. However, patients need to pay out-of-pocket (OOP) if they use trade name drugs (third generation drugs).
Responsible authority	Ministry of Health.
Financing	The scheme is financed by the general government budget.
Expenditure	The total cost for the Maternal and Child Health budget, including both Free Institutional Delivery and Free Care to Children Under Five, was roughly US\$ 36 million for fiscal year 2013.
Population covered	Consolidated data is not yet available.

3. Free Care to Children under Five

Legal Framework	The programme is not yet embedded within law.
Target group	The scheme covers all children under the age of five.
Benefit package	The benefit package provides both in-patient and out-patient care.
Selection of providers	Public health facilities (hospitals and health centres) run by the Ministry of Health nationwide.
Payment mechanism	The service is free for the designated target group. However, patients need to pay OOP if they use trade name drugs (third generation drugs).
Responsible authority	Ministry of Health.
Financing	The scheme is financed by the general government budget.
Expenditure	The total cost for the Maternal and Child Health budget, including both Free Institutional Delivery and Free Care to Children Under Five, was roughly US\$ 36 million for fiscal year 2013.
Population covered	Consolidated data is not yet available.

4. Free Emergency Operation

Legal Framework	The programme is not yet embedded within law.
Target group	The programme covers all patients requiring emergency care.
Benefit package	Free emergency in-patient procedures.
Selection of providers	Public health facilities run by the Ministry of Health nationwide.
Responsible authority	Ministry of Health.
Financing	The scheme is financed by the general government budget.
Expenditure	Consolidated data is not yet available.
Population covered	Consolidated data is not yet available.

5. Hospital Equity Fund

Legal Framework	The programme is not yet embedded within law.
Target group	The fund targets the poor, with a focus on pregnant women and newborns.
Benefit package	<p>The benefit package is relatively comprehensive. It covers 1) free medical treatment for the following interventions: emergency procedures (such as caesarean sections and other lifesaving procedures), management of complicated deliveries, lifesaving emergencies, and management of acute childhood illnesses; 2) reimbursement of the actual cost of roundtrip transport; and 3) daily allowance of 3,500 kyats for the patient and their attendants.</p> <p>Note: This programme is meant to be combined with Free Institutional Delivery and Free Care to Children Under Five in order to provide a rather comprehensive package of maternal and child health services.</p>
Selection of providers	<p>Public health facilities run by the Ministry of Health.</p> <p>The pilot started in 2013 and covered 20 townships in the first nine months. It has subsequently been expanded to 60 townships as of May 2014. The target is to reach 120 townships by the end of 2014.</p>
Responsible authority	Ministry of Health.
Financing	The scheme is co-financed by the general government budget as well as the Global Alliance for Vaccines and Immunizations (GAVI) and Myanmar Maternal and Child Welfare Association (MMCWA).
Expenditure	The total cost was US\$ 149,843 for the first nine months of the scheme.
Population covered	A total of 2,072 beneficiaries in the first nine months, representing 0.004 per cent of the total population. ¹⁹

6. (Hospital) Trust Fund

Legal Framework	The programme is not yet embedded within law.
Target group	The fund covers the poor who are unable to receive medical treatment otherwise.
Benefit package	The benefit package provides free in-patient procedures.
Selection of providers	Public health facilities run by the Ministry of Health nationwide.
Responsible authority	Ministry of Health.
Financing	<p>When a new health facility is established, the government contributes 10,000 kyats per bed into a one-time fund and a hospital committee is created.</p> <p>The fund is placed in an account and the acquired interest is used to pay for</p>

¹⁹ Based on UNDESA population projections, 2014.

procedures for the poor and for facility maintenance. The hospital management committees have to maintain this fund through community donations or alternative donors.

Expenditure Hospital trust funds are monitored at the hospital level and a report is regularly communicated to the Ministry of Health. At the moment, consolidated data is not available.

Population covered Consolidated data is not yet available.

7. Maternal and Child Health Voucher Pilot Scheme

Legal Framework The programme is not yet embedded within law.

Target group The fund covers poor pregnant women and newborns, especially those residing in hard-to-reach areas.

Benefit package The scheme provides for maternity, prenatal, and postnatal care. This includes, four antenatal care (ANC) visits, delivery, postpartum care, transportation, food, and lodging.

Selection of providers Public health facilities run by the Ministry of Health in one township.

Responsible authority Ministry of Health.

Financing The scheme is co-financed by the general government budget and by GAVI Alliance and benefits from technical assistance from the World Health Organization (WHO).

Expenditure The total cost was estimated to be US\$ 100,000 for the first six months of the pilot (Teerawatthanon, et al., 2014).

Population covered In the 2013 calendar year, the pilot scheme covered 1,346 women. This accounts for 0.015 per cent of the female population aged 15-45 years.²⁰

8. Free medicine programme for HIV/AIDS patients

Policy framework Myanmar National Strategic Plan and Operational Plan on HIV and AIDS 2011-2016 (NSP II).²¹

Target group The programme covers individuals living with HIV/AIDS eligible for antiretroviral (ARV) treatment.

Benefit package The benefit package consists of medicine and health checks. The medicine includes ARVs, treatment for opportunistic infections, and prophylaxis for pregnant women. The health checks occur regularly upon medicine pick-up. Discussions with peer support groups and nutrition programmes run by

²⁰ Based on UN DESA population projections, 2014.

²¹ For more details regarding the legal framework on HIV, please refer to the “National HIV Legal Review Report”, UNDP, UNAIDS, Pyoe Pin Programme, September 2014.

community-based organizations (CBO) and NGOs are also in place.

Selection of providers	Public health facilities (hospitals and health centres) run by the Ministry of Health nationwide.
Payment mechanism	The service is free for the designated target group.
Responsible authority	Ministry of Health.
Financing	The scheme is financed by the Global Fund to fight AIDS, Tuberculosis and Malaria, and linked with NGO and CBO interventions.
Expenditure	Total expenditure on HIV-related activities in 2013 was US\$ 45.6 million and actual expenditure on HIV care and treatment in 2013 was US\$ 22.2 million (Global AIDS Response Progress Report Myanmar National AIDS Programme, Reporting period: January 2012 – December 2013).
Population covered	In the 2013-14 fiscal year, there were 67,000 registered patients, which included patients receiving treatment in both public facilities under Ministry of Health and NGO-run facilities. This accounts for 54 per cent of individuals eligible for ARV treatment (UNAIDS, 2014).

9. Free National Nutritional Programmes: Protein Energy Malnutrition (PEM), Iodine deficiency disorders (IDD), Vitamin A deficiency (VAD), Iron deficiency anaemia (IDA), and Vitamin B1 deficiency.

Policy framework	National Plan of Action for Food and Nutrition. ²²
Target group	The programme covers children under the age of five and pregnant and lactating women.
Benefit package	The benefit package provides essential vitamins for mothers and infants. This includes iron tablets, Vitamin B1 tablets during prenatal and postnatal periods, Vitamin A capsules, deworming treatment, and micronutrient sprinkles (Ministry of Health, 2013).
Selection of providers	The vitamins can be retrieved at public health facilities (hospitals and health centres) run by the Ministry of Health, school health services, and community health centres nationwide. The micronutrient sprinkles are only available in some townships at present.
Responsible authority	The National Nutrition Centre within the Ministry of Health.
Financing	The scheme is financed by the general government budget.
Expenditure	The total budget of the National Nutrition Centre was approximately US\$ 5 million for fiscal year 2013-14. This also includes reinforcement of internal capacities and awareness raising.
Population covered	Consolidated data is not yet available.

²² Draft version, April 2014.

10. Expanded Programme on Immunization

Legal Framework	The programme is not yet embedded within law.
Target group	The programme covers newborns and pregnant women (one vaccine for pregnant women).
Benefit package	The benefit package provides immunizations to newborns. This includes 1) tuberculosis (TB), 2) diphtheria-pertussis-tetanus (DPT), 3) tetanus toxoid (TT), 4) hepatitis B, 5) measles (2 doses), 6) polio, 7) haemophilus influenzae type B (Hib) vaccine combined with DPT, and 8) Hib. Pregnant women are immunized against tetanus.
Selection of providers	Public health facilities (hospitals) run by the Ministry of Health nationwide. Some immunizations (e.g. Hepatitis B) are given in doses and can only be administered in large hospitals with paediatric wards.
Responsible authority	Ministry of Health.
Financing	The programme is funded by the general government budget as well as receiving technical and financial support from GAVI Alliance, WHO, UNICEF, UN Foundation, and civil society organizations (CSO).
Expenditure	Consolidated data is not yet available.
Population covered	A total of 13,503,215 immunizations occurred for TB, hepatitis, measles, tetanus, and polio in fiscal year 2013. A total of 62 per cent of newborns received the five immunizations listed. ²³

11. National Malaria Programme

Legal Framework	The programme is not yet embedded within law.
Target group	The programme covers individuals diagnosed with malaria.
Benefit package	The benefit package provides individuals diagnosed with malaria with anti-malarial treatment according to an Artemisinin based combination therapy (ACT).
Selection of providers	Public health facilities (hospitals and health centres) run by the Ministry of Health nationwide.
Responsible authority	Ministry of Health.
Financing	The programme is financed partially by the general government budget and is partially donor funded.
Expenditure	Consolidated data is not yet available.
Population covered	In the 2013 calendar year, 251,273 patients were treated, representing 52 per cent of the number of confirmed malaria cases and 0.47 per cent of the total population (Ministry of Health, 2013). A total of 749,358 individuals were tested for malaria via Rapid Diagnostic Tests

²³ Based on UN DESA population projections, 2014. No data is provided to differentiate between tetanus immunizations given to pregnant women or newborns.

(RDT) and 124,198 were tested via microscopy (may be some overlap) during the 2013 calendar year, representing 1.64 per cent of the total population.

12. *National Tuberculosis Programme*

Legal Framework	The programme is not yet embedded within law.
Target group	The programme covers individuals with tuberculosis (TB).
Benefit package	The benefit package provides individuals with TB the required drug treatment.
Selection of providers	Public health facilities run by the Ministry of Health. In 2012, the National Tuberculosis Programme had 14 region and state TB centres, with 101 TB teams at the district and township levels (Ministry of Health, 2013).
Responsible authority	Ministry of Health.
Financing	The programme is financed by Global Drug Facility (GDF), Global Fund, and international donors.
Expenditure	Consolidated data is not yet available.
Population covered	During the 2012 calendar year, 143,164 TB (all forms) patients received care, representing 77 per cent of people living with tuberculosis and 0.27 per cent of the total population (Ministry of Health, 2013).

Table 11. Infrastructure under the Ministry of Health in 2011-12

Total number of Ministry of Health hospitals	921
Number of primary and secondary health centres	87
Number of maternal and child health centres	348
Number of rural health centres	1,565
Total number of health workers	92,481. This includes 28,077 doctors and 20,044 midwives. 14.9 health workers per 10,000 people (Ministry of Health, 2014).
Number of beds in the population	6.6 hospital beds per 10,000 in 2009-10 (Ministry of Labour, Employment and Social Security, 2013).

Source: Ministry of Health, 2013

Table 12. Recap of the coverage for health

Scheme	Coverage
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Social Security Medical Care Scheme	1 per cent of the total population is covered by the SSB scheme. ²⁴
Maternal and Child Health Voucher Pilot Scheme	0.015 per cent of the female population aged 15-45 years is covered. ²⁵
Free Medicine Programme for HIV/AIDS	54 per cent of the target group is covered.
Free National Nutritional Programmes	A consolidated number on beneficiaries is not yet available.
Expanded Programme on Immunizations	62 per cent of newborns received all immunizations.
National Malaria Control Programme	0.47 per cent of the total population was treated for malaria and 1.64 per cent of the total population was tested for malaria.
National Tuberculosis Programme	77 per cent of people living with tuberculosis were assisted in 2012, representing 0.27 per cent of the total population (Ministry of Health, 2013).

Consolidated data on total number of beneficiaries is not yet available for the following programmes:

- Free Care to Children Under Five
- Free Institutional Delivery
- Free Emergency Operation
- (Hospital) Trust Fund
- Hospital Equity Fund

Table 13. Indicators on health in 2012

Indicator	Per cent
Total expenditure on health (as % of GDP), 2012	1.8
General government expenditure on health (as % of total government expenditure), 2013	3.14 (1.05 in 2012)
General government expenditure on health (as % of total expenditure on health), 2012	23.9
Out-of-pocket expenditure (as % of total expenditure on health), 2012	71.3
Out-of-pocket expenditure (as % of private expenditure on health), 2012	93.72
Out-of-pocket expenditure on health per person, 2009-10	Approximately 30,000 kyats (IHLCS 2009-10, Ministry of National Planning and Economic Development).

Source: World Health Organization, consulted in August 2014

²⁴ Based on UN DESA population projections, 2014.

²⁵ Based on UN DESA population projections, 2014.

Policy gaps and implementation issues

Policy gaps

Legal framework	<p>The Constitution of the Union of Myanmar, 2008 (articles 22, 28, and 367), and Public Health Law, 1972, established the right to health for the people of Myanmar. The Social Security Law, 2012, established the Social Security Medical Care Scheme which covers public and private company workers in formal employment.</p> <p>This general framework is not yet accompanied by a more detailed legal corpus articulating specific entitlements to a package of health-care services (i.e. which population is entitled to which package of service offered by which health-care provider and with what level of co-payment, if any).</p> <p>Programmes under the Ministry of Health are scattered, but the overall focus is on maternal and child health.</p>
Target groups	<p>The Social Security Medical Care Scheme covers only formal sector workers working in companies with five or more workers and does not cover dependents.</p> <p>The military and their families benefit from free medical care in all Ministry of Defence facilities. For the rest of the population, there is no consolidated package yet.</p>
Service provision	<p>For many programmes, the service or benefit can only be received in public health-care facilities managed by the Ministry of Health nationwide.</p> <p>Currently for the Social Security Medical Care Scheme, service is only available in Social Security Board facilities or secondary care public facilities run by the Ministry of Health upon referral.</p> <p>Agreements with other health-care providers (either public or private) do not yet exist.</p>
Financing mechanism	<p>Sustainability of funding for programmes is sometimes dependent on external sources, such as the interest rate for the (Hospital) Trust Fund or on donor funding for the Hospital Equity Fund, which means that the benefit may not be sustainable.</p>

Implementation issues

Inequity of access	<p>There is inequity of quality of service providers across sectors (public/private) and geographical locations.</p> <p>The unequal distribution of health-care facilities among rural and urban areas and across regions affects people's access to care. Essential health-care services are not available in some hard-to-reach areas.</p>
Information issues	<p>There is limited awareness on the various schemes, though currently there is a lack of statistical evidence on the exact scope of potential beneficiaries' lack of awareness.</p>
Affordability	<p>In some schemes the beneficiaries need to advance the funds. This may lead to</p>

situations where one may choose not to get treatment since they are unable to afford it upfront.

Monitoring and evaluation	For many programmes, the number of actual beneficiaries is not yet monitored.
Enforcement	For the Social Security Medical Care Scheme, not all formal companies register their workers and the ones that register them tend to under-register.
Targeting	It is challenging to identify beneficiaries in cases where the programmes are only accessible to the poor.

Conclusions and recommendations

>>The main conclusion is that the social protection floor for health care has not yet been achieved.

The main objective stated by the Government of Myanmar is to reach universal health coverage by 2030; however, much needs to be done in order for this to be achieved.

The recommendations that emerged from the national dialogue process are summarized in the table below. Items marked with an asterisk (*) indicate a recommendation to provide new social protection provisions or increase the coverage of existing provisions. The costs of these additional provisions or extended coverage are calculated using the ILO costing tool (RAP protocol). The items marked with a delta (Δ) indicate a recommendation that requires further in-depth feasibility studies.

Table 14. Recommendations on health

Recommendations are numbered in the order of priority formulated by the national dialogue and then classified by type.

No.	Recommendations
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TYPE 1 – Additional or extended SPF provisions

- * H3: Ensure that people are protected against health expenditure outlays (especially catastrophic ones). The following steps could be developed: define the package and population that will be covered in line with international standards; determine who will provide the services taking into account the issue of inequity of access (jointly by all ministries which run health care facilities) and how the quality of the services will be assured; define a purchaser - provider framework; and provide a financing plan and decide on the level of financial protection.

Define how the overall UHC will integrate / be based on the current listed schemes on health, based on impact evaluations and financial feasibility for those programmes. Special attention should be paid to eliminate overlap, ensure geographical equity, and combine some elements in a comprehensive manner (for example, the various schemes related to maternal and child health).
- Δ H7: Extend social health protection to civil servants, which have been identified as an easy population to register and finance quickly.

TYPE 2 – Structural reforms

- Δ H1: Ensure supply side readiness through the improvement of medical facilities - health

system strengthening (HSS) in line with the Strategic Directions on Universal Health Coverage (UHC) (Ministry of Health, 2014):

- reinforce human resources for health and rethink their allocation (between primary and secondary care);
 - improve the procurement system to ensure availability of drugs and medical supplies and ensure equitable distribution;
 - coordinate public facilities through enhanced sectoral policy and planning (Ministry of Health facilities, Social Security Board facilities, and other ministries' facilities) with a view towards making available a comprehensive and equitable range of services;
 - define an essential health package and size service provision accordingly;
 - enhance coordination across ministries and with civil society organizations; and
 - reinforce the supervision of private facilities, which will be necessary if the government of Myanmar wishes to include them in a single pool of providers.
- △ H2: Develop a health financing strategy, including coordination mechanisms on both supply and demand sides and financial protection mechanisms for the progressive coverage of the whole population of Myanmar.
- △ H5: Ensure Ministry of Finance, Ministry of Labour, Employment and Social Security, and Ministry of Health convene and develop a system that will ensure financial protection for all and be fiscally sustainable, including lessons learnt from other countries.

TYPE 3 – Improved operations

- △ H4: Detail the design of the SSB Medical Care Scheme with consideration given to international standards (especially ILO Convention no. 102), including the same elements noted in recommendation H3 and the possibility to include families in the coverage.
- △ H6: Use the same essential drugs list among the Ministry of Health, Social Security Board, and all other providers (at least public ones), based on a cost analysis.
- △ H8: Apply more broadly the existing policy framework for sexual and reproductive health (under the strategic plan on HIV/AIDS) and address some gender-specific issues (sex education programmes at school, legalisation and registration of sex workers, connection with legislation on rape, among others).²⁶
- △ H9: Ensure the enforcement of the Myanmar National Strategic Plan for HIV and AIDS 2011-16 (NPS II) in connection with other necessary anti-discrimination policies and

²⁶ This recommendation on gender-specific issues can be linked with a number of recommendations made in the UNAIDS (2014) publication, *Gender assessment of the national HIV response in Myanmar*. More specifically:

- expansion of comprehensive prevention through community outreach and peer education for HIV-positive or vulnerable women;
- integrated programmes to promote male involvement;
- techniques to avert gender-based violence;
- separate and targeted services for men who have sex with men and transgender people;
- gender-sensitive sex education; and
- training on gender-sensitive approaches for community and health workers.

ensure the availability of effective and affordable access to ARV drugs and regular health checks.²⁷

- △ H10: Raise awareness on existing programmes and entitlements so that intended beneficiaries can actually claim and benefit from the programmes.

b. Children

“all children enjoy basic income security, ensuring access to nutrition, education, care and any other necessary goods and services”



Existing provisions

Myanmar has several programmes directed at children.

Support to compulsory primary education

Legal framework The programme is not yet embedded within law. The Basic Education Law is currently being drafted.²⁸

²⁷ This recommendation echoes identified implementation gaps and recommendations 1, 2, and 5 made by the Myanmar Positive Group (Myanmar National PLHIV Network) in their Statement issued at the 8th National PLHIV Forum in September 2014.

Target group	Primary school pupils.
Benefits and delivery	Parents are provided with 1,000 kyats per school year for every child enrolled in primary school. In addition, primary school students are provided with free textbooks and six exercise books.
Responsible authority	Ministry of Education.
Financing	The scheme is financed by the general government budget.
Expenditure	The total cost was 14,945 million kyats (US\$ 15,407,216) for the 2013-14 fiscal year. Specifically, 3,571.5 million kyats (US\$ 3,681,981) went to textbooks, 5,596.7 million kyats (US\$ 5,769,835) was spent on exercise books, and 5,596.7 million kyats (US\$ 5,769,835) was used for the cash benefit. <i>Note: This programme is part of a broader initiative to reduce the cost of schooling for families. In particular, it is implemented in conjunction with the new school grant programme by which schools are allocated a grant for maintenance and school supplies, and thus do not need to ask for community or parental contributions.</i>
Population covered	In the 2013-14 school year, 5.2 million primary school children received the benefit. This accounts for all primary school students (Ministry of Education, 2014). In 2010, the enrolment rate for primary school was 87.7% (IHLCS, 2010).

National School Stipends Programme

Legal framework	The programme is not yet embedded within law. The Basic Education Law is currently being drafted.
Target group and eligibility criteria	The programme covers poor primary, middle, and high school students, with priority given to orphans and students from single-headed households.
Benefits	A conditional monthly cash transfer of 5,000 kyats for primary school students, 6,000 kyats for middle school students, and 8,000 kyats for high school students. It is conditional on regular attendance, good behaviour, and students must pass all tests.
Delivery	The scheme is administered on a monthly basis (10 months per year) and is delivered by the school.
Responsible authority	Ministry of Education.
Financing	The programme is financed by the general government budget.
Expenditure	The total cost was 651.3million kyats (US\$ 671,443) for the 2013-14 fiscal year.

²⁸ As of September 2014, the Law is in its second stage of comments. Among others things, the Law aims to expand compulsory education to cover all levels of basic education, enhance quality of education through teacher education and improving socio-economic conditions of teachers, establish non-formal education Community Learning Centers, improve transition from non-formal to formal education, and promote equal opportunities for every child without discrimination regardless of race and socio-economic background.

Population coverage In 2013-14, the programme covered 11,022 students. This accounts for approximately 0.13 per cent of the primary, middle, and high school students and 0.11 per cent of all school-aged children (Ministry of Education, 2014).²⁹ In August 2014, a pilot programme started in eight townships and should benefit 36,910 students: 8,487 primary school students, 22,459 middle school students and 5,964 high school students. The number of beneficiaries will be progressively extended to over 184,000 students in four years of project duration. The programme will have a budget of 2,810.87 million Kyats / 2,897,804 USD for 2014-2015 fiscal year, with yearly increases over the next 3 years. This project will cover 40 townships up to 2017-2018 fiscal year.

Free preschools

Legal framework Early Childhood Care and Development (ECCD) Law was enacted on 6 February 2014. The rules to accompany the law are currently being developed. In addition, the Myanmar Policy for Early Childhood Care and Development was launched on 8 July 2014 (Nu, 2014).

Service Free day care, including meal, is provided to children in 34 early childhood development centres and 41 day care centres.

Responsible authority Ministry of Social Welfare, Relief and Resettlement.

Financing The scheme is financed by the general government budget.

Expenditure The total cost was 79 million kyats (US\$ 100,000) for 2012-13.

Population covered 10,917 beneficiaries in 2013.

Institutions for orphans

Legal framework This programme is not yet embedded within law.

Service Institutional care is provided in six institutions for orphans aged 0-5 years. Additional residential care is provided by faith-based and voluntary organizations.

Responsible authority Ministry of Social Welfare, Relief and Resettlement.

Financing The scheme is financed by the general government budget.

Expenditure The total cost was 265,292,045 kyats (US\$ 273,496) for the 2013-14 fiscal year.

Population covered Consolidated data is not yet available.

Free training institutions for people with disabilities

Legal This programme is not yet embedded within law. A Developing Rights of Persons

²⁹ Based on UN DESA population projections, 2014.

framework	with Disabilities Law is currently being drafted (Yi Ya, 2014).
Target group	The programme covers children with physical, visual, or hearing disabilities.
Benefits	Training services are provided to the children in four centres and one disabled care centre.
Responsible authority	Ministry of Social Welfare, Relief and Resettlement.
Financing	The scheme is financed by the general government budget.
Expenditure	The total cost was nine million kyats (US\$ 9,278) for the 2012-13 fiscal year. This covered the costs for five training centres (one for adults and four for children).
Population covered	Consolidated data is not yet available.

Social Security Family Benefit Scheme

Legal framework	The Social Security Law and Rules, 2012. The contribution threshold is defined in the Rules, article 58.
Target group	The scheme covers employees at companies with five or more workers. All company workers are covered, including unpaid apprentices, permanent employees, and temporary staff. This scheme excludes government personnel, international organization employees, seasonal workers in farming and fishing, non-profit organization employees, and domestic workers.
Benefits	An educational monthly means-tested allowance, by which the worker receives ten per cent of the average wage per child in primary school.
Eligibility	The worker must be registered for at least 48 months and have paid regular contributions for at least 36 months prior to submitting a claim. In addition, the worker must earn less than the threshold stipulated by the SSB over the year prior to the claim and the child must attend a primary school recognized by the Government.
Responsible authority	The Social Security Board (SSB) under the Ministry of Labour, Employment and Social Security.
Financing	The contribution is paid to the “Health and Social Care Fund”. If the worker is less than 60 years old at registration, the employer and worker each contribute two per cent of the worker’s salary. If the worker is 60 years old or older at registration, the employer and worker each contribute 2.5 per cent of the worker’s salary.
Expenditure	The total cost of the social security scheme was 1,921,398,000 kyats (US\$ 1,980,822) in fiscal year 2012-13.
Population covered	In January 2014, the social security scheme covered 710,000 workers. This accounts for two per cent of the active age population. ³⁰

³⁰ Based on UN DESA population projections, 2014.

Table 15. Infrastructure under the Ministry of Education in 2011-12

Total number of schools	40,992 total schools: 35,520 Primary Schools, 3,121 Middle Schools, and 2,351 High Schools (approximately 240 students per school).
Total number of teachers	273,516 (representing one teacher for every 29.98 students).

Source: Ministry of Education, 2013

Table 16. Infrastructure under the Ministry of Social Welfare, Relief and Resettlement in 2009-10

Training School for Boys	Seven schools with 1,049 boys.
Training School for Girls	Two schools with 366 girls. 0.015% of primary and middle school-aged children attend training schools. ³¹

Source: Ministry of Labour, Employment and Social Security, 2013

Table 17. Coverage for children in 2013-14

Scheme	Coverage
Support to compulsory primary education	5.2 million children or 100% of primary school aged children. ³²
National School Stipends Programme	11,022 children or 0.11% of all school aged children.
Free preschool and day care centres	10,917 children or 0.25% of children aged 0- 4 years. ³³
Institutions for orphans	1,420 orphans or 0.011% of children aged 0-14 years. No data available on the total number of orphans in Myanmar.
Free Training Institutions for People with Disabilities	No data available on the total number of beneficiaries.
Social Security Family Benefit Scheme	No data available specifically on Family Benefit recipients.

³¹ Based on UN DESA population projections, 2014.

³² Based on UN DESA population projections, 2014.

³³ Based on UN DESA population projections, 2014.

Policy gaps and implementation issues

Policy gaps

Legal framework	<p>Many of the social protection policies and programmes related to children are ad hoc rather than entitlements embedded within law.</p> <p>The main legal framework for policy interventions relating to children, the Child Law, 1993, does not refer to the right to social protection.</p> <p>There is no comprehensive policy framework for the protection of people living with disabilities in Myanmar yet (under formulation) and limited social protection provisions to respond in a comprehensive way to their needs.</p> <p>The Social Security Law, 2012, is the only legal document formally establishing a child benefit. It covers the families of formal workers in public and private companies of five or more workers.</p>
Target groups	<p>Most programmes run by the Ministry of Social Welfare, Relief and Resettlement target vulnerable groups. Still, supply-side shortages of some key infrastructure (preschools, services for persons with disabilities, among others) remain.</p> <p>Programmes run by the Ministry of Education cover children who are in school. School drop-out rates and the incidence of child labour are significant in Myanmar, which suggests that the level of benefits or awareness of the benefits may be low. It also means that a number of children who are out of school do not benefit from existing social protection provisions.</p> <p>The child benefit under the Social Security Law, 2012, covers only the family of public and private company formal workers (in companies of five workers or more).</p>
Benefit levels	<p>Benefit levels of the main programmes are quite low in comparison to household expenses.</p>

Implementation issues

Effective coverage	<p>Most interventions, with the exception of the 1,000 kyats scheme for all primary school students, have limited effective coverage at the moment. There are a number of vulnerable children whose needs are not addressed at the moment, including particularly vulnerable groups such as orphans, children living in poor households, street children, former child soldiers, among others.</p>
Information issues	<p>Awareness of existing programmes by intended beneficiaries is low (many programmes are recent).</p>
Coordination	<p>Coordination among government ministries, as well as between the Government, development partners, and non-governmental organizations, could be stronger.</p>
Delivery	<p>As yet, there are no integrated social services allowing for effective awareness raising, identification, needs assessments, and referral of families.</p>
Education	<p>A number of programmes were recently launched by the Ministry of Education</p>

outcomes (1,000 kyats transfer to all primary school students, school stipends, school grants) and the Social Security Board (child allowance for workers with children in primary school). The impact of those programmes on education outcomes should be closely monitored and support for improvements should be based on evidence.

Conclusions and recommendations

>> The main recommendation is to implement a non-contributory cash benefit for families with children, with particular attention to poor and vulnerable families. In addition, a cash transfer must be implemented for children with disabilities.

The recommendations which emerged from the national dialogue process are summarized in the table below. Items marked with an asterisk (*) indicate a recommendation to provide new social protection provisions or increase the coverage of existing provisions. The cost of these additional provisions or extended coverage is calculated using the ILO costing tool (RAP protocol). The items marked with a delta (Δ) indicate a recommendation that requires further in-depth feasibility studies.

Table 18. Recommendations on children

Recommendations are numbered in the order of priority formulated by the national dialogue and then classified by type.

No.	Recommendation
TYPE 1 – Additional or extended SPF provisions	
*	C1: Put in place a non-contributory cash benefit or extend existing mechanisms (i.e. school stipend) directed to families with children, with special attention to poor and/or vulnerable families (such as female-headed households, families with many children, among others).
*	C3: Establish an unconditional grant/cash transfer for all families of children with disabilities and ensure their free access to related health and rehabilitation services.
*	C9: Put in place a nutrition-sensitive social protection programme (stand alone or combined with other programmes) to prevent malnutrition in the first 1,000 days of the newborn.
TYPE 2 – Structural reforms	
Δ	C4: Enforce free primary education while addressing education-related costs and opportunity costs.
Δ	C5: Ensure access to appropriate social protection in the framework of the reduction of child labour (in line with the Government of Myanmar’s ratification of the ILO C182 in December 2013) and the rehabilitation of child soldiers.
Δ	C6: Reinforce the linkages between child protection and social protection measures directed at children/families with children.
TYPE 3 – Improved operations	
*	C2: Ensure the deployment of an integrated social services system composed of trained social workers acting in centres at the township level, allowing for effective awareness raising, identification, needs assessment, and referral of families.
Δ	C7: Identify transitional measures from residential to alternative care.

- △ C8: Enforce the National Action Plan for Food and Nutrition and ensure its integration and coordination with the Early Childhood Care and Development (ECCD) policy framework and other social protection programmes directed at families.

c. Working age population

“all those in active age groups who are unable to earn sufficient income, in particular in cases of sickness, unemployment, underemployment, maternity, and disability, enjoy basic income security”



Existing provisions

Coverage for the active age is limited. A social security scheme covers employees in public and private formal companies—a small section of the population. In addition, some benefits are in place for civil servants, military, and political personnel.

Social security schemes

Existing provisions

Legal framework Social Security Act, 1954, and the Social Security Law and Rules, 2012. The contribution threshold is defined in the Rules, article 58.

Target group	The scheme covers workers at companies with five or more workers. All company workers are covered, including unpaid apprentices, permanent employees, and temporary staff. This scheme excludes government personnel, international organization employees, seasonal workers in farming and fishing, non-profit organization employees, and domestic workers.
Responsible authority	The Social Security Board (SSB) under the Ministry of Labour, Employment and Social Security.
Financing	The contribution is paid to the “Health and Social Care Fund”. If the worker is less than 60 years old at the time of registration, the employer and worker each contribute two per cent of the worker’s salary. If the worker is 60 years old or older at the time of registration, the employer and worker each contribute 2.5 per cent of the worker’s salary.
Expenditure	The total cost of the social security scheme was 1,921.4 million kyats (US\$ 1,980,822) in fiscal year 2012-13, of which 140.5 million kyats (US\$ 144,818) was spent on work injury, 159.8 million kyats (US\$ 162,663) was spent on sickness, 145.8 million kyats (US\$ 150,270) was spent on maternity, and 57.6 million kyats (US\$ 59,381) was spent for funeral grants.
Population covered	In January 2014, the social security scheme covered 710,000 workers. This accounts for two per cent of the active age population. ³⁴
Benefits	<p>a. Sickness benefit</p> <p>The sickness benefit includes a partial income replacement (60 per cent of the average salary from the last four months) paid in weekly instalments for a maximum of 26 weeks.</p>
Eligibility	The worker must be registered and must have paid regular contributions for at least six months prior to submitting a claim.
Benefit	<p>b. Maternity benefit</p> <p>The benefit includes a partial income replacement (70 per cent of the average salary from the last six months) paid in weekly instalments for a maximum period of 14 weeks.</p> <p>In addition, there is a bonus of 50 per cent, 75 per cent, or 100 per cent of the average wage at the time of delivery depending on the number of newborns (one, two, or three, respectively).</p>
Eligibility	The worker must be registered for at least 12 months and have regularly paid contributions for a consecutive six month period prior to submitting a claim.
Benefit	<p>c. Paternity benefit</p> <p>The benefit includes a partial income replacement (70 per cent of the average salary from the last six months) paid in weekly instalments for a maximum period of 15 days.</p> <p>In addition, there is a bonus of 50 per cent, 75 per cent, or 100 per cent of the average wage at the time of delivery depending on the number of newborns (one, two, or three, respectively).</p>
Eligibility	The worker must be registered for at least 12 months and have regularly paid

³⁴ Based on UN DESA population projections, 2014.

contributions for a consecutive six month period prior to submitting a claim.

	d. Funeral grant	
Benefit	The benefit is a lump sum and is calculated as follows: average wages or income in the past four months x (number of contributed months/18) + one.	
Eligibility	The worker must be registered and have paid contributions for not less than four months prior to submitting the claim.	
	e. Family benefit	
Legal framework	The Social Security Law and Rules, 2012. The contribution threshold is defined in the Rules, article 58.	
Benefits	This benefit comprises two components. One is an educational means-tested allowance, by which the worker receives ten per cent of the average wage per child in primary school. The benefit is paid monthly. The other component is a cash benefit received in the case of a natural disaster. The worker receives a partial income replacement (40 per cent of the average wage over the past 12 months).	
Eligibility	For both components, the worker must be registered for at least 48 months and have paid regular contributions for at least 36 months prior to submitting a claim. Additionally, to receive the educational allowance the worker must earn less than the threshold stipulated by the SSB over the year prior to the claim and the child must attend a primary school recognized by the government.	
	f. Work injury	
Benefits	In the case of a temporary disability, the benefit provides partial income replacement (70 per cent of the average wage over the past four months) paid in weekly instalments for the period of cessation of work for a maximum of 12 months. In the case of a permanent disability, the benefit amount depends on the loss of working capacity, with a partial income replacement (a maximum of 70 per cent of the average wage over the past four months) paid in weekly instalments or a lump sum. The benefit is granted for a length of time depending on the percentage of working capacity loss. In the case of death, the family is entitled to a survivor's benefit, which is paid in weekly instalments or a lump sum. The benefit amount is between 30 and 80 times the average monthly wage of the deceased worker over the last four months of work. The benefit is proportional to the contribution period (from less than 60 months to over 240 months).	
Eligibility	The worker must be registered and have paid contributions for not less than four months prior to submitting a claim. The worker must be subject to a work injury/occupational disease recognized by the SSB medical board.	
Financing	The contribution to the "Employment Injury Fund" is one per cent of salary paid by the employer.	

Social security schemes - Planned provisions

Legal framework Social Security Law and Rules, 2012.

Target group	The scheme covers employees at companies with five or more workers. All company workers are covered, including unpaid apprentices, permanent employees, and temporary staff. This scheme excludes government personnel, international organization employees, seasonal workers in farming and fishing, non-profit organization employees, and domestic workers.
Benefits	<p>The benefit can be received in instalments or a lump sum:</p> <p>15 months of the average wage received over the total period of contribution if contributions were paid for 180 months.</p> <p>40 per cent of the amount collected (employer plus worker) if contributions were paid for at least 12 months and less than 180 months.</p> <p>Right to retrieve a lump sum in the amount of workers' contributions collected by the Social Security Board if contributions were paid for less than 12 months.</p> <p>In addition, the employer has the right to claim back 25 per cent of collected contributions plus interest when the worker is granted the disability benefit.</p>
Responsible authority	The Social Security Board (SSB) under the Ministry of Labour, Employment and Social Security.
Financing	The contribution is paid to the "disability benefit, superannuation benefit and survivor's benefit fund". If the worker is less than 60 years old at the time of registration, the employer and worker each contribute two per cent of the worker's salary. If the worker is 60 years old or older at the time of registration, the employer and worker each contribute 2.5 per cent of the worker's salary.
	a. Disability benefit
Eligibility	The worker must have contributed for at least 12 months and be registered to the SSB. The worker must be subjected to a permanent inability to work, certified by the SSB medical board, and due to any cause with the exception of work injury.
	b. Superannuation benefit (old-age benefit)
Eligibility	The worker must have contributed for at least 12 months and be registered to the SSB. The worker must have reached the pensionable age of 60 years.
	c. Survivor's benefit
Eligibility	The worker must have contributed for at least 12 months and be registered to the Social Security Board. The worker must have designated a beneficiary for the survivor's benefit.
	d. Unemployment insurance
Benefits	<p>The benefit is a partial income replacement (50 per cent of the average wage over the past year) paid in instalments or a lump sum for up to a six month period. One additional month of benefit is awarded for each additional year of contribution (over 36 months).</p> <p>The benefit is deductible from severance packages paid by employers.</p> <p>The employer has the right to claim back 25 per cent of collected contributions plus interest when the worker is granted the unemployment benefit.</p>
Eligibility	The worker must have contributed for at least 36 months and be registered to the SSB and at the Township Labour Exchange Office. The worker must be unemployed, excluding cases of voluntary dismissal or dismissal due to professional mistakes.
Financing	The contribution is paid to the "unemployment benefit fund". The worker and employer both contribute one per cent.
	e. Housing fund

The new Social Security Law provides for the creation of a housing fund in which workers would be able to save and then acquire rights to buy housing at a subsidized rate and with a subsidized loan.

Programmes for government employees

Civil Servant Pension Scheme, Military Pension Scheme, and Political Personnel Pension Scheme

Legal framework	The pension scheme is embedded in the Constitution of the Union of Myanmar, 2008, article 26b; Civil Service Law (chapter 12, section 7) and Rules, 2013; Political Pension Law and Rules; and the Law amending the Political Pension Law, 09/94, 07/00, and 02/01.
Target group	The scheme covers civil servants, military personnel, political personnel, public enterprise employees, as well as their dependents/heirs.
Benefits	<p>The benefit is comprised of three components: 1) an invalidity and work injury pension for cases of permanent invalidity due to any cause or temporary invalidity caused by a work injury; 2) a survivor's pension in which the spouse is entitled to a pension in the case of a worker's death; and 3) a compensation pension covering job termination due to position suppression. For all components, the target replacement rate is 50 per cent of the last monthly salary.</p> <p>The average benefit level in 2013-14 is 26,149 kyats (US\$ 26.95) for invalidity and working injury pension and the average benefit level is 15,612 kyats (US\$ 16.10) for the compensation pension (Ministry of Finance, 2014).³⁵</p>
Responsible authority	Pension Department, Ministry of Finance.
Financing	The scheme is financed by the general government budget, but the civil servant pension scheme is under reform. The new system will progressively establish a contributory pension fund for civil servants. A new formula is under consideration for the defined benefit system. Gradually the income replacement will rise to 60 per cent of the last monthly salary.
Expenditure	The total cost for the scheme was 36,602 million kyats for the 2013-14 fiscal year. Specifically, 30,914 million kyats was used for the invalidity and work injury pension and 5,688 million kyats was used for the compensation pension (Ministry of Finance, 2014).

³⁵ The number of survivor's pension recipients are not included in this count. The available data did not differentiate between survivor's recipients in active age and in old age. Instead, we assume that the majority of survivor's recipients are in old age.

Population covered In 2013-14, the scheme covered 160,795 beneficiaries, including civil servants, military personnel and public enterprise employees.³⁶ This accounts for 0.45 per cent of the active age population (aged 15-59 years).³⁷

Disabled and deceased soldier's benefits

Legal framework The benefit is embedded in the Families of Disabled or Deceased Soldiers Supporting Act, 2012. The rules are currently being formulated.

Target group The benefit covers soldiers with disabilities and families of deceased soldiers.

Benefits The rules are currently being developed.

Responsible authority Ministry of Defence.

Financing The scheme is financed by the general government budget.

Expenditure Consolidated data is not yet available.

Population covered Consolidated data is not yet available.

Other programmes for the working age group

Workmen's compensation

Legal framework This compensation scheme was established by The Workmen's Compensation Act, 1923, and Rules, 1924. Amendments to the Act are under the Workmen's Compensation Act, 2005.

Target group Wage workers, with the exception of those in the agricultural sector, are protected.

Compensation Cash compensation in the case of occupational disease or work injury resulting in the disability or death of the worker. In the case of permanent disability or death, the benefit is a lump sum equal to 36 to 40 times the worker's salary. For permanent disability, the benefit is between 200,000 to 600,000 kyats (US\$ 206 to 618). In the case of death, the lump-sum benefit is between 150,000 to 450,000 kyats (US\$ 154 to 463).
In the case of temporary disability, the first month's benefit is a partial income replacement (50 per cent of the last monthly salary) payable on the 16th day from the date of disablement. In the following months, the benefit is a smaller partial income replacement (33 per cent for adults) and remains the same for minors (50 per cent).

Responsible authority Workmen's compensation is an employer's liability with oversight from the Ministry of Labour, Employment and Social Security.

Financing Workmen's compensation is an employer's liability.

³⁶ Only invalidity and work injury pension and the compensation pension. This excludes the survivor's pension and old age pension.

³⁷ Based on UNDESA population projections, 2014.

Expenditure	Approximately 41.5 million kyats (US\$ 42,785) for the 2013-14 fiscal year.
Population covered	In 2013-14, 50 cases were settled (17 cases of death and 33 cases of injury). This accounts for 0.0001 per cent of the active age population. ³⁸

Free training institutions for people with disabilities

Legal framework	The programme is not yet embedded within law.
Target group	The service is provided for individuals with hearing impairments.
Benefits	Training services are provided for people with hearing disabilities in one centre in Yangon.
Responsible authority	Ministry of Social Welfare, Relief and Resettlement.
Financing	The scheme is financed by the general government budget.
Expenditure	The total cost was roughly 9 million kyats for 2012-13. This covers five training centres (one for adults and four for children).
Population covered	In fiscal year 2009-10, the scheme covered 141 adults. This accounts for 0.02 per cent of the disabled working age population (aged 15-59 years). ³⁹

Welfare for people living with leprosy

Legal framework	The programme is not yet embedded within law.
Target group	People living with leprosy.
Benefits	Provision of free meals.
Responsible authority	Ministry of Social Welfare, Relief and Resettlement.
Financing	The scheme is financed by the general government budget.
Expenditure	The total cost was 8,322,000 kyats (US\$ 8,579) in the 2013-14 fiscal year.
Population covered	In fiscal year 2013-14, 76 individuals were covered by the scheme, representing 0.002 per cent of the active age population (aged 15-59 years). ⁴⁰

Employee skill development fund

Legal framework	The fund was established by the Employment and Skill Development Law, 2013.
Target group	The fund will cover jobseekers, workers, and apprentices employed (or just terminated) by a company contributing to the skill development fund.

³⁸ Based on UN DESA population projections, 2014.

³⁹ Based on UN DESA population projections, 2014, and a disability prevalence of 2.32 per cent in the population (Bawi, 2012).

⁴⁰ No data is available on the total number of people living with leprosy in Myanmar.

Benefit	Individuals can attend free job seeking agencies through Labour exchange offices. An employee skill development fund will be created to fund the access to training at shared cost.
Supervising authority	Ministry of Labour, Employment and Social security.
Financing	New law; consolidated data is not yet available.
Expenditure	New law; consolidated data is not yet available.
Population covered	New law; consolidated data is not yet available.

Table 19. Infrastructure under the Ministry of Social Welfare, Relief and Resettlement in 2009-10

Women Development Centre	Two centres with 176 women.
Vocational Training Schools for Women	Four schools with 247 women.
Centre for Women Care	Two centres with 92 women.
Rehabilitation Centre for Ex-drug Addicts	12 centres with 278 trainees.
School of Home Science	Seven schools with 3,991 trainees.
Social Welfare Training School	One school with 1,037 trainees.

Source: Ministry of Labour, Employment and Social Security, 2013

Table 20. Recap of the coverage for the working age group in 2013-14

Scheme	Benefits	Coverage
Social Security Schemes	Sickness benefit; maternity benefit; paternity benefit; work injury; and family benefit	Two per cent of the active age population (Ministry of Labour, Employment and Social Security, 2013).
Civil Servant Pension Scheme, Military Pension Scheme, Political Pension Scheme	Invalidity/work injury pension; survivor's pension; and compensation pension	997,000 or 2.65 per cent of the active age population. ⁴¹
Disabled and Deceased Soldiers Benefit		No data available yet as the notes to complement the law are currently under review by Parliament.

⁴¹ Based on UN DESA population projections, 2014.

Policy gaps and implementation issues

Policy gaps

Legal framework

Currently, the legal framework for social protection for the active age group is limited. The Social Security Law, 2012, covers formal public and private company workers in cases of sickness, maternity, death, and work injury. The Civil Service Law, 2013, Political Pension Law and Amendments, 1994, 2000, and 2001, and the Families of Disabled or Deceased Soldiers Supporting Act, 2012, cover government employees in case of termination, work injury, death, and old age.

In regards to the legal protection provided to informal economy workers, it is mainly limited to the Workmen's Compensation Act in case of disability or death of the worker due to a work injury or occupational disease.

There are few non-contributory social protection programmes. Existing programmes are not embedded within law.

There is a need to review the coherence across labour laws and their coordination with the social protection system. It should be linked with specific programmes to guarantee the legal protection of special vulnerable groups against discrimination at work (including people living with HIV/AIDS, people living with a disability, pregnant women, among others).

A number of risks which affect the active age population in the informal economy are not addressed by the legal corpus, including maternity protection, income security for people living with disabilities, and protection against unemployment and under-employment.

Target groups

The main existing schemes are limited to formal employees (government employees and formal private sector workers).

For the social security schemes, the new law allows people employed in the informal economy to participate on a voluntary basis. As of yet there is no set policy framework for people moving back and forth between formal and informal sectors or public and private sectors (issue of portability).

Portability of benefits is not yet mentioned in the law relating to overseas employment (i.e. documented international migrant workers).

Benefit level

In most schemes, there is no clear provision for regular updates of the benefit level (in relation to the evolution of wages, inflation, and other economic factors) which jeopardizes the income security of beneficiaries in the long run. Additionally, there is no guaranteed minimum benefit level. The benefits can be very low since they are expressed as a percentage of the wage while no minimum wage is currently enforced.

For the social security schemes, the fact that workers and employers can retrieve their contributions as a lump sum at any time under the new Law means that income security in cases of old age, disability, or unemployment are not guaranteed.

Financial management For the social security schemes, guidelines for financial management provided by the Law do not guarantee the sustainability of the system (regular actuarial valuation, investment policies, among other issues).

Implementation Issues

Effective coverage Effective coverage of programmes is quite low in terms of percentage of the working age population (see recap table).

Benefit delivery and information In regards to the schemes directed at formal sector workers, some benefits are directly managed by the central administration in Nay Pyi Taw and there can be a long delay to receive benefits.

Concerning the informal economy, there is no registration system for workers in the informal sector and no system to keep track of internal migration. In order to access often scattered assistance programmes, intended beneficiaries need to be aware of their existence and the process to access the various programmes can be cumbersome.

For the Workmen’s Compensation Act, there is little awareness among workers on their entitlement to compensation. In addition, enforcement can be difficult and cumbersome for the workers.

Monitoring As yet, there is no nationally consolidated monitoring of social protection coverage.

Information is not shared through a sustainable coordination mechanism on social protection. Each ministry collects its own data which, if shared and further analysed, could be a basis for evidence-based programming.

Enforcement For the social security schemes, not all formal companies register their workers. Companies that do register tend to under-register their employees.

Some of the social security schemes, including old age, disability, survivor's, unemployment, and housing, are not yet implemented.

Skills development Public providers of training are limited and private providers are not yet organized and channelled through a coherent public policy framework.

Concerning access to skills development for special vulnerable groups such as people living with disabilities, there are not enough training centres to respond to the target population's needs.

Conclusions and recommendations

The recommendations that emerged from the national dialogue process are summarized in the table below. Items marked with an asterisk (*) indicate a recommendation to provide new social protection provisions or increase of coverage of existing provisions. The cost of these additional provisions or coverage is calculated using the ILO costing tool (RAP protocol). The items marked with a delta (Δ) indicate a recommendation that requires further in-depth feasibility studies.

Table 21. Recommendations on the working age group

Recommendations are numbered in the order of priority formulated by the national dialogue and then classified by type.

No.	Main recommendations
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TYPE 1 – Additional or extended SPF provisions

- * A1: Address the needs of rural economy workers (underemployment, seasonal unemployment, lack of access to credit, subsidies, among other issues) who are excluded from other schemes. Make sure that this is coordinated with free access to basic social services (especially health and education).
- * A3: Extend maternity protection (legislation on maternity leave, enforcement of the law) and address the needs of informal sector workers on maternity (i.e. maternity allowance for all).
- * A4: Extend social protection to all disabled persons in the active age group and not only to the people covered under the Social Security Law, 2012. Think about a universal allowance for people living with disabilities and include corresponding entitlements in the national policy framework on disability that is being drafted.
- △ A6. Develop unemployment protection and extend employment placement services to make them accessible to all jobseekers (both in the formal and informal economy).

TYPE 2 – Structural reforms

- △ A2. Formulate a coherent policy framework in regards to professional and vocational training (scattered programmes). Extend the provision of vocational training; link vocational training with grants/endowments to ensure access; and extend free vocational training for all disabled persons.
- △ A5: Formulate a policy framework for existing public employment programmes run by development partners and NGOs and envisage a national public works programme as a tool against underemployment, especially in rural and isolated areas.
- △ A8: Apply the same social security scheme to civil servants and formal private sector workers.
- △ A11: Review the labour laws and ensure a coherent legal framework (some laws are outdated and others overlap). Enforce legislation on minimum wage and non-discrimination (in particular, persons with disabilities, persons living with HIV/AIDS, internal migrant workers, among others).⁴² The labour laws need to be reviewed and amended for more coherence. There is a need to align legislation and the definition of “employer” in order to have a clear understanding of who is covered by which law. This could be developed through a consultative process.
- △ A13: Include social protection issues in the policy framework on overseas migrants (such as the Law Relating to Overseas Employment, 1999), addressing in particular portability of

⁴² For more details in regards the legal framework on HIV, please refer to the “National HIV Legal Review Report”, UNDP, UNAIDS, Pyoe Pin Programme, September 2014. This recommendation echoes the identified policy gaps and recommendation no. 4 made by Myanmar Positive Group (Myanmar National PLHIV Network) in their statement issued at the 8th National PLHIV Forum in September 2014.

benefits and repatriation.

TYPE 3 – Improved operations

- △ A7: Review the level of compensation for work injury under the Workmen’s Compensation Act because it is too low; enforce the new Social Security Law work injury scheme in all concerned companies.
- △ A9: Raise awareness on workers’ rights to social security schemes.
- △ A10: Raise awareness on the existence of the voluntary social security scheme for informal workers. Make this scheme effective by putting in place an easy registration mechanism and discussing further the financing for workers who cannot pay both worker and employer contributions themselves.
- △ A12: Articulate all the policies at the state and regional levels in line with the decentralization process.

d. Elderly

“all residents in old age enjoy basic income security”



Existing provisions

The schemes for the elderly in Myanmar include various small-scale schemes and one pension scheme for government officials.

Civil Servant Pension Scheme, Military Pension Scheme, and Political Pension Scheme

Legal framework	The pension scheme is embedded in the Constitution of the Union of Myanmar, 2008, article 26b; Civil Service Law (chapter 12, section7) and Rules, 2013; Political Pension Law and Rules; and the Law amending the Political Pension Law, 09/94, 07/00, and 02/01.
Target group	The pension scheme covers retired civil servants, military personnel, political personnel, public enterprises, and their spouses in case of death.
Benefits	The target replacement rate for government employees is 50 per cent of their last monthly salary. In case of death, the spouse is entitled to the survivor's pension, which is three-quarters of the old-age pension. The average monthly benefit for old age is 46,438 kyats (US\$ 48) and 21,045 kyats (US\$ 22) for the survivor's pension (Ministry of Finance, 2014).
Eligibility	Civil servants can receive the pension upon reaching 55 years of age and 30 years of service. Political personnel can receive the pension upon reaching 60 years of age and four years of service. In case of death, the spouse is entitled to the survivor's pension.
Responsible authority	Pension Department, Ministry of Finance.
Financing	The pension is non-contributory and is financed out of the general government budget.
Expenditure	The total cost for the pension scheme was 215,318 million kyats (US\$ 221,977,319) in fiscal year 2013-14.
Population covered	In 2013-14, the total of recipients was 643,414 ⁴³ , of which 249,121 were civil servants, 197,230 were military pensioners, 46,218 were political pensioners, and 150,845 were public enterprise pensioners (Ministry of Finance, 2014). This accounts for approximately 9.5 per cent of the population 55 years old and over (Ministry of Finance, 2014).

Voluntary homes for the elderly

Legal framework	This programme is not yet embedded within law.
Target group	The benefit covers dependent elderly in need of care.
Benefits	The elderly are provided with 71 voluntary homes.
Responsible authority	Ministry of Social Welfare, Relief and Resettlement.
Financing	The scheme is financed by the general government budget.

⁴³ This includes survivor's pension and old age pension.

Expenditure The total cost was 134,790,000 kyats (US\$ 138,530) in the 2013-14 fiscal year.
Population covered In the 2013-14 fiscal year, the scheme covered 2,282 elderly persons. This accounts for 0.05 per cent of the population 60 years old and over.⁴⁴

Older People's Self-Help Groups

Legal framework This programme is not yet embedded within law.

Target group The groups cover elderly in Ayeyarwaddy, Mon, Kayin, Yangon, and Mandalay.

Benefits The benefit comprises a package of in-kind and cash transfers and services, including long-term care provided by volunteers. The objective is to improve livelihoods among older people and their families. Each village has one Older People's Self-Help Group (OPSHG) committee, with five sub-committees (health, disaster risk reduction, livelihood, income-generation, and fundraising), consisting of elderly people (aged 60 years and above), who determine where to spend the funds.

Responsible authority Ministry of Social Welfare, Relief and Resettlement, with technical and financial support from HelpAge International.

Financing The scheme is co-funded by the general government budget and HelpAge.

Expenditure Consolidated data is not yet available.

Population covered In 2013-14, the scheme covered 5,123 elderly persons at 93 OPSHGs. This accounts for approximately 0.10 per cent of the population 60 years old and over.⁴⁵

Village Development Committee

Legal framework This programme is not yet embedded within law.

Target group All individuals in the village, with particular interest in the vulnerable.

Benefits It is a non-contributory community transfer, both cash and in-kind. It is a wider community approach, which focuses on income-generation, livelihood activities, vocational training, among other things.

Responsible authority Ministry of Social Welfare, Relief and Resettlement, with technical and financial support from HelpAge International.

Financing The scheme is co-funded by the general government budget and HelpAge.

Expenditure Consolidated data is not yet available.

Population covered In 2013-14, the scheme covered 5,197 beneficiaries at 110 Village Development Committees. This accounts for approximately 0.11 per cent of the population 60 years old and over.⁴⁶

⁴⁴ Based on UN DESA population projections, 2014.

⁴⁵ Based on UN DESA population projections, 2014.

⁴⁶ Based on UN DESA population projections, 2014.

Home care programmes

Legal framework	This programme is not embedded within law.
Target group	The programme covers dependent elderly in need of care.
Benefits	Long-term care services at home.
Responsible authority	Supervised by Ministry of Social Welfare, Relief and Resettlement.
Financing	The scheme is co-funded by the general government budget and HelpAge International, World Vision, Global Vision, Young Men’s Christian Association, Young Women’s Christian Association, and Myanmar Maternal and Child Welfare Association. The Ministry of Social Welfare, Relief and Resettlement will soon start to implement programmes.
Expenditure	Consolidated data is not yet available as there are six implementing organizations.
Population covered	Consolidated data is not yet available as there are six implementing organizations.

Social Security Old-age Pension Scheme

Legal framework	The scheme is established by the Social Security Law and Rules, 2012. It is not yet active (September, 2014).
Target group	The scheme covers employees at companies with five or more workers. All company workers are covered, including unpaid apprentices, permanent employees, and temporary staff. This scheme excludes government personnel, international organization employees, seasonal workers in farming and fishing, non-profit organization employees, and domestic workers.
Eligibility	The scheme will cover workers who have reached pensionable age of 60 years of age. In addition, the worker must have contributed for at least 12 months and be registered to the SSB.
Benefits	The benefit can be received in instalments or lump sum: <ul style="list-style-type: none">- Beneficiaries receive 15 months of the average wage calculated from the total period of contribution if contributions were paid for 180 months.- Beneficiaries receive 40 per cent of the amount of collected contributions (employer and worker) if contributions were paid for at least 12 months and less than 180 months.- Beneficiaries have the right to receive a lump sum of the amount of workers’ contributions collected by the SSB if contributions were paid for less than 12 months. The employer has the right to claim back 25 per cent of collected contributions plus interest when the worker is granted the superannuation benefit and has contributed for more than 12 months.
Responsible authority	Social Security Board, Ministry of Labour, Employment and Social Security.
Financing	The employer and worker each contribute three per cent of the worker’s salary into the “disability benefit, superannuation (old age) benefit, and survivor’s benefit fund”.

Expenditure	Consolidated data is not available as the scheme is not yet active.
Population covered	Consolidated data is not available as the scheme is not yet active.

Table 22. Recap of the coverage for the elderly in 2013-14⁴⁷

Scheme	Coverage
Civil Servant Pension Scheme, Military Pension Scheme, and Political Personnel Pension Scheme	643,313 pensioners or 9.5% of the population 55 years old and over. ⁴⁸
Voluntary homes for the elderly	2,282 elderly or 0.05% of the population 60 years old and over.
Older People's Self-Help Groups	5,123 elderly or 0.10% of the population 60 years old and over.
Village Development Committee	5,197 elderly or 0.11% of the population 60 years old and over.
Home Care Programme	Consolidated data is not yet available as there are six implementing organizations.
Social Security Old-age Superannuation Scheme	The scheme is not yet active.

Policy gaps and implementation issues

Policy gaps

Legal framework Currently, the legal framework for social protection for the elderly is limited. The Civil Service Law, 2013, Political Pension Law and amendments, 1994, 2000, and 2001, and the Families of Disabled or Deceased Soldiers Supporting Act, 2012, cover retired government employees or their spouses (in case of death). The Social Security Law, 2012, covers formal public and private company workers in companies of five or more workers, with a superannuation scheme that is not yet active.

Other assistance programmes directed at the elderly are not yet embedded within law and do not have national coverage. This is the case for the Home Care Programme, Village Development Committees, Voluntary Homes for the Elderly, and Older People's Self-Help Groups.

⁴⁷ Based on UN DESA population projections, 2014.

⁴⁸ There may be double counting between military personnel pensions and civil servants' pensions.

Target groups	<p>The only active pension scheme only covers retired civil servants, military personnel, and political personnel.</p> <p>The contributory Social Security Old-age Superannuation Scheme is not yet active.</p> <p>The Social Security Old-age Superannuation Scheme, which has not yet been implemented, can be accessed by informal economy workers through voluntary registration. Still, this voluntary affiliation may be expensive for workers in small businesses and the informal economy because they pay both their contributions and the employers' contributions.</p> <p>There are no specific old-age pension schemes for older people living in poverty.</p>
Portability	<p>Solutions for persons moving between public and private sectors or informal and formal economy during their working life are not yet available.</p>
Benefit level	<p>Provisions for regular updates to the benefit levels are not available for the pension schemes (in relation to the evolution of wages, inflation, among other economic indicators), which jeopardizes the income security of beneficiaries in the long run. Additionally, there is no guaranteed minimum level of benefit in the existing programme.</p> <p>For the Social Security Old-age Superannuation Pension Scheme, the possibility to get a lump sum instead of a periodic cash benefit, as well as the possibility to retrieve contributions in the course of the working life, do not guarantee income security for the beneficiaries in the long run.</p>
Financing	<p>For the social security schemes, guidelines for financial management provided by the Law do not guarantee the sustainability of the system (i.e. regular actuarial valuation, investment policy, among other issues).</p>

Implementation issues

Effective coverage	<p>For some programmes, availability is very limited in hard-to-reach areas, which carries a risk of geographical inequity.</p> <p>There is also limited consolidated monitoring of programmes.</p>
Service quality	<p>In regards to long-term care needs, few programmes address this issue and infrastructure required cater to the needs of dependent persons in old age is missing.</p> <p>One attempt to close that gap is the Home Care Programme. The care is not delivered by professionals, which may hinder the quality of service for difficult cases.</p>

Conclusions and recommendations

The objective is that all residents in old age who are vulnerable in terms of income security, health, disaster risk, and social care enjoy dignity and secure lives.

The recommendations that emerged from the national dialogue process are summarized in the table below. Items marked with an asterisk (*) indicate a recommendation to provide new social protection provisions or increase of coverage of existing provisions. The cost of these additional provisions or coverage is calculated using the ILO costing tool (RAP protocol). The items marked with a delta (Δ) indicate a recommendation that requires further in-depth feasibility studies.

Table 23. Recommendations on the elderly

No.	Main recommendations
TYPE 1 – Additional or extended SPF provisions	
*	O1: Put in place a social pension scheme.
*	O6: Establish a mechanism for long-term care.
TYPE 2 – Structural reforms	
Δ	O4: Envisage a common system or, at a minimum, a compatible system between the civil servant pension scheme and the Social Security Board’s future pension scheme.
Δ	O5: Establish a coordination mechanism on social protection for older persons in order to coordinate the various pension schemes and long-term care schemes (if any) in the country, monitor the progression of the coverage of elderly people in Myanmar, and address the issue of ageing.
TYPE 3 – Improved operations	
Δ	O2: Enforce the existing social security provisions for private formal sector workers.
Δ	O3: Ensure the sustainability of funding for existing schemes (including actuarial valuations for the contributory benefits and financial projections based on demographic evolutions for non-contributory schemes).



5. Step 2: Costing methodology, description of the policy options (“scenarios”) to complete the SPF, and cost projections

a. Costing methodology using the RAP protocol

The Rapid Assessment Protocol (RAP), a new costing tool developed by the ILO on the basis of an earlier ILO/UNICEF costing tool, was used for this costing exercise.

The outcomes of the costing exercise include:

- policy options (additional or extended social protection provisions) that could be introduced to complete the social protection floor in Myanmar, in line with the recommendations of the assessment; and
- projected costs of these policy options in Myanmar kyats, projected costs as a percentage of GDP and government expenditures, and estimated costs in reference to government budget projections in order to provide preliminary indications of the affordability of the proposed social protection provisions.

The results of this costing exercise can be used to support discussions with different government agencies on social protection policy priorities, fiscal space, and budget reallocations. The main challenge faced for the adaptation of the RAP model for Myanmar was the shortage of available data. As more data becomes available in Myanmar in 2015 with the forthcoming full release of the census results as well as the execution of a number of surveys (Labour Force Survey, Demographic and Health Survey, among others), the RAP model and cost calculations can be updated.

The RAP uses a simple methodology that builds on single age population projections along with a relatively crude economic scenario determined by assumptions about overall GDP growth, inflation, and interest rates. The model uses these variables as drivers of expenditures and revenues starting from initial statistical values given by the most recent observations. The main assumptions and background calculations are listed below.

Historical population data and projections

At the beginning of the costing exercise using the RAP protocol, it was necessary to identify which source of population data to use as a national census had not been undertaken since 1983. The United Nations Department of Economic and Social Affairs (UN DESA) produces low, medium, and high population projections for 5-year age groups from 1950 to 2100.

The medium population growth projections were initially used. The 2014 Census provided provisional results on the total population by sex and region on 30 August 2014, but the released data does not include the age composition and thus could not be used in the RAP. The total population according to the 2014 census primary results is 51,419,420. As a consequence of the official count, the low UN DESA projection was used as this came closest to the real population. The RAP model was adjusted accordingly to reflect the ratio between men and women, the populations of states and regions, and the rural population as a proportion of the total population.

Single year projections were created based on UN DESA’s 5-year population projections.

Poverty

Since there is no official national poverty line at the moment, the most recent Integrated Household Living Conditions Survey (IHLCS-II) based its measure of poverty on food consumption with an additional allowance for non-food expenditure. It represents a minimum of food and non-food expenditures based on the consumption patterns of the second quartile of the consumption distribution (Ministry of National Planning and Economic Development, 2011). According to the IHLCS-II, 25.6 per cent of the population lives in poverty. Disaggregation by age group is based on an analysis of the data set of the last IHLCS as follows:

Table 24: Poverty headcount rate disaggregated by age group

Age Groups	Adjusted poverty headcount rate
0-5	28.26
6-14	31.75
15-19	30.05
20-24	26.90
25-29	24.39
30-34	23.02
35-39	23.02
40-44	23.11
45-49	23.80
50-54	21.66
54-59	20.57
60-64	20.41
65+	18.86
Total	25.6

The survey also provides the poverty incidence for the states and regions of Myanmar. As this is the only recent nationwide survey which allows for analysis of poverty dynamics, the poverty rate has been kept constant throughout the projected period and for each age group.

Nominal and real GDP and GDP deflator

The 2009-19 data was published by the International Monetary Fund (IMF). From 2020-24, nominal and real GDP was projected based on a constant 2019 GDP growth rate. GDP growth rates have been kept conservative by the IMF since rapid growth in some sectors makes forecasting challenging.

Inflation

For the 2009-19 inflation rates, average consumer prices from the IMF were used. The IMF projected 2011-19 inflation rates. The inflation rate for 2020-24 was kept constant at the 2019 rate. Across all the scenarios, benefits were indexed on inflation.

Government total revenues and expenditures

Total government revenues and expenditures used in the costing exercise are based on historical data and projections from the IMF (IMF, 2014a). The IMF projected the data from 2011-19 and the figures for 2020-24 were kept constant based on 2019 figures. In the RAP protocol the cost of introducing new SPF benefits is expressed as a percentage of projected government expenditures.

Fertility rate

For all women of reproductive age (15-49) the fertility rate was kept constant. The latest available total fertility rate (births per woman) of 1.96 was used for the 2014-24 period. The figure was found to be consistent across development partners (WHO, UNFPA, and WB) and the Government.

The yearly birth rates were applied to the total female population to obtain projections of the number of newborns.

Disability

The national disability prevalence in Myanmar is estimated to be 2.32 per cent according to the most recent available survey (Bawi, 2012). This figure is not available by age group so it is used in a uniform manner in scenarios for children, active age, and old age. Although certain groups such as the poor are likely to have a higher prevalence of disabilities, it was not possible to cost multiple scenarios due to the difficulty of making realistic assumptions in absence of reliable data.

Informal economy

In the absence of a recent nationwide labour force survey and reliable records for business registration, it was not possible to estimate the size of the population in formal and informal employment in Myanmar.

Still, a number of scenarios envisage benefits directed at persons in the informal economy, i.e. not already covered by the formal social security system. For those scenarios, the target population was estimated in the following way: total population of the age group minus population of that age group already covered by formal social security schemes. The latter was estimated as follows:

- workers affiliated to the Social Security Board (710,000 workers in January 2014 with an annual increase of 13 per cent until 2017 – based on available trends; 9 per cent increase from 2018-21; and 5 per cent increase from 2022-24 in the model);⁴⁹
- active government employees (997,000 in January 2014; estimated to remain constant over the period covered by the model); and
- retired government personnel receiving a pension (643,414 in January 2014; assumed to remain constant as actuarial valuations are not yet available).

Administrative costs

Little data is available on the administrative costs of social protection programmes which would be run nationwide. Among the programmes currently run by the Government, administrative costs range between 20 per cent and 40 per cent.

For the consistency of this exercise, administrative costs were calculated, unless stated otherwise, based on the following assumptions:

- 20 per cent if categorical/universal;

⁴⁹ Based on the evolution over the past two years (Social Security Board data, 2012-2013).

- additional ten per cent for additional certification (e.g. disability);
- additional ten per cent for means-testing; and
- additional ten per cent if conditional.

For example, a pension scheme for individuals with disabilities aged 65 years old and over of 20,000 kyats per month, would have 30 per cent administrative costs as the scheme is categorical and requires additional certification.

Take-up rate

With the exception of health scenarios 8 and 9 for which programmes are already running, the take-up rate for programmes was set at an additional ten per cent of the target population each year until reaching 100 per cent by the end of the ten-year period. This choice was made considering the limited existing infrastructure and institutional capacities to implement large-scale social protection programmes. This assumption may be reviewed when the social protection strategy of the Government of Myanmar designates priorities and the sequencing of programmes.

b. Health care

“all residents have access to a nationally defined set of essential health-care services, including maternity care, that meets the criteria of availability, accessibility, acceptability, and quality”

Myanmar is at the beginning of a process that will structure health financing mechanisms in a coherent way. In particular, the Ministry of Health’s vision paper on Universal Health Coverage mentions the formulation of an essential health package as one of the first elements to be developed in the coming years. When this package is formulated, it can be costed and integrated into the proposal given below. In the meantime, participants of the national dialogue focused on three types of interventions corresponding to their initial recommendations:

- health system strengthening as a prerequisite for establishing any type of social health protection scheme (scenario 1);
- financial accessibility of care for all through the enforcement of the existing Social Security Medical Care Scheme to the whole formal economy and the establishment of a social health protection mechanism for the informal economy (scenarios 2, 3, 4, 5, and 6). Specific instruments (such as universal health insurance, vouchers, free service at the point of contact, among others) were not defined since discussions on health financing in Myanmar are in an early stage. Hence, the scenarios ; and
- scale-up of existing programmes for special vulnerable groups (pregnant mothers, young children, and people living with HIV/AIDS) (scenarios 7, 8, and 9).

Scenario 1: Ensure supply side readiness through health system strengthening by progressively increasing public spending on health infrastructure, facilities, and human resources to four per cent of GDP.

Scenario 1, which aims at ensuring supply side readiness through health system strengthening by progressively increasing public spending on health infrastructure, facilities, and human resources (increases assumed to be linear) to four per cent of GDP. This scenario is seen as a prerequisite to

implement additional health programmes. With this in mind, health programmes have been projected to start in 2017 in order to allow for supply-side improvements first.

Table 25. Results of the costing – health system strengthening (health scenario 1)

Year	2016	2018	2020	2022	2024
Scenario H1: Ensure health system strengthening by progressively increasing public spending on health infrastructure, facilities, and human resources to four per cent of GDP.					
Cost of scenario 1 (kyats million)	1 360	2 411	3 710	5 584	8 053
Cost as % of GDP	1.64	2.24	2.84	3.44	4.04
Cost as % of government expenditures	5.88	7.94	9.56	11.26	12.72

Scenario 2: Enforcing coverage of the Social Security Medical Care Scheme (introduction of family-based coverage and extension to government personnel).

In regards to scenario 2, which aims at enforcing the Social Security Medical Care Scheme to the whole formal economy on a family basis, the evaluation of its cost would require further studies as it could be totally or partially contributory.

Scenario 3: Social health protection mechanism financing a package worth 30,000 kyats per person per year for the entire population not covered by the SSB medical care scheme (assuming SSB covers workers only as is presently the case).

Assumptions

- The benefit targets the entire population not covered by the Social Security Board (SSB) medical care scheme.
- The cost per head is 30,000 kyats annually. Since no nation-wide data on utilization or cost of health care is available yet for Myanmar, this level of benefit is based on per capita out-of-pocket payments on health in 2010 (Ministry of National Planning and Economic Development, 2011). It is indexed on inflation.
- The programme would start implementation from 2017 onwards to give time for HSS (scenario 1).
- Administrative costs are 20 per cent.

Results

The introduction of a social health protection mechanism to limit OOP by providing a package worth 30,000 kyats per year to the entire population not covered by the Social Security Board medical care scheme would entail an additional cost of 1.29 per cent of GDP and 4.06 per cent of government expenditures by 2024.

Scenario 4: Social health protection mechanism financing a package worth 30,000 kyats per person per year for the poor and 15,000 kyats per person per year for the rest of the population not covered by SSB medical care scheme.

Assumptions

- Same as scenario 3 except the full benefit is targeted to 30 per cent of the population (i.e. the poor) and subsidized for 50 per cent of the population.
- The cost per head is 30,000 kyats annually for the poor and 15,000 kyats for another 50 per cent of the population. It is indexed on inflation.
- Administrative costs are 30 per cent as it is means-tested.

Results

The introduction of a social health protection mechanism to limit OOP by providing a package worth 30,000 kyats per year for the poor and 15,000 kyats for the rest of the uncovered population would entail an additional cost of 0.88 per cent of GDP and 2.78 per cent of government expenditures by 2024.

Scenario 5: Social health protection mechanism financing a package worth 54,000 kyats per person per year for the entire population not covered by the SSB (assuming SSB covers workers only as is presently the case).

Assumptions

- Same as scenario 3, except the cost per head is 54,000 kyats per year.
- The 54,000 kyats estimate was developed based on a recent study conducted by the World Health Organization (WHO) on 49 low income countries (World Health Organization, 2010). It is estimated that such amount would cover the following package:

Programme and disease	Health system building block
- management of childhood illness	- governance (including drug regulation)
- immunization	- infrastructure, equipment and vehicles
- maternal health	- human resources for health
- family planning	- health information system
- tuberculosis	- health financing
- malaria	
- HIV/AIDS	
- essential drugs	

Results

The introduction of a social health protection mechanism financing a package of 54,000 kyats per capita yearly to the entire population not covered by SSB would entail an additional cost of 2.25 per cent of GDP and 7.08 per cent of government expenditures by 2024.

Table 26. Results of the costing – social health protection mechanism (health scenarios 3-5)

Year	2016	2018	2020	2022	2024
Take-up rate	0%	20%	40%	60%	80%
Scenario H3: Social health protection mechanism financing a package worth 30,000 kyats per person per year for the entire population not covered by the SSB medical care scheme (assuming SSB covers workers only as is presently the case).					
Target group covered by scenario (thousands)	0	10 610	21 337	31 943	42 621
Cost of scenario 3 (kyats million)	0	485 833	1 070 558	1 756 105	2 567 392
Cost as % of GDP	0	0.45	0.82	1.08	1.29
Cost as % of government expenditures	0	1.60	2.76	3.54	4.06
Scenario H4: Social health protection mechanism financing a package worth 30,000 kyats per person per year for the poor and 15,000 kyats per person per year for the rest of the population not covered by SSB medical care scheme.					
Target group covered by scenario (thousands)	0	10 610	21 337	31 943	42 621
Cost of scenario 4 (kyats million)	0	331 946	732 028	1 201 682	1 757 869
Cost as % of GDP	0	0.31	0.56	0.74	0.88
Cost as % of government expenditures	0	1.09	1.89	2.42	2.78
Scenario H5: Social health protection mechanism financing a package worth 54,000 kyats per person per year for the entire population not covered by the SSB (assuming SSB covers workers only as is presently the case).					
Target group covered by scenario (thousands)	0	10 610	21 337	31 943	42 621
Cost of scenario 5 (kyats million)	0	848 264	1 869 194	3 066 159	4 482 667
Cost as % of GDP	0	0.79	1.43	1.89	2.25
Cost as % of government expenditures	0	2.79	4.81	6.19	7.08

Scenario 6: Coverage of transportation costs for referrals of delivery and care for children under five years old.

Assumptions

- Transportation costs for referrals are on average 20,000 kyats for delivery and on average 17,000 kyats for care of children under five years old. This is based on data collected by

Merlin's emergency referral system in Laputta Township (Merlin, 2012). The rate of referrals was estimated at 15 per cent of deliveries and 10 per cent of children under five years old (based on both the data from the Merlin scheme and a review of a number of publications on the prevalence of referral cases among children under five years old). Costs are indexed on inflation.

- The programme would start implementation from 2017 onwards in order to give time for supply-side readiness (scenario 1).
- Administrative costs are 20 per cent as the benefit is categorical.

Results

The introduction of coverage for transportation costs of referral for delivery and children under five years old would entail an additional cost of 0.001 per cent of GDP and 0.004 per cent of government expenditures by 2024.

Scenario 7: Scaling up the existing HIV/AIDS comprehensive care and treatment programme.

Assumptions

- The comprehensive care and treatment programme includes anti-retroviral treatment (ART) for adults and children, tuberculosis-HIV (TB-HIV) activities, community-based care, and prevention of mother-to-child transmission (PMTCT).
- The scenario is based on the current work of the technical and strategic group on AIDS and would cover all people affected by HIV/AIDS who need treatment.⁵⁰
- Administrative costs are included in the benefit on the basis of the national population-based survey (NPS) data provided by UNAIDS and the Ministry of Health.

Results

The scaling up the existing HIV/AIDS comprehensive care and treatment programme would entail an additional cost of 0.04 per cent of GDP and 0.12 per cent of government expenditures by 2024.

Scenario 8: Scaling up the existing HIV/AIDS comprehensive care and treatment programme as well as HIV testing and counselling.

Assumptions

- Same as scenario 8 except this scheme includes an HIV testing and counselling component.
- This testing and counselling component is targeted to individuals 15 to 45 years of age.

⁵⁰ Technical and Strategy Group on AIDS: HIV estimates and projections: Asian epidemiological model, Myanmar 2010-2015 (2012).

Results

The scaling up the existing HIV/AIDS comprehensive care and treatment programme with an HIV testing and counselling component would entail an additional cost of 0.10 per cent of GDP and 0.32 per cent of government expenditures by 2024.

Table 27. Results of the costing – health programmes for special vulnerable groups (health scenarios 6-8)

Year	2016	2018	2020	2022	2024
Take-up rate	0%	20%	40%	60%	80%
Scenario H6: Coverage of transportation costs for referrals of delivery and care for children under 5 years old.					
Cost of scenario 6 (kyats million)	1 945	2 095	2 214	2 338	2 471
Cost as % of GDP	0.002	0.002	0.002	0.001	0.001
Cost as % of government expenditures	0.008	0.007	0.006	0.005	0.004
Scenario H7: Scaling up the existing HIV/AIDS comprehensive care and treatment programme.					
Cost of scenario 7 (kyats million)	43 414	52 451	61 271	67 945	75 486
Cost as % of GDP	0.05	0.05	0.05	0.04	0.04
Cost as % of government expenditures	0.19	0.17	0.16	0.14	0.12
Scenario H8: Scaling up the existing HIV/AIDS comprehensive care and treatment programme as well as HIV testing and counselling.					
Cost of scenario 8 (kyats million)	61 012	91 856	126 175	162 294	204 113
Cost as % of GDP	0.07	0.09	0.10	0.10	0.10
Cost as % of government expenditures	0.26	0.30	0.33	0.33	0.32

Figure 5. Cost projections of the health scenarios implemented over a 10-year period (percentage of GDP)

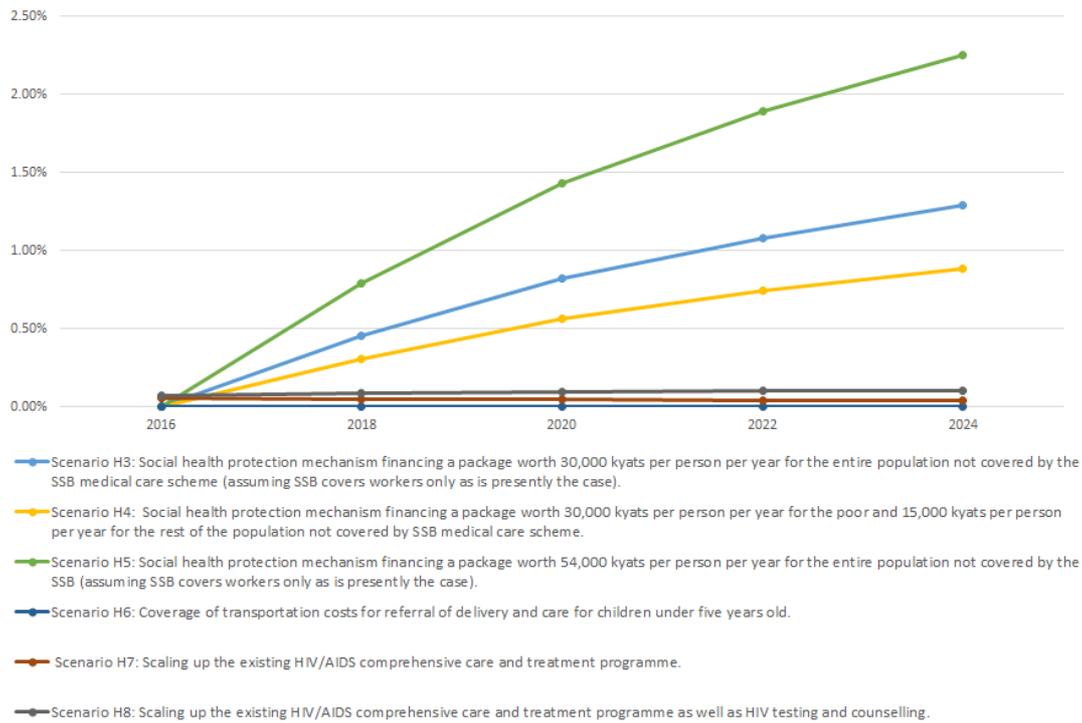
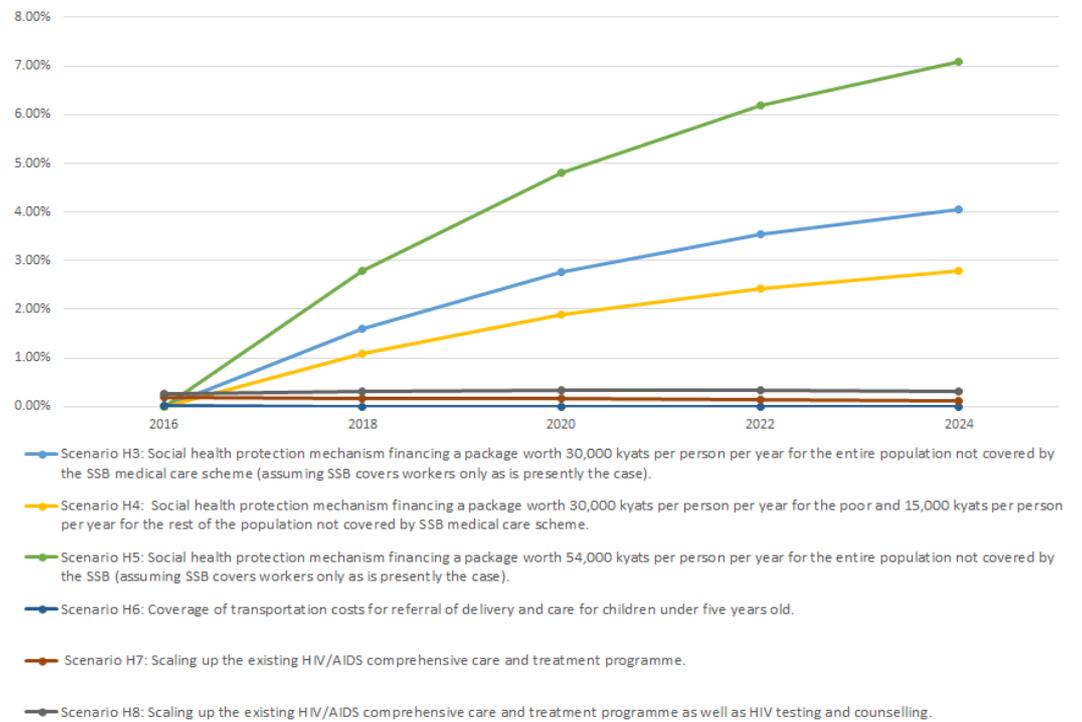


Figure 6. Cost projections of the health scenarios implemented over a 10-year period (percentage of government expenditures)



c. Children

“all children enjoy basic income security, ensuring access to nutrition, education, care, and any other necessary goods and services”

To complete the social protection floor for children, several types of recommendations were made. The following recommendations allowed for the development of costing scenarios:

- a recommendation to establish a social protection scheme that would help to support the proper nutrition of the child during the first 1,000 days (scenarios 1 and 2; linked with the active age recommendation on maternity protection);
- the need to create a cash benefit to support families with children and address poverty and vulnerability which are factors of school drop-out and child labour (scenarios 3 to 8); and
- a recommendation to give special attention to families with children living with disabilities (scenario 9).

Scenario 1: Conditional cash transfer of 15,000 kyats per month to all pregnant women in the last six months of pregnancy and to children until one year old.

Assumptions

- Early intervention in child development is crucial. Failing to provide the human body with the nutrition it needs during its first 1,000 days of life causes irreversible damage to the brain and other vital organs (Joint declaration, 2009). This is why we recommend that a child allowance should be delivered to children as well as cover mothers in the last six months of their pregnancies.
- The benefit level is 15,000 kyats per month indexed on inflation.
- Administrative costs are 30 per cent since the scheme is conditional. Planned conditions include prenatal and postnatal medical visits as well as nutrition education.

Results

The introduction of a conditional cash transfer to all pregnant women in the last six months of pregnancy and for children until one year old of 15,000 kyats per month would entail an additional cost of 0.20 per cent of GDP and 0.64 per cent of government expenditures by 2024.

Scenario 2: Conditional cash transfer of 15,000 kyats per month to all pregnant women in the last six months of pregnancy and to children until two years old.

Assumptions

- Same as scenario 1 except that the scheme is extended until two years of age.

Results

The introduction of a conditional cash transfer to all pregnant women in the last six months of pregnancy and to children until two years old of 15,000 kyats per month would entail an additional cost of 0.32 per cent of GDP and 1.00 per cent of government expenditures by 2024.

Table 28. Results of the costing - early childhood (child scenarios 1 and 2)

Year	2016	2018	2020	2022	2024
Take-up rate (%)	20%	40%	60%	80%	100%
Scenario C1: Conditional cash transfer of 15,000 kyats per month to all pregnant women in the last six months of pregnancy and to children until one year old.					
Cost of scenario 1 (kyats million)	62 783	135 789	216 151	305 412	404 949
Cost as % of GDP	0.08	0.13	0.17	0.19	0.20
Cost as % of government expenditures	0.27	0.45	0.56	0.62	0.64
Scenario C2: Conditional cash transfer of 15,000 kyats per month to all pregnant women in the last six months of pregnancy and to children until two years old.					
Cost of scenario 2 (kyats million)	102 019	218 711	344 985	483 408	635 496
Cost as % of GDP	0.12	0.20	0.26	0.30	0.32
Cost as % of government expenditures	0.44	0.72	0.89	0.98	1.00

Scenario 3: Universal child allowance of 8,000 kyats per child per month for all children aged 0-5 years.

Assumptions

- The target group is all children aged 0-5 years.
- The benefit amount is 8,000 kyats per child per month and is indexed on inflation.
- Administrative costs are 20 per cent since the scheme is categorical.

Results

The introduction of a universal child allowance of 8,000 kyats per month for children aged 0-5 years would entail an additional cost of 0.35 per cent of GDP and 1.10 per cent of government expenditures by 2024.

Scenario 4: Universal child allowance of 8,000 kyats per child per month for all children aged 0-15 years.

Assumptions

- Same as Scenario 3 except the target group is all children aged 0-15 years.
- Scenario 4 has a linear take-up rate of 10 per cent per year. Scenario 4a is implemented progressively in whole country. Scenario 4b starts with the poorest states and regions first and then progressively throughout the rest of the country. The benefit would be progressively implemented to 1) Chin and Rakhin; 2) Tanintharyi, Shan, and Ayeyarwady; 3)

Kachin, Magway, and Mandalay; 4) Bago, Kayin, and Mon; and 5) Yangon, Sagaing, Nay Pyi Taw, and Kayah (Ministry of National Planning and Economic Development, 2011).

Results

The introduction of a universal child allowance of 8,000 kyats per month for children aged 0-15 years would entail an additional cost of 0.98 per cent of GDP and 3.09 per cent of government expenditures by 2024.

Scenario 5: Scale-up of the National School Stipends Programme to all poor children in school.

Assumptions

- The target group is all children attending school aged 6-16 years.
- The poverty prevalence for children aged 6-14 was 31.75 per cent and 30.05 per cent for children aged 15-16 (data analysis on the basis of IHLCs, Ministry of National Planning and Economic Development, 2010).
- The benefit amount is 5,000 kyats for primary school students, 6,000 kyats for middle school students, and 8,000 kyats for high school students. Benefits are administered on a monthly basis, 10 months per year (school year), and indexed on inflation.
- Administrative costs are 30 per cent as the scheme is means-tested.

Results

The scale-up of the school stipends programme to all children in school from poor households aged 6-16 years would entail an additional cost of 0.15 per cent of GDP and 0.46 per cent of government expenditures by 2024.

Scenario 6: Scale-up of the National School Stipends Programme to all children in school.

Assumptions

- Same as Scenario 5 except the target group is all children in school aged 6-16 years.
- Administrative costs are 20 per cent as the scheme is categorical.
- Scenario 6 would have a take-up rate of 10 per cent a year. Scenario 6a would be implemented progressively nationwide. Scenarios 6b would start in the poorest states and regions first and then throughout the rest of the country. The programme would be progressively implemented to 1) Chin and Rakhine; 2) Tanintharyi, Shan, and Ayeyarwady; 3) Kachin, Magway, and Mandalay; 4) Bago, Kayin, and Mon; and 5) Yangon, Sagaing, Nay Pyi Taw, and Kayah (Ministry of National Planning and Economic Development, 2011).⁵¹

⁵¹ Nay Pyi Taw was added after the 2014 census results.

Results

The scale-up of the school stipends programme for all children in school aged 6-16 years would entail an additional cost of 0.43 per cent of GDP and 1.35 per cent of government expenditures by 2024.

Scenario 7: School feeding in all schools.

Assumptions

- The target group is all children attending school aged 6-16 years.
- The cost is 350 kyats per meal per child per day for 180 school days.
- The benefit is administered 10 months per year and indexed on inflation.
- Administrative costs are 40 per cent as the scheme requires additional staff to administer the programme and undertake the required cooking.

Results

The school feeding programme for all children in school aged 6-16 years would entail an additional cost of 0.55 per cent of GDP and 1.72 per cent of government expenditures by 2024.

Table 29. Results of the costing - support to families with children (child scenarios 3-7)

Year	2016	2018	2020	2022	2024
Take-up rate (%)	20%	40%	60%	80%	100%
Scenario C3: Universal child allowance of 8,000 kyats per child per month for all children aged 0-5 years.					
Target group covered by this scenario (thousands)	906	1 711	2 425	3 057	3 614
Cost of scenario 3 (kyats million)	118 742	250 754	389 286	537 832	696 619
Cost as % of GDP	0.14	0.23	0.30	0.33	0.35
Cost as % of government expenditures	0.51	0.83	1.00	1.08	1.10
Scenario C4a: Universal child allowance of 8,000 kyats per child per month for all children aged 0-15 years.					
Target group covered by this scenario (thousands)	2 459	4 729	6 823	8 589	10 135
Cost of scenario 4a (kyats million)	322 373	692 883	1 095 510	1 510 716	1 953 716
Cost as % of GDP	0.39	0.64	0.84	0.93	0.98
Cost as % of government expenditures	1.39	2.28	2.82	3.05	3.09
Scenario C4b: Child allowance of 8,000 kyats per child per month for children aged 0-15 years in the poorest regions/states first and progressively throughout the country.					
Target group covered by this scenario	4 081	8 575	11 373	10 737	10 137

(thousands)

		1	256	1	826	1	888	1	953
Cost of scenario 4b (kyats million)	534 978	544		033		886		912	
Cost as % of GDP	0.65	1.17		1.40		1.16		0.98	
Cost as % of government expenditures	2.31	4.14		4.70		3.81		3.09	

Scenario C5: Scale-up of the National School Stipends Programme to all poor children in school.

Primary school children (aged 6-10 years)

Target group covered by this scenario (thousands)	270	515		736		927		1 095	
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Middle school children (aged 11-14 years)

Target group covered by this scenario (thousands)	223	443		661		829		976	
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High school children (aged 15-16 years)

Target group covered by this scenario (thousands)	55	108		158		209		260	
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Cost of scenario 5 (kyats million)	46 321	100 788		161 316		223 958		291 596	
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Cost as % of GDP	0.06	0.09		0.12		0.14		0.15	
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Cost as % of government expenditures	0.20	0.33		0.42		0.45		0.46	
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Scenario C6a: Scale-up of the National School Stipends Programme to all children in school.

Primary school children (aged 6-10 years)

		1	621	2	317	2	919	3	447
Target group covered by this scenario	851 654	921		800		603		819	

Middle school children (aged 11-14 years)

		1	395	2	080	2	611	3	073
Target group covered by this scenario	701 780	356		800		944		750	

High school children (aged 15-16 years)

Target group covered by this scenario	184 186	358 905		524 520		695 375		864 266	
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Cost of scenario 6a (kyats million)	135 761	295 400		472 805		656 645		855 286	
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Cost as % of GDP	0.16	0.27		0.36		0.40		0.43	
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Cost as % of government expenditures	0.59	0.97		1.22		1.32		1.35	
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Scenario C6b: Scale-up of the National School Stipends Programme to all children in school in the poorest regions/states first and progressively throughout the whole country.

Cost of scenario 6b (kyats million)	48 399	245 108		441 521		595 413		855 372	
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Cost as % of GDP	0.06	0.23		0.34		0.37		0.43	
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Cost as % of government expenditures	0.21	0.81		1.14		1.20		1.35	
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Scenario C7: School feeding in all schools.

Target group covered by this scenario (thousands)	1 738	3 376	4 923	6 227	7 386
					1 090
Cost of scenario 7 (kyats million)	174 391	378 770	605 180	838 710	015
Cost as % of GDP	0.21	0.35	0.46	0.52	0.55
Cost as % of government expenditures	0.75	1.25	1.56	1.69	1.72

Scenario 8: Unconditional cash transfer of 16,000 kyats per child per month for all families with children with disabilities aged 0-18 years.

Assumptions

- The target group is all Myanmar children with a disability aged 0-18 years.
- Myanmar has a 2.32 per cent national disability prevalence (Bawi, 2012).
- The benefit level is 16,000 kyats per month indexed on inflation.
- The implementation of the benefit would begin in 2016 as the establishment of a mechanism to identify and assess disability is a prerequisite.
- Administrative costs are 30 per cent as the benefit requires disability certification.

Results

The unconditional transfer to children with disabilities until 18 years of age would entail an additional cost of 0.06 per cent of GDP and 0.18 per cent of government expenditures by 2024.

Table 30. Results of the costing - disability benefit for children (child scenario 8)

Year	2016	2018	2020	2022	2024
Take-up rate (%)	20%	40%	60%	80%	100%
Scenario C8: Unconditional cash transfer of 16,000 kyats per child per month for all families with children with disabilities aged 0-18 years.					
Target group covered by this scenario (thousands)	35	101	162	217	266
Cost of scenario 8 (kyats million)	9 923	32 070	56 473	82 599	110 997
Cost as % of GDP	0.01	0.03	0.04	0.05	0.06
Cost as % of government expenditures	0.04	0.11	0.15	0.17	0.18

Figure 7. Cost projections of the child scenarios implemented over 10 years (percentage of GDP)

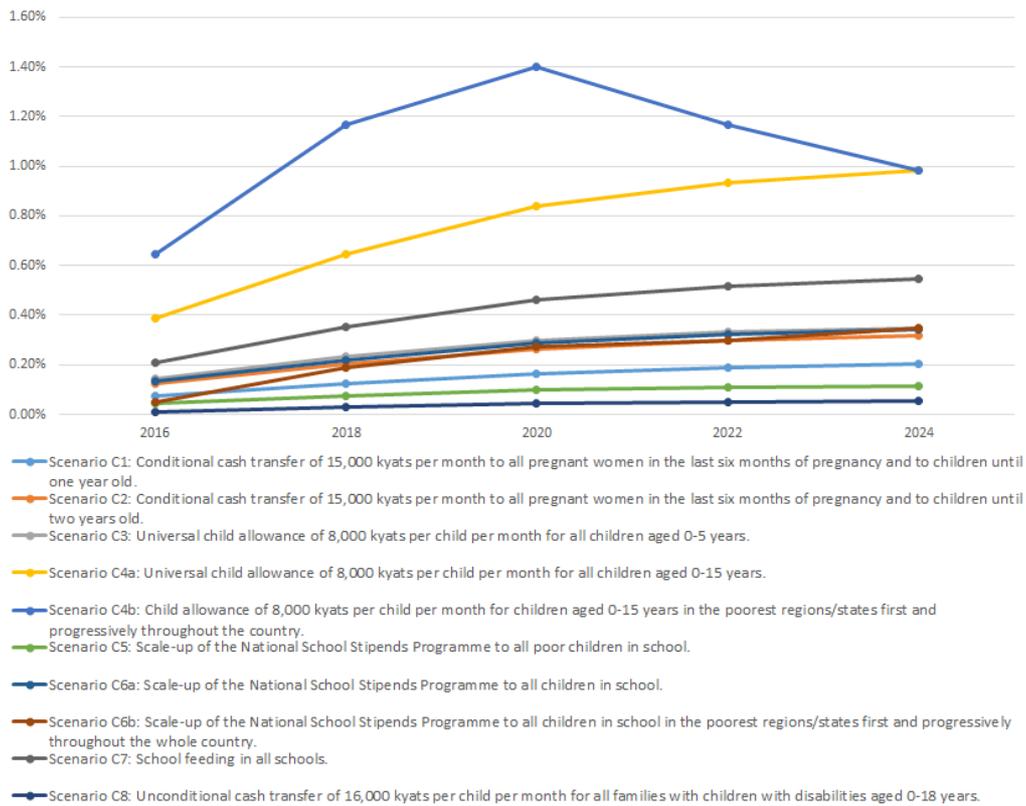
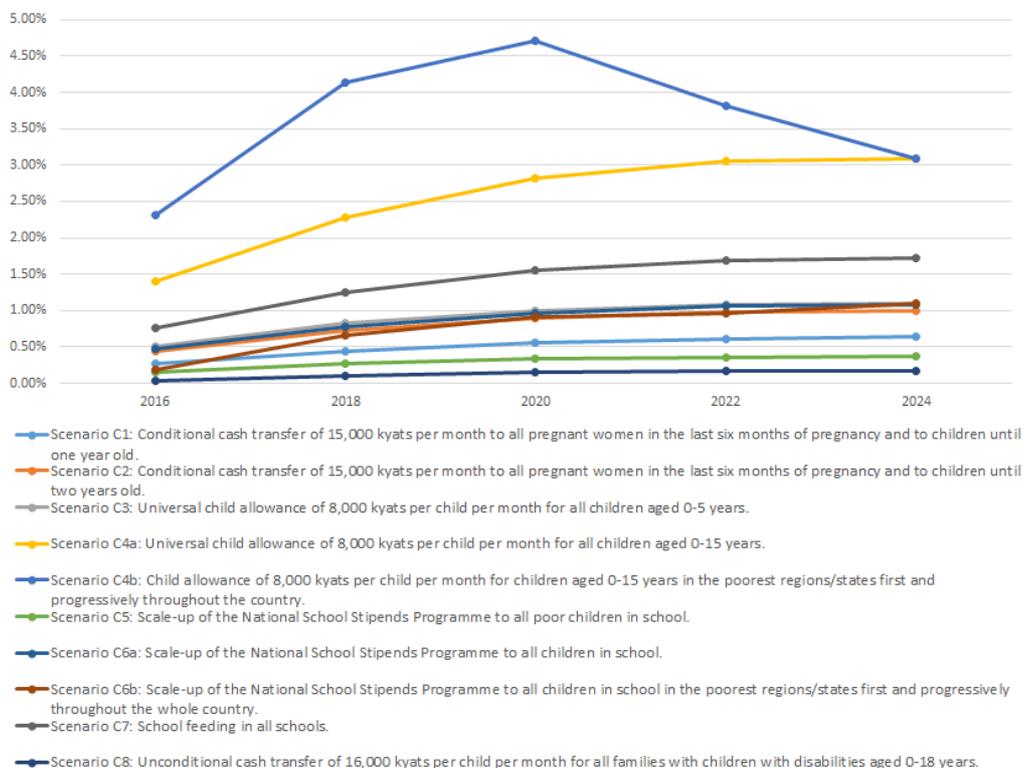


Figure 8. Cost projections of the child scenarios implemented over 10 years (percentage of government expenditures)



d. Working age

“all those in active age groups who are unable to earn sufficient income, in particular in cases of sickness, unemployment, underemployment, maternity, and disability, enjoy basic income security”

To complete the social protection floor for the working age population, the main recommendations translated into specific policy options for the creation of new social protection programmes are the following:

- a recommendation to respond to the needs of the active age population living in rural areas and often affected by seasonal unemployment, under-employment, and low access to skills development through public employment programmes (scenarios 1 to 6);
- the need to extend maternity protection and, in particular, the creation of a universal maternity allowance (children scenarios 1 and 2 and active age scenarios 7 and 8); and
- a recommendation to address the special needs of people living with disabilities who are unable to earn a sufficient income and who are not already benefitting from a disability pension from one of the existing formal social security schemes (scenarios 9 to 12).

Scenario 1: A public employment programme with 100 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years.

Assumptions

- The programme targets the rural population aged 16-64 years. It is assumed that 15 per cent of the target population will volunteer for the scheme.
- The programme guarantees 100 days of paid work at 3,000 kyats per day. However, once a minimum wage has been implemented, the benefit will be 70 per cent of the minimum wage. Benefits are indexed on inflation.
- Administrative costs are 20 per cent.

Results

The public employment programme with 100 days of work at 3,000 kyats per day in rural areas for the population aged 16-64 years would entail an additional cost of 1.18 per cent of GDP and 3.70 per cent of government expenditures by 2024.

Scenario 2: A public employment programme with 60 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years.

Assumptions

- Same as scenario 1 except this programme guarantees 60 days of work.

Results

A public employment programme with 60 days of work at 3,000 kyats per day in rural areas for the population aged 16-64 years would entail an additional cost of 0.71 per cent of GDP and 2.22 per cent of government expenditures by 2024.

Scenario 3: A public employment programme with 60 days of work at 3,000 kyats per day in the dry zone for the population aged 16-64 years.

Assumptions

- Same as scenario 2 except this programme targets people in the dry zone (Mandalay and Magway regions).

Results

A public employment programme with 60 days of work at 3,000 kyats per day in the dry zone for the population aged 16-64 years would entail an additional cost of 0.33 per cent of GDP and 1.05 per cent of government expenditures by 2024.

Scenario 4: A public employment programme with 60 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years with Technical Vocational Educational Training (TVET) every year for five days.

Assumptions

- Same as scenario 2 except this programme has a Technical Vocation Education Training (TVET) component. The duration of the training is 5 days every year. It is assumed that the cost of training for five days is 72,750 kyats (US\$ 75) based on similar ILO calculations made for Indonesia (International Labour Organization, 2012c).
- The cost of training is indexed on inflation.

Results

A public employment programme with 60 days of work at 3,000 kyats per day in rural areas for the population aged 16-64 years with a 5 day annual TVET component would entail an additional cost of 1.06 per cent of GDP and 3.32 per cent of government expenditures by 2024.

Scenario 5: A public employment programme with 40 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years.

Assumptions

- Same as scenario 1 except this programme guarantees 40 days of work.

Results

The public employment programme with 40 days of work at 3,000 kyats per day in rural areas for the population aged 16-64 years would entail an additional cost of 0.47 per cent of GDP and 1.48 per cent of government expenditures by 2024.

Scenario 6: A public employment programme with 40 days of work at 3,000 kyats per day in the dry zone for the population aged 16-64 years.

Assumptions

- Same as scenario 5 except this programme is targeted to the dry zone (Mandalay and Magway regions).

Results

A public employment programme with 40 days of work at 3,000 kyats per day in the dry zone for the population aged 16-64 years would entail an additional cost of 0.23 per cent of GDP and 0.74 per cent of government expenditures by 2024.

Table 31. Results of the costing - public employment programmes (working age scenarios 1-6)

Year	2016	2018	2020	2022	2024
Take-up rate (%)	5%	10%	10%	15%	15%
Special take-up rate for dry zone scenarios	5%	10%	15%	20%	25%
Scenario A1: A public employment programme with 100 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years (70 per cent of minimum wage when implemented).					
Target group covered (thousands)	1 301	2 606	2 612	3 902	3 889
Cost of scenario 1 (kyats million)	532 812	1 193 244	1 310 547	2 145 229	2 342 368
Cost as % of GDP	0.64	1.11	1.00	1.32	1.18
Cost as % of government expenditures	2.30	3.93	3.38	4.33	3.70
Scenario A2: A public employment programme with 60 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years.					
Target group covered (thousands)	1 301	2 606	2 612	3 902	3 889
Cost of scenario 2 (kyats million)	319 687	715 946	786 328	1 287 137	1 405 421
Cost as % of GDP	0.39	0.67	0.60	0.79	0.71
Cost as % of government expenditures	1.38	2.36	2.03	2.60	2.22
Scenario A3: A public employment programme with 60 days of work at 3,000 kyats per day in dry zone for the population aged 16-64 years.					
Target group covered (thousands)	351	712	1 085	1 459	1 842
Cost of scenario 3 (kyats million)	86 260	195 655	326 519	481 326	665 694
Cost as % of GDP	0.10	0.18	0.25	0.30	0.33
Cost as % of government expenditures	0.37	0.64	0.84	0.97	1.05
Scenario A4: A public employment programme with 60 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years with Technical Vocational Educational Training					

(TVET) every year for five days.

Target group covered (thousands)	1 301	2 606	2 612	3 902	3 889
Cost of scenario 4 (kyats million)	475 742	1 069 304	1 176 833	1 926 354	2 103 379
Cost as % of GDP	0.57	0.99	0.90	1.19	1.06
Cost as % of government expenditures	2.06	3.52	3.03	3.89	3.32

Scenario A5: A public employment programme with 40 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years.

Target group covered (thousands)	1 301	2 606	2 612	3 902	3 889
Cost of scenario 5 (kyats million)	213 125	477 297	524 219	858 092	936 947
Cost as % of GDP	0.26	0.44	0.40	0.53	0.47
Cost as % of government expenditures	0.92	1.57	1.35	1.73	1.48

Scenario A6: A public employment programme with 40 days of work at 3,000 kyats per day in dry zone for the population aged 16-64 years.

Target group covered (thousands)	367	745	1 137	1 533	1938
Cost of scenario 6 (kyats million)	60 068	136 490	228 198	337 034	467 041
Cost as % of GDP	0.07	0.13	0.17	0.21	0.23
Cost as % of government expenditures	0.26	0.45	0.59	0.68	0.74

Scenario 7: Maternity allowance of 1,000 kyats per day for three months for women in the informal economy.

Assumptions

- The target group is all pregnant women not otherwise covered by the Social Security Board maternity scheme.
- The benefit amount is 1,000 kyats per day for 12 weeks and indexed on inflation.
- Administrative costs are 20 per cent as the scheme is categorical.

Results

The introduction of a maternity allowance of 1,000 kyats per day for 12 weeks for women in the informal economy would entail an additional cost of 0.08 per cent of GDP and 0.24 per cent of government expenditures by 2024.

Scenario 8: Maternity allowance of 2,000 kyats per day for three months for women in the informal economy.

Assumptions

- Same as scenario 7 except the benefit level is 2,000 kyats per day.

Results

The introduction of a maternity allowance of 2,000 kyats per day for 12 weeks for women in the informal economy would entail an additional cost of 0.15 per cent of GDP and 0.48 per cent of government expenditures by 2024.

Table 32. Results of the costing - maternity benefit (working age scenarios 7 and 8)

Year	2016	2018	2020	2022	2024
Take-up rate (%)	20%	40%	60%	80%	100%
Scenario A7: Maternity allowance of 1,000 kyats per day for three months for women in the informal economy (90,000 kyats total).					
Target group covered (thousands)	169	338	507	673	839
Cost of scenario 7 (kyats million)	20 750	46 406	76 357	111 018	151 533
Cost as % of GDP	0.03	0.04	0.06	0.07	0.08
Cost as % of government expenditures	0.09	0.15	0.20	0.22	0.24
Scenario A8: Maternity allowance of 2,000 kyats per day for three months for women in the informal economy (180,000 kyats total).					
Target group covered (thousands)	169	338	507	673	839
Cost of scenario 8 (kyats million)	41 501	92 811	152 714	222 036	303 067
Cost as % of GDP	0.05	0.09	0.12	0.14	0.15
Cost as % of government expenditures	0.18	0.31	0.39	0.45	0.48

Scenario 9: Universal allowance for people living with disabilities of 40,000 kyats per month (aged 18-64 years).

Assumptions

- The target group is all people living with disabilities aged 18-64 years.
- Myanmar has a 2.32 per cent national disability prevalence (Bawi, 2012).
- The benefit amount is 40,000 kyats per month and indexed on inflation.
- The implementation of the benefit would begin in 2016 as the establishment of a mechanism to identify and assess disability is a prerequisite.
- Administrative costs are 30 per cent as the benefit requires disability certification.

Results

The introduction of a universal allowance of 40,000 kyats per month for people living with disabilities aged 18-64 years would entail an additional cost of 0.39 per cent of GDP and 1.23 per cent of government expenditures by 2024.

Scenario 10: Allowance for poor people living with disabilities of 40,000 kyats per month (aged 18-64 years).

The scenario was not costed because of the lack of data. The prevalence of disabilities is likely to be higher amongst the poor than the general population. Similarly, the poverty prevalence amongst individuals with disabilities is also likely to be higher. Further studies are necessary to cost this scenario.

Scenario 11: Universal allowance for people living with disabilities of 30,000 kyats per month (aged 18-64 years).

Assumptions

- Same as scenario 9 except the benefit is 30,000 kyats per month.

Results

The introduction of a universal allowance of 30,000 kyats per month for people living with disabilities aged 18-64 years would entail an additional cost of 0.29 per cent of GDP and 0.92 per cent of government expenditures by 2024.

Scenario 12: Allowance for poor people living with disabilities of 30,000 kyats per month (aged 18-64 years).

Same as scenario 10.

Table 33. Results of the costing - disability allowance (working age scenarios 9 and 11)

Year	2016	2018	2020	2022	2024
Take-up rate (%)	20%	40%	60%	80%	100%
Scenario A9: Universal allowance for people living with disabilities of 40,000 kyats per month (aged 18-64 years).					
Target group covered by this scenario (thousands)	83	253	429	608	792
Cost of scenario 9 (kyats million)	58 713	200 544	373 322	579 390	792 826 485
Cost as % of GDP	0.07	0.19	0.29	0.36	0.41
Cost as % of government expenditures	0.25	0.66	0.96	1.17	1.31

Scenario A11: Universal allowance for people living with disabilities of 30,000 kyats per month (aged 18-64 years).

Target group covered by this scenario (thousands)	83	253	429	608	792
Cost of scenario 11 (kyats million)	44 035	408	991	542	619 864
Cost as % of GDP	0.05	0.14	0.21	0.27	0.31
Cost as % of government expenditures	0.19	0.50	0.72	0.88	0.98

Figure 9. Cost projections of the active age scenarios implemented over a 10-year period (percentage of GDP)

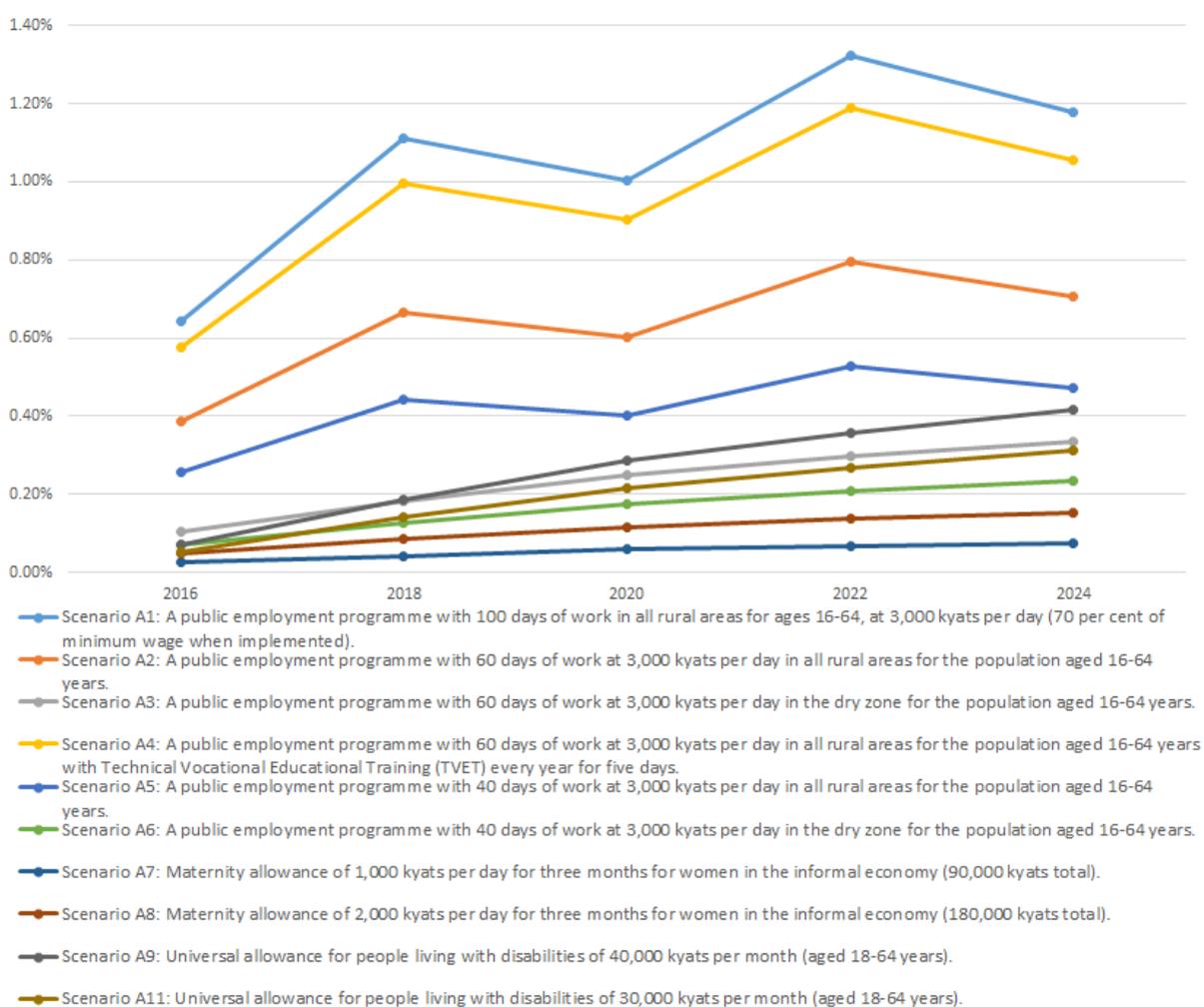
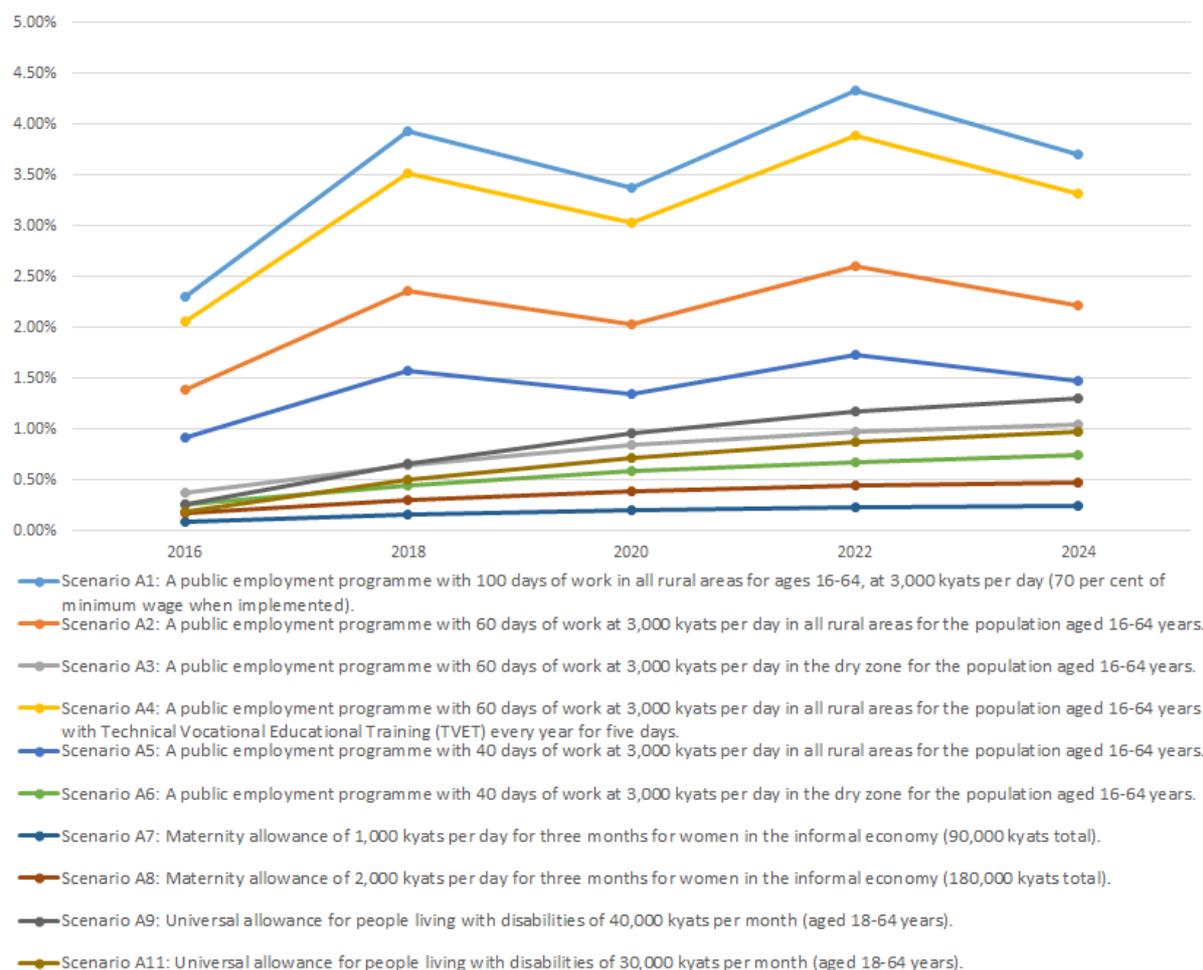


Figure 10. Cost projections of the active age scenarios implemented over a 10-year period (percentage of government expenditures)



e. Elderly

“all residents in old age enjoy basic income security”

To complete the social protection floor for the elderly, the recommendations transformed into scenarios representing concrete policy options were the following:

- the creation of a non-contributory social pension for those who do not currently receive a pension and are too old to work and earn a sufficient income (scenarios 1-6); and
- a recommendation to address the special needs of older people with disabilities or who have become dependent, including the need for long-term care (scenarios 7-9).

Scenario 1: Universal social pension of 30,000 kyats per month for people 70 years old and over.

Assumptions

- The target group is all people 70 years of age and over not otherwise covered by a pension scheme.
- The benefit amount is 30,000 kyats per month and indexed on inflation.
- Administrative costs are 20 per cent as the scheme is categorical.

Results

The introduction of a universal social pension of 30,000 kyats per month for individuals 70 years of age and over would entail an additional cost of 0.82 per cent of GDP and 2.57 per cent of government expenditures by 2024.

Scenario 2: Universal social pension of 25,000 kyats per month for people 65 years old and over.

Assumptions

- Same as scenario 1 except the programme targets individuals from 65 years of age and over and the benefit level is 25,000 kyats per month.

Results

The introduction of a universal social pension of 25,000 kyats per month for individuals 65 years of age and over would entail an additional cost of 1.22 per cent of GDP and 3.85 per cent of government expenditures by 2024.

Scenario 3: Universal social pension of 30,000 kyats per month for people 65 years old and over.

Assumptions

- Same as scenario 1 except the programme targets individuals from 65 years of age and over.

Results

The introduction of a universal social pension of 30,000 kyats per month for individuals 65 years of age and over would entail an additional cost of 1.47 per cent of GDP and 4.62 per cent of government expenditures by 2024.

Scenario 4: Social pension of 25,000 kyats per month for people 70 years old and over who are poor.

Assumptions

- Same as scenario 1 except the benefit level is 25,000 kyats per month and it targets poor people.
- The national poverty prevalence is 18.86 per cent for the population aged 65 and above. (analysis based on IHLCS data set, Ministry of National Planning and Economic Development, 2011).

Results

The introduction of a social pension of 25,000 kyats per month for poor individuals 70 years old and over would entail an additional cost of 0.14 per cent of GDP and 0.44 per cent of government expenditures by 2024.

Scenario 5: Social pension of 25,000 kyats per month for people 65 years old and over who are poor.

Assumptions

- Same as scenario 4 except it targets poor people over 65 years old.

Results

The introduction of a social pension of 25,000 kyats per month for poor individuals 65 years of age and over would entail an additional cost of 0.25 per cent of GDP and 0.79 per cent of government expenditures by 2024.

Scenario 6: Universal social pension scheme for people 65 years old and over with benefit level depending on age.

Assumptions

- Same as scenario 2 except that the benefit level increases with age: 20,000 kyats for 65-69 years of age; 25,000 kyats for 70-74 years of age; 30,000 kyats for 75-79 years of age; 35,000 kyats for 80-84 years of age; and 40,000 kyats for 85 years of age and older.

Results

The introduction of a universal social pension for individuals 65 years old and over with a benefit level dependent on age would entail an additional cost of 1.32 per cent of GDP and 4.14 per cent of government expenditures by 2024.

Table 34. Results of the costing – old-age social pension (old-age scenarios 1-6)

Year	2016	2018	2020	2022	2024
Take-up rate (%)	20%	40%	60%	80%	100%
Scenario O1: Universal social pension of 30,000 kyats per month for people 70 years old and over.					
Target group covered by scenario (thousands)	328	690	1 088	1 614	2 251
	161	379		1 065	1 627
Cost of scenario 1 (kyats million)	407	148	654 872	093	036
Cost as % of GDP	0.20	0.35	0.50	0.66	0.82
Cost as % of government expenditures	0.70	1.25	1.69	2.15	2.57
Scenario O2: Universal social pension of 25,000 kyats per month for people 65 years old and over.					
Target group covered by scenario (thousands)	561	1 235	2 044	2 969	4 050
	229	565	1 025	1 632	2 439
Cost of scenario 2 (kyats million)	739	494	557	376	465
Cost as % of GDP	0.28	0.53	0.79	1.01	1.22
Cost as % of government expenditures	0.99	1.86	2.64	3.29	3.85
Scenario O3: Universal social pension of 30,000 kyats per month for people 65 years old and over.					
Target group covered by scenario (thousands)	561	1 235	2 044	2 969	4 050
	275	678	1 230	1 958	2 927
Cost of scenario 3 (kyats million)	687	593	668	851	358
Cost as % of GDP	0.33	0.63	0.94	1.21	1.47
Cost as % of government expenditures	1.19	2.23	3.17	3.95	4.62
Scenario O4: Social pension of 25,000 kyats per month for people 70 years old and over who are poor.					
Target group covered by scenario (thousands)	62	130	205	305	425
Cost of scenario 4 (kyats million)	27 483	64 559	111 507	181 357	277 040
Cost as % of GDP	0.03	0.06	0.09	0.11	0.14
Cost as % of government expenditures	0.12	0.21	0.29	0.37	0.44
Scenario O5: Social pension of 25,000 kyats per month for people 65 years old and over who are poor.					
Target group covered by scenario (thousands)	106	233	386	560	764
		115			
Cost of scenario 5 (kyats million)	46 942	546	209 549	333 539	498 450
Cost as % of GDP	0.06	0.11	0.16	0.21	0.25
Cost as % of government expenditures	0.20	0.38	0.54	0.67	0.79
Scenario O6: Universal social pension scheme for people 65 years old and over with benefit levels depending on age.					
Aged 65-69					

Target group covered by scenario (thousands)	232	545	956	1 355	1 799
Aged 70-74					
Target group covered by scenario (thousands)	152	327	526	822	1 204
Aged 75-79					
Target group covered by scenario (thousands)	98	203	314	450	604
Aged 80-84					
Target group covered by scenario (thousands)	53	108	166	229	297
Aged 85+					
Target group covered by scenario (thousands)	25	53	82	113	146
	253	615	1 104	1 755	2 621
Cost of scenario 6 (kyats million)	000	695	058	638	442
Cost as % of GDP	0.31	0.57	0.85	1.08	1.32
Cost as % of government expenditures	1.09	2.03	2.84	3.54	4.14

Scenario 7: Scale-up of the home care programme.

Assumptions

- The target group is composed of all dependent older persons who live in villages (rural and peri-urban areas). The current programme is built on a village basis and thus the present scenario is based on the existing model. An additional model which could be implemented in urban areas may be envisaged in the future. There are currently 70,560 villages in Myanmar.
- The benefit is a long-term care service at home provided by volunteers.
- Costs are indexed on inflation and administrative costs are integrated into the cost of the benefit.

Results

The scale-up of the home care programme for dependent elderly would entail an additional cost of 0.04 per cent of GDP and 0.14 per cent of government expenditures by 2024.

Scenario 8: Additional pension for older persons living with disabilities (65 years old and over) and all dependent older persons (80 years old and over) of 20,000 kyats per month.

Assumptions

- The benefit targets individuals with disabilities 65 years old and over and older people who are dependent (the latest studies in Myanmar suggest that older people aged 80 years old and over encounter difficulties accomplishing basic tasks on their own in their daily life) (Knodel, 2013).
- The benefit level is 20,000 kyats per month indexed on inflation.

- Administrative costs are 30 per cent as the benefit requires additional disability certification.

Results

The introduction of an additional pension of 20,000 kyats per month for people living with disabilities 65 years of age and older and dependent older persons would entail an additional cost of 0.13 per cent of GDP and 0.40 per cent of government expenditures by 2024.

Scenario 9: Additional pension for older persons living with disabilities (65 years old and over) and all dependent older persons (80 years old and over) of 30,000 kyats per month.

Assumptions

- Same as scenario 8 except the benefit level is 30,000 kyats per month.

Results

The introduction of an additional pension of 30,000 kyats per month for people living with disabilities 65 years of age and older and dependent older persons would entail an additional cost of 0.21 per cent of GDP and 0.65 per cent of government expenditures by 2024.

Table 35. Results of the costing - benefits for disabled and dependent elderly (old-age scenarios 7-9)

Year	2016	2018	2020	2022	2024
Take-up rate (%)	20%	40%	60%	80%	100%
Scenario O7: Scale-up of the home care programme.					
Villages covered by scenario (thousands)	14	28	42	56	71
	12				
Cost of scenario 7 (kyats million)	027	26 889	44 194	64 565	88 431
Cost as % of GDP	0.01	0.03	0.03	0.04	0.04
Cost as % of government expenditures	0.05	0.09	0.11	0.13	0.14
Scenario O8: Additional pension for older persons living with disabilities (65 years old and over) and all dependent older persons (80 years old and over) of 20,000 kyats per month.					
Disabled aged 65+					
Target group covered by scenario (thousands)	7	23	43	65	90
Older dependent people					
Target group covered by scenario (thousands)	39	121	211	303	400
	16		110	175	255
Cost of scenario 8 (kyats million)	205	57 189	041	051	981
Cost as % of GDP	0.02	0.05	0.08	0.11	0.13
Cost as % of government expenditures	0.07	0.19	0.28	0.35	0.40
Scenario O9: Additional pension for older persons living with disabilities (65 years old and over)					

and all dependent older persons (80 years old and over) of 30,000 kyats per month.

Disabled aged 65+

Target group covered by scenario (thousands)	7	23	43	65	90
Older dependent people					
Target group covered by scenario (thousands)	43	132	226	326	432
	26			278	409
Cost of scenario 9 (kyats million)	516	92 217	174 845	969	046
Cost as % of GDP	0.03	0.09	0.13	0.17	0.21
Cost as % of government expenditures	0.11	0.30	0.45	0.56	0.65

Figure 11. Cost projections of the old-age scenarios implemented over a 10-year period (percentage of GDP)

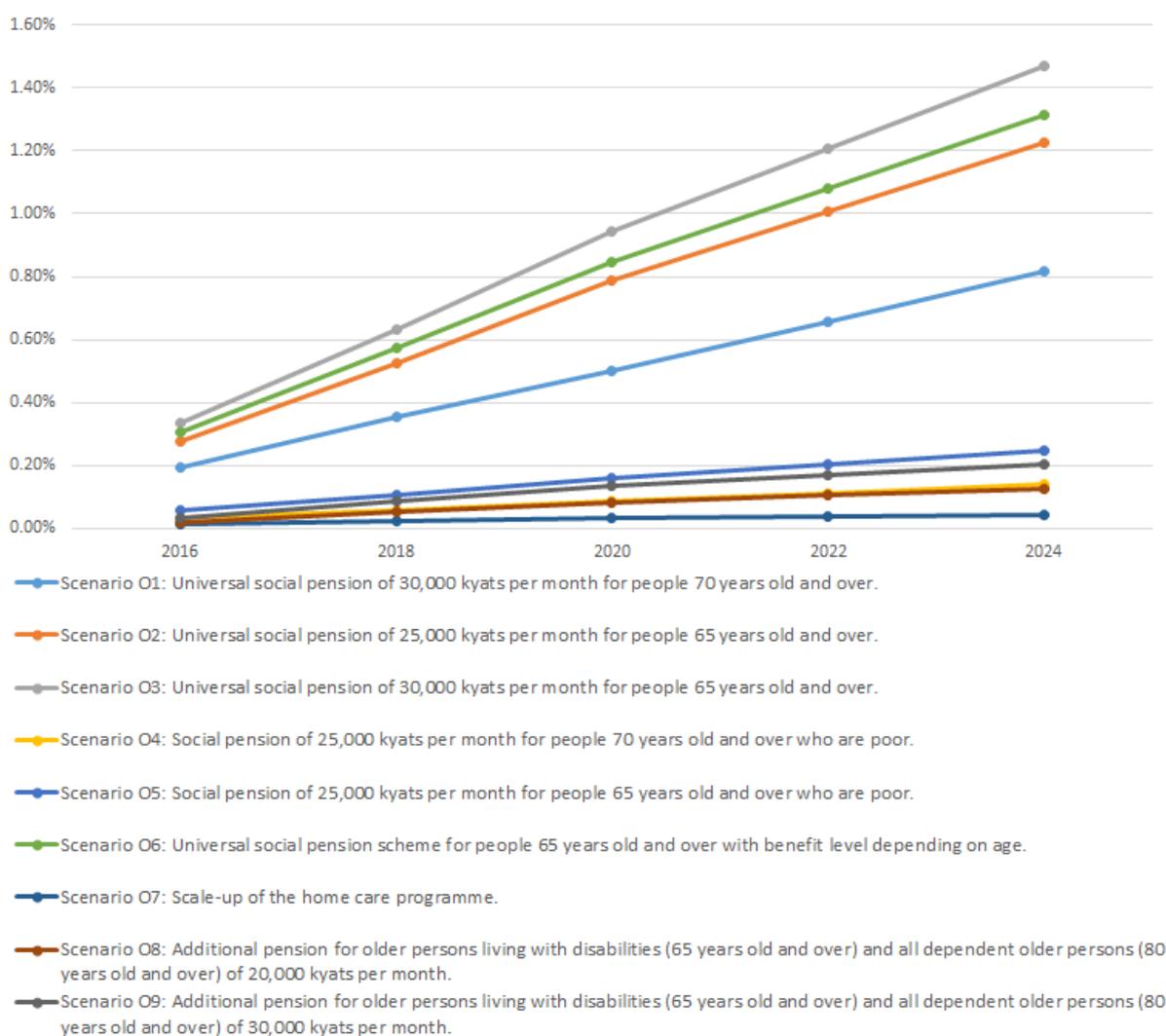
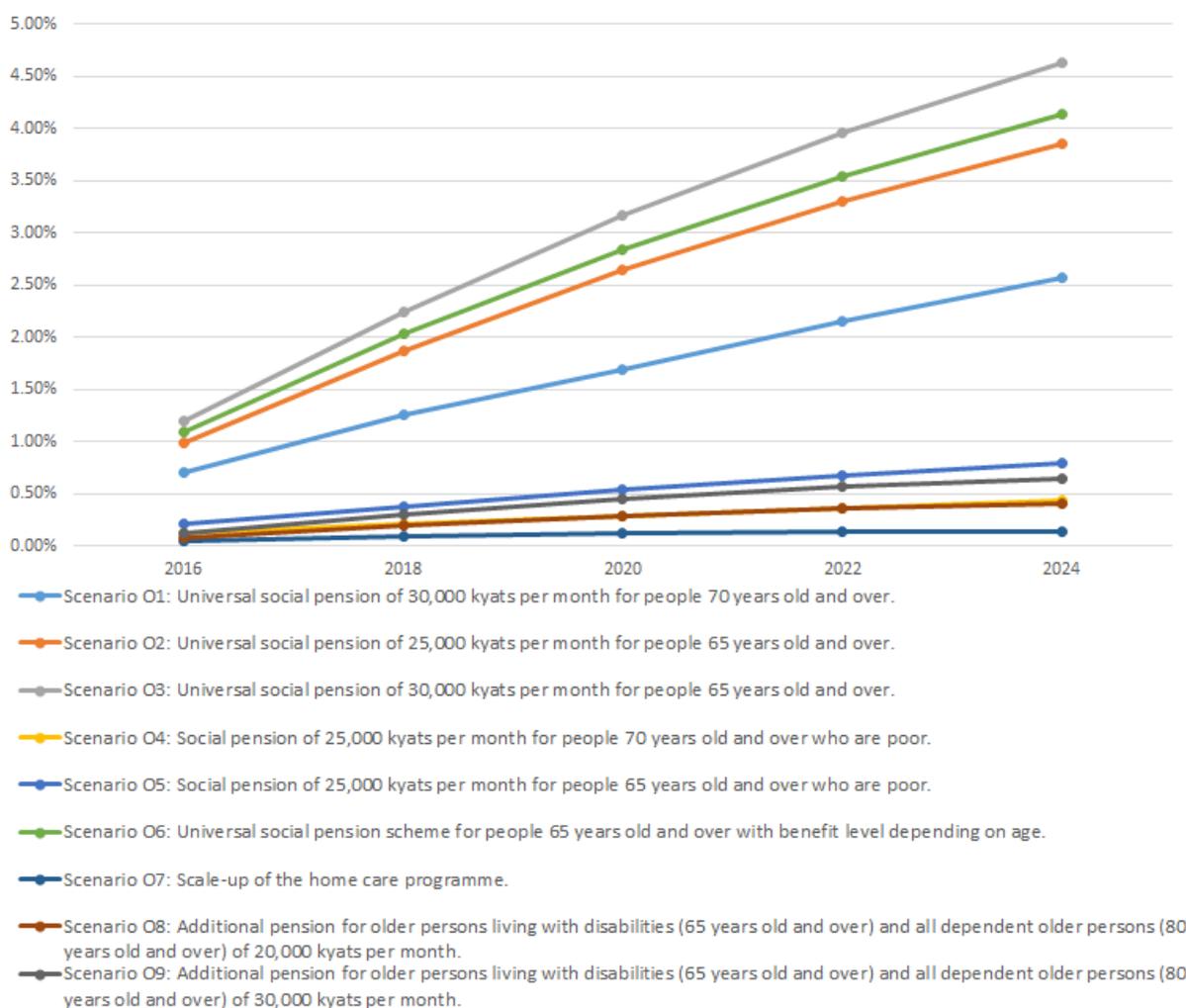


Figure 12. Cost projections of the old-age scenarios implemented over a 10-year period (percentage of government expenditures)



f. Consolidated packages to establish a social protection floor in Myanmar and poverty impact

To establish a social protection floor in Myanmar, the national dialogue on social protection recommends expanding Myanmar’s existing social protection provisions in the following dimensions:

- extend public spending on health to 4 per cent of GDP in order to build supply-side readiness through health system strengthening;
- expand social health protection;
- cover transportation costs of referrals for delivery and children under five years old;
- scale up the existing HIV/AIDS comprehensive care and treatment programme;
- implement a maternity and early-childhood benefit to ensure cognitive and physical development of the child;

- encourage children to attend school and increase retention rates through a school feeding programme, scaling up the stipend programme, and/or creating a universal child support grant;
- introduce an allowance for children, as well as individuals in active age and old age who live with disabilities;
- provide a guaranteed number of work days in rural areas and/or dry areas through the introduction of a public employment programme;
- ensure well-being in old age through a non-contributory social pension; and
- assist dependent elderly.

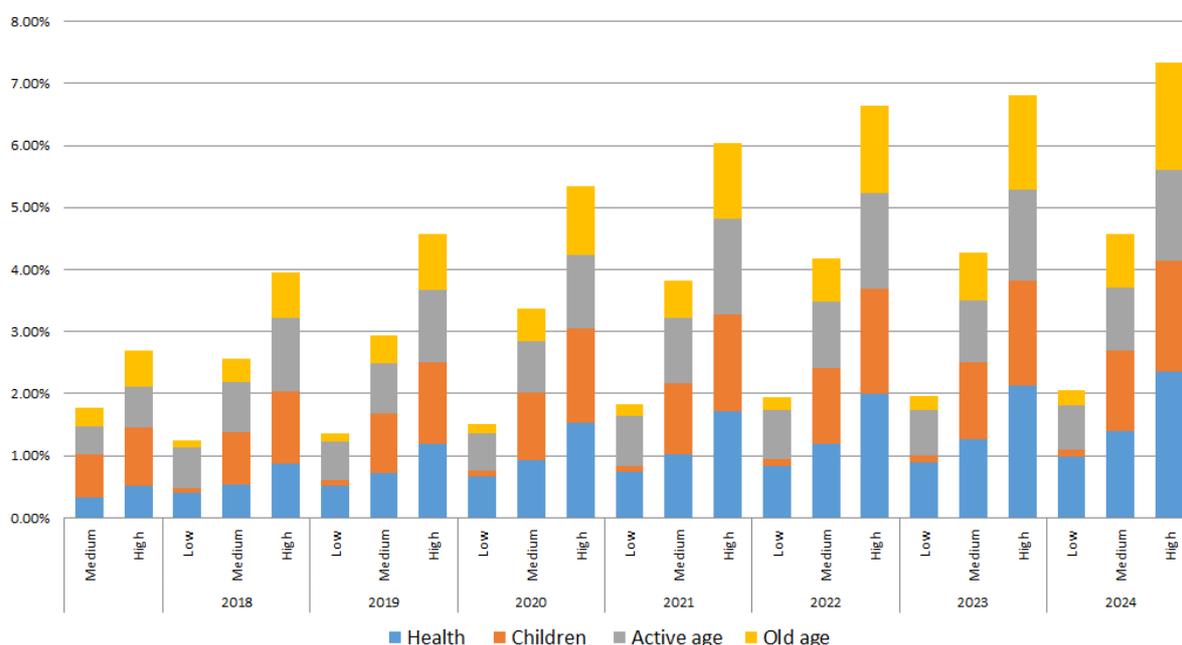
As a result of the assessment-based national dialogue, the participants propose three possible combinations of schemes. The first is the “low package”, which focuses mainly on the scaling-up of existing interventions. The second is the “medium package”, which focuses on introducing a few new programmes in order to fill in some important coverage gaps along the life cycle. The third is the “high package” and focuses on a rather comprehensive social protection package with additional attention paid to some vulnerable groups. Health Scenarios 1 and 2 are included in all packages since they are seen as prerequisites to implementing other health programmes. **Based on these three combinations, completing the SPF would entail an additional cost of 2.24, 4.47, and 7.21 per cent of GDP by 2024.**

Table 36. Proposed low, medium, and high packages

		Low	Medium	High
Health	Scenario 1: Ensure supply side readiness through health system strengthening, progressively increasing public spending to four per cent of GDP on health infrastructure, facilities, human resources, etc.	✓	✓	✓
	Scenario 2: Enforcing coverage of the Social Security Medical Care Scheme (introduction of family-based coverage and extension to government personnel).	✓	✓	✓
	Scenario 3: Social health protection mechanism financing a package worth 30,000 kyats per person per year for the entire population not covered by the SSB medical care scheme (assuming SSB covers workers only as is presently the case).		✓	
	Scenario 4: Social health protection mechanism financing a package worth 30,000 kyats per person per year for the poor and 15,000 kyats per person per year for the rest of the population not covered by SSB medical care scheme.	✓		
	Scenario 5: Social health protection mechanism financing a package worth 54,000 kyats per person per year for the entire population not covered by the SSB (assuming SSB covers workers only as is presently the case).			✓
	Scenario 6: Coverage of transportation costs for referrals of delivery and care for children under five years old.		✓	✓
	Scenario 8: Scaling up the existing HIV/AIDS comprehensive care and treatment programme as well as HIV testing and counselling.	✓	✓	✓

Children	Scenario 2: Conditional cash transfer of 15,000 kyats per month to all pregnant women in the last six months of pregnancy and to children until two years old.		✓	✓
	Scenario 4: Universal child allowance of 8,000 kyats per child per month for all children (adjusted to age 2-15 years, in continuity with scenario 2).		✓	✓
	Scenario 5: Scale-up of the National School Stipends Programme to all poor children in school.	✓	✓	
	Scenario 7: School feeding in all schools.			✓
	Scenario 8: Unconditional cash transfer of 16,000 kyats per child per month for all families with children with disabilities aged 0-18 years.			✓
Working age	Scenario 2: A public employment programme with 60 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years.	✓	✓	
	Scenario 4: A public employment programme with 60 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years with Technical Vocational Educational Training (TVET) every year for five days.			✓
	Scenario 9: Universal allowance for people living with disabilities of 40,000 kyats per month (aged 18-64 years).			✓
	Scenario 11: Universal allowance for people living with disabilities of 30,000 kyats per month (aged 18-64 years).		✓	
Old age	Scenario 1: Universal social pension of 30,000 kyats per month for people 70 years old and over.		✓	
	Scenario 2: Universal social pension of 30,000 kyats per month for people 65 years old and over.			✓
	Scenario 5: Social pension of 25,000 kyats per month for people 65 years old and over who are poor.	✓		
	Scenario 7: Scale up the home care programme.		✓	✓
	Scenario 9: Additional pension for older persons living with disabilities (65 years old and over) and all dependent older persons (80 years old and over) of 30,000 kyats per month.			✓

Figure 13. Cost estimates for the low, medium, and high packages implemented over a 10-year period (percentage of GDP)

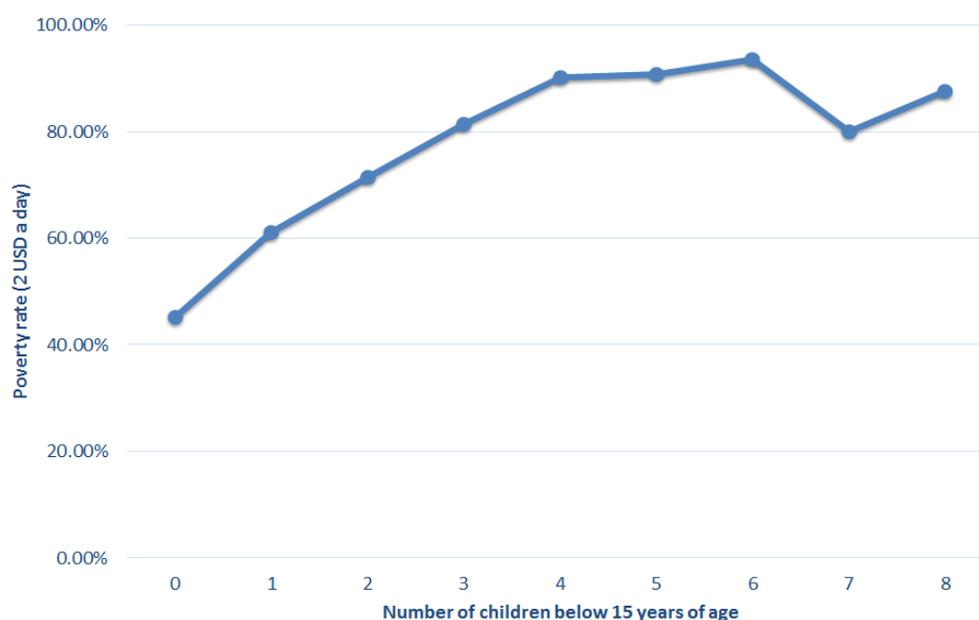


Poverty impact

According to the last IHLCA survey conducted in 2009-2010, poverty in Myanmar affects 25.6 per cent of the population. Since there was no official poverty line expressed in monetary terms at the time, this poverty rate was calculated based on an ad hoc poverty line. This poverty line “represents a minimum of food and non-food expenditure based on the consumption patterns of the second quartile of the consumption distribution” of the sample (Ministry of National Planning and Economic Development, 2010). For the sake of the present exercise, international monetary poverty lines were used (i.e. 2 USD per day and 1.25 USD per day⁵²) as at the moment this report is produced there is not yet an official national poverty line in Myanmar. Poverty is predominant in rural and hard-to-reach areas and poverty tends to be higher in households with many children (see the below figure).

⁵² Current Dollars (IMF inflation rate, 2015) because the quality of data did not allow to compare with 2009 current dollars - which is the most common practice. However, the simulations take into account regional price differences, hence it expresses "real expenditure in 2015 USD".

Figure 14. Poverty rates according to the number of children in the household



Source: graph by the author, based on data from the IHLCA, 2009-2010.

Based on the household characteristics collected during the IHLCA survey in 2009-2010, the potential impact of some of the scenarios on monetary poverty was simulated. Those simulations give a primary indication of the possible impact of the introduction of large-scale social protection benefits on monetary poverty. This provides additional ground to argue in favour of the extension of social protection, seen as an investment contributing to the country's development, rather than a cost.

The methodology used for the simulations is straightforward and static. International poverty lines were used (2 USD a day and 1.25 USD a day, adjusted geographically for differences in price levels) to measure poverty at status quo. The income of households with eligible members was increased by the yearly amount of the benefit, and poverty was measured against this new situation. This simulation was run for each of the selected scenarios as well as for a package of all the selected scenarios. The poverty line of 1.25 USD per day was chosen for the display of the results as it is closest to the IHLCA poverty line. Indeed, with a poverty line at 2 USD a day, the poverty rate is over 60 per cent, which indicates that a majority of the population gravitate around the poverty line, making vulnerability to poverty high. In addition, this means that by not targeting only the very poor, two objectives can be achieved: reducing poverty and making the population more resilient to shocks that could throw them back under the poverty line.

A number of scenarios were selected for the simulation as an example of the possible impact of the implementation of extended social protection benefits on poverty, based on availability of data and adaptability of the simplified simulation model (i.e. only non means tested schemes were selected so as to avoid making assumptions on the possible targeting exclusion errors). The scenarios for which simulations were run are:

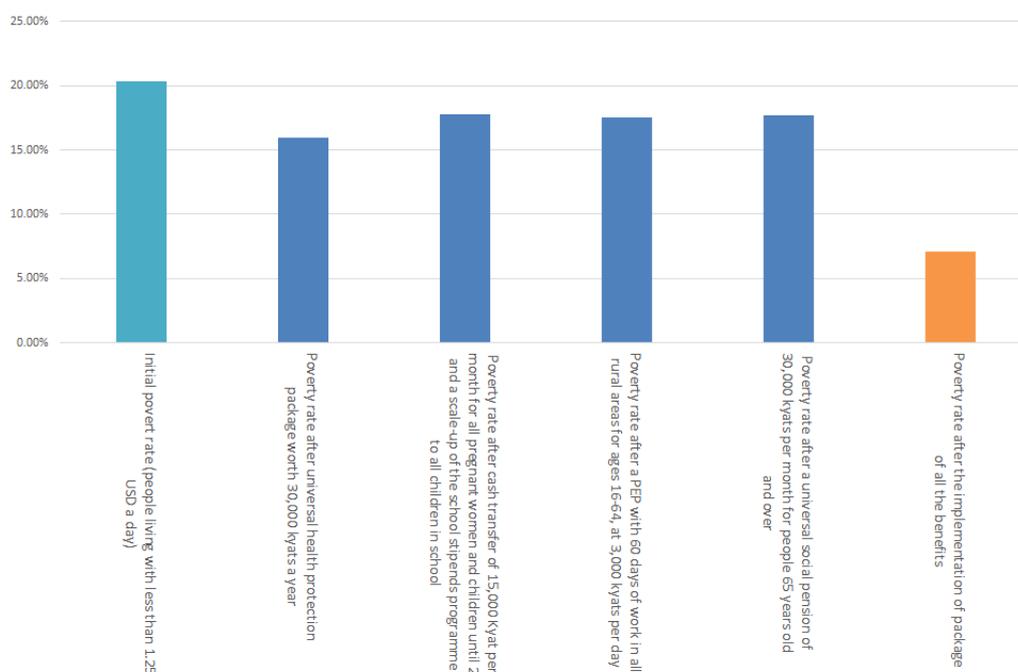
- Health - Scenario 3: Social health protection mechanism financing a package worth 30,000 kyats per person per year for the entire population not covered by the SSB medical care scheme (assuming SSB covers workers only as is presently the case).

- Children - Scenarios 2 and 7: Conditional cash transfer of 15,000 Kyat per month for all pregnant women in the last six months of pregnancy and children until two years old and scale-up of the school stipends programme to all children in school (the benefit amount is 5,000 Kyats for primary school students, 6,000 Kyats for middle school students and 8,000 Kyats for high school students. Benefits are administered on a monthly basis, 10 months per year).
- Active Age - Scenario 2: A Public Employment Programme with 60 days of work in all rural areas for ages 16-64, at 3,000 kyats per day.
- Old Age - Scenario 1: Universal social pension of 30,000 kyats per month for people 65 years old and over.
- Package along the life cycle – Health scenario 3, Children scenarios 1 and 7, Active Age scenario 2 and Old Age scenario 1.

Simulations suggest that the introduction of some of the social protection schemes proposed in this report have the potential to contribute significantly to the reduction of poverty in Myanmar. As illustrated by the below figure, the introduction of single benefits could reduce monetary poverty by 2.5 to 4.3 percentage points, with universal social health protection having the highest impact. Hence, as this universal benefit relieves all the household members of some of the financial burden of care - including relieving households of interest payments related to loans contracted to pay for medical interventions - the impact is more important on the overall population than benefits targeting specific age categories.

The introduction of a comprehensive package could have a greater impact on poverty reduction, up to over 10 percentage points. Indeed, as the social protection floor is a concept that advocates for a coordinated set of social protection benefits at household level. The below simulations illustrate how poverty can be addressed through a life cycle approach impacting the various members of the household in order to effectively prevent the fall into poverty and provide opportunities to graduate from poverty.

Figure 15. Simulated impact of selected benefits on poverty rates



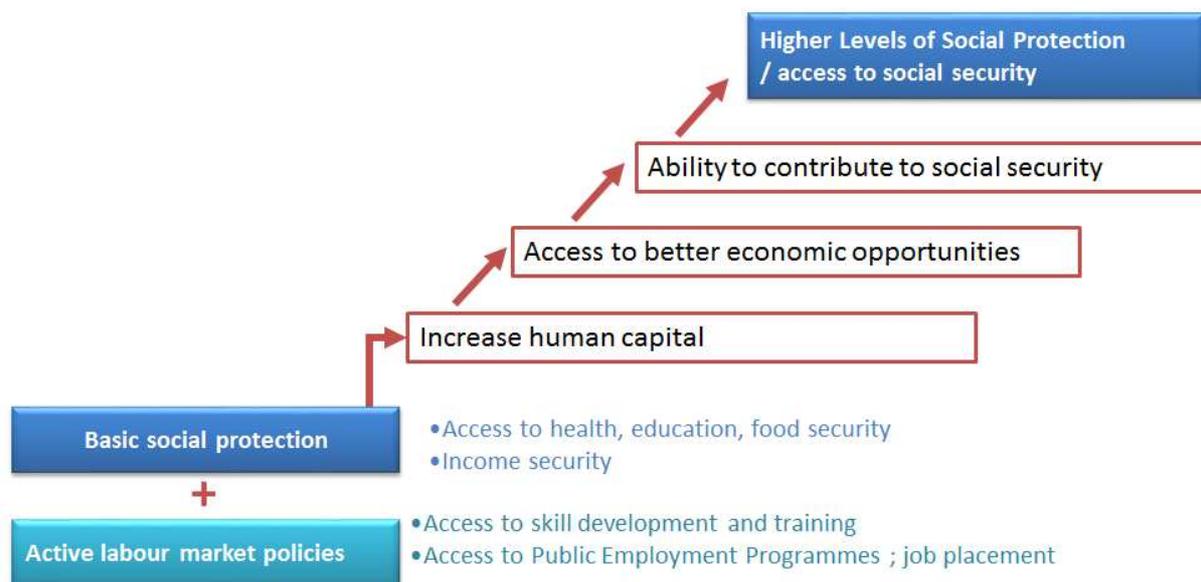
Source: graph by the author, based on an analysis of the data from the IHLCA, 2009-2010.

g. Beyond the social protection floor: Towards a staircase approach and coordination of policies

Towards a staircase approach

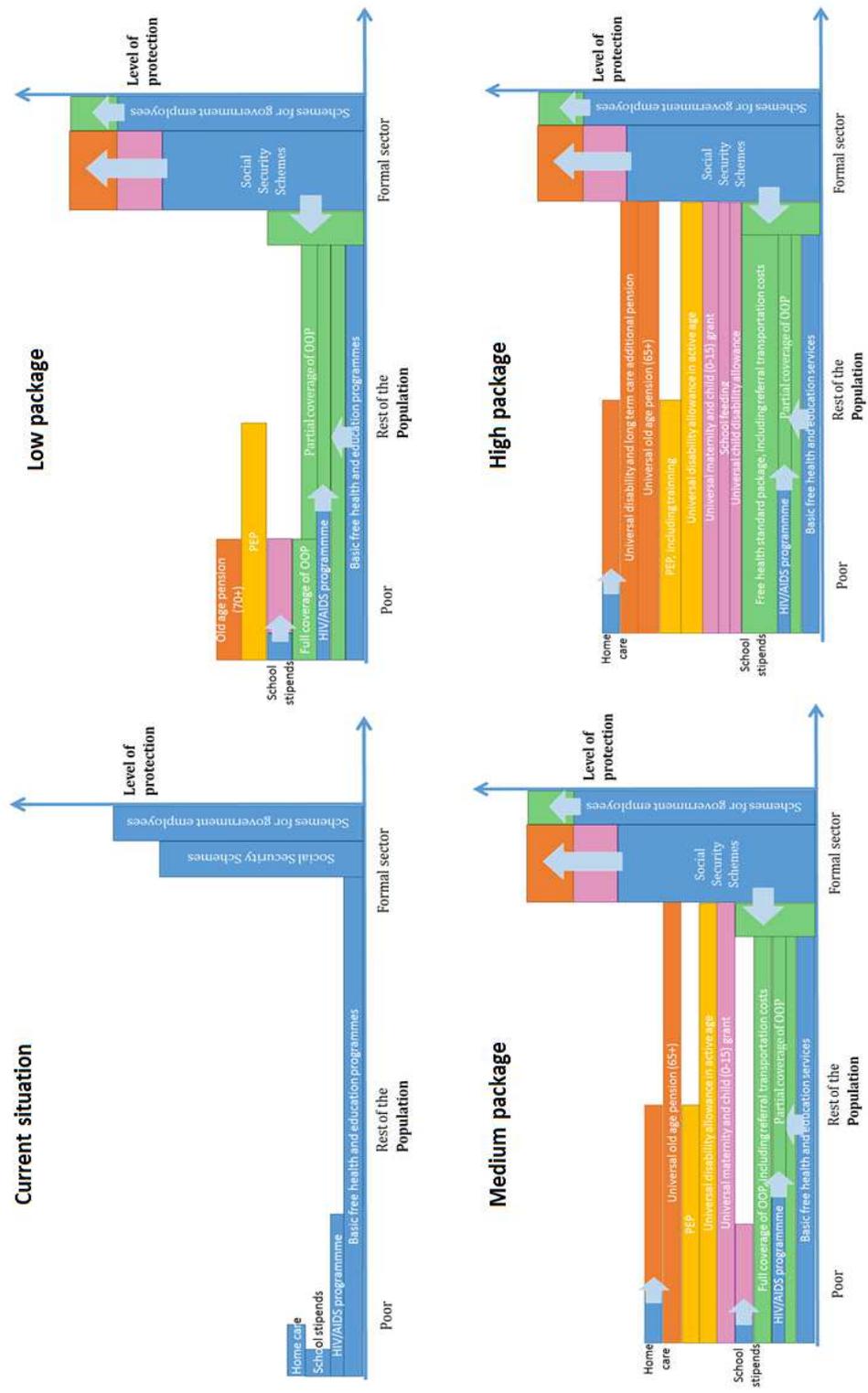
The recommendations formulated through the ABND process in Myanmar offer an opportunity to build a social protection floor and progressively strengthen the formal social security system as more people are able to graduate out of poverty and access decent jobs.

Figure 16. Towards higher levels of social protection



If the present social protection ABND recommendations are adopted in combination with the on-going reforms on social protection for the formal economy (implementation of the new Social Security Law, 2012, and pension reform under the Ministry of Finance), the social protection system in Myanmar will be extended, progressively cover more people, and provide higher levels of benefits.

Figure 17. Towards a staircase approach



Legend

	Existing programmes
	New or scaled up programmes on health
	New or scaled up programmes for children and maternity
	New or scaled up programmes for active age
	New or scaled up programmes for old age

Coordination of policies

Considering the multi-sector nature of social protection, a number of recommendations of the ABND highlight the necessity to coordinate across ministries as well as between the central Government and the states and regions. Coordination may take the form of sustainable formal bodies to guarantee regular monitoring and coherence among social protection policies. Coordination can be developed in the following domains (Schwarzer, Tessier, and Gammage, 2014):

- Articulation of the various components of a comprehensive social protection system: in the long run, contributory and non-contributory social protection mechanisms need to be developed in a coherent manner so as to limit overlaps and ensure the financial sustainability of the overall system.
- Coordination of the implementation, monitoring, and evaluation of social protection provisions: formal institutional coordination bodies in charge of ensuring the coordinated implementation, monitoring, and evaluation of the social protection system as a whole is necessary in order to develop a comprehensive view of the sector and identify possible adjustments or improvements.
- Integrated delivery: collaboration in the management of social protection provisions, information sharing across institutions, as well as the integration of some delivery mechanisms for the identification, registration, and benefit delivery should be developed with a view to facilitate access to the beneficiaries, especially the hard-to-reach population in the informal economy.

Integrated delivery

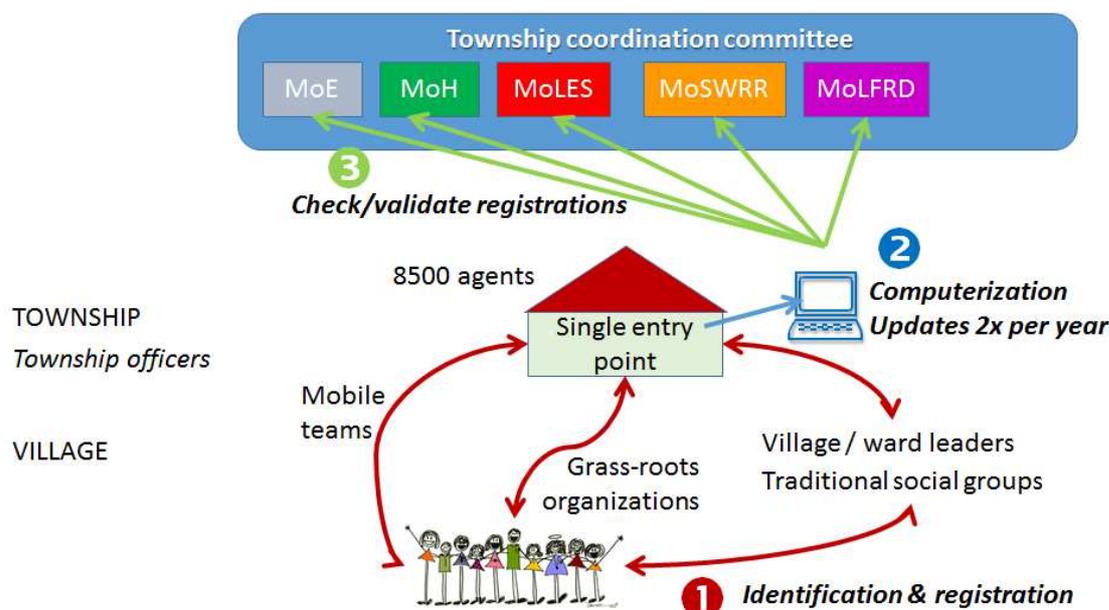
During the ABND exercise, a session was dedicated to the mapping of government presence on the ground in order to anticipate possible channels for the delivery of social protection benefits in the future. The following table illustrates the presence of various ministries at the township level.

Table 37. Presence of ministries or social protection institutions

Ministry or social protection institution	Township presence
Ministry of Social Welfare, Relief and Resettlement	Presence at the state and region level as well as in some districts. Additionally, social welfare officers are assigned as Secretary of Township Child Rights Committees in some Townships.
Social Security Board	77 township offices covering 110 townships
Ministry of Finance, Pension Department	Presence at the state and region level through “local offices” (about 230 staff).
Ministry of Fisheries, Livestock and Rural Development	Presence in all 330 townships
Ministry of Health	Presence in all 330 townships
Ministry of Education	Presence in all 330 townships
Ministry of Home Affairs	Presence in all 330 townships

Considering presence on the ground may be limited in some areas and accessibility of administrative personnel can be low, the delivery of the above packages should be done by institutions that have an outreach capacity to the informal sector, the poor, and the vulnerable in both urban and rural areas. These institutions would act as a “single window service” and would provide information to potential beneficiaries on guarantees and services, facilitate registration processes, update beneficiary databases, and facilitate access to appeals mechanisms.

Figure 18. Delivery of social protection benefits through a single entry point



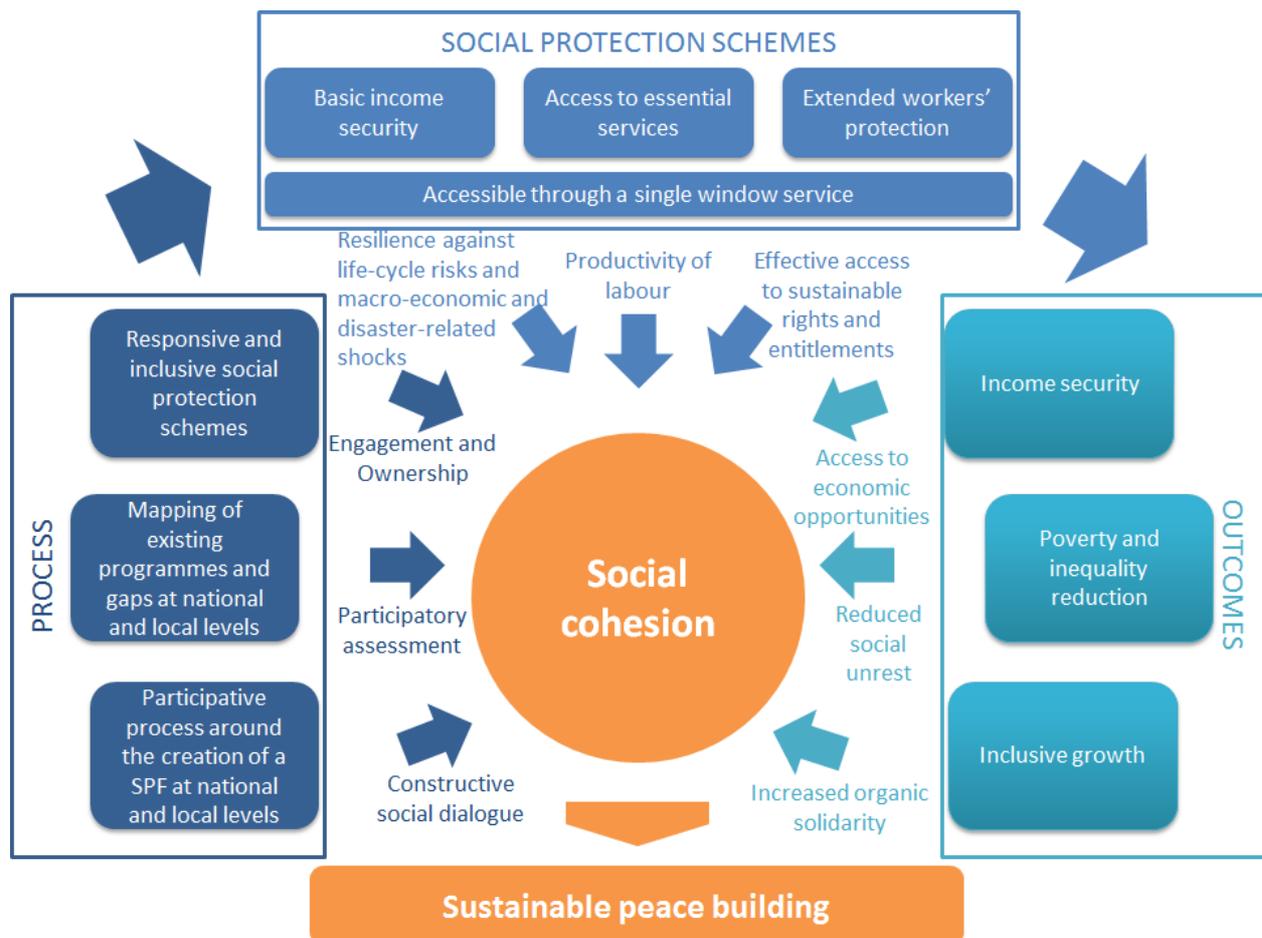
Source: National Dialogue Workshop on the social protection assessment matrix, 24-26 March, 2014.

Social protection in the context of sustainable peace building

In Myanmar, applying the bi-dimensional strategy for the extension of social protection (i.e. more people are covered with higher levels of protection) towards a social protection floor has the potential to address some of the triggers for conflict (for example, poverty, inequality, and income insecurity) (ILO, Social Protection Floor Recommendation).

Both the participatory process to determine the national social protection floor and its effective implementation are key components of enhanced social cohesion and inclusive growth—a combination leading towards sustainable peace building.

Figure 19. Social protection and sustainable peace building



Source: L. Tessier, Extending social protection in Myanmar: An opportunity for social cohesion and inclusive growth, social protection brown bag lunch, Geneva, 14 July 2014.

6. Estimated fiscal effects and tentative fiscal space considerations

Estimated fiscal effects

The estimated costs of the low, medium, and high packages were added to government budget projections (IMF, 2014b). The budget balance (revenues and grants minus expenditures) was then expressed in Myanmar kyats and as a percentage of GDP for the status quo, the low package, the medium package, and the high package. This provides an initial indication of the necessary fiscal space in case the proposed social protection provisions are financed entirely from government budget.

Table 38. Fiscal balance under status quo, low, medium, and high packages implemented over a 10-year period financed through government budget

Year	2016	2018	2020	2022	2024
Budget surplus or deficit at status quo (kyats billion)	-3 860	-4 803	-6 146	-7 847	-10 020
Budget surplus or deficit with low package (kyats billion)	-4 335	-6 124	-8 092	-10 950	-14 042
Budget surplus or deficit with medium package (kyats billion)	-4 880	-7 547	-10 511	-14 528	-18 967
Budget surplus or deficit with high package (kyats billion)	-5 334	-9 024	-13 048	-18 487	-24 371
Balance at status quo (as % of GDP)	-4.67	-4.47	-4.71	-4.84	-5.03
Balance after low package (as % of GDP)	-5.24	-5.70	-6.20	-6.75	-7.05
Balance after medium package (as % of GDP)	-5.90	-7.02	-8.05	-8.96	-9.52
Balance after high package (as % of GDP)	-6.45	-8.40	-10.00	-11.40	-12.23

Figure 20. Fiscal balance under status quo, low, medium, and high packages implemented over a 10-year period financed through government budget (percentage of GDP)

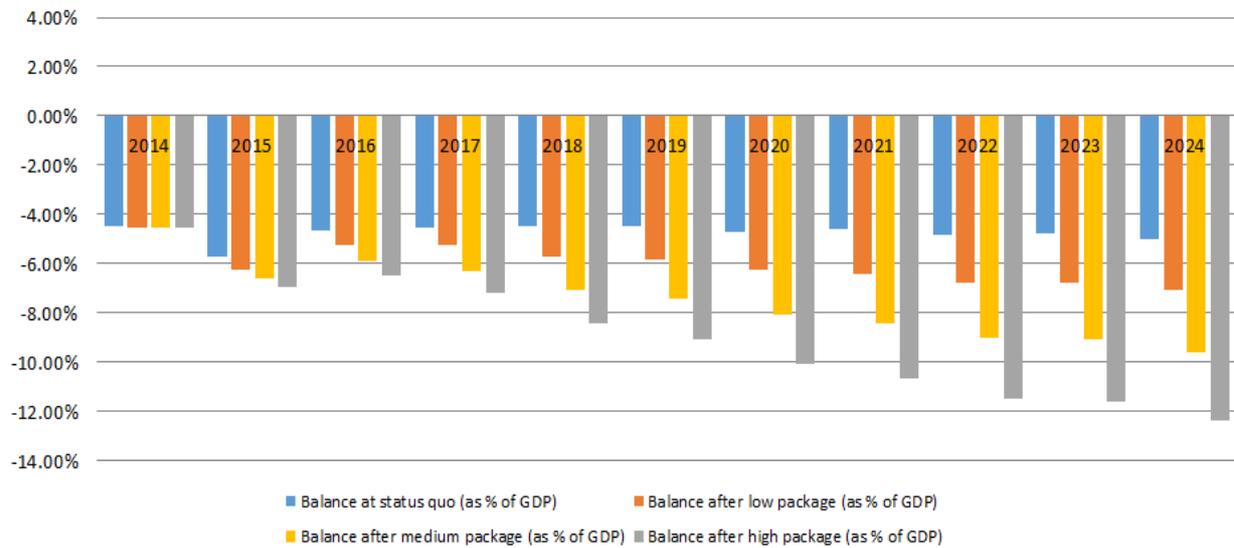


Figure 21. Fiscal balance under low package implemented over a 10-year period financed through government budget (percentage of GDP)

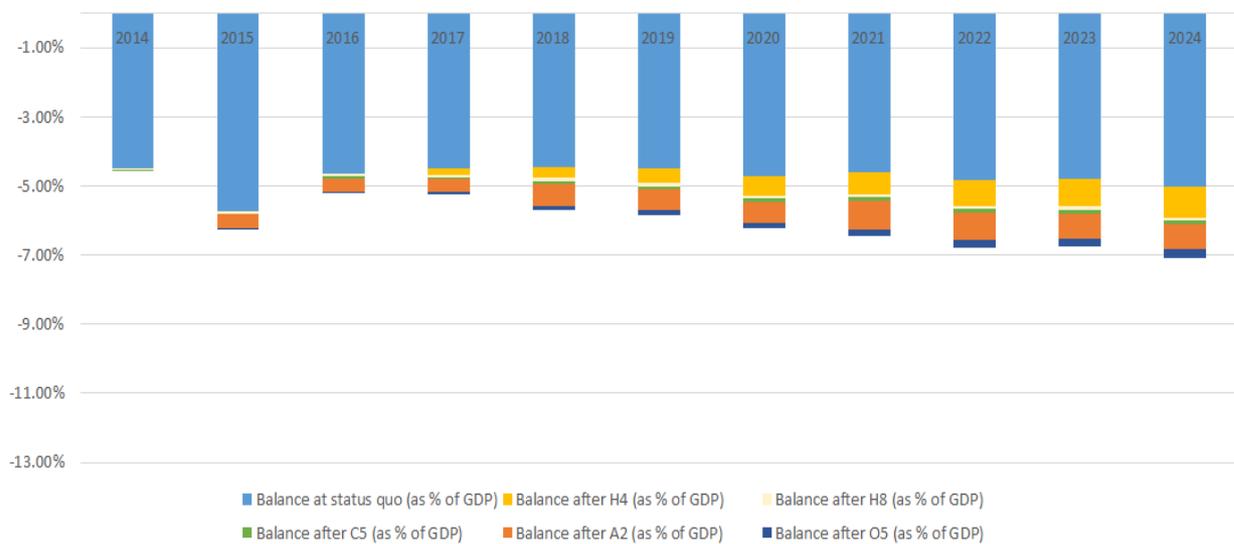


Figure 22. Fiscal balance under medium package implemented over a 10-year period financed through government budget (percentage of GDP)

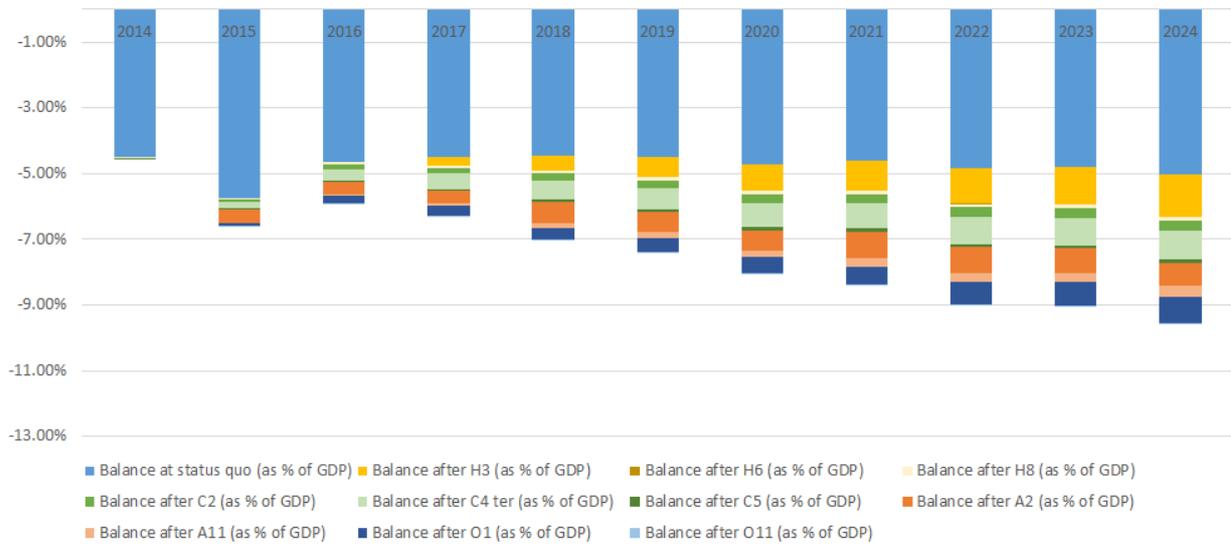
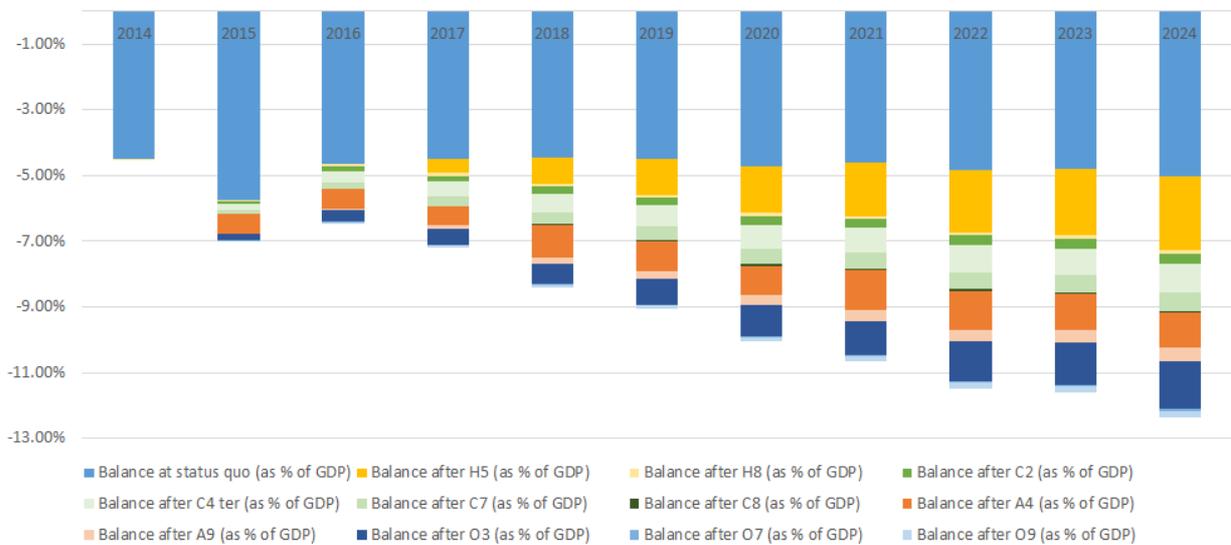


Figure 23. Fiscal balance under high package implemented over a 10-year period financed through government budget (percentage of GDP)



The model shows that overall government expenditures under the status quo, which includes existing social protection policies, has a negative fiscal balance of around 5.74 per cent of GDP in

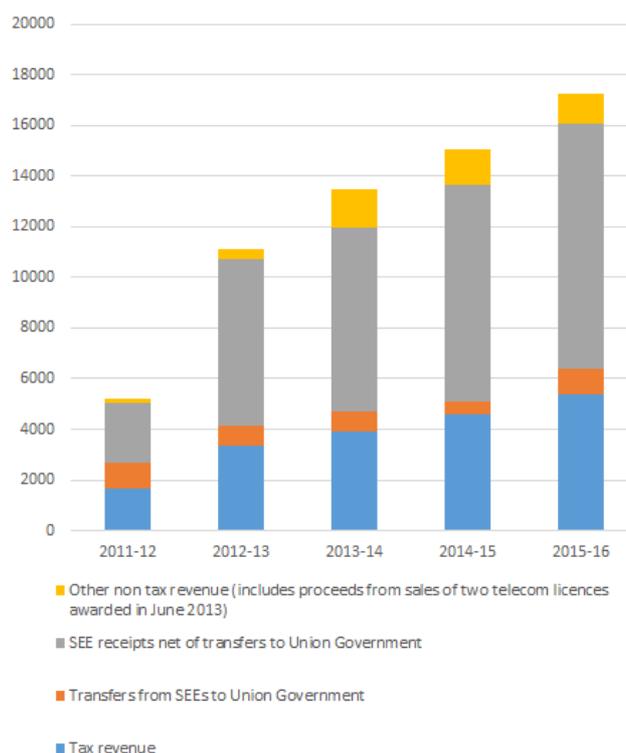
2015. The balance at the status quo is projected by the IMF to remain negative but almost constant throughout the projected period (IMF, 2014b).

The additional cost of new social protection provisions from the low, medium, and high packages would require additional fiscal space of 0.57 per cent of GDP⁵³, 1.23 per cent of GDP, and 1.78 per cent of GDP in 2016 and 2.06 per cent, 4.57 per cent, and 7.33 per cent of GDP in 2024 respectively, if the schemes were to be implemented over ten years. The introduction of the low, medium, and high packages would entail further deficit in the government’s budget for the entire projected period unless additional fiscal space is created through increased revenues or budget reallocation.

Stability of funding sources for social protection

Tax revenue in Myanmar currently represents 7.2 per cent of GDP and 29 per cent of government revenues. The unusual difference between total revenues and tax income is explained by high income from State-owned enterprises and other sale of public companies and extraction rights. In terms of social protection financing, it is a concern as sustainable revenue streams are needed to maintain social protection entitlements over time. Budget reallocation or changes in the tax structure and revenue would be needed in the long run to ensure the sustainable financing of additional social protection measures from the Government’s budget.

Figure 24. Structure of government revenues, million kyats, 2011-2016 (projected)



Source: graph by author, data from IMF, 2014b.

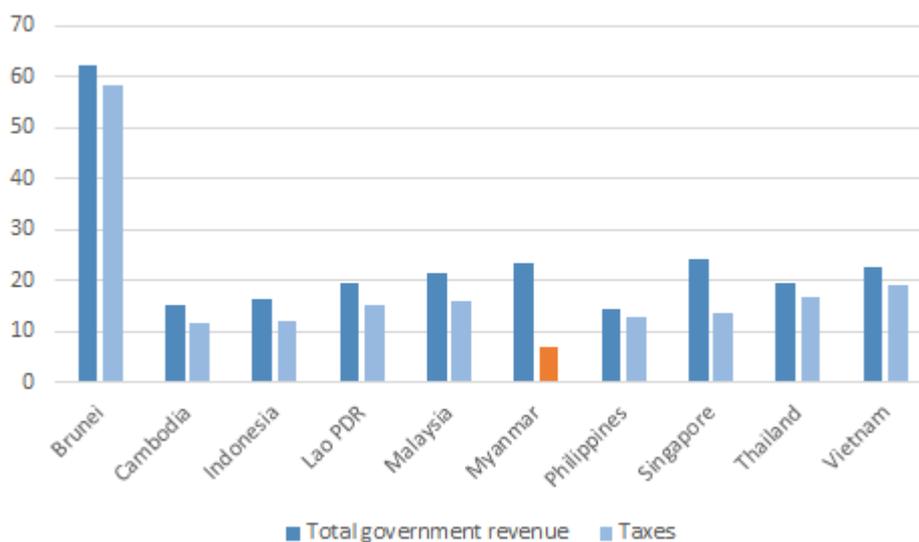
⁵³ It should be noted that the Government’s GDP figures are conservative and do not include high growth in some sectors as they are difficult to forecast with the recent opening of the Myanmar economy.

At the moment, government revenues rely heavily on State-owned enterprises (see the above figure). Another source of revenue which has been growing recently is the proceeds from the sales of licences to international companies entering the Myanmar market. Both the State-owned enterprises and the sales of licences are uncertain revenue streams because: a) the Government of Myanmar is conducting a privatization policy that may increase revenues in the short run (with the sale of some companies) but, if the tax system is not adapted in parallel, may reduce future revenues by the amount that so far were obtained from these companies, and b) sales of licences constitute a one-time income rather than a sustainable source of revenue unless licences have to be renewed regularly. As social protection benefits have to be predictable to fully meet their potential to reduce poverty and inequality, it is important that they be financed by stable and regular sources of revenue over time. Hence the creation of additional, sustainable, revenue streams would be desirable (IMF, 2014b, UNICEF, 2014).

Tentative options to increase fiscal space

The IMF mentions in its last Article IV consultation staff report that “tax revenues are very low and the tax base remains narrow, in part due to widespread exemptions, while social spending need to rise” (IMF, 2014b). In comparison to the other countries of the ASEAN community, tax revenue in Myanmar is still low.

Figure 25. Government revenues as a percentage of GDP in the ASEAN, including tax revenues, 2012



Source: graph from the author, data from the Article IV consultations in each ASEAN country, IMF, 2013.

Myanmar has a total government revenue⁵⁴ that is in the upper range of total government revenues as a percentage of GDP in low income countries (see table below). However, its tax revenues are lower than the mean +/- one standard deviation range of low income developing countries. In

⁵⁴ 24.8% of GDP for fiscal year 2013-2014, IMF 2014b.

particular the revenue from taxes on income and property appear to be an estimated 2.3 % of GDP, which is low compared to other low income countries.

This indicates that there should be space for increasing taxes. However, a more detailed analysis of potential additional fiscal space created through an increase of tax rates or an extension of the present tax base is required to establish a detailed future taxation and social protection financing strategies in Myanmar. Since this has to be undertaken in conjunction and compatibly with the scenario of the privatization of SSEs that is pursued by the government, an overall review of the structure of government revenues is necessary and should be integrated in the current tax and revenue reform. That does not mean, however, that crucial coverage gaps cannot be closed at this stage.

International experience shows that countries have successfully financed the extension of social protection through the creation of additional taxes (i.e. taxes on tobacco and alcohol created in Thailand to finance social health protection) or the increase of existing taxes (i.e. the increase of taxes on the extraction of natural resources increased in Bolivia to finance the universalization of a social pension) (Duran-Valverde and Pacheco, 2012).

Table 39. The structure and variance of Government revenue low income countries⁵⁵

Variable	Obs	Mean	Std. Dev.	Min	Max
Low income [N=37]					
Government revenue, %GDP	1023	18.4	8.0	3.1	60.1
Government revenue excluding grants, %GDP	996	15.2	7.0	0.1	52.8
Government taxes, %GDP	1008	13.0	5.5	0.0	36.5
Income Tax, %GDP	619	3.5	2.5	0.4	15.4
Income Tax - corporate, %GDP	283	2.2	2.2	0.1	13.9
Income Tax - individuals, %GDP	304	1.6	1.4	0.1	7.8
Tax on goods and services, %GDP	577	5.0	3.0	0.0	32.2
VAT revenue, %GDP	224	4.9	2.1	0.0	11.1
Trade Tax, %GDP	957	3.7	2.6	0.1	22.0
Resource wealth dummy	1147	0.0	0.2	0.0	1.0
Corporate income tax rate	302	39.0	8.3	20.0	60.0
VAT rate, 2010	837	16.2	2.7	10.0	20.0

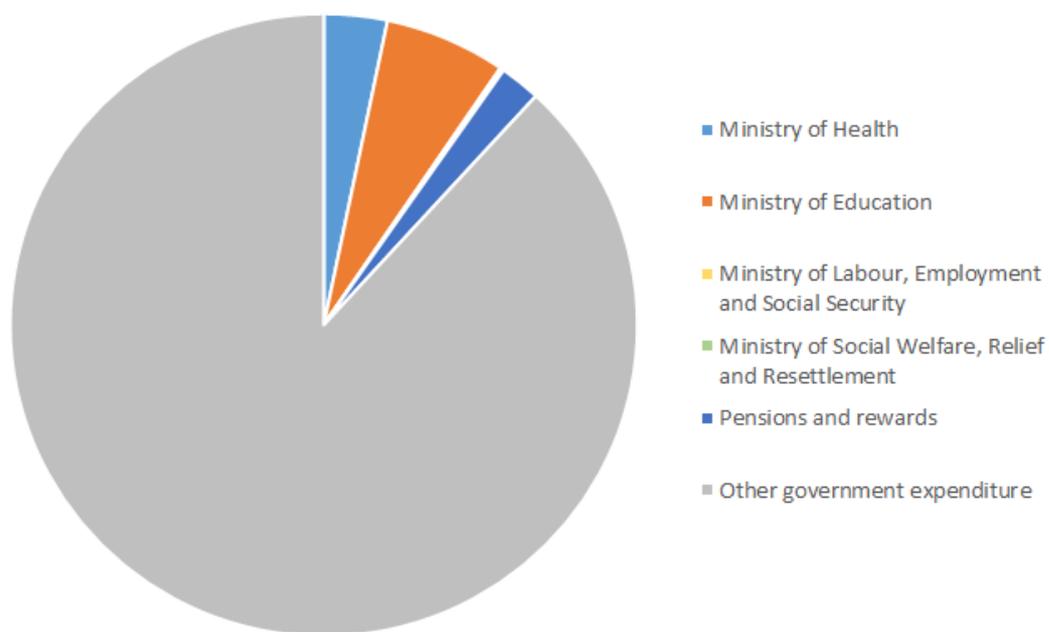
Source: IMF (2011).

There might be also additional fiscal space for the financing of social protection through expenditure reallocation within the current expenditure envelope. There are some indications of possible expenditure imbalances compared to international standards of expenditure distribution. As illustrated by the below figure, in 2012 the Government of Myanmar allocated 12 per cent of its budget to social ministries and (largely public sector) pension awards, representing over three per cent of GDP. In OECD countries, the average social spending amounts 22 per cent of GDP in 2014

⁵⁵ Note: Low income countries included are (highlighted countries are resource rich countries): Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Republic Democratic of the Congo, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, Kenya, Kyrgyz Republic, Lao People's Democratic Republic, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sierra Leone, Solomon Islands, Tajikistan, Tanzania, Togo, Uganda, Zambia, Zimbabwe.

(OECD, 2014). International experience offers a number of successful examples of budget reallocation for social protection. For instance, South Africa reduced its defence budget from 15 per cent in 1983 to 5 per cent in 2010 which allowed the country to exponentially increase its social spending and create new social protection programmes such as a social pension and a non-contributory child benefit (Duran-Valverde and Pacheco, 2012). Thailand went through a similar process between 1970 and 2000, which help extending health coverage (Duran-Valverde and Pacheco, 2012). Such progressive reallocation could happen over time in Myanmar where social protection may benefit from the dividends of the peace process the country has engaged in. As mentioned earlier the IMF conclusions from its budget analyses culminate in the statement: “increases in social spending need to resume”, which means that options to create fiscal space for social spending through budget reallocations may exist. Budgetary reallocations should be pursued after a thorough overall public expenditure review.

Figure 26. Social ministries and pension spending, 2012-2013



Source: graph from the author, data from the Ministry of Finance, Myanmar, 2014.

This opportunity to reduce poverty and inequality through the extension of social protection could be financed at least in part through a combination of budgetary reallocations and modest tax increases, which would entail a public expenditure and revenue review.

7. The way ahead

In order to take the recommendations of the national dialogue forward, the Government of Myanmar may consider the following steps:

- Use the present report as a background document in policy-making processes on social protection and particularly when discussing the national social protection strategy.
- Conduct an internal discussion on priority setting for the introduction of new or scaled-up social protection programmes. Criteria to prioritize interventions may include: political support, administrative capacity, existing systems and procedures, presence on the ground, social demand, and budget availability.
- Use the present report and the RAP costing tool to help phase in the implementation of priority policy options. In particular, once priority interventions are identified and endorsed at the highest level of government, further analysis can help in making decisions regarding the progressivity of implementation, so as to align with available fiscal space.
- Draw on the present report for internal and external advocacy on fiscal space mobilization as well as to undertake a comprehensive public expenditure and revenue review to establish the potential size of the fiscal space that can be devoted to the reduction of poverty and inequality through the financing of improved social protection benefits.



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Appendix - Social protection floor (SPF) assessment matrix summary

The complete version of the matrix is available at:

<http://www.social-protection.org/gimi/gess/ShowProject.action?id=2487> [20 October 2014].

Health								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
Social Security Medical Care Scheme	Social Security Act, 1954. Social Security Law and Rules, 2012.	Contributory service, in-kind transfer, and cash transfer. Social insurance. Target population: Organized private sector workers and some groups of civil servants (Ministry of Labour, Ministry of Industry, Ministry of Railways, among others). Planned developments: Introduction of a contributory voluntary scheme for informal workers. Financing: Bipartite contributions (employers and workers). Coverage: Over 710,000 workers in January 2014.	Social Security Board, Ministry of Labour, Employment and Social Security.	About 1.4% of the population (census data, 2014).	Legal framework: The Constitution of the Union of Myanmar, 2008, articles 22, 28, and 367, and Public Health Law, 1972, established the right to health of the people of Myanmar. The Social Security Law, 2012, established the Social Security Medical Care Scheme which covers public and private company workers in formal employment. This general framework is not yet	Inequity of access: There is inequity of quality of service providers across sectors (public/private) and geographical locations. The unequal distribution of health-care facilities among rural and urban areas and across regions affects people's access to care. Essential health-care services are not available in some hard-to-	Objective: Reach universal health coverage by 2030 H1: Ensure the improvement of medical facilities through health system strengthening (HSS) in line with the Strategic Direction for UHC (Ministry of Health, April 2014): - Reinforce human resources for health and rethink their allocation (between primary and secondary care). - Improve the procurement system to ensure availability of drugs and medical supplies and equitable distribution. - Coordinate the public facilities through enhanced sector policy and planning (Ministry of Health facilities as well as SSB facilities, and other ministries' facilities) with a view towards making available a comprehensive and equitable range of services. - Define an essential health package and size service provision accordingly.	Scenario 1: Ensure supply side readiness through health system strengthening by progressively increasing public spending on health infrastructure, facilities, human resources to 4% of GDP. Scenario 2: Enforcing coverage of the Social Security Medical Care Scheme (introduction of family-based coverage and extension to government personnel). Scenario 3: Social health protection mechanism
Medical care for military personnel and their families		Non-contributory service and in-kind benefit. Free medical care in all Ministry of Defence medical facilities for all military personnel and their families.		About 1.2% of the population (census data, 2014).				
Free health interventions and programmes under the Ministry of Health								
Note: A policy framework for UHC and its various components is in development within								

Health								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
<p>the Ministry of Health. Coordination mechanisms across programmes and ministries are currently being strengthened (and could be more inclusive of Ministries which have their own health facilities) and focused on the supply side.</p> <p>The existing policy framework (Constitution of the Union of Myanmar, 2008, articles 22, 28, and 367, and Public Health Law, 1972) established the right to health. Still, it remains quite generic and does not yet provide details on clear entitlements in terms of which population is entitled to which package of service by which health-care provider and with which level of co-payment, if any.</p>					<p>accompanied by a more detailed legal corpus articulating specific entitlements to a package of health-care services (which population is entitled to which package of service offered by which health-care provider and with which level of co-payment, if any).</p>	<p>reach areas.</p> <p>Information issues: There is limited awareness on the various schemes. Currently there is a lack of statistical evidence on the exact scope of potential beneficiaries' lack of awareness.</p> <p>Affordability: In some schemes the beneficiaries need to advance the funds. This may lead to situations where one may choose not to get treatment</p>	<p>- Enhance coordination across ministries and with CSOs.</p> <p>- Reinforce the supervision of private facilities, which will be necessary if the government of Myanmar wishes to include them in a single pool of providers.</p> <p>H2: Develop a health financing strategy, including coordination mechanisms on both supply and demand sides and financial protection mechanisms for the progressive coverage of the whole population of Myanmar.</p> <p>H3: Ensure that people are protected against health expenditure outlays (especially catastrophic ones). The following steps could be developed: define the package and population that will be covered in line with international standards; determine who will provide the services taking into</p>	<p>financing a package worth 30,000 kyats per person per year for the entire population not covered by the SSB medical care scheme (assuming SSB covers workers only as is presently the case). This would entail an additional cost of 1.29% of GDP and 4.06% of government expenditures by 2024.</p> <p>Scenario 4: Social health protection mechanism financing a package worth 30,000 kyats per person per year for the poor and 15,000 kyats per person per year</p>
Free Medicine Programme; Free Institutional Delivery; Free Care to Children under Five; Free Emergency Operation		<p>Non-contributory in-kind benefit.</p> <p>Target population: The entire population.</p> <p>Financing: General government budget.</p>	Ministry of Health.					
(Hospital) Trust Fund		<p>Non-contributory service and in-kind transfer.</p> <p>Target population: The poor.</p> <p>Financing: When a new facility is created, the Government contributes 10,000 kyats per bed to a fund which is placed in an account. The interest is</p>	Supervised by the Ministry of Health. Partly donor and community financed.		<p>Programmes under the Ministry of Health are scattered with an overall focus is on maternal and child health.</p> <p>Target groups:</p>			

Health								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
		used to pay for some procedures for the poor and for maintenance of the facility. Hospital management committees have to maintain this fund out of community donations or other donors.			The Social Security Medical Care Scheme covers only formal sector workers working in companies with five workers or more and does not cover dependents. The military and their families benefit from free medical care in all Ministry of Defence facilities. For the rest of the population, there is no consolidated package yet.	since they are unable to afford it upfront. Monitoring and evaluation: For many programmes, the number of actual beneficiaries is not yet monitored. Enforcement : For the Social Security Medical Care Scheme, not all formal companies register their workers and the ones that register them tend to under-register. Targeting: In cases where	account the issue of inequity of access (jointly by all ministries which run health care facilities) and how the quality of the services will be assured; define a purchaser - provider framework; and provide a financing plan and decide on the level of financial protection. Define how the overall UHC will integrate / be based on the current listed schemes on health, based on impact evaluations and financial feasibility for those programmes. Special attention should be paid to eliminate overlap, ensure geographical equity, and combine some elements in a comprehensive manner (for example, the various schemes related to maternal and child health).	for the rest of the population not covered by SSB medical care scheme. This would entail an additional cost of 0.88% of GDP and 2.78% of government expenditures by 2024. Scenario 5: Social health protection mechanism financing a package worth 54,000 kyats per person per year for the entire population not covered by the SSB (assuming SSB covers workers only as is presently the case). This would entail an additional cost of 2.25% of GDP
Hospital Equity Fund		Non-contributory service, cash transfer, and in-kind transfer. Geographic targeting: Pilot in 20 townships for the first 9 months and in 60 townships as of May 2014. The target is to reach 120 townships by the end of 2014. Financing: General government budget and GAVI.	Ministry of Health. Co-funded by GAVI Alliance and MMCWA.					
Maternal and Child Health Voucher Pilot Scheme		Non-contributory in-cash transfer. Target population: Poor households. Pilot started in 2013 in one township. Financing: General government budget and GAVI.	Ministry of Health, with support from WHO/GAVI Alliance.	0.015 % of the female population 15-45 (UN DESA population projections, 2014).				
Free	Myanmar	Non-contributory in-kind	Ministry	51% of the				

Health								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
Medicine Pro-gramme for HIV/AIDS Patients	National Strategic Plan and Operational Plan on HIV and AIDS 2011-2015	transfer and service. Target population: People living with HIV/AIDS eligible for ARV treatment. Financing: General government budget.	of Health. Financed by the Global Fund. Linked with NGOs/CBOs.	target group is covered.	benefit can only be received in public health-care facilities managed by the Ministry of Health nationwide.	the programmes are only accessible to the poor, it was reported challenging to identify them.	no. 102), including the same elements noted in recommendation H3 and the possibility to include families in the coverage. H5: Ensure Ministry of Finance, Ministry of Labour, Employment and Social Security, and Ministry of Health convene and develop a system that will ensure financial protection for all and be fiscally sustainable, including lessons learnt from other countries.	and 7.08% of government expenditures by 2024. Scenario 6: Coverage of transportation costs for referrals of delivery and care for children under 5 years old would entail an additional cost of 0.001% of GDP and 0.004% of government expenditures by 2024.
Free National Nutrition Pro-grammes	National Plan of Action for Food and Nutrition (under formulation)	Non-contributory in-kind transfer and service. Target population: Children under 5 years old and pregnant/lactating women. Financing: General government budget.	Ministry of Health, National Nutrition Centre.		Currently for the Social Security Medical Care Scheme, service is only available in Social Security Board facilities or secondary care public facilities run by the Ministry of Health upon referral. As yet, agreements with other health-care providers do not exist.		H6: Use the same essential drugs list among MoH, SSB, and all other providers (at least public ones), based on a cost analysis. H7: Extend social health protection to civil servants, which have been identified as an easy population to register and finance quickly. H8: Apply more broadly the existing policy framework for	Scenario 7: Scaling up the existing HIV/AIDS comprehensive care and treatment programme would entail an additional cost of 0.04% of GDP and 0.12% of
Expanded Pro-gramme on Immunization		Non-contributory in-kind benefit. Target Population: Newborns. Pregnant women are immunized against tetanus. Financing: General government budget. Immunization in Myanmar is also provided by some non-government programmes not listed here.	Ministry of Health with support from GAVI, other donors, and CSOs.	62% of newborns received the immunizations through this programme (UN DESA Population Projections).				
National		Non-contributory in-kind	Ministry	47% of malaria	Financing			

Health								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
Malaria Control Programme		benefit. Target population: Individuals diagnosed with malaria. Health centres at all levels are able to test for malaria. Financing: General government budget.	of Health with support from donors.	cases received treatment (Myanmar External evaluation of the National Malaria Control Programme, 2012).	mechanism: Sustainability of funding for programmes is sometimes dependent on external sources, such as the interest rate for the (Hospital) Trust Fund or on donor funding for the Hospital Equity Fund, which means that the benefit may not be sustainable.		sexual and reproductive health (under the strategic plan on HIV/AIDS) and address some gender-specific issues (sex education programmes at school, legalisation and registration of sex workers, connection with legislation on rape, among others). H9: Ensure the enforcement of the Myanmar National Strategic Plan for HIV and AIDS 2011-16 (NPS II) in connection with other necessary anti-discrimination policies and ensure the availability of effective and affordable access to ARV drugs and regular health checks. H10: Raise awareness on existing programmes and entitlements so that intended beneficiaries can actually claim and benefit from the programmes.	government expenditures by 2024. Scenario 8: Scaling up the existing HIV/AIDS comprehensive care and treatment programme as well as HIV testing and counselling would entail an additional cost of 0.10% of GDP and 0.32% of government expenditures by 2024.
National Tuberculosis Programme		Non-contributory in-kind benefit. Target population: Individuals diagnosed with tuberculosis. Financing: General government budget.	Ministry of Health, financed by Global Drug Facility, Global Fund, and donors.	77% of people living with tuberculosis were assisted through the National Tuberculosis Programme in 2012 (Health in Myanmar, Ministry of Health, 2013).				

Children								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
Free Pre-School and Day Care Centres	Early Childhood Care and Development (ECCD) Law was enacted on 6 February 2014. The ECCD Law is currently being developed.	Non-contributory service. Target population: All children of preschool age. Financing: General government budget	Ministry of Social Welfare, Relief and Resettlement.	0.25% of children aged 0 to 4 years covered (4,346,000 children, UN DESA population projections, 2014).	Legal framework and entitlement: The right to social protection is not embedded in the Child Law, 1993. There is no specific policy framework yet on alternative care services as part of the child protection policy. There is no comprehensive policy framework for the protection of people living with disabilities yet in Myanmar (under formulation) and limited social protection provisions to respond in a comprehensive way to their needs. Primary education is not compulsory, hence there are	Effective coverage: For most programmes, the coverage is low and the necessary human resources are not available to reach the target population. Training centres are not sufficient to respond to the needs of children with disabilities. Negative impacts: Evidence shows that residential care can have some negative impacts (e.g. 7 times more	C1: Put in place a non-contributory cash benefit or extend existing mechanisms (i.e. school stipend) directed to families with children, with special attention to poor and/or vulnerable families (such as female-headed households, families with many children, among others). C2: Ensure the deployment of an integrated social services system composed of trained social workers acting in centres at the township level, allowing for effective awareness raising, identification, needs assessment, and referral of families. C3: Establish an	Scenario 1: Conditional cash transfer of 15,000 kyats per month to all pregnant women in the last six months of pregnancy and to children until one year old would entail an additional cost of 0.20% of GDP and 0.64% of government expenditures by 2024. Scenario 2: Conditional cash transfer of 15,000 kyats per month to all pregnant women in the last six months of pregnancy and to children until two years old would entail an additional cost of 0.32% of GDP and 1.00% of government expenditures by 2024. Scenario 3: Universal child allowance of
Institutions for Orphans	Ministry of Social Welfare, Relief and Resettlement .	Non-contributory service. Target population: Orphans. Financing: General government budget. Coverage: 1,420 orphans in 2013-14.	Ministry of Social Welfare, Relief and Resettlement.	Consolidated data on the total number of orphans in Myanmar is not yet available.				
Free Training Institutions for People with Disabilities	“Developing Rights of Persons with Disabilities” Law currently being drafted.	Non-contributory service. Target population: Children with physical disabilities, hearing disabilities, and	Ministry of Social Welfare, Relief and Resettlement.	0.18% of disabled children (0-14) attend institutions/centres. This is based on a 2.32%				

Children								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
		visually impaired. Financing: General government budget.		national disability prevalence (Bawi, 2012).	many dropouts and the benefit does not reach households with children who do not attend school.	exposure to violence) and may not be recommended from a social protection perspective. Identification and referral: Currently there is an absence of integrated social services allowing for effective awareness raising, identification, needs assessments, and referral of families.	unconditional grant/cash transfer for all families of children with disabilities and ensure their free access to related health and rehabilitation services.	8,000 kyats per child per month for all children aged 0-5 years would entail an additional cost of 0.35% of GDP and 1.10% of government expenditures by 2024.
Support to Compulsory Primary Education	Basic Education Law under formulation.	Non-contributory cash benefit. Target population: All primary school pupils. Financing: General government budget	Ministry of Education.	100% of primary school students are covered (5,214,150 primary school students, Ministry of Education website, 2014).	The current benefit level of support to compulsory education is low compared to school-related costs (uniforms, for example). Currently, the Social Security Family Benefit Scheme is limited to poor families of workers working in a company with five or more workers. Scope: The training institutions for children with disabilities are not sufficient to respond in a	Currently there is an absence of integrated social services allowing for effective awareness raising, identification, needs assessments, and referral of families. Risk: For the National School Stipends Programme there is a risk	C4: Enforce free primary education while addressing education-related costs and opportunity costs. C5: Ensure access to appropriate social protection in the framework of the reduction of child labour (in line with the Government of Myanmar's ratification of the ILO C182 in December 2013) and the rehabilitation of child soldiers. C6: Reinforce the linkages between child	Scenario 4: Universal child allowance of 8,000 kyats per child per month for all children aged 0-15 years would entail an additional cost of 0.98% of GDP and 3.09% of government expenditures by 2024. Scenario 5 Scale-up of the National School Stipends Programme to all poor children in school would entail an additional cost of 0.15% of GDP and 0.46% of government expenditures by 2024. Scenario 6: Scale-up of
National School Stipends Programme		Non-contributory cash benefit. Target population: Primary, middle, and high school students with priority given to orphans or students from single-headed households. Financing: General government	Ministry of Education, with technical and loan support from the World Bank.	0.13% of the primary, middle, and high school students covered (8,517,648 student's total, Ministry of Education website, 2014).				

Children								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
		budget with loan support from the World Bank.			comprehensive way to the needs of children with disabilities (i.e. access to health care, rehabilitation services, and livelihood of the household). The National School Stipends Programme primarily covers only orphans and single-headed household students effectively attending school. Benefit level: There are many induced costs and opportunity costs even though primary education is free, which negatively affects school dropout rates and child labour.	for exclusion errors linked to targeting.	protection and social protection measures directed at children/families with children.	the National School Stipends Programme to all children in school would entail an additional cost of 0.43% of GDP and 1.35% of government expenditures by 2024.
Social Security Family Benefit Scheme	Social Security Law and Rules, 2012.	Contributory cash transfer. Target population: Low- income families with children (when earning less than a defined threshold), where a member is working in a company with 5 or more workers affiliated to social security. Financing: Bipartite contributions (employers and workers).	Social Security Board, Ministry of Labour, Employment and Social Security.			The Social Security Family Benefit Scheme is not yet implemented.	<p>C7: Identify transitional measures from residential to alternative care.</p> <p>C8: Enforce the National Action Plan for Food and Nutrition and ensure its integration and coordination with an Early Childhood Care and Development (ECCD) policy framework and other social protection programmes directed at families.</p>	<p>Scenario 7: School feeding in all schools would entail an additional cost of 0.55% of GDP and 1.72% of government expenditures by 2024.</p> <p>Scenario 8: Unconditional cash transfer of 16,000 kyats per child per month for all families with disabilities aged 0-18 years would entail an additional cost of 0.06% of GDP and 0.18% of government expenditures by 2024.</p>
Infrastructure under Ministry of Education	Total number of schools: 40,992: 35,520 Primary Schools, 3,121 Middle Schools, and 2,351 High Schools in 2011-12. Total number of teachers: 273,516 in 2011-12. (Ministry of Education, 2013). 1 teacher for every 29.98 students in 2011-12 (Ministry of Education, 2013).						<p>C9: Put in place a nutrition sensitive social protection programme (stand alone or not) to prevent malnutrition</p>	

Children								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
		School attendance rates (ADB, CESR, 2014): 88.8% in primary school. 82.1% in middle school. 57.1% in high school.					in the first 1,000 days of the newborn.	
Infrastructure under the Ministry of Social Welfare, Relief and Resettlement		Establishments in 2009-10 (Department of Labour, 2013): Training School for Boys: 7 schools with 1,049 boys. Training School for Girls: 2 schools with 366 girls. 0.015% of primary and middle school aged children attended training schools in 2010 (based on UN DESA population projections, 2014).						

Active Age								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
<u>Government employees</u> Invalidity and work injury pension, survivor's pension, compensation pension, and old-age pension	Constitution of the Union of Myanmar, 2008, Article 26b; Civil Service Law (chapter 12, section 7) and Rules, 2013; Political Pension Law (amending the Political Pension Law, 09/94, 07/00 and 02/01) and Rules.	Non-contributory cash transfer. Target population: Civil servants, military personnel, and defence personnel. Financing: General government budget.	Pension Department, Ministry of Finance.	2.65% of the active age population (aged 15-59 years) is covered by the scheme (population data from UN DESA population projections, 2014).	Beneficiaries: The programmes for Government employees are limited to civil servants, military personnel, and political personnel. Benefit level: For most programmes, provision for regular updates of the benefit levels are not yet included (in relation to the evolution of wages, inflation, and other economic conditions) which jeopardizes the income security of beneficiaries in the long run. There are no minimum levels of benefit guaranteed and the benefits can be quite low (i.e. in percentage of the wage while no minimum wage is currently enforced). Coverage: The new Social Security Law,	Implementation: The old age, disability, survivor's, unemployment, and housing schemes are not yet implemented. Enforcement: Not all formal companies register their workers and the ones that register them tend to under-register. For Workmen's Compensation, there is	A1: Address the needs of rural economy workers (underemployment, seasonal unemployment, lack of access to credit, subsidies, among other needs) who are excluded from other schemes. Make sure that this is coordinated with free access to basic social services (especially health and education). A2: Formulate a coherent policy framework in regards to professional and vocational training (scattered programmes). Extend the provision of vocational training; link vocational training with grants/endowments to ensure access; and extend free vocational training for all disabled persons. A3: Extend maternity protection (legislation on	Scenario 1: A public employment programme with 100 days of work in all rural areas for ages 16-64, at 3,000 kyats per day (70 per cent of minimum wage when implemented) would entail an additional cost of 1.18% of GDP and 3.70% of government expenditures by 2024. Scenario 2: A public employment programme with 60 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years would entail an additional cost of 0.71% of GDP and 2.22% of government expenditures by 2024. Scenario 3: A public
<u>Government employees</u> Medical care, disability and survivor's pension,	Families of Disabled or Deceased Soldiers Supporting Act, 2012.	Non-contributory cash transfers. Target population: Disabled soldiers and families of deceased soldiers. Financing:	Ministry of Defence.					

Active Age								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
and old-age pension		General government budget.			2012, opens the affiliation to the informal economy on a voluntary basis and only formal workers in companies of five or more workers are legally covered by the law.	little awareness among workers on their entitlement to compensation.	maternity leave, enforcement of the law) and address the needs of informal sector workers on maternity (i.e. maternity allowance for all).	employment programme with 60 days of work at 3,000 kyats per day in the dry zone for the population aged 16-64 years would entail an additional cost of 0.33% of GDP and 1.05% of government expenditures by 2024.
<u>Workers of public and private formal enterprises</u> medical care, sickness, maternity, work injury, and funeral grant	Social Security Act, 1954; Social Security Law and rules, 2012.	Contributory in-cash transfers. Target population: Formal workers in companies with 5 workers or more. Financing: Bipartite contributions (employers and workers). <u>For work injury:</u> Employer's liability.	Social Security Board, Ministry of Labour, Employment and Social Security.		There is an absence of policy framework for people moving back and forth between formal and informal sectors or public and private sectors. Provisions for social security and portability of benefits are not included in the law relating to overseas employment (scope: documented international migrant workers).	Enforcement can be difficult and cumbersome for the workers. Awareness: Information on workers' entitlements is low. Benefit delivery: Some cases go through the central administration in Nay Pyi Taw, which can	A4: Extend social protection to all disabled persons in the active age group and not only to the people covered under the Social Security Law, 2012. Think about a universal allowance for people living with disabilities and include corresponding entitlements in the national policy framework on disability that is being drafted. A5: Formulate a policy framework for existing public employment programmes run by development partners and NGOs and envisage a national public works programme as a tool	Scenario 4: A public employment programme with 60 days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years with Technical Vocational Educational Training (TVET) every year for five days would entail an additional cost of 1.06% of GDP and 3.32% of government expenditures by 2024. Scenario 5: A public employment programme with 40
Workers in the Informal Economy Population Work injury benefits	The Workmen's Compensation Act, 1923, and Rules, 1924. Amendment to the Workmen's	Financial compensation in case of occupational disease or work injury resulting in disability or death of the	Employers and Ministry of Labour, Employment and Social Security.		Benefits: The fact that workers and employers can retrieve their contributions at any time and in lump sum under the new Social Security Law, 2012, does			

Active Age								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
	Compensation Act, 2005.	<p>worker.</p> <p>Target population: Wage workers (companies not covered by SSB) with the exception of the agricultural sector.</p> <p>Financing: Paid entirely by the employer (employer's liability).</p>			<p>not guarantee income security in case of old age, disability, or unemployment.</p> <p>Compensation: The lump sum workmen's compensation cannot guarantee income security of disabled/deceased workers and their household in the long run.</p> <p>Financial management: Guidelines for financial management provided by the Social Security Law and rules, 2012, does not guarantee sustainability of the system (regular actuarial valuation, investment policy, among other issues).</p> <p>Legal framework and entitlement: Many programmes are not embedded within law as an individual entitlement. Families of Disabled or</p>	<p>cause long delays in the receipt of benefits (under reform).</p> <p>Compensation level: Workmen's Compensation benefits are low since wages are quite low.</p> <p>Effective Coverage: The Disabled and Deceased Soldiers Benefits and Employee Skill Development Fund have not yet been implement</p>	<p>against underemployment, especially in rural and isolated areas.</p> <p>A6: Develop unemployment protection and extend employment placement services to make them accessible to all jobseekers (both in the formal and informal economy).</p> <p>A7: Review the level of compensation for work injury under the Workmen's Compensation Act because it is too low; enforce the new Social Security Law work injury scheme in all concerned companies.</p> <p>A8: Apply the same social security scheme for civil servants and formal private sector workers.</p> <p>A9: Raise awareness on workers' rights to social</p>	<p>days of work at 3,000 kyats per day in all rural areas for the population aged 16-64 years would entail an additional cost of 0.47% of GDP and 1.48% of government expenditures by 2024.</p> <p>Scenario 6: A public employment programme with 40 days of work at 3,000 kyats per day in the dry zone for the population aged 16-64 years would entail an additional cost of 0.23% of GDP and 0.74% of government expenditures by 2024.</p> <p>Scenario 7: Maternity allowance of 1,000 kyats per day for three months for women in the informal economy (90,000 kyats total) would entail an additional cost of 0.08% of GDP and 0.24% of government</p>
Workers in the Informal Economy Population Welfare		<p>Non-contributory in-kind transfer.</p> <p>Target population: People living with leprosy.</p> <p>Financing: General government budget.</p> <p>Coverage: 76 beneficiaries in</p>	Ministry of Social Welfare, Relief and Resettlement.					

Active Age								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
		budget year 2013-14.			Deceased Soldiers Supporting Act, 2012, specifies that only soldiers with good behaviour can benefit in case of disability or death.	ed. TVET centres are limited compared to demand in Myanmar, and many are accessible only to people with degrees (e.g. high school exam) which limits their scope.	security schemes.	expenditures by 2024.
Workers in the Informal Economy Population Free training institutions		Non-contributory service. Target population: People with hearing disabilities. Financing: General government budget. Coverage: 141 adults in 2009-10.	Ministry of Social Welfare, Relief and Resettlement.		The Amendment to the Workmen's Compensation Act, 2005, changed the maximum compensation amount but the new amounts are unclear. Compensation levels are low. The articulations with Social Security Law, 2012, and the new Organizational Health and Safety at work law are unclear at the moment. For the framework for creating rural works for poverty reduction, the ideas for conditional cash transfers and seasonal job opportunities need to be further designed to		A10: Raise awareness on the existence of the voluntary social security scheme for informal workers. Make this scheme effective by putting in place an easy registration mechanism and discussing further the financing for workers who cannot pay both worker and employer contributions themselves. A11: Review the labour laws and ensure a coherent legal framework (some laws are outdated and others overlap). Enforce legislation on minimum wage and non-discrimination (in particular, persons with disabilities, persons living with HIV/AIDS, internal migrant workers, among others). The labour laws need to be reviewed and amended for more	Scenario 8: Maternity allowance of 2,000 kyats per day for three months for women in the informal economy (180,000 kyats total) would entail an additional cost of 0.15% of GDP and 0.48% of government expenditures by 2024. Scenario 9: Universal allowance for people living with disabilities of 40,000 kyats per month (aged 18-64 years) would entail an additional cost of 0.39% of GDP and 1.23% of government expenditures by 2024. Scenario 10: Universal allowance for people living with disabilities of 40,000 kyats per month
Rural Development Strategic Framework, 2014.	Rural Development Strategic Framework, 2014.	Different tactics include conditional cash transfers or seasonal jobs for food or wages. The Department of Rural Development is currently implementing the village	Ministry of Fisheries, Livestock and Rural Development.					

Active Age								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
		revolving fund; other programmes are not yet implemented.			become proper programmes with specific entitlements. An employment guarantee scheme for public works is also mentioned in the Framework for Economic and Social Reforms, policy priorities 2012-2015.		coherence. There is a need to align legislation and the definition of “employer” in order to have a clear understanding of who is covered by which law. This could be developed through a consultative process.	(aged 18-64 years) who are poor is not costed.
Employee Skill Development Fund	Employment and Skill Development Law, 2013.	Partly contributory service. Target population: Jobseekers, workers, and apprentices employed (or just terminated) by a company contributing to the skill development fund. Financing: Shared cost of training.	Employers Ministry of Labour, Employment and Social security.		There is a lack of clear scope of the entitled workers (access for informal economy workers or young people with little work experience is not guaranteed) for the Employee Skill Development Fund. Access to training for jobseekers is not guaranteed. Procedure: The procedure for the Workmen’s compensation can be complex for the worker.		A12: Articulate all the policies at the state and regional level in line with the decentralization process. A13: Include social protection issues in the policy framework on overseas migrants (such as the Law Relating to Overseas Employment, 1999), addressing in particular portability of benefits and repatriation.	Scenario 11: Universal allowance for people living with disabilities of 30,000 kyats per month (aged 18-64 years) would entail an additional cost of 0.29% of GDP and 0.92% of government expenditures by 2024. Scenario 12: Universal allowance for people living with disabilities of 30,000 kyats per month (aged 18-64 years) who are poor is not costed.

Old Age								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
Civil Servant Pension Scheme, Military Pension Scheme, Political Pension Scheme	Constitution of the Union of Myanmar, 2008, article 26b; Civil Service Law (chapter 12, section 7) and Rules, 2013; Political Pension Law (amending the Political Pension Law, 09/94, 07/00 and 02/01) and Rules.	Non-contributory cash transfer. Target population: Civil servants, military personnel, and defence personnel. Financing: General government budget.	Pension Department, Ministry of Finance.	9.5% of the population 55 years old and over (based on UN DESA population projections, 2014) with possible double counting for some civil servants who were also military personnel in their working lives.	Legal framework and entitlement: Most programmes are not yet embedded within law and do not constitute an entitlement to this type of service. Medical care is not provided in the Home Care Programme. Financing/target population: The Social Security Old-Age Pension Scheme voluntary scheme seems truly expensive for workers in small businesses and the informal economy (who	Effective coverage: There is limited availability of services in some areas, which leads to geographical inequity. The Village Development Committee is more of a delivery and governance mechanism than a specific social protection benefit. Service	Objective: All residents in old age who are vulnerable in terms of income security, health, DRR, social care, among other areas enjoy a secure life with dignity. Main recommendation: Put in place a social pension scheme in order to guarantee a minimum set of transfers to older people who are not covered by other schemes. O1: Put in place a social pension scheme.	Scenario 1: Universal social pension of 30,000 kyats per month for people 70 years old and over would entail an additional cost of 0.82% of GDP and 2.57% of government expenditures by 2024. Scenario 2: Universal social pension of 25,000 kyats per month for people 65 years old and over would entail an additional cost of 1.22% of GDP and 3.58% of government expenditure by 2024. Scenario 3: Universal social pension of 30,000 kyats per month for people 65 years old and over, would entail an additional cost of 1.47% of GDP and 4.62% of government expenditures by 2024. Scenario 4: Social pension of
Voluntary Homes for the Elderly		Non-contributory service. Target population: The elderly.	Ministry of Social Welfare, Relief and	0.05% of the population 60 years				

Old Age								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
		Financing: General government budget.	Resettlement.	old and over covered (4,880,000 elderly, based on UN DESA, population projections, 2014).	pay both their contribution and the employers' contribution). Beneficiaries: The Civil Servant Pension Scheme, Military pension scheme, and Political Pension Scheme are limited to the respective populations. Benefit package: For the Social Security Old-age Pension Scheme, the possibility to get a lump sum instead of a periodic cash benefit does not guarantee income security for the beneficiaries in the long run. For both pension	quality: Home care is not delivered by professionals, which may hinder the quality of service if proper training is not provided or dependency necessitates higher levels of care. The Social Security Old-age Pension Scheme is not yet implemented.	O2: Enforce the existing social security provisions for private formal sector workers. O3: Ensure the sustainability of funding for existing schemes (including actuarial valuations for the contributory benefits and financial projections based on demographic evolutions for non-contributory schemes). O4: Envisage a common system or, at a minimum, a compatible system between the civil servant pension scheme and the SSB future	25,000 kyats per month for people 70 years old and over who are poor would entail an additional cost of 0.14% of GDP and 0.44% of government expenditures by 2024. Scenario 5: Social pension of 25,000 kyats per month for poor people 65 years old and over would entail an additional cost of 0.25% of GDP and 0.79% of government expenditures by 2024. Scenario 6: Universal social pension scheme for people 65 years old and over with benefit levels depending on age: 20,000 kyats per month for aged 65-69 years, 25,000 kyats per month for aged 70-74 years, 30,000 kyats per month for aged 75-79 years, 35,000 kyats per month for aged 80-84 years, and 40,000 kyats per month for aged 85 years and above. This scheme would entail an additional cost of 1.32% of GDP and 4.14% of government expenditures by
Older People's Self-Help Groups (OPSHG)-led social protection		Non-contributory cash and in-kind community transfers Geographical targeting: 93 OPSHGs in Ayeyarwaddy, Mon, Kayin, Yangon, and Mandalay. Financing: Co-funded by the government budget and HelpAge International.	Supervised by Ministry of Social Welfare, Relief and Resettlement, with technical and financial support from HelpAge International.	0.10% of the population 60 years old and over covered (4,880,000 elderly, based on UN DESA population projections, 2014).				
Village Development Committ		Non-contributory community transfer (cash and in-kind). Target population:	Supervised by Ministry of Social Welfare,	0.11% of the population 60 years				

Old Age								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
ee		all individuals in the village with particular interest in the vulnerable. Financing: Co-funded by the general government budget and HelpAge International.	Relief and Resettlement with technical and financial support from HelpAge International.	old and over covered (4,880,000 elderly, based on UN DESA population projections, 2014).	schemes, there is no clear provision for regular adjustments of the benefit level in relation to the evolution of wages, inflation, or other economic benchmarks, which jeopardizes the income security of beneficiaries in the long run. There is no guaranteed minimum level of benefit or clear target replacement rate as yet. Portability: For both pension schemes, there is no portability of benefits for		pension scheme. O5: Establish a coordination mechanism on social protection for older persons in order to coordinate the various pension schemes and long-term care schemes (if any) in the country, monitor the progression of the coverage of elderly people in Myanmar, and address the issue of ageing. O6: Establish a mechanism for long-term care.	2024. Scenario 5: Social pension of 25,000 kyats per month for poor people 65 years old and over would entail an additional cost of 0.25% of GDP and 0.79% of government expenditures by 2024. Scenario 6: Universal social pension scheme for people 65 years old and over with benefit levels depending on age: 20,000 kyats per month for aged 65-69 years, 25,000 kyats per month for aged 70-74 years, 30,000 kyats per month for aged 75-79 years, 35,000 kyats per month for aged 80-84 years, and 40,000 kyats per month for aged 85 years and above. This scheme would entail an additional cost of 1.32% of GDP and 4.14% of government expenditures by 2024. Scenario 7: Scale-up of the
Home Care Programme		Non-contributory service. Target population: Dependent older people. Financing: The scheme is co-funded by the general government budget and HelpAge International, World Vision, Global Vision, Young Women's Christian Association, Young Men's Christian Association, and MMCWA.	Supervised by Ministry of Social Welfare, Relief and Resettlement, with technical and financial support from NGOs.					

Old Age								
Scheme	Legal framework	Overview	Operating actors	Coverage	Policy gaps	Implementation issues	Recommendations	Scenarios
Social Security Old Age Pension Scheme	Social Security Law and rules, 2012.	Contributory in-cash transfer. Target population: Workers of companies with 5 or more workers. The scheme will cover workers who have reached pensionable age of 60 years old, have contributed for at least 12 months, and were registered. Financing: Bipartite contributions (employers and workers).	Social Security Board, Ministry of Labour, Employment and Social Security.	Not yet implemented.	workers moving between the private and public sector during their working life and for overseas migrant workers.			<p>home care programme would entail an additional cost of 0.04% of GDP and 0.14% of government expenditures by 2024.</p> <p>Scenario 8: Additional pension for older persons living with disabilities (65 years old and over) and all dependent older persons (80 years old and over) of 20,000 kyats per month would entail an additional cost of 0.13% of GDP and 0.40% of government expenditures by 2024.</p> <p>Scenario 9: Additional pension for older persons living with disabilities (65 years old and over) and all dependent older persons (80 years old and over) of 30,000 kyats per month would entail an additional cost of 0.21% of GDP and 0.65% of government expenditures by 2024.</p>