# Thailand Social Protection Diagnostic Review

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# Foreword

The Royal Thai Government's effective response to COVID-19 demonstrated the crucial importance of social protection policies to protect people and the economy from the deleterious impacts of shocks. With the economy now in recovery mode, this importance will only grow, highlighting other vital dimensions of social protection policies.

Looking beyond the pandemic, a combination of powerful macro-level trends and conditions will also necessitate a more central role for social protection: (i) demographic trends; (ii) labour market dynamics, including new forms of work; (iii) global economic instability and uncertainty; and (iv) the climate emergency, which will increasingly impact various parts of global and national populations, destabilising traditional livelihoods and threatening the social contract across polities.

Taken together, these trends and conditions will expose not only the underprivileged such as the poor but the whole of society as well to an array of interrelated risks and vulnerabilities. As a result, a comprehensive and integrated mix of social protection arrangements will be required to mitigate them and to protect economies and populations. Along with the pandemic, these challenges highlight how vital social protection will be for social and economic recovery and development in addition to ensuring the functioning of the labour market as well as protecting and improving productivity.

Thailand's National Strategy (2018-2037) and its vision of sustainable development both position the country as a prospective developed nation that provides opportunities and social equality for all its residents. In line with such aspirations, the Royal Thai Government acknowledges the importance of a robust, integrated and modernised social protection system as a key development priority for Thailand.

This high-level commitment is matched by an array of social protection provisions, with close to universal health and education services; extensive contributory and non-contributory functional benefits; and mature public institutions and high organisational capacity within the various parts of government involved. However, the current programmes result in a social protection sector that lacks coherence and is not yet integrated. There are also a number of acknowledged gaps in coverage for vulnerable groups, as well as sustainability challenges in regard to supporting future social protection measures.

The Royal Thai Government and the United Nations — represented by the Ministry of Social Development and Human Security and United Nations agencies, including the International Labour Organization (ILO), United Nations Children's Fund (UNICEF), International Organization for Migration (IOM), and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) — have collaborated under the "United Nations Joint Programme on Social Protection for All in Thailand – Accelerating Progress Towards an Integrated and Modernised Social Protection System for All in Thailand" so as to develop the Social Protection Diagnostic Review, which aims to facilitate the creation of a sectoral reform agenda that promotes a more inclusive, integrated and coherent social protection system in Thailand.

This report benefited from the essential contributions of technical experts from the Ministry of Social Development and Human Security, Ministry of Labour, Ministry of Finance, Ministry of Public Health, Office of National Economic and Social Development Council, Budget Bureau, and Social Security Office. It presents the findings of the Social Protection Diagnostic Review in Thailand, which is expected to be an important contribution to the dialogue on the forthcoming reforms of the sector.

We sincerely hope that this report will contribute to building a common understanding among related entities of current and emerging vulnerabilities across the population and how an integrated and comprehensive social protection system can support Thailand's vision for resilient and sustainable social and economic development that leaves no one behind

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# Acknowledgements

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This report was written by Fred Merttens. It draws on all the background studies and research activities undertaken as part of the Social Protection Diagnostic Review, the authors of which are Virginia Barberis, Giulio Bordon, Simon Brimblecombe, Laura Brouwer, Chatthip Chaichakan, Nuno Meira Simoes da Cunha, Yamei Du, Maham Farhat, Guido Heins, Rebecca Holmes, Charles Knox-Vydmanov, Supanika Leurcharusmee, Fred Merttens, Ruengrawee Pichaikul, Karin Seyfert, Sebastian Silva-Leander, Nalitra Thaiprasert and Sutharee Wannasisri.

This report also benefited from detailed comments and discussions with Somchai Jitsuchon, Boonwara Sumano, Thaworn Sakunphanit and Thorn Pitidol.

# Executive summary

## Introduction

As part of a United Nations Joint Programme (UNJP) between the Government of Thailand and United Nations agencies titled Social Protection for All in Thailand – Accelerating Progress Towards an Integrated and Modernized Social Protection System for All in Thailand, a comprehensive independent review has been carried out on the country's social protection system. This is known as the Social Protection Diagnostic Review (SPDR). The SPDR included the mapping of social protection and the poverty and vulnerability within the population; the potential for expanding social security to cover all workers; the gender impact of social protection; access to social protection for migrant workers; the pension system; and the fiscal dimension and budgeting for social protection, including the development of a social budgeting model for Thailand. The SPDR aims to facilitate the generation of a sectoral reform agenda that promotes a more inclusive, integrated and coherent social protection system in Thailand.

### Methodology

The scope of the SPDR covers both contributory and non-contributory social protection schemes that are administered nationwide and that make up the majority share of social protection coverage and spending, including: the Social Security Fund, the Workmen's Compensation Fund, the Civil Service Benefits Scheme, the Universal Health-care Coverage Scheme, the Child Support Grant, the Disability Grant, the Old-Age Allowance and the State Welfare Card.

The SPDR is guided by a rights-based approach and the "leaving no one behind" concept. In this regard, the Social Protection Floors Recommendation, 2012 (No. 202) is used to help structure the findings detailed in the report, in which Sustainable Development Goal (SDG) 1.3 and SDG 3.8, combined with national targets, are key references in the definition of overarching goals.

The overarching analytical framework is based on an adapted version of the Organisation for Economic Co-operation and Development's (OECD) Social Protection System Review, which assesses the Thailand social protection sector across five dimensions: need, coverage, effectiveness, sustainability and coherence.

The SPDR studies were conducted following a mixed-methods approach: a desk review of the policy and legislative framework and the broader literature; analysis of administrative data and national survey data (the 2019 Socioeconomic Survey and the 2018 and 2019 Informal Employment Survey; and informant interviews with government and non-government stakeholders.

### Context

#### Poverty

Thailand has significantly reduced poverty in the past 20 years, from 20 per cent of the population living under the national poverty line a decade ago to 8.4 per cent in 2019. However, poverty recently started to increase, with household incomes and consumption growth stalling nationwide and consequent declines in welfare. Despite this, poverty today is largely concentrated in specific marginalized groups, such as certain ethnic groups (the Karen, for example) and certain categories of the population, such as persons with disabilities. Geographically, the highest poverty rates are found in the southern region, while rural areas have higher poverty than urban ones.

Poverty in Thailand also strongly relates to age, with children aged 0–5 years and persons older than 50 years having considerably higher poverty rates than others, reaching more than 15 per cent for persons aged 90

and older. This is because poverty is strongly linked to life-cycle risks, such as unemployment. Poverty also relates to the nature of employment a person engages in. For example, 9.9 per cent of households headed by someone working in the informal sector are in poverty, compared to only 1.5 per cent for those working in the formal sector. Across economic sectors, the highest poverty rate is found among agriculture and fishing workers (at 11.5 per cent), a sector that is characterized by high levels of informality and low income.

Although poverty is relatively low in historical terms, a significant proportion of the population remains vulnerable to poverty: Small changes in the poverty line result in much larger changes in the poverty rate, indicating that a large part of the population is highly vulnerable to shocks and even small fluctuations in income.

## Labour market and enterprise landscape

There is a high level of informality and vulnerable forms of employment in the Thai labour market. Of the 36.2 million non-civil servant workers, 49 per cent work in the formal sector, 50 per cent in the informal sector and 1 per cent in households. In terms of employment status, 44 per cent of non-civil servant workers are wage earners (employees), while 56 per cent are non-wage earners (employers, own-account workers or contributing family workers). Across economic sectors, the majority of workers are in agriculture (25 per cent), wholesale and retail trade (17 per cent) and manufacturing (17 per cent).

Of the 36.2 million workers who are not civil servants, some 29 per cent are insured under the Social Security Fund, according to estimates from the Informal Employment Survey. Only 4 per cent of workers employed in informal enterprises are insured. Of the 16.1 million wage earners (employees) who might legally be expected to be registered under the mandatory Social Security Fund article 33, some 40 per cent are not registered under any Social Security Fund scheme, indicating that there is a lack of compliance with existing legislation by many employers as well as loopholes in the law exempting casual and/or seasonal workers from the mandatory provisions. The sector with both the largest number of uninsured workers and the largest proportion of uninsured workers (99 per cent) is agriculture.

The enterprise landscape is dominated by micro, small and medium-sized enterprises, which account for 99.8 per cent of the total number of companies and 43 per cent of Thailand's gross domestic product (GDP). The smaller the enterprise size the more likely a worker is to be employed by an informal (non-registered) enterprise: almost two thirds of workers in microenterprises work in informal enterprises, compared to 28 per cent in small enterprises and just 3 per cent in medium-sized and large enterprises. This is reflected in the high-level of informal employment nationally as well as the significant gaps in coverage by social security.

Women comprise 45 per cent of the non-civil servant workforce and are overrepresented in certain employment relations and economic sectors (such as among contributing family workers and domestic workers).

## Demographic trends

Thailand's population is rapidly ageing due to a fall in fertility rates and increases in life expectancy. The old-age dependency ratio (the ratio of persons aged 65–100 to persons aged 15–64) is expected to rise from 18 in 2020 to around 50 by the middle of the century and to as high as 66 by 2080.

## COVID-19

The global COVID-19 pandemic and the public health measures taken to respond to it delivered a massive shock to Thailand's economy: GDP contracted by 6.1 per cent in 2020 and 2021 saw only a sluggish economic recovery. This had major impact on livelihoods and incomes, with an estimated 70 per cent of the national workforce seeing their monthly income fall by an average of 47 per cent during the first year of the pandemic and with informal sector workers reporting average income contraction of 67 per cent. The lowest income-earning groups were the worst affected. The Government of Thailand's social protection response included new emergency programmes for informal workers and farmers, alongside the vertical and horizontal expansion of existing social assistance schemes. This commendable response prevented an even bigger increase in poverty and enabled jobs to be protected.

## Foundations for social protection delivery systems

Thailand's Constitution explicitly provides for numerous aspects of social protection. And social protection is also firmly embedded in national development plans, such as the draft 13th National Economic and Social Development Plan (NESDP), which commits Thailand to ensuring that all Thai people have access to adequate social protection. This high-level commitment is matched by an array of social protection provisions, with close to universal health and education services; extensive contributory and non-contributory functional benefits; mature public institutions and high organizational capacity within the various parts of government involved in social protection; and strong infrastructure across the service delivery chain, from registration and enrolment to making payments and managing cases. However, the various programmes that comprise the sector operate under a number of different ministries and involve numerous stakeholders in the design and delivery of different policies, resulting in a social protection sector that lacks coherence and that is not integrated. There are also several acknowledged gaps in coverage for vulnerable groups as well as sustainability challenges in regard to supporting social protection in the future.

## Findings (1): Social protection building blocks

### Social protection floor pillar 1: Health

Health care provision in Thailand is effectively universal at 99.9 per cent of the population covered. The three health care programmes with the highest levels of registration are the Universal Health-care Coverage Scheme (47.5 million people), the Social Security Fund (12.6 million people) and the Civil Service Benefits Scheme (5.8 million). The Universal Health-care Coverage Scheme is the most important for children and households with low consumption expenditure. Nevertheless, a small portion of the population is not covered by any of the health care schemes. These tend to be non-nationals or those from specific ethnic groups. Those lacking health care coverage are mainly concentrated among persons younger than 5 years and between 20 and 40 years, which includes women of reproductive age and young children, who tend to have higher health care needs. For persons with disabilities, women are more likely than men to lack health insurance

### Social protection floor pillar 2: Children

More than 55 per cent of children aged 0–5 years do not receive any kind of social assistance (non-contributory social protection). Child allowances and support grants (Social Security Fund and Child Support Grant) cover less than one fifth (17.2 per cent) of children aged 0–14, although coverage is close to 40 per cent for children aged 0–6 years. More recent data show an increase in coverage, reflecting the result of the expansion of the Child Support Grant (albeit studies have shown that the Child Support Grant suffers exclusion errors of around 30 per cent or more).

Education- and nutrition-related social protection programmes focus on children in primary and junior high schools. Nutrition subsidies are provided to around four fifths of children aged 3–11 (half of all children aged 0–14 years), while the Equitable Education Fund provides support to around one eighth of children aged 6–14.

Despite the 15-year Free Education Policy, 7 per cent of children are not in school (mostly located in the central and north-eastern regions) and thus are not eligible for the child allowance after age 6 years. There is no large social assistance or other non-contributory programme aimed at improving nutrition for out-of-school children

### Social protection floor pillar 3: Active age

Social protection benefits for the active-age population include sickness income compensation, unemployment insurance, prenatal and maternity benefits and housing subsidies. Coverage rates for most of these benefits are around 30–40 per cent and are heavily concentrated among government employees and formal sector workers. Slightly more than one in four (27.3 per cent) active-age persons are covered by unemployment insurance, meaning almost three quarters of the workforce are not insured against unemployment. Fewer than half of women giving birth receive maternity benefits. Around 41 per cent of active-age persons contribute to a pension plan (largely through the Social Security Fund), are heavily concentrated in the formal sector and

among higher earners. This means almost 60 per cent of those of active age are not contributing towards a pension.

For those not covered by social security, the State Welfare Card is the largest social protection programme, covering 22.1 per cent of the active-age population. However, because registration for the State Welfare Card is only conducted periodically, people falling into poverty as a result of dynamic conditions are systematically excluded. This was the case for active-age informal workers who lost their jobs and/or became poor due to the COVID-19 pandemic. Challenges associated with the State Welfare Card include significant targeting errors, low level of benefits and a suboptimal mix of benefits.

A significant portion of the active-age population is not covered by any kind of social protection. They tend to be concentrated in lower consumption quintiles and among informal workers in the agriculture and services sectors, as well as among the unemployed. Another gap relates to managing the school-to-work transition and vocational training needs of youth.

The majority of benefits for those of active age are provided via the contributory Social Security Fund sections 33 and 39, which are only provided to those currently or formerly working in the formal sector. Only a very small minority of informal-sector workers contribute to the Social Security Fund section 40 and to the National Savings Fund.

## Social protection floor pillar 4: Basic income security for older persons

Around one third of persons aged 55 years or older receive a pension or a lump-sum retirement payment from a contributory or employment-related scheme (such as the Social Security Fund). The 700,000 civil servants who receive an annuity pension represent just 6.3 per cent of the population aged 60 years and older. The relatively young age of the Social Security Fund system means that the majority have not contributed (or had the chance to contribute) for long enough to receive annuity pension benefits, so instead they receive only lump-sums that are inadequate to cover their needs over the remaining period of their lives.

The majority of Thailand's older population relies on two sources of monthly cash transfers: the Old-Age Allowance, which covers four fifths of those aged 60 or older; and the State Welfare Card, which covers around one in four people aged 60 or older. Thus, much of the population must continue to work after 60 years of age and/or depend on family or informal support. Some 6 per cent of older persons in the lowest consumption quintile are completely excluded from the Old-Age Allowance.

## Other vulnerable groups

**Persons with disabilities:** People living with a disability are a vulnerable group that cuts across the four pillars of the social protection floor. The main social protection programme for this group is the Disability Grant, which, although nominally universal, covers slightly more than half of all people with a disability due to the definitions it uses to assess eligibility. Women living with a disability are slightly less likely to receive the Disability Grant than men. The Disability Grant is small in value despite the increased cost of living for people with a disability.

**Migrant workers:** Migrants constitute more than 10 per cent of the labour force and contribute around 6 per cent of GDP. Although social protection for migrant workers is of a relatively high level compared to neighbouring countries, more than half of all regular migrant workers do not have access to social protection and only a small number of insured migrant workers make a claim. This is due to such barriers as eligibility criteria, which depends on the type and sector of employment (seasonal workers are legally exempted), allowing firms to game the system) and cumbersome and costly administrative processes. Beyond social security, migrants can access the (compulsory) Migrant Health Insurance Scheme and the 15-year Free Education Policy for their dependant children.

**Stateless persons:** Stateless persons have access to few social protection programmes, including the 15-year Free Education Policy, the Fund for Primary School Lunches and the School Milk Nutrition Grant. Certain groups of stateless persons are eligible for the Social Support Grant for Hilltribes, the Healthcare Fund for Persons with Legal Status Problems and Social Security Fund sections 33 and 40 (if they are registered with the Government and have the requisite 13-digit ID number).

**Women:** Thailand's social protection programmes generally have even coverage of women and men, but challenges remain with regard to intersecting inequalities. Women are overrepresented in certain sectors and employment relations (contributing family workers and domestic workers), which are not sufficiently addressed by the social security system. They also have longer life expectancy, higher health care needs, higher burden of care, lower average income and shorter and less continuous contributory career histories. Finally, cultural norms and gender roles are not well considered in the design of social protection policies, which reinforces gendered inequalities.

## Adequacy of social protection benefits

Benefits from the main non-contributory programmes – the Child Support Grant, the State Welfare Card, the Disability Grant and the Old-Age Allowance – tend to be modest. For the vast majority, transfers range from 600 Thai baht to 800 baht per month, which represent between 11 per cent and 20 per cent of average per capita consumption expenditure in the relevant target populations and between 23 per cent and 31 per cent of the relevant poverty lines. This means they tend to only cover a small part of the minimum expenditures required to meet beneficiaries' basic needs. This is especially challenging for those unable to work, or with limited capacity to work, such as people with a disability and older persons.

The average value of contributory retirement payments represents around 45 per cent of average income per capita and 81 per cent of average consumption per capita of the beneficiary group. However, the average value of contributory retirement benefits is likely to be inflated by civil servants' benefits; for many in the private sector the value of retirement benefits received will be much lower. Social Security Fund members who contribute for 30 years are nominally entitled to a pension equal in value to 42.5 per cent of the insured salary (higher than the 40 per cent stipulated by the International Labour Organization (ILO) Social Security (Minimum Standards) Convention, 1952 (No. 102). In practice, the salary cap of 15,000 baht per month used to calculate contributions and benefits means many people receive less than this.

## Equity

The Thai social protection provisions disproportionately benefit the wealthier (less vulnerable) segments of society due to the large expenditure on the Civil Service Benefits Scheme. Those in the richest urban decile receive, on average, eight times more benefits than those in the poorest urban decile. Government expenditure on civil servants' retirement benefits is almost 50 times greater per recipient than it is for the Old-Age Allowance, and government expenditure on civil servants' health benefits equals around 40 per cent of what it spends on Universal Health Coverage, even though 47.5 million people benefit from the latter, compared to around 1.9 million civil servants. The dominant role of retirement pensions within the social protection system also introduces inequities for groups who are less likely to participate in the formal labour market (women and persons from marginalized ethnic minorities).

The non-contributory social protection programmes (Old-Age Allowance, Disability Grant, State Welfare Card and Child Support Grant) are unambiguously progressive, redistributing resources to poorer parts of the population and reducing inequality. Households across all consumption quintiles receive some income from non-contributory social protection programmes, at an average value of 270 baht, but households in the lower quintiles receive a greater value on average. Nevertheless, the progressive nature of these programmes is undermined by the overall low level of spending on social protection and the lack of coordination and integration across the sector as a whole.

## Efficiency

The efficiency of social protection can be measured by looking at the ratio of benefits delivered to total expenditure: for the Social Security Fund sections 33, 39 and 40, the Workmen's Compensation Fund and the Government Pension Fund, this exceeds 95 per cent.

## Impact

**Impact on poverty:** The social protection system in Thailand reduces poverty by 7.3 percentage points (5 points from non-contributory and 2 points from contributory social protection), with particularly high positive impacts on certain groups. For example, persons aged 65 and older would have a poverty rate 17 percentage points higher (26.1 per cent instead of 9.2 per cent) were it not for social protection; people with a disability would be 18.8 percentage points poorer in the absence of social protection (mostly the Disability Grant); inactive persons would be 10.4 percentage points poorer; widows would be 9 percentage points poorer; children not living with both parents would be 8.9 percentage points poorer; and informal sector workers would be 6.7 percentage points poorer. Social protection has a larger impact in rural areas than in urban areas (reducing poverty by 8.6 percentage points versus 5.7 percentage points, respectively) due to the limited impact of non-contributory social assistance in urban areas (-2.9 percentage points). Regarding contributory social protection, the majority of current beneficiaries (58.3 per cent) would be poor without it, with the biggest impact being for retired beneficiaries aged 65 and older.

**Impact on inequality:** Overall, the Thai social protection system is slightly progressive and reduces inequality: Our estimates show that consumption inequality is 0.03 points lower than it would be if there was no social protection, and income inequality is .01 points lower.

**Impact on income smoothing:** By replacing earnings, social protection helps to smooth income over time and thus to mitigate life-cycle risks (retirement). In Thailand, there is a fairly abrupt fall in income around retirement of around 2,000 baht per person per month: Without social protection, this fall would be more than 3,000 baht. Both the non-contributory Old-Age Allowance and contributory retirement pensions have significant roles in smoothing incomes in this regard.

## Findings (2): Policy and legislative architecture

### Policies

There is extensive legislation and a wide-ranging policy framework for social protection in Thailand, from the Constitution down to the many laws and regulations on social protection provision throughout the life cycle. Social protection is firmly embedded in national plans, including the fourth iteration of the 20-year National Strategy (2018–37), which emphasizes the importance of social protection, and Milestone 9 of the recently developed 13th NESDP, which commits Thailand to ensuring all Thai people have access to adequate social protection. The objectives of expanding coverage and the level of social protection provided are clear. However, the legislative and policy framework remains fragmented: There is no official definition of social protection, nor a single national social protection policy with overarching objectives for the sector as a whole or which would set out a coherent governance structure that aligns the various programmes, actors and institutions. Moreover, the current design of social security policies and legislation excludes significant numbers of workers, de jure and de facto, undermines the participation of workers with varied employment histories. Finally, Thailand has yet to ratify the main ILO Conventions on social protection.

### Institutions

The lack of integration at the policy level extends to the implementation level: The institutional structure for social protection is complex and fragmented. Many actors are involved – including the MSDHS, the Ministry of Labour, the Ministry of Public Health, the Ministry of Education and the Ministry of Finance (and specific departments within them). But there is a lack of communication and coordination between them. No single ministry or supra-ministerial body has a defined mandate for social protection as such, nor is there a lead ministry in charge of the whole sector. This reinforces information silos and creates uncertainty.

## Data and information systems

The management information system (MIS) architecture for social protection is also complex and fragmented. Numerous MISs and databases have been developed across the various social protection schemes, but despite often collecting the same or similar information, these data are not automatically or uniformly shared across ministries, departments and agencies, which increases inefficiency. The MISs for social protection are not optimally integrated with each other – only the Thai People Map and Analytics Platform (TPMAP), the Social Security Office (SSO) system, the National Health Security Office (NHSO) and the National Savings Fund system are integrated with other databases and/or accessible to service users. The NHSO and TPMAP have gone the furthest in relation to creating an integrated data system for social welfare and social protection information, founded on the nationally comprehensive PID, which uniquely identifies each population member. The TPMAP is designed to provide a comprehensive data analytics tool for precision poverty alleviation and for improving the quality of life of Thai citizens.

## Local-level and informal social protection

Some social protection schemes involve cooperation between national ministry departments and local governments, and there are plans to permanently transfer some schemes to local government, both financially and administratively. However, local (and informal) social protection is not explicitly recognized and is not incorporated in the overarching policy framework. The fact that the relationship between formal or national-level social protection programming and informal or local-level or community social protection initiatives remains vague and undefined leads to a lack of ability and agency to fill gaps in provision and opens up the risk that decentralization functions simply as a mechanism for the central Government to delegate responsibility for social protection provision without allocating the means and, at the same time, reduces the level of risk pooling and redistribution at the national level.

## Findings (3): Investing in social protection

### Social protection expenditure

Government expenditure on selected social protection programmes was 920.1 billion baht in 2019,[1] representing some 5.4 per cent of GDP (less than the 7.5 per cent Asia and Pacific average). And 55.5 per cent was for contributory and government employment programmes and 44.5 per cent on non-contributory programmes. Half of the expenditure on the top-five social protection programmes is on the Civil Service Benefits Scheme. Between 2016 and 2019, expenditure on the 12 largest social protection programmes grew by some 24.4 per cent, from 690.9 billion baht to 859.2 billion baht. In relation to Social Security Fund sections 33 and 39, health care and child allowances are the most expensive benefits, accounting for 53 per cent and 10.8 per cent, respectively, of those two sections.

### Fiscal space for increased investment in social protection

A social budget model has been developed to explore the possibilities for investment in social protection. The model demonstrates that there will be fiscal space to increase social protection expenditure in both the mid- and long-term future, even under the most pessimistic economic and revenue scenarios. Furthermore, the space for investment could grow even more if Thailand opts to pursue efforts to raise its revenue generation, as China and other developing countries in Asia did to bolster economic and social development in the first two decades of the twenty-first century.

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1     The most recent year with complete available data at the time of the mapping and other SPDR research activities, including the social budgeting exercise (see further on), were conducted was 2019. This was also the last year prior to COVID-19, which had unprecedented and extraordinary impacts on social protection expenditures. As a result, for some particular programmes, we updated the 2019 data with information from 2020 (see Annex A).

## Integrating contributory and non-contributory programmes

The SPDR explores costed options for increasing the level of investment in social protection, including both contributory and non-contributory elements. Our modelling identifies that integrating the contributory and non-contributory elements of the social protection system can increase both efficiency and impact, allowing additional support to go to those who need it most while reducing the cost to the exchequer by ensuring part of the expenditure is financed through contributions. Following our options for increased investment, an integrated system would ensure that everyone receives a guaranteed minimum level of benefits of adequate value, but, importantly, this would be financed differently, depending on people's retirement income: for those with less income, more would come from taxes, for those with higher incomes, more would come from contributions. Such an integrated system would thus maintain the principle of universality for health, children and older persons, combined with a targeted approaches for those of active age or poor households comprising only older persons and children. In this way, everyone is entitled to a minimum adequate level of benefits, the burden on the public purse is reduced, government funds are focused on those with higher levels of need, while those at the upper end of the wealth distribution receive higher benefits to reflect their earnings-related contributions.

## Conclusion and recommendations

The Government of Thailand's swift and strong response to COVID-19 demonstrated the crucial importance of social protection policies to protect people and the economy from the deleterious impacts of shocks. With the economy now in recovery mode, this importance will only grow, highlighting other important dimensions of social protection policy, such as active labour market policies and social care services. Beyond the pandemic, a combination of powerful macro-level trends and conditions also necessitate a more central role for social protection:

► **Demographic trends** will see an ageing population put yet more pressure on the employed population.

► **The labour market** is characterized by a dynamic mix of different employment relations and statuses, with workers moving in and out of formal and informal sectors and to and from dependent and independent forms of employment, with large shares of the labour force still working under informal and/or vulnerable employment conditions.

► **The future of work** will see changes to the types of jobs and forms of employment available, with growing numbers in non-standard employment and diverse forms of work.

► **Economic instability** and uncertainty caused by financial crises, such as those in 1997 and 2008, or inflationary or deflationary pressures caused by the impacts of political events, such as the current Russian Federation–Ukraine war.

► **The climate emergency**, which will increasingly impact different parts of the global and national population, destabilizing traditional livelihoods and threatening the social contract across polities.

Taken together, these trends and conditions expose not just the poor but the whole of society to an array of interrelated risks and vulnerabilities, requiring a comprehensive and integrated mix of social protection arrangements to mitigate them and to protect the economy and population. Along with the coronavirus pandemic, these challenges highlight how vital social protection will be for social and economic recovery and development, as well as to ensure the functioning of the labour market and protect and improve productivity.

Although Thailand's social protection provisions are relatively extensive, there are various gaps and challenges:

► the policy architecture suffers from a significant degree of fragmentation and incoherence between the contributory and non-contributory tiers;

► there are loopholes in the legislative framework;

► there are gaps in coverage and a lack of adequacy in crucial parts of the system; and

► sustainability could become a challenge.

The next stage of evolution is therefore to unify and strengthen the existing social protection components into a single, integrated system that functions as a whole in pursuit of a shared set of objectives. This will require the Government of Thailand to not only spend better (smarter, more efficiently) but also to spend more on social protection to improve system integration and coordination, increase coverage and increase the adequacy of benefits.

Our two broad recommendations are thus to strengthen integration and coordination of social protection services and to increase the level of investment in social protection. Included under these two recommendations are several specific proposals.

## Recommendation 1: Strengthen integration and coordination

We provide five proposals to strengthen policy integration and coordination:

### Integrate contributory and non-contributory tiers

To fulfil the constitutional promise and the objectives of the national planning framework regarding the provision of universal coverage and better targeted approaches for those in particular need, there is a need to formally integrate the contributory and non-contributory tiers of the social protection system.

An integrated system will provide the concrete mechanism by which to combine universal and targeted approaches in an efficient and effective way, whereby:

► universal guarantees can be provided for children, persons of older age and for health, including protection for people living with disabilities, while

► targeted approaches are used to support the active-age and ensure that persons who need extra support receive it.

An integrated social protection system is built on the principle of universality while simultaneously ensuring that those with higher needs benefit from more support; and conversely, that government funds are not redistributed to those already benefiting from high incomes, making it more equitable:

► An integrated system enables universal provision without universal programmes, such that universal coverage is reached through a combination of contributory and non-contributory benefits (as what already characterizes the health system in Thailand).

► An integrated system is cost-effective because the financing of benefits is divided in a tapered way between taxes and contributions.

To deliver such an integrated system requires the integration of data and payments systems (and potentially other parts of the delivery chain). This need underwrites the second proposal under recommendation 1: form a coordinating body to drive the reform process.

### Form a coordination body to drive the reform process

The multisectoral nature of the social protection sector, with interrelated benefits and services provided by an array of different ministries, departments and agencies, suggests that a supra-ministerial coordinating agency will be required to command the mandate and authority to drive the changes to the system that are necessary to adequately address current and future challenges. Such reform will include alterations to the design of some of the existing social protection policies and legislation and changes to the mechanics of the service-delivery architecture, such as the MIS and payments systems.

The proposal of the SPDR is thus to form a national social protection reform committee with the mandate to drive the reform process:

► This coordinating body would be time-bound and take, for example, the form of an independent committee or agency sitting under the Prime Minister or Deputy Prime Minister.

► Included in its mandate would be the remit to develop a national social protection reform action plan or road map, including the development of an agreed national definition for social protection and the mechanism to establish future (more permanent) coordination structures as relevant.

- ► A national social protection reform committee secretariat (housed within the National Economic and Social Development Council (NESDC)) would ensure that the reform process is closely aligned with the National Planning Framework and data systems integration agenda.

- ► Membership would include all the actors responsible for delivering social protection (and social protection-related[2]) services, such as the Ministry of Finance, the Ministry of Labour, the SSO, MSDHS, the Ministry of Public Health, the Ministry of Education, the Ministry of Interior and the Ministry of Commerce.

- ► The national social protection reform committee would include a function to monitor the progress of the reform process as well as the future performance of the sector.

- ► Finally, it would also incorporate a mechanism for ensuring participation of civil society stakeholders to ensure system-wide accountability.

## Integrate social protection data and payments infrastructure

For the social protection system to start operating in a more unified and coherent manner, parts of the system design and service delivery infrastructure need to work together.

At the level of system design, this means that both the universal and targeted components need to function in a complementary way. This will ensure the achievement of the constitutional commitment and national development goals relating to gradually expanding social protection provision to universal coverage, as well as developing effective targeting measures for especially vulnerable groups. It will also ensure resources are spent in an optimally efficient way.

At the level of service-delivery infrastructure, two parts of the system are the social protection MIS and the payments system, which are closely related. Currently the contributory and non-contributory components of the system and the universal or targeted elements do not function in an integrated way. If, for example, the pensions system or the system for child grants is to be better integrated to start functioning in pursuit of unified objectives, then data will need to be linked and shared across these different components.

Next, if data are to be linked across the different parts of the system to calculate a single benefit level comprising both contributory and non-contributory components, then it makes sense to also link payment systems for the various benefits so that they can be made more efficiently, allowing beneficiaries to receive a single payment that incorporates their full functional benefit entitlement from all relevant schemes.

The TPMAP, which already links data from the State Welfare Card with the Basic Minimum Needs assessment, could form the central pillar of such a new integrated architecture. It could be further extended to become part of a more comprehensive integrated register, combining information from across the social protection landscape. Alternatively, a new integrated register that connects and receives information from the TPMAP and other social protection institutions could be built.

More work is required to devise the most optimal approach to data and payments integration. As a first step, we propose that a comprehensive assessment of the social protection data and payments infrastructure be carried out to investigate what an integrated system would look like, how it would work and where it would be housed.

## Reduce fragmentation and complexity

Beyond the major social security and social assistance programmes of the Social Security Fund and the Workmen's Compensation Fund, the Child Support Grant, the State Welfare Card, the Old-Age Allowance and the Disability Grant, there are a host of smaller programmes run out of different ministries and departments.

Given the need to develop an integrated social protection system as well as substantially increase investment in social protection, there is a need to consider to what extent smaller and more niche provisions may be rationalized to reduce complexity and fragmentation and thereby improve efficiency.

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2   For example, MoC is responsible for enterprise registration, which may be linked to social security membership.

Assessing the relationship between existing schemes and forms of support with a view to rationalizing and reducing fragmentation could be an important activity performed by the national social protection reform committee under its social protection reform action plan or road map. Rationalization could take the form of consolidating some of the existing programmes into others or harmonizing benefit levels and/or relevant parts of the delivery system, such as the MIS, payments, case management, complaints and grievances or monitoring and evaluation.

The recommendation of the SPDR is thus to conduct a review of these supplementary programmes with a view to developing a harmonized and consolidated plan to reduce fragmentation and complexity and increase efficiency and effectiveness of complementary programmes.

### Develop special strategies for specific groups and needs

Certain population groups face particular challenges and deprivations that require special strategies. An important task for the national social protection reform committee will thus be to develop special strategies for these groups and needs, including out-of-school children, agricultural workers and stateless persons.

Further research is required to better understand the causes and consequences of some of these special needs and then to develop interventions to address them, building on existing programmes. In particular, a special study on social protection for children and youth could be conducted to look at how social protection can support strategies to manage the school-to-work transition and vocational training needs of this group. Similarly, poverty is especially concentrated among agricultural workers, and extending contributory social security to this group presents special challenges due to the irregular incomes and own-account employment status associated with many agricultural livelihoods. A special study to enquire into this challenge is required (building on the analysis of the Thailand labour market already conducted under the SPDR). Stateless persons lack the national identification or other requirements (such as language competencies) to access social protection services, so they require special help to resolve these barriers.

## Recommendation 2: Strengthen investment in social protection

The SPDR shows significant gaps in coverage and inadequate levels of benefits across numerous parts of Thailand's social protection provisions, indicating that there is a clear need for the Government of Thailand to not only spend better but also to spend more on social protection. We propose costed options for increasing the level of investment in social protection (including both contributory and non-contributory elements) across the service areas for children, those of active age, older persons and people with a disability. For these we use illustrative values for the new benefit levels, but further work is needed to define and agree on these for each of the benefits, taking into account programme objectives, level of need and financial requirements.

### Children

For children, the critical proposal is to transform the child grants provided by the Child Support Grant and the SSO child allowance into a universal benefit for all children aged 0–6 years. The reformed benefit would combine the Child Support Grant and the SSO child allowance in a graduated way as per the parameters described in option 3 of the costed reform proposal (in section 6.3.1).

This would increase the level of the Child Support Grant component of the benefit. In our simulations the revised amount would be increased to 800–600 baht for those on low incomes benefiting from the SSO child allowance and 300 baht for other SSO members – and adjusted in line with inflation each year. The reform should be implemented gradually, starting in 2023 and achieving full coverage by the end of 2028.

### Active age

Strengthening social protection for persons of active age will require a two-pronged approach combining efforts to both improve targeting and increase the value of social assistance benefits while expanding the coverage of social security. Given the scale of the challenge, this latter task will require a gradual approach, including expanding social security for the self-employed and those working in micro and small enterprises. We thus include proposals to both expand social security coverage as well as to reform the State Welfare Card.

## Extend social security

► Develop an entry-level enterprise formalization package targeted at micro and small enterprises and rolled out sector by sector, integrating:

- a single registration and payments systems for both tax and social security;

- select tax exemptions or reductions (permanent or temporary);

- access to relevant business support services, including reduced-cost finance;

- operating licenses and/or municipal authorizations.

► Increase compliance with social security legislation by:

- using targeted surveys to better understand barriers and opportunities in specific sectors;

- increasing enforcement capacity by strengthening the social security inspection function and reinforcing collaboration across institutions;

- linking operating licences to social security registration;

- utilizing local government structures for monitoring compliance;

- revising the current system (and enforcement) of penalties for non-compliance; and

- increasing communication on the rights and obligations of enterprises and workers to raise awareness and bolster enforcement efforts.

► Revise the legislation to gradually include new groups of workers under the social security mandatory provisions.

## Reform the State Welfare Card

Regarding the State Welfare Card, the proposal of the SPDR is to assess the programme to explore various relevant options for reform. As per the costed proposals described in section 6.3.2, the State Welfare Card would be transformed into a supplementary top-up to the categorical benefit provisions for children and older persons, given in the form of a household-level cash benefit targeting the bottom quintile of the income distribution and providing income support on a per capita basis, at 800 baht per month. The value of the benefit would be adjusted annually in line with inflation and registration should be transformed to an on-demand basis.

Consideration should also be given to divesting the benefit of the non-cash components and hiving off the skills training component to be incorporated into a separate, comprehensive active labour market policy.

## Older persons

Strengthening social protection for older persons will require a three-pronged approach combining an integrated, multi-tier pension system, parametric reforms to the Social Security Fund and, ideally, reform to the civil servants' retirement benefits scheme.

► **Implement a multi-tier pensions system** and increase the level of the OAA benefits along the lines of the illustrative costed proposals in section 6.3.3, which would increase the Old Age Allowance by 200 baht per age group per month and index it to inflation. Payment of the non-contributory component would also be made in conjunction with eligible benefits from the SSO, using a tapered formular that sees the tax-financed provision decrease by 1 baht for every 3 baht received from the Social Security Fund over a threshold given by the value of the Old-Age Allowance component (1,200 baht).

- Consideration should also be given to building a more harmonized set of arrangements for complementary savings (tier 2), such as the National Savings Fund, Government Pension Fund and proposed National Pension Fund, as well as private provident funds.

► **Implement parametric and other reforms to the SSO retirement benefits** (following an actuarial evaluation), including:

• increasing the wage ceiling;

• increasing contribution rates;

• adjusting the benefit formula; and

• increasing the retirement age.

► **Provide for periodic payments by workers with shorter contribution histories:**

• enabling portability of retirement benefits between SSO sections; and

• extending earnings-related defined benefits to non-waged workers.

► **Harmonise civil servants' retirement benefits with those provided by the SSO.** Options include:

• enabling portability between schemes;

• aligning scheme parameters; and/or

• gradually bringing more or all government workers into the Social Security Fund.

## People with a disability

Following the reform proposals set out in the costed options described in section 7.2.4, revise the disability assessment mechanism to effectively cover the entire population of people living with disabilities, including differentiating the level of benefits based on the severity of the disabilities. The benefit amount for persons with mild disabilities would match the current level, while the benefit amount for persons with severe disabilities would increase to 2,500 baht per month. The benefit level should be adjusted in line with inflation each year.

Taken together, these recommendations amount to a significantly increased investment in social protection for the Thai economy and people. Although such a reform package would involve an initial increase in expenditure at the start of the suggested reform period in 2025, the relative cost would decrease over the projection period and the additional expenditures would ensure increase in both coverage and adequacy of benefits in the coming 20 years. They would thereby address two of the major issues with social protection provisions identified by this SPDR. By the end of the projection period in 2042, overall tax-financed social protection expenditure would rise by less than 0.5 per cent of GDP. Analysis shows that fiscal space should also markedly increase during this period under all economic scenarios considered, demonstrating substantial opportunity for sizable improvement in the level of investment in social protection.

# Abbreviations

| | |
|---|---|
| **ADB** | Asian Development Bank |
| **ADL** | activities of daily living |
| **CGR** | current government revenue |
| **CODI** | Community Organizations Development Institute |
| **DCY** | Department of Child and Youth |
| **DLA** | Department of Local Administration |
| **DOPA** | Department of Provincial Administration |
| **DSDW** | Department of Social Development and Welfare |
| **EEF** | Equitable Education Fund |
| **FPO** | Fiscal Policy Office |
| **ILO** | International Labour Organization |
| **IMF** | International Monetary Fund |
| **IOM** | International Organization for Migration |
| **ISSA** | International Social Security Association |
| **MIS** | Management information system |
| **MOC** | Ministry of Commerce |
| **MOE** | Ministry of Education |
| **MOF** | Ministry of Finance |
| **MI** | Ministry of Interior |
| **MOL** | Ministry of Labour |
| **MOPH** | Ministry of Public Health |
| **MOT** | Ministry of Transport |
| **MOU** | Memorandum of understanding |
| **MSDHS** | Ministry of Social Development and Human Security |
| **NESDC** | National Economic and Social Development Council |
| **NESDP** | National Economic and Social Development Plan |
| **NHSO** | National Health Security Office |
| **OECD** | Organization for Economic Co-Operation and Development |
| **OPM** | Oxford Policy Management |
| **SDG** | Sustainable Development Goal |
| **SPDR** | Social Protection Diagnostic Review |
| **SPF** | social protection floor |
| **SSO** | Social Security Office |
| **UNICEF** | United Nations Children's Fund |
| **UNJP** | United Nations Joint Programme |

# 1  Introduction

## 1.1  The Social Protection Diagnostic Review

The United Nations Joint Sustainable Development Goal Fund is funding a joint programme (UNJP) between the Government of Thailand and United Nations agencies called Social Protection for All in Thailand – Accelerating Progress Towards an Integrated and Modernized Social Protection System. It is a collaboration between United Nations country teams – the International Labour Organization, the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the International Organization for Migration – and six government agencies: the Ministry of Social Development and Human Security (MSDHS), the National Economic and Social Development Council (NESDC), the Ministry of Labour, the Ministry of Finance, the Ministry of Interior and the Social Security Office (SSO). The UNJP commenced in January 2020 and will run until May 2022.

One of the objectives of the UNJP is to collaborate with the Government of Thailand in carrying out a comprehensive independent review of its social protection system, known as the Social Protection Diagnostic Review (SPDR). Its primary purpose is to facilitate the generation of a sectoral reform agenda that promotes a more inclusive, integrated and coherent social protection system in Thailand.

Given this objective, several background studies and research activities were conducted under the SPDR:

► A mapping of all social protection services in the country and analysis of poverty and vulnerability that investigates the social protection needs of the population (ILO et al. 2022).

► Detailed analysis of the most recent national Informal Employment Survey and Socioeconomic Survey data to examine the potential and opportunities for expanding social protection for all workers in the country (ILO 2022a).

► A gender impact assessment of the social protection system (UN Women forthcoming).

► A study focusing on access to social protection for migrant workers and their families (IOM 2021).

► A comprehensive review of the pension system (ILO 2022b).

► A consultation exercise to formulate a new national vision for social protection for the future and to develop and agree on options for sectoral and policy reforms.

The SPDR includes analysis of the fiscal dimension and budgeting for social protection via a social budgeting exercise conducted in partnership with the Government.

The findings from these research activities are brought together in this SPDR final report to aid government decision-makers responsible for designing and delivering social protection services and to inform the development of a reform agenda for the sector.

The SPDR was conducted in alignment with the Government's national planning framework and wider development goals, including the 20-year National Strategy Master Plan on Equality and Social Protection and ongoing discussions on the draft 13th National Economic and Social Development Plan (NESDP), which commits Thailand to creating a social protection system that is effective, comprehensive, equitable, inclusive and covers the whole life cycle.

## 1.2 Report structure

The remainder of this document is structured as follows.

► Section 2 describes the methodologies and approaches used for the SPDR and the various research activities it incorporates.

► Section 3 presents an overview of the national context in terms of poverty and vulnerability, the labour market and enterprise landscape, demographic trends, the impact of the COVID-19 pandemic and the foundations of the social protection delivery systems.

► Section 4 examines the current status of the social protection system's building blocks for health, children, the active age, older persons and specific vulnerable groups. It analyses the gaps in coverage and the adequacy of social protection benefits and considers the equity, efficiency and impact of the social protection system.

► Section 5 considers the institutional architecture of the social protection system, including the policy and legislative frameworks and the management information system (MIS) for social protection.

► Section 6 explores the current level of investment in social protection before considering the possibilities for future expanded investment.

► Section 7 provides conclusions and options for sectoral reform, including costed policy options for expanding coverage and adequacy.

► The annexes provide supplementary material.

# 2 Methodology and approach

## 2.1 Defining social protection and its objectives

The NESDC (2002) defines social protection as a system or a set of schemes for protecting the rights of all people, as stated in the Constitution of Thailand. These include formal and informal social services, social insurance and social assistance programmes. As yet, there is no single, agreed definition of what constitutes social protection in the country and the question of precisely which policy areas are included remains open.

> **Box 1:** **Social protection in translation**
>
> The term "social protection" is relatively new in Thailand and thus the widely used translated Thai word การคุ้มครองทางสังคม (karn kumkrong tang sangkom) may not have appeared in many official documents. For example, the Master Plan on Equality and Social Protection does not use the term. Other Thai terms have a similar definition or signify content appropriate to social protection. These include:
>
> 1. สวัสดิการสังคม (Sawaddikarn sangkom), or social welfare, defined under the Social Welfare Promotion Act, B.E. 2546 (2003).
>
> 2. ความมั่นคงทางสังคม (Kwammankong tang sangkom), which is literally translated into English as "social security". When used in the Thai context, the English term "social security" is karnprakan sangkom, or social insurance. The Social Security Office, when strictly read in Thai, is Office of Social Insurance.
>
> 3. หลักประกันทางสังคม (Lakprakan tang sangkom), or social security or social safety net, which is the term used in name of the Master Plan on Equality and Social Protection.[3]

Despite the lack of an operating definition, Thailand's 20-year National Strategy Master Plan on Equality and Social Protection aims for all Thai people to have equitable and inclusive access to public services and welfare services.[4] Accordingly, the Master Plan incorporates two sub-plans. The first aims to increase the provision of basic social protection to universal coverage while the second endeavours to develop effective targeting measures for especially vulnerable groups. To ensure the progress of the Master Plan, the Government monitors the proportion of both the general and vulnerable populations who are covered for nine needs: (i) sickness; (ii) childbirth; (iii) death; (iv) invalidity or disability; (v) family and child support; (vi) old age; (vii) unemployment; (viii) survival benefits; and (ix) work injury (NESDC 2019a).

The 20-year National Strategy Master Plan is broadly in line with the International Labour Organization's (ILO) Social Protection Floors Recommendation, 2012 (No. 202). The indicators it proposes align with the functional classification of the ILO's Social Security (Minimum Standards) Convention, 1952 (No. 102). For the purpose of the SPDR, we apply the following definitions and classifications.

► The definition of the social protection system follows the one used by the ILO and the International Social Security Association (ISSA) (2004), which is "a system of social transfer schemes that intervene through legally determined functions in cases where a defined set of needs is present". According to this definition, social protection thus covers all measures providing benefits, whether in cash or in-kind, to secure protection from:

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3   We own these insights to Dr. Sumano Boonwara.

4   Here it is important to acknowledge that there are 23 master plans under the 20-year National Strategy and due to the lack of common definitions and various translations, more than one of them cover areas that may overlap with those included under the topic of "social protection" by international standards. For example, there is the Master Plan on Security that mentions human security, the Master Plan on Human Capability that addresses many measures to mitigate risks associated with the life cycle and the Master Plan on the Promotion of Well-being.

- lack of work-related income (or insufficient income) caused by sickness, disability, maternity, employment injury, unemployment, old age or death of a family member;

- lack of access or unaffordable access to health care;

- insufficient family support, particularly for children and adult dependants; and

- general poverty and social exclusion.

The functional classifications of social protection programmes in this report are based on Convention No. 102 and ILO and ISSA (2004).[5] To ensure protection throughout life-cycle risks, the social protection programmes mapped are also listed in relation to the four pillars of the ILO Social Protection Floors Recommendation No. 202.[6] The full list of programmes identified as part of the social protection mapping exercise and a description of how they are classified is given in table A1 in Annex A.

► For the purposes of the SPDR, the following types of programmes are considered.

- **Contributory programmes:** Contributory social protection schemes provide benefits on condition that financial contributions are made by and/or on behalf of beneficiaries, for example, by their employer and/or through subsidies from the State. The most common type of contributory social protection is social insurance, whereby contributions are made by beneficiaries and/or employers to a collective fund for the purpose of pooling risk among beneficiaries (and their dependants). In Thailand, the main social insurance scheme is the Social Security Fund, coupled with the Workmen's Compensation Fund. Another type of contributory social protection is provident funds. These are distinguished from social insurance schemes in that they have no (or limited) pooling of risk and instead are based on individual savings accounts. Cash benefits from contributory schemes tend to be based on previous earnings or contribution levels, although they often include minimum guaranteed levels of benefits.

- **Non-contributory programmes:** Non-contributory social protection schemes provide benefits to participants without any requirement of a financial contribution. Non-contributory programmes can be universal (provided to all citizens or residents), categorically targeted (for example, targeting an age group, such as a child grant, or a geographical location) and/or means-tested (based on the income level or poverty status of the beneficiary).[7] Non-contributory programmes are usually financed from general taxation. Their benefits tend to be lower than those provided by contributory schemes and are often delivered as flat-rate benefits.

- **Civil servants' programmes:** Civil servants' social protection schemes are social benefits provided to civil servants and financed from taxation. Here they are distinguished from non-contributory social protection due to the fact that civil servant salary levels are set in a way that may be considered to implicitly take into account the benefits provided. The value of the benefits is also earnings-related, which is not the case for non-contributory benefits.

While social care services and active labour market policies comprise two important components of the social protection landscape in Thailand, they are not covered by the SPDR. This decision was taken in alignment with the definition of Sustainable Development Goal (SDG) 1.3 and on the basis of a pragmatic effort to define a manageable scope of work. This does not imply that social care services and/or active labour market policies are not relevant or should not be more formally included in a national definition of social protection. Indeed, this is one of the conclusions of the review (see section 7). But it does mean that further work is required to comprehend the current situation relative to these policy areas.

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5   These are: old age; invalidity or disability; survivors; sickness and health; maternity; employment injury and occupational disease; unemployment; family and children; housing; basic education; and other income support and assistance (not classified elsewhere).

6   These are: pillar 1: health; pillar 2: basic income security for children; pillar 3: income security for active aged persons; and pillar 4: income security for older persons.

7   Means tested benefits, whether in cash or in-kind, that are financed by the state (national or local) are customarily defined as 'social assistance'. However, the term social assistance is sometimes also used to include universal benefit schemes – financed by tax but without a means test – or subsidies (e.g. for housing, energy, food, education and health). When using the term in what follows we take the more general definition in order to cover a broader range of non-contributory programmes.

Although the social protection mapping conducted for the SPDR identified some 52 programmes that can be classified using the ILO's functional categorization of social protection programmes (see table A1 in Annex A), the main focus of the SPDR is limited to those schemes that are administered nationwide and that make up the majority share of social protection coverage and spending.[8] To define this core subset of programmes, we use the following criteria:

► programmes are designed by government;

► provide benefits transferred to individuals or families; and

► provide guarantees for life-cycle risks in compliance with ILO convention C102.

The following list of programmes thus comprises the core focus of all the various analyses conducted for the SPDR.

**Table 1.    Core social protection programmes covered in this analysis**

| ID | Social protection programmes | Type |
|----|------------------------------|------|
| S5 | Social Security Fund section 33 (formal workers) | Contributory |
| S6 | Social Security Fund section 39 (ex-formal workers) | Contributory |
| S7 | Social Security Fund section 40 (informal workers) | Contributory |
| S8 | Workmen's Compensation Fund | Contributory |
| S10 | Government Pension Fund | Contributory |
| S1 | Civil Service Benefits Scheme | Civil servants |
| S2 | Local Government Employees' Benefits Scheme | Civil servants |
| S3 | State Enterprises Employees' Benefits Scheme | Contributory |
| S4 | Private Teachers' Aid Benefits Scheme | Contributory |
| S11 | National Savings Fund | Contributory |
| S13 | Universal Health-care Coverage Scheme | Non-contributory |
| S16 | 15-year Free Education Policy | Non-contributory |
| S18 | Equitable Education Fund Conditional Cash Transfer Programme | Non-contributory |
| S19 | Equitable Education Fund Higher Education for Educational Equality Programme | Non-contributory |
| S21 | Fund for Primary School Lunches | Non-contributory |
| S22 | School Milk Nutrition Grant | Non-contributory |
| S23 | Child Support Grant | Non-contributory |
| S40 | Disability Grant | Non-contributory |
| S33 | Old-Age Allowance | Non-contributory |
| S14 | Allowance for Person with HIV/AIDS | Non-contributory |
| S28 | State Welfare Card | Non-contributory |

Note: (1) Active labour market policies and local (non-national) social assistance/insurance programmes and informal social protection are not analysed.

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8    The Organisation for Economic Co-operation and Development (OECD) (2014) discusses the options for balancing completeness and effort. According to this, social protection programmes that should be prioritised in the mapping are: (1) large programmes, in terms of recipients or expenditure; and (2) programmes that play a key role as an income safety net and that are very responsive to economic conditions.

For the purposes of the SPDR, we recognize the primary objectives of social protection as comprising:

- ► insurance (to insure individuals and households against life-cycle contingent risks and uncertainties);
- ► income smoothing (supplementing individual and household incomes as they rise and fall in response to life-cycle contingent risks and shocks);
- ► redistribution (to redistribute resources within and between generations); and
- ► poverty relief (to prevent and reduce poverty within the population).

Through these mechanisms, social protection performs three crucial functions: (i) It provides a buttress in regard to aggregate domestic demand within the economy and an automatic stabilizer in times of shock; (ii) it supports human capital development by securing access to vital goods and services, such as food, health and education, thereby enabling people to invest in their own physical and mental development; and (iii) it contributes towards the creation of a fair society with a strong social contract between the State and its citizens.

## 2.2 Study methodology

As explained in section 1.1, the SPDR incorporates several background studies and research activities. Detailed methodologies for these pieces of work are presented in the individual study reports. We provide a short description of the overarching analytical framework for the SPDR as a whole, as well as brief summaries for the various individual research activities, with more detailed information given on particular analytic methods where relevant.

### 2.2.1 Analytic framework

The SPDR analysis is guided by a rights-based approach and the "leaving no one behind" agenda. The Social Protection Floors Recommendation, 2012 (No. 202) is used to help structure the findings detailed in the report, in which SDG 1.3 and SDG 3.8, combined with national targets, are references in the definition of overarching goals.

Its analytical framework uses an adapted version of the Social Protection System Review framework (of the Organisation for Economic Co-operation and Development, or OECD) to provide an assessment of the Thailand social protection sector across five dimensions: need, coverage, effectiveness, sustainability and coherence. A brief summary of how the sector is assessed under each of the five Social Protection System Review dimensions follows.

#### Need

The objective of our analysis under this dimension is to identify the needs of the population that require redressing through social protection instruments, as a first step towards identifying whether there are any gaps in the coverage of current social protection programming. The analysis of needs focuses on the following two aspects:

**Vulnerability:** The two sets of indicators used to identify vulnerable groups are a monetary poverty indicator and non-monetary deprivation indicators. The monetary poverty indicator provides an indication of what resources a household has available to respond to shocks by purchasing insurance or services in the market. The non-monetary vulnerability analysis looks at a range of deprivations that may aggravate the impact of shocks, for instance, an individual with existing health deprivations will be more vulnerable to health-related shocks.

**Risks:** The second lens used to identify needs relates to the risks faced by different groups. The risks are defined in terms of life-cycle risks (pregnancy, old age, etc.), as well as other risks that may figure as part of the programme objectives (such as unemployment) as identified by international labour standards.

The information on vulnerability and risks is disaggregated by relevant population subgroups (gender, disability, etc.). To the extent possible, the disaggregation try to match programmes' target populations; however, we also extend beyond those criteria to identify groups that are missed by the current eligibility criteria.

## Coverage

Following the analysis of needs we look at the extent to which those needs are covered and addressed by existing social protection programmes. For instance, are disabled individuals receiving disability support and do the groups with the most precarious employment conditions have access to unemployment insurance? In some instances, the analysis of coverage considers gaps in relation to whether they result from programme design (de jure) or programme implementation (de facto). For example, the 15-year Free Education Policy is designed to ensure that every child receives free education up to the end of secondary school. However, there remain some children outside of the education system who constitute a de facto coverage gap. Where possible, these coverage gaps are raised and discussed in connection with relevant social protection programmes. To look into these issues, we used a combination of administrative data and national Socioeconomic Survey data from the most recent available years.

## Effectiveness

To assess this dimension of the OECD Social Protection System Review framework, we look at whether existing social protection programmes are achieving their objectives. The analysis focuses on four criteria: (i) adequacy; (ii) equity; (iii) efficiency; and (iv) impact.

1. The question of **adequacy** is addressed by looking at whether benefit amounts are sufficient to achieve programme objectives. The adequacy of the benefit is assessed against income or consumption replacement and relevant poverty lines.

2. The question of **equity** is addressed by looking at the distribution of benefits across different groups of interest. The extent to which a group benefits depends on coverage rates and transfer amounts: a group will benefit more if more persons in the group receive benefits or if each beneficiary receives larger transfer amounts. The distribution of benefits is analysed graphically using concentration curves and mathematically using concentration indices.

3. The question of **efficiency** is addressed in relation to the distribution of social protection spending, such as by considering the total implementation costs of programmes compared to the value of benefits received. This issue is assessed using administrative and budget data.

4. Finally, the **impact** on poverty of the social protection system in Thailand is assessed by estimating what poverty would be in the absence of contributory and/or non-contributory social protection transfers. This is done by identifying the share of household income or consumption that can be attributed to different social protection programmes and then subtracting those amounts to estimate what the household income or consumption would have been in the absence of social protection. A pre- and post-transfer income or consumption distribution can then be constructed and Gini coefficients calculated to estimate the impact of social protection benefits on inequality.

These sets of analyses rely on a combination of administrative data and Socioeconomic Survey 2019 data and focus primarily on programmes for which transfer amounts can be identified using the household survey.

## Sustainability

The assessment of the sustainability of the social protection system evaluates the financing of social protection and fiscal policy. The sustainability analysis seeks to answer the following questions.

**(1) Are resources allocated appropriately across the sector?**

For the expenditure side, the OECD monitors social spending as a percentage of GDP by category of social protection (social insurance, social assistance, health). Social protection expenditures are also compared with other classifications of public spending to consider the share of social protection in total government expenditure.

**(2) Are social protection programmes sustainable over the long term? Does the potential exist to expand existing schemes or to introduce new ones?**

For a long-term perspective on the social protection system, the revenue side must also be assessed. Specifically, if data are available, the budget of each social protection programme should be decomposed by sources of funds (general tax revenue, specific government funds, donations, etc.).

For the projection of the budget, the social budgeting method can be applied to (i) the status quo scenario and (ii) alternative scenarios. A social budgeting model for Thailand has been constructed as part of a social budgeting training course delivered to the Government by ILO and the Asian Development Bank (ADB).[9] A summary of the results of the social budgeting analysis is incorporated into this report.

## Coherence

To assess the coherence of the social protection sector in Thailand, we analyse the institutional and legal frameworks for social protection and the alignment of these with relevant policies. We do this through the following:

► Mapping the institutions for and legislation on social protection to reveal if there are gaps between what is legislated and what is actually being provided by existing social protection policies. This also reveals any inconsistencies within the legislation framework itself – specifically, the extent to which social protection policies cohere with Thailand's Constitution and other laws.

► Reviewing the role of the local or informal social protection system (non-governmental or civil society organizations) and the legislative framework covering this, in filling any national social protection coverage gaps.

Where possible, we supplement the previous analysis using national survey data to analyse the gaps and overlaps in coverage between different social protection schemes. The purpose is to identify whether and to what extent some beneficiaries are receiving multiple benefits, while others (particularly including vulnerable groups) are not receiving anything.

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9    The social budgeting model also drew on additional work, looking at sustainable financing of social protection in Thailand (Jitsuchon and Siriprapanukul forthcoming).

## 2.2.2    Summary of methodologies for the SPDR research activities

### Social protection mapping and vulnerability analysis

The social protection mapping and vulnerability analysis is based on a desk review of the policy and legislative framework plus relevant national and international literature, as well as a comprehensive mapping of all relevant social protection programmes in the country, focusing on the main civil servant, contributory and non-contributory programmes. The mapping draws on informant interviews and administrative data. The assessment of need is based on national survey data, in particular the 2019 Socioeconomic Survey (NSO 2019b). In a final stage, we analyse the data from the mapping, needs analysis and desk review to identify gaps in coverage and to assess the effectiveness of existing benefits in terms of adequacy, equity, impact, policy coherence and costs.

The most recent year with complete available data at the time of the mapping and other SPDR research activities, including the social budgeting exercise (explained further on), was 2019. This was also the last year prior to the COVID-19 pandemic, which had unprecedented and extraordinary impacts on social protection expenditures. Despite this, for some particular programmes we update the 2019 data with information from 2020 (see Annex A) and also look specifically at the impact of the COVID-19 pandemic to contextualize the "ordinary" functioning of social protection in Thailand prior to the outlier years of 2020 and 2021 following the pandemic (see section 3.4).

### Expanding access to social security for all workers in Thailand

Building on the social protection mapping and vulnerability analysis, this study draws on a thorough desk review of the relevant policy and legislative framework, alongside broader literature and uses a combination of informant interviews and administrative and national survey data, including data from the 2019 Informal Employment Survey (NSO 2019a) and Informal Employment Survey 2018 (NSO 2018), as well as the 2019 Socioeconomic Survey (NSO 2019b), to build a detailed picture of both the labour market and enterprise landscape, including a particular focus on the informal economy and the access of informal workers to social protection programmes. The findings of this analysis are then used to identify the implications for social protection policy reform, with a view to extending social protection to all workers, both in terms of the coverage and adequacy of the different benefits considered.

### Gender impact assessment of the Thai social protection system

The research methodology for the gender impact assessment involved a review of published and grey literature on the global evidence on gender-responsive social protection, including those that specifically focused on Thailand and supplemented by interviews with government and non-government actors working on social protection and gender equality in Thailand. The study adapts the UNICEF Office of Research – Innocenti's (2020) analytic framework to the Thai context, which is based on the notion that poverty, risks and vulnerability are gendered, resulting in unequal outcomes for women and girls relative to men and boys, which undermines their social and economic opportunities, health and well-being, with negative effects on poverty reduction, social cohesion and economic growth. The framework looks at social protection systems and programmes through the lens of a "gender integration continuum", which identifies the extent to which these systems and programmes are designed and delivered to explicitly address gender inequality and promote gender-transformative outcomes.

### A study focusing on access to social protection for migrant workers and their families in the country

This study draws on a combination of a comprehensive literature review (including of the appropriate policies and legislation), informant interviews and analysis of administrative data from government sources to analyse the situation of migrant workers in Thailand in terms of social protection needs, coverage, effectiveness and coherence. The analysis focuses on regular migrant workers from Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam. Regular migrant workers include those who entered Thailand through the memorandum of understanding (MOU) and border pass employment schemes who remain regular, as well as those who have since become irregular (for example, because their documentation expired or they lost their job and did not secure a new job within 30 days). The study provides a summary of the  characteristics of the social protection system for migrant workers as well as the barriers to access for them.

### Review of the pension system in Thailand

This study provides an assessment of the coverage, adequacy, financial sustainability and policy consistency of the Thai pension system. It draws on existing literature and analysis and assesses the current Thai pension system through the lens of a comprehensive framework rooted in international labour standards and the global evidence base on pension policy and reform. It considers various policy options being discussed within the Government, in relation to which existing evidence is supplemented by new analysis, including costing for presented scenarios and micro-simulating the impact of those reforms on beneficiaries. Following the pension study, an actuarial valuation of the Social Security Fund is being undertaken.

### Social budgeting exercise

The methodology used for the social budgeting model is an abbreviated social budget procedure that follows Scholz, Cichon and Hagemejer (2000) and the ADB (2018). The model was developed as part of a capacity-building initiative carried out in October–December 2020 under the partnership of the Government, the ADB and the International Training Centre of the ILO. Under this initiative, a core group of national technical officers participated in six weeks of training on social budgeting culminating in the development of a social budgeting model for the country. The model consists of demographic, labour supply, economic and social protection modules. The primary data sources include the 2021 Thailand Social Protection Diagnostic Review mapping and vulnerability analysis (ILO 2021a), the United Nations' 2019 *Revision of World Population Prospects* (DESA 2019) and the Bank of Thailand and International Monetary Fund (Bank of Thailand 2021; IMF 2021b). The base year is 2019 and the modules are estimated through 2042. Further detail on the assumptions underpinning the model and the different economic and revenue scenarios modelled is provided in section 6.2.

## 2.2.3    Stakeholder consultations

The results and findings from all of the above analyses were presented and discussed with all key national government and non-government stakeholders via a series of consultations conducted between March 2021 and April 2022. These consultations took a variety of forms, including bilateral meetings between the researchers, UNJP partners, and relevant individual government and non-government stakeholders, as well as more interactive workshops with multi-stakeholder groups. Of the latter, several were organised around three of the four pillars of the ILO SPF, which were children, those of active age, and older persons (with health as a cross-cutting issue). A specialist workshop was held on the topic of social protection for migrant workers and their families. In addition, a high-level technical roundtable on Sustainable Financing of Social Protection was organized in March 2022.

The purpose of these consultations was to share the draft results of the analyses, fill data gaps, seek clarifications on any errors, and discuss the implications of the findings with regard to the ongoing national social protection policy debate. In this way, the findings from the research were able to feed into the   of the 13th NESDP, but also to build towards two final workshops (in which the future vision for the sector was debated by all the key stakeholders), and a set of costed policy options for reform of the sector. The results of these discussions and consultations are captured in this document.

Government participants in these consultations included the following:

- Ministry of Commerce (MOC)
- Ministry of Digital Economy and Society
- Ministry of Education (MOE)
- Ministry of Finance (MOF)
- Ministry of Labour (MOL)
- Ministry of Public Health (MOPH)
- Ministry of Social Development and Human Security (MSDHS)
- NESDC
- SSO.

Civil society organizations participating included:

- Employers' Confederation of Thailand
- HomeNet
- Labour Congress of Thailand
- National Congress Private Industrial of Employees
- State Enterprise Workers Relation Commission
- Thai Labour Solidarity Committee
- Thai Trade Union Congress
- Thailand Development Research Institute (TDRI).

# 3  Current context

Thailand has a relatively well-developed set of social protection provisions that combine non-contributory (tax-funded) components with contributory schemes. However, it is acknowledged that the various programmes that comprise the sector operate under different ministries and involve numerous stakeholders in the design and delivery of policies. This results in a social protection sector that lacks coherence and that is not optimally integrated into a unified system. There are also a number of acknowledged gaps in the coverage of relevant services for vulnerable groups, alongside limited poverty and inequality reduction mechanisms, and the financial system faces sustainability challenges in regard to supporting social protection in the future.[10]

Several contextual factors and conditions affect both the current and future need for social protection and the environment for policy reform. These include recent poverty and inequality dynamics, existing labour market characteristics, the changing nature of work, future demographic trends, the ongoing impacts of COVID-19 and other shocks (climatic shocks, such as drought) and the prevailing capacities underpinning various dimensions of social protection programme delivery systems. We briefly discuss these contextual factors before examining the state of the existing building blocks of the social protection system, organized in terms of life-cycle contingent risks and the pillars of the social protection floor.

## 3.1  Poverty

### 3.1.1  Monetary poverty

Thailand has made significant progress in eliminating poverty over recent decades. According to the 2019 Socioeconomic Survey, 8.4 per cent of the Thai population lived under the national poverty line in 2019, down from more than 20 per cent a decade ago.[11] This means that the poverty that remains is mainly concentrated in difficult-to-access pockets of geographically and socially marginalized groups.

Acknowledging this, it should also be recognized that household incomes and consumption growth have stalled nationwide over the past few years, with declines occurring especially among households at the bottom of the income distribution. Between 2015 and 2018, the poverty rate in Thailand grew from 7.2 per cent to 9.9 per cent, and the absolute number of people living in poverty increased from 4.8 million to more than 6.7 million (World Bank 2020). This trend risks being exacerbated by COVID-19 (see section 3.4) and the current upward pressure on food and fuel prices.

Income equality remains a significant issue, with inequality among the highest in the region and the size of top incomes and public perceptions of inequality and economic mobility a significant political concern for the Government. Although Thailand's Gini coefficient (36.2 in 2018) is comparable to its ASEAN peers, the underrepresentation of top income earners in household survey data may mask higher levels of inequality. The World Inequality Report, which uses multiple data sources and including income tax data, found that households in the top percentile accounted for 20.2 per cent of pre-tax national income. Perceptions of living standards have worsened since 2016, with many more respondents to a Gallup poll reporting insufficient money for food and shelter, compared with the previous ten years (2006–15). By this measure, Thais are the most pessimistic among the East Asian countries surveyed. Between 2015 and 2019, household consumption growth dropped for the bottom 30 per cent, while it increased for the top 70 per cent (World Bank 2020).

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10   Draft of the 13th NESDP (Milestone 9) [unofficial translation].

11   The poverty line formula used in the NESDC report for 2019 was not available to the research team. The study uses the average regional poverty lines for urban and rural areas in 2018. The poverty lines have been adjusted for inflation and expressed in 2019 prices using the regional consumer prices index as provided by the Ministry of Commerce's public data. The poverty rates presented in the study approximate the NESDC's estimates.

Regionally, less than 1 per cent of the population in Bangkok live under the poverty line, whereas the total urban poverty rate is 6.1 per cent and the rural poverty rate is more than 10 per cent. The highest poverty rate is in the southern region, at 13.7 per cent.

**Figure 1.    Poverty rate, by region and area of residence (95 per cent confidence interval)**
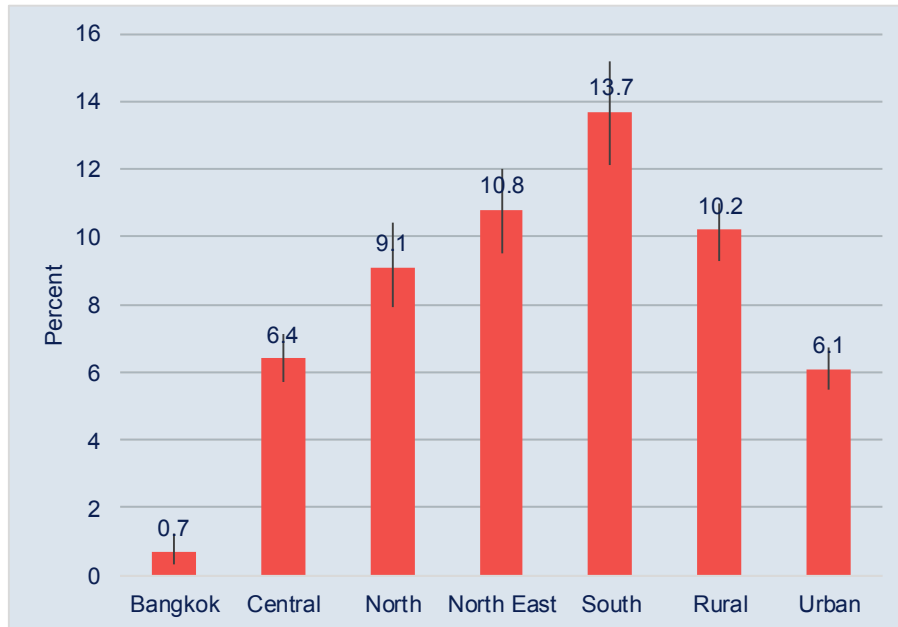


Source: Authors' calculations based on Socioeconomic Survey 2019 data.

The finer geographic disaggregation of poverty by province and area of residence presented in figure 2 shows that poverty is concentrated in specific locations within the aforementioned regions. Urban poverty is particularly severe in Udon Thani, near the border with the Lao People's Democratic Republic, and in Pattani, near the border with Malaysia. Rural poverty, on the other hand, is concentrated along the border with Myanmar, which has a high concentration of marginalized hilltribes, stateless persons and refugees, as well as the extreme south along the border with Malaysia.

**Figure 2.        Urban and rural poverty rates, by province**
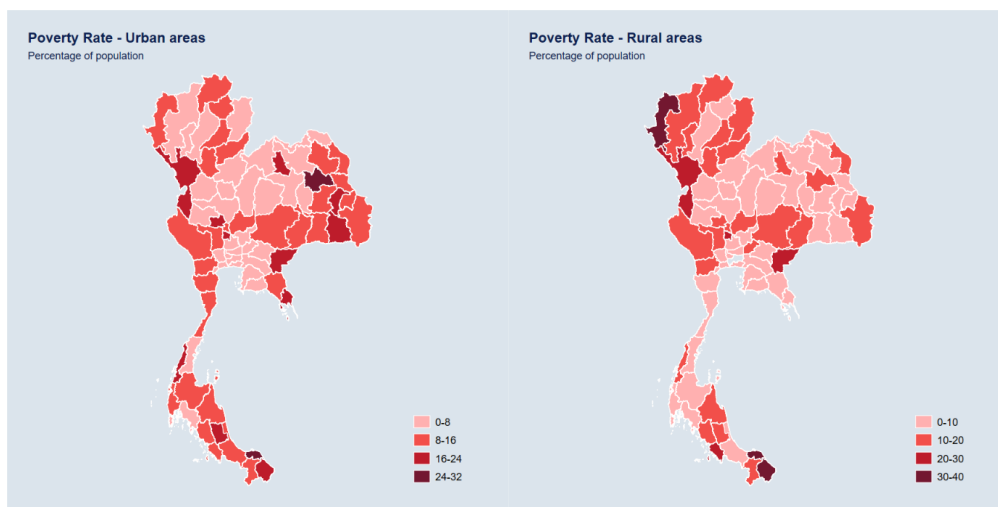


Source: Authors' calculations based on Socioeconomic Survey 2019 data.

Disaggregation of the poverty rate by ethnicity confirms the concentration of poverty in certain marginalized groups. In particular, the Karen ethnic group, who live along the northeastern border with Myanmar, have a poverty rate that is six times higher than that of ethnically Thai people (44.3 per cent versus 7.3 per cent). Among Malays and Yawi, who live along the southern border with Malaysia, the poverty rate is 31.7 per cent. The condition of statelessness is also likely to affect many of these groups.

**Figure 3.     Poverty, by selected population subgroups**
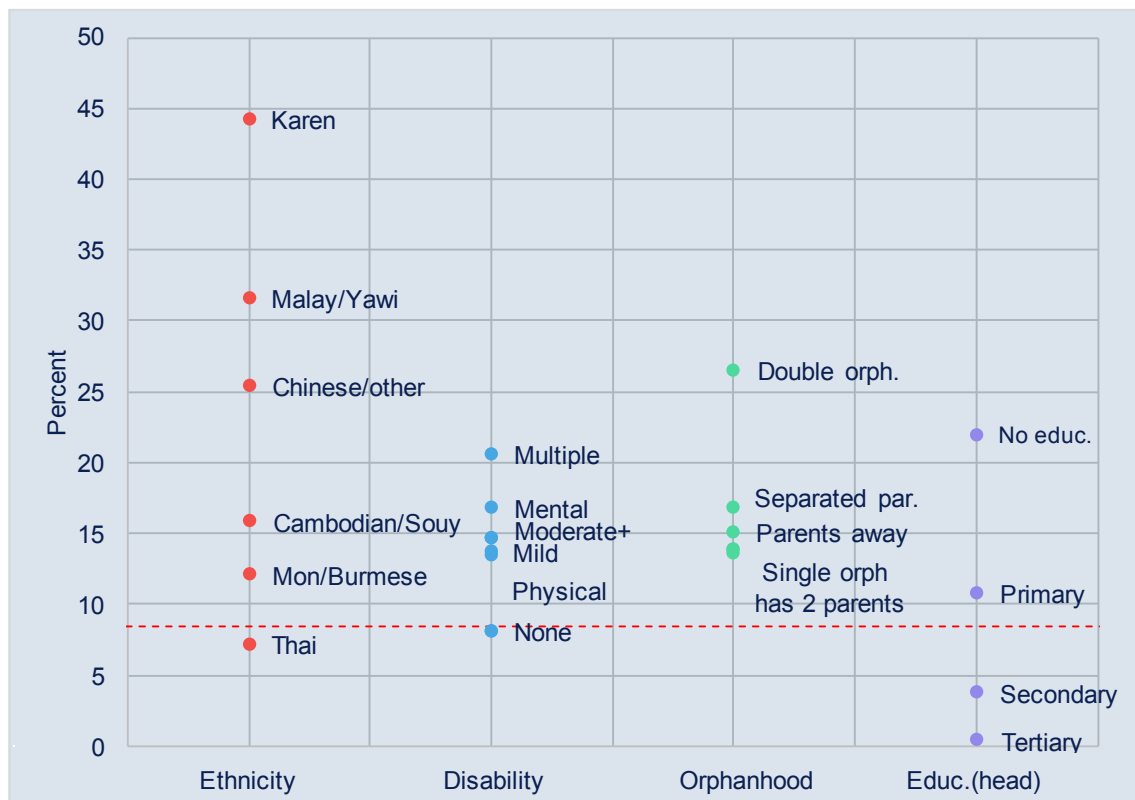


Source: Authors' calculations based on Socioeconomic Survey 2019.

Other marginalized groups who stand out in terms of poverty are persons with mental disabilities (16.9 per cent) and especially those with both mental and physical disabilities (20.7 per cent, labelled "multiple" in figure 3), as well as double orphans (26.6 per cent).

Poverty is also strongly correlated with the level of education of the household head: the poverty rate for households headed by persons with no education is 22 per cent. This may explain part of the poverty for the aforementioned groups because both Karen people and persons with mental disabilities have high rates of educational deprivation (see figure 10).

For two of the vulnerable groups identified here, the exclusion also appears to have a gender dimension. The national poverty rate is almost identical for men and women (8.6 per cent versus 8.2 per cent). For persons with mild disabilities or physical disabilities, the poverty rate is significantly lower for women than for men, by about 5 percentage points. For women with mental disabilities, however, the poverty rate is almost 2 percentage points higher than for men with mental disabilities. If we look at persons with multiple disabilities (mental and physical), the difference is even starker: +4 percentage points for women.

Similarly, the poverty rate for double orphans is 8 percentage points higher for girls than for boys. Although poverty is measured at the household level, these figures indicate that female orphans and women living with a disability in our sample tend to live in poorer households than their male counterparts. Due to the small sample sizes for these groups, the differences are not statistically significant in the Socioeconomic Survey.

Consequently, further tailored studies would be required to determine whether this reflects an actual gender dimension in the exclusion of these groups or whether it is limited to the Socioeconomic Survey sample.

**Figure 4.    Difference between female and male poverty rates (percentage points), by disability and orphanhood**
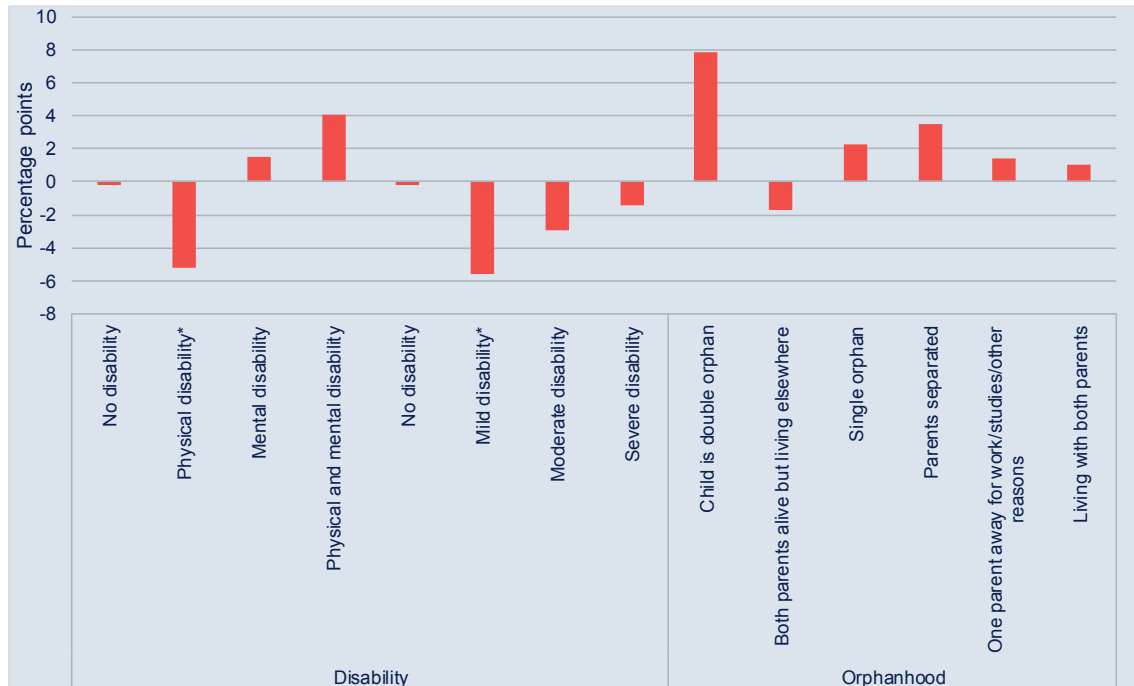


Note: *=Statistically significant difference, at 5 per cent.
Source: Authors' calculations based on Socioeconomic Survey 2019.

Poverty also has a strong age-related component in Thailand. Households with many children or elderly members tend to have significantly higher poverty rates than those with only working-age members. Among children aged 0–5 years, the poverty rate is more than three times higher than that among adults aged 46–50 (16.7 per cent versus 5 per cent). From 50 years upwards, the poverty rate again increases, to reach more than 15 per cent for persons aged 90 and older.

For men aged 65–85, the poverty rate is up to three percentage points higher than for women in the same age groups. The difference is statistically significant, at the 10 per cent level for the group aged 65 and older as a whole.

**Figure 5.    Female and male poverty rates, by age**
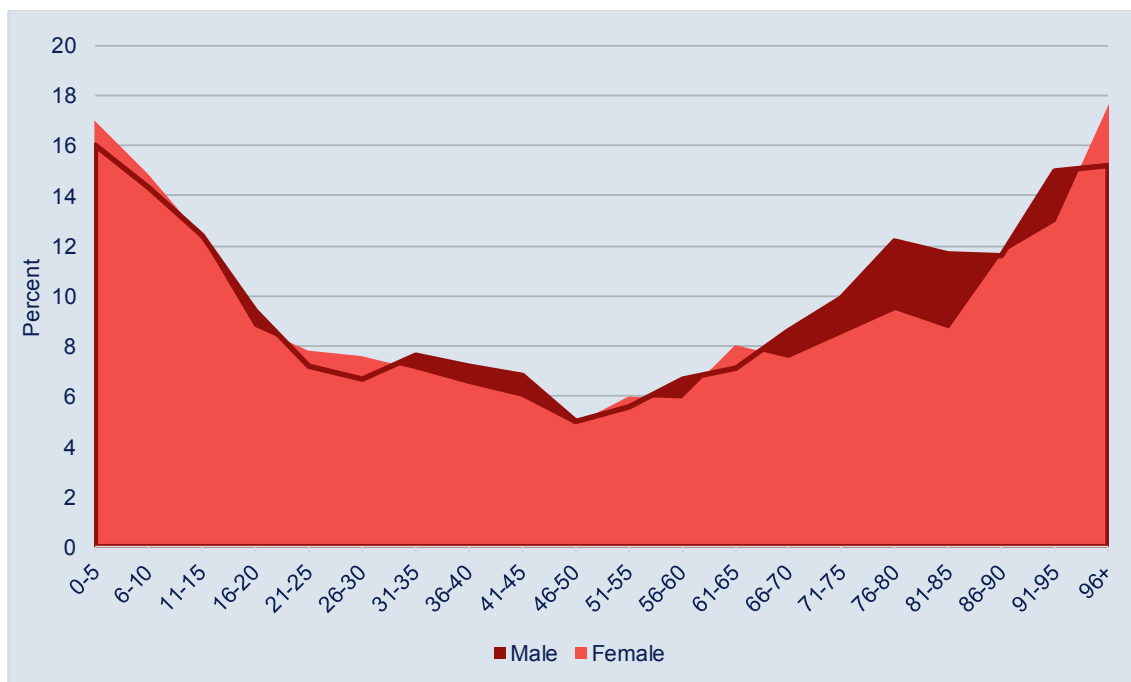


Source: Authors' calculations based on Socioeconomic Survey 2019.

The strong correlation between age and poverty and the particular vulnerability of retired men (who tend to be the main breadwinners in Thailand) suggests that poverty is strongly linked to life-cycle risks, especially employment.

Figure 6 confirms that unemployed and inactive persons have higher poverty rates than the national average. An even more important factor seems to be formal-sector employment:[12] the poverty rates in households headed by someone working in the informal sector is 9.9 per cent, compared to just 1.5 per cent for those working in the formal sector. The highest poverty rate is found in agriculture and fishing (at 11.5 per cent), both of which are characterized by high levels of informality and low wages.

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12  Based on the Socioeconomic Survey data, formal sector workers are defined as those workers covered by the medical card (social security), government employees or employees of state enterprises. The definition also include workers of households that pay for social security and other insurance, if these workers are not covered by government welfare, employer welfare, or private health insurance.

**Figure 6.    Poverty rate, by labour market characteristics (95 per cent confidence interval)**
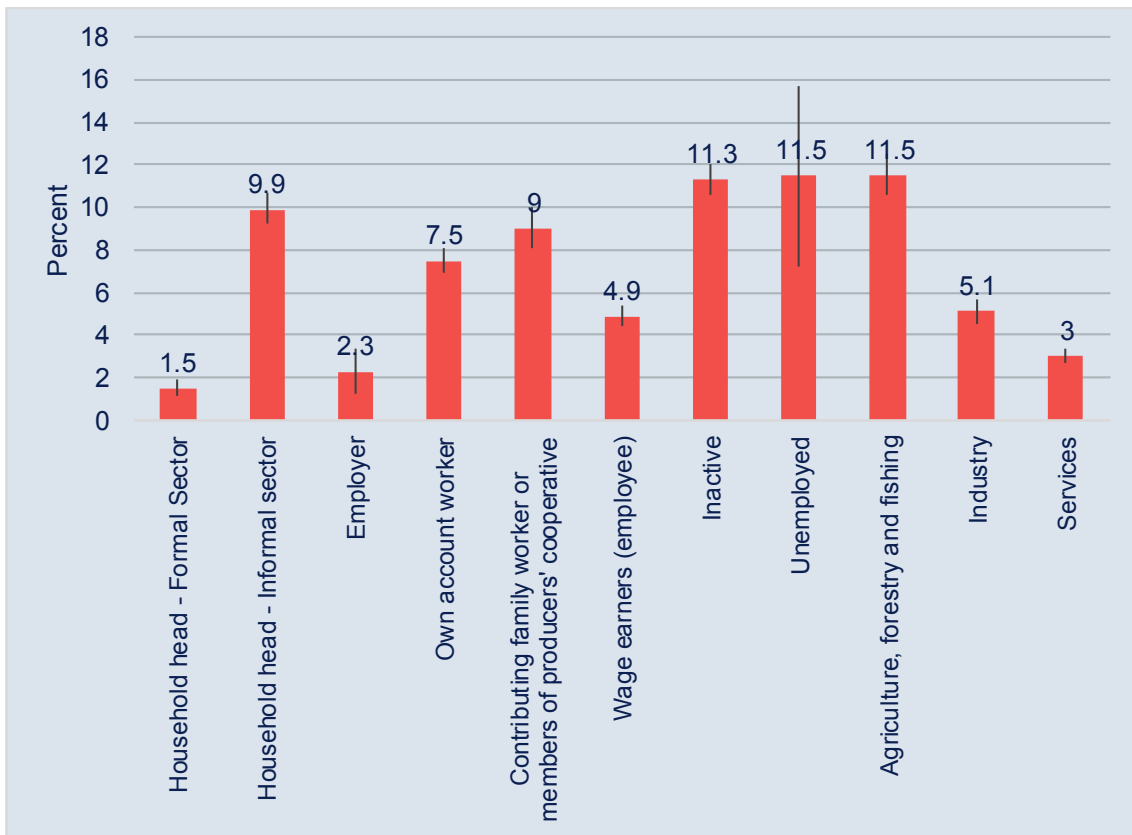


Source: Authors' calculations based on Socioeconomic Survey 2019.

### 3.1.2 Vulnerability to poverty

Despite reasonably low monetary poverty by historical standards, many people in the country remain vulnerable to poverty. Figure 7 shows that small changes in the poverty line result in much larger changes in the poverty rate, indicating that a large part of the population is vulnerable to shocks and relatively small changes to income. In the example presented in figure 7, a doubling of the poverty line (from poverty line 1 to poverty line 2) would lead to more than a sixfold increase in the poverty rate, from 8 per cent to 53 per cent. Even a more modest price shock of +33 per cent would almost triple the poverty rate to 23 per cent.

**Figure 7.     Population per capita consumption distribution in relation to select poverty lines**
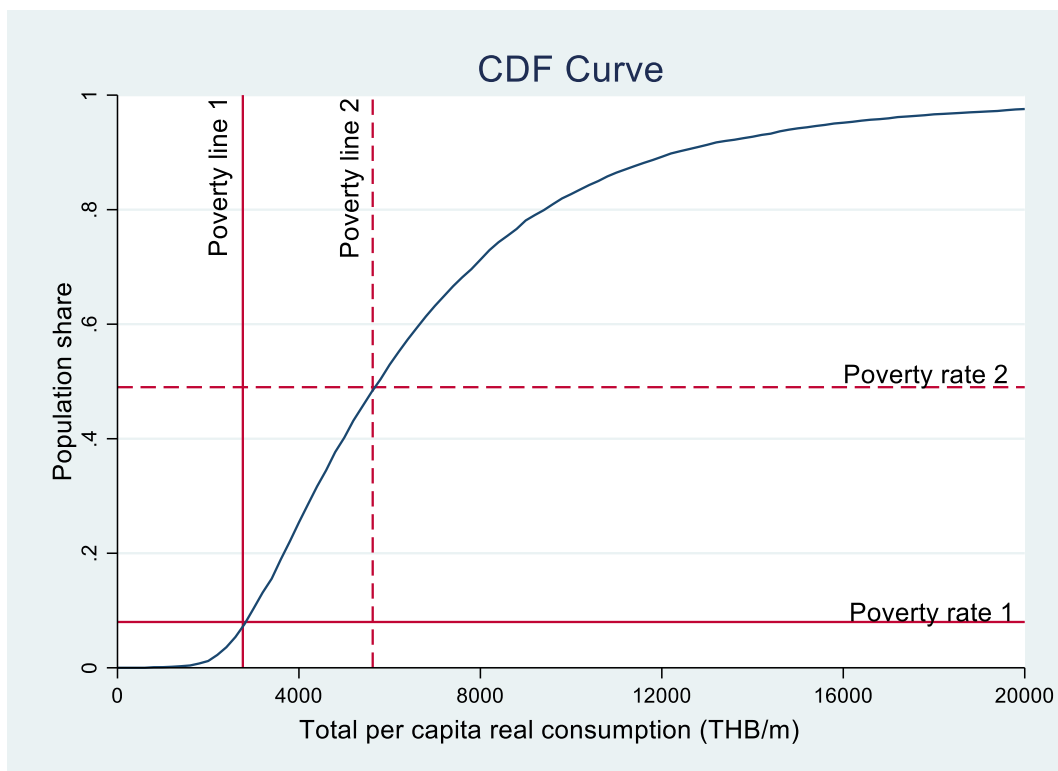


Source: Authors' calculations based on Socioeconomic Survey 2019.

The findings thus show that while monetary poverty overall is becoming somewhat of a more residual problem, concentrated in particular marginalized and/or hard-to-reach groups, continued effort is required to maintain the significant gains in poverty reduction made in recent decades and to halt the upturn in poverty seen over the past few years, which has potentially been exacerbated by COVID-19. As discussed previously, poverty is closely related to age, with children and older persons up to three times more likely to be poor, as well as to employment status, with poverty rates among informal workers more than six times higher than among formal workers. People with disabilities are also more likely to be poor than people without disabilities. However, a large share of the population across all ages, employment and disability statuses remains vulnerable to poverty.

Figure 8 shows that children and older persons are the most vulnerable to falling into poverty in the event of an adverse price or income shock. For persons younger than 15 or older than 80, an increase in prices of around a third, or a 33 per cent reduction in household income, would lead to a 20-percentage point increase in poverty or more, meaning close to a 40 per cent poverty rate for the youngest and oldest age groups. For persons aged 40–45, by contrast, the poverty rate would increase by about 11 percentage points, to reach 16.5 per cent post-shock.

**Figure 8.    Poverty rate before and after an adverse 33 per cent price or income shock, by age group**
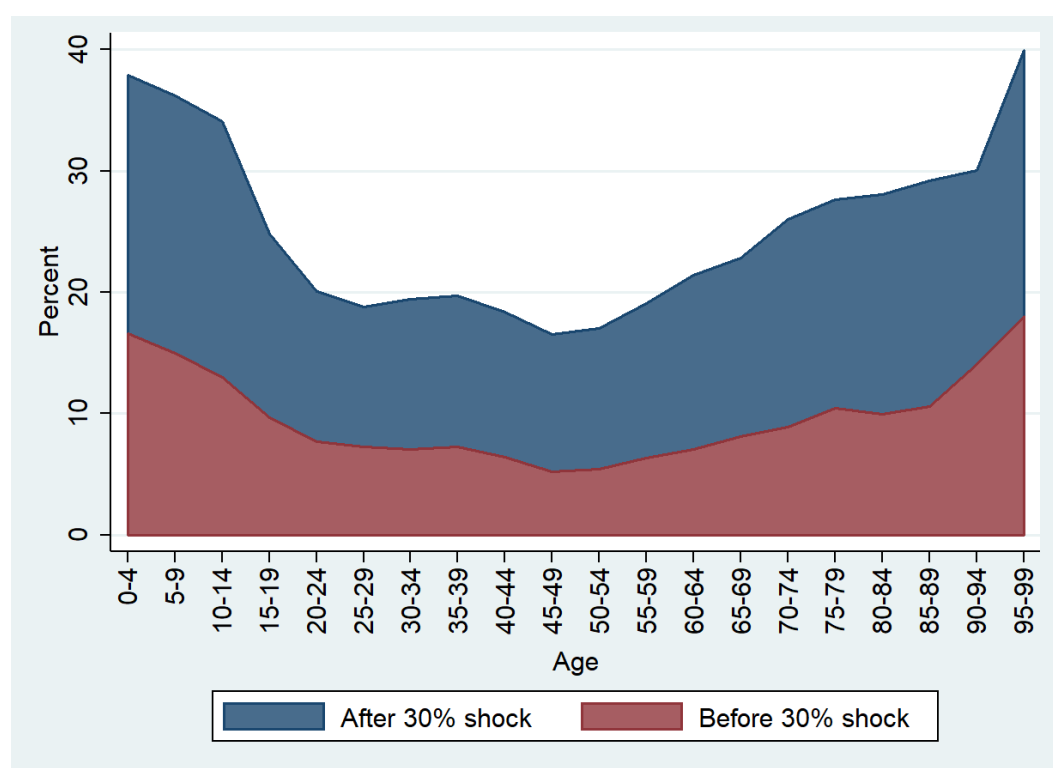
Perhaps counterintuitively, the vulnerability analysis presented in table 2 shows that although employed persons have a lower poverty rate than unemployed persons (8.4 per cent versus 11.5 per cent), they are more vulnerable to falling into poverty in the event of an adverse shock. In fact, in this simulation, the post-shock poverty rate among employed individuals would be slightly higher than that among unemployed individuals (22.9 per cent versus 22.5 per cent), based on the number of people whose total income lies within one third of the poverty line.[13]

Individuals employed in agriculture are particularly vulnerable to falling into poverty, reaching a poverty rate of 32.7 per cent after an adverse price or income shock. People in the north-eastern region would see the largest absolute increase in poverty, although the southern region would still have a slightly higher poverty rate after the shock. Rural areas would be more severely affected than urban areas in absolute terms.

These findings show that, although not currently poor, a significant proportion of the country's population remains highly vulnerable to poverty. They demonstrate that vulnerability cuts across the whole population, including different demographic and other characteristics, such as age, gender, employment status, geographic location, disability status and orphanhood status.[14] This means that to combat poverty it is not enough to focus on the poor, but rather, there is a need to mitigate vulnerability for the population as a whole.

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13  This simulation does not take into account possible differentiated effects on different sources of income, depending on the nature of the shock.

14  People living with a disability would be more adversely affected by a shock than those without disabilities, as would orphans compared to non-orphans and men compared to women (see table 2).

**Box 2.        Welfare dynamics in Viet Nam and Indonesia**

The figures here use national household income and expenditure survey data to show the movement of individuals across consumption quintiles in Viet Nam and Indonesia. They demonstrate how significant proportions of the population across the welfare distribution are vulnerable to poverty at any given moment, shifting their position down the welfare ranking even over very short periods of time. Such dynamics are common across multiple country contexts.

**Viet Nam**

Movement of individuals across consumption quintiles between 2010 and 2012

Welfare ranking in 2010                                                    Welfare ranking in 2012
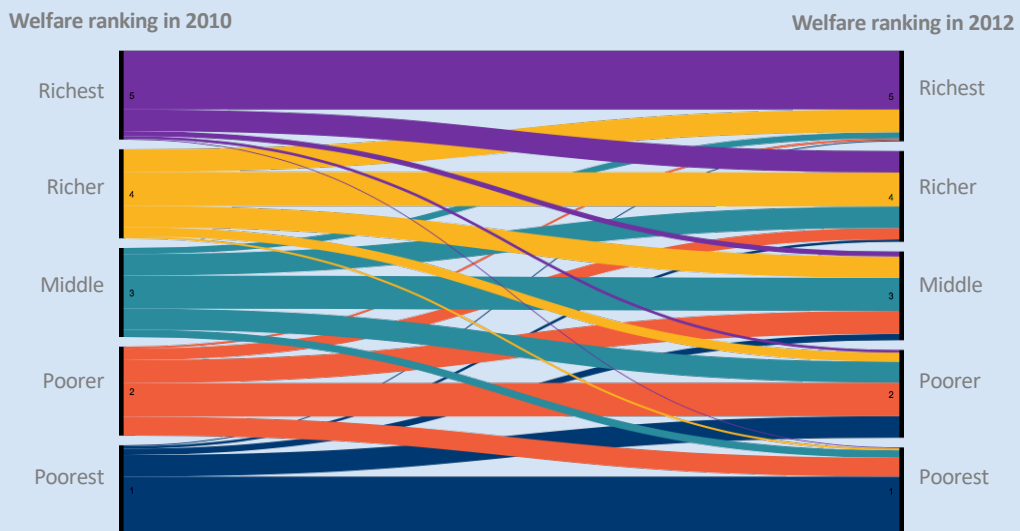


**Indonesia**

Movement of individuals across consumption quintiles between 2009 and 2010

Welfare ranking in 2009                                                    Welfare ranking in 2010
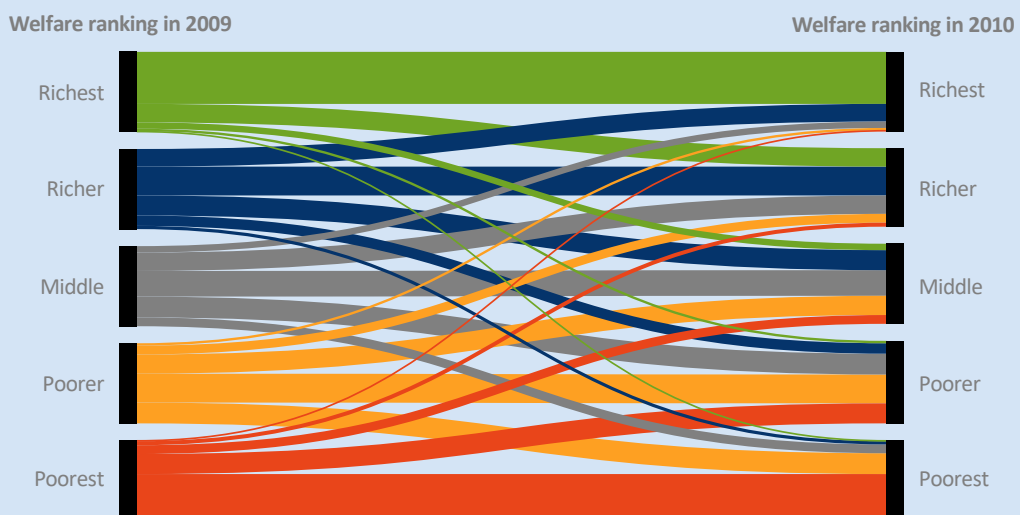


Source: Viet Nam Household Living Standards Survey 2010 and 2012; SUSENAS Panel 2009 and 2010 (analysis conducted by Development Pathways).

**Table 2.** **Poverty rate before and after an adverse 33 per cent price or income shock, by selected characteristics (percentage)**

| Criteria | Characteristic | Pre-shock poverty | Post-shock poverty |
|---|---|---|---|
| Employment | Employed | 8.4 | 22.9 |
| | Unemployed | 11.5 | 22.5 |
| Sector of employment | Agriculture, forestry and fishing | 11.5 | 32.7 |
| | Industry | 5.1 | 15.7 |
| | Services | 3.0 | 10.1 |
| Region | Bangkok | 0.7 | 5.1 |
| | Central | 6.4 | 18.2 |
| | North | 9.1 | 25.8 |
| | North-East | 10.8 | 29.8 |
| | South | 13.7 | 31.5 |
| Area of residence | Rural | 10.2 | 27.6 |
| | Urban | 6.1 | 16.9 |
| Sex | Male | 8.6 | 23.4 |
| | Female | 8.2 | 22.4 |
| Disability status | Persons with disability | 14.2 | 34.7 |
| | Persons without disability | 8.2 | 22.5 |
| Orphanhood status | Orphans | 26.6 | 52.3 |
| | Non-orphans | 14.5 | 35.7 |

Source: Authors' calculations based on Socioeconomic Survey 2019.

### 3.1.3 Non-monetary deprivations

Understanding the different types of issues affecting different groups helps us understand the different types of support that groups may require. This subsection thus looks at a range of non-monetary deprivations to provide a fine-grained picture of the nature of deprivations affecting different groups. In the following analysis, we look at the following five types of vulnerability:

► Education: children aged 6–17 who are not attending school.

► Health: households with catastrophic health expenditures (more than 20 per cent of non-food consumption).

► Housing: improvised or precarious housing and overcrowding (more than three persons per bedroom).

► Access to services: the household lacks access to clean water, electricity or sanitation.

► Dependency: two or more dependants per working-age adult.

These indicators aim to provide a complement to the information provided in the previous section because social protection has a broader set of objectives than just reducing monetary poverty (see section 2.1). The indicators have been selected to give an overview of the types of risks that social protection tries to mitigate (such as health-related shocks) and other issues that social protection schemes try to address (access to education and building human capital). These indicators are only meant to provide a general overview of the type of non-monetary vulnerabilities that social protection beneficiaries face because the range of issues that can be considered is limited by the information available in the Socioeconomic Survey. The indicators do not aim to provide an estimate of multidimensional poverty nor to offer an alternative to the Multidimensional Poverty Index developed by NESDC.[15] In what follows, we highlight only those groups for which there are interesting patterns.[16]

The geographic disaggregation of deprivations shows that different regions suffer from different problems. For instance, despite having almost no monetary poverty at all, Bangkok has the second-largest proportion of out-of-school children (at 8.5 per cent). This suggests that specific constraints might be at play in Bangkok, requiring tailored support for marginalized groups.

**Figure 9.    Non-monetary deprivations, by region**
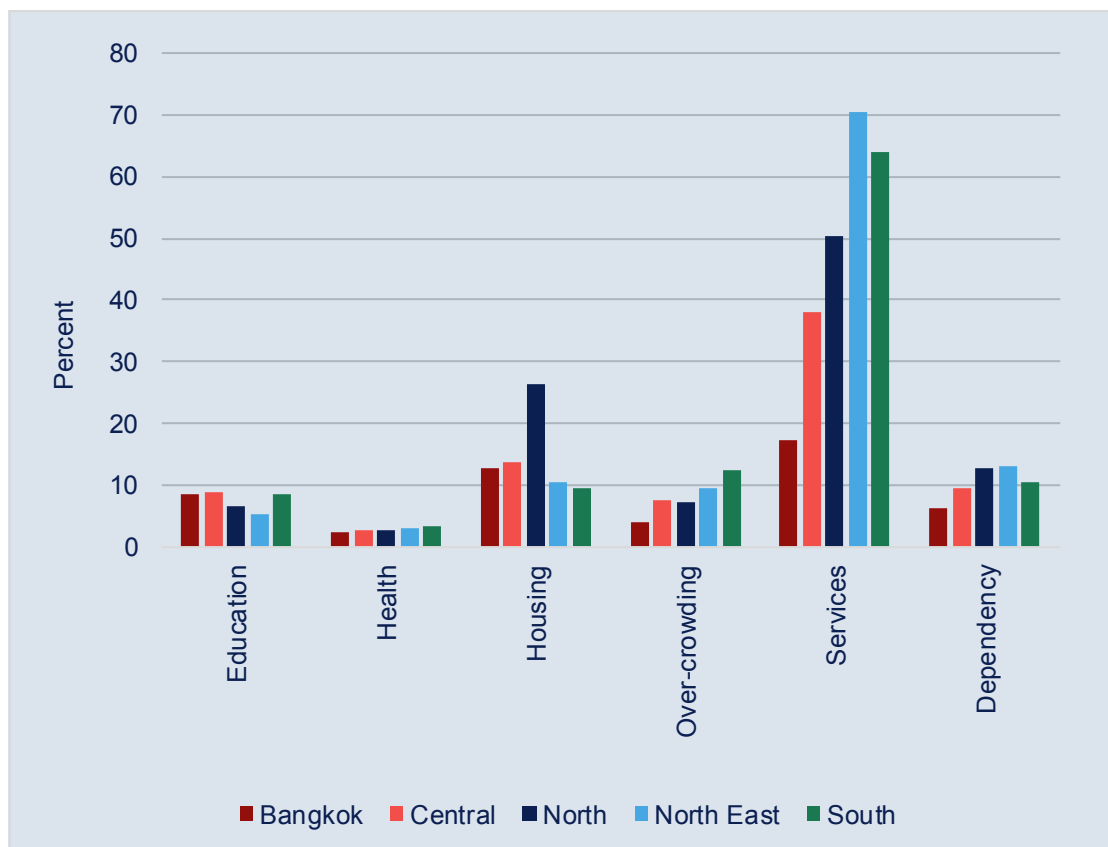


Source: Authors' calculations based on Socioeconomic Survey 2019.

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15   For more information on the child multidimensional poverty index developed by NESDC with support from UNICEF, see OPHI 2019. For the national multidimensional poverty index see OPHI 2020.

16   A full list of deprivations by group can be made available on request.

The northern region stands out in terms of access to adequate housing, with a deprivation rate that is almost twice the national average (26.2 per cent versus 14.3 per cent). Overcrowding is mostly an issue in the southern region (12.5 per cent versus 8.2 per cent national average), whereas deprivations in access to services are most severe in the north-eastern region (70.4 per cent versus 50.1 per cent national average).

Similarly, disaggregation by ethnicity shows that different groups suffer from very different problems, requiring different types of support. For instance, among the Mon and Burmese ethnic groups, 56.6 per cent children are out of school, even though these groups are not among the poorest groups in monetary terms.

The Karen population, on the other hand, are more likely to have poor housing conditions (78.1 per cent), whereas Malays are most likely to live in overcrowded conditions (25.9 per cent). The Cambodian and Souy groups are more likely than other groups to have a high dependency ratio (at 11.7 per cent), which points to specific life-cycle risks.

**Figure 10.   Non-monetary deprivations, by ethnicity**
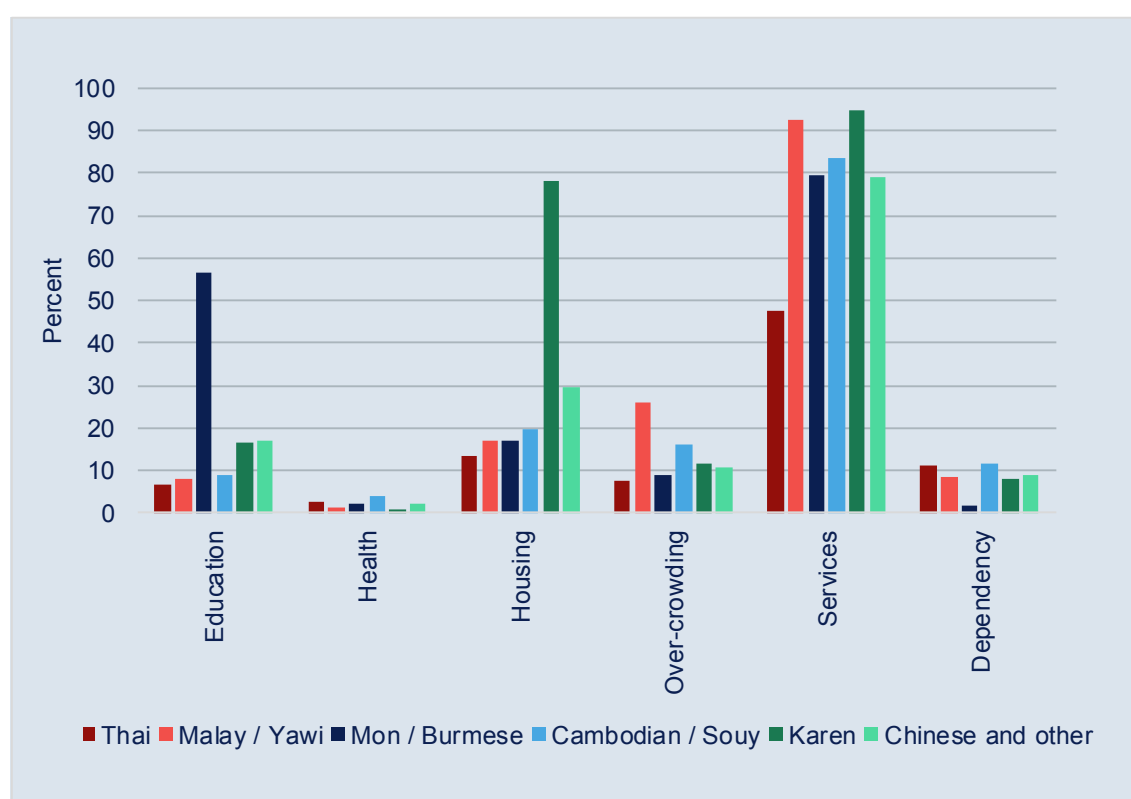


Source: Authors' calculations based on Socioeconomic Survey 2019.

Disaggregation by disability status shows that 19.5 per cent of children with physical disabilities are out of school, compared with 6.9 per cent of children without disabilities, even though physical disability should not, in principle, constitute an impediment to learning. Among children with severe disabilities, girls in the Socioeconomic Survey sample are more likely than boys to miss out on school (72.6 per cent versus 54.1 per cent; see figure 12), although the sample size is not sufficiently large to determine whether the conclusion applies to the wider population.

Households with disabled members are also more than twice as likely as other households to suffer catastrophic health expenditures (5.7 per cent versus 2.7 per cent). Among persons with severe disabilities, the rate of catastrophic health expenditure reaches 8.6 per cent. These numbers suggest that the universal health insurance provided by the Government and tailored assistance for disabled persons are insufficient to fully compensate for the additional costs that these families incur as a result of disability.

**Figure 11.    Non-monetary deprivations, by ethnicity**
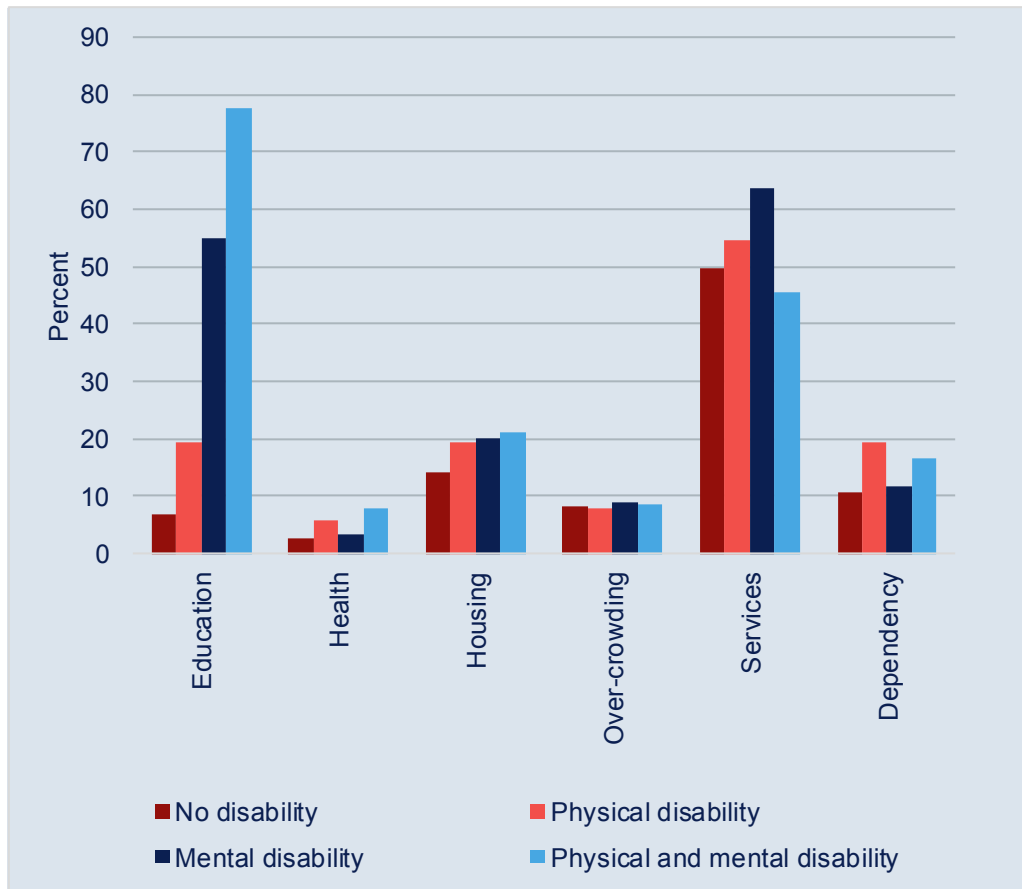


Source: Authors' calculations based on Socioeconomic Survey 2019.

**Figure 12.    Out-of-school children, by severity of disability**
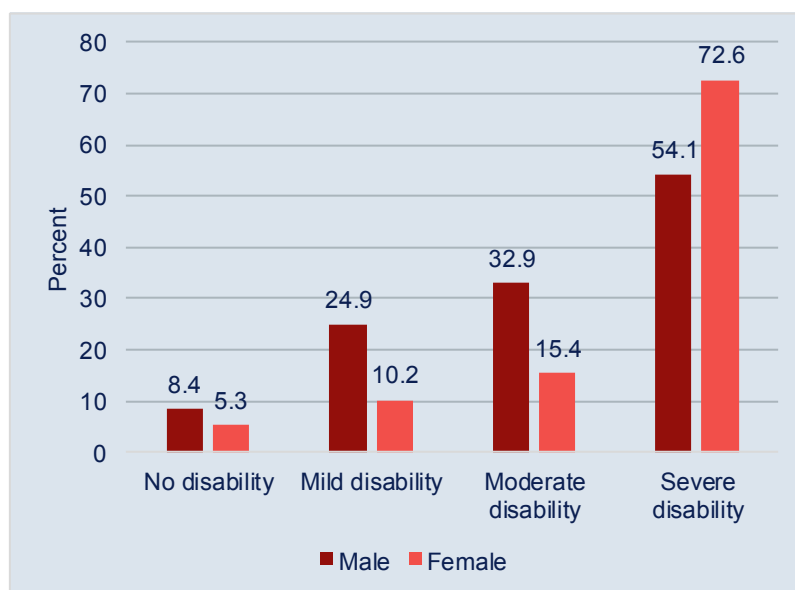


Source: Authors' calculations based on Socioeconomic Survey 2019.

These results indicate that monetary poverty and other deprivations are concentrated in specific geographic areas and among specific marginalized groups. This implies that different forms of support, tailored to specific groups, are required to address these needs.

## 3.2    Labour market and enterprise landscape

The poverty and inequality dynamics analysed here link to the situation of the Thai labour market and enterprise landscape. According to the data from the Informal Employment Survey 2018, of the 36.2 million workers who are not civil servants, an estimated 17.8 million (49 per cent) work in the informal sector (consisting of informal economic units), and slightly less than half a million (1 per cent) work in households (figure 13).[17]

**Figure 13.    Composition of the workforce**
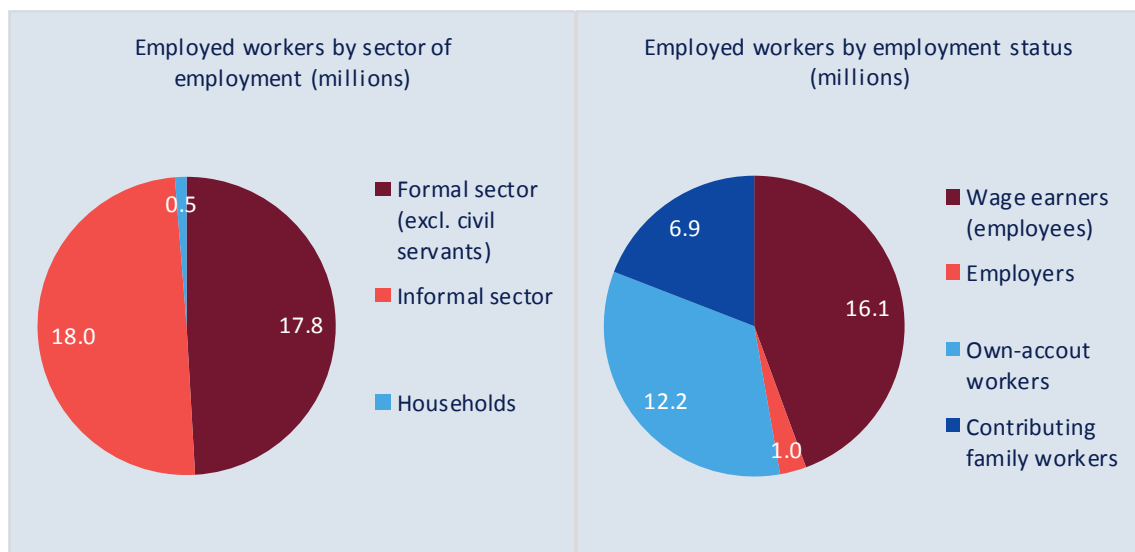


Source: IES 2018.

The second chart in figure 13 disaggregates the non-civil servant workforce by employment status (see box 3 for the definition) and shows that 16.1 million (44 per cent) are wage earners and 20.1 million (56 per cent) are non-wage earners. Among the self-employed, 12.2 million (34 per cent) are own-account workers, 6.9 million (19 per cent) are contributing family workers and 1 million (3 per cent) are employers.

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17  "Informal" production units are defined as all those that are not either households or "formal", where formal is implied by the following conditions: the person works in the public sector (meaning this person is a government employee or government enterprise employee); OR the enterprise keeps accounts for reporting to the Government; OR the enterprise is registered at the national level; OR enterprise registration is not stated, this person is an employee and is covered by social security; AND the person is not working in a household.

**Box 3.** **Types of employment status under the International Classification of Status in Employment of 1993**

**Wage earner** (or waged workers) refers to those whose employment status is employee, including people who work in any economic unit, including family businesses and who receive regular pay.

**Employer** refers to persons who run a business and engage at least one paid employee on a continuous basis.

**Own-account worke**r refers to persons who run businesses but do not engage any paid employee on a regular basis.

**Contributing family worker** refers to persons who work in their family business without receiving any regular pay.

Employers and own-account workers are considered as **independent workers**.

Contributing family workers are classified as part of **dependent workers**, together with wage earners (employees).

An intermediate category is **dependent contractors**. This refers to workers employed for profit but dependent on another entity that exercises control over their productive activities and that directly benefits from the work performed by them.

Employees represent the category of status in employment generally associated with more job security and better working conditions, whereas own-account workers and contributing family workers constitute two statuses in employment categories that are regarded as **vulnerable employment**.

An additional category of **non-standard employment** is also increasingly prevalent. Non-standard employment, also referred to as diverse forms of work, is an umbrella term for different employment arrangements that deviate from standard employment, understood as work that is full-time, indefinite and part of a subordinate relationship between employee and employer. Non-standard employment includes temporary employment, part-time and on-call work, temporary agency work and other multi-party employment relationships, as well as disguised employment and dependent self-employment. Because working from home does not take place at the employer's premises but rather at the worker's home or at another location of their choosing, it too is considered a diverse employment arrangement. non-standard employment features prominently on digital labour platforms.

For some, working in non-standard employment is an explicit choice and has positive outcomes. However, for most workers, it is associated with insecurity. Non-standard employment can also pose challenges for enterprises, the performance of labour markets and economies overall and societies at large.

Source: ILO 2018a; 2018b; 2016.

Considering the distribution of non-civil servant workers across economic sectors, the data show that the majority – 12.8 million (35 per cent) – are employed in the agriculture sector, 6.2 million (17 per cent) work in wholesale and retail trade and another 6.2 million (17 per cent) work in manufacturing. The remaining 31 per cent are divided between other services (2.9 million, or 8 per cent), accommodation and food (2.8 million, or 8 per cent), construction (2 million, or 6 per cent); transport (1.3 million, or 4 per cent); and education, public administration, health, other industries and domestic workers (accounting for 5 per cent collectively) (figure 14).

**Figure 14. Number of employed workers, by economic sector (millions)**
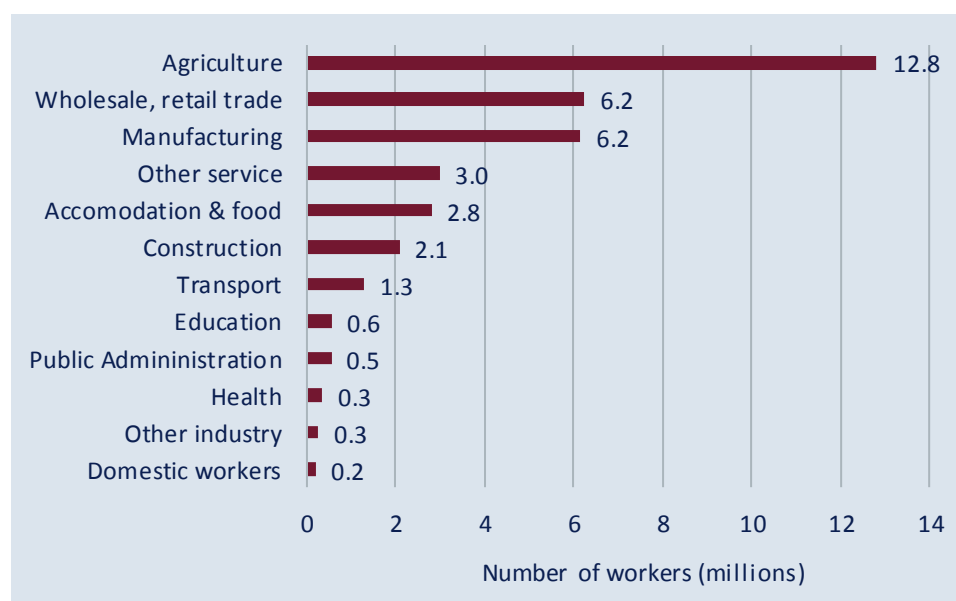


Source: Informal Employment Survey 2018.

Although the number of domestic workers reported in figure 14 appears relatively small, this is likely to be an underestimate. Data on the number of domestic workers are hard to collect due to a high incidence of undeclared domestic work. The 2018 Informal Employment Survey findings indicate that domestic workers in Thailand comprise an estimated 191,000 women and men, but other estimates put the number as high as 1.4 million.[18]

The Informal Employment Survey 2018 data also indicate that only a relatively small proportion of the labour force are insured under the Social Security Fund: of the 36.2 million non-civil-servant workers considered, around 10.4 million (29 per cent) are recorded as insured under the Social Security Fund, while some 25.8 million (71 per cent) are not insured (figure 15). Although coverage of the Social Security Fund within the Informal Employment Survey is likely to be an underestimate, with SSO administrative data indicating a coverage rate of around 44 per cent, nuances in the administrative data (such as the distinction between active and inactive contributors and the different levels of contribution by active contributors entitling some members to reduced levels and types of benefit) mean that the effective coverage rate is likely to fall somewhere between these two bounds.[19]

Of those who are identified as members of the Social Security Fund in the Informal Employment Survey 2018, the vast majority (9.1 million, or 87 per cent) are covered by section 33; 0.9 million (9 per cent) are covered by section 39; and only 460,000 (4 per cent) are covered by section 40.[20]

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18  A 2018 study by Chulalongkorn University estimated there were more than 1.2 million households with domestic workers nationwide and slightly more than 1.4 million domestic workers in total. Among the study's sample, 96.4 per cent of domestic workers were not enrolled in the social security system, and 40.6 per cent of them were not aware that they could register voluntarily (ILO 2021a).

19  According to SSO administrative data, there were 11.6 million Social Security Fund section 33 members at the end of 2018, 1.6 million section 39 members and 2.8 million section 40 members, totalling some 16 million Social Security Fund members in total.

20  SSO administrative data give shares of membership across sections 33, 39 and 40 of 73 per cent, 10 per cent and 18 per cent, respectively.

**Figure 15.      Share of workers insured within the formal sector**
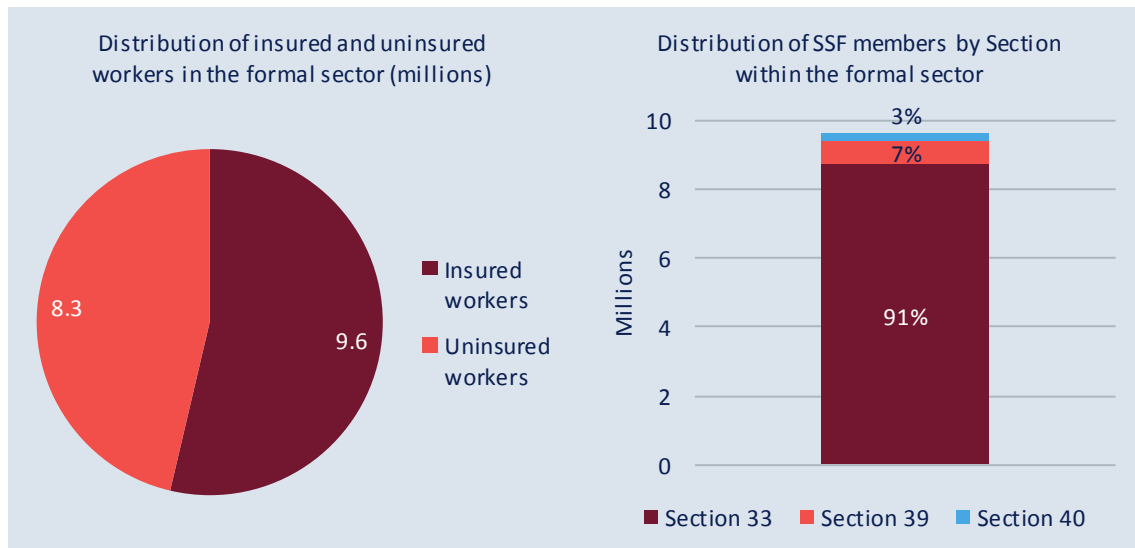


Source: Informal Employment Survey 2018.

These data show that, potentially, a large number of people working in formal enterprises are not covered by the Social Security Fund. It is likely that many, if not the majority, of them should mandatorily be covered, with many eligible to be covered by Social Security Fund section 33 rather than either not insured or covered only by sections 39 or 40. The data do not permit an exact identification of the workers, nevertheless the numbers indicate a large group of workers who should legally be covered by the Social Security Fund but whose employers do not appear to comply with the law by registering and contributing to the Social Security Fund.

The summary statistics indicate the size and nature of the challenge in the labour market in relation to expanding coverage of the Social Security Fund to all eligible workers. A large number of workers in Thailand are in vulnerable forms of employment, working under informal conditions (even when located in the formal sector), with many not covered by social insurance. The data indicate not only a lack of compliance that is constitutive of a large and diverse informal sector, but also a lack of compliance (and enforcement) within the formal sector. This analysis does not take into account the situation of migrant workers in Thailand, who constitute more than 10 per cent of the labour force and make a significant contribution to GDP (estimated at around 6 per cent).

**Box 4.     Social security obligations in cases where the employment relationship is unclear**

A particular challenge in situations in which an employment relationship is unclear or ambiguous is correctly classifying an employment relationship to avoid a misclassification of employment or "disguised self-employment" for dependent contractors. Dependent contractors may depend on a single client, a single supplier of material inputs or an intermediary for access to clients. In such situations, the client, supplier or intermediary exerts a similar level of control over their working conditions as an employer and therefore the terms and conditions of employment of dependent contractors resemble those of paid employment.

In such cases, it is important to clarify whether they work in an employment relationship to ensure the necessary protection of the workers. Preventing the misclassification of employment is essential to ensure that employers do not unduly transfer economic risks to workers and avoid the responsibilities associated with formal employment contracts, including labour protection and social protection.

It may also be that in some cases workers may declare themselves as self-employed to avoid rigid tax and contribution obligations, without considering the adverse consequences of a lack of social protection.

The clarification of the employment relationship is particularly relevant in the digital economy, in which self-employment is becoming more prevalent.

In Uruguay, for example, the coverage of ride-hailing drivers using digital platforms (such as Uber) was facilitated through a phone application that allows for the direct deduction of social security contributions from the price of the ride through the monotax mechanism, thereby ensuring the drivers' social security coverage and creating a more level playing field between the traditional and digital economies.

Source: Adapted from ILO (2019).

Another dimension affecting the labour market is the enterprise landscape, which is dominated by micro, small and medium-sized enterprises (MSMEs).[21] In 2018, there were approximately 3 million SMEs (of which around 400,000 were registered), accounting for 99.8 per cent of the total number of companies and 43 per cent of Thailand's GDP. By way of comparison, this was equivalent to the share of GDP accounted for by large enterprises, with 6 per cent of GDP coming from other enterprises and 8 per cent from agriculture. Small enterprises are more prevalent than medium-sized enterprises and contribute more to GDP (31 per cent versus 12 per cent, respectively) (OSMEP 2019).

The 92 per cent of Thailand's GDP that does not come from agriculture consists of services (41 per cent), manufacturing (27 per cent), wholesale and retail (16 per cent) and a final 8 per cent divided fairly evenly between electricity, water, gas, mining and construction. The distribution of GDP generated by registered SMEs across sectors follows a somewhat similar pattern, but with a slightly smaller proportion going to services (39 per cent), a greater share going to wholesale and retail (31 per cent), compared to manufacturing (23 per cent), and a larger share going to construction (5 per cent). Large enterprises have a bigger role in manufacturing (contributing 64 per cent of the total GDP of that sector) and services (52 per cent of GDP from the services sector), but a much smaller role in wholesale and retail trade (15 per cent). There, small enterprises account for 72 per cent of sector GDP and medium-sized enterprises account for 13 per cent,

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21  The Ministry of Industry defines SMEs based on the number of employees and the value of fixed assets, with the qualifying criteria differing by sector. In the manufacturing and services sectors, small enterprises are defined as those with fixed assets worth less than or equal to 50 million baht and employing fewer than or equal to 50 people. Medium-sized enterprises in these sectors are defined as those with fixed assets worth between 50 baht and 200 million baht and employing between 51 and 200 people. In wholesale, small enterprises are defined as those with fixed assets worth less than or equal to 50 million baht and employing less than or equal to 25 people. Medium-sized enterprises in wholesale are defined as those with fixed assets worth between 50 baht and 100 million baht and employing between 26 and 50 people. In retail, small enterprises are defined as those with fixed assets worth less than or equal to 30 million baht and employing fewer than or equal to 15 people. Medium-sized enterprises in retail are defined as those with fixed assets worth between 30 baht and 60 million baht and employing between 16 and 30 people (Korwatanasakul and Paweenawat 2020).

while in the services sector, small enterprises contribute 39 per cent and medium-sized enterprises 9 per cent of GDP. In manufacturing, small enterprises account for 15 per cent and medium-sized enterprises 22 per cent. SMEs thus have an important role in wholesale and retail especially, but also in the services and manufacturing sectors (OSMEP 2019).

In 2020, Thailand revised its categorization of SMEs, including introducing a new category of microenterprises.[22] According to the old classification, small enterprises accounted for 99.3 per cent of registered enterprises, while according to the new definition, microenterprises account for 84.8 per cent and small enterprises for 13.3 per cent (OSMEP 2020). In the analysis here, we designate as microenterprises those small enterprises with fewer than five workers.

Unfortunately, we do not have an estimate of the number of unregistered microenterprises or SMEs in the country or any detail on how they are distributed by size or sector. This is an important knowledge gap that requires further attention and research.

Given the importance of MSMEs within the enterprise landscape in Thailand, it is useful to consider the distribution of workers across enterprises by size using Informal Employment Survey 2018 data as well as to look at the proportion of workers not covered by the Social Security Fund among enterprises. Figure 17 and figure 18 present this information, respectively.

Figure 17 shows that, despite the predominance of microenterprises in relation to the number of registered enterprises nationally, in terms of employment, small, medium-sized and large enterprises appear to account for a much larger share of employment, with both small (5–49 employees) and medium-sized and large enterprises (50 or more employees) accounting for around 6 million workers each (12 million in total), compared with around 3.6 million workers employed by microenterprises (fewer than 5 employees). Albeit there is a significant amount of missing data in the Informal Employment Survey (enterprise size is not stated), the figure clearly shows that the smaller the enterprise size the more likely a worker is to be employed by an informal (non-registered) enterprise. Almost two thirds of workers in microenterprises work in informal enterprises, compared with 28 per cent in small enterprises and just 3 per cent in medium-sized and large enterprises.

**Figure 17.   Total workers by enterprise size**
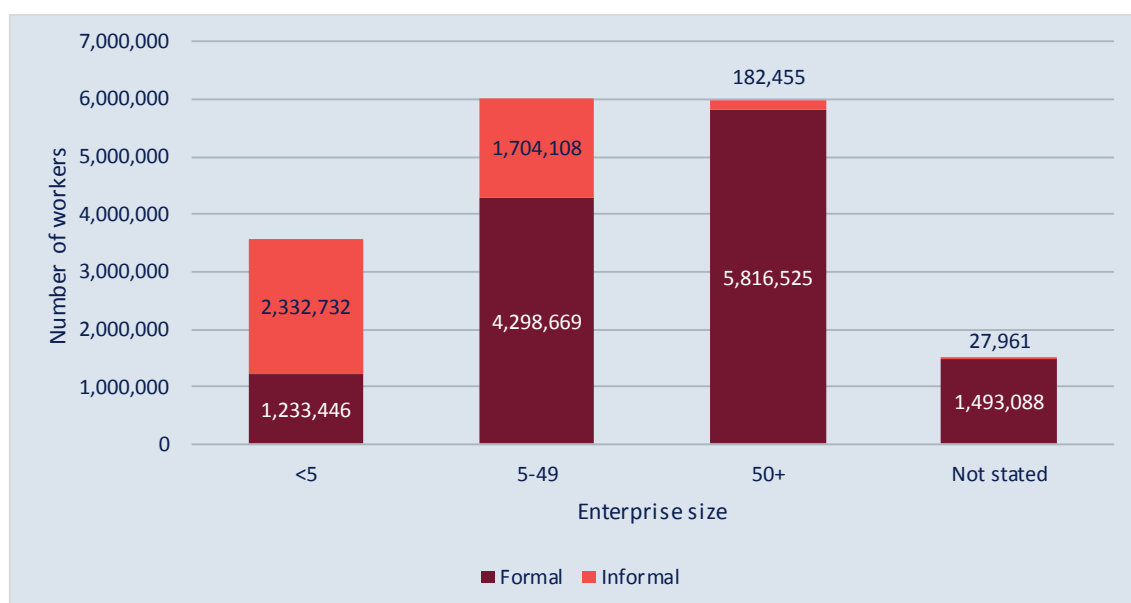


Source: IES 2018.

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22  Microenterprises are defined as having not more than 1.8 million baht in annual revenue and with not more than five employees (regardless of sector).

**Figure 18.  Uninsured workers as a share of the total workers, by establishment size**
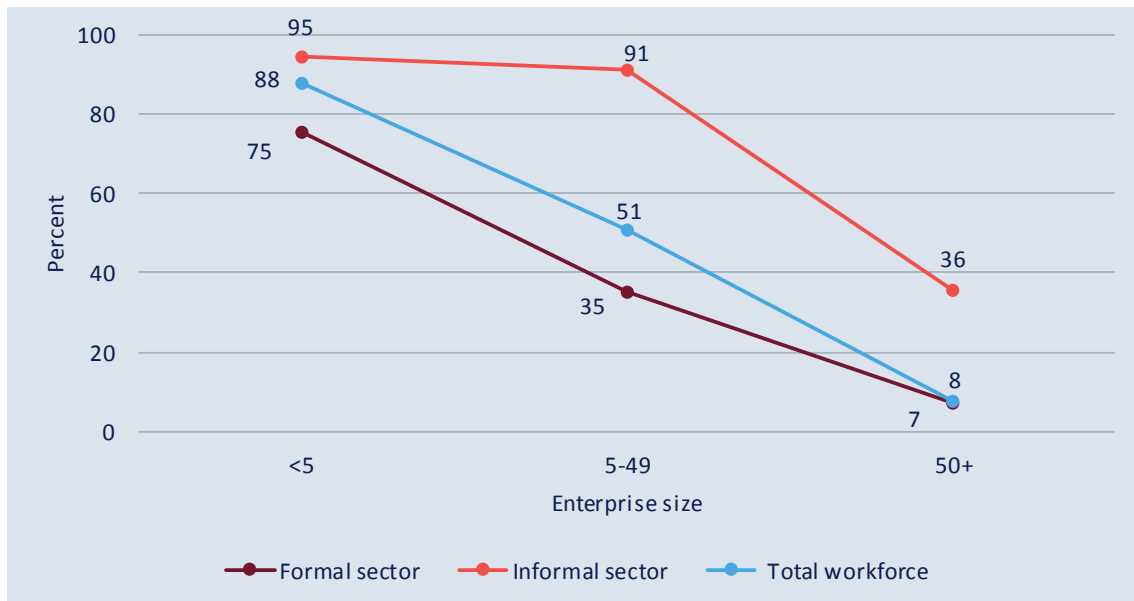


Source: Informal Employment Survey 2018.

Figure 18 shows that workers in larger enterprises (large enterprises and medium-sized enterprises with 50 or more employees) are more likely to be insured than those working in smaller enterprises: 8 per cent of workers in enterprises with 50 workers or more are not insured, compared with 51 per cent for those working in enterprises with 5–49 workers (small enterprises) and 88 per cent for those with fewer than five workers (microenterprises). This situation is especially pronounced for informal sector enterprises: 36 per cent of workers (or roughly 65,000) in such enterprises with 50 workers or more are not insured, while the figure is 91 per cent in such enterprises with 5–49 workers and 95 per cent in those with fewer than five workers. It is less pronounced for formal sector enterprises, for which those figures are 7 per cent, 35 per cent and 75 per cent, respectively. Despite this difference between formal and informal enterprises, a considerable proportion of workers in small and microenterprises remain uninsured, whether in the formal sector or not.

Of the 7 per cent[23] (or around 405,000) uninsured workers in formal sector enterprises with 50 workers or more, 223,000 are in the manufacturing sector, some 43,000 in the wholesale and retail sector and some 22,000 in the education sector. Other sectors with large numbers of uninsured workers in medium-sized and large enterprises include agriculture, forestry and fishing (around 15,000); construction (around 16,000); transportation and storage (around 15,000); accommodation and food services (around 11,000); financial and insurance services (around 12,000); administrative and support services (around 16,000); and arts, entertainment and recreation (around 16,000). This suggests a need for specific attention to these sectors in terms of strengthening compliance with social security legislation.

Outside of the formal sector, some 65,000 workers in enterprises with 50 workers or more are not insured under the Social Security Fund, while some 3.8 million workers in enterprises with fewer than 50 workers are not insured. This indicates that specific strategies need to be developed for micro and small enterprises, as well as pointing to the need to strengthen compliance and registration for larger enterprises to ensure that more (or all) of them are formalized.

Looking at coverage of the Social Security Fund across sectors (figure 19), we see that the sector with both the largest number of uninsured workers (12.6 million) and the largest proportion of uninsured workers (99

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23  Around 22 per cent of the sample reported a missing value for the size of establishment in the formal sector, so the data should be treated with caution.

per cent) is agriculture, followed by wholesale and retail trade (4.2 million, or 68 per cent), accommodation and food (2.2 million, or 78 per cent), manufacturing (2.1 million, or 35 per cent), construction (1.7 million, or 80 per cent), other services (1.5 million, or 49 per cent) and transport (700,000, or 58 per cent). Of the other sectors with fewer than 300,000 uninsured workers in each, domestic workers are by far the largest proportion who are uninsured (79 per cent), followed by other industry[24] (63 per cent), health (30 per cent) and education and public administration (both at 27 per cent).

The Social Security Fund coverage rate differs across economic sectors depending on whether the enterprise is formally registered or not, with the proportion of uninsured workers significantly lower in formal enterprises in all sectors except agriculture. Among the sectors with the largest number of uninsured workers, this difference is especially pronounced in manufacturing (19 per cent uninsured in formal enterprises in this sector versus 88 per cent uninsured in informal enterprises) and other services (32 per cent versus 89 per cent, respectively). This suggests that formally registering enterprises is a crucial first step to expanding coverage of the Social Security Fund in all economic sectors except agriculture.

**Figure 19.    Uninsured workers, by economic sector**
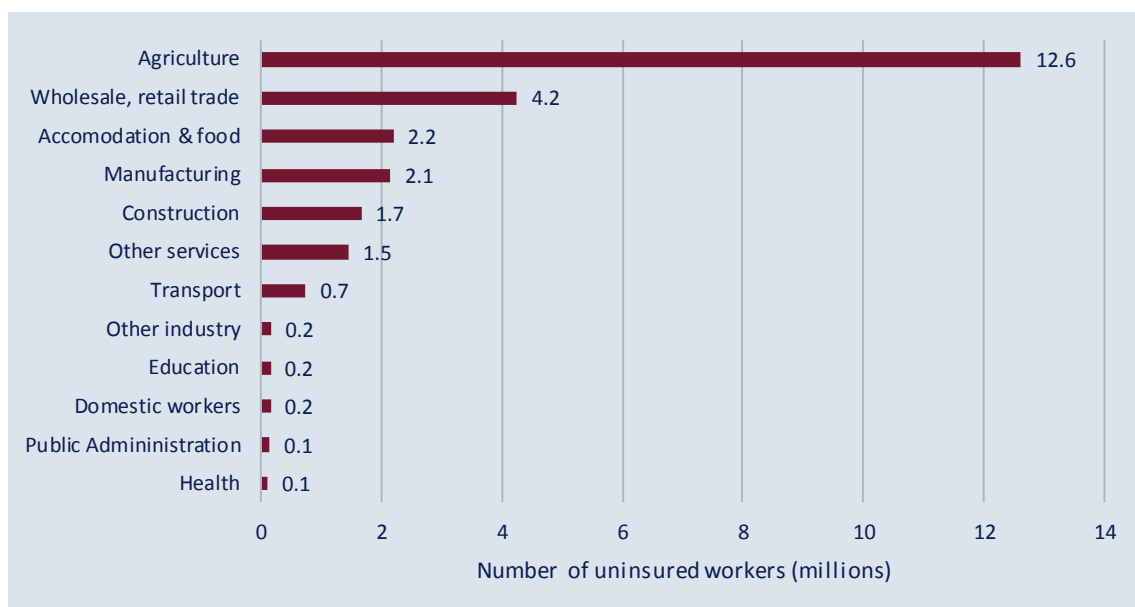


Source: Informal Employment Survey 2018.

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24   Other industry includes mining and quarrying and electricity, gas and water supply.

## 3.3  Demographic trends

One of the most important developments Thailand faces in the coming decades is the rapid ageing of its population. A fall in fertility rates and increases in life expectancy mean that the population of older people is expected to grow significantly in both relative and absolute terms. According to United Nations population projections, the share of the Thai population who are aged 60 and older will increase from one in five people (19 per cent) today to one in three (33 per cent) by 2040 and four in ten (41 per cent) by 2080 (first chart in figure 20). Presented in a different way, the second chart in figure 20 shows that the old-age dependency ratio (the ratio of persons aged 65–100 to persons aged 15–64) is expected to rise from 18 in 2020 to around 50 by the middle of the century and to as high as 66 by 2080.

This trend is a positive reflection of social and economic development. While Thailand is one of the fastest-ageing countries in the region, it is also a process that many countries are undergoing. Nevertheless, an ageing society creates real challenges for income security, including for both older persons and those of active age on whom they will be dependent. In turn, this implies a risk to economic performance and thus the need to invest in human capital. The speed and degree to which Thai society is ageing thus raises questions about the role of the pension system and the appropriate design of that system to meet this challenge.

**Figure 20.  Population, by age group and old-age dependency ratio, 2020–80**
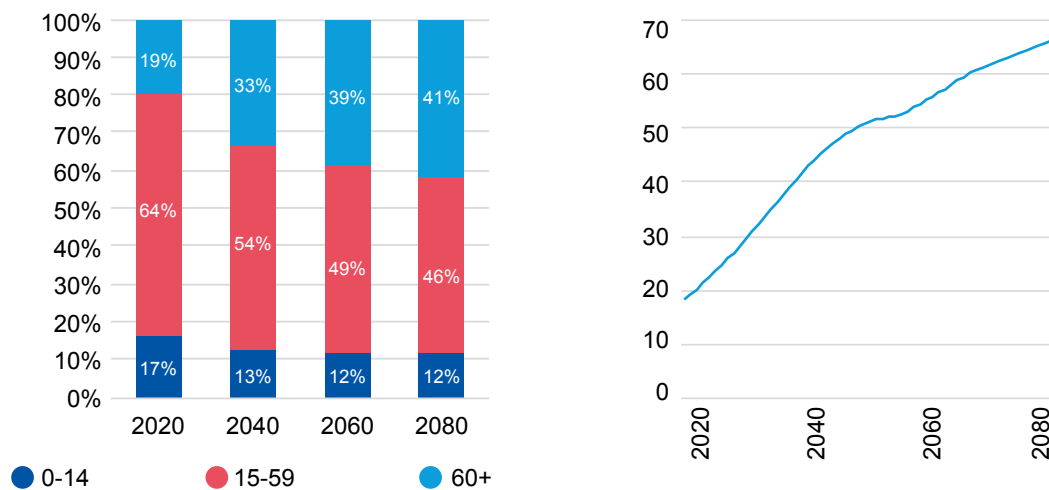


Source: UNPD 2019.

Old age is also associated with significant health and disability-related issues, which exacerbate the difficulties for older persons in terms of earning an income. Figure 21 gives an indication of the health issues faced by older people in Thailand by presenting indicators on levels of disability by sub-age group. Functional limitations[25] relate to difficulties in physical movement, while difficulties with the activities of daily living (ADL) relate to basic self-care tasks.[26] Functional limitations are much more prevalent and affect the majority of older people in their mid-70s and older. Levels of ADL difficulties are lower but rise sharply for those aged 80 and older, indicating that a larger share of older people require care at more advanced ages.

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25  The functional limitations that are measured are lifting 5 kilograms, squatting, walking 200–300 metres and climbing two or three flights of stairs.

26  ADL difficulties measured are getting up from lying down, using the toilet, bathing, dressing, washing face or brushing teeth, putting on shoes, grooming self and eating.

**Figure 21.** **Proportion of older persons with functional limitations and ADL difficulties, by age group**



● Any functional limitation          ● Any ADL difficulty
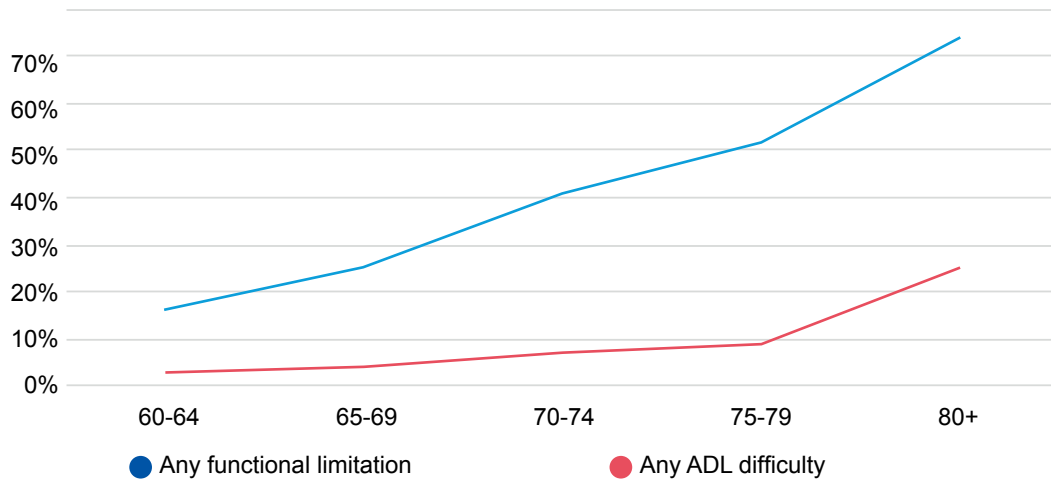
Note: ADL= activities of daily living.
Source: Teerawichitchainan et al. 2019.

While about two in five older people still earn income from work, the proportion is much lower at more advanced ages. Data from the Thai Labour Force Survey indicate that 35 per cent of older people were in employment in 2019, with this share significantly greater for men (51 per cent) than women (28 per cent). While this shows that many older people remain active in the labour force, the levels of employment vary significantly by sub-age group of older persons (figure 22). At age 60–69, the majority of men (66 per cent) and a large share of women (45 per cent) are in employment, yet this reduces sharply to 31 per cent of men and 16 per cent of women aged 70–74. This suggests that challenges to earning a living increase substantially as individuals age, a trend that is strongly linked to levels of ill-health and disability. There are also signs that levels of employment among older people have fallen slightly in recent years.[27]

**Figure 22.** **Proportion of population in employment, by five-year age group**



● Male          ● Female
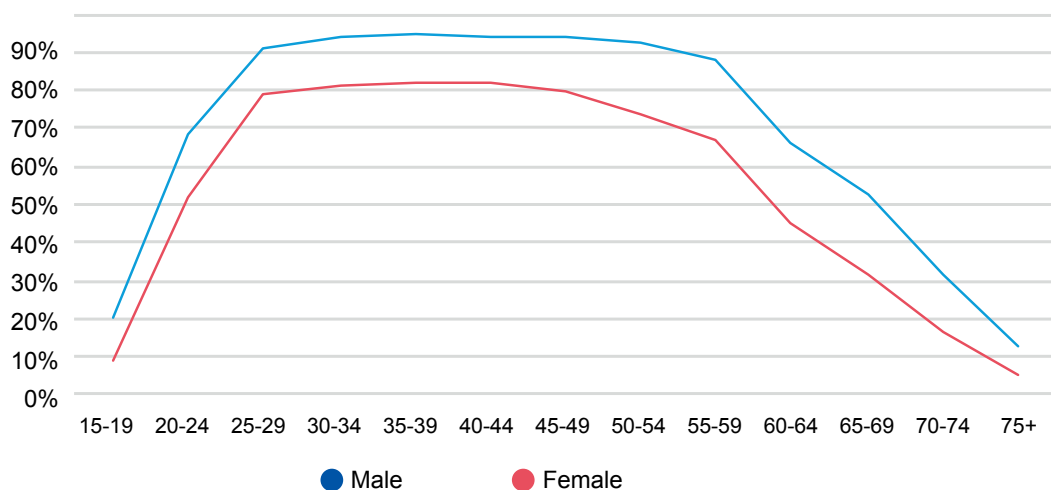
Source: ILO calculations based on Thai Labour Force Survey 2019.

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27   The proportion of persons aged 60 years or older in employment fell from close to 38 per cent in 2010 to 36 per cent in 2015 and to 35 per cent in 2019.

**Figure 23.    Proportion of population in employment, by employment status and age group**
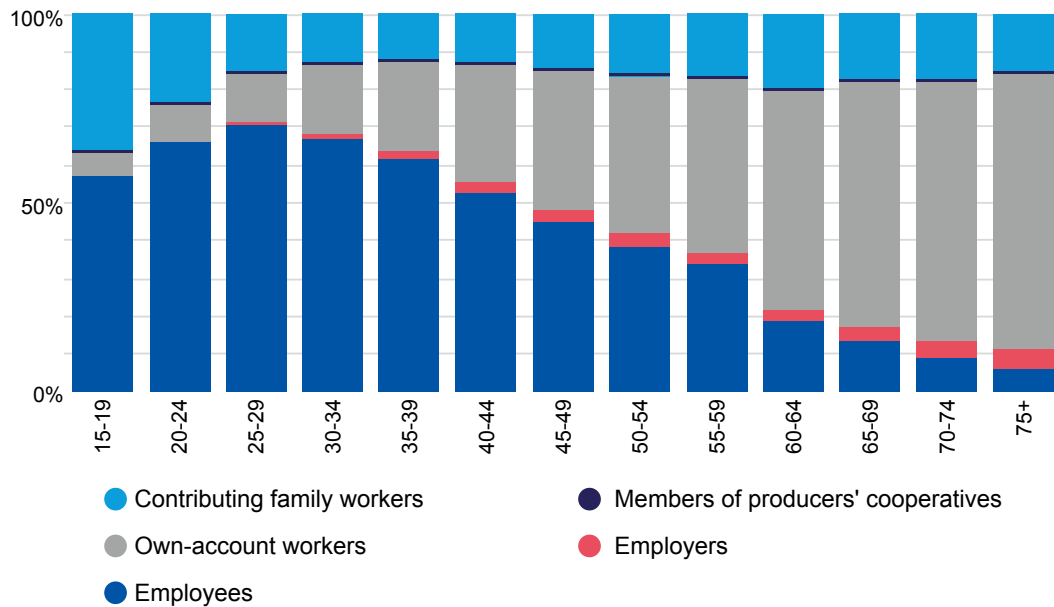


Source: ILO calculations based on Thai Labour Force Survey 2019.

Persons who continue to work into old age are also found in more vulnerable and more poorly remunerated employment. Figure 23 shows that the employment status of workers in Thailand varies significantly according to their age. Most workers of younger ages are employees, while the majority of those at more advanced ages are own-account workers. The sector of employment also varies considerably by age, with older workers significantly more likely to be in agriculture than younger workers, mostly found in services and industry. This indicates that the kind of work older people are engaged in is less secure, with lower and less predictable incomes. Indeed, analysis of average wages for employees shows a sharp fall from the age of 60, suggesting that those who remain in employment are those with lower incomes.

Finally, while many older people in Thailand currently receive some financial support from family networks, there are signs that this is changing. As of 2017, more than half (51 per cent) of people aged 60 or older lived with at least one adult child and about three quarters had a child living in the same village. Four in five older persons (79 per cent) received some form of income from their children. However, this situation is rapidly changing. While older people aged 80 and older have an average of 4.1 children, those aged 50 to 54 – who are rapidly approaching pensionable age – have an average of just 1.9 children. The 51 per cent of older persons now living with an adult child is already a considerable reduction from the 71 per cent who lived with an adult child in 1995. In addition, urbanization has further consequences for these dynamics. Currently, the levels of financial and assistive support provided to older people are similar between urban and rural areas. This, too, is expected to change. Childlessness is becoming increasingly common among the urban population, with 17 per cent of urban residents aged 50–59 expected to age without children (Teerawichitchainan et al. 2019).

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23    The proportion of persons aged 60 years and over in employment fell from close to 38% in 2010, to 36% in 2015, to 35% in 2019.

## 3.4  COVID-19

In 2020, with the agriculture sector already hit by the worst drought in 40 years, the global COVID-19 pandemic delivered a massive shock to Thailand's economy (World Bank 2020). A United Nations-commissioned macroeconomic forecast from the Economist Intelligence Unit (2020) predicted that the international recession and public health measures in Thailand would combine to reduce GDP by 8.4 per cent, compared to a scenario without COVID-19. An assessment by UNICEF indicated that this estimate would be reduced to 6.9 per cent if the impact of the extensive economic stimulus package implemented by the Government in response to the pandemic is accounted for (OPM 2020b). In the event, Thailand's GDP contracted by 6.1 per cent in 2020 (IMF 2021a), the largest contraction since the Asian financial crisis of 1997. The following year, 2021, saw a sluggish economic recovery, continuing to be hampered by an aggressive third wave of infections.[28]

The impact of COVID-19 on social and economic outcomes arises partly from the direct results of illness and death caused by the disease but also and overwhelmingly, from the public policy response to it, including both the extensive public health measures put in place to control the transmission of the disease and the macro fiscal response enacted to offset the negative hit to production and consumption (OPM 2020b). Thailand's borders closed in March, and the tourism sector, which accounts for 15 per cent of GDP and which is a major employer in many parts of Thailand, was largely shuttered. Downturns in the retail and accommodation sectors also affected employment and income, and remittances from Thai migrant workers fell (World Bank 2020).

COVID-19 containment measures and their economic follow-on effects have had a major impact on livelihoods and incomes. In June 2020, a rapid survey conducted by the Asia Foundation estimated that 70 per cent of the national workforce had seen their monthly income fall by an average of 47 per cent, with informal sector workers reporting average income contraction of 67 per cent. Of small business owners, 49 per cent indicated their business was at high risk of permanent closure. While the economic downturn was felt by all income levels, the lowest income-earning groups had the highest percentage of people experiencing a decline in their income: 70.7 per cent of those earning 0–5,000 baht and 85 per cent of those earning 5,000–10,000 baht. The scale of impact on individual income was also most significant in the poorest segments surveyed, with those reporting earning between 0 and 5,000 baht per month saying their monthly incomes had decreased by 63 per cent and those earning between 5,001 baht and 10,000 baht per month reporting 57 per cent less income. "Middle" income earners were also affected, albeit to a lesser extent. Survey respondents who reported earning between 15,000 baht and 30,000 baht per month reported that their incomes had declined by 38 per cent (World Bank 2020).

In response to these effects of the pandemic and associated public health countermeasures, the Government implemented a rapid and extensive social protection response, which is estimated to have reached more than 30 million individuals. This included new emergency programmes for informal workers and farmers, alongside the vertical expansion of existing social assistance schemes for older persons, people with a disability, children of poor families and beneficiaries of the State Welfare Card programme. The total cost of these emergency transfers is estimated at 365 billion baht, or 36.5 per cent of the Government's 1 trillion-baht emergency response and recovery package. The response amounted to 2.2 per cent of GDP and was additional to regular social assistance expenditures. In addition, 16.5 million (mostly) formal sector workers were also covered by social security schemes and unemployment insurance provided through these schemes helped to stabilize workers affected by the crisis (World Bank 2020). In 2020, the number of beneficiaries claiming unemployment benefits rose by 132 per cent, from 170,455 in 2019 to 395,013 persons, a rise that was largely attributable to the COVID-19 situation. Similarly, the number of Social Security Fund members claiming sickness income compensation benefit under section 39 also increased significantly, from 330,468 to 416,637 cases (cases did not rise significantly for Social Security Fund sections 33 or 40) (see Annex A).

COVID-19 demonstrated both the tremendous degree of vulnerability to shocks of large parts of the population as well as the effectiveness of social protection policy to mitigate such shocks. Modelling using Socioeconomic Survey 2019 data demonstrated that, without the emergency social protection measures enacted by the

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18   In June 2021, the International Monetary Fund forecasted GDP growth of 2.6 per cent for Thailand, but data from the January 2022 World Economic Outlook Update showed actual real GDP growth for 2021 of 1 per cent. See www.imf.org/en/Countries/THA (accessed 13 April 2022).

Government in the early stages of the pandemic, poverty would have increased from 8 per cent to 17 per cent nationally (with higher increases for particularly vulnerable groups, such as children, older persons and those living with disabilities). However, due to the social protection measures, the modelling predicted that poverty would remain constant on aggregate in the second quarter 2 (Q2) and would even fall temporarily for some groups (such as the 7.1 million agricultural workers in receipt of the 5,000 baht per month for that quarter). The special social protection measures also enabled jobs to be protected via the temporary lowering of social security contributions for workers and employers, with unemployment spiking in Q2 and Q3 of 2020 but diminishing rapidly in Q4 and returning to pre-COVID levels by Q4 of 2021 (OPM 2020b).

For these reasons, the International Monetary Fund's recommendations, following its annual Article IV country consultation, included a warning against premature tapering off of the pandemic-related support and advocated for an ambitious fiscal expansion focused on scaling up public investment and protecting the vulnerable (IMF 2021a).

# 3.5   Foundations for social protections delivery systems[29]

Thailand has mature legal and civil service institutions and high organizational capacity across all of the various parts of government involved in social protection (see section 5.2 for a discussion of the various agencies and organizations involved). In addition, it has strong infrastructure across all parts of the service delivery chain, from registration and enrolment to making payments and managing cases, including supporting systems, such as civil registration systems, high levels of financial inclusion and high mobile phone (including smart phone) penetration.

## 3.5.1   Civil registration system and administrative databases

Thailand's national ID and civil registration system is well-established and is operated by the Bureau of Registration Administration under the MOI. Thailand's population registry has near-universal coverage (just under 100 per cent). Personal ID (PID) numbers are issued to individuals at birth registration and national ID cards are issued at age 6 years, coinciding with the first compulsory year of school. Birth and death registration rates are also high (99 per cent and 95 per cent, respectively). This near-universal coverage of Thailand's population registry and ubiquitous use of the 13-digit PID number throughout its administrative databases enables cross-referencing between data sources (to exclude people who do not meet income and assets tests or who are covered by formal social insurance). This situation is complemented by the digitization of other registries, such as civil servant, taxpayer, land, vehicle, education and health information systems.

As discussed in section 3.4, the Government was able to successfully leverage these systems for a quick and comprehensive roll-out of emergency assistance in response to the COVID-19 pandemic, which included such innovations as online registration and wide-ranging cross-referencing of beneficiaries with multiple government data sources to ensure broad coverage while avoiding duplication of COVID-19-specific payments. The Thai People Map and Analytics Platform (TPMAP, see section 5.3) provides an example of these systems being heavily strengthened as a result of the mass registration of beneficiaries for COVID-19-related support.

While the interlinking of these various databases creates privacy and data protection risks, which need to be managed carefully, it also creates the opportunity for enhanced efficiency and coordination of social protection services delivery.

For example, to ensure full coverage by the Universal Health-care Coverage Scheme, the NHSO uses PIDs to identify and exclude members of the population already covered through the Social Security Fund or the Civil Servants Benefit Scheme. Even though the three health insurance schemes are managed by different ministries (the Civil Servants Benefit Scheme by the MOF, the Social Security Fund by the MOL and the Universal Health-care Coverage Scheme by the NHSO), their respective registries are interoperable and update each other in near-real time, ensuring that citizens who change jobs and move in and out of the government, private and informal sectors remain automatically covered by the relevant scheme. The

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29   The following section draws on World Bank 2020.

Bureau of Registration Administration also provides updated data on births and deaths daily to the NHSO, with newborns automatically added to the Universal Health-care Coverage Scheme beneficiary registry and the deceased automatically removed.

### 3.5.2 Financial inclusion and mobile phone penetration

The rate of financial inclusion in Thailand is relatively high, with some 82 per cent of the population aged 15 years or older having a bank account. An extensive e-payments system (PromptPay) is widely in use, including by the Government to pay social protection benefits and income tax returns. The e-payments system also enables instant, low-cost and interoperable payments between people and businesses by linking bank accounts and e-money wallets to PID numbers, mobile phone numbers and corporate registration numbers. As of December 2018, 46.5 million users were registered with PromptPay.

In 2021, there were more than 90 million mobile phone connections, representing some 130 per cent of the population. There were also some 46.6 million individual internet users, equating to two thirds of (66.7 per cent) of the population.[30] Adult literacy was 93.8 per cent in 2018.[31]

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30  See https://datareportal.com/reports/digital-2021-thailand (accessed 11 March 2022).

31  See https://data.worldbank.org/indicator/SE.ADT.LITR.ZS?locations=TH (accessed 11 March 2022).

# 4 Status of social protection

The notion of comprehensive, holistic social protection providing universal coverage requires a system that not only protects all people but that also provides adequate benefits to all people (ESCAP and ILO 2021). This is the logic underpinning the notion of the social protection floor. To sustainably achieve both coverage and adequacy, the social protection system should combine a tailored set of contributory and non-contributory programmes, in which public schemes cover an agreed set of basic needs while private schemes provide a complementary tier for those who want and can afford this. A graphic illustration of what such a system can look like is presented in figure 24.

**Figure 24. Illustrative model of a social protection system**
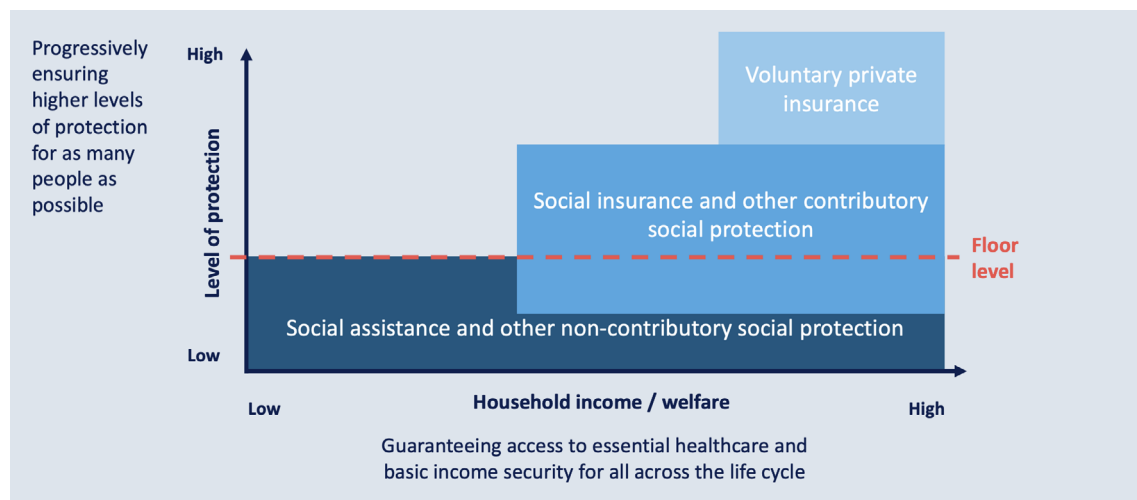


Currently, to protect people with diverse needs as well as different levels of need, Thailand's social protection sector comprises a large number of schemes administrated by more than ten government agencies. Responsible ministries include the MSDHS, the MOL, the MOPH, the MOE, the MOI, the MOF, the Ministry of Justice and the Ministry of Transport (MOT). Some social protection programmes are also independently managed, such as the Government Pension Fund, National Savings Fund and Equitable Education Fund. Among these programmes, the SPDR identified 52 that met our criteria for inclusion (see section 2.1). Our analysis here centres on the 18 programmes listed in table 1, but the full list can be found in table A1 in Annex A.[32]

In the rest of this section, we analyse the coverage and adequacy of the existing social protection system across the following two dimensions:

1. By type: including contributory, non-contributory (universal and means-tested) and government employees' social protection programmes.

2. By functional classification using the social protection floor pillars (ILO 2012):

   ► Pillar 1: access to a nationally defined set of goods and services constituting essential health care, including maternity care.

   ► Pillar 2: 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.

   ► Pillar 3: basic income security, at least at a nationally defined minimum level, for persons of active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability.

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32   In addition to the programmes we list in table A1, there is also a hotline that people can call when they have emergency needs. According to our informant interviews, the hotline received more than 20,000 calls per day after onset of the COVID-19 pandemic.

► Pillar 4: basic income security, at least at a nationally defined minimum level, for older persons.

In addition to the four social protection floor pillars we look at social protection services for particular vulnerable groups, such as people with a disability, women and migrant workers.

## Civil servants' social protection programmes

In Thailand, a comprehensive social protection programme was first developed for civil servants in 1951. Civil servant benefits have since been reformed several times. Currently, the benefits cover health care for civil servants and their families, a tuition subsidy, prenatal or maternity care, sickness income compensation, a housing subsidy, survivors' benefit, a lump-sum pension and an annuity pension. Prior to 1997, the civil servants' pension was a defined benefit scheme. In 1997, the Government Pension Fund was founded to provide a combination of a defined benefit and a defined contribution scheme.[33] All civil servants prior to 1997 can voluntarily switch to the Government Pension Fund and all civil servants starting work after 1997 are automatically registered with the Government Pension Fund.

Other employees' social protection programmes, including the Private Teachers' Aid Benefits, Local Government Employees' Benefits and State Enterprises Employees' Benefits, were initiated in 1974, 1991 and 1998, respectively.

## Contributory social protection programmes

In 1990, the Social Security Act sections 33, 39 and 40 were launched to provide protection for employees in the private sector, ex-employees and non-employees. Section 33 is mandatory for all private employees, although with some exceptions defined by law.[34] Section 39 is voluntary and is designed for ex-employees who used to be covered under section 33. Section 40 is also voluntary and is designed for self-employed and informal sector workers. For employees under section 33, there is also the Workmen's Compensation Fund, which requires employers to contribute for additional work-related accident, sickness and death benefits. Sections 33 and 39 provide more comprehensive benefits than section 40. Two important differences are that section 40 does not provide health care or a monthly annuity pension. There are three types of section 40: section 40(1), which does not include any provisions for retirement benefits; and sections 40(2) and 40(3), which provide optional provisions for a lump sum benefit at retirement age.

The National Savings Fund is an additional defined contribution pension scheme for those who do not yet have a government-contributed pension benefit (that do not already benefit from civil servants' pension, private teachers' pension or Social Security Fund sections 33, 39, 40(2), or 40(3)) (NSF 2017). Because section 40(1) members are not entitled to receive a pension benefit, they are eligible to voluntarily register with the National Savings Fund to gain either a lump-sum or an annuity pension.[35]

With the government employee and contributory social protection programmes, all public and private employees in the formal sector and some ex-formal sector employees are nominally covered by a social protection programme with a comprehensive set of benefits. Summary details of the employment-related contributory programmes are shown in table 3.

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33  In a defined benefit scheme, a pension is calculated on the basis of years of contributions and insurable earnings. The formula for the pension generally promises a yearly pension that is a certain percentage of the yearly income per contribution year. In a defined contribution scheme, contributions are simply saved. The accumulating amounts of contributions earn interest during the active years of contribution and, at the point of retirement, the amount of lifetime savings is paid out either in a lump sum or converted into an annuity (a yearly amount that is paid until death).

34  Legally exempted from Social Security Fund section 33 are all employees who are Thai or foreign government employees, international organization employees, students, nurse students and interning physicians working in schools, universities or hospitals, Bar Association employees, Chulabhorn Research Institute employees, Red Cross employees, National Science and Technology Development Agency employees, state enterprise employees, seasonal agricultural employees, temporary or seasonal employees, households' non-business employees and employees of street vendors (OIC 2017).

35  The Government is considering the introduction of a National Pension Fund, which would be a mandatory defined contribution scheme. According to the draft law, it is proposed that, once fully implemented, the scheme would mandate that all employees in enterprises of at least one or more employees be members of the scheme. Employers and employees would each make a contribution of 10 per cent of the employee's salary (equal to 20 per cent in total), with the option to increase the contribution up to 15 per cent. Contributions would be invested by financial institutions licensed under the law on Securities and the Stock Market, which would propose investment policies to the National Pension Fund committee for consideration. Upon reaching the age of 60, members would be able to receive their total savings (plus interest) as a lump sum or as a pension for a period of 20 years (ILO 2022b).

## Non-contributory social protection programmes

To ensure coverage, Thailand also provides protection by functions via several non-contributory universal and means-tested programmes. The 11 non-contributory programmes with the highest expenditures are shown in table 4.

Universal (or categorical) programmes are provided for health care, children (for education and nutrition), older persons and persons with a disability. Means-tested programmes are provided for children (for cash allowances) and persons of active age.

In regard to health care, the Universal Health-care Coverage Scheme provides free health care for all Thai people who are not covered by any other health care benefit.[36]

In regard to child benefits, the 15-year Free Education Policy provides free kindergarten, primary and secondary education for all children (including the children of both regular and irregular migrant workers (see IOM 2021). The Fund for Primary School Lunches Programme and School Milk Nutrition Grant provide nutrition support for all children aged 3–11 years.

For old-aged benefits, the Old-Age Allowance provides a monthly pension to all Thai persons aged 60 or older. In addition, the Disability Grant provides income support to all persons with a disability who qualify according to the programme's disability assessment mechanism.

There is no universal programme providing benefits for the active-age population. However, the State Welfare Card is a means-tested programme providing a mix of cash, vouchers and basic needs subsidies for people aged 18 and older who fall under a given poverty threshold (currently income less than 100,000 baht per year).

Similarly, there is no universal income security for children. However, for children living in poverty, the Child Support Grant programme provides a means-tested benefit in the form of a monthly cash transfer to their family.

For further details on the characteristics of these programmes, see table 4.

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36  Technically, this means that while coverage of health care benefits is near universal, the Universal Health Coverage programme is not a universal scheme because it includes some exceptions.

**Table 3: Overview of select multiple-benefit contributory schemes in Thailand**

| Members contributions and benefits | Civil Service Benefits scheme or Government Pension Fund | Local Administrative Officer Benefits | State Enterprise Employee Benefits[1] | Private Teacher Aid Benefits | Social security (section 33 or Workmen's Compensation Fund) | Social Security (section 39) | Social security (section 40-1 or National Savings Fund) | Social security (section 40-2) | Social security (section 40-3) |
|---|---|---|---|---|---|---|---|---|---|
| Target group | Employees/Ex-employees | | | | | | Non-employees | | |
| Number of members | Civil servants and government permanent employees: 1 877 360[7] (2018) Civil servant pensioners: 700 541 (2019) | | 382 190 (2018) | 98 758 (2018) | 11 686 393 (2019) | 1 648 118 (2019) | SSF A40: 57 812[4] (2020) NSF: 2 335 085[5] (2019) | 3 006 740[4] (2020) | 420 242[4] (2020) |
| Monthly contribution as proportion of employee salary | Government Pension Fund: Employee: 3% Employer: 5% | Employee: 0% Employer: provincial administrative organizations and municipalities pay 3% of their annual revenue; subdistrict administrative organizations pay 2% of their annual revenue | Only for providence fund | Teacher 3% School 3% Government 6% | Employee: 5% Employer: 5% Government: 2.75% (up to 15 000 baht) Workmen's Compensation Fund employer contribution: 0.2–1%, depending on risk level of activity | Member: 9%; government: 2.5% (up to 15 000 baht) | Member: 70 baht; government: 30 baht (+ voluntary contribution for National Savings Fund) | Member: 100 baht; government: 50 baht | Member: 300 baht; government: 150 baht |
| Healthcare | Yes (incl. family) | Yes (incl. family) | Yes (incl. family) | Yes | Yes | Yes | No | No | No |
| Child benefits | Tuition subsidy | Tuition subsidy | Child allowance Tuition subsidy | Child allowance Tuition subsidy | Child allowance | Child allowance | No | No | Child allowance |

| Members contributions and benefits | Civil Service Benefits scheme or Government Pension Fund | Local Administrative Officer Benefits | State Enterprise Employee Benefits[1] | Private Teacher Aid Benefits | Social security (section 33 or Workmen's Compensation Fund) | Social Security (section 39) | Social security (section 40-1 or National Savings Fund) | Social security (section 40-2) | Social security (section 40-3) |
|---|---|---|---|---|---|---|---|---|---|
| **Active-age benefits** | Disability insurance<br>Sickness income compensation<br>Housing subsidy<br>Survivors' benefit | Disability insurance<br>Sickness income compensation<br>Housing subsidy<br>Survivors' benefit | Disability insurance<br>Housing subsidy<br>Housing insurance for fire or natural disasters<br>Survivors' benefit | Disability insurance<br>Survival benefit | Maternity<br>Sickness income compensation<br>Disability insurance<br>Unemployment insurance<br>Industrial rehab service<br>Survivors' benefit | Maternity<br>Sickness income compensation<br>Disability insurance<br>Survivors' benefit | Sickness income compensation<br>Disability insurance<br>Survivors' benefit | Sickness income compensation<br>Disability insurance<br>Survivors' benefit | Sickness income compensation<br>Disability insurance<br>Survivors' benefit |
| **Old-age benefits** | Lump-sum pension<br>Annuity pension[2]<br>(partially via Government Pension Fund) | Lump-sum pension<br>Annuity pension[2] | Providence fund | Providence fund | Lump-sum pension<br>Annuity pension[2] | Lump-sum pension<br>Annuity pension[2] | Voluntary lump-sum pension<br>Annuity pension[2] via NSF[3] | Lump-sum pension | Lump-sum pension |
| **Sources** | GPF (2019b)<br>NSO (2018)<br>Comptroller General Department (CGD)[6] | DLA (2020) | NSO (2018) | NSO (2018) | SSO 2019a;<br>2019b; 2018c | SSO (2019a) | SSO[6] | SSO[6] | SSO[6] |

Note: (1) Different organizations provide different levels and different additional benefits. (2) Workers must work or pay contributions longer than a certain period to receive these benefits. (3) National Savings Fund can be registered independently from Social Security Fund (section 40-1). (4) Of the 3,224,579 Social Security Fund section 40 members, 1,071,996 (33.2 per cent) were active contributors. (5) The National Savings Fund members include both active and inactive contributors. The National Savings Fund members may or may not be Social Security Fund section 40 members. (6) According to informant interview. (7) Estimated using Socioeconomic Survey 2019.

**Table 4.** Overview of select non-contributory schemes in Thailand

| Programme characteristics | Universal Health-care Coverage | State Welfare Card | Old-Age Allowance | 15-year Free Education Policy | Fund for Primary School Lunches Programme | Disability Grant | School Milk Nutrition Grant | Child Support Grant | Equitable Education Fund Conditional Cash Transfer | Long-term care | Allowance for HIV/AIDS Patients |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Target group** | All Thai people with no other healthcare benefits | Thai individual aged 18 and above in poverty (Annual income <THB 100,000 with other requirements on financial assets, land use, and housing) | All Thai people aged 60 or above[1] | All Thai and non-Thai people aged 3–17 years old | All Thai and non-Thai people aged 3–11 years old | All Thai disabled persons | All Thai and non-Thai people aged 3–11 years old | Thai children aged 0–6 years old in poverty (Annual household income <THB 100,000 per head) | Thai children aged 3–17 years old in poverty (Monthly household income < THB 3,000 per head) and PMT score is 0.91-1.00 (Extremely poor)[2] | Dependent senior citizens (Prevent healthy elderly from being dependent and provide care to the already dependent elderly) | Diagnosed AIDS patients with unlivable wage, without any caretakers, or unable to provide for him/herself |
| **Number of beneficiaries (persons)** | 47 522 681 (2019) | 13 738 023 (2019) | 9 093 916 (2019) | 6 855 053 (2019) | 5 459 793 (2019) | 1 973 911 (2019) | 5 450 180 (2019) | 1 758 633 (2020) | 949 941 (2019) | 219 518 (2019) | 87 683 (2019) |
| **Total expenditure (THB billion)** | 133.26 (2019) | 45.73 (2019) | 71.91 (2019) | 37.80 (2019) | 22.63 (2019) | 18.95 (2019) | 10.45 (2019) | 15.05 (2020) | 1.87 (2019) | 0.92 (2019) | 0.54 (2019) |
| **Benefits** | Healthcare lump-sum subsidy of THB 3,427 per head | (1) THB 200–300 per month e-money transfer to be used at blue flag stores[3]; (2) THB 45 every three months for cooking gas; | Annuity pension (THB 600 for age 60–69, THB 700 for age 70–79, THB 800 for age 80–89 and THB 1,000 for age 90 and above) | Tuition and school supplies subsidy to schools and children (THB 2,830 for kindergarten, THB 3,563 for primary, THB 5,919 for lower secondary, THB 6,607 for higher secondary, THB t per year) | THB 20 lunch subsidy to schools per student per day | Disability Grant of THB 800 per month | THB 5 milk subsidy to schools per student per day | Child allowance of THB 600 per month | Cash transfer of THB 3,000 per person per year[4]. | Various services including functional training, psychological support, vital checks, personal hygiene care, environmental checks, daily-living assistance, | Allowance for HIV/AIDS patients of THB 500 per month |

| Programme characteristics | Universal Health-care Coverage | State Welfare Card | Old-Age Allowance | 15-year Free Education Policy | Fund for Primary School Lunches Programme | Disability Grant | School Milk Nutrition Grant | Child Support Grant | Equitable Education Fund Conditional Cash Transfer | Long-term care | Allowance for HIV/AIDS Patients |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Benefits** | | (3) THB 500 per month for public ≈ in Bangkok and metropolitan areas by bus / MRT / BTS; (4) THB 500 per month for bus tickets with the Transport Co. Ltd; and (5) THB 500 per month for train tickets with the State Railway of Thailand | | 9,210–16,210 for vocational degree per studen | | | | | | oral-health checks, nutritional care and Thai traditional massages | |
| **Sources** | NHSO (2019) | Fiscal Policy Office (FPO) (KII) | MSDHS (KII) | MoE (2019) | Department of Local Administration (DLA) (KII) | MSDHS (KII) | DLA (KII) | UNICEF (KII) | EEF (2018b), EEF (2019) | NHSO (2019), NHSO (2020a) | MSDHS (KII), DEP[5] (2005) |

Note: (1) Exceptions that are excluded are those with the civil servant pension, local government pension, state enterprises pension, or private teachers' pension. (2) The proxy means test criteria include the number of members of dependent households (with disability or no income), worsening housing conditions, no vehicles, no arable land, no more than 1 rai of arable land if you are a farmer, living conditions (owned or a rented home), sources of drinking water, main source of electricity, household appliances, TV, fridge, washing machine, personal computer or air conditioner. (3) 200 baht per month for individuals with income between 30,001 baht and 100,000 baht and 300 baht for individuals with income of 30,000 baht or under. (4) This level of the 2019 benefit was adjusted due to COVID-19. (5) Department of Empowerment of Persons with Disabilities.

## 4.1 Health

Health care benefits are effectively universal for all Thai citizens. In 2019, 99.9 per cent of people were covered by at least one health care benefit. For civil servants, employees and ex-employees, health care is provided under the contributory and government employees' social protection schemes. Thus, out of a total population of 66.6 million people in 2019, 12.6 million were covered for health care under the Social Security Fund, 5.1 million were covered under the civil service and state enterprise benefits, 600,000 were covered under local administrative officer benefits and slightly less than 100,000 were covered under private teacher benefits, adding up to around 18.4 million people in total.

For those without health care coverage under employment or contributory social protection schemes, a majority of around 47.5 million people are registered with the non-contributory Universal Health-care Coverage Scheme. In addition, Thailand's health care system also covers around 500,000 stateless people and some 20,000 people with a disability under the Social Security Fund. There are also 60,000 people who are qualified for but have not yet registered with their primary health care unit so can only access emergency services (NHSO 2019).

Stateless persons are considered as non-Thai by law and thus are ineligible to benefit from any public health schemes, with the exception of those stateless persons in the process of verification for Thai nationality, who are thus eligible to access the Healthcare Fund for Persons with Legal Status Problems. Once they get Thai nationality, they will automatically be eligible for the Universal Health-care Coverage Scheme.

An additional scheme is established for regular migrant workers, the Migrant Health Insurance Scheme, discussed in section 4.5.3.

**Figure 25. Self-reported coverage of Universal Health-care Coverage Scheme, Social Security Fund and civil service programmes, by age group and per capita consumption quintile**
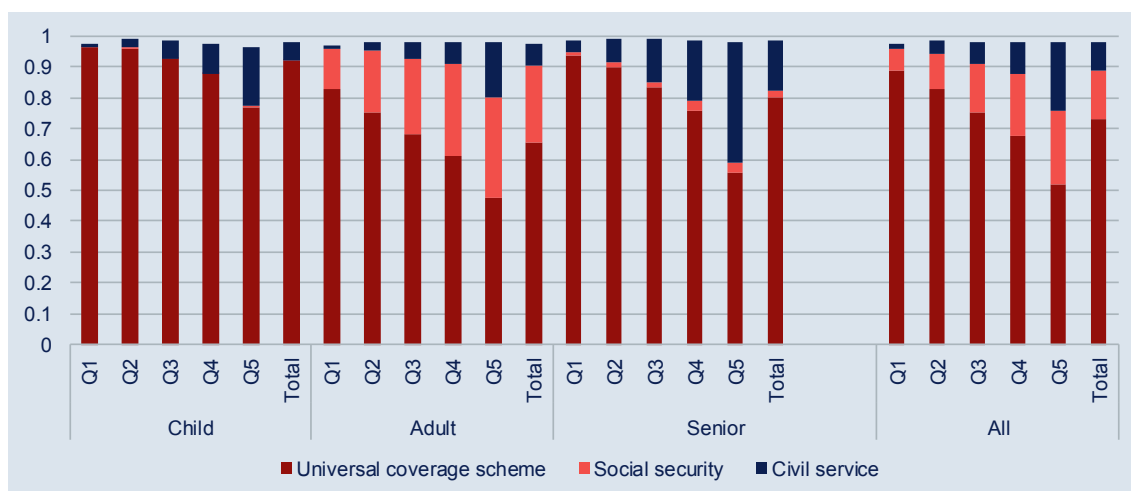


Note: Some individuals may be covered by more than one health care programme. For example, a wife can be covered by her husband's civil service benefit and also her own social security benefit, while all are eligible for the Universal Health-care Coverage Scheme. However, benefits cannot be combined, and an individual can only use one health care benefit. For the purposes of this analysis, we assume that those who receive the civil service benefit use this benefit regardless of their other health care benefits. Similarly, those with an Social Security Fund benefit are assumed to use that benefit rather than universal health care.
Source: Socioeconomic Survey 2019.

The statistics presented in figure 25 show that the three programmes with the highest registration are the Universal Health Coverage, Social Security Fund and civil servant programmes. From self-reported Socioeconomic Survey 2019 data, the Universal Health-care Coverage Scheme is the most important for children and households with low consumption expenditure. While the Universal Health-care Coverage Scheme provides health care benefits for 73.3 per cent of the population, the programme covers 91.9 per cent of children younger than 15 years old and 93.1 per cent of individuals in the first quintile of per capita consumption.

Although health care coverage is almost universal, the 2019 Socioeconomic Survey data reveal that a small portion of the population are not covered by any of the health care schemes in the country. These tend to be non-nationals or those from specific ethnic groups. Figure 26 shows that lack of access to health insurance is mostly concentrated among ethnic minorities, in particular the Mon and Burmese, presumably due to the fact that some of these groups lack Thai citizenship or are not recognized as citizens and thus are considered as stateless.

People living in households where the household head is uneducated also account for a large share of uninsured people (6.8 per cent), which might simply reflect the overrepresentation of ethnic minorities among this group (for example, 46 per cent of Burmese and 53 per cent of Chinese have no education, compared with just 3 per cent of Thais).

**Figure 26.   Not covered by any health insurance, by ethnicity and education level (percentage)**
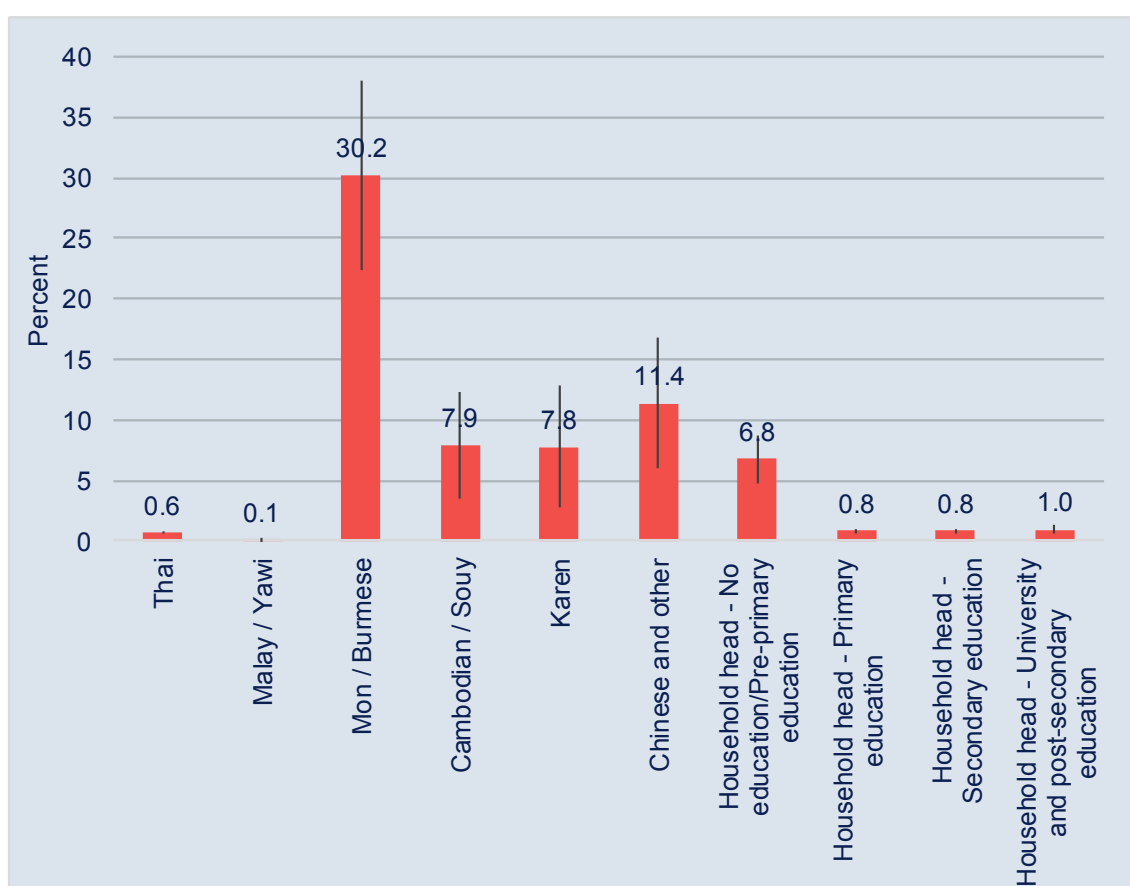
The breakdown of the uninsured population by age shows that lack of access to health insurance is mainly concentrated among persons aged younger than 5 years and between 20 and 40 years.

Although coverage for women of peak reproductive age (23–39) is somewhat better than for men of the same age, it is still far below the health insurance coverage available to other age groups. This is potentially problematic because women in this age group are likely to need access to health care services when they get pregnant. Similarly, children younger than 5 years are a group that is more likely to need health care than other age groups.

**Figure 27.   Men and women not covered by any health insurance, by age (percentage)**
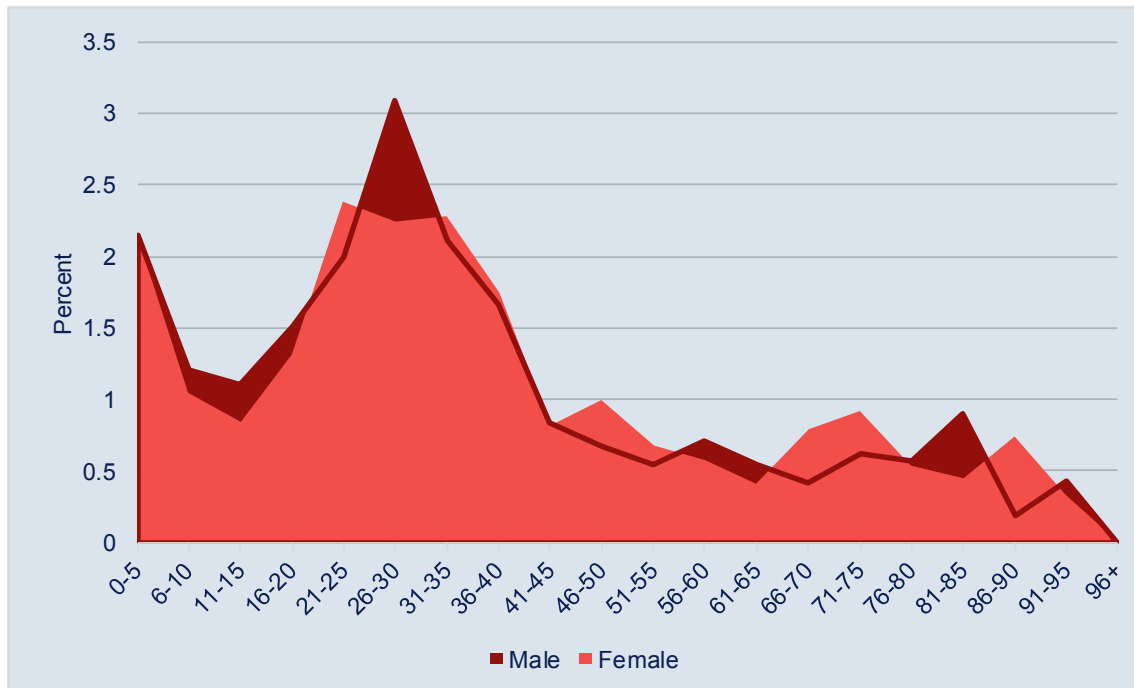


Source: Authors' calculations based on Socioeconomic Survey 2019.

Our analysis also shows that women with disabilities in the Socioeconomic Survey sample, particularly those with mental or multiple disabilities, are more likely to lack health insurance than men with disabilities. Due to the limited sample size, it is not possible to draw any definitive conclusion from this observation. Further analysis would be required to understand whether this is a specificity of the Socioeconomic Survey sample or whether it reflects a broader issue for women with disabilities.

Looking at the picture by geographic region, we see that access to health insurance is lower in urban areas (1.7 per cent uninsured) than in rural areas (0.8 per cent), while Bangkok stands out as having a significantly larger share of uninsured people, compared with all other regions (3.4 per cent uninsured). It is not fully clear why this is the case because Bangkok does not have a higher concentration of non-nationals compared with other regions. However, one partial explanation may be that urban areas and especially Bangkok tend to have more hard-to-reach-people, such as homeless persons and street children. These may have Thai nationality but no longer own the relevant identification documents, which would exclude them from the Universal Health-care Coverage Scheme.

There are also differences in the levels of protection between the three predominant health care programmes. The civil service health care benefit has the highest level of protection. In 2018, expenditure per member for the civil service health care benefit was 13,295 baht, while expenditure per member for the Social Security Fund and Universal Health-care Coverage Scheme was only 7,127 baht and 3,426 baht, respectively (CMA 2019). The primary differences are that the civil servant programme covers both workers and their families and has fewer restrictions on the covered medicines and treatments list. The payment mechanism of the three schemes also differs. For example, the civil service health care benefit covers fees for service, which means that hospitals can charge for actual treatment provided, while the Universal Health-care Coverage Scheme uses per capita reimbursement, meaning hospitals can claim for treatment only up to a designated ceiling. This might affect the quality of service provided in the different schemes. Both Social Security Fund and Universal Health-care Coverage Scheme members choose a hospital to register at and receive income compensation as part of the benefit. All health care schemes provide a comprehensive package of (in-kind) benefits, including antiretroviral drugs, kidney failure and kidney transplant. However, there are some

differences in the benefits catalogue, prices and management of services. For instance, the Social Security Fund health care scheme has a ceiling for reimbursement for dental and child delivery package. On the other hand, Social Security Fund members are free to use either public or private health facilities, whereas the Civil Service Benefits Scheme and Universal Health-care Coverage Scheme provide more generous dental and child delivery package but members cannot use private health facilities.

Finally, figure 28 shows the average health expenditure incurred by health care users in Thailand. It shows that women tend to have higher health care expenditure than men in all age groups, except for people aged 70–85. Insofar as these costs are involuntary and not reducible, this would imply that the real values of the transfers that women receive are smaller in relation to their needs than they are for men. These are relatively small amounts of money in most cases (less than 500 baht per person per month).[37] Given that health care coverage is almost universal, this is a problem for only a small number of people.

**Figure 28.   Average health expenditures incurred by male and female health care users, by age**
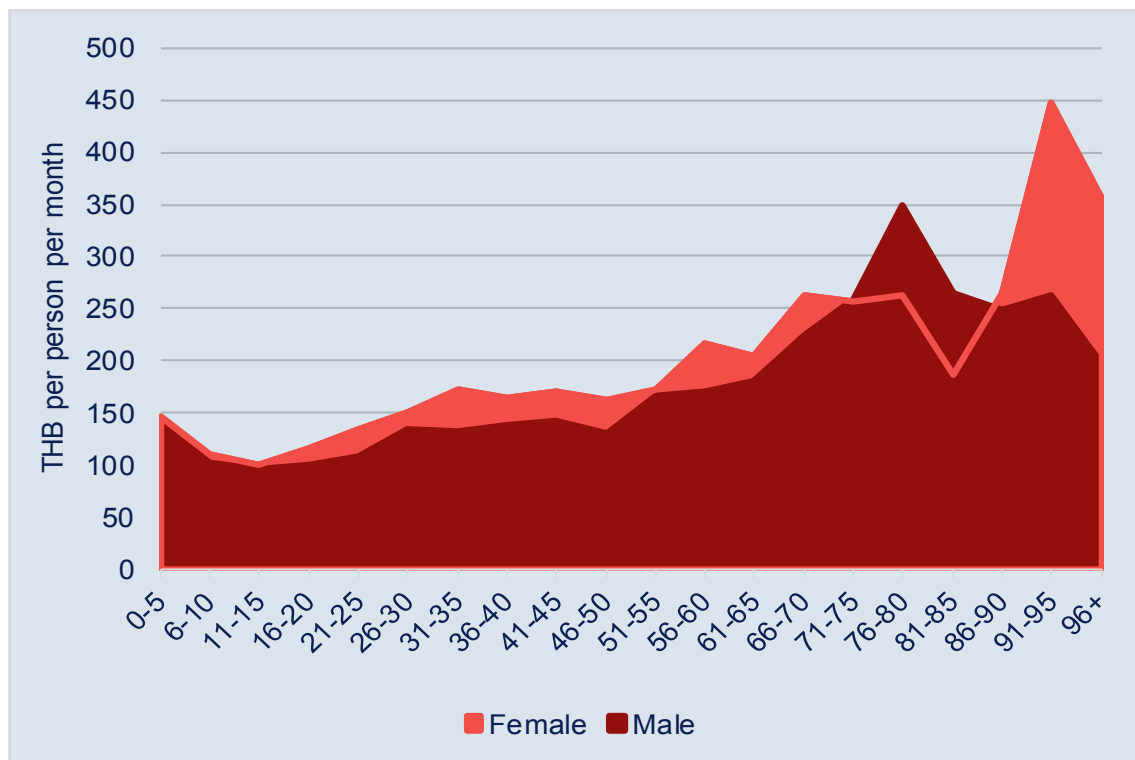


Source: Authors' calculations based on Socioeconomic Survey 2019.

A recent overview of Thailand's progress towards universal health care coverage in the past two decades recognized the significant gains that have been made and the extent to which provision of universal health care has reduced the financial burden on households and risks associated with poor health. At the same time, it acknowledges that, as an ageing society, Thailand will face increased health costs in the coming years. This poses a challenge to the financial sustainability of the system, especially given that a disproportionately large share of health expenditure is accounted for by the Civil Service Benefits Scheme, which is tax financed (see section 4.8). For this reason, there is a need to rationalize the three public health schemes (Civil Service health benefits, UHC and Social Security Fund), for example by streamlining operations and further standardizing common features, such as the benefits package, information system and payment method, to reduce inequities and improve efficiency (ILO 2021a).

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37  Health expenditures are out-of-pocket expenditure, as captured by the Socioeconomic Survey 2019. This includes expenditure on medicines, medical services (outpatient and inpatient) and other medical expenses.

## 4.2  Children

The basic income security for children includes three classifications of assistance: child allowance; education; and nutrition. Table 5 summarizes the coverage rates for programmes providing these types of benefits.

**Table 5.**      **Coverage of social protection programmes for children, 2019**

| ILO Social protection floor pillar 2: Children | ID | Programme | Age | Eligible population | Number of beneficiaries | Coverage rate |
|---|---|---|---|---|---|---|
| **Child allowance[5]** | S5 | Social Security Fund section 33 | 0–6 | 4 659 730 | 1 092 752 | 23.5% |
| | S6 | Social Security Fund section 39 | 0–6 | 4 659 730 | 279 467 | 6.0% |
| | S22 | Child Support Grant | 0–6 | 4 659 730 | 513 702 | 11.0% |
| | **Total** | **S5 + S6 + S22** | **0–14** | **10 947 179** | **1 885 191** | **17.2%** |
| **Education subsidies[5]** | S16 | 15-year Free Education Policy | 3–14 | 9 112 250 | 5 865 217 | 64.4% |
| | S17 | Local Education Empowerment Grant | 6–14 | 7 032 462 | 65 0004 | 0.9% |
| | S18 | Equitable Education Fund Conditional Cash Transfer programme | 6–14 | 7 032 462 | 949 941 | 13.5% |
| | **Total** | **S16 + S17 + S18** | **3–14** | **9 112 250** | **5 865 217** | **64.4%** |
| **Nutrition subsidies** | S21 | Fund for Primary School Lunches Programme | 3–11 | 6 717 954 | 5 459 7934 | 81.3% |
| | S20 | School Milk Nutrition Grant | 3–11 | 6 717 954 | 5 450 1804 | 81.1% |
| | **Total** | **S20 + S21** | **0–14** | **10 947 179** | **5 459 793** | **49.9%** |

Note: (1) The eligible population for each programme is by age range only and does not account for other conditions, such as income level. (2) Beneficiaries of education and nutrition subsidies may benefit from one or more benefits. (3) The number of beneficiaries of free education excludes students in high school or higher. (4) Refers to intended size of target population; we were unable to obtain data on actual number of beneficiaries. (5) Other employment-related schemes, including the Civil Service Benefits, State Enterprise Employees' Benefits and Private Teachers' Aid Benefits, also include education subsidy and child allowance. However, we could not obtain data on numbers of beneficiaries.
Source: SSO 2019a; MOE 2019; EEF 2019; SLS 2019; MSDHS (informant interview); and DLA (informant interview).

## 4.2.1   Child allowances

Employment and contributory social protection programmes that provide an in-cash child allowance include State Enterprise Employees' Benefits, Private Teachers' Aid Benefits and the Social Security Fund. The Social Security Fund has the highest coverage, via sections 33 and 39, collectively covering 29.5 per cent of children aged 0–6 years.[38] The main non-contributory programme is the Child Support Grant. In 2019, 880,893 children were registered under the policy, although only 513,702 of these actually received the grant.[39] Although the programme only aims to help children in households with annual income that is less than 100,000 baht per capita, it appears that it covers 11 per cent of all children aged 0–6 years (based on the actual number of beneficiaries in receipt of the transfers).

Because people who receive social security benefits are less likely to receive the Child Support Grant,[40] together the two programmes cover approximately 40.5 per cent of children aged 0–6 years and 17.2 per cent of all children aged 0–14.

Thailand also has other programmes to support vulnerable children that are not included in this coverage rate. These include programmes to support children in juvenile care in orphanages and foster care, as well as a child homecare support grant for guardians with difficult conditions and a child subsidy to poor households (see programmes 24, 25, 26 and 27 in table A1 in Annex A). As these programmes tend to be small in size,[41] it is unlikely they would significantly increase the overall coverage rate were they to be included in the measure.

## 4.2.2   Education and nutrition

Employment and contributory programmes that provide tuition subsidies for children include the Civil Service Benefits Scheme, local administrative officer benefits, state enterprise benefits and the Private Teachers' Aid Fund. However, we were unable to obtain data to assess the coverage of children by these schemes.

The primary non-contributory programme is the 15-year Free Education Policy,[42] which in 2019 covered 64.4 per cent of children in kindergarten, primary schools and junior high schools. To help poor families with children, Thailand also funds lunches for primary school children and offers the School Milk Nutrition Grant, which together provide food and milk for all children in kindergarten and primary schools. Together these programmes provide nutrition subsidies to 81.3 per cent of school children aged 3–11 years, or 49.9 per cent of all children aged 0–14 years.

According to the 2019 Socioeconomic Survey data, 64.7 per cent of school-aged children receive free school lunches. Coverage is highest for children aged 6–10 years (84.8 per cent). Moreover, 35.4 per cent of children aged 0–5 years also receive supplementary feeding through this programme.

The provision of school lunches is not means-tested. Because many private schools do not provide lunches, coverage decreases from quintile 1 to quintile 5. Girls are slightly less likely to receive school lunches than boys across all quintiles of the wealth distribution (figure 29).

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38   We could not obtain beneficiary data for section 40 or other employment or contributory programmes.

39   As of September 2020 1,912,098 children were registered with the Child Support Grant. See Annex A for coverage and expenditure data for the Child Support Grant in 2020.

40   According to the Cabinet Resolution of 2017, from October 2017 onwards, social security beneficiaries can receive the Child Support Grant. However, the Child Support Grant targets children in poverty and parents registered with Social Security Fund sections 33 and 39 are less likely to be in poverty. Because we cannot identify the overlap between the Child Support Grant and Social Security Fund our coverage rate sums the number of beneficiaries from all three programmes and thus potentially overestimates coverage by some small degree.

41   In 2019 the number of beneficiaries for these programmes were as follows: Juvenile Care in orphanages: 5,790; Child Subsidy to Poor Households: 164,954; Foster Parents' Assistance: 5,297; and Children's Homecare Support grant for Guardians with Difficult Conditions: 22,800. For more detail on these programmes see table A8 in Annex A.

42   The 15-year Free Education policy aims to provide free tuition and to reduce parents' financial burden in regard to education. Its benefits include exemption from paying tuition fees and subsidies for textbooks, school supplies, uniforms and basic learning activities. The supply of textbooks and learning activities are organized by schools. School supplies and uniforms are purchased by students and parents, who can then be reimbursed by the school up to defined maximum amounts. Schools cannot charge students for their education or activities specified in the curriculum. However, expenses for extracurricular activities can be collected from students if approved by the basic education committee (MOE 2018). The degree to which the level of subsidies effectively covers the costs of these expenditures for schools and thereby does not incentivize them to pass on fees to parents and pupils by other means is not clear from our research. Further work is required to understand this issue.

**Figure 29.   Girls and boys receiving free school lunches, by per capita consumption quintile (percentage)**
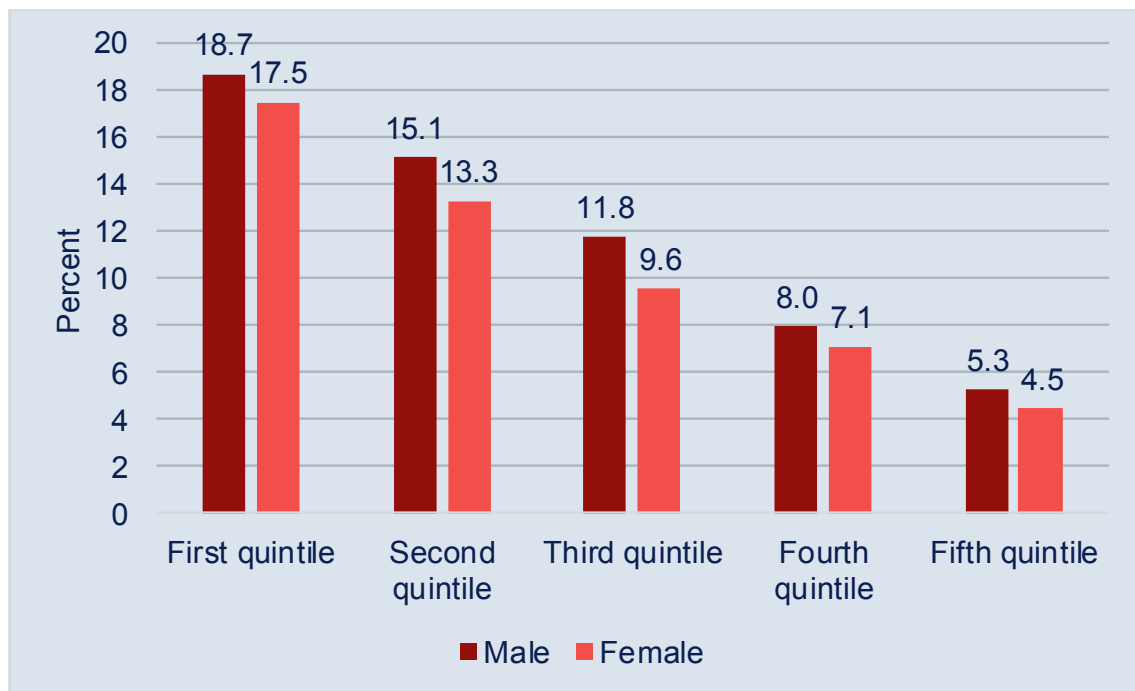


Source: Authors' calculations based on Socioeconomic Survey 2019.

Although the 15-year Free Education Policy is intended to provide basic education to all children, some families can afford – and prefer – non-subsidized schools, such as private schools. As shown in figure 30, the school attendance rate is lowest during kindergarten age (3–5 years) (at 78.8 per cent), is high during primary school age (6–11 years) (at 99.5 per cent) but starts to decline (at 91.8 per cent) during high school age (12–17 years). This is likely due to the Compulsory Education Act BE 2545 (2002), which covers primary education to junior high: parents or guardians who fail to send children of compulsory education age to school are liable to a fine. Public schools are the main source of education and cover 79.2 per cent of all children of school age. Children in private schools account for 13.6 per cent of children in school. Families with higher household consumption invest more in private schools, especially at the kindergarten and primary school levels. Some 7.2 per cent of children are out of the school system, with this issue being more prevalent among children in lower consumption quintiles and particular ethnic groups (see section 3.1.3).

**Figure 30. Ratio of children attending private schools, public schools and no school, by age group and household consumption per head quintile**
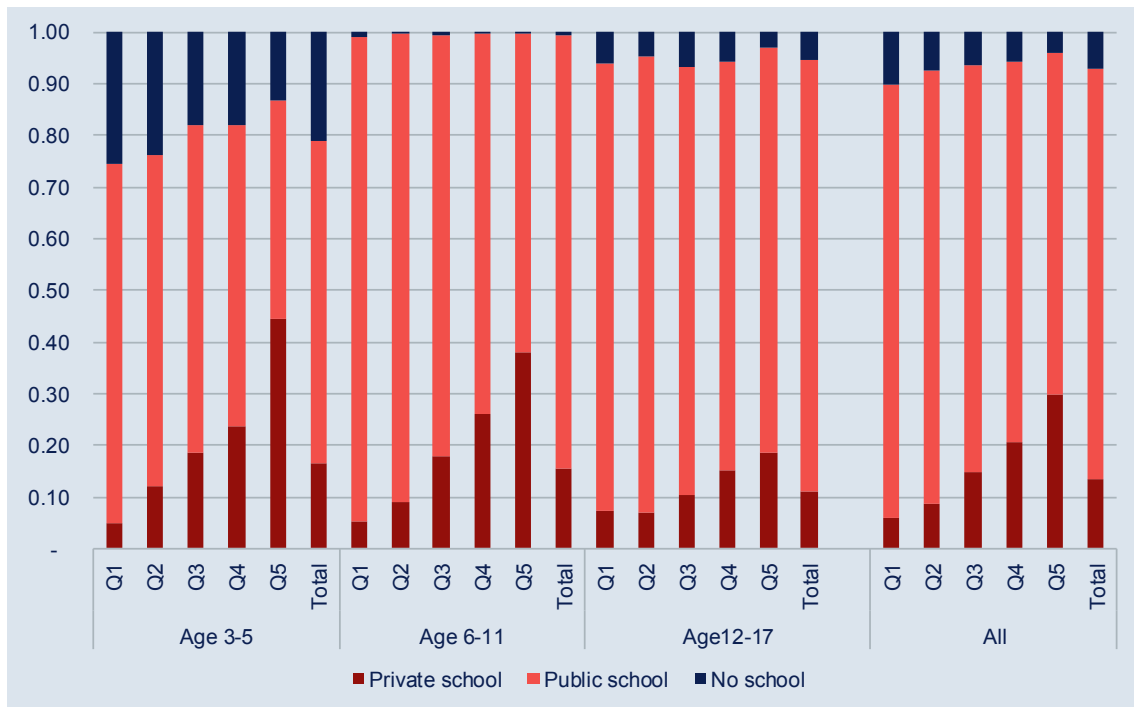
Figure 31 shows the distribution of children outside the school system across various characteristics. Among those out of school, 45 per cent are female and 55 per cent are male; 58 per cent are in rural areas and 42 per cent are in urban areas. The proportion of out-of-school children is highest in the central and north-eastern regions, at 32 per cent and 21 per cent, respectively.[43]

**Figure 31: Distribution of children outside of the school system**
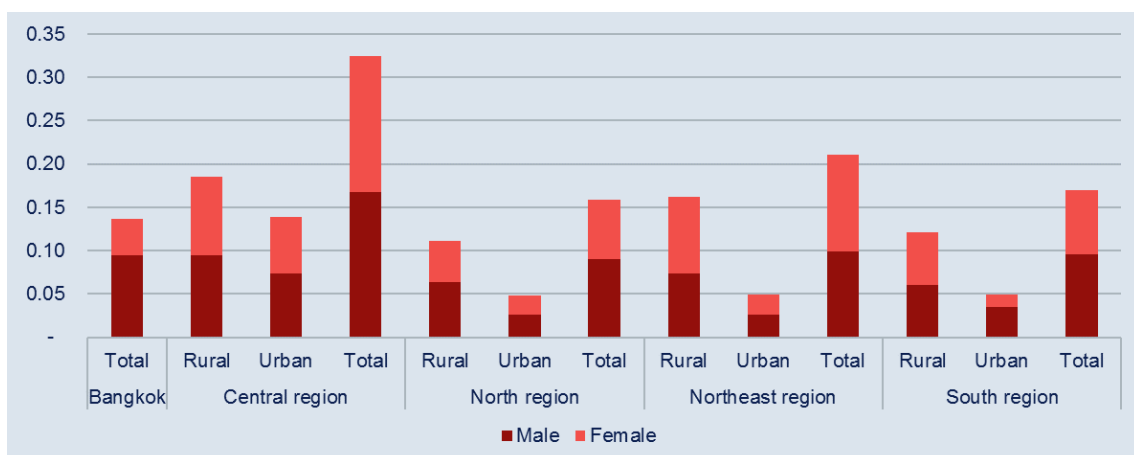


Note: (1) Bangkok refers to Bangkok metropolitan area.
Source: Socioeconomic Survey 2019.

43  Informant interviews conducted for this research suggest that one of the main groups of out-of-school children is those whose parents often move for work, such as construction workers. This seems to be corroborated by 2019 data from the Thai National Statistical Office, which show that of 195,000 domestic migrants, 43,500 moved from the north-eastern to the central regions, much higher than other regional migration routes.

Looking at the relationship between poverty and being out of school, we find that poor children aged 3–17 years are more likely to be out of school than non-poor children (11.1 per cent versus 6.6 per cent), with this disparity more marked for boys (13.6 per cent of poor boys out of school versus 8 per cent of non-poor boys) than girls (8.6 per cent versus 5.1 per cent).

In addition to the 15-year Free Education Policy, Thailand provides more grants for children in poverty via the Local Education Empowerment Grant and several programmes under the Equitable Education Fund. The Equitable Education Fund was founded in 2017 to provide further aid for underprivileged children. It provides scholarships and cash to very poor households with school-aged children to address three critical needs: a lack of basic resources; a lack of transportation; and a lack of school materials.

A primary difference between the employment or contributory programmes and the non-contributory programmes is that the tuition subsidies from the Civil Service Benefits Scheme, Local Administrative Officers' Benefits, State Enterprise Employees' Benefits and Private Teachers' Aid Fund cover tertiary education, whereas the non-contributory programmes cover only basic education (kindergarten, primary school and high school). The Equitable Education Fund Higher Education for Educational Equality Programme attempts to fill this gap by providing scholarships for tertiary education to 2,113 underprivileged students. The Equitable Education Fund also supports children outside of the school system via the Equitable Education Fund Area-Based Initiative for Out-of-School Children, which benefited 6,037 children in 2019.

Looking at coverage rates of non-contributory social assistance by age using Socioeconomic Survey 2019 data, we see that children younger than 5 years are a group with low access to social assistance (more than 55 per cent of this age group do not receive any form of social assistance). This group stands out in that it has low access to both health insurance and social assistance, as well as being the age group with the highest poverty rate (see figure 5 in section 3.1). It is therefore a group that, in principle, requires more protection, not less.

**Figure 32.  Persons not receiving any kind of non-contributory social protection, by age**
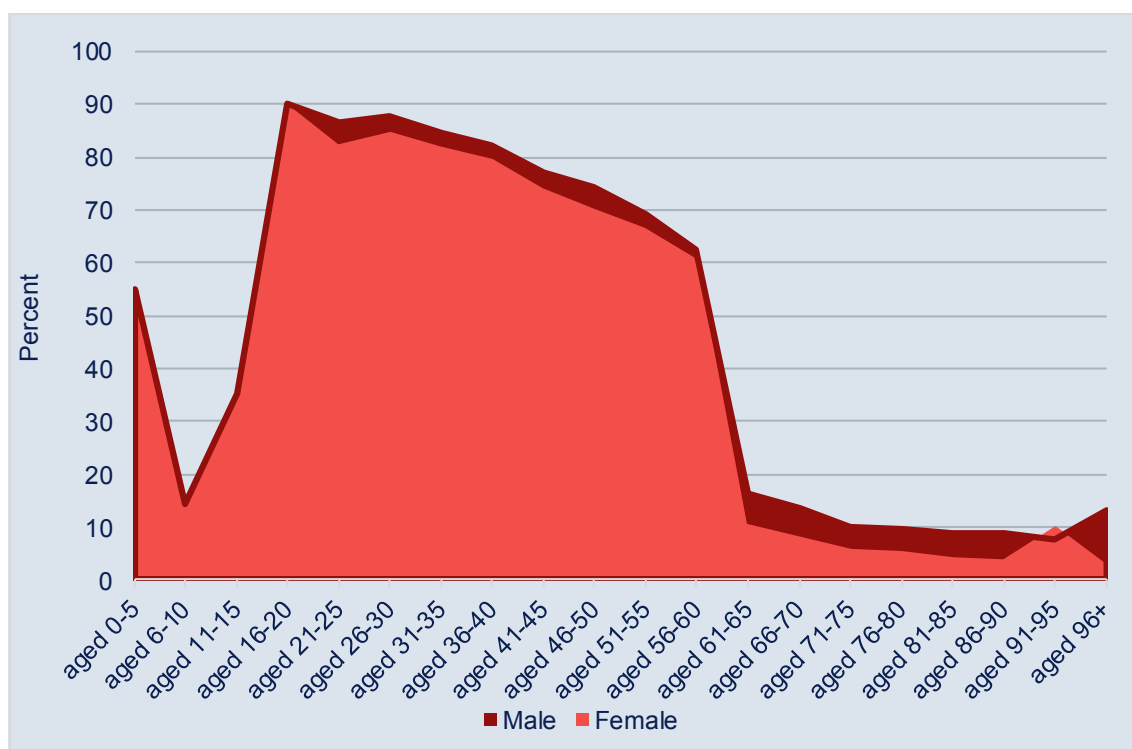
## 4.3 People of active age

The basic income security for active-aged persons (pillar 3 of the ILO social protection floor) includes seven functional classes of benefit: (i) sickness income compensation; (ii) unemployment insurance; (iii) disability insurance; (iv) prenatal and maternity benefit; (v) housing subsidy; (vi) death and survivors' benefit; and (vii) assistance for people in poverty.[44] Coverage rates for these benefits are summarized in table 6.

For people of active age, the main social protection programmes are employment-related, including the civil servant benefits or Government Pension Fund, Local Administrative Officers' Benefits, State Enterprise Employees' Benefits, Private Teachers' Aid Benefits, Social Security Fund section 33 and the Workmen's Compensation Fund. Workers covered by these benefits are officially classed as formal workers.[45] The Social Security Fund also includes section 39 for workers formerly under section 33 and section 40 for workers not covered by sections 33 or 39. Therefore, the functional classifications that are provided by these programmes include sickness income compensation (covering 38 per cent of the active-age population), disability insurance (40.1 per cent) and death and survivors' benefits (40.1 per cent). These benefits have high coverage among government and private employees and ex-employees.

For other benefits, each programme applies a different prioritization. For maternity benefits, the Social Security Fund provides cash benefits with no health care coverage,[46] while the civil servant benefits or Government Pension Fund, Local Administrative Officers' Benefits, State Enterprise Employees' Benefits and Private Teachers' Aid Benefits cover health care directly. Mothers with no employment-related benefits receive maternity health care benefits from the Universal Health-care Coverage Scheme. All formal employees are also legally entitled to paid maternity leave under the Labour Law. Regardless of this distinction, the Social Security Fund maternity benefit covered 47.5 per cent of all women who gave birth in 2019.

The benefits with lower coverage include the housing subsidy (5.3 per cent of active-age people covered) and unemployment insurance (27.3 per cent). This is because only the civil service, local administrative officer and state enterprise benefit schemes provide the housing benefits, while only Social Security Fund section 33 provides unemployment insurance.

For the pension plan, 41 per cent of the active-age population as a whole either contribute to pensions or qualify for a government pension.[47] Thailand's pension system provides two types of benefits: a single lump sum or an annuity that is paid monthly. The monthly pension usually requires many years of contribution: 10 years for the civil servant pension and 15 years for the Social Security Fund (see section 4.4).[48]

The civil servant benefits cover mainly adult workers rather than youth, while the Social Security Fund (sections 33 and 39) is more evenly distributed across youth and adult workers. Coverage of the civil servant benefits is concentrated in the higher consumption quintiles. The Social Security Fund is a little more evenly distributed across consumption quintiles but is still more prevalent among higher earners (see figure 33).

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44  The functional classification of social protection benefits relating to assistance for those in poverty is supposed to be universal. However, the State Welfare Card only targets individuals aged 18 years and older, which means that poor individuals aged 15–17 are only indirectly targeted if they happen to reside in State Welfare Card beneficiary households.

45  Thailand's NSO also considers individuals under social security (sections 39 and 40) as formal workers.

46  For maternity benefits, the Social Security Fund provides a lump-sum fixed-amount cash benefit. A mother enrolled in this Fund gets 15,000 baht (recently increased from 13,000 baht) per child regardless of the actual health care expense. She cannot also be reimbursed from the Universal Health-care Coverage Scheme. For prenatal support, the Social Security Fund pays actual expenses up to 1,500 baht (recently increased from 1,000 baht). If the expense exceeds that, the mother cannot be reimbursed from the Universal Health-care Coverage Scheme. In addition, the Social Security Fund provides a cash allowance during maternity leave that pays 50 per cent of a mother's salary (salary not exceeding 15,000 baht) for 90 days. The cash allowance is only provided for the first and second child.

47  This number refers to active contributors. Although the number may seem quite high, it does not mean that all active contributors will necessarily contribute enough to receive a retirement benefit and especially enough to receive an annuity pension.

48  For a more detailed analysis of the Thailand pension system, see ILO 2022b.

**Figure 33. Ratio of active-age people covered by civil servant benefits, state enterprise benefits or Social Security Fund (sections 33 or 39), by age group and per capita consumption quintile**
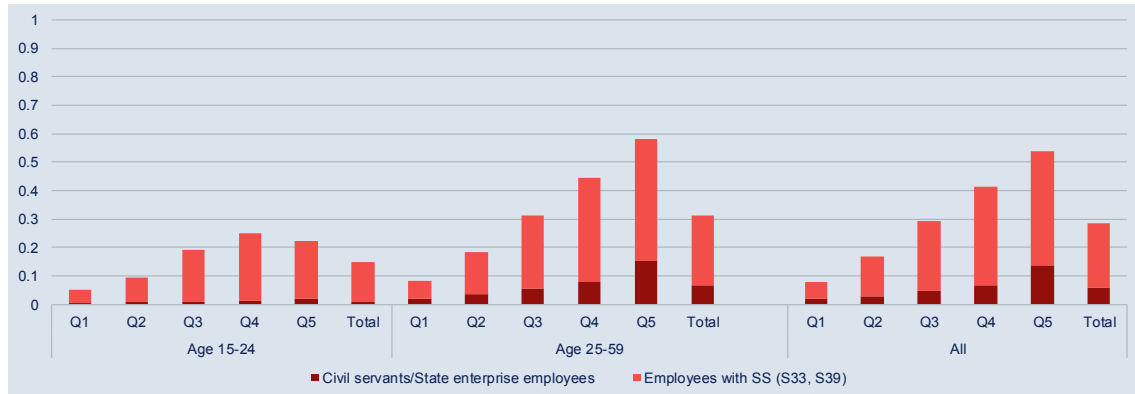


Source: Socioeconomic Survey 2019.

For persons not covered by employment-related or contributory programmes, the State Welfare Card is the largest programme providing support (a mix of cash and in-kind transfers) to people aged 18 and older with income of less than 100,000 baht per year. This card provides benefits to 8,925,758 active-age persons, equating to a coverage rate of 22.1 per cent. The MSDHS also provides further assistance in the form of the Poverty and Destitute Family Support Grant, which in 2019 benefited around 140,000 members (table 6).[49]

Despite these social protection programmes for the active-age population, there remains a significant portion of that group who are excluded from the Civil Service Benefits Scheme, the State Enterprise Employees Benefits Scheme, the Social Security Fund (sections 33 or 39) and the State Welfare Card. Indeed, this is as high as 51.4 per cent of the active-age population, as estimated by Socioeconomic Survey 2019 (figure 34).

Persons excluded are evenly divided between males (49.4 per cent) and females (50.6 per cent), but unevenly distributed across consumption quintiles and between different sectors of the economy. Active-age persons are progressively more likely to be excluded as one moves down the consumption quintiles, a result that is likely driven by the sector in which people work. The highest levels of exclusion (57.5 per cent) are seen among those working in agriculture because most agricultural workers are either seasonal workers or self-employed, working for companies that are not registered – and so are not protected by Social Security Fund sections 33 and 39. Slightly more than four of every ten persons (41.9 per cent) working in the service sector are excluded, compared with around a third (32.6 per cent) of industrial sector workers. Further analysis of the situation of informal workers is provided in section 3.2 and in the SPDR background paper on expanding social protection to informal workers (ILO 2022a).

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49   This figure reduced slightly to around 108,000 in 2020 (see table A11 in Annex B).

**Figure 34.** **Ratio of active-age population excluded from civil servant benefits, state enterprise benefits, Social Security Fund (sections 33 or 39) and State Welfare Card, by employment sector and consumption quintile**
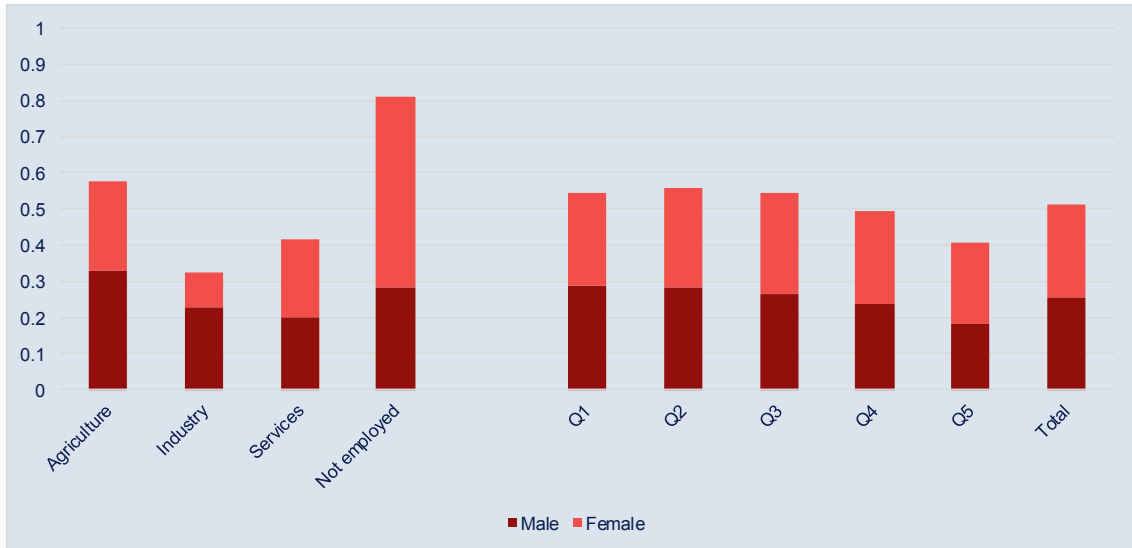
One group that stands out in this analysis is unemployed persons.[50] As shown in previous sections, this group tends to be poor and to have little access to contributory social protection because social insurance is usually associated with the employment relationship. Yet 81.1 per cent of persons in this group do not receive any kind of non-contributory social protection either. This points to gaps in social protection coverage because this group largely lacks access to both contributory and non-contributory social protection, despite having a need for both.

Agricultural workers are another group significantly excluded from social protection coverage. Given the large number of people employed in the agriculture sector (see figure 14) and the particular vulnerabilities that they face in terms of poverty and susceptibility to climatic and economic shocks, special strategies may be required to expand coverage of both contributory and non-contributory social protection to this group.

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50  Unemployed persons do not include inactive people or the population of persons who are not willing to work. Unemployment is defined as the percentage of the working-age population (15–64) who are reported to be looking for a job (recently unemployed) as per the Socioeconomic Survey 2019 data.

**Figure 35. Persons not receiving any kind of social assistance (95 per cent confidence interval), by employment characteristics**
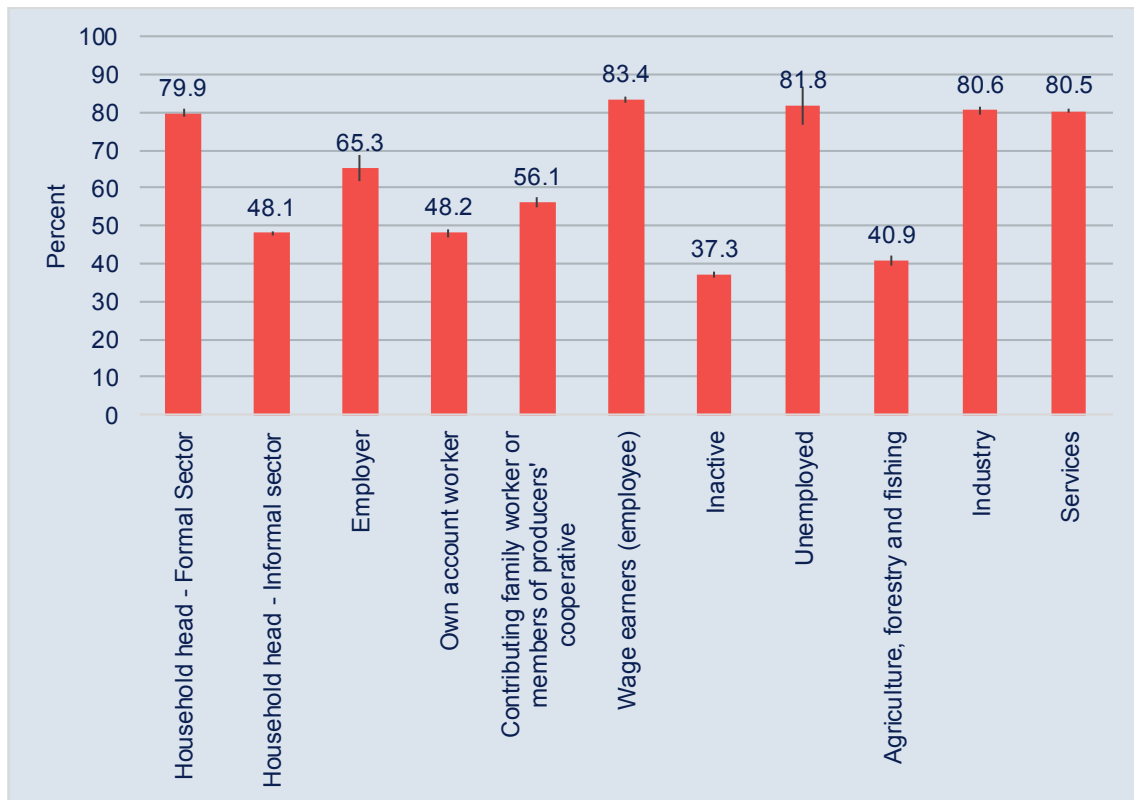


Source: Authors' calculations based on Socioeconomic Survey 2019.

**Table 6.** Coverage of social protection programmes for the active-age population, 2019

| Pillar 3: Working age | ID | Programme | Age | Eligible population | Number of registrations/ members | Pro- gramme coverage | Number of beneficiar- ies | Units | Cover- age rate |
|---|---|---|---|---|---|---|---|---|---|
| **Sickness income compensation** | S1,S2 | Civil Service Benefits Scheme and local administrative officer benefits | 15–59 | 42 845 915 | 1 877 360 (2018) | 4.4% | | | |
| | S5 | Social Security Fund (S33) | 15–55 | 39 317 223 | 11 686 393 | 29.7% | 91 595 | Cases | 0.2% |
| | S6 | Social Security Fund (S39) | 15–55 | 39 317 223 | 1 648 118 | 4.2% | 330 468 | Cases | 0.8% |
| | S7 | Social Security Fund (S40) | 15–55 | 39 317 223 | 1 071 996 | 2.7% | 88 976 | Cases | 0.2% |
| | S8 | Workmen's Compensation Fund | 15–55 | 39 317 223 | 11 710 823 | 29.8 | 93 043 | Per- sons | 0.2% |
| | **Total** | **S1+S2+S5+S6+S7** | **15–59** | **42 845 915** | **16 283 867** | **38.0%** | | | |
| **Unemploy- ment** | S5 | Social Security Fund (S33) | 15–55 | 39 317 223 | 11 686 393 | 29.7% | 170 455 | Per- sons | 0.4% |
| | **Total** | **S5** | **15–59** | **42 845 915** | **11 686 393** | **27.3%** | **93 043** | | **0.2%** |
| **Disability insurance** | S1,S2 | Civil Service Benefits Scheme and local administrative officer benefits | 15–59 | 42 845 915 | 1 877 360 (2018) | 4.4% | | | |
| | S3 | State enterprise benefits | 15–59 | 42 845 915 | 382 190 (2018) | 0.9% | | | |
| | S4 | Private Teachers' Aid Fund | 15–59 | 42 845 915 | 98 758 (2018) | 0.2% | | | |
| | S5 | Social Security Fund (S33) | 15–55 | 39 317 223 | 11 686 393 | 29.7% | 8 672 | Cases | 0.0% |
| | S6 | Social Security Fund (S39) | 15–55 | 39 317 223 | 1 648 118 | 4.2% | 7 203 | Cases | 0.0% |
| | S7 | Social Security Fund (S40) | 15–55 | 39 317 223 | 1 071 996 | 2.7% | 327 | Cases | 0.0% |
| | S8 | Workmen's Compensation Fund | 15–55 | 39 317 223 | 11 710 823 | 29.8 | 1 224 | Per- sons | 0.0% |
| | **Total** | **S1+S2+S3+S4+S5+S6+S7** | **15–59** | **42 845 915** | **17 193 636** | **40.1%** | | | |

| Pillar 3: Working age | ID | Programme | Age | Eligible population | Number of registrations/members | Programme coverage | Number of beneficiaries | Units | Coverage rate |
|---|---|---|---|---|---|---|---|---|---|
| **Maternity (cash benefit)** | S5 | Social Security Fund (S33) | 0 | 618 193 | 245 300 | 39.7% | 245 300 | Persons | 39.7% |
| | S6 | Social Security Fund (S39) | 0 | 618 193 | 48 423 | 7.8% | 48 423 | Persons | 7.8% |
| | **Total** | **S5+S6** | **0** | **618 193** | **293 723** | **47.5%** | **293 723** | | **47.5%** |
| **Housing** | S1,S2 | Civil Service Benefits and local administrative officer benefits | 15–59 | 42,845,915 | 1,877,360 (2018) | 4.4% | | | |
| | S3 | State Enterprise Benefits | 15–59 | 42,845,915 | 382,190 (2018) | 0.9% | | | |
| | **Total** | **S1+S2+S3** | **15–59** | **42,845,915** | **2,259,550** | **5.3%** | | | |
| **Death / survivors' benefit** | S1,S2 | Civil Service Benefits Scheme and Local Administrative Officers' Benefits | 15–59 | 42,845,915 | 1,877,360 (2018) | 4.4% | | | |
| | S3 | State Enterprise Employees' Benefits | 15–59 | 42,845,915 | 382,190 (2018) | 0.9% | | | |
| | S4 | Private Teachers' Aid Fund | 15–59 | 42,845,915 | 98,758 (2018) | 0.2% | | | |
| | S5 | Social Security Fund (S33) | 15–55 | 39,317,223 | 11,686,393 | 29.7% | 20,960 | Persons | 0.1% |
| | S6 | Social Security Fund (S39) | 15–55 | 39,317,223 | 1,648,118 | 4.2% | 9,308 | Persons | 0.0% |
| | S7 | Social Security Fund (S40) | 15–55 | 39,317,223 | 1,071,996 | 2.7% | 9,331 | Persons | 0.0% |
| | S8 | Workmen's Compensation Fund | 15–55 | 39,317,223 | 11,710,823 | 29.8 | 639 | Persons | 0.0% |
| | **Total** | **S1+S2+S3+S4+S5+S6+S7** | **15–59** | **42,845,915** | **17,193,636** | **40.1%** | | | |

| Pillar 3: Working age | ID | Programme | Age | Eligible population | Number of registrations/members | Programme coverage | Number of beneficiaries | Units | Coverage rate |
|---|---|---|---|---|---|---|---|---|---|
| **Poverty** | S28 | State Welfare Card | 18–59 | 40,453,188 | 8,925,758 | 22.1% | | | |
| | S29 | Poverty and Destitute Family Support Grant | 15–59 | 42,845,915 | 140,176 | 0.3% | 140,176 | Persons | 0.3% |
| | **Total** | **S28** | **15–59** | **42,845,915** | **8,925,758** | **20.8%** | | | |
| **Contributing to pension (including government pension)** | S1,S2 | Civil Service Benefits Scheme and Local Administrative Officers' Benefits | 15–59 | 42,845,915 | 1,877,360 (2018) | 4.4% | Cannot yet receive the benefit | | |
| | S5 | Social Security Fund (S33) | 15–55 | 39,317,223 | 11,686,393 | 29.7% | | | |
| | S6 | Social Security Fund (S39) | 15–55 | 39,317,223 | 1,648,118 | 4.2% | | | |
| | S7 | Social Security Fund (S40) | 15–55 | 39,317,223 | 1,071,996 | 2.7% | | | |
| | S11 | National Savings Fund | 15–59 | 42,845,915 | 2,335,085 | 5.5% | | | |
| | **Total** | **S1+S2+S5+S6+S11** | **15–59** | **42,845,915** | **17,546,956** | **41.0%** | | | |

Note: (1) Active contributors.
Source: S1 from OCSC 2015; S2 from OCSC 2019; S3 and S4 from NSO 2018; S5, S6, S7 and S8 from SSO 2019a and 2019b; S11 from SAO 2019; S28 from FPO (informant interview); and S29 from DSDW 2019.

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## 4.4  Older persons

Basic income security for older persons includes four classes of assistance: (1) lump-sum pension; (2) annuity pension (paid monthly); (3) in-kind support; and (4) assistance for people in poverty. Coverage rates for these benefit types are given in table 7.

**Table 7.  Coverage of selected social protection programmes for older persons in 2019[1]**

| Pillar 4: Old age | ID | Programme | Age | Total population | Number of beneficiaries | Coverage rate |
|---|---|---|---|---|---|---|
| **Lump-sum pension[2]** | S5 | Social Security Fund (S33)[3] | 55 | 987 546 | 256 375 | 26.0% |
| | S6 | Social Security Fund (S39)[3] | 55 | 987 546 | 37 519 | 3.8% |
| | S7 | Social Security Fund (S40)[3] | 55 | 987 546 | 21 156 | 2.1% |
| | **Total** | **S5+S6+S7** | **55** | **987 546** | **315 050** | **31.9%** |
| **Annuity pension (paid monthly)[2]** | S1,S2 | Civil Service Benefits Scheme and local administrative officer benefits | 60+ | 11 136 059 | 700 541 | 6.3% |
| | S5 | Social Security Fund (S33)[3] | 55+ | 15 652 297 | 181 693 | 1.2% |
| | S6 | Social Security Fund (S39)[3] | 55+ | 15 652 297 | 50 040 | 0.3% |
| | S33 | Old-Age Allowance | 60+ | 11 136 059 | 9 093 916 | 81.7% |
| | S11 | NSF | 60+ | 11 136 059 | | |
| | **Total** | **S1+S2+S5+S6+S33** | **60+** | **11 136 059** | **10 026 190** | **90.0%** |
| **In-kind support** | S35 | Long-term care | 60+ | 11 136 059 | 152 8004 | 1.4% |
| | S36 | Allowance for abandoned and abused elderly | 60+ | 11 136 059 | 16 670 | 0.2% |
| | S37 | Social welfare development centre for older persons | 60+ | 11 136 059 | 38 500 | 0.4% |
| | S38 | Funeral allowance for the elderly | 60+ | 11 136 059 | 10 402 | 0.1% |
| | S39 | Living environment improvement assistance for elderly | 60+ | 11 136 059 | 3 2005 | 0.03% |
| | **Total** | **S35+S36+S37+S38+S39** | **60+** | **11 136 059** | **221 572** | **2.0%** |
| **Assistance for those in poverty** | S28 | SWC | 60+ | 11 136 059 | 4 812 265 | 43.2% |
| | S34 | Cash assistance for low-income elderly[6] | 60+ | 11 136 059 | 4 812 265 | 43.2% |
| | **Total** | **S28** | **60+** | **11 136 059** | **4 812 265** | **43.2%** |

Notes: (1) The table has no data on civil servant benefits. (2) This coverage does not include those from the NSF, which provided retirement benefits to 38,627 beneficiaries, due to the inability to identify the types of benefits provided. (3) To receive pension benefits from the social security programme, members must be 55 years old and retired from their jobs. Therefore, some members who work longer may start receiving pension benefits after 55 years old. (4) Refers to intended size of target population; unable to obtain data on actual number of beneficiaries. (5) Households. (6) Started in 2019, targeting SWC beneficiaries.
Sources: S5, S6, and S7 from SSO (2019a); S11 from SAO (2019); S28 and S34 from FPO (KII); S33 from MSDHS (KII); S35 from NHSO and MJU (Maejo University) (2019); S36, S37, S38, and S39 from Department of Older Persons (DOP) (2019).

Although Social Security Fund sections 33 and 39 cover 34 per cent of the active-age population (see table 6), most retired members only receive a lump-sum pension and not the monthly pension. This is because, to receive an annuity pension, members must contribute to the scheme for at least 15 years. Members with fewer than 15 years of contributions receive a lump-sum pension. Of the 355,626 individuals with pension benefits who retired under the Social Security Fund section 33 and section 39 schemes in 2019, 17.4 per cent received the annuity pension, while 82.6 per cent received the lump-sum pension. This situation is likely to at least partly reflect the fact that the Social Security Fund is relatively young – initiated in 1990 – and only started paying pensions in 2014 (box 5). This implies that there has not been an opportunity for many members to have contributed for the required length of time to receive an annuity pension. As the Social Security Fund matures, one would expect this situation to change. In any case, as things currently stand and as per table 7, those in receipt of lump-sum pensions from the Social Security Fund thus account for 31.9 per cent of the population aged 55 years or older, while those receiving annuity pensions from the Social Security Fund account for 1.5 per cent of the population aged 55 years or older.

**Box 5    Increasing coverage of SSO pension schemes over time**

A review of the Thailand pension system conducted as part of the SPDR found that the percentage of the Thai labour force that is covered by SSO pension schemes rose steadily between 2001 and 2019, from slightly more than 17 per cent of all workers to 43 per cent.
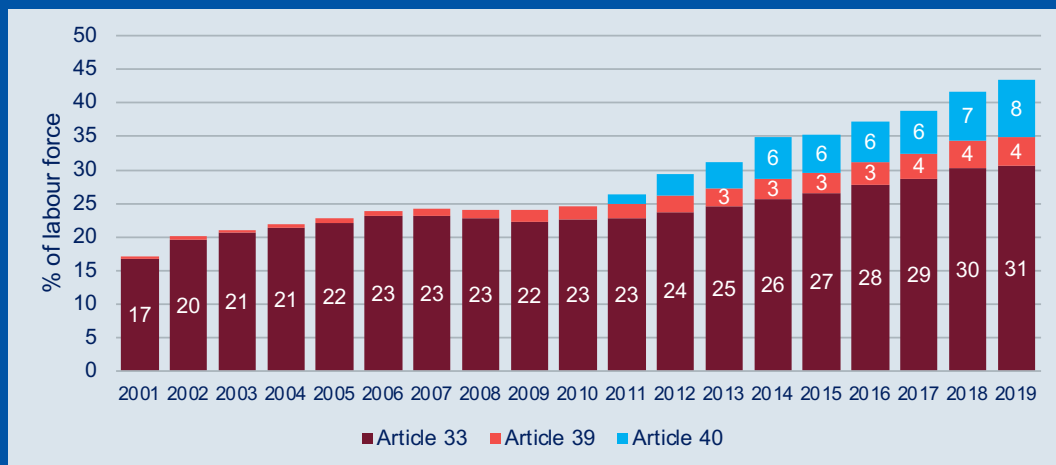


Source: ILO 2022b.

Due to insufficient levels of savings and protection, some 39.5 per cent of the population continue to work after turning 60 (24.3 per cent of people 60 years and older work in the agriculture sector and 15.2 per cent work in the non-agriculture sector according to Socioeconomic Survey 2019).

Regardless of their employment situation, the majority of Thailand's older population receive one or both of two monthly cash transfers, which are the Old-Age Allowance (81.7 per cent) and the State Welfare Card (43.2 per cent). Slightly fewer wealthy people (those in the highest per capita consumption quintile) register for the Old-Age Allowance than people in the lower quintiles, even though the Old-Age Allowance is almost universal – the exceptions are persons with a civil service, local government, state enterprise or private teachers' pension who are not eligible for the Old-Age Allowance. People in the lower consumption quintiles are also more likely to receive assistance from the State Welfare Card, which is to be expected given that this programme is poverty-targeted.

**Figure 36. Ratio of older persons receiving the Old-Age Allowance, State Welfare Card or both, by employment status and per capita consumption quintile**
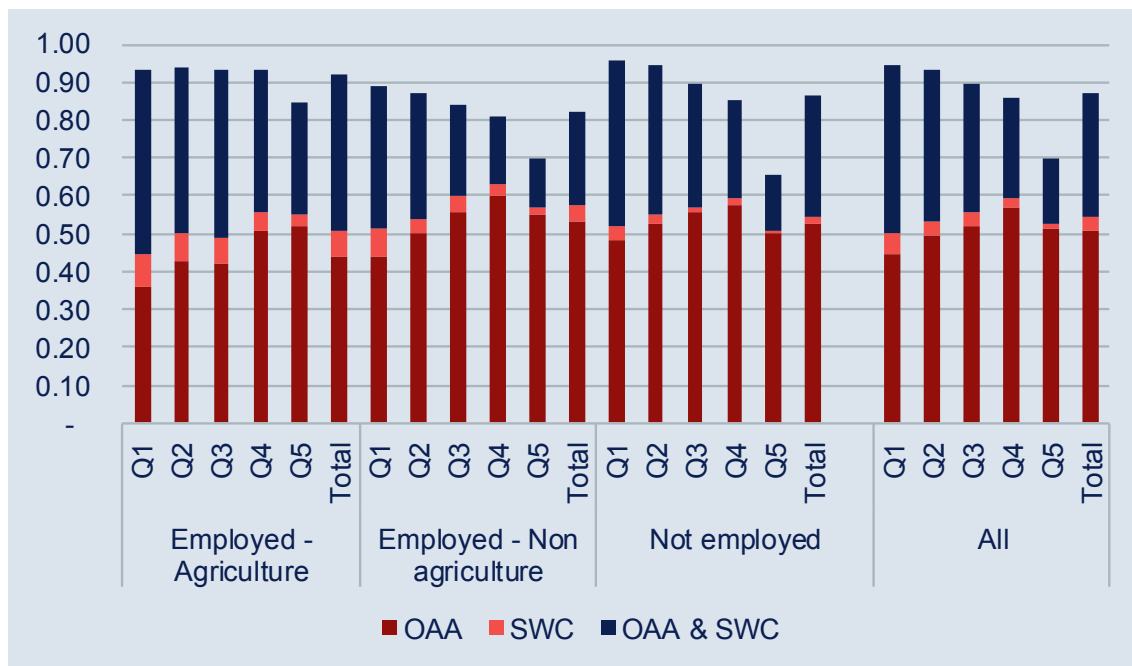


Note: OAA=Old-Age Allowance; SWC=State Welfare Card.
Source: Socioeconomic Survey 2019.

Around 5 per cent of older persons in the lowest per capita consumption quintile do not receive either the Old-Age Allowance or the State Welfare Card. Of them, 47 per cent are male and 53 per cent are female, while 30 per cent live in urban areas and 70 per cent in rural areas. The largest proportions of this group are in the north-eastern region (at 38 per cent), the northern region (at 27 per cent) and the central region (at 19 per cent).

**Figure 37. Distribution of older persons in the lowest per capita consumption quintile not receiving the Old-Age Allowance or State Welfare Card, by sex and region**
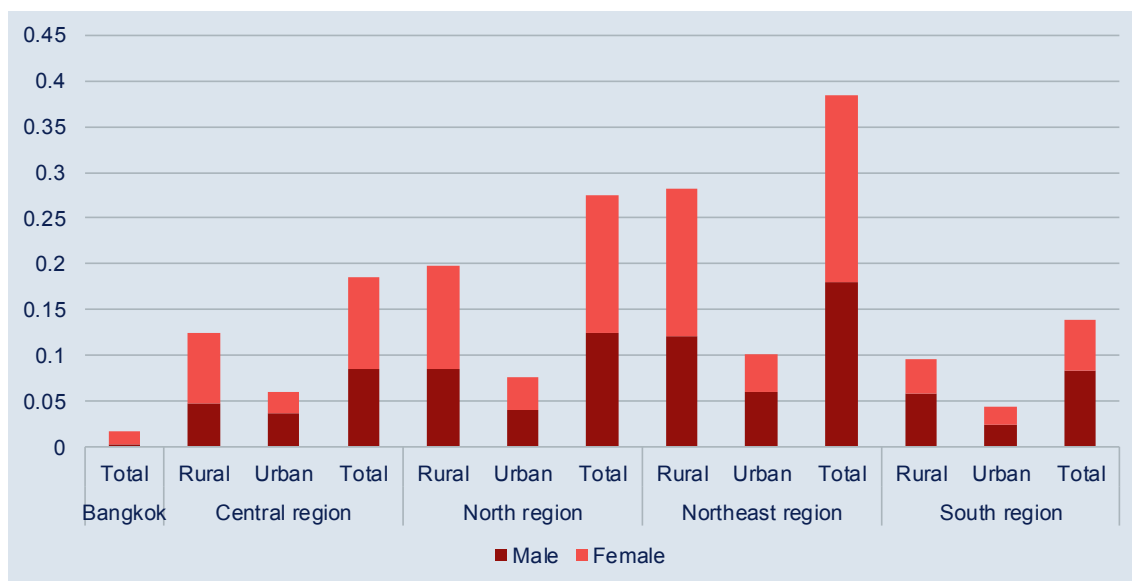


Source: Socioeconomic Survey 2019.

In addition to pensions, older persons often require in-kind assistance to aid them in their everyday lives. Thailand's long-term care programme provides physical assistance, benefiting 152,800 people, or 1.4 per cent of all older persons. Other social assistance programmes for older people include the allowance for abandoned and abused older persons, the social welfare development centre for older persons, the funeral allowance for older persons and living environment improvement assistance for older persons (see table A1 in Annex A).

## 4.5  Vulnerable groups

Certain segments of the population have vulnerabilities that cut across the social protection floor pillars. These include people living with a disability, women and migrant workers. Here we describe coverage rates and particular issues of access affecting these groups specifically.

### 4.5.1   People with disabilities

People with a disability is a vulnerable group that cuts across the four pillars of the social protection floor. For this group, although disability benefits are provided under both the Social Security Fund and Workmen's Compensation Fund, the main social protection programme is the Disability Grant, which nominally provides a monthly cash transfer to all people with a disability nationally. Despite its universal status, however, the Disability Grant covers just 53.4 per cent of all people with a disability. This apparent under-coverage is due to the differences between the definitions of disability applied by the Disability Grant programme and those used for this analysis. We calculated the total population of people with a disability based on a National Statistical Office and UNICEF (2020) report, whose definition of disability is based on the International Classification of Functioning, Disability and Health, using the Washington Group on Disability Statistics' questions. By contrast, the MSDHS uses its own definition based on total loss of function. For example, a person who is blind in one eye would be classified as disabled by the International Classification of Functioning but not by the MSDHS. Using the MSDHS criteria, the number of people with a disability card is 2,015,385 persons and the coverage is 97.9 per cent (DEP 2019).

Indeed, according to the Disability Survey of 2017, 43.8 per cent of people living with a disability received the grant and 44.4 per cent of people with a disability had the disability card. This low estimate of the coverage rate provoked attention onto the need to explore the reasons for the programme's limited reach and improve the implementation of the policy (NSO and UNICEF 2020). As a result, the Department of Empowerment of Persons with Disabilities and the MSDHS, in partnership with UNICEF and Thammasat University, conducted an analysis of the Disability Grant policy and its implementation (Thammasat University and UNICEF 2019). The study findings were endorsed by the Government in 2020, and it was agreed that the main reason for the low coverage rate was the disability assessment process. There was thus a need to move away from the medical-based disability assessment approach and towards a social or functional-based approach. In fact, the notion of moving towards a social or functional-based approach had already been anticipated by the Persons with Disabilities' Quality of Life Promotion Act B.E. 2550 (2007), which defines people living with a disability as anyone who has a limitation to perform their daily activities or to fully participate in society due to visual, hearing, mobility, communication, mental, emotional, behavioural, intellectual, learning or other impairments, in combination with obstacles in various ways and has special needs to obtain any particular aid to perform their daily activities or participate in society like persons without disabilities according to the types and criteria of disabilities prescribed by the MSDHS. However, to date, the MSDS has not been able to implement this new definition fully due to a variety of challenges (Thammasat University and UNICEF 2019). For this reason, the MSDHS commissioned UNICEF and TDRI to conduct a review of the disability assessment process, which is ongoing (Jitsuchon forthcoming).

**Table 8.** **Coverage of selected social protection programmes for people living with a disability, 2019**

| PWDs | ID | Programme | Category | Population | Number of beneficiaries | Coverage |
|---|---|---|---|---|---|---|
| Disability | S40 | Disability Grant | Disability person | 3 694 379 | 1 973 911 | 53.4% |

Source: S40 from MSDHS (informant interview).

Analysing data from Socioeconomic Survey, we found that, overall, 64.2 per cent of persons who declared having a disability received the Disability Grant in Thailand in 2019. Persons with mental disabilities were more likely to receive support than those with physical disabilities, with 61.9 per cent of persons with physical disabilities and 72.3 per cent of those with mental disabilities receiving the Disability Grant. Among those suffering from both physical and mental disabilities, coverage reaches 81.4 per cent.

Surprisingly, a smaller proportion of those with severe disabilities receive the Disability Grant than those with moderate disabilities (65.1 per cent versus 70.7 per cent). However, the difference is not statistically significant at the 5 per cent level or even the 10 per cent level.

Women appear slightly less likely to receive the Disability Grant at all levels of severity of disability, and that difference is statistically significant at the 10 per cent level for the people with a disability as a whole.

**Figure 38.** **Men and women who received the Disability Grant, by type and severity (percentage)**
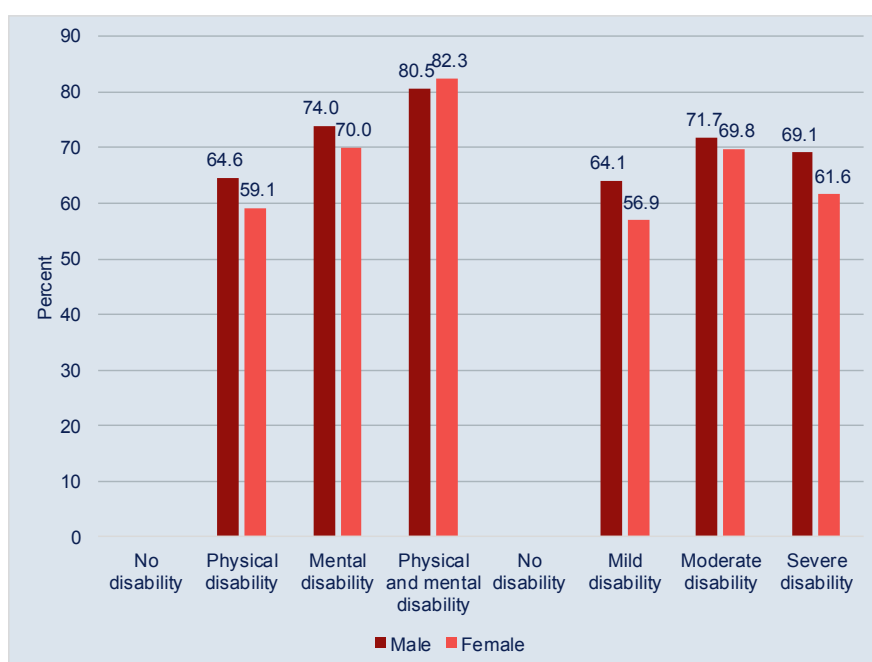


Source: Authors' calculations based on Socioeconomic Survey 2019.

In addition to the Disability Grant, Thailand has numerous other social assistance programmes for people with a disability, run by several ministries, including social assistance for families of people living with a disability, the Ministry of Digital Economy and the Society Equipment Lease Programme, the MOT disability equipment subsidies, the MSDHS equipment purchase subsidy, the living environment improvement assistance for disabilities, a personal assistance service for disabled persons, a sign language interpreter service for hearing impaired persons and guide dogs for visually impaired persons. We were unable to obtain detailed administrative data for these programmes.

51 The Universal Health-care Coverage Scheme also provides rehabilitation services and aid tools for persons with disabilities who are registered.

## 4.5.2  Women

Thailand's social protection programmes generally have good coverage of women, but challenges remain with regard to intersecting inequalities and entrenched cultural norms.

Thailand's impressive progress in expanding the coverage of social protection has benefited women, with coverage of women equal to or sometimes even slightly higher than, men. For example, the Informal Employment Survey 2018 estimated there were 25.8 million workers not contributing to the Social Security Fund in Thailand, with more men than women uninsured (14.4 million versus 11.4 million, respectively) and with men also more likely to be uninsured (73 per cent of male workers are uninsured, compared to 70 per cent of female workers). However, this aggregate picture disguises a more varied situation for women in certain sectors and across different employment statuses.

Women account for some 45 per cent (16.4 million) of the whole non-civil servant workforce. This is similar in both formal (46 per cent) and informal (45 per cent) enterprises but is higher in households (49 per cent), indicating that women are overrepresented there. By "overrepresented", we mean that there are more women working in households than their share in the overall non-civil servant workforce. This can be further illustrated by looking at women by employment status (figure 39): Women are clearly overrepresented among contributing family members (constituting 62 per cent of the workforce in that group) and underrepresented among employers (23 per cent) and own-account workers (38 per cent).[52]

**Figure 39.  Proportion of women workers, by employment status**
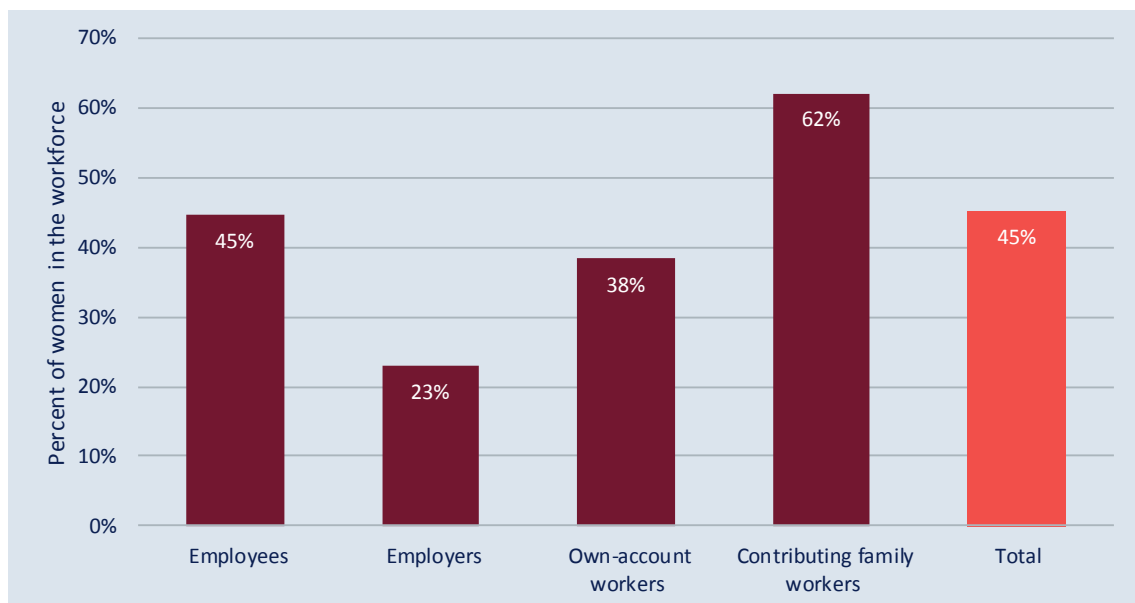


Source: Informal Employment Survey 2018.

Analysing the location of women in the workforce by economic sector, we see that women are significantly overrepresented in particular sectors, including, especially, among domestic workers (82 per cent of domestic workers are women), health workers (77 per cent), education (66 per cent) and accommodation and food services (65 per cent).

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52  Women are also underrepresented among members of producers' cooperatives (34 per cent) (which are not included in figure 39).

**Figure 40.  Proportion of women workers, by economic sector**
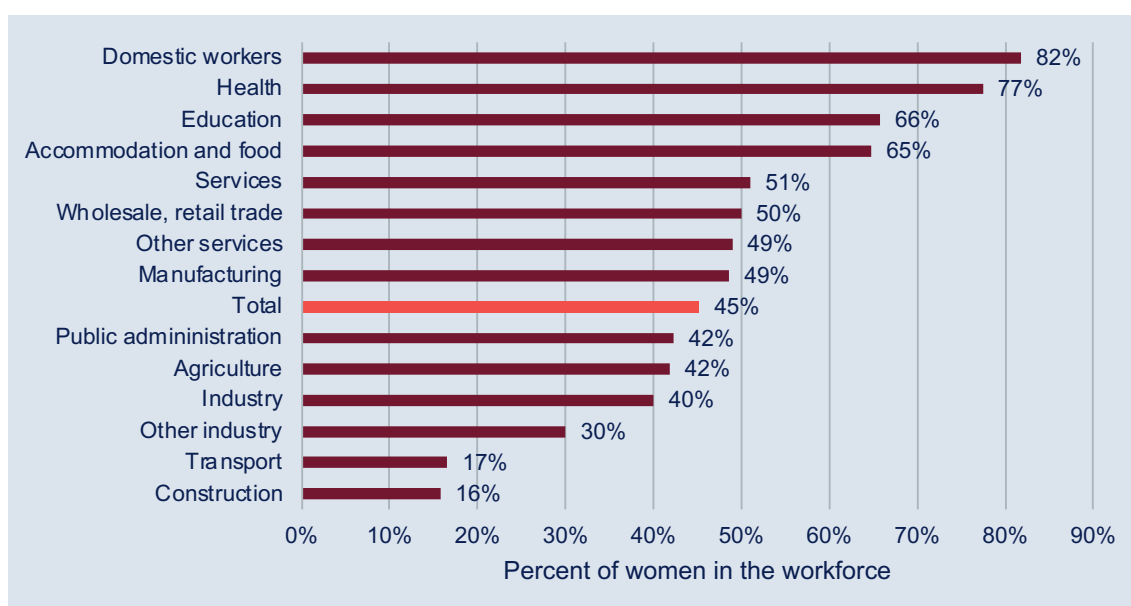


Source: Informal Employment Survey 2018.

Further differences are observed in the distribution of women across economic sectors when considering formal versus informal enterprises. Here we find that women are even more overrepresented in formal enterprises in the education sector (66 per cent), whereas the opposite holds true for women workers in informal enterprises in the health (93 per cent) and the accommodation and food (67 per cent) sectors.

Given that certain employment statuses are associated with lower rates of Social Security Fund coverage (such as 6.7 million, or 97 per cent of all contributing family members, are uninsured) and given the fact that some of these sectors in which women are overrepresented have both large numbers and large proportions of workers uninsured (such as the accommodation and food sector has some 2.2 million workers, or 78 per cent of the total workforce in that sector, are uninsured; see figure 14), addressing gender disparities in coverage by social security becomes more crucial depending on employment status and economic sector.

Because a large proportion of women do not participate in the labour force, they are not eligible for the contributory social security programmes. Even where they do participate in the workforce, as discussed previously, women are overrepresented in certain forms of employment (such as among contributing family workers) and economic sectors (domestic workers) for which coverage by contributory social protection is relatively low. Thus, women are often forced to rely on non-contributory schemes (the Universal Health-care Coverage Scheme, the Old-Age Allowance and the State Welfare Card), with lower levels of benefits (see section 4.7). The eligibility criteria for and the design of existing contributory and non-contributory programmes therefore contribute to and exacerbate structural inequalities between men and women within the labour market.

Women also face discrimination and risks in claiming their entitlements due to intersecting forms of gender discrimination in the labour market (such as being fired due to their age or due to becoming pregnant or the gender wage gap, which could affect the ability of women to participate in contributory social protection – according to the National Statistical Office, the gender pay gap in Thailand was 5.4 per cent in 2019[53]).

Women from marginalized populations (including ethnic minorities, people with a disability and migrant workers) face particular challenges in accessing social protection. Certain hard-to-reach groups, such as particular ethnic minority groups, households with uneducated heads (a larger proportion of which are female-headed), people with a disability (see section 4.5.1) and migrant workers (see section 4.5.3) face challenges in accessing social protection even if it is available to them. These challenges include limited awareness of schemes, documentation challenges, language barriers, transport costs, mobility constraints, stigma and discrimination. In all such cases, the challenges are often greater for women than for men.

53   See www.nesdc.go.th.xlsx (live.com) (accessed 27 May 2022).

Persistent gender inequalities in the labour market and, to some extent, women's higher health care expenditures thus mean that social protection does not always benefit women and men equally and does not always adequately meet women's needs. For example, women's greater health care expenditures reduce the real value of the transfers women receive; and social protection has been found to have the smallest impact on poverty for women aged 23–39 (women at peak reproductive age), compared with those of other ages (see section 4.8). The fact that fewer than five of ten women giving birth in Thailand receive maternity benefits also points to a significant gender gap in some social protection functional benefits (see section 4.6 and figure 41).

Pensions are another area of concern. Because women have a lower and often more interrupted labour participation rate and are less likely to work in the formal sector when they do work, they are less likely to contribute to a pension scheme and less likely to get an annuity pension in old age (and where they do receive retirement benefits, these are more likely to be lower than for men). This discrepancy is clear in the finding that men aged 65 and older receive on average 46 per cent more benefits from contributory social protection than women in the same age group. Moreover, because women live longer and often have childcare responsibilities even in older age, lump-sum retirement payments disproportionately disadvantage women, when compared to men. (Women and men receive the same value of transfer from the non-contributory old-age pension).

These findings indicate that sociocultural norms and prevailing gender roles and responsibilities are not well-considered in the current design of social protection policies, which therefore risks reinforcing gendered inequalities. This situation can be observed across a number of important dimensions of women's and girls' experiences and characteristics.

## Women's care responsibilities

There is a risk that the design of existing social protection programmes may reinforce women's roles as caregivers and not recognize or address women's additional care responsibilities. For example, women's childbearing and childcare responsibilities affect the sector of work they are engaged in and thus their ability to contribute to social security. Similarly, men's legal entitlement to parental leave is low, which reinforces women's role as primary caregivers and neglects the importance of the father's role in their child's life. Likewise, the Child Support Grant is targeted to mothers as the caregivers of children, reinforcing this bias towards women being responsible for children.

## Adolescent pregnancy and early marriage

High levels of adolescent pregnancy and early marriage are a significant concerns, yet adolescent women are a group likely to fall through the gaps in social protection coverage, especially if they are unable to return to school or enter the labour market. While young mothers may receive the Child Support Grant, there is insufficient consideration of the constraints that young mothers or women from ethnic minorities face in actually accessing this programme, as well as other social protection programmes, such as the State Welfare Card.

## Reproductive health needs and support for survivors of violence

Thailand has made impressive progress towards achieving universal health coverage, with significant benefits for women's maternal and reproductive health. But challenges remain in regard to extending this comprehensive support to women migrant workers (see section 4.5.3), as well as ensuring that ethnic minority women and adolescent girls are able to access health care (see section 4.1). Moreover, there are gaps in service provision in relation to safe abortion and support for survivors of violence.

In sum, women and girls have specific needs and characteristics, such as longer life expectancy, higher health care needs, a higher burden of care, lower average income and shorter and less continuous contributory career histories, to which the current social protection system in Thailand is not sufficiently responsive.

### 4.5.3   Migrant workers

There are an estimated 4.9 million non-Thai people in Thailand, including 2.5 million regular migrant workers, an estimated 2.3 million irregular migrant workers and more than 90,000 refugees (UNHCR 2020; UNMWG 2019). Migrant workers constitute some 10 per cent of the labour force, and their work is thought to contribute between 4.3 per cent and 6.6 per cent of GDP (UNMWG 2019; ILO and IOM 2017). Not only do migrant workers help to fill labour shortages and contribute to economic growth, their importance within the national labour force is growing as Thai society ages.

The background study on migrant workers (IOM 2021) conducted for the SPDR focuses on regular migration[54] from Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam. These countries constitute the major share of all migrant workers in Thailand, which has two official channels for regular migration of their nationals: (i) MOUs; and (ii) border pass migrant workers. Irregular migrant workers can periodically regularize their status through a nationality verification process, which is provided by the Thai Government on an ad hoc basis. Table 9 details the estimated numbers of migrant workers in Thailand in 2020, by status and sex.

**Table 9.       Overview of migrant workers, by status and sex**

| Status of migrant workers | Total (number of people) | Male (%) | Female (%) |
|---|---|---|---|
| **Regular migrant workers not from Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam** | **197 583** | 70% | 30% |
| **Regular migrant workers from Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam** | **2 284 673** | **55%** | **45%** |
| *MoUs (CLMV)[1]* | 987 214 | 56% | 44% |
| *Border pass holder[2]* | 30 074 | 46% | 54% |
| *Completion of nationality verification process (regularized)[3]* | 1 267 385 | 55% | 45% |
| **Irregular migrant workers (estimate)** | **2 300 000** | NA | NA |
| **Internationally protected** | **99 806** | 50% | 50% |
| **Total** | **4 900 000 estimated migrant workers** | | |

Note: The data presented here are different from the data used to calculate the coverage rates of migrant workers in social protection schemes. This is because the Social Security Fund registration data provided by the SSO dates from December 2019. This analysis uses overall estimates of the number of migrant workers from the same date to calculate the coverage rates. This section presents estimates of the number of migrant workers from 2020, which were the most recent data available to the research team. See table A3 in Annex A for migrant demographic data.
(1) Migrant workers who entered Thailand and received a work permit under the MOU employment scheme with four neighbouring countries (Myanmar, the Lao People's Democratic Republic, Cambodia and Viet Nam), including those whose work permits have expired: migrant workers who have been dismissed from work but who have been unable to find a new employer within 30 days, as permitted by law. Their residence and working status were regularized by Cabinet Resolution on 4 August 2020. (2) Migrant workers who have received a work permit under the nationality verification employment scheme, including through an open registration for Myanmar, Lao People's Democratic Republic and Cambodia. Their residency and working status were regularized by Cabinet Resolution on 20 August 2019. (3) Migrant workers who have received a work permit under this border pass or seasonal workers employment scheme and whose work permits have expired are of three nationalities: Myanmar, the Lao People's Democratic Republic and Cambodia. Their residence and working status were regularized by Cabinet Resolution on 4 August 2020.
Source: DFWM 2020a, 2020b and 2020c; UNMWG 2019.

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54   Regular migrant workers are non-Thai people who have a work permit, visa or other documents that provide legal approval for their stay in Thailand. Their presence in the country is considered legal. These migrant workers have regular migration status.

The social protection arrangements for migrant workers in Thailand may be considered generous compared with neighbouring countries. However, coverage is low, excluding many irregular and regular migrant workers, and many migrants who are covered struggle to access their entitlements. This indicates that there is room for improving access to social protection benefits for migrant workers.

There are three social protection programmes available for regular migrant workers, with varying access depending on the type of regular status the migrant worker has. These are the Social Security Fund article 33, the Workmen's Compensation Fund and the Migrant Health Insurance Scheme. The entitlements are summarized in table 10.

**Table 10.     Social protection entitlements for regular migrant workers**

| Migration status | Sector of employment | Social Security Fund (article 33) | Work-men's Compen-sation Fund | Migrant Health Insurance Scheme |
|---|---|:---:|:---:|:---:|
| MoU migrant workers | Temporary and seasonal work, domestic work | ✗ | ✗ | ✔ |
| | All other sectors | ✔ | ✔ | ✗[1] |
| Regularized migrant workers (NV process) | Temporary and seasonal work, domestic work | ✗ | ✗ | ✔ |
| | All other sectors | ✔ | ✔ | ✗[2] |
| Border pass migrant workers | Temporary employment and domestic work | ✗ | ✗ | ✔ |
| | Working for a business establishment in year-round employment | ✔ | ✔ | ✔ |
| Irregular status | All sectors of employment | ✗ | ✗ | ✗ |

Note: (1) Migrant workers eligible for registration with the Social Security Fund are expected to register with the Migrant Health Insurance Scheme for the first three months of their Social Security Fund registration, during which they cannot yet access the benefits. (2) Migrant workers eligible for registration with the Social Security Fund are expected to register with the Migrant Health Insurance Scheme for the first three months before the Social Security Fund coverage starts.
Source: IOM 2021.

Slightly fewer than a million regular migrant workers are enrolled in both the Social Security Fund and the Workmen's Compensation Fund. This represents 39 per cent of regular migrant workers from Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam. Migrant workers in short-term work or certain professions are excluded from the Social Security Fund and Workmen's Compensation Fund. Excluding them from the eligible population yields a coverage rate of 60 per cent for both. More men than women migrant workers are insured under both the Social Security Fund and the Workmen's Compensation Fund (43 per cent of men, compared with 40 per cent of women).

Only a small number of insured migrant workers make a claim. In 2019, 9 per cent of insured migrant workers made a claim to the Social Security Fund and only 2 per cent claimed benefits from the Workmen's Compensation Fund. The barriers preventing migrant workers from making claims are discussed further on. For both the Social Security Fund and the Workmen's Compensation Fund, sick leave is the most frequently claimed benefit.

Women migrant workers make up about two thirds of Social Security Fund claims made by migrant workers. This is because women take parental leave and make claims for child benefits. In contrast, men migrant workers make most work-related death or injury claims under the Workmen's Compensation Fund (82 per cent). Of the 69 claims of this kind made in 2020, 64 were made by men, indicating that they tend to work in more injurious or life-threatening professions than women.

After onset of the COVID-19 crisis, the number of claims made to the Social Security Fund increased by more than 50 per cent between 2019 and 2020. Unemployment claims increased thirtyfold, from 2 per cent to nearly half of all claims made to the Social Security Fund.

In 2019, there were 823,420 migrant workers and dependants with an active Migrant Health Insurance Scheme status, representing 29 per cent of the total CLMV regular migrant worker population. In terms of claims, 13 per cent of Migrant Health Insurance Scheme-insured migrant workers were treated in hospitals.

## Reasons for coverage gaps and lack of access to benefits

While Thailand has several social protection programmes in place under which regular migrant workers are entitled to benefits and while these benefits are adequate to their needs, being relatively comprehensive and equal in principle to those of Thai nationals, three shortcomings undermine the system of social protection for regular migrant workers:

► First, the policy framework in place determines that eligibility for social protection programmes depends substantially on the type and sector of employment.

► Second, even when migrant workers are eligible for social protection programmes, lack of compliance means they may not be able to receive their entitlements.

► Third, even where migrant workers should be eligible for benefits, a variety of barriers prevent them from receiving their entitlements. These barriers include lack of awareness and language capacity; cumbersome, uncoordinated and costly processes; discrimination by employers and service providers; and incoherence in the policy framework.

## Policy framework

The Social Security Fund provides the most comprehensive social protection coverage for migrant workers, but it is not accessible to those employed in domestic or temporary work, such as seasonal agriculture and temporary fishery and animal husbandry work, even if these workers have the required work and residence permits. The same eligibility criteria apply to the Workmen's Compensation Fund because workers insured under Social Security Fund should automatically be registered under the Workmen's Compensation Fund. When eligible migrant workers are enrolled in and can access the benefits available through the Social Security Fund and Workmen's Compensation Fund, they enjoy a similar level of social protection entitlements that Thai citizens enjoy.

While it is compulsory for nationality verification and MOU workers to be enrolled in the Social Security Fund, this is not the case for border pass holders because the border pass is intended for temporary workers. Border pass holders are rarely enrolled in the Social Security Fund. The Government addressed the gap in health care coverage for migrant workers not eligible to contribute to the Social Security Fund by setting up the Migrant Health Insurance Scheme, for which border pass holders are eligible.

The cost and time required to regularize their status (especially for MOU and nationality verified migrant workers) discourages migrant workers from regularizing, which means they cannot access social protection. The complexity involved also encourages the use of recruitment agencies, which charge additional fees and thus raises the cost. The total cost for a regular migrant worker to enter and work in Thailand is nominally around US$500 but can be much higher. Obtaining a border pass is simpler (less costly) than obtaining nationality verification or MOU documents. Employers in border provinces and Special Economic Zones therefore prefer to register migrant workers under the border pass scheme, even when their business operations do not involve seasonal or temporary work.

## Compliance

Employers may choose a migration status that limits migrant workers' access to social protection. Employers have some discretion in regard to choosing their preferred way of regularizing their workers, whether border pass or MOU. This can be used as a tool to avoid paying social security contributions because they are not obligatory for border pass holders.

Furthermore, enforcement and monitoring of social security legislation is weak. Both the Social Security Fund and the Workmen's Compensation Fund require employers to register migrant workers with the social protection system. If an employer does not comply with their legal obligation to pay contributions, monitoring by government agencies is inadequate to ensure that a migrant worker's social security status remains active and/or the worker's contribution is being made. The Social Security Act threatens fines and/or custodial sentences for employers who fail to meet the law's legal requirements, but our research indicates this is not effectively enforced for migrant workers.

Slow claims processes and weak enforcement also mean few claims under the Workmen's Compensation Fund are successful. Often times, when migrant workers suffer accidents or injuries at work, the employer tends to avoid reporting the incident to the SSO because such reports influence the level of the employer's contribution in the future. Despite the provisions, the number of actual inspectors and inspections are few, and existing protections and provisions for migrant workers are poorly enforced.

## Accessibility

The lack of coordination or shared processes between agencies means migrant workers cannot easily track entitlements, and service providers struggle to deliver services effectively. Migrant workers do not have ID documents that are interoperable with the Thai social protection system across agencies. Each government agency dealing with migrant workers tends to develop their own MIS to manage their own registration of migrant workers and issue their own IDs, including the Department of Employment, the SSO, the Immigration Office and the MOPH.

Migrant workers have little awareness of the social protection services to which they may be entitled. Employers have no obligation to alert or inform their migrant workers of their rights. MOU workers receive inductions when entering Thailand, which include briefings on social protection, and the SSO does provide guidance documents and public materials on social protection. However, their reach is unclear.

Language is another barrier for migrant workers and service providers alike. Migrant workers must navigate a public service system that is designed for Thai nationals. If a worker cannot speak and read Thai well, they will require a translator or interpreter to communicate with health care or other officials or to fill out paperwork. Some government agencies that provide services to migrant workers have interpreters available, such as the Department of Employment and public hospitals with high numbers of migrant insured persons. But often the number of interpreters is inadequate for the number of migrant workers using the service. Interpreters often have limited qualifications or knowledge of relevant languages and, in some cases, lack necessary knowledge and understanding of human rights and labour rights protections (MWG 2019).

Discrimination by service providers also prevents access. Migrant workers tend to be viewed negatively by the Thai public, including due to beliefs that migrant workers are a drain on the economy (ILO and UN Women 2020). These negative attitudes and beliefs can affect the behaviour of service providers, leading to a lack of access to benefits. For example, some migrant workers have experienced negative attitudes and stigma when attempting to access health care or utilize social insurance services. Officials working in health professions and implementers of migration policies sometimes see migrant workers as a burden on the system rather than as making a valuable contribution to the economy. For example, health workers perceive that women migrant workers have a high fertility rate and therefore place a disproportionate burden on hospital resources. Similarly, some social security officers are unwilling to pursue and enforce the law against employers when migrant workers suffer work-related injuries or illness because the process for claiming the benefits for migrant workers requires several follow-ups and takes a long time. Although lengthy claims processes may affect both migrant and non-migrant workers alike, the fact that migrant workers need to leave the country means the consequences can be worse for them because they often don't have the time for the claim to be settled, which further adds to the disincentives for employers to claim benefits in their particular case.

Finally, social protection benefits are not portable between countries, resulting in many migrant workers losing the entitlements for which they have paid when they return to their home country either permanently or temporarily.

## 4.6   Gaps in the coverage and provision of social protection services

In this section we briefly summarize the  gaps in social protection provision previously discussed by social protection floor pillar and across particular vulnerable groups.

Figure 41 clearly indicates that one area with minimal gaps in provision is health care, where nearly the whole population is covered via a combination of contributory, non-contributory and government employees' social protection programmes.

Looking at the situation for children, we see that less than one fifth (17.2 per cent) of children aged 0–14 years are covered by child support grants (Social Security Fund and Child Support Grant),[55] though this rises to nearly to 40 per cent when we consider only children aged 0–6 years. These coverage rates climb higher when we consider more recent data (up to end 2020), as a result of the last expansion of the Child Support Grant in 2019. In this case, coverage of children aged 0–6 years is 69 per cent and it is 28.9 per cent for children aged 0–14 (see Annex A).

**Figure 41.   Coverage rates of  programmes, by social protection floor pillar**
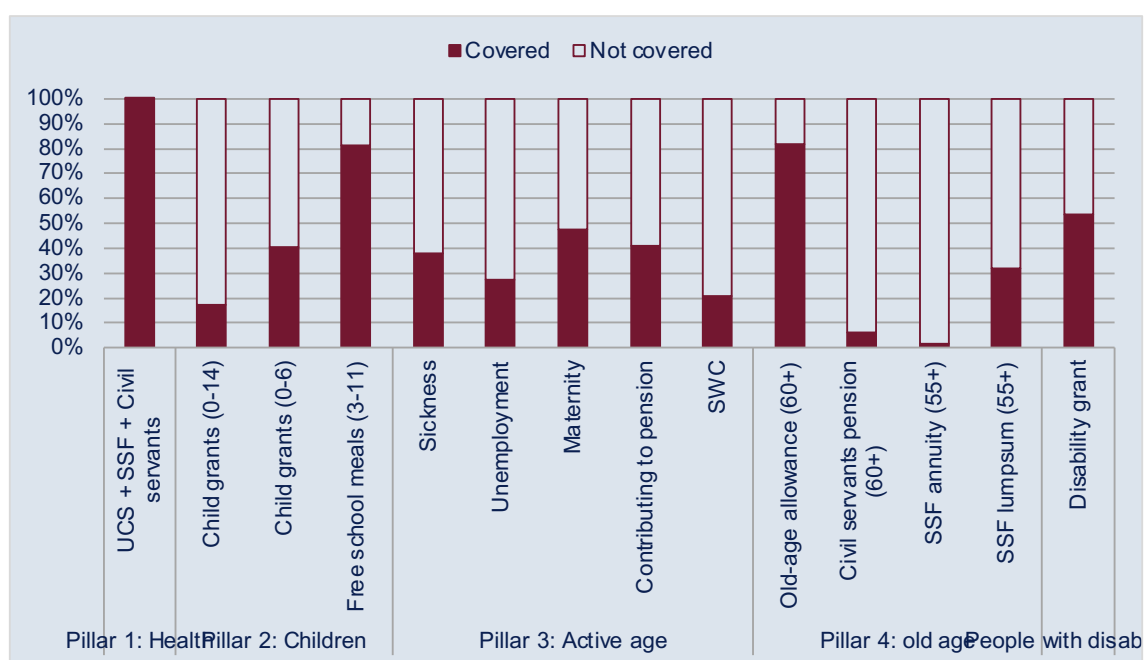


Note: UHC=Universal Health-care Coverage; SSF=Social Security Fund; SWC=Social Welfare Card.
Source: Table 5, table 6, table 7 and table 8.

Education- and nutrition-related social protection programmes focus on children in primary and junior high schools. The 7 per cent of children outside of the school system, who need higher levels of assistance, are not eligible for the child allowance after age 6 years, and there is no large social assistance or other non-contributory programme aimed at improving nutrition for out-of-school children.[56]

There is also a gap in social protection coverage for youths. Higher education is not perceived as basic education and, although it is essential for career development, underprivileged youths cannot afford it.[57] For those in poverty, the Child Support Grant covers children aged 6 years and younger and the State Welfare Card covers people aged 18 or older. There are also the Equitable Education Fund Conditional Cash Transfer Programme, Local Education Empowerment Grant and the Equitable Education Fund Higher Education for

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55   Coverage rate would be even lower for all children aged 0–17 years, as defined by Thai law.

56   The Equitable Education Fund has started to provide help for children outside of the school system, and this programme could be explored to see how it might be expanded.

57   The Government's Student Loan Fund (กองทุนเงินให้กู้ยืมเพื่อการศึกษา (กยศ.)) is only available to Thai nationals. However, it is possible for stateless youths who want to pursue their higher education to access this fund.

Educational Equality Programme, but these do not cover all children, so gaps remain relating to poor children and youths aged 7–17. Youths aged 15 and older are also not supported with regard to their nutrition. Other gaps relate to managing the school-to-work transition and vocational training needs of youth.

A pertinent debate here relates to the challenges associated with targeting the poor (such as the difficulty of minimizing inclusion and exclusion errors). Studies have shown that these challenges can be substantial in Thailand (as elsewhere) and that the Child Support Grant suffers exclusion errors of around 30 per cent or more, depending on the measure used (Pitidol and Phattarasukkumjorn 2019; UNICEF 2019). Errors associated with targeting may thus exacerbate some of the coverage gaps.

For those of active age, a significant gap is the lack of unemployment insurance for informal workers: Almost three quarters (72.7 per cent) of the workforce do not have unemployment insurance. Similarly, more than half (52.5 per cent) of women giving birth receive maternity benefits, and some three fifths (59 per cent) of women of active age are not contributing towards a pension. These benefits are provided via the contributory Social Security Fund section 33 and section 39, which are only provided to persons currently or formerly working in the formal sector, and only a small minority of informal-sector workers contribute to the Social Security Fund section 40 and National Savings Fund. There is a diversity of reasons why a worker may be in informal employment conditions, including legal exclusions stemming from the exemptions from section 33 listed in the Social Security Act; non-compliance with the law by employers or employees and/or the lack of enforcement of those regulations; having insufficient income to pay contributions; and/or the value of the available benefits being perceived as not worth the value of the contribution.

The State Welfare Card might help persons who are not insured who fall into poverty, but coverage of this programme only extends to some 20.8 per cent of persons of active age and membership of the State Welfare Card is not sufficiently dynamic because registration is only conducted periodically. Therefore, people falling into poverty as a result of dynamic conditions (see section 3.1) can easily be excluded.

An example of the suboptimal functioning of the system in this regard is given by those active-age informal workers who are not included in either the State Welfare Card or Social Security Fund but who lost their jobs and/or became poor due to the COVID-19 pandemic or other shock: They are not currently covered by any part of the social protection system.

As mentioned, informal-sector workers also cannot access other employment benefits, such as contributing towards a defined benefit pension. While those who have never been employed in formal employment can register under Social Security Fund section 40, they are excluded from section 39, which has more comprehensive benefits (for more detail on the level of benefits provided under the Social Security Fund sections, see section 4.7).

Maternity or parental leave benefits are another gap for the active-age population, alongside other forms of cash support for prenatal children. While maternal health care is provided under the Universal Health-care Coverage Scheme, meaning that anyone not covered for health care by the contributory social protection system is covered for maternal health care, this is not the case for maternity or parental leave or other forms of prenatal and maternal support. This issue links to both the challenge of tackling malnutrition in the country[58] as well as gender equality in the labour market and the kinds of protections required for women at work (see section 4.5.2). As things stand, only women registered under sections 33 and 39 are covered for the maternity leave functional benefit.

In relation to old-age benefits, although private employees and ex-employees can register under Social Security Fund section 33 and section 39, the relatively young age of the system means that the majority of eligible persons have not contributed (nor had the chance to contribute) for long enough to receive annuity pension benefits. This creates a gap (albeit perhaps only a temporary gap) in the contributory social protection system, causing a large majority of current Thai older persons rely on non-contributory programmes, such as the Old-Age Allowance and the State Welfare Card. Lump-sum pensions also carry the inherent risk that entitlements are depleted during the early years of retirement, thus leaving recipients with little or no income in what remains of their old age (ILO 2022b). Additionally, inability to achieve adequate levels of protection in old age can lead to higher demand for other forms of social support, such as long-term care.

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58   See NSO 2020 and Okubo et al. 2020.

In relation to other vulnerable groups, people with a disability are nominally universally covered by at least one social protection programme but, due to the definitions employed by that programme in its eligibility criteria, there may be significant under-coverage of the total population of people living with a disability in need of support. Close to half (46.6 per cent) of all people with a disability are not covered by the Disability Grant.

Migrant workers are another vulnerable group (see section 4.5.3). Migrants eligible to enrol in the social security system nominally receive the same level of benefits as Thai citizens, but not all migrants are eligible to enrol, and there are also many barriers to accessing that system for migrants, even for those with active membership. Persons either de facto or de jure excluded from social security are often more at risk than Thai citizens due to the nature of the work they perform and the fact that the only other protections available to them are the Compulsory Health Insurance for Migrants programme and the 15-year Free Education Policy for their dependant children. The topic of social protection services for migrant workers and their families in Thailand is considered in more detail by IOM (2021).

Stateless persons are in a similar situation as many migrants, in that they only have access to a few social protection programmes, including the 15-year Free Education Policy, the Fund for Primary School Lunches and School Milk Nutrition Grant. Only certain groups of stateless persons are eligible for the Social Support Grant for Hilltribes, the Healthcare Fund for Persons with Legal Status Problems and Social Security Fund sections 33 and 40, if they are registered with the Government and have the requisite 13-digit ID number.

## 4.7 Adequacy of social protection benefits

To assess the adequacy of social protection provision in Thailand, we look at whether benefit amounts are sufficient to achieve programme objectives. The adequacy of the benefit will differ depending on the objective of the programme. The adequacy of health insurance, for instance, can be assessed against the health-related costs incurred by beneficiaries, whereas a poverty-targeted cash transfer may be assessed against total household income or consumption and/or relevant poverty lines.

Figure 42 (and table 11) shows that benefits from the main non-contributory programmes – the Child Support Grant, Disability Grant and Old-Age Allowance – tend to be modest, ranging from 600 baht to 1,000 baht per beneficiary per month. The highest transfer level (1,000 baht per month) is only given to persons aged 90 and older, children with disabilities and adults with disabilities who hold the State Welfare Card. These are groups that constitute a small percentage of the beneficiary population. This means that, for the vast majority, transfers range from 600 baht to 800 baht per month, which represents between 11 per cent and 20 per cent of average per capita consumption expenditure in the relevant target populations.

**Figure 42. Transfer value as a percentage of average per capita consumption expenditure of the target population**
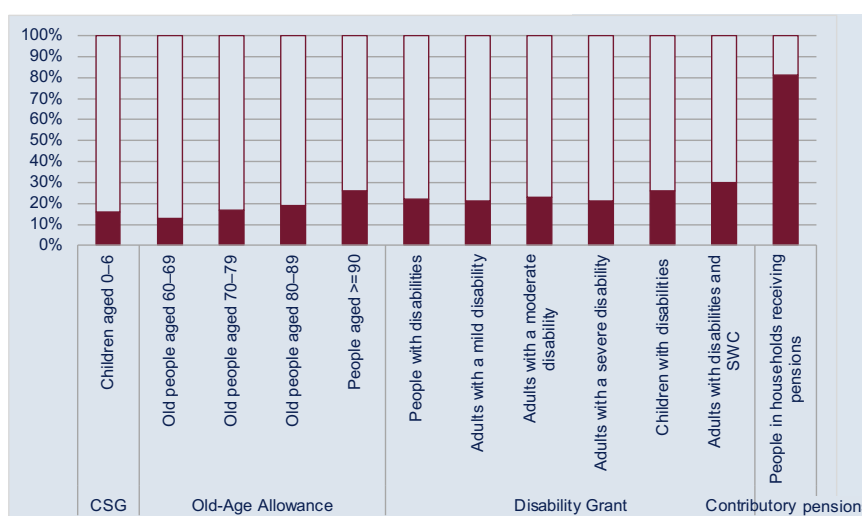


Source: Table 11.

When compared to regional poverty lines, these transfer amounts represent between 23 per cent and 31 per cent of the relevant poverty lines, meaning that they only cover a small part of the minimum expenditures required to meet basic needs in Thailand. This low level of non-contributory benefits is especially challenging for persons unable to work or with limited capacity to work, such as people with a disability and older persons.

Lump-sum retirement payments and annuity pensions[59] from contributory social protection amounts, on average, to 8,038 baht per person per month, representing 45 per cent of average income per capita and 81 per cent of average per capita consumption of the beneficiary group, as shown in figure 42. This suggests that contributory pensions constitute one of the major sources of income for beneficiaries.

Here, one should recognize that while the amounts received from contributory retirement pensions are higher than for non-contributory social assistance programmes, the objective of contributory social protection is different. Rather than just protecting beneficiaries from falling into poverty, contributory retirement pensions have an income-smoothing role over the life cycle of beneficiaries, including for non-poor beneficiaries. As such, the larger transfers received by beneficiaries of contributory retirement pensions often reflect the higher level of contributions made during their preretirement years.

**Table 11:    Transfer amounts vs. income/expenditures of relevant population groups**

| Social protection pro-gramme | Reference population | Value of benefit (THB per person per month) | Average monthly consump-tion per capita (THB per person per month) | Average monthly per capita income (THB per person per month) | Average transfer to expenditure ratio | Average transfer to income ratio | Average transfer to regional rural/urban poverty lines ratio |
|---|---|---|---|---|---|---|---|
| CSG | Children aged 0–6 | 600 | 4 940 | 6 683 | 16% | 15% | 23% |
| Old-Age Allowance | Old people aged 60–69 | 600 | 6 491 | 9 254 | 13% | 11% | 23% |
| | Old people aged 70–79 | 700 | 5 942 | 8 370 | 17% | 12% | 27% |
| | Old people aged 80–89 | 800 | 5 878 | 8 041 | 19% | 16% | 31% |
| | People aged >=90 | 1,000 | 5 573 | 7 822 | 26% | 22% | 38% |
| Disability Grant | Disabled people | 800 | 4 926 | 7 028 | 22% | 17% | 32% |
| | People with a mild dis-ability | 800 | 5 124 | 7 839 | 21% | 16% | 32% |
| | People with a moderate disability | 800 | 4 263 | 5 451 | 23% | 20% | 32% |
| | People with a severe disability | 800 | 5 258 | 6 802 | 21% | 19% | 31% |
| Disability grant children | Children with disabilities | 1000 | 4 761 | 6 037 | 26% | 23% | 39% |

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59  The Socioeconomic Survey does not differentiate between lump-sum payments and annuities. For this analysis, we assume pension payments exceeding five annual incomes per working-age adult are lump-sum payments. This concerns 6 per cent of households receiving pension or annuity payments. These payments are annualized, assuming a 20-year retirement period (annual lump-sum payments divided by 20 years).

| Social protection programme | Reference population | Value of benefit (THB per person per month) | Average monthly consumption per capita (THB per person per month) | Average monthly per capita income (THB per person per month) | Average transfer to expenditure ratio | Average transfer to income ratio | Average transfer to regional rural/urban poverty lines ratio |
|---|---|---|---|---|---|---|---|
| Disability grant – adult with SWC | Adults with disabilities and SWC | 1000 | 3 958 | 4 976 | 30% | 23% | 40% |
| Pensions/ annuities or other assistance | People in households receiving pensions/ annuities or other assistance | 8 038 | 11 243 | 19 358 | 81% | 45% | 287% |

Note: Pensions or annuities or other assistance corresponds to variable A24 of Socioeconomic Survey 2019, divided by the household size. This is the average per month total household income from pensions or annuities or other assistance divided by the household size. Lump-sum payments exceeding five times the annual income per working-age adult were annualized, assuming a 20-year retirement period.
Source: Authors' calculations based on Socioeconomic Survey 2019.

Unfortunately, limitations in the Socioeconomic Survey mean we are not able to refine this analysis further. One reason for this is that the Socioeconomic Survey does not allow us to distinguish between the Social Security Fund and civil service or other government pensions, so we cannot disaggregate the findings along these lines. Another reason is that the Socioeconomic Survey does not contain any information on preretirement contributions or on preretirement earnings, so we are also not able to assess the value of benefits received in relation to these factors.

This being said, the SPDR of the Thailand pension system (ILO 2022b) shows that although Social Security Fund members who contribute for 30 years are nominally entitled to a pension equal in value to 42.5 per cent of the insured salary, which thereby complies with international standards (a 42.5 per cent replacement rate after 30 years of contribution is higher than the 40 per cent stipulated by ILO Convention No. 102). In practice, the salary cap of 15,000 baht per month used to calculate contributions and benefits means that many people effectively receive less than 42.5 per cent of their final salary. The SPDR pension review (ILO 2022b) thus recommends revising some of the parameters of the Social Security Fund (the salary cap and retirement age) as the most efficient means of improving adequacy within the Thai pension system rather than developing a new scheme (such as the proposed National Pension Fund) to address this issue.

## 4.8 Equity

The Thai social protection system disproportionately benefits the richer segments of society. Here, we present an analysis by consumption decile rather than quintile because much of the benefits are concentrated in the top decile. Persons in the richest urban decile receive, on average, eight times more benefits than those in the poorest urban decile (2,304 baht versus 289 baht per person per month). In rural areas, the difference is slightly less stark, with a ratio of 5 to 1 between the richest and poorest decile (1,280 baht versus 281 baht).

This uneven benefit incidence is largely due to the effect of the pension system, which mainly covers upper-income households working in the formal and particularly in the public sectors. Many of these recipients will have paid fees into the pension system and are therefore, at least to some extent, getting back their own contributions. Social Security Fund members, for example, as well as Government Pension Fund members, make contributions that are then supplemented by contributions from the Government. However, the situation with regard to the original Civil Service Pension Scheme is different because there is no explicit contribution

from civil servants under that scheme. Rather, an implicit contribution is assumed in the form of a salary sacrifice of an undefined amount. In practice, this means the entire benefit is financed from taxation.

Unfortunately, we are not able to identify payments into the contributory social protection system using the Socioeconomic Survey, and we are therefore not able to estimate the net effect of contributory payments and benefits. Nor are we able to distinguish between government pensions (civil servants' pension, Government Pension Fund, local government pension, state enterprise pension or private teachers' pension) and the Social Security Fund. This means we are not able to show directly which parts of the pension system are driving the observed results. However, we are able to glean a strong indication as to the influence of each part of the pensions system in these results using other data, such as the level of government contribution in total revenue for each pension fund. We discuss these other data with reference to table 12.

**Figure 43.   Average benefits received in urban and rural areas, by decile (baht per person per month)**
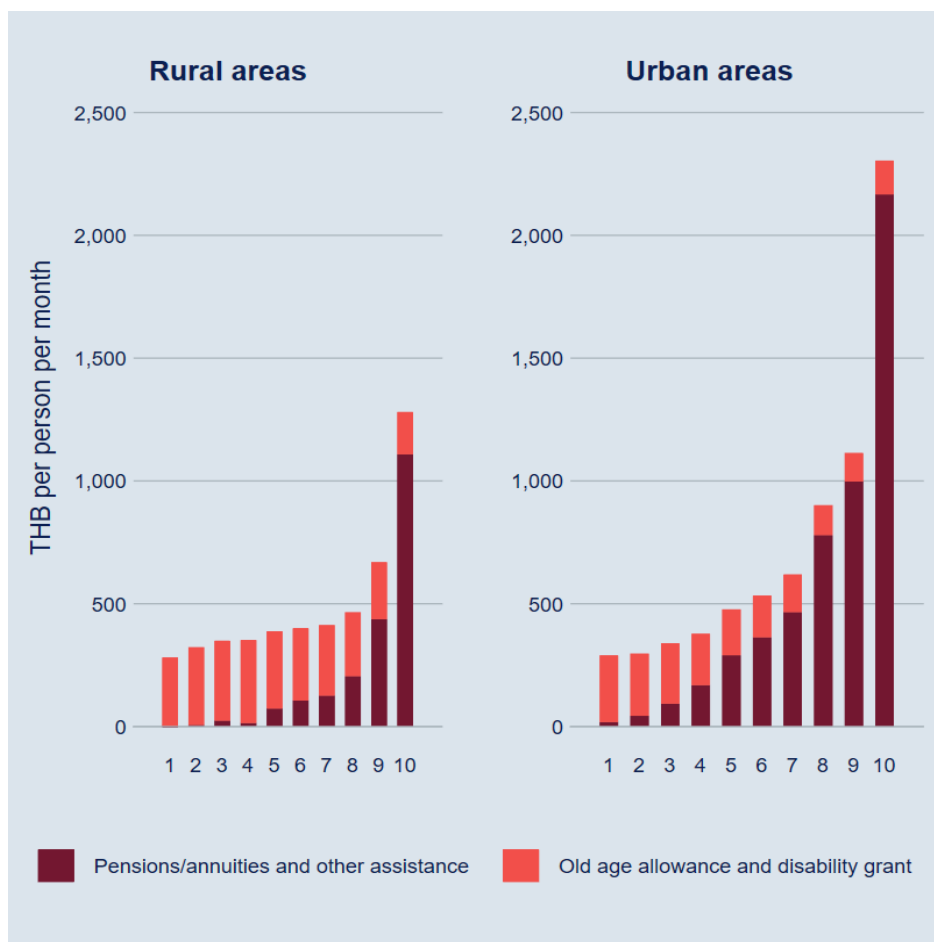


Source: Authors' calculations based on Socioeconomic Survey 2019.

The breakdown of benefits by age (figure 44) confirms the dominant role of retirement pensions in the contributory system: Persons aged 65 and older receive on average 1,471 baht per person per month in benefits, 920 baht of which comes from the contributory pension. By contrast, persons aged 18–39 receive on average 316 baht per month, 190 baht of which comes from the contributory pension.[60]

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60   These figures represent the average value of benefits received across the whole population of the relevant age group and thus should not be confused with the figures in table 11, which show the average across beneficiaries only.

**Figure 44.  Average contributory and non-contributory social protection benefits received, by age (baht per person per month)**
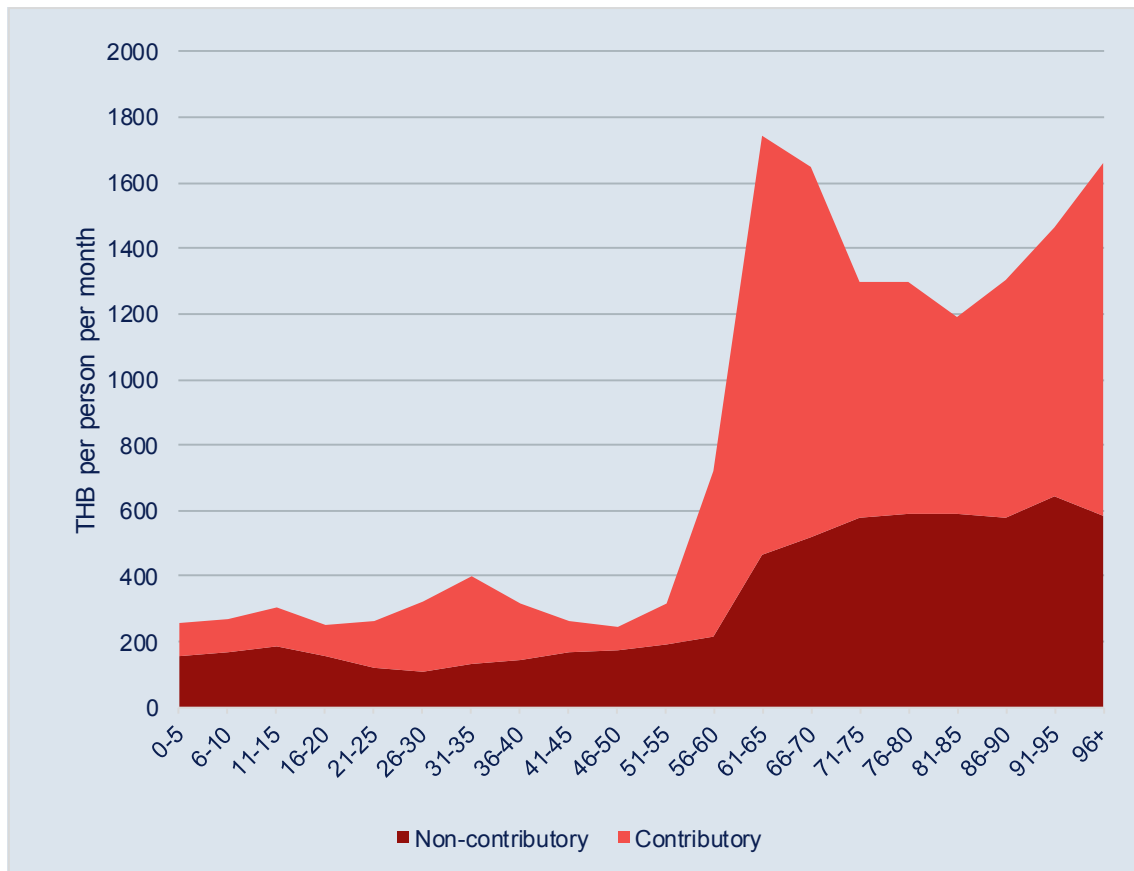
The dominant role of retirement pensions within the social protection system introduces a gender inequality dimension, as shown in figure 45 because women tend to have a lower rate of participation in the labour market and are less likely to work in the formal sector when they do work. This means that they are less likely to contribute to a pension scheme and less likely to receive a retirement pension in old age (or more likely to receive less in a retirement pension). For example, men aged 65 and older in 2019 received, on average, 46 per cent more benefits from contributory social protection than women in the same age group (1,118 baht versus 765 baht). There was no difference between men and women in terms of the non-contributory Old-Age Allowance received (around 550 baht per month for both men and women).

**Figure 45. Average social protection benefits (contributory and non-contributory) received, by men and women and by age (baht per person per month)**
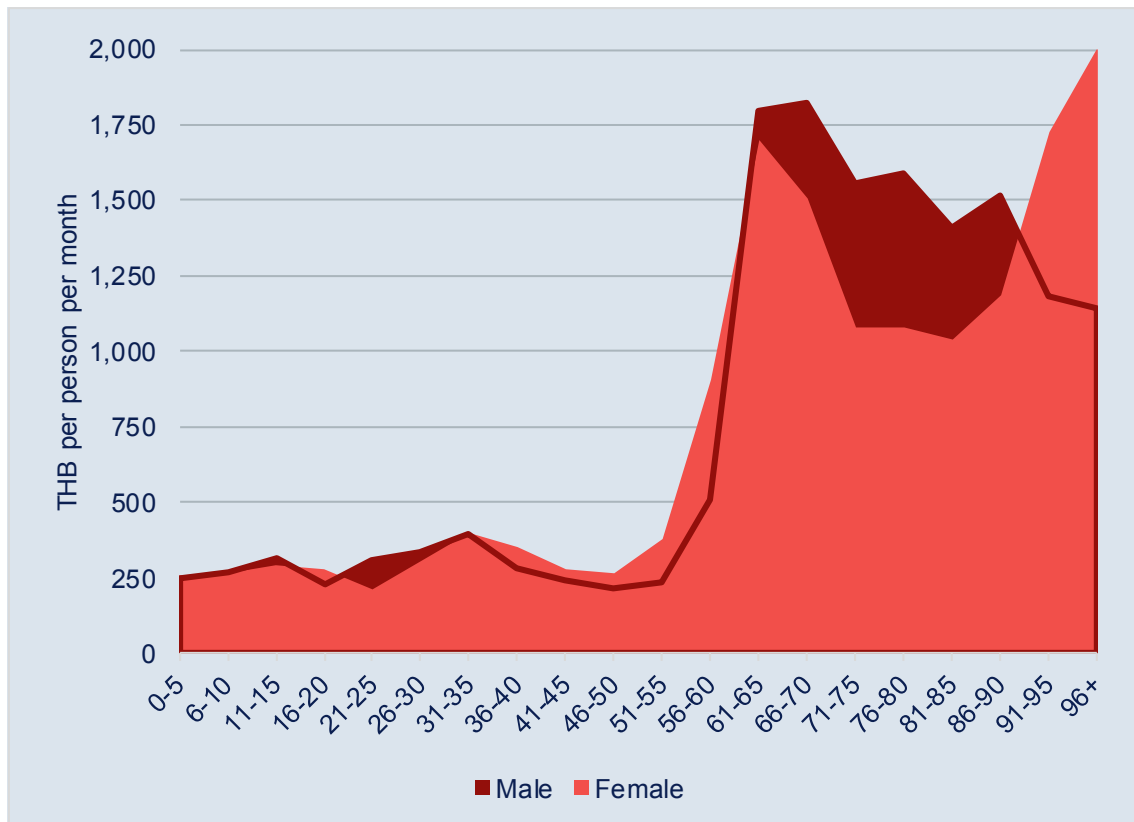
The role of retirement pensions also introduces inequities with respect to other groups who are less likely to participate in the formal labour market. For instance, figure 46 shows that persons from marginalized ethnic minorities received almost no benefits at all from contributory social protection. The only exception to this are persons in the group labelled "Chinese and other", who received in 2019, on average, 693 baht per person from contributory social protection, compared with 368 baht for Thais and less than 100 baht for all other non-Thai ethnic groups. Finer disaggregation has shown that this accrues mostly to non-Chinese foreigners.

Part of the disadvantage that ethnic minorities face is compensated for by the fact that they receive higher transfers from non-contributory social assistance. For instance, Karen people received an average of 209 baht per month from social assistance in 2019, while Cambodians or Souys received 391 baht, compared with 244 baht for Thais. The only groups who were almost entirely excluded from both contributory and non-contributory social protection were the Mon and Burmese, who received just 11 baht from social assistance and 33 baht from contributory pensions in 2019.

**Figure 46.    Average contributory and non-contributory social protection benefits received, by ethnicity (baht per person per month)**
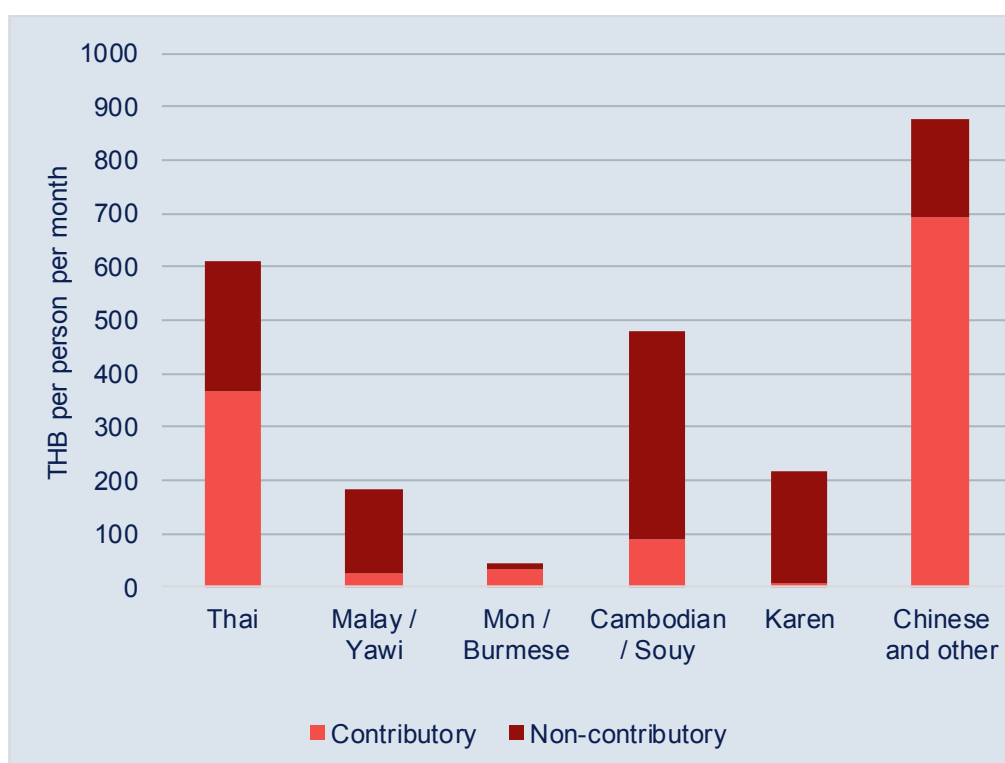


Source: Authors' calculations based on Socioeconomic Survey 2019.

## Equity of government contribution

Revenue for contributory programmes comes from a combination of contributions from employees and employers, investment returns and other revenues, such as private donations. These revenues mean there is less of a requirement for contributions from the government budget. For the programmes in table 12, government contributions range from 0 per cent for the Workmen's Compensation Fund to 28.7 per cent for Social Security Fund section 40.

**Table 12.    Ratio of government contribution to total programme revenue and government contribution per member for selected contributory programmes**

| Programme | Revenue (THB) | | | | Government contribution / programme revenue | Government contribution per member |
|---|---|---|---|---|---|---|
| | Private contributions | Investment/ other revenues | Government contribution | Total revenue | | |
| Social Security Fund section 33 | 168.0 billion | 85.3 billion | 46.2 billion | 299.6 billion | 15.4% | 3 956 |
| Social Security Fund section 39 | | | | | | |
| Social Security Fund section 40 | 1.6 billion | 299.4 million | 763.1 million | 2.7 billion | 28.7% | 219 |
| Workmen's Compensation Fund | 4.0 billion | 2.1 billion | 0 | 6.2 billion | 0.0% | 0 |
| Government Pension Fund | 13.0 billion | 38.8 billion | 18.6 billion | 70.4 billion | 26.4% | 17 169 |

Source: S5, S6 and S7 from SSO (informant interview); S8 from SSO 2019b; S10 from GPF 2019a.

The figures in table 12 suggest that the Government Pension Fund has a significant role in the uneven benefit incidence of the current pensions system, with the government contribution per member of the Government Pension Fund being more than four times larger than that for Social Security Fund sections 33 and 39 members and some 78 times larger than for Social Security Fund section 40 members.

However, table 12 does not include government expenditure on the Civil Service Benefits Scheme. Table A1 in Annex A presents detailed expenditure data on the Civil Service Benefits Scheme. It shows that total government expenditure on the civil servants' pensions benefits, including the Government Pension Fund contribution and other pension expenditures, such as survivors' benefits, was 279.5 billion baht in 2019. This means that total government pension-related expenditures were some 207.6 billion baht more than what was spent on the non-contributory Old-Age Allowance, even though the total number of beneficiaries for the Civil Service Benefits Scheme was around 1.9 million people, including 700,541 civil pensioners in 2019, compared with more than 9 million Old-Age Allowance beneficiaries. Put another way, in 2019, the Government spent more than 50 times more per person for civil servants' pensions than it did for Old-Age Allowance recipients.

The disproportionate amount that the Government spends on retirement benefits for civil servants compared with the rest of the population is mirrored in other social protection benefits. For example, the 2019 government expenditure on health benefits from the Civil Service Benefits Scheme was almost 40 per cent of what was spent on the Universal Health-care Coverage Scheme – 72 billion baht versus 181.6 billion baht, respectively – even though some 47.5 million Thais benefited from the Universal Health-care Coverage Scheme, compared to 1.9 million civil service scheme recipients.[61]

These data thus demonstrate the unequal distribution of government social protection expenditure across the population, with the amount that the Government is spending on the Civil Service Benefits Scheme per recipient much higher than its similar spending on the rest of the population.

### 4.8.1 Allocation of non-contributory social protection expenditure across consumption quintiles

There are a multitude of non-contributory social protection programmes in Thailand serving a diverse set of needs (see table A1 in Annex A). Some of these programmes are universal in scope, while others are means-tested. Using data collected by the Socioeconomic Survey 2019,[62] we look at the distribution of these programmes across per capita consumption quintiles to see how progressive the allocation of these resources is. Table 13 shows that households across all consumption quintiles receive some income from non-contributory social protection programmes, at an average value of 270 baht. These resources are allocated somewhat progressively, with households in the lower quintiles receiving greater value of non-contributory social protection benefits than households in higher quintiles on average.

**Table 13.    Allocation of benefits from selected non-contributory social protection programmes, by per capita consumption quintile**

| Per capita consumption quintile | Per capita consumption (THB) | Household income per capita (THB) | Social protection income per capita |
|:---:|:---:|:---:|:---:|
| 1 | 2 805 | 3 796 | 377 |
| 2 | 4 291 | 5 887 | 355 |
| 3 | 5 969 | 8 503 | 288 |
| 4 | 8 446 | 12 374 | 190 |
| 5 | 16 094 | 24 372 | 139 |
| **All households** | **7 521** | **10 986** | **270** |

Note: Calculated from the Socioeconomic Survey variable "Income from elderly and disability assistance from government and other organizations (average per month)".
Source: Socioeconomic Survey 2019.

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61  As of September 2019, the Government was in arrears of its contributions to Social Security Fund by some 96 billion baht (คลัง "ชุกหนี้" ค้าง จ่ายแบงก์รัฐ-ประกันสังคมเกือบ 1 ล้านล้านบาท - ThaiPublica (accessed 27 May 2022).

62  The Socioeconomic Survey asks respondents for information regarding receipt of the Old-Age Allowance, Disability Grant, free school lunches and supplementary food, the State Welfare Card, government scholarships and "other social assistance" from the Government.

## Poverty-targeted programmes

There are a number of social protection programmes in Thailand that are poverty-targeted, covering many different types of needs. However, because there is limited data on individual and household incomes (similar to most developing countries), alongside challenges with measuring and registering income and assets associated with the high level of informality, poverty targeting is a challenge, with higher costs and significant in-built errors. By far, the largest poverty-targeted programme is the State Welfare Card. Table 14 shows the proportion of the population aged 18 years and older in receipt of the State Welfare Card in each consumption quintile.

**Table 14.    State Welfare Card holders as a percentage of the population aged 18 and older, by per capita consumption quintile**

| Per capita consumption quintile | Household consumption per capita |
|:---:|:---:|
| 1 | 46.13% |
| 2 | 34.79% |
| 3 | 20.59% |
| 4 | 9.93% |
| 5 | 3.68% |
| **All households** | **24.90%** |

Source: Socioeconomic Survey 2019.

The Child Support Grant is also poverty-targeted. However, because we cannot observe receipt of the Child Support Grant within the Socioeconomic Survey 2019 data it is not possible to analyse targeting performance in the same way as we do for the State Welfare Card. An independent study of the targeting performance of the Child Support Grant demonstrated that the Child Support Grant also suffered from significant inclusion and exclusion errors and therefore recommended redesigning the Child Support Grant to function as a universal benefit for all children (UNICEF 2019).

## 4.9 Efficiency

By efficiency we mean the ability to deliver social protection benefits at an appropriately low cost. One indicator that can be used to measure efficiency is thus expenditure per person registered or per beneficiary. The efficiency of expenditure depends on the type and quality of benefits being delivered.

Administrative data from select employment and contributory programmes show that expenditure per person registered ranges from 143 baht for Social Security Fund section 40 to 32,867 baht for the Government Pension Fund (table 15). The ratio of the value of benefits to the total expenditure of most programmes exceeds 95 per cent for all programmes considered in the table.

Unfortunately, we were unable to obtain data on administrative costs for non-contributory social protection programmes, so we are unable to form conclusions regarding how efficiently they are delivered.

**Table 15.  Ratio of value of benefits to total expenditure and expenditure per member for selected contributory programmes**

| Programme | Total members | Expenditure (THB) | | | Benefits/ total expenditure | Total expenditure per member |
|---|---|---|---|---|---|---|
| | | Benefits | Admin/ other | Total expenditure | | |
| Social Security Fund section 33 | 11.7 million | 96.2 billion | 4.0 billion | 100.2 billion | 96.1% | 7 514 |
| Social Security Fund section 39 | 1.6 million | | | | | |
| Social Security Fund section 40 | 3.5 million | 497.4 million | | 497.4 million | | 143 |
| Workmen's Compensation Fund | 11.7 million | 2.3 billion | 35.9 million | 2.4 billion | 98.5% | 203 |
| Government Pension Fund | 1.1 million | 34.4 billion | 1.2 billion | 35.7 billion | 96.5% | 32 867 |

Sources: S5, S6, and S7 from SSO (2019a), SSO (KII); S8 from SSO (2019b); S10 from GPF (2019a).

## 4.10 Impact

We consider the impact of social protection interventions on poverty, inequality and income smoothing. This is done by estimating the share of various social protection transfers in total per capita income and then subtracting these to estimate what that income would be in the absence of those transfers. This approach only looks at the direct effects of transfers; it does not consider possible multiplier effects due to re-investments or positive externalities, which may result in greater impacts on poverty and inequality than are estimated here. Nor does it look at account leakages or negative externalities, which may reduce the poverty- and/or inequality-reducing effect of the transfers.[63]

### 4.10.1  Inequality

Even though contributory social protection has a crucial role for beneficiaries, especially for those aged 65 and older, it represents a relatively small proportion of income for the population as a whole. This reflects the fact that relatively few people across the entire population benefit from the contributory social protection system.

Contributory social protection is most important in the richer income deciles, representing about 6 per cent of income in the top decile (figure 47), compared with lower-income deciles, where pensions' share in total income is negligible.

Non-contributory social protection covers a larger share of the population. However, the amounts involved are relatively small. Consequently, it, too, accounts for a small share of overall consumption. This means that the overall impact of social protection transfers on income distribution is fairly modest, as we will see in the following analysis.

**Figure 47.   Sources of income, by decile (baht per person per month)**
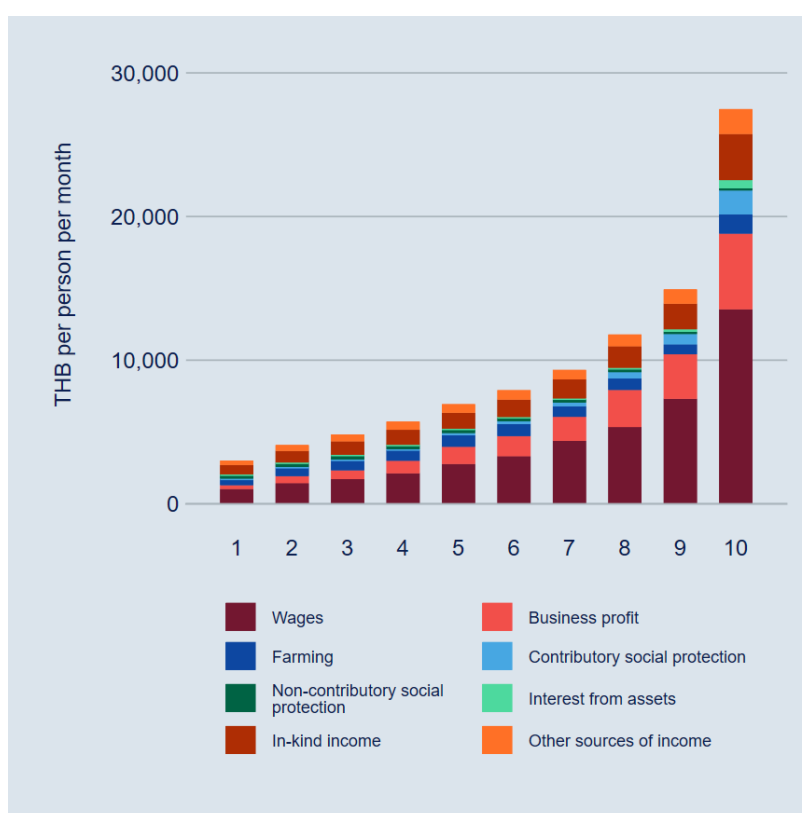
63   In particular, the propensity to save is high in Thailand, which may reduce the share of the transfer that is used for consumption. Insofar as such savings are voluntary, however, they should be considered as welfare-enhancing even if they are not directly consumed.

Figure 48 shows the Lorenz and concentration curves for consumption and social protection benefits. It confirms that contributory pensions and annuities are extremely regressive in both absolute and relative terms because they mostly benefit persons in the upper-income strata.

**Figure 48.   Distribution of consumption and social protection benefits, by consumption percentile**



Note: Consumption and transfer values are adjusted for regional price differences.
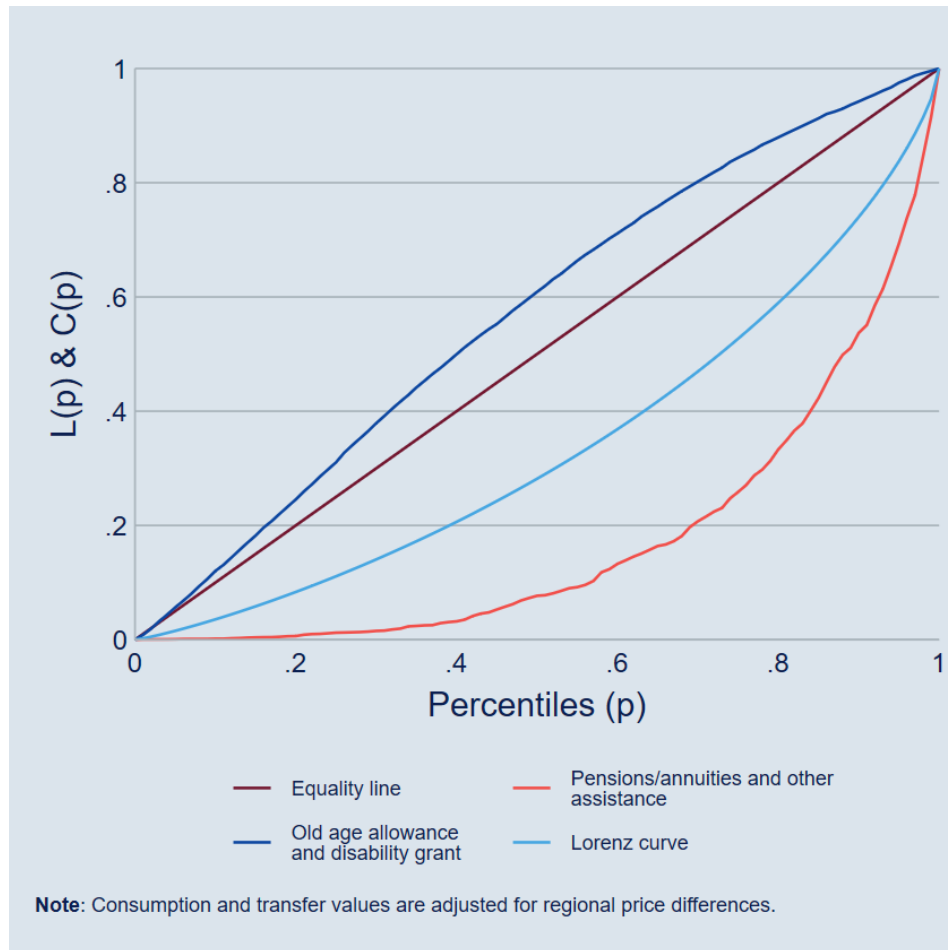
Source: Authors' calculations based on Socioeconomic Survey 2019.

The concentration index for pensions and annuities is 0.648, which is 0.32 points higher than the Gini coefficient for consumption. This means that benefits from pensions and annuities are distributed more unequally than the underlying distribution of income or consumption, such that they contribute to redistributing resources from poorer to richer households.[64] However, due to the small number of beneficiaries and their high dependence on social protection transfers, the overall impact on consumption inequality is ambiguous and not statistically significant. The impact on income inequality is regressive, although not statistically significant (table 16).

Non-contributory social protection (Old-Age Allowance and Disability Grant) are unambiguously progressive in both absolute and relative terms, meaning that they contribute to redistributing resources towards poorer parts of the population and to reducing inequality. The concentration index for non-contributory social protection is -0.139. The effect is statistically significant at the 5 per cent level for consumption inequality.

Overall, the Thai social protection system is slightly progressive, meaning that it contributes to lower inequality in society. Our estimates show that consumption inequality is 0.03 points lower than it would be if there was no social protection, whereas income inequality is 0.01 points lower. The reduction in consumption inequality is statistically significant at the 5 per cent level.

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64   The degree to which this contributes to regressive redistribution also depends on the source of the revenues.

**Table 16.    Gini and concentration indices with and without transfers (95 per cent confidence intervals)**

| Description | Estimate | Standard error | Lower bound | Upper bound |
|---|---|---|---|---|
| Concentration index: pensions and annuities | 0.648 | 0.013 | 0.622 | 0.673 |
| Concentration index: social assistance | -0.139 | 0.007 | -0.152 | -0.125 |
| **Consumption** | | | | |
| National Gini coefficient | 0.324 | 0.003 | 0.318 | 0.330 |
| Gini index without pension and annuities | 0.331 | 0.003 | 0.325 | 0.337 |
| Gini index without social assistance | 0.346 | 0.003 | 0.339 | 0.352 |
| Gini index without any social protection | 0.353 | 0.003 | 0.347 | 0.359 |
| **Income** | | | | |
| National Gini coefficient | 0.412 | 0.004 | 0.404 | 0.421 |
| Gini index without pension and annuities | 0.406 | 0.004 | 0.398 | 0.415 |
| Gini index without social assistance | 0.427 | 0.004 | 0.419 | 0.436 |
| Gini index without any social protection | 0.423 | 0.004 | 0.414 | 0.432 |

Source: Authors' calculations based on Socioeconomic Survey 2019.

### 4.10.2  Poverty

The social protection system in Thailand reduces poverty overall, with particularly high positive impacts on certain groups. Non-contributory social protection accounts for the lion's share of this impact, reducing the national poverty rate by as much as 5.2 percentage points when compared to what it would be in the absence of transfers. By comparison, contributory social protection transfers reduce the poverty rate by 2.1 percentage points. Taken together, contributory and non-contributory social protection reduce the national poverty rate by 7.3 percentage points (figure 51).

The breakdown of pre- and post-transfer poverty rates by age in figure 49 shows that the impact of social protection transfers is greatest for persons aged 65 and older: Without social protection, the poverty rate for persons in this age group would be 17 percentage points higher than it is (at 26.1 per cent instead of 9.2 per cent).[65]

Even though contributory social protection transfers are much larger than non-contributory social protection transfers, the latter have a greater impact on poverty because they tend to benefit persons who are closer to the poverty line (more likely to fall into poverty in the absence of social protection).[66] Non-contributory social protection also has an important role in mitigating poverty among children from birth to 15 years.

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65   The impact on poverty might be slightly overestimated due to the fact that lump-sum payments were not annualized for the equity analysis or for the impact analysis. This concerns 6 per cent of recipients of retirement pensions. The rationale for not annualizing lump-sum payments is that each overpayment for persons who retired in the survey year will be matched by a large number of lump-sum recipients who reported zero retirement income if they retired in earlier years. Assuming that lump-sum payments are evenly distributed across years, the average value would still provide a correct estimate of average annualized retirement payments across the whole population.

66   The World Bank's Thailand Economic Monitor of January 2021 also indicates that the decline in poverty in 2019 reflected positive changes in the reach of social assistance schemes in Thailand. See http://documents1.worldbank.org/curated/en/236271611069996851/pdf/Thailand-Economic-Monitor-Restoring-Incomes-Recovering-Jobs.pdf.

**Figure 49.   Poverty rates with and without social protection, by age (percentage)**
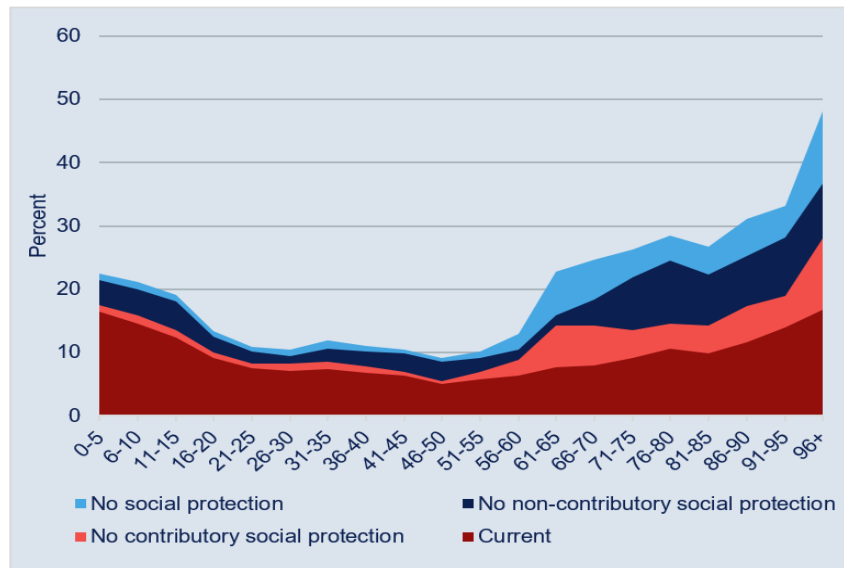
Men older than 65 tend to be poorer than women in the same age group (see figure 5). What figure 50 shows is that the poverty gap between men and women in this age group would be even worse in the absence of social protection transfers (-4.1 percentage points instead of -1.1 percentage points). This means that social protection transfers have an equalizing role for this group, in the sense that they disproportionately favour men (see also figure 45), who tend to be poorer than women at that age.

**Figure 50.   Difference between female and male poverty rates, with and without social protection, by age (percentage points)**
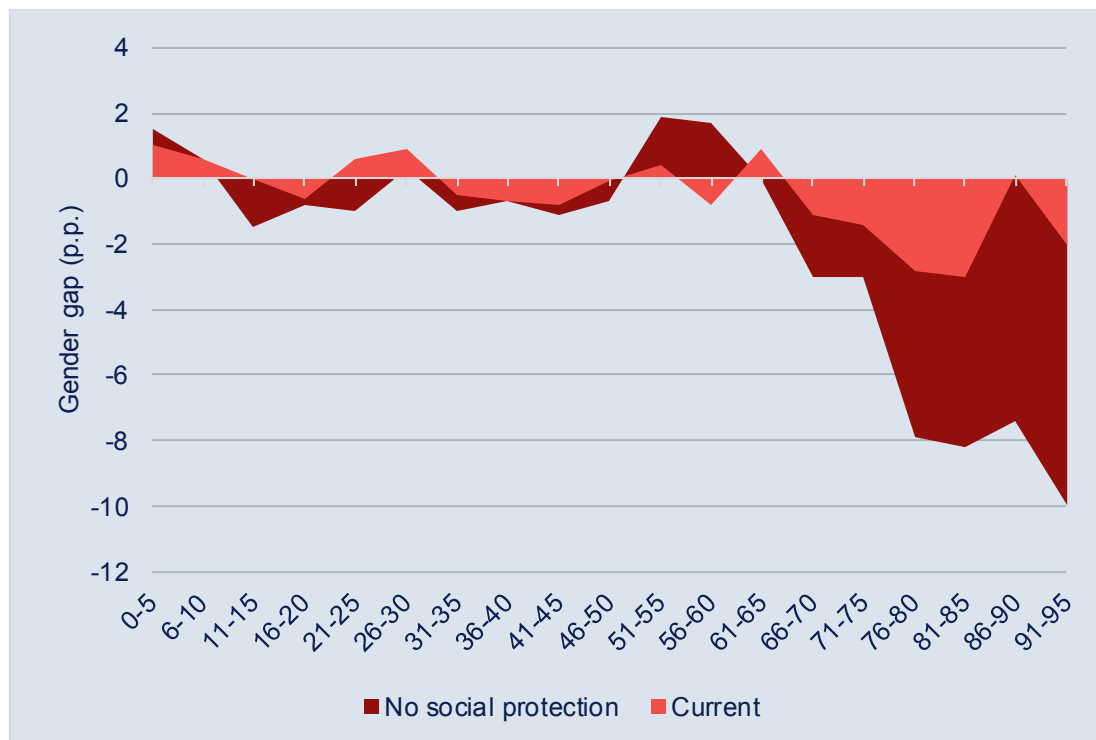
**Figure 51.   Poverty rates with and without social protection, selected groups (percentage)**
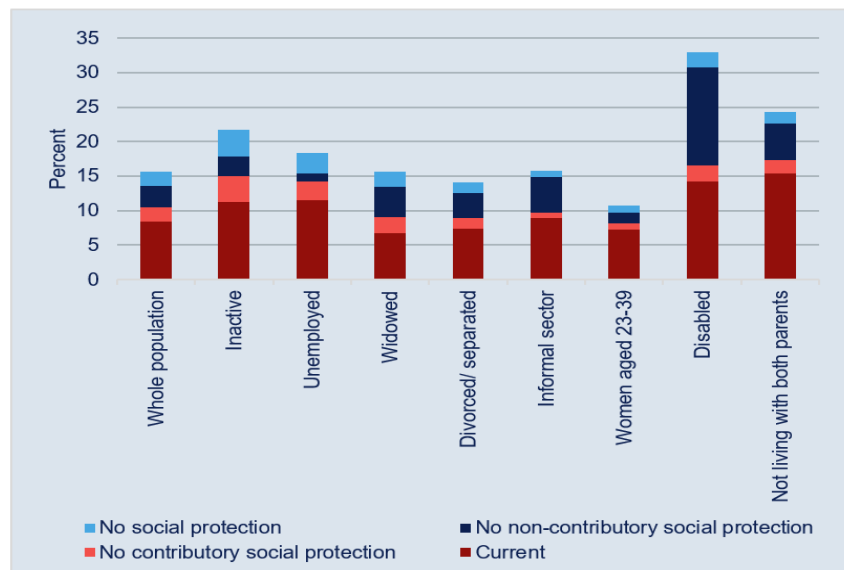
Figure 51 shows the impact of social protection transfers on other selected groups of interest. Among them, social protection has the greatest impact on people living with a disability, who would be 18.8 percentage points poorer in the absence of social protection. Almost all of this impact is due to non-contributory social assistance transfers, specifically the Disability Grant. Social protection also has an important role for inactive persons (-10.4 percentage points), widows (-9 percentage points), children not living with both parents (-8.9 percentage points) and informal sector workers (-6.7 percentage points).

Of the groups studied here, social protection has the smallest impact on women aged 23–39, who are at peak reproductive age (-3.6 percentage points). This reflects the absence of universal maternity coverage and may be one reason contributing to the low fertility rate and hence the ageing-society challenge.

The geographic disaggregation of impact illustrated in figure 52 shows that social protection has a larger impact in rural areas than in urban areas (-8.6 percentage points versus -5.7 percentage points). This is due to the very limited impact of non-contributory social assistance in urban areas (-2.9 percentage points).

**Figure 52.  Poverty rates with and without social protection, by region and area of residence (percentage)**
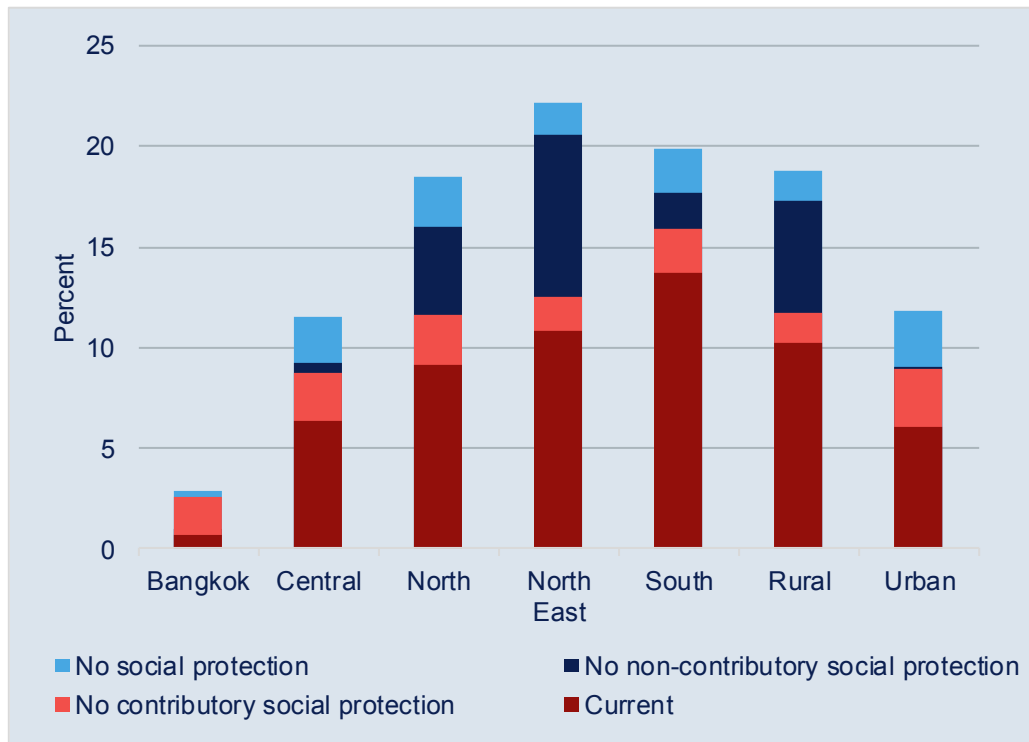


Source: Authors' calculations based on Socioeconomic Survey 2019.

In Bangkok, social protection only reduces poverty by 2.2 percentage points, with almost no impact for non-contributory social protection (-0.3 percentage points). The greatest absolute impact is seen in the north-eastern region (-11.4 percentage points), where the poverty rate would be more than twice as high in the absence of social protection. Almost all of this is due to non-contributory social protection (-9.8 percentage points). In the absence of social protection, the north-eastern region would actually have a higher poverty rate than the southern region, which currently has the highest poverty rate in the country.

Figures 53 and 54 focus on the impact of social protection on beneficiaries. Figure 53 shows that even though contributory social protection has a limited impact on the national poverty rate due to the small number of beneficiaries, it is very important for those who do receive benefits. In many cases, this is the sole or main source of income for these households and their relative prosperity is almost entirely dependent on this income. Only 0.9 per cent of recipients of contributory social protection are poor, compared with 8.7 per cent of non-beneficiaries. However, in the absence of contributory social protection, the majority of beneficiaries (58.3 per cent) would be poor.

The largest impact is seen for retired beneficiaries, aged 65 and older (-65.5 percentage points), as well as beneficiaries with disabilities (-69.4 percentage points) and children not living with both parents (-72.6 percentage points).[67]

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67  The sample sizes for beneficiaries with disabilities and children not living with both parents are small (162 and 277, respectively), meaning that the estimates are very uncertain.

**Figure 53.  Beneficiary and non-beneficiary poverty rates with and without contributory social protection, selected groups**
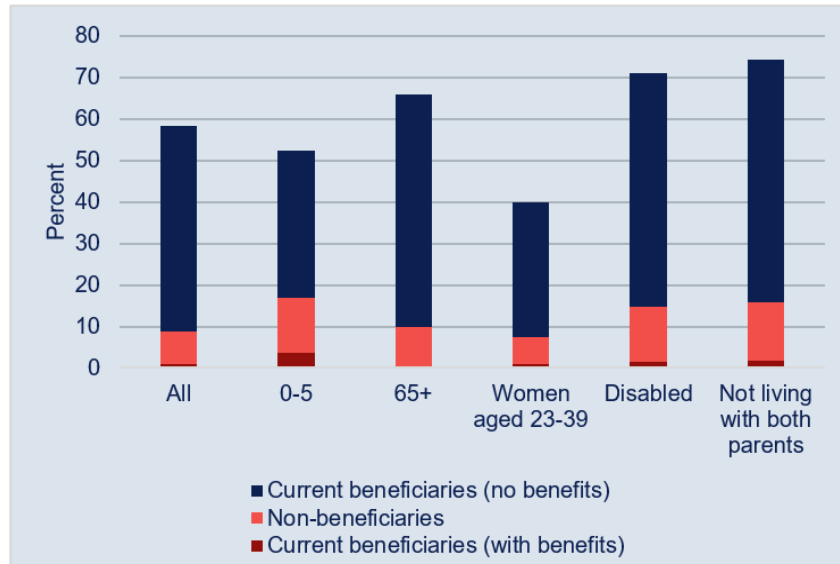
Looking at non-contributory social protection, the situation is a bit different because current beneficiaries are already worse off than non-beneficiaries in all the groups considered here (figure 54). This reflects the fact that many social assistance programmes tend to target poorer households.

Our analysis thus shows that the gap between beneficiaries and non-beneficiaries would be even greater in the absence of social assistance. Again, the greatest impact is seen for beneficiaries with disabilities (-17.9 percentage points) as well as for beneficiaries aged 65 and older (-12.2 percentage points). This reflects the importance of the Disability Grant and Old-Age Allowance for these groups.

**Figure 54.  Beneficiary and non-beneficiary poverty rates with and without social assistance, selected groups**
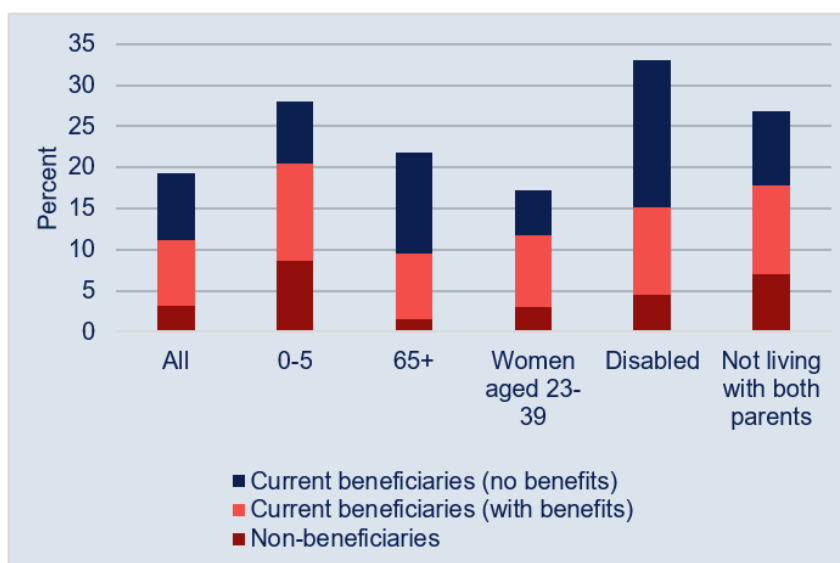
### 4.10.3 Income smoothing

The role of social protection is not only to prevent people from falling into poverty. Even for persons who are not at risk of falling into poverty, social protection can replace earnings, thus helping to smooth income over time and thereby mitigate life-cycle risks.

Figure 55 shows that social protection has an important role in mitigating the income fall that occurs at retirement. The graph shows that there is a fairly abrupt fall in income around retirement age (between 56–60 years and 61–65 years) of around 2,000 baht per person per month. Without social protection, this fall would be more than 3,000 baht per person per month. Both the non-contributory Old-Age Allowance and contributory retirement pensions have important roles in smoothing incomes in this regard, although contributory retirement pensions are more significant.

**Figure 55. Monthly per capita income with and without social protection, by age**
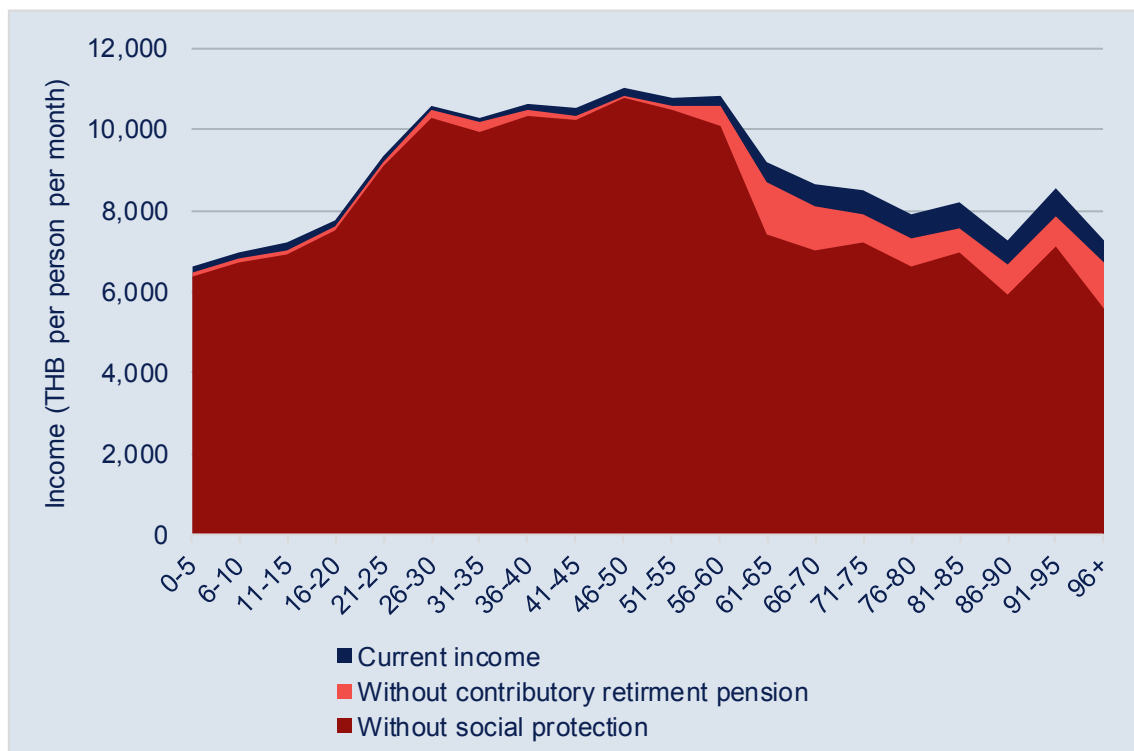
The breakdown by quintile in figure 56 shows that non-contributory social protection has a dominant role among low-income households, whereas contributory social protection is the main form of income smoothing for high-income households.

**Figure 56. Monthly per capita income with and without social protection, by consumption quintile**
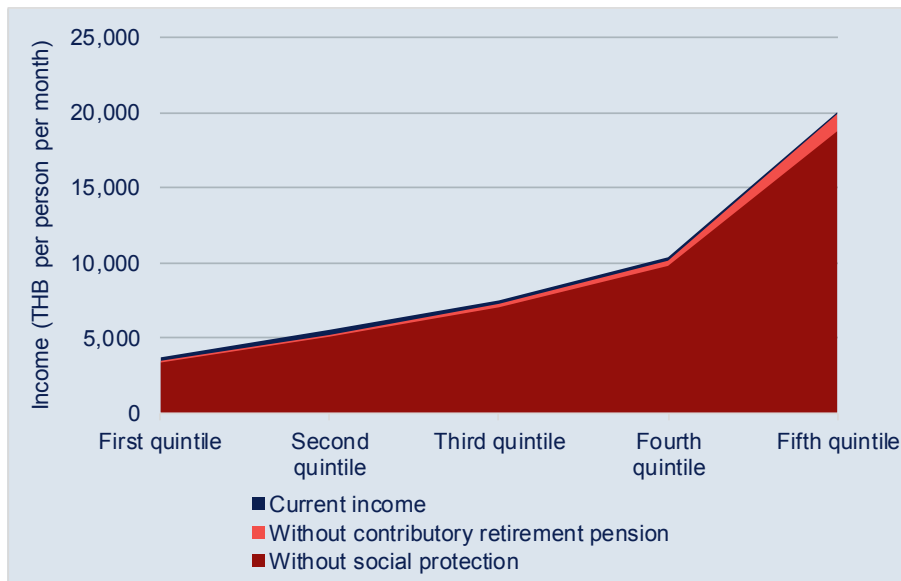
Figures 57 and 58 focus on the actual beneficiaries of social protection programmes. The figures show that beneficiaries of contributory social protection receive a significant income bump around retirement age, which likely reflects the lump-sum payment that many beneficiaries get upon retirement. This means that this group has higher incomes in the immediate years following retirement than before.[68] Payments from contributory social protection account for almost all of the substantial income differential between beneficiaries and non-beneficiaries.

**Figure 57. Beneficiary and non-beneficiary incomes with and without contributory social protection, by age**

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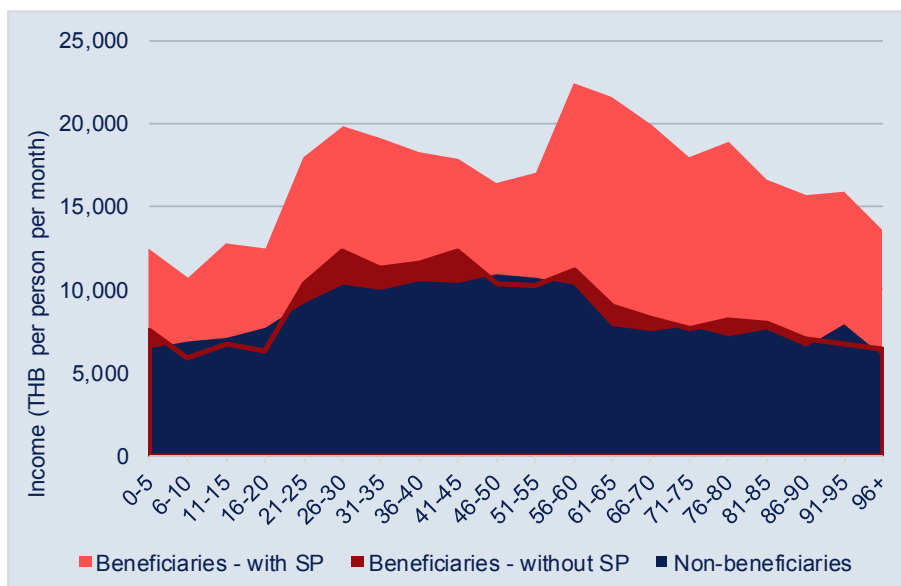
68   These data may obscure the fact that many recipients of lump-sum pensions tend to spend the majority of their entitlements in the first few years of retirement (ILO 2022b).

Beneficiaries of the non-contributory Old-Age Allowance have lower incomes than non-beneficiaries. This group also has fairly smooth incomes across the life cycle. Non-beneficiaries, on the other hand, have a significant spike in income at retirement due to the pay-outs they receive from contributory retirement schemes. As discussed in section 4.7 on adequacy, figure 58 illustrates the relatively low value of the Old-Age Allowance.

**Figure 58.  Beneficiary and non-beneficiary income with and without social assistance from the Old-Age Allowance, by age**
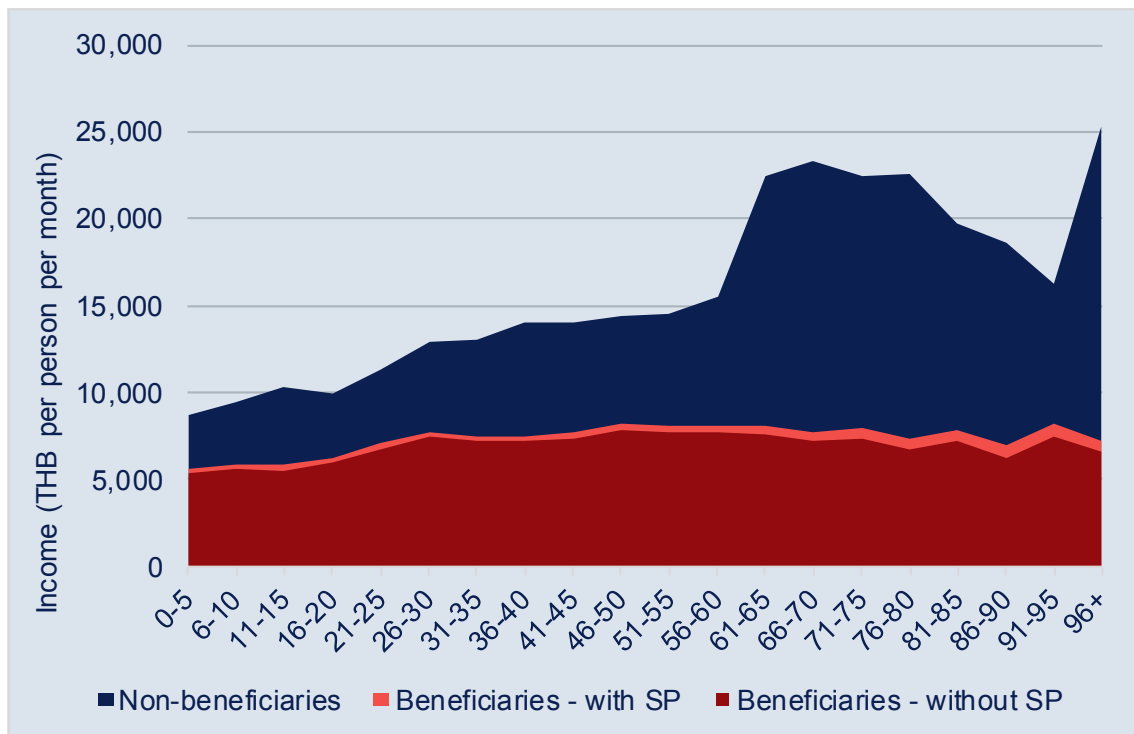


Source: Authors' calculations based on Socioeconomic Survey 2019.

# 5 Institutional architecture

There is no official definition of social protection in Thailand, nor is there yet a single national social protection policy that is explicit with an agreed set of overarching objectives for the sector. Indeed, one of the primary reasons for the SPDR is the acknowledgement that the various programmes that comprise the sector operate under different ministries and involve numerous stakeholders in the design and delivery of policies, resulting in a social protection system that lacks coherence and that is not optimally integrated (NESDC 2022; OPM 2020a). We consider this dimension at the institutional level, with coherence here defined as "an attribute of policy that systematically reduces conflicts and promotes synergies between and within different policy areas to achieve the outcomes associated with jointly agreed policy objectives" (Nilsson et al. 2012). Alongside policy coherence, we also look at interagency coordination (ILO 2020, 2011, 2008; Elmiger 2011). We thus analyse coherence across four domains: the legislative framework for social protection; the institutional arrangements for social protection; the MIS for social protection; and the role of local-level or informal social protection.

## 5.1 Legislative framework for social protection

The legislative framework for social protection in Thailand comprises four levels: international Conventions; Thailand's 2017 Constitution; national laws and regulations; and medium- and long-term national strategies and plans.

### International Conventions

At the international level, the Thai Government is formally committed to the SDGs, and these are discussed in some of the official discourse around social protection and in connection with national planning documents, such as the 20-year strategy. To operationalize the SDGs nationwide, the Government has designed provincial-level SDG indexes, which are part of the SDG localization policy (NESDC 2020).

In addition, during the October 2019 High-Level Segment on Statelessness in Geneva, the Government pledged to adjust the regulations for granting nationality and civil rights to enable target groups to access naturalization processes equally and equitably.[69]

To date, 19 ILO Conventions have been ratified and are in force.[70] At least three further pertinent conventions have been discussed but remain unratified. These are Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87); Right to Organise and Collective Bargaining Convention, 1949 (No. 98); and Social Security (Minimum Standards) Convention, 1952 (No. 102).[71] Conventions No. 87 and No. 98 have long been recognized by the Thai Government but never formally ratified (Thanachaisetthawut 2017). Various attempts have been made to advocate for their endorsement, but to date none have succeeded.[72]

ILO Convention No. 102 has been reviewed to assess whether Thailand does meet its stipulations (Kuprasert 1996). Because Thailand only provides seven of the nine benefit types indicated in Convention No. 102, it has been suggested this may be the reason it remains unratified (Srithammarak 2020). However, because only three of the nine benefit types are required to ratify Convention No. 102 and this assessment was conducted some time ago, there is an argument for making a new assessment. This would allow the verification of

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69   See www.unhcr.org/ibelong/results-of-the-high-level-segment-on-statelessness/.

70   See ILO NORMLEX.

71   Many other Conventions have never been officially discussed in Thailand. For example, Old-Age Insurance (Industry, etc.) Convention, 1933 (No. 35) and Old-Age Insurance (Agriculture) Convention, 1933 (No. 36) directly concern old-age insurance. They are ratified by ten countries (ILO NORMLEX). Thailand has never ratified them – for unknown reasons, as no documents could be found in relation to these conventions. Instead, the Older Workers Recommendation No. 162 is referred to as a foundation of old-age workers' social protection (Kittisakkul and Umpai 2019; Akkachaipumsakul 2013).

72   Stakeholders discuss a variety of reasons for this situation (Srithammarak 2020). In particular, it is believed that the rights of collective action might harm national security (Chatrakul na Ayudhya 2010). The Conventions' supporters argue that there are at least three reasons to ratify the Conventions: to raise basic labour rights to the level of international standards, to improve the efficiency of migrant workers' registration and for the long-term benefit of employers and the country (Chalamwong and Prasomsap 2019).

Thailand's current social protection provisions against the full standard, which would be useful not only for ratification but also to help guide the future development of policy.

Another omission relating to international Conventions is that the ILO Social Protection Floors Recommendation (No. 202) is rarely mentioned in official documents. The only mention we could find in the research conducted for this study was in the documents provided for the Cabinet meeting on 29 July 2016. In that meeting, Recommendation No. 202 was one of five ILO Recommendations proposed for the meeting (Cabinet's Secretary Office 2016). While it was acknowledged in the agenda (SS 2016a) and the minutes of the meeting mentioned that the Cabinet acknowledged it (SS 2016b), no specific action or decision relating to Recommendation No. 202 was recorded.

## Thailand's Constitution

Thailand's Constitution of 2017 explicitly provides for numerous aspects of social protection, including universal health care, education for all and various forms of protection for specific life-cycle vulnerabilities, including among the active-age population. Relevant sections of the Constitution include the following.

▶ **Section 27:** All persons are equal before the law and shall have rights and liberties and be protected equally under the law.

▶ **Section 47:** A person shall have the right to receive public health services provided by the State.

▶ **Section 48:** The rights of a mother during the period prior to and after giving birth shall be protected and assisted as provided by law. A person who is older than 60 years of age and has insufficient income for subsistence and an indigent person shall have the right to receive appropriate aids from the State as provided by law.

▶ **Section 54:** The State shall ensure that every child receives quality education for 12 years from preschool to the completion of compulsory education free of charge.

▶ **Section 55:** The State shall ensure that the people receive efficient public health services universally, ensure that the public has basic knowledge in relation to health promotion and disease prevention and shall promote and support the advancement of wisdom on Thai traditional medicine to maximize its benefits.

▶ **Section 71:** The State should provide assistance to children, youth, women, older persons, people with a disability, indigent persons and underprivileged persons to be able to have a good-quality standard of life and shall protect such persons from violence or unfair treatment, as well as provide treatment, rehabilitation and remedies to such injured persons.

▶ **Section 74:** The State should promote the abilities of the people to engage in work that is appropriate to their potential and age and ensure that they have work to engage in. The State should protect labour to ensure safety and vocational hygiene and receive income, welfare, social security and other benefits that are suitable for their livelihoods and should provide for or promote savings for living after their working age.

## National laws and regulations

At the level of national legislation, our research identified 18 laws directly regulating the various social protection programmes and initiatives in the country.[73] These laws govern all programme types, whether contributory, non-contributory or government employees' programmes and cover both policy formulation and implementation. In summary, the Government has adopted laws to cover social protection provision throughout the life cycle and covering most groups of people, and these laws have been developed into detailed sets of regulations.

Nonetheless, room for improvement remains. First, in relation to contributory social protection, some workers are constitutively disadvantaged in that, by definition, they are excluded from all but the lowest level of available

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73  In fact, more than 30 laws relating to social protection were identified in the course of this study, across six sources: the ILO NATLEX and NORMLEX databases, the MSDHS's Law M-Society databases, the MOL's ILS website, the Office of the Civil Service Commission's website and the Senate of the Secretariat's ASEAN Law website.

benefits. These workers are eligible to access Social Security Fund section 40, but coverage is low and incentives to participate are weak. Lack of compliance with regulations by employers and weak enforcement of the social security legislation mean that many workers who should be formalized remain informal. The situation is compounded by the rigid design of contributory policies and legislation, whose eligibility criteria de jure exclude large groups of workers and de facto undermine the participation of workers with varied employment histories (those who switch between formal and informal jobs or across sectors or occupations that are and are not excluded).

Second, while some laws focus on ensuring that poor and vulnerable groups receive appropriate support, they do not necessarily address the causes of those vulnerabilities and so do not assist in preventing the risk from happening in the first place. The Child Protection Act B.E. 2546 (2003) provides a pertinent example: to be protected, children must first be shown to be in difficulty.[74]

## National strategies and plans

Various medium- to long-term national strategies and plans have been developed that operationalize the legislative framework and provide mechanisms for policy design and delivery. The 20-year National Strategy (2018–37) provides the overarching planning framework and emphasizes the importance of social protection through the fourth strategy (National Strategy on Social Cohesion and Equity). In particular, section 4.1 of the strategic guidelines focuses on "Mitigating inequality and creating multidimensional justice". Within this, pertinent subsections include the following: 4.1.5 (Creating comprehensive social insurance schemes that are adequate for everyone regardless of gender and age); 4.1.6 (Conducting targeted social investment to provide assistance to poor and underprivileged people); and 4.1.7 (Promoting equitable access to public health services and education, specifically for low-income and underprivileged people). Section 4.3 on promoting social empowerment also relates to social protection, specifically the following subsections: 4.3.1 (Building a strong, sharing and ethical society and promoting consolidation of all sectors); 4.3.2 (Preparing for a quality ageing society); and 4.3.4 (Promoting gender equality and women's roles in social development).

On 4 December 2017, the Cabinet agreed to develop the 20-year national plan into three levels (NESDC 2019b). The first level is the 20-year national plan. The second level comprises medium-term master plans, such as the five-year National Reform Plan. The third level comprises the operational plans of relevant line ministries, agencies and departments.

Within the second and third levels of this planning framework, the 17th strategic issue, articulated in the Master Plan on Equity and Social Protection, is of particular relevance (NESDC 2019b); this only relates to Thai nationals and does not cover other population groups who reside in Thailand, such as migrants or stateless persons. The Master Plan on Equity and Social Protection states that "all Thai people, especially vulnerable groups, are protected and have a higher level of social protection (17.1)" (NESDC 2019a), to which end it thus incorporates two sub-plans. The first aims to increase the provision of basic social protection to universal coverage. The second endeavours to develop effective targeting measures for especially vulnerable groups. The 17th-issue Master Plan on Equity and Social Protection also clearly describes how roles and responsibilities are distributed among the relevant organizations.

Finally, Milestone 9 of the recently developed that 13th NESDP commits Thailand to reducing poverty across generations and to ensuring all Thai people have access to adequate social protection. Targets of the 13th NESDP under Milestone 9 include the following:

► at least 60 per cent of the labour force to be insured under the social security system;

► all workers under all types of employment to be protected under labour laws; and

► poverty among older persons to be reduced to no more than 4 per cent.

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74  The Thai Government has now instituted the Child Support Grant, which can be viewed as an effort to address this particular issue. Evidence on the effectiveness of the Child Support Grant (UNICEF 2019) was used as key evidence for the second expansion of the programme and on 29 September 2020 the National Child and Youth Committee approved the universal Child Support Grant and submitted it for approval to the Cabinet.

Milestone 9 is consistent with the goals under the national strategy in three areas: human development and strengthening human capacity in target areas or issues; ensuring Thai society has a conducive environment that supports human development throughout the life cycle; and creating opportunities and an equal society.

Social protection is thus firmly embedded in national plans and the objectives of expanding the coverage and the level of social protection provided are clearly articulated. However, a single policy framework for social protection remains lacking and nowhere is there articulated an agreed national definition of social protection, a shared set of policy objectives for the sector, an overarching governance structure, or the roles and responsibilities of all the actors involved.

## 5.2  Institutional arrangements for social protection

A  challenge for the implementation of a more integrated social protection system is the multitude of actors involved, the lack of communication between them and the absence of a clear leader or explicit articulation of their roles and responsibilities within the sector. No single ministry or supra-ministerial body has a defined mandate for social protection as such, nor is there a lead ministry in charge of the whole system. This situation has reinforced information silos and created uncertainty and fragmentation in the policy space.

Although there are numerous organizations providing social protection in Thailand, five ministries – MSDHS, MOL, MOPH, MOE and MOF – have important roles in the delivery of the main contributory and non-contributory schemes. The MSDHS provides many social protection schemes in the form of both social assistance and universal allowances. The MOL is largely responsible for contributory schemes covering social protection for active-age and older persons. The Comptroller General's Department within the MOF is jointly responsible, alongside line ministries and the Department of Local Administration, for the civil servant benefits and pension schemes, as well as the Local Government Employees' Benefit scheme. The MOPH is in charge of universal health care and other health-related social protection schemes (the Migrants Health Insurance Scheme and the Healthcare Fund for Persons with Legal Status Problems), while the MOE is responsible for the 15-year Free Education Policy and education-related social assistance. Finally, the MOF delivers both contributory (such as the National Savings Fund) and non-contributory (State Welfare Card) schemes.[75]

Within these ministries, specific departments are responsible for the financial and administrative aspects of programme delivery. Among the 54 schemes we identified as part of this mapping, there are 44 schemes for which we are able to analyse the institutional arrangements. Within these 44 schemes, nine involve multiple organizations in programme delivery, as shown in table 17.

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75   This could be a result of the principle endorsed by the Cabinet in 2000 stating that "Thailand should have a multi-pillar system of social protection" and the consequent assigning of MOF to establish a mandatory savings fund (Paitoonpong et al. 2010).

**Table 17.    Nine social protection schemes with multiple organizations involved**

| Scheme ID[1] | Scheme name | Responsible agency | Department / ministry / agency involved in pro-gramme delivery | Role(s) in scheme | | | |
|---|---|---|---|---|---|---|---|
| | | | | Registration[2] | Verification[3] | Validation[4] | M&E[5] |
| S5 | National Savings Fund | National Savings Fund | National Savings Fund | ✔ | ✔ | ✔ | ✔ |
| | | | Department of Provincial Administration (DOPA) | ✔ | ✔ | | |
| | | | MOE | ✔ | | | |
| S9 | Community Welfare Fund | Community Organiza-tions De-velopment Institute | Community Organizations Development Institute | | | | ✔ |
| | | | Department of Local Administration | | | | ✔ |
| | | | Local government | | | ✔ | |
| | | | Local government's Community Welfare Fund | ✔ | ✔ | | |
| S13 | Universal Health-care Coverage Scheme | NHSO | MOPH | ✔ | ✔ | ✔ | ✔ |
| | | | Primary health care unit | ✔ | ✔ | | |
| S14 | Support on education provision from kindergarten to basic education scheme | MoE | Office of Basic Education Commission | ✔ | ✔ | ✔ | ✔ |
| | | | Department of Local Administration[6] | | | ✔ | ✔ |
| | | | Local government school6 | ✔ | ✔ | ✔ | ✔ |
| S17 | Old-Age Allowance | MSDHS | Department of Older Persons (DOP) | | | | ✔ |
| | | | Department of Local Administration | | | | ✔ |
| | | | Local government | ✔ | ✔ | ✔ | |
| S27 | Allowance for Person with HIV/Aids | MSDHS | Department of Social Devel-opment and Welfare | | | | ✔ |
| | | | Department of Local Administration | | | | ✔ |
| | | | Local government | ✔ | ✔ | ✔ | ✔ |

74  One function not represented in Table 19 is payments. This function introduces private organisations, such as banks and convenience stores, into the mix and thus implies a further layer of complexity. However, as our focus here is on the challenge of government coor-dination we do not dig into this function below.

| Scheme ID[1] | Scheme name | Responsible agency | Department / ministry / agency involved in pro-gramme delivery | Role(s) in scheme | | | |
|---|---|---|---|---|---|---|---|
| | | | | Registration[2] | Verification[3] | Validation[4] | M&E[5] |
| **S29** | Disability Grant | MSDHS | Department of Empowerment of Persons with Disabilities | | | | ✔ |
| | | | Department of Local Administration | | | | ✔ |
| | | | Local government | ✔ | ✔ | ✔ | |
| **S31** | State Welfare Card | MoF | Fiscal Policy Office | | ✔ | ✔ | ✔ |
| | | | Department of Provincial Administration | ✔ | ✔ | | |
| | | | Government Savings Bank (GSB) | ✔ | | | |
| | | | Bank for Agriculture and Agricultural Cooperatives (BAAC) | ✔ | | | |
| **S44** | Long-term care | NHSO | MoPH | | | ✔ | ✔ |
| | | | Primary healthcare unit | ✔ | | | ✔ |
| | | | Department of Local Administration | | | | ✔ |
| | | | Local government | ✔ | ✔ | ✔ | ✔ |

Note: One function not represented in table 17 is payments. This function introduces private organizations, such as banks and convenience stores, into the mix and thus implies a further layer of complexity. However, as our focus here is on the challenge of government coordination, we do not dig into this function.
(1) Referring to the scheme number in table A1 of Annex A. (2) "Registration" refers to the act(s) of registration by individuals with a specific agency. (3) "Verification" refers to the act(s) of a person or organization verifying an individual's qualification to enter a particular scheme. (4) "Validation" refers to the act(s) of an organization re-examining the collected or registered data with another organization. (5) M&E, or monitoring and evaluation, refers to the acts of an organization collecting and analysing data for the purpose of evaluation. (6) Only for those in local government schools.

Table 17 illustrates the complexity of the institutional arrangements for the schemes listed and the number of ministries, departments and agencies involved in programme delivery. It shows that the institutional arrangements of six of the nine schemes – 9, 14, 17, 27, 29 and 44 – involve cooperation between national ministry departments and local governments. These schemes, with the exception of the Community Welfare Fund (scheme 9), are preparing to permanently transfer to local government, both financially and administratively, although local governments are only responsible for the delegated tasks of registration, verification and sometimes validation. With the Community Welfare Fund, cooperation at the local level involves not only local governments but also community welfare organizations.[76]

The other three schemes listed in the table involve various organizations, such as primary health care units in scheme 13, the Department of Provincial Administration (DOPA) in scheme 5 and scheme 31 and the Bank for Agriculture and Agricultural Cooperatives and the Government Savings Bank in scheme 31. This variety depends on the responsible agency's strategy. For example, National Savings Fund started cooperation with DOPA and MOE to enhance its access to potential members. Similarly, to enhance access to the State Welfare Card, the Fiscal Policy Office is planning to cooperate with DOPA so that they can reach out to as many targeted groups as possible. At the same time, the Fiscal Policy Office has worked with financial institutions, particularly the Bank for Agriculture and Agricultural Cooperatives and the Government Savings Bank, to provide easy access for people.

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76   This scheme was developed as a form of community-based welfare for several decades and at one point was even expected to form a foundation for universal social protection. This is one of the reasons why CODI has an allocated budget to support this scheme.

The institutional arrangements analysed in table 17 show that interagency cooperation among at least some social protection providers necessarily extends from national-level agencies to local governments (with support from the DLA) and actors in communities (through the DOPA). This is mainly because the responsible agencies need to reach out to as many people as possible and rely on local actors to achieve that aim.

Cooperation between national and local levels is also expected to fill gaps in social protection provision in terms of both coverage and adequacy by supplementing national programmes with locally designed ones (see section 5.4). However, there remains some push and pull between central agencies and local governments in terms of roles and responsibilities (Yeerong 2020). For example, while several central agencies apparently demonstrated intentions to delegate more tasks to local governments, some local governments perceived the tasks as a burden. On the other hand, while some local governments are ready for bigger roles, central agencies appear ready to transfer the responsibility but not the resources for the task.

## 5.3 Social protection MIS

Numerous MISs and databases have been developed across the various social protection schemes in Thailand. As OECD (2018: 60) stated, a similar development is taking place in many countries, with the aims of ensuring that individuals are accessing appropriate programmes and of gathering information on the demand for and impacts of different schemes. Some of these databases have been developed into online services that enable individuals to monitor their entitlements and contributions, such as the SSO's and the National Savings Fund's applications.

The agencies and departments responsible for social protection service delivery (those listed in table 17) are also responsible for MIS management. Despite often collecting the same or similar information, these data are not automatically or uniformly shared across ministries, departments and agencies,[77] thus building inefficiency into the system as a whole. Table 18 lists government databases and identifies whether they are "information-based", meaning they are designed for management purposes and accessible to service providers only, or "service based", meaning service users can also access their individual data and/or whether they are linked to or integrated with other databases.

**Table 18. Characteristics of social protection databases**

| Department/ organisation | Database name | Ministry | Type of database | | Integrated or linked databases |
|---|---|---|---|---|---|
| | | | Infor- mation based[1] | Service -based[2] | |
| **Ministry of Social Development and Human Security** | Social Map and Social MIS | MSDHS | ✔ | | Fiscal Policy Office's State Welfare Card |
| **National Economic and Social Development Council** | TP Map | - | ✔ | | (1) Fiscal Policy Office's State Welfare Card<br><br>(2) MOI's Basic Minimum Needs |
| **Comptroller** | e-Social Welfare | MoF | ✔ | | Department of Local Administration's Allowance MIS |

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77 Some data are not even shared between departments within the same ministry.

| Department of Local Administration | Local Education Centre Information System | MOI | ✔ | | (Data are usually forwarded to MoE on a regular basis) |
|---|---|---|---|---|---|
| | Allowance MIS | | ✔ | | (Data are usually forwarded to two ministries: MoF on a regular basis, MSDHS upon request) |
| Fiscal Policy Office | State Welfare Card Low Income Earners Registry | MoF | ✔ | | (Data are forwarded to several organizations upon request) |
| Community Organizations Development Institute | Community Organizations Development Institute | MSDHS | ✔ | | - |
| Social Security Office | SSO | MoL | ✔ | ✔ | Shared with National Savings Fund |
| National Savings Fund | National Savings Fund | MoF | ✔ | ✔ | Shared with SSO |

Note: (1) "Info-based" means the database is designed for management purposes and only accessible to service providers. (2) "Service-based" means the database is open for service users to access their personal data.

Table 18 shows that the MISs for social protection are not optimally integrated with each other and that only the TPMAP, SSO and National Savings Fund are integrated with other databases and/or accessible to service users. Various efforts have been made over time to better integrate these data. For example, the MSDHS developed the Social Map MIS, which is supposed to function as an integrated database of its target groups,[78] presented via a GIS map (Na Nirot 2018), while NESDC developed the TPMAP, with the aim of improving the precision of poverty alleviation efforts and the quality of life of Thai citizens through the use of socio-geographical data. Similarly, the Comptroller Department at the MOF developed the e-Social Welfare database, which contains data on financial disbursements to social protection providers. The DLA has developed two information-based systems: the Local Education Centre Information System and the MIS for older persons, people with a disability and HIV-affected allowances.

Thailand aims to digitize some parts of registration and benefit provision systems to increase effectiveness and efficiency. As part of the Government Central Database Integration and Mobilization Committee's goals, citizen data integration is expected to connect relevant data from at least 81 databases from 40 agencies (GCDIMC 2017). In principle, this integration would enhance the accessibility of services and benefits for Thai citizens (DGA 2016). To prepare vulnerable populations for the use of this technology, however, it will be necessary for the Government to provide access, information and training.

The TPMAP has perhaps gone the furthest in relation to creating an integrated data system for social welfare and social protection information and thus provides a potentially central pillar for expanding and strengthening social protection data integration moving forward. The TPMAP was developed by the Office of NESDC and the National Electronics and Computer Technology Centre, the National Science and Technology Development Agency and the Ministry of Science and Technologies. The TPMAP is designed to provide a comprehensive data analytics tool for precision poverty alleviation and for improving the quality of life of Thai citizens. To do this, it integrates data from two main sources: (i) census-based Basic Minimum Need data of approximately 36 million individuals from the Community Development Department in the MOI; and (ii) a register-based

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78    The MSDHS's target groups include children, women, older persons, people with a disability, helpless people, those affected by HIV or AIDS, hilltribe or ethnic groups and other vulnerable groups.

data source of approximately 11.4 million individuals from the MOF. To identify poor households, the TPMAP uses the Multidimensional Poverty Index developed by the Oxford Poverty and Human Development Initiative and the United Nation Development Programme (UNDP), which utilizes five poverty dimensions: health care, education, income, living standard and access to public services. These data and information can then be used to assess and verify the needs of households and individuals for the provision of social protection and poverty alleviation services. The TPMAP is founded on the nationally comprehensive PID, which uniquely identifies each population member (see section 3.5).

## 5.4  Role of local-level and informal social protection

Social protection services can be provided in several ways, whether by public or private actors. Cichon et al. (2004: 160) discern five arrangements of provision: government provision with control by a central authority; provision by a semiautonomous public agency; provision by quasi-market operators with public financing (charities and non-government organizations); provision by markets; and government guidance and regulation.

A mix of all of these arrangements can be found in Thailand. But local and informal social protection should be more explicitly recognized and appropriately incorporated to the overarching policy framework because, while it does not fit neatly into these categories, it is tacitly expected to fill gaps in social protection provision. Local or informal social protection schemes can be categorized in three ways: national programmes that are delivered by local governments; innovative social protection schemes designed (and delivered) by local authorities; and community-based social protection interventions. Until now, local governments and communities have either designed contextualized innovative schemes or been part of the implementation of national policies.

The first category (social protection schemes that are nationally designed but delivered through local governments) mostly comprises a cooperation between the DLA and other organizations, such as the MOE, the MSDHS and the MOPH (see table 17). There are four types of these schemes: social allowances (older persons, disability, HIV/AIDS); local support to Community Welfare Funds (CODI 2018); local cooperation for primary health care (NHSO 2018); and child support through local education. In some provinces, local governments cooperate with the provincial offices of ministries or departments to deliver social protection services, as with the cooperation between social security provincial offices and local governments (Wattana and Premsuriya 2020; Chaichakan 2018).

The second category encompasses social protection schemes designed (and delivered) by local authorities mostly created through cooperation between local governments and communities (see Khrueathep 2019; Phuong-Ngam 2015; Suwanmala 2008;).

According to Wongpreedee and Sutthipongpracha (2020), local governments design social protection projects related to several issues, including contributory community-based welfare funds, community health care and community care for older persons. For example, some local governments have cooperated with charity and community organizations to enhance home care services for older people using mobile applications and by training volunteers.

Finally, with regard to the third category (community-based social protection interventions), it is fair to say that within Thailand's social protection system, much hope has been placed on these over the years (CODI 2017; NESDC 2002; Pongsapich et al. 2002). The most prominent among the schemes are the Community Welfare Funds, which were established and spread nationwide in the 1990s. Community Welfare Funds were once informal schemes provided through community structures and governed under community regulations. Since 2005, the Community Welfare Funds have been financially supported by the Community Organizations Development Institute (CODI) and some local governments. In the 2000s, Community Welfare Funds were even brought to the national table (NESDC 2009). However, the management and sustainability of some Community Welfare Funds have been questioned by national organizations and academics (Chaichakan and Khampeng 2017).

Although local and informal social protection schemes of various types have been present for several decades, they remain limited in several ways. First, despite several attempts to decentralize social protection provision during the 1990s and 2000s, changes of national government within this period affected the decentralization

process. Rather than evolving to become the lead authority mandated to provide locally tailored social protection services in their localities, local governments have become a lesser part of the service delivery chain, to which either registration, verification or validation services for national social protection programmes are delegated.

Furthermore, because informal social protection is a vague term that has yet to be defined, social movements campaigning for national legislation are somewhat dispersed. The most prominent movement (supported by CODI) is the campaign for a Community Welfare Promotion Bill, which aims to empower communities through welfare provision and management (CODI 2020; ThaiPost 2020).[79]

The fact that the relationship between formal and national-level social protection programming and informal and local-level or community social protection initiatives remains vague and undefined leads to a lack of ability and agency to fill in gaps in provision that otherwise might be possible and beneficial for the system as a whole. It opens up the risk that decentralization functions simply as a mechanism for the central Government to delegate responsibility for social protection provision without allocating the means and, at the same time, increases the risk that the level of risk pooling and redistribution at the national level is reduced.

> **Box 6**       **Social protection through charitable donations**
>
> People in Thailand have a significant culture of donating to temples, NGOs and charities, which provide an informal safety net for many citizens. Thailand ranks fourth on the World Giving Index calculated by Charities Aid Foundation (its survey data from 2008–018 showed that 71 per cent of Thai people donated money in the past 30 days) and estimates suggest that Thai people donate more than 70 billion baht a year. According to the 2017 Socioeconomic Survey, on average Thai individuals donate 9 baht per month to NGOs and 94 baht per month for religious and other contributions, with the level of donations and other contributions relative to income higher for poorer individuals compared to richer individuals.
>
> Acknowledging this, it is important to recognize that social protection support provided through charitable donations are based on individual or community-based arrangements as well as social relations and cultural values that are specific to specific groups, meaning that this kind of informal support can exclude those who do not fit the actual or perceived membership criteria of the donating network. Furthermore, if support is offered through systems such as patronage-based networks, it may result in increased debt, entrenching rather than mitigating household vulnerability.
>
> Charitable donations are also subject to fluctuations. When the impact of a covariate shock, such as COVID-19, reverberates throughout communities, it may limit the capacity and resources of these networks to provide the usual or elevated level of support required, precisely when that support is most needed.
>
> Finally, in the light of trends such as urbanization, migration, reduced family sizes and population ageing, informal arrangements like charitable giving face stresses that render them increasingly insufficient to meet the social protection needs of the population.

Source: ESCAP and ILO 2021; OPM 2020b.

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79  Since 2005, CODI has been promoting Community Welfare Funds and negotiating to get a sufficient budget allocated from the government to achieve minimum levels of local-level social protection provision. In this provision, it aims to follow the standard principles of social insurance to provide at least three kinds of functional benefit, following the nine standard social insurance functional benefits of (1) sickness; (2) childbirth; (3) death; (4) invalidity and disability; (5) family or child support; (6) old age; (7) unemployment; (8) survival benefits; and (9) work injury. At current levels of funding, it can only support around one quarter of Community Welfare Funds (around 1,200 of an approximate total of 5,000) to ensure this minimal level of social protection.

# 6  Investing in social protection

## 6.1  Social protection expenditure[80]

In 2019 and prior to the outbreak of COVID-19, Thailand's GDP was 16.9 trillion baht,[81] government revenue was 3.6 trillion baht and total government expenditure was 3.7 trillion baht.[82] Government expenditure on selected social protection programmes was 920.1 billion baht,[83] representing some 5.4 per cent of GDP, 25.9 per cent of government revenue and 25 per cent of total government expenditure, respectively. Of this social protection expenditure, 55.5 per cent was on contributory and civil servants schemes and 44.5 per cent on non-contributory programmes.

Although the country has introduced several large social protection programmes in the past five years, including the State Welfare Card and the Child Support Grant, public social protection expenditure is still below the Asian and the Pacific average. At the global level, average health care expenditure was 7.1 per cent of GDP, while social protection expenditure excluding health was 10.8 per cent. This was significantly above Thailand's combined health and non-health-related social protection expenditure of 5.4 per cent of GDP (comprising 1.8 per cent on health and 3.6 per cent on non-health social protection). In this regard, Thailand is also below the average for Asian and Pacific countries, for which average health care expenditure was 3.9 per cent of GDP and average social expenditure excluding health was 7.4 per cent of GDP in 2019.[84]

**Table 19.    Thailand spending on social protection (excluding health), compared to region and high-income countries**

| Country or region | Spending on social protection as % GDP |
|---|---|
| Thailand | 3.6 |
| Asia and Pacific | 7.4 |
| High-income countries | 24.0 |

Source: ILO et al. 2022; ILO 2021b.

Table 20 presents the 12-largest social protection programmes as measured by government expenditure. It shows that the top 12 programmes account for 93.4 per cent of the total social protection expenditure reported previously, while the top-five programmes account for 99.3 per cent of this expenditure. Expenditure on the top five social protection programmes is summarized in figure 59, which shows close to half of this is on the Civil Service Benefits Scheme.

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80  As discussed in section 2.2.2, the most recent year for the analysis is 2019, which was the last year prior to the beginning of the COVID-19 pandemic, which had extraordinary impacts on social protection expenditures. Annex A provides updated information from 2020 for selected programmes.

81  See www.bot.or.th/App/BTWS_STAT/statistics/Bank of ThailandWEBSTAT.aspx?reportID=409&language=ENG.

82  See www.fpo.go.th/main.

83  Data limitations mean that we cannot report total expenditure on social protection because we do not have expenditure information for every single social protection programme identified by the mapping exercise. However, the social protection expenditure reported here is calculated from the 32 largest programmes, including schemes 1, 5-8, 10-23, 26, 28–29, 33-40 and 44-46 (see table A1 in Annex A), which thus accounts for the lion's share of total government spending on social protection. Several social protection programmes are operated by government organizations as a part of mandated tasks and consequently distinct information about the operational costs for these programmes are not available. The operation costs reported here may thus be underestimated.

84  The latest year reported for both the world and the Asia and the Pacific average by the ILO's World Social Protection Dashboards was 2015.

Between 2016 and 2019, expenditure on these 12 social protection programmes grew by some 24.4 per cent, from 690.9 billion baht to 859.2 billion baht. Non-contributory programmes grew from 315.6 billion baht to 395.8 billion baht (25.4 per cent), while expenditure on contributory and government employment programmes grew by 23.5 per cent, from 375.3 billion baht to 463.4 billion baht.

**Table 20. Government expenditure on the 12-largest social protection programmes, 2015–19 (baht)**

| ID | Name of programme | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|---|
| S1 | Civil Service Benefits[1] | N/A | 296.9 billion | 320.0 billion | 344.5 billion | 360.3 billion |
| S13+S35 | UCS[2] | 153.2 billion | 163.2 billion | 169.8 billion | 175.6 billion | 181.6 billion |
| S5-S8 | Social Security Fund and Workmen's Compensation Fund | 71.9 billion | 78.4 billion | 82.8 billion | 92.6 billion | 103.1 billion |
| S33 | Old-Age Allowance | 61.4 billion | 63.2 billion | 64.8 billion | 66.4 billion | 71.9 billion |
| S28 | State Welfare Card programme | 0 | 0 | 8.8 billion | 41.5 billion | 45.7 billion |
| S21 | Fund for Primary School Lunches Programme | 24.4 billion | 24.1 billion | 23.8 billion | 23.0 billion | 22.6 billion |
| S16 | 15-year Free Education Programme | 41.1 billion | 40.1 billion | 39.2 billion | 36.2 billion | 37.8 billion |
| S40 | Disability Grant | 13.0 billion | 13.3 billion | 16.1 billion | 17.3 billion | 19.0 billion |
| S22 | School Milk Nutrition grant | 10.6 billion | 11.0 billion | 10.8 billion | 10.6 billion | 10.5 billion |
| S23 | Child Support Grant | 0 | 278.6 million | 1.9 billion | 3.5 billion | 4.4 billion |
| S18 | Equitable Education Fund Conditional Cash Transfer Programme | 0 | 0 | 0 | 1.2 billion | 1.9 billion |
| S14 | Allowance for HIV/AIDS patients | 459.0 million | 496.0 million | 509.0 million | 526.0 million | 538.0 million |
| **All contributory programmes** | | 71.9 billion[3] | 375.3 billion | 402.8 billion | 437.2 billion | 463.4 billion |
| **All non-contributory programmes** | | 304.0 billion[3] | 315.6 billion | 335.7 billion | 375.8 billion | 395.8 billion |
| **Total** | | 375.9 billion[3] | 690.9 billion | 738.5 billion | 813.0 billion | 859.2 billion |

Note: (1) See detailed expenditures for the Civil Service Benefits in table A2 in Annex A. (2) Includes long-term care. (3) Summary without S1 in 2015.
Source: S1 from CGD (informant interview); S5-S8 from SSO 2015a, SSO 2015b, SSO 2016a, SSO 2016b, SSO 2017a, SSO 2017b, SSO 2018a, SSO 2018b, SSO 2019a, SSO 2019b; S13, S23, S33 and S40 from MSDHS (informant interview); scheme 16 from MOE 2015, MOE 2016, MOE 2017, MOE 2018, MOE 2019; S28 from CGD (informant interview); S21 and S22 from DLA (informant interview).

**Figure 59.  Government expenditure on five-largest social protection programmes, 2019 (billion baht)**
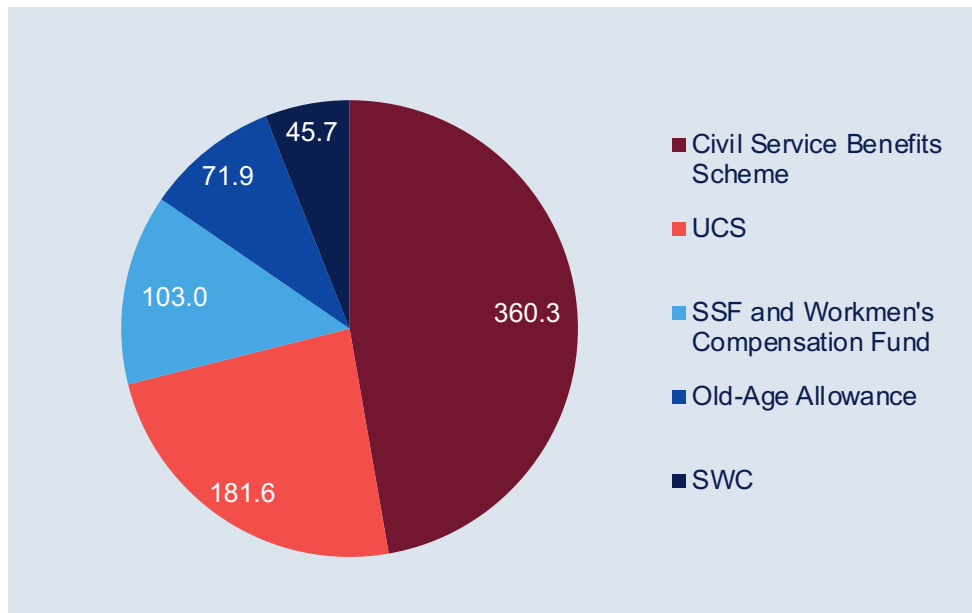


Note: UCS=Universal Health-care Coverage Scheme; SWC=Social Welfare Card.
Source: Table 20.

It is important to emphasize that the expenditure data reported in table 20 for the Universal Health-care Coverage Scheme only constitute a part of Thailand's health care total expenditure. Total health care expenditure is reported in the National Health Accounts, which indicate that total health expenditures were 684.7 baht billion in 2019, 72.9 per cent of which (499.4 baht billion) was financed by the public sector. Other public organizations that contribute to total health expenditure include the Social Security Fund, Workmen's Compensation Fund, Civil Servant Medical Benefit Scheme, state enterprises, MOPH, local governments and other ministries (IHPP 2021).

With regard to the contributory schemes (figure 60), expenditure on the Civil Service Benefits grew by 21.3 per cent between 2016 and 2019, while expenditure on the Social Security Fund and Workmen's Compensation Fund grew by 31.5 per cent.

**Figure 60. Government expenditure on contributory social protection, 2016–19**

In relation to non-contributory programmes (figure 61), the main growth in expenditure came from the State Welfare Card that was initiated in 2016, the same year the Child Support Grant was first expanded to cover children aged 0–3 years and when the long-term care programme was initiated. These three programmes thus grew significantly in that time. The State Welfare Card started to pay benefits in the 2017 budget year. From 2017 to 2019, the expenditure of the State Welfare Card increased by 417.2 per cent. From 2016 to 2019, the expenditures of the Child Support Grant and long-term care programmes grew at rates of 1,435.6 per cent and 52.8 per cent, respectively.[85] The Equitable Education Fund Conditional Cash Transfer was initiated in 2018, and the programme grew by 52.8 per cent from 2018 to 2019. For schemes started before 2015, including pillar 2 programmes, such as the 15-year Free Education Policy, the Fund for Primary School Lunches and the School Milk Nutrition Grant, expenditure dropped by 8 per cent, 7.3 per cent and 1 per cent, respectively. Expenditure on other non-contributory social protection programmes also grew in this period, at rates between 17.2 per cent and 46 per cent, depending on the programme.

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85  The Child Support Grant was expanded for a second time in 2019 to cover all children aged 0–6 years and then again in 2020, when total expenditure reached 15 billion baht (see Annex A).

**Figure 61.   Government expenditure on non-contributory social protection, 2015–19**
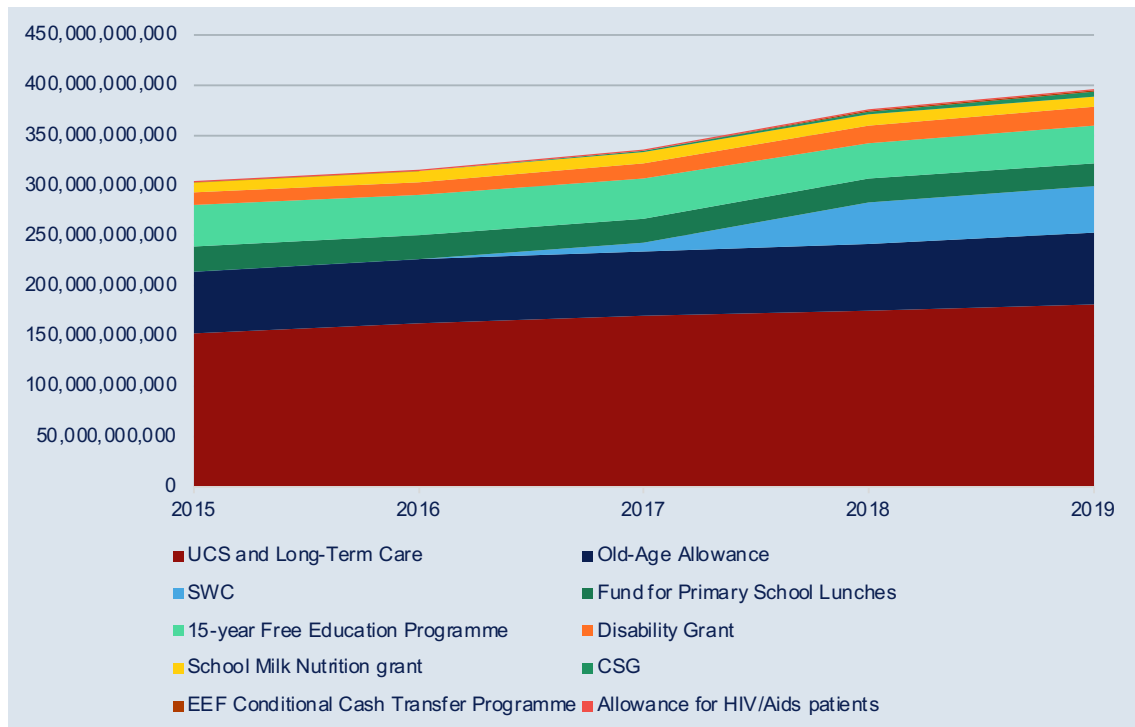


Note: Calculated from the 11 non-contributory social protection programmes with the highest expenditures. SWC=Social Welfare Card; CSG=Child Support Grant; EEF=Equitable Education Fund.

## 6.1.1   Trends in government Social Security Fund expenditure by benefit type

Examining the Social Security Fund expenditure trends by benefit type provides a picture of how expenditure is allocated across the various functions of the social security system. For Social Security Fund sections 33 and 39, health care and child allowance were the most expensive benefits, accounting for 53 per cent and 10.8 per cent, respectively, of all Social Security Fund sections 33 and 39 expenditure in 2019 (63.8 per cent in total). Pension benefits accounted for 16.5 per cent (wherein 10.2 per cent were lump-sum and 6.3 per cent were annuity pensions), while unemployment compensation, maternity, death, invalidity and sickness cash benefits accounted for 8.3 per cent, 7.5 per cent, 2.3 per cent, 1.2 per cent and 0.4 per cent of total Social Security Fund sections 33 and 39 expenditure, respectively. Overall, between 2015 and 2019, government expenditure on Social Security Fund sections 33 and 39 grew faster than the number of members, with much of this growth in spending being accounted for by pension payments (annuity pensions grew by 526 per cent and lump-sum pensions by 88 per cent).

**Figure 62.  Government expenditure on Social Security Fund sections 33 and 39, 2015–19, by benefit type**
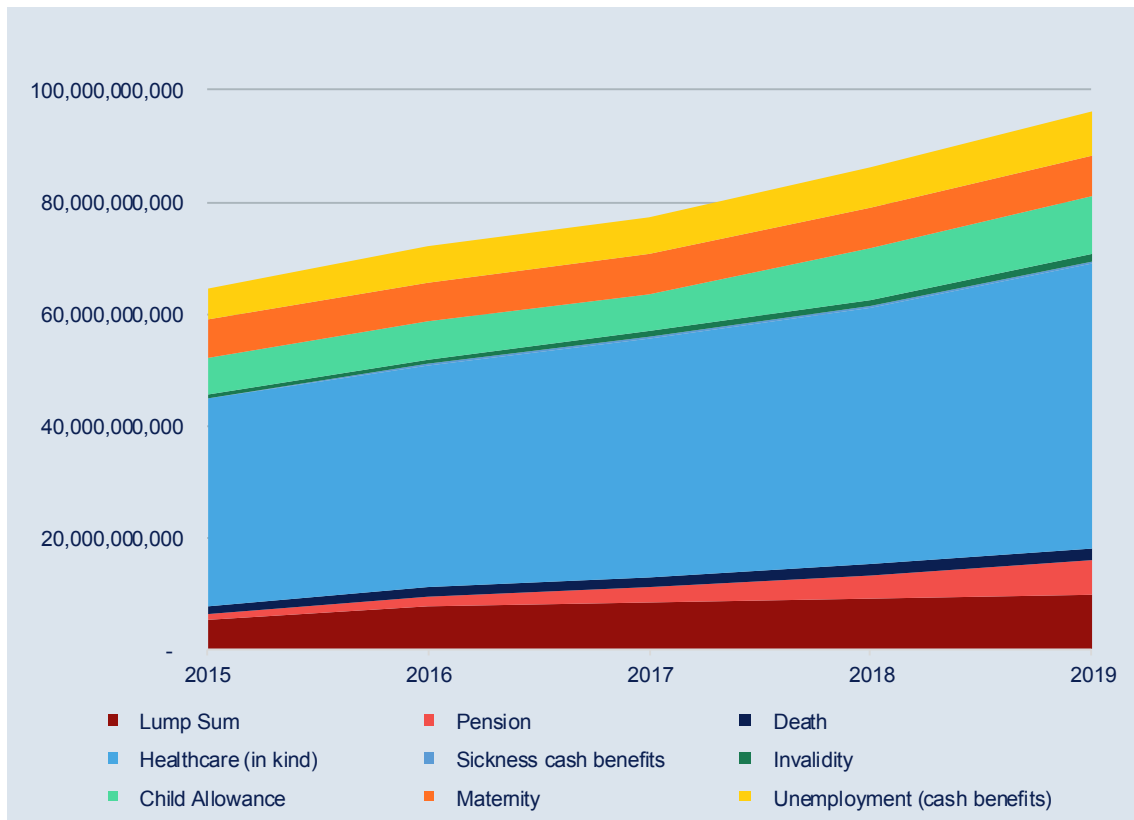


Source: SSO (informant interview).

Quite different trends are observed in regard to Social Security Fund section 40. For this scheme, sickness compensation and death benefits accounted for the majority proportion of government expenditure in 2019, at 43 per cent and 40.3 per cent of the total. Overall in this period, expenditure on Social Security Fund section 40 actually dropped by 39.5 per cent. This was due to the introduction of the National Savings Fund in 2016, which then provided an annuity pension, replacing the lump-sum pension offered by Social Security Fund section 40. The effect of this switch can be seen clearly in the data, with government expenditure on Social Security Fund section 40 pensions decreasing by 63.9 per cent between 2015 and 2016, after which it remained relatively constant. In contrast, government expenditure on disability benefit, sickness compensation and death benefit grew 407 per cent, 164 per cent and 41 per cent, respectively. Because the number of section 40 members grew by just 47.4 per cent in this time, the growth of expenditure on these benefits was high relative to the growth in the number of members.

**Figure 63.   Government expenditure on Social Security Fund section 40, by benefit type, 2015–19**
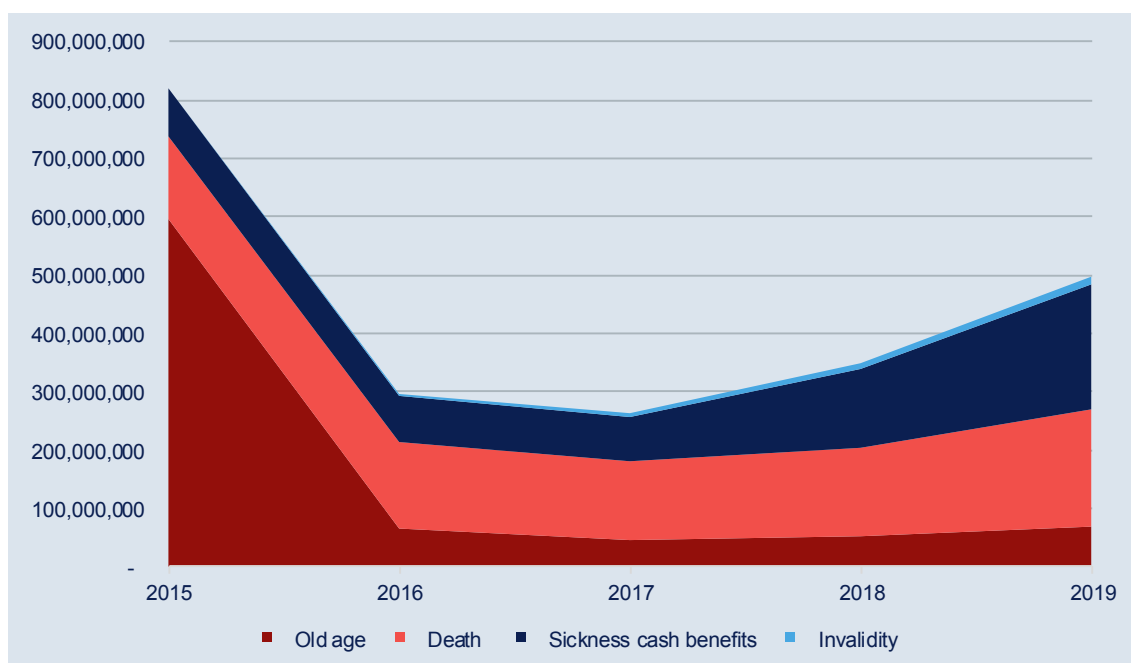


Source: SSO (informant interview).

**Table 21. Value of benefits per beneficiary, by functional classification**

| Classification | ID | Programme | Number of beneficiaries | Annual value of benefits | Annual expenditure per beneficiary |
|---|---|---|---|---|---|
| **Pillar 1: Health** | | | | | |
| **Healthcare** | S5 | Social Security Fund (S33) | 12 584 458 | 50 967 652 242 | 4 050 |
| | S6 | Social Security Fund (S39) | | | |
| | S13 | Universal Health-care Coverage Scheme | 47 522 681 | 131 766 471 153 | 2 773 |
| | S14 | Allowance for HIV/Aids patients | 87 683 | 538 000 000 | 6 136 |
| | S15 | Support for HIV/Aids patients and their families | 8 271 | 19 415 980 | 2 347 |
| | **Total** | **S5+S6+S13 (+S14+S15 for value of benefit)** | **60 107 139** | **183 291 539 375** | **3 049** |
| **Pillar 2: Children** | | | | | |
| **Child allowance** | S5 | Social SePillar 3: Active age | 1 092 752 | 10 412 834 392 | 7 588 |
| | S6 | Social Security Fund (S39) | 279 467 | | |
| | S23 | Child Support Grant | 880 893 | 4 353 617 200 | 4 942 |
| | **Total** | **S5+S6+S23** | **2 253 112** | **14 766 451 592** | **6 554** |

| Classification | ID | Programme | Number of beneficiaries | Annual value of benefits | Annual expenditure per beneficiary |
|---|---|---|---|---|---|
| **Education subsidies** | S16 | 15-year Free Education Programme | 5 865 217 | 37 796 600 300 | 6 444 |
| | S18 | EEF Conditional Cash Transfer Programme | 949 941 | 1 867 602 000 | 1 966 |
| | S17 | Local education empowerment grant | 65 0001 | 132 706 000 | 2 042 |
| | **Total** | **S16 (+S17+S18 for value of benefit)** | **5 865 217** | **39 796 908 300** | **6 785** |
| **Nutrition subsidies** | S21 | Fund for Primary School Lunches Programme | 5 459 7931 | 22 627 709 700 | 4 144 |
| | S22 | School Milk Nutrition Grant | 5 450 1801 | 10 450 026 475 | 1 917 |
| | **Total** | **S21** | **5 459 793** | **33 077 736 175** | **6 058** |
| **Pillar 3: Active age** | | | | | |
| **Sickness income compensation** | S5 | Social Security Fund (S33) | 91 595 | 349 289 830 | 828 |
| | S6 | Social Security Fund (S39) | 330 468 | | |
| | S7 | Social Security Fund (S40) | 88 976 | 214 080 000 | 2 406 |
| | **Total** | **S5+S6+S7** | **511 039** | **563 369 830** | **1 102** |
| **Unemploy-ment** | S5 | Social Security Fund (S33) | 170 455 | 7 954 158 298 | 46 664 |
| | **Total** | **S5** | **170 455** | **7 954 158 298** | **46 664** |
| **Disability insurance** | S5 | Social Security Fund (S33) | 8 672 | 1 121 782 556 | 70 663 |
| | S6 | Social Security Fund (S39) | 7 203 | | |
| | S7 | Social Security Fund (S40) | 327 | 13 270 850 | 40 584 |
| | **Total** | **S5+S6+S7** | **16 202** | **1 135 053 406** | **70 056** |
| **Maternity (cash benefit)** | S5 | Social Security Fund (S33) | 245 300 | 7 254 646 983 | 24 699 |
| | S6 | Social Security Fund (S39) | 48 423 | | |
| | **Total** | **S5+S6** | **293 723** | **7 254 646 983** | **24 699** |
| **Death/ survivors' benefit** | S5 | Social Security Fund (S33) | 20 960 | 2 230 365 299 | 73 687 |
| | S6 | Social Security Fund (S39) | 9 308 | | |
| | S7 | Social Security Fund (S40) | 9 331 | 200 370 000 | 21 474 |
| | **Total** | **S5+S6+S7** | **39 599** | **2 430 735 299** | **61 384** |
| **Poverty** | S28 | State Welfare Card | 8 925 758 | 60 524 192 596 | 6 781 |
| | S29 | Poverty and Destitute Family Support Grant | 140 176 | 260 116 850 | 1 856 |
| | **Total** | **S28 (+S29 for value of benefit)** | **8 925 758** | **60 784 309 446** | **6 810** |
| **Pillar 4: Old age** | | | | | |
| **Lump sum payment** | S5 | Social Security Fund (S33) | 256 375 | 9 822 443 940 | 33 422 |
| | S6 | Social Security Fund (S39) | 37 519 | | |
| | S7 | Social Security Fund (S40) | 21 156 | 69 682 544 | 3 294 |
| | **Total** | **S5+S6+S7+S11** | **315 050** | **9 892 126 484** | **31 399** |

| Classification | ID | Programme | Number of beneficiaries | Annual value of benefits | Annual expenditure per beneficiary |
|---|---|---|---|---|---|
| **Annuity pension** | S5 | Social Security Fund (S33) | 181 693 | 6 102 957 217 | 26 336 |
| | S6 | Social Security Fund (S39) | 50 040 | | |
| | S33 | Old-Age Allowance | 9 093 916 | 71 911 177 200 | 7 908 |
| | **Total** | **S5+S6+S33** | **9 325 649** | **78 014 134 417** | **8 366** |
| **In-kind old-age assistance** | S35 | Long-term care | 152 8001 | 916 800 000 | 6 000 |
| | S36 | Allowance for abandoned and abused elderly | 16 670 | 37 475 500 | 2 248 |
| | S37 | Social welfare development centre for older persons | 38 500 | 80 507 412 | 2 091 |
| | S38 | Funeral allowance for the elderly | 10 402 | 20 804 000 | 2 000 |
| | S39 | Living environment improvement assistance for the elderly | 3 2002 | 76 442 921 | 23 888 |
| | **Total** | **S35+S36+S37+S38+S39** | **221 572** | **1 132 029 833** | **5 109** |
| **Poverty** | S28 | State Welfare Card | 4 812 265 | 32 631 229 043 | 6 781 |
| | S34 | Cash assistance for low-income elderly | 4 812 265 | 4 604 055 500 | 957 |
| | **Total** | **S28 (+S34 for value of benefit)** | **4 812 265** | **37 235 284 543** | **7 738** |
| **Other vulnerable groups** | | | | | |
| **Disability** | S40 | Disability Grant | 1 973 911 | 18 949 545 600 | 9 600 |
| | S43 | MSDHS equipment purchase subsidy | 1 297 | 10 923 717 | 8 422 |
| | S44 | Living environment improvement assistance for disabilities | 2 2092 | 41 256 931 | 18 677 |
| | **Total** | **S40 (+S43+S44 for value of benefit)** | **1 973 911** | **19 001 726 248** | **9 626** |

Note: (1) Refers to intended number of beneficiaries because no data on actual numbers of beneficiaries were obtained. (2) Households. Source: S5, S6 and S7 from SSO (informant interview), SSO 2019a; S13, S14, S33 and S40 from MSDHS (informant interview); S15 and S29 from DSDW 2019; S23 from DCY 2019; S16 from MOE 2019; S18 from EEF 2020a; S28 from FPO (informant interview); S35 from NHSO and MJU 2019; S36, S37, S38 and S39 from DOP 2019; S43 and S44 from DEP 2019; S21 and S22 from DLA (informant interview).

Increasing the coverage of contributory programmes would improve the sustainability of social protection provisions. The 20-year National Strategy's Master Plan on equality and social protection aims for: (i) universal coverage of social protection for all Thai people; and (ii) a higher level of social protection, especially for vulnerable populations. In Thailand, social protection coverage is already (nominally at least) universal in pillar 1 of the ILO's social protection floor (health) and pillar 4 (income security for older persons) and high in pillar 2 (basic income security for children). However, for pillar 3 (income security for active-age persons), the quality of protection is more varied, depending on the type of need, with the level of protection still low for several needs. To increase the level of protection for those of active age, one way the national social protection sector can improve sustainably is to incentivize those who can afford to contribute towards their protection while allocating non-contributory resources to the most vulnerable groups.

## 6.2 Fiscal space for increased investment in social protection

The findings presented here regarding the current state of social protection in Thailand, in respect of demographic and economic trends, covariate risks, coverage, adequacy, efficiency, equity, impact and expenditure, all indicate that Thailand not only needs to spend better (smarter, more efficiently) but to gradually increase its investment on social protection.

To fulfil the promise made in the Constitution and achieve stated national social and economic development goals, a stronger, more integrated and more coherent social protection sector is required. In particular, social protection should be expanded in terms of:

► increasing coverage, especially of child benefits (including the Child Support Grant), contributory social protection for those of active age and contributory pensions;

► increasing the adequacy of social protection benefits, especially non-contributory benefits and contributory retirement benefits; and

► improving the distributional impact of social protection spending.

To contribute more concretely to the social protection policy reform debate, the SPDR includes a social budgeting exercise. Social budgeting consists of two basic components. The first comprises a statistical basis via a methodologically consistent compilation of the revenues and expenditures of a country's social protection system. This is known as the social accounting system. The second is a budget projection, or a forecast of income and expenditure (normally for a medium-term period) and/or simulations of social expenditures and revenues under alternative economic, demographic and/or legislative assumptions. This component is called the social budget (Scholz, Cichon and Hagemejer 2000). The objective of the social budgeting exercise is to describe the current situation of financing for social protection in Thailand and then model how this may change or be altered under different future scenarios. In this way, the social budget model enables an exploration of different possibilities for the investment in social protection based on a robust estimate of the available fiscal space.

We describe the economic context and parameters informing the construction of the social budget model. We then present the model before taking a look at the nature of social protection expenditure and financing as revealed by the model. Finally, we simulate future expenditure and financing results based on a number of different economic and public revenue scenarios.

### 6.2.1 Economic context and parameters

Since 1995, the Thai economy has gone through several cycles. Following the economic crisis of 1995–98, the economy recovered and exhibited an average growth rate of 5.2 per cent annually in 1999–2007. During the first half of this period (1999–2002), total government expenditure increased significantly, up to a record high level of 26.5 per cent of GDP. At the same time, up to 2005, this period saw steady incremental growth in general government revenues (figure 64). Overall, between 1999 and 2007, government revenues increased (as a percentage of GDP) by 2.8 percentage points, a relative difference of almost 16 per cent.

**Figure 64.   Government financial indicators, 1995–2019**
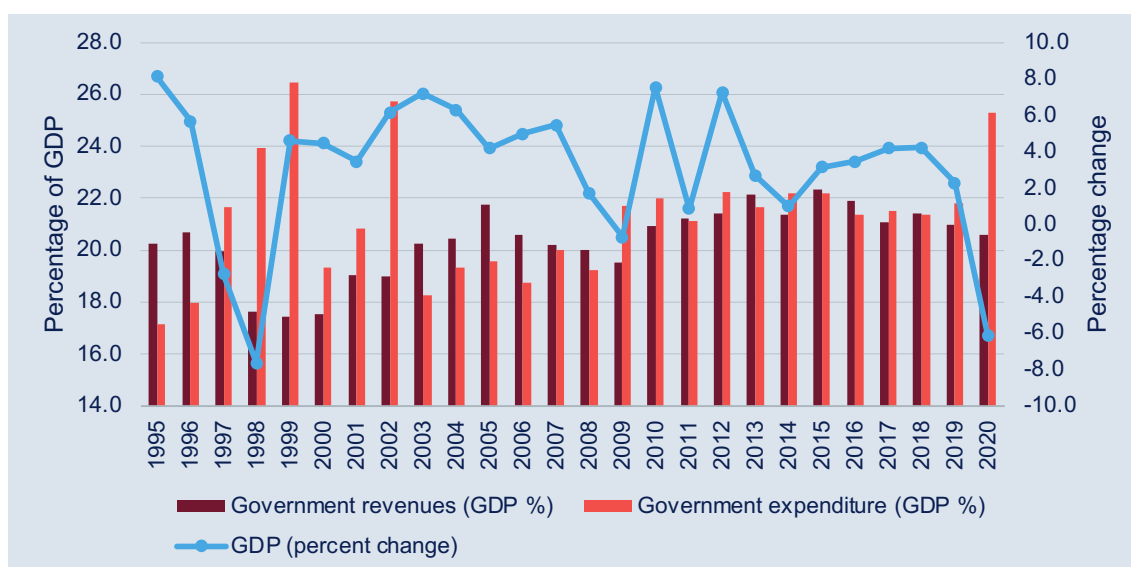


Source: Authors' elaboration of IMF, World Economic Outlook Database, October 2021.

The 2008 global financial crisis sent the Thai economy into a fluctuating pattern of GDP growth, with consistently high levels of expenditure but reduced government revenues and thus a recurring public deficit. A new phase began in 2015 and lasted until 2019 (with the COVID-19 pandemic hitting in 2020). In this phase, Thailand's real GDP growth remained positive and above 3 per cent on average (table 22). However, economic growth followed a decreasing pattern and was consistently lower than Thailand's regional peers. Weaker external demand, resulting in shrinking exports, slowing domestic demand and a decelerating flow of private investments caused growth to decline.

**Table 22. Main economic indicators, 2015–19**

| Indicator | Source | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|
| **Labour Force Participation Rate (%)** | BoT | 69.8 | 68.8 | 68.1 | 68.3 | 67.5 | 67.8 |
| **Unemployment rate (%)** | BoT | 0.9 | 1.0 | 1.2 | 1.1 | 1.0 | 1.7 |
| **Real GDP growth (%)** | BoT | 3.1 | 3.4 | 4.2 | 4.2 | 2.3 | -6.1 |
| **Labour Productivity (%)** | Calculated | … | 4.2 | 4.7 | 3.0 | 2.9 | -6.4 |
| **Inflation (%)** | IMF | -0.9 | 0.2 | 0.7 | 1.1 | 0.7 | -0.9 |
| **Current Gvmt Revenue (GDP %)** | IMF | 22.3 | 21.9 | 21.1 | 21.4 | 21.0 | 20.6 |
| **Current Gvmt Expenditure (GDP %)** | Calculated | 22.2 | 21.4 | 21.5 | 21.4 | 21.8 | 25.3 |
| **Public Finance Surplus/Deficit (GDP %)** | Calculated | 0.1 | 0.6 | -0.4 | 0.1 | -0.8 | -4.7 |
| **General Gvmt Gross Debt (GDP %)** | IMF | 42.6 | 41.7 | 41.8 | 42.0 | 41.0 | 49.6 |
| **Social Protection Expenditure (GDP %)** | calculated | 3.0 | 3.1 | 3.0 | 3.8 | 5.1 | 5.6 |

Note: Social protection expenditure includes all functional expenditure items classified as health, education, nutrition, death and survivors' benefit, old-age, family, employment, disability, other hardships. CGE stands for current government expenditure. CGE=current government expenditure.
Source: Authors' elaboration of data from IMF 2021b and Bank of Thailand 2021.

Government revenues increased from 19.1 per cent to 22.3 per cent of GDP between 2001 and 2015, growing on average by just over 0.2 percentage points per year. However, during the past five years (2015–19), government revenues decreased to 21 per cent of GDP, putting a significant strain on the fiscal balance, which went from 0.1 per cent surplus to -0.8 per cent deficit in that period.

Comparison with regional peers shows that Thailand's government expenditure was lower than that of Viet Nam, Malaysia, Mongolia, China, Japan and the average for regional emerging economies in 2019 (figure 65). Thailand's government revenues were below those of all those countries except Viet Nam, including being significantly under the regional average.

**Figure 65.    Government expenditure and revenues across Asian countries, 2019**
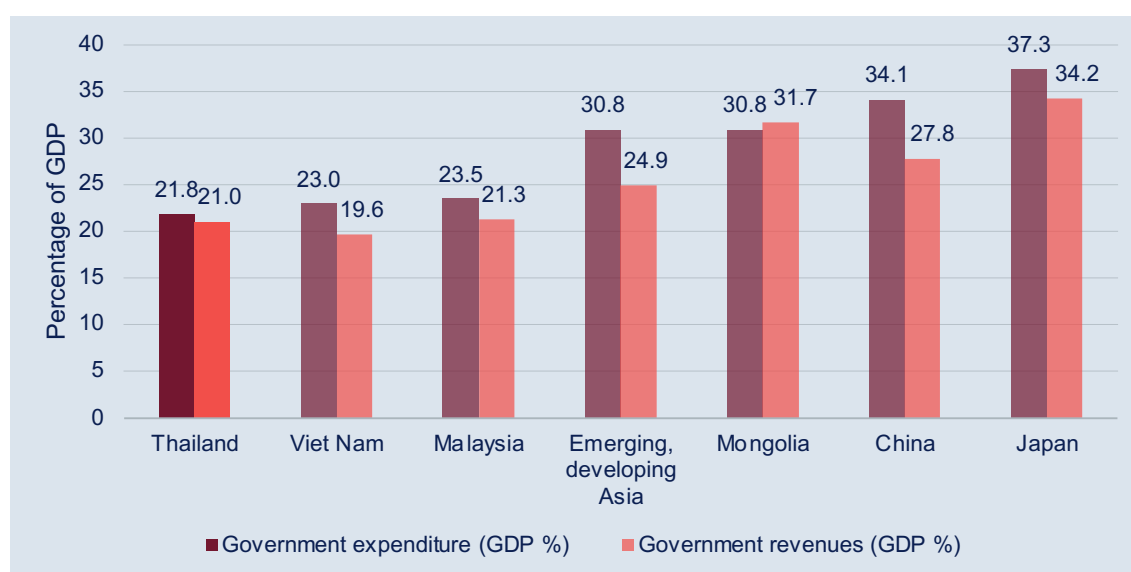


Source: Authors' elaboration of IMF, World Economic Outlook Database, October 2021.

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**Box 7.        Raising revenues: Institutional and tax reform in China**

During the decade following the 2008 economic crisis, while Thailand's government revenues did not increase, its regional peers followed different paths. In 2009, the average government revenues of emerging and developing Asia were not so much higher than those of Thailand (21.4 per cent of GDP versus 20 per cent of GDP). While Thailand did not find space to increase the size of government revenues, the regional average began growing and by 2019, it had reached 25 per cent of GDP on average, corresponding to an average increase of 0.35 percentage points per year. The main driver for this growth in the regional average was China, whose own revenue growth was stimulated by economic growth, economic transformation and the impact of tax and institutional reforms. By these means, the Chinese Government was able to increase its ratio of revenues to GDP by about 0.5 percentage points per year, attaining 27.8 per cent of GDP in 2019, while starting from a revenues level not so different from that of Thailand in 2019 (22.5 per cent of GDP versus 20 per cent of GDP).
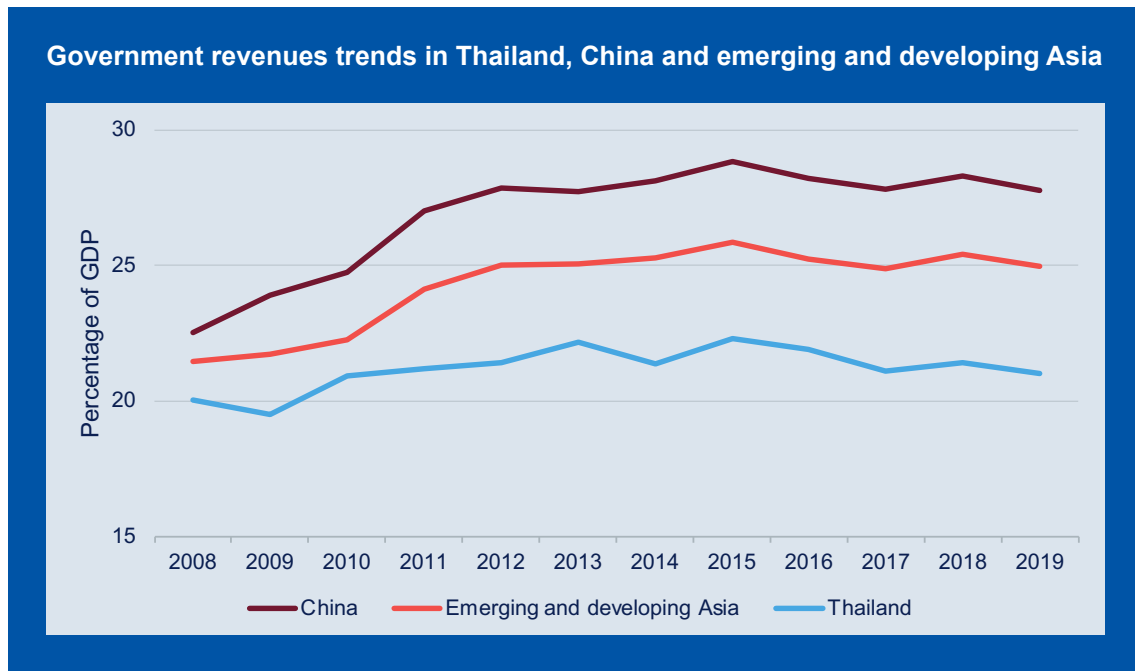
**Government revenues trends in Thailand, China and emerging and developing Asia**

The recent historical development of Thailand's general government gross debt may be broadly split into two phases. From 2000 to 2008, public debt steadily and constantly declined. From a historical record high starting point of 57.8 per cent of GDP debt in 2000, it sunk to a historical record low of 34.9 per cent of GDP in 2008. Following the 2008 financial crisis, public debt jumped to 42.4 per cent of GDP in 2009 before declining slightly in the subsequent decade, to 41 per cent in 2019. In 2020, due to the stress on public finance generated by the COVID-19 crisis, the Government reconsidered its fiscal rule on the public debt-to-GDP ratio. As a result, the debt to GDP ratio reached 58 per cent in 2020 and is estimated to be 62.3 per cent in 2022.

## 6.2.2   Social budgeting model

As summarized in section 2.2, the social budgeting model consists of demographic, labour supply, economic and social protection modules. The primary data sources include the 2021 Thailand SPDR mapping and vulnerability analysis (ILO et al. 2022), the United Nations 2019 Revision of World Population Prospects (DESA 2019) and the Bank of Thailand and International Monetary Fund (Bank of Thailand 2021; IMF 2021b). The base year is 2019 and the modules are estimated through 2042.

As also discussed in section 2.2.2, the base year was selected for a combination of contingent and pragmatic reasons. First, at the time the SPDR and social budgeting capacity-building initiative were conceived, 2019 represented the latest year for which complete data were available. At the same time, it was also the last year prior to the COVID-19 pandemic, which has had unprecedented and extraordinary impacts on social protection expenditures. Despite this, for some particular programmes we update the baseline data with information from 2020 for specific reasons. The updated information can be found in Annex A.

The following provides details on the model its underpinning assumptions used to explore the various scenarios.

## 6.2.3    Demographic assumptions

The simulation model required a set of assumptions around demographic, labour, economic and policy trends. In the absence of recent census and projection data from national sources, the demographic module has been built using the medium-variant estimates of the United Nations demographic projections elaborated by the United Nations Department of Economic and Social Affairs (DESA). The population assumptions were modified with an increase in net migration, as suggested by the 2021 ongoing Workmen's Compensation Fund actuarial valuation carried out by the ILO.

Under this assumption, the population size is not expected to vary significantly but its structure is. For example, in 2042, the total dependency ratio is expected to reach 86 per cent, 1.5 times the current ratio. The main driver of growth in the dependency ratio is the ageing of Thailand's population. The older persons dependency ratio will be 62 per cent in 2042, when for every 100 working-age adults there will be 62 (potentially dependant) elder individuals. On the other hand, the child dependency ratio is expected to remain basically stable over the projection period, from its current rate of 25 per cent in 2022 to 24 per cent in 2042, meaning that per 100 working-age adults there will be 24 dependant children younger than 15 years at the end of the projection period. The population projections are presented in figure 66.

**Figure 66.    Population structure projection, 2015–42**
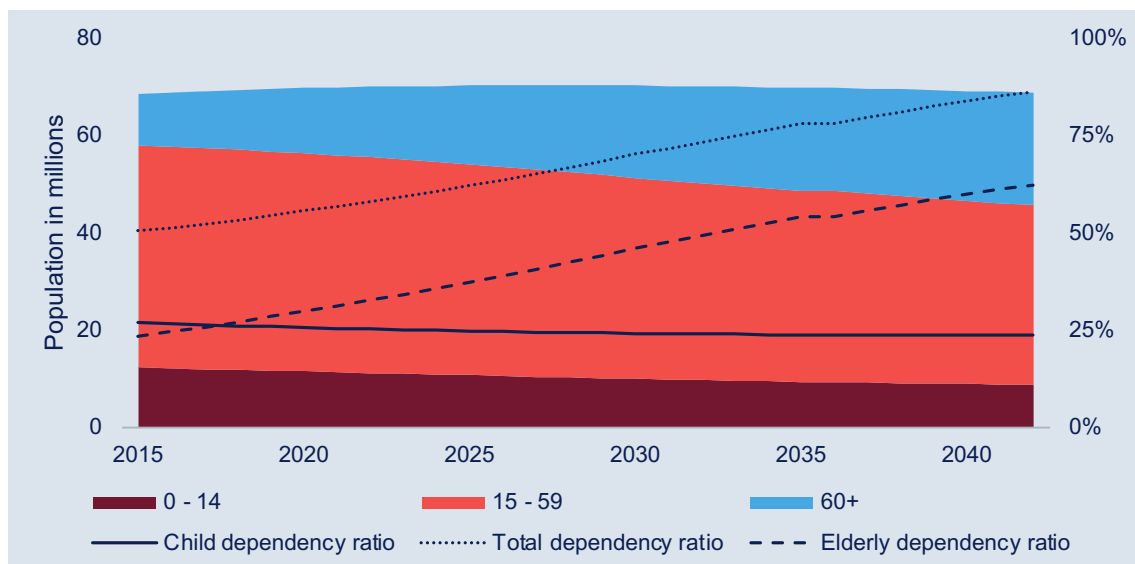


Source: Authors' calculations.

Fiscal, economic and labour supply assumptions

## Economic scenarios

The economic scenarios are elaborated based on the 2021 actuarial valuation of the Workmen's Compensation Fund assumptions, benchmarked with the International Monetary Fund's Thailand Article IV projections (released in October 2021) and government finance statistics retrieved from the Bank of Thailand's website. Three economic scenarios were developed for the exercise.

The basic scenario (scenario 1) assumes that economic recovery starts in 2021, with a real GDP growth rate of 1.1 per cent increasing to 3.5 per cent in 2022, gradually decreasing to 2 per cent by 2040 and remaining constant until the end of the projection period. Inflation, after peaking at 5 per cent in 2022, is expected to reduce progressively to 1.9 per cent in 2026 and then to further decrease to 1.4 per cent in 2040. Labour productivity, which was close to 3 per cent in 2018/19, plunged to -6.4 per cent in 2020 but is expected to reassume its pre-crisis value in 2021 and to hover there for the remainder of the projection period (table 23).

**Table 23. Economic scenarios parameters, 2019–40**

| Scenario | Parameter | 2019 | 2020 | 2021 | 2025 | 2030 | 2035 | 2040 |
|---|---|---|---|---|---|---|---|---|
| **Scenario 1 (basic)** | Real GDP | 2.3 | -6.1 | 1.1 | 3.5 | 2.8 | 2.3 | 2.0 |
| | Labour productivity | 2.9 | -6.4 | 2.9 | 3.5 | 3.0 | 2.8 | 2.7 |
| | Inflation | 0.7 | -0.9 | 1.3 | 1.9 | 1.7 | 1.5 | 1.4 |
| **Scenario 2** | Real GDP | - | - | - | 3.0 | 2.3 | 1.8 | 1.5 |
| | Labour productivity | - | - | - | 3.2 | 2.6 | 2.3 | 2.1 |
| | Inflation | - | - | - | 2.2 | 2.1 | 2.0 | 2.0 |
| **Scenario 3** | Real GDP | - | - | - | 4.0 | 3.3 | 2.8 | 2.5 |
| | Labour productivity | - | - | - | 3.9 | 3.9 | 3.9 | 3.9 |
| | Inflation | - | - | - | 1.9 | 1.7 | 1.5 | 1.4 |

Note: Annual growth rates as percentages.
Source: Authors' calculations.

Scenario 2 concerns a slower recovery and lower long-term output, accompanied by lower productivity and inflation growth rates above 2 per cent annually. Scenario 3 instead estimates a faster and higher recovery as of 2022, accompanied by higher productivity and basic scenario inflation growth rates, in line with national targets. All three scenarios rely on the assumption of a constant labour force participation rate.

## Government revenues scenarios

Alongside the three economic scenarios, the model includes three scenarios regarding government revenues. Modelling separate revenue scenarios provides the opportunity to assess the fiscal space for the case in which the size of Thailand's government increases; and whether that increase is in line with its recent historic trend, or even faster (following some of its regional peers, such as China and other developing countries in Asia). Hence, the three revenues scenarios are based on: (i) revenues remaining constant at 21.6 per cent of GDP after 2022; (ii) tax-to-GDP revenues growing by 0.2 percentage points per year as per a credible target fixed at the end of the projection period reaching a level of 25.2 per cent of GDP in 2040; and (iii) tax-to-GDP revenues expanding by 0.5 percentage points annually until they reach 20 per cent of GDP in 2030, after which general revenues keep growing by 0.2 percentage points per year, reaching a level of 28 per cent of GDP in 2040.

Intersecting the revenues and economic scenarios, four relevant scenarios emerge: a pessimistic one, two intermediary ones (low and high) and an optimistic one (table 24).

**Table 24.    Government revenues scenarios**

| Revenues \ Economic | Pessimistic | Basic | Optimistic |
|---|---|---|---|
| Constant | Pessimistic | - | - |
| Tax increase | - | Intermediary low | Intermediary high |
| Tax and general revenues increase | - | - | Optimistic |

## Policy assumptions

Finally, two policy assumptions underpin the results in all scenarios. The first is that the benefit amounts of all programmes will increase annually, indexed to annual inflation. The second is that the current coverage rates of social protection programmes remain constant as a share of the relevant reference populations.

The reason for the first policy assumption is that indexing the value of benefits to inflation is crucial if we want to consider the projection of minimally adequate benefits. Without this assumption, benefit levels would soon fall to insignificant levels. The reason for the second is less pragmatic but is used to clearly illustrate what happens to the available fiscal space in light of the economic and revenue scenarios, if the other parameters remain constant (for example, coverage – the real value of the benefits is kept constant by the first policy assumption).

This approach may not be (indeed is unlikely to be) in line with the rules of specific schemes and maintaining constant coverage shares might not be realistic regarding the actual development of social protection in Thailand. However, it provides a practical outlook regarding the available fiscal space for expanding social protection coverage and adequacy, under the status quo scenario for the social protection system. Further, non-social protection expenditure is maintained constant as a share of GDP after 2022.

In a later section of this SPDR report, cost projections will additionally be carried out to illustrate the possible fiscal impact of policy reforms.

### 6.2.3    Social protection and health budget

In the 25 years since 1995, general government expenditure, as a share of GDP, increased from 17.2 per cent to 21.8 per cent, representing an average increase of 0.2 percentage points per year. Within this time frame, in the decade from 2009 to 2019, expenditure on social protection and health increased from 19.9 per cent of total expenditure in 2009 to 25.1 per cent in 2019 (figure 67). Thus, both general government resources and the allocation to social protection and health grew. The latest available measurements from the Bank of Thailand estimate that social protection and health expenditure decreased to 24 per cent of total expenditure in 2020 and then increased to 25.3 per cent in 2021.

**Figure 67.   Classification of the functions of government, 2009–19 (percentage)**



Source: Authors' elaboration of data from BOT 2021.

Over the five years between 2015 and 2019, government expenditure on social protection (including health) grew from 3 per cent of GDP to 5.4 per cent of GDP. Despite this rise, Thailand's social protection and health expenditure was still below the regional average (see table 19) and significantly lower than the OECD average of 20 per cent (OECD 2020a and 2020b).

Social protection and health expenditure comprise different components. In 2019, close to 33 per cent of social expenditure was allocated to health (sickness and disability benefits and in-kind health care). More than half of the health budget is allocated to the Universal Health-care Coverage Scheme, which provides free health care to people of all ages not covered by any kind of health insurance. The remaining share of the health budget is distributed across contributory schemes, such as the Social Security Acts sections 33 and 39 (20 per cent) and the Civil Service Benefits Scheme (28 per cent).

The largest share of social protection expenditure is accounted for by old-age benefits, which represented 2.4 per cent of GDP, or 44.8 per cent of total social protection expenditure. Of that amount, 76 per cent is spent on monthly pensions for the Civil Service Benefits Scheme and the Government Pension Fund, 4 per cent went to Social Security Fund sections 33 and 39 and 18 per cent went to the Old-Age Allowance. The remaining 2 per cent of old-age functional expenditure was allocated to other non-contributory schemes.

Family allowances accounted for 0.5 per cent of GDP and 10.8 per cent of the social protection budget. Close to 46 per cent of family allowances are distributed through the Civil Service Benefits Scheme and the Social Security Fund sections 33 and 39. The State Welfare Card programme accounted for 49 per cent of family expenditure and the Child Support Grant 5 per cent in 2019 (figure 68 and table A4 in Annex A).

**Figure 68. Social expenditure and financing, 2019**
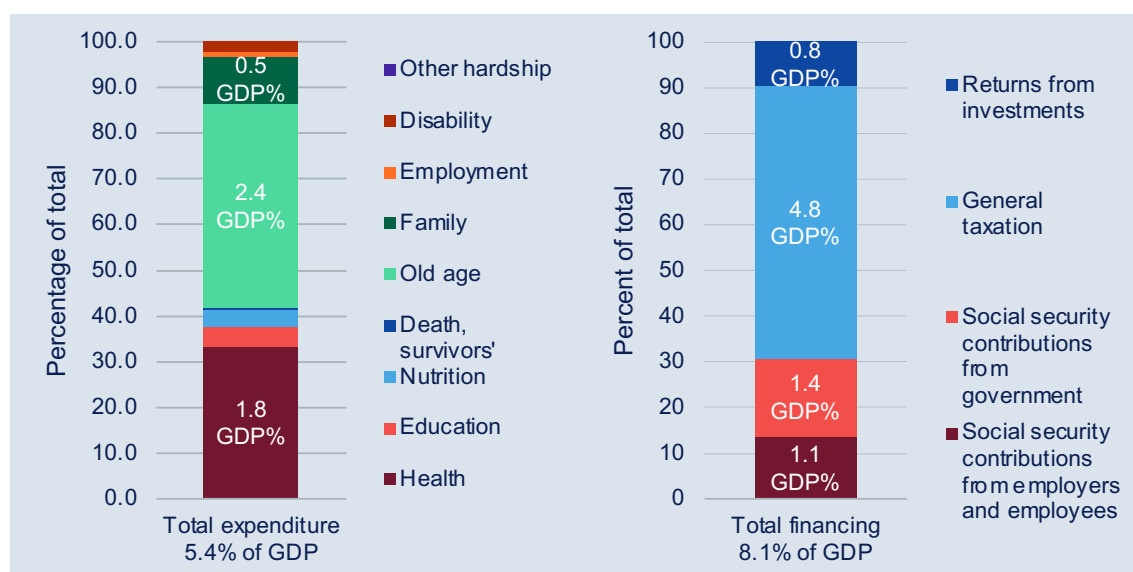


Source: Authors' calculation.

Figure 68 also presents how social protection (including health) expenditure is financed. It shows that while financing from general taxation accounted for nearly 60 per cent of the social protection system financing in 2019, 17 per cent derived from government contributions to social security, 14 per cent from employers and employees' social security contributions and 10 per cent from returns on investments. At the same time, expenditure was even more skewed towards the civil service benefits schemes (including the Government Pension Fund), with this alone absorbing almost two fifths (39.2 per cent ) of the total social protection expenditure in 2019.

### 6.2.4 Social budget model simulation results[86]

The social budget model demonstrates that there are conditions for the creation of fiscal space to progressively expand investment in social protection under all three economic scenarios. Furthermore, the space for investment could grow even more if Thailand opts to pursue efforts to raise its revenue generation (see box 8 for potential strategies to improve fiscal space), as China and other developing countries in Asia did to bolster their economic and social development in the first two decades of the twenty-first century (see box 6) and as Thailand also did between 2001 and 2015.

The basic economic scenario modelled in the social budget simulations (see section 6.2.1) assumes moderate economic growth from 2021 as the economy starts to recover from the COVID-19 pandemic impacts, with modest and stable inflation rates and productivity gains. Coverage of existing social protection programmes is assumed to stay constant as a proportion of the relevant target population groups and the value of benefits rises only in line with inflation. Indexing the value of benefits to inflation is crucial to the projection of minimally adequate benefits, while assuming a constant coverage rate is used to illustrate the trend of social protection expenditure under a baseline scenario.

Under this scenario, economic growth will see the share of social protection expenditure (including health) in GDP steadily decrease to 3.7 per cent in 2040. Social spending as a percentage of current government revenue will also significantly decline from the 2019 value of 25.9 per cent to the expected share of 14.7 per cent in 2040 (table 25).

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86 See section 6.2.1 for an explanation of the methodology and specification for the social budget model.

These trends are driven by the country's economic performance, indicating that Thailand will have scope to increase its general revenues from taxation and other sources and therefore to expand social protection expenditure.

Indeed, in 2040, the fiscal balance is expected to reach +2.7 per cent of GDP, trending positively from 2033 and increasing steadily until the end of the projection period (figure 71 ). Nonetheless, over the 20 fiscal years considered, Thailand's average fiscal surplus[87] is expected to be -0.1 per cent of GDP due to a considerable deficit up until 2031. This means that the country's financial outlook will be constrained in the medium term. From fiscal year 2025/26, however, a stepwise expansion of government expenditure should be possible[88] and even more so if government revenues can increase accordingly, assuming the debt outlook remains within the current fiscal rules (see table A5 in Annex A for the results under the different economic scenarios).

**Table 25.    Economic results under the basic scenario, 2019–40**

| Results | 2019 | 2020 | 2021 | 2025 | 2030 | 2035 | 2040 |
|---|---|---|---|---|---|---|---|
| Social protection expenditure (GDP %) | 5.4 | 5.8 | 5.8 | 5.2 | 4.5 | 4.1 | 3.7 |
| Contributory* (GDP %) | 3.0 | 3.3 | 3.2 | 2.8 | 2.5 | 2.2 | 2.0 |
| Pensions (% of GDP) | 2.0 | 2.1 | 2.1 | 1.9 | 1.6 | 1.5 | 1.4 |
| Non-contributory (GDP %) | 2.4 | 2.5 | 2.5 | 2.3 | 2.1 | 1.9 | 1.7 |
| Social protection expenditure (CGE %) | 25.0 | 22.9 | 23.0 | 21.1 | 19.0 | 17.4 | 16.1 |
| Social protection expenditure (CGR %) | 25.9 | 28.1 | 27.4 | 23.3 | 19.6 | 16.9 | 14.7 |
| Contributory* (CGR %) | 14.1 | 15.8 | 15.3 | 12.8 | 10.6 | 9.0 | 7.8 |
| Non-contributory (CGR %) | 11.3 | 12.3 | 12.0 | 10.5 | 9.0 | 7.9 | 6.9 |
| Public finance surplus (GDP %) | -0.8 | -4.7 | -4.0 | -2.3 | -0.7 | 0.8 | 2.2 |
| Average surplus 2019–42 (GDP %) | - | - | - | - | - |  | -0.1 |

Note: CGE = current government expenditure. CGR=current government revenue. * = Includes the Civil Service Benefits Scheme.

Source: Authors' calculations.

Similar to the present situation, expenditure on civil servant and contributory schemes are assumed to represent close to 35 per cent of total social protection and health expenditure (1.3 per cent of GDP in 2040). The expenditure structure will remain roughly similar to the one in 2019. However, by the end of the projection period in 2042, old-age spending will reach 51 per cent of social spending due to demographic trends, being the only expenditure item increasing its relative share (figure 69). Finally, social protection spending is expected to decrease significantly as a proportion of current government expenditure, from a starting point of 25 per cent in 2019 to 15.6 in 2042, indicating that there may be fiscal space in the reallocation of resources from the expenditure budget to social protection in the near future.

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87   Calculated as the share of the sum of the present value of 2019–42 surplus in the sum of the present value of 2019–42 GDP.

88   From 2025/26, the fiscal deficit will be below 2 per cent of GDP, with a positive prospect trending forward.

**Figure 69. Social expenditure functional classification, basic scenario, 2015–40**
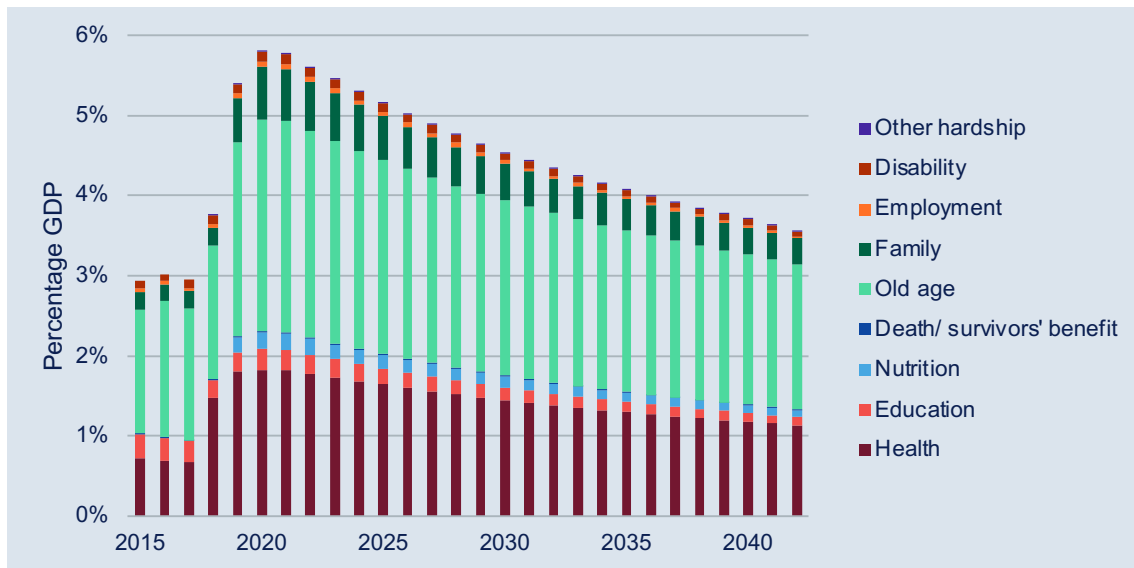


Source: Authors' calculations.

The different functional expenditure classifications compile data from several programmes that can also cover more than one functional classification. To analyse the trends in beneficiaries and expenditure over the projection period, we present the results for four different non-contributory programmes (see table 26). These show that, without expanded investment, the share of social protection (including health) expenditure as a proportion of GDP will significantly decline for all programmes, as will the adequacy of the benefits provided (expressed as a percentage of GDP per capita).[89]

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89 Benchmarking benefit size to GDP per capita gives an indication of the adequacy of transfers relative to average incomes in each country, allowing for international comparison among countries at the same stage of development.

**Table 26. Estimates for expenditures and beneficiaries of four non-contributory programmes, 2019–40**

| Programme | Indicator | 2019 | 2020 | 2025 | 2030 | 2035 | 2040 |
|---|---|---|---|---|---|---|---|
| Universal Health Coverage | Beneficiaries (thousands) | 47 523 | 47 642 | 48 003 | 48 014 | 47 709 | 47 101 |
| | Expenditure (THB billons) | 181 | 181 | 205 | 226 | 246 | 267 |
| | Expenditure (% GDP) | 1.07 | 1.15 | 0.99 | 0.83 | 0.69 | 0.57 |
| CSG | Beneficiaries (thousands) | 514 | 1 759 | 1 642 | 1 529 | 1 431 | 1 348 |
| | Expenditure (THB billons) | 4 | 15 | 16 | 16 | 17 | 17 |
| | Expenditure (% GDP) | 0.03 | 0.10 | 0.08 | 0.06 | 0.05 | 0.04 |
| | Adequacy (% GDP per capita) | 3.5 | 3.8 | 3.2 | 2.7 | 2.3 | 1.9 |
| SWC | Beneficiaries (thousands) | 13 738 | 13 772 | 13 877 | 13 880 | 13 792 | 13 616 |
| | Expenditure (THB billons) | 46 | 46 | 52 | 57 | 62 | 68 |
| | Expenditure (% GDP) | 0.27 | 0.29 | 0.25 | 0.21 | 0.18 | 0.15 |
| | Adequacy (% GDP per capita) | 1.4 | 1.5 | 1.3 | 1.1 | 0.9 | 0.7 |
| Old-Age Allowance | Beneficiaries (thousands) | 9 094 | 9 491 | 11 479 | 13 450 | 15 077 | 16 182 |
| | Expenditure (THB billons) | 72 | 76 | 102 | 131 | 162 | 191 |
| | Expenditure (% GDP) | 0.43 | 0.49 | 0.49 | 0.48 | 0.45 | 0.41 |
| | Adequacy (% GDP per capita) | 3.3 | 3.6 | 3.0 | 2.5 | 2.1 | 1.7 |

Source: Authors' calculation.

The Universal Health-care Coverage Scheme provides health care benefits to those without health care insurance under employment or contributory social protection schemes. In 2019, the programme's expenditure was 181 billion baht, or 1.1 per cent of GDP, which is expected to fall to 0.75 per cent of GDP by 2040, maintaining the current coverage rate and applying the age-adjusted cost value of per-capita health expenditure.

In 2020 the Child Support Grant increased its coverage from 0.5 million to 1.8 million children, covering 40.5 per cent of children younger than 6 years (see section B1.2 in Annex B).[90] This new coverage rate has been kept constant in the projection model. Notwithstanding this assumption, the Child Support Grant expenditure as a share of GDP only increases from 0.03 per cent of GDP in 2019 to 0.04 per cent in 2040. When measured from 2020 after the expansion, the Child Support Grant's expenditure as a share of GDP in fact declines by about 50 per cent. Furthermore, despite being indexed to inflation, the relative value of the Child Support Grant benefit is expected to decrease to 2.2 per cent of GDP per capita from the already modest 3.5 per cent in 2019.[91]

The State Welfare Card is the largest poverty-targeted programme in Thailand, reaching nearly 14 million active-age persons not covered by employment-related or contributory programmes (19.7 per cent of the total population in 2019). Notwithstanding the unaltered projected coverage rate, the State Welfare Card cost declines by about a third as a share of GDP, from 0.27 per cent in 2019 to 0.17 per cent in 2040. Similarly, the value of State Welfare Card transfers, which represented 1.4 per cent of GDP per capita in 2019, is expected to fall to 0.8 per cent of GDP per capita in 2040.

Finally, the Old-Age Allowance reached more than 9 million people in 2019, around 82 per cent of the population aged 60 or older. Due to given demographic trends, the number of beneficiaries of this programme is expected to increase to more than 16 million in 2040. As a result, Old-Age Allowance expenditure will increase marginally, from its current level of 0.43 per cent of GDP in 2019 to 0.47 per cent of GDP at the end of the projection period. This indicates that while the number of beneficiaries will increase by a factor of 1.6, total expenditure

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90   As of April 2022, the total number of Child Support Grant beneficiaries was 2,347,649 (informant interview).

91   Given that the Child Support Grant is valued at only 22 per cent of the national poverty line, a further decline in benefit levels relative to GDP per capita would render the grant close to superfluous (see section 4.7 for analysis of the adequacy of the Child Support Grant).

is expected to remain roughly the same in terms of share of GDP, even if benefits are indexed annually to the inflation rate. For this reason and despite indexation to prices, it is expected that the Old-Age Allowance as a ratio to GDP per capita will decrease by about a third, from the current 3.3 per cent to just 2 per cent in 2040. In reality, the Old-Age Allowance is not formally indexed to inflation and, since 2011, it has already lost more than 10 per cent of its real value (ILO 2022). Social pensions in Thailand are also one of the lowest in the region in terms of GDP per capita and US dollars per day (at purchasing power parity) (ILO 2022).

## Fiscal balance

The results of the simulation model show that in a scenario that does not consider an expansion in social protection programmes (including health), the share of social protection expenditure in GDP and the adequacy of social protection benefits would decline considerably in real terms as a result of economic growth, even if benefits are formally indexed to inflation. However, the model shows that fiscal space should also increase markedly under all economic scenarios, opening up the possibility for significant improvement in the level of investment in social protection.

While Thailand's fiscal balance is expected to eventually turn positive under all three economic scenarios over the projection period, the trajectory of the surplus could follow significantly different pathways (figure 70). Under scenario 3, the fiscal balance will turn positive in 2032 and sustain its growth up to 2042, reaching 3 per cent of GDP. Under scenario 2, slower and lower economic recovery will allow the fiscal balance to turn positive in 2033 and reach its peak of 2.4 per cent in 2042, which means that Thailand will have growth-induced fiscal space for reforming its social protection budget, even under the most pessimistic scenario (see table A4 in Annex A for detailed results under the economic scenarios).

**Figure 70.  Public finance deficit or surplus, economic scenarios, 2015–40**
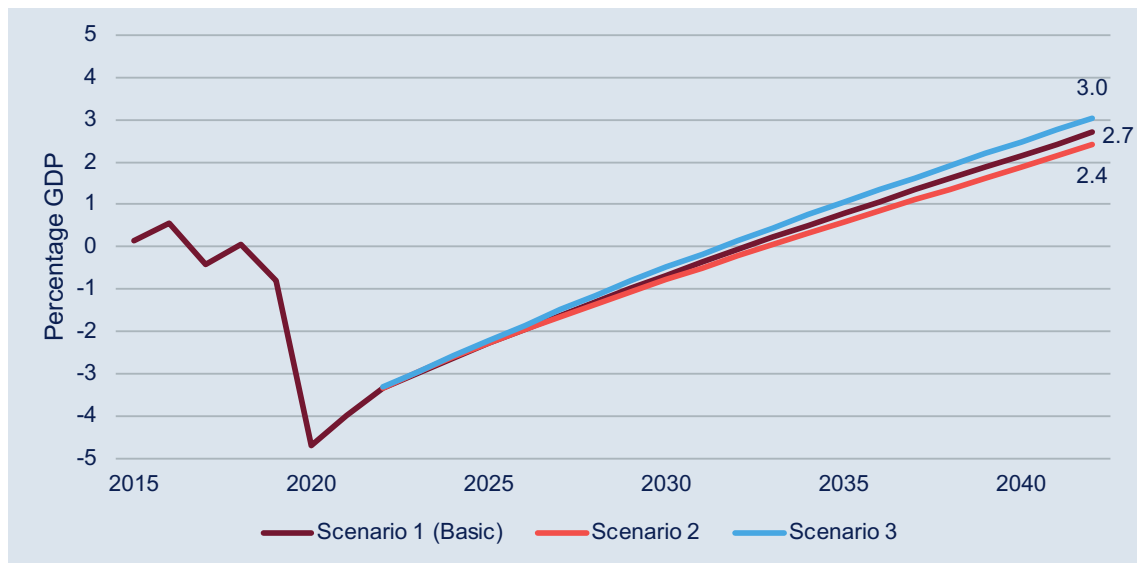


Source: Authors' calculations.

In addition to the results induced by the economic assumptions, we also present the results depending on the scenarios concerning the potential future expansion of government revenues (see table 24 in section 6.2.1 for information on the revenue scenarios).

Under four revenue scenarios developed and due to the continuous expansion of government revenues, the fiscal balance could range from -1.7  per cent in 2040 under the pessimistic scenario to 5.4 per cent of GDP under the optimistic scenario, with the intermediary high results being 2.7 per cent and 3 per cent (figure 71).

**Figure 71.   Public finance deficit or surplus, revenues scenarios, 2015–40**
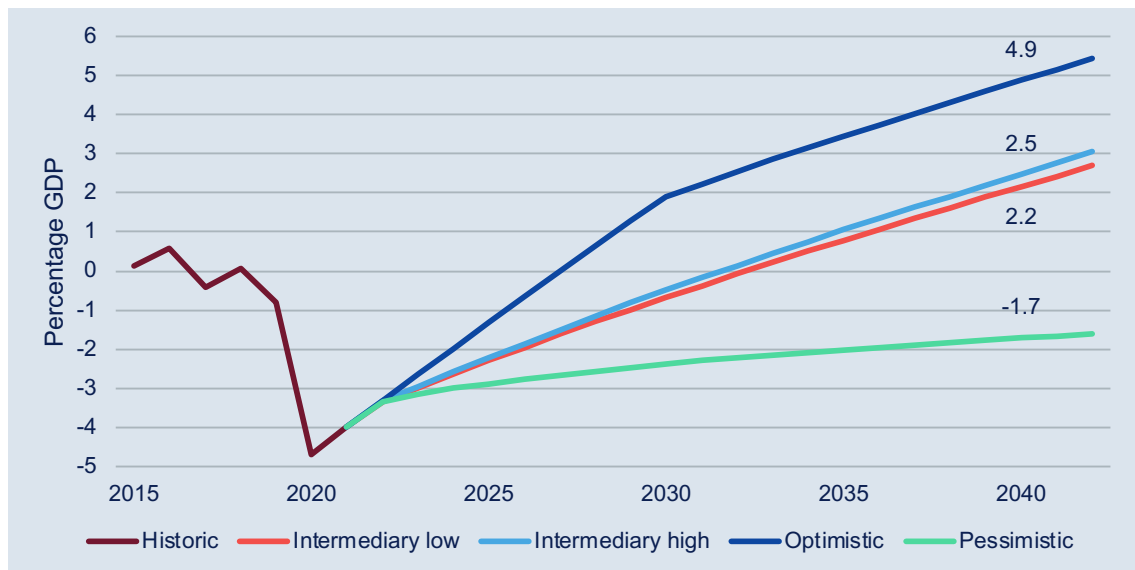


Source: Authors' calculations.

These results highlight the fact that, alongside economic and monetary policies to foster growth and control inflation, Thailand has the potential to increase its fiscal balance and fiscal space by expanding its revenue base. Indeed, under the intermediary-high scenario (optimistic economic growth and historic-trend tax growth), the future fiscal balance is estimated to be the same as in the optimistic economic scenario (presented in figure 71).

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**Box 8.        Eight options for increasing fiscal space**

At a time of global crises, slow growth, public indebtedness and macro financial uncertainty, the need to explore ways of creating fiscal space seems imperative. Governments, especially in developing countries, can resort to several possible alternatives to expand fiscal space to promote national socioeconomic development with jobs and social protection. A consensus has emerged among the international community, especially within the United Nations system and international financial institutions, regarding the need to explore options for extending fiscal space for national development. A UN Women and ILO flagship publication (Ortiz et al. 2019) presents and discusses eight financing options for extending the fiscal space for social protection:

1. expanding social security coverage and contributory revenues;

2. increasing tax revenues;

3. eliminating illicit financial flows;

4. improving efficiency and reallocating public expenditures;

5. tapping into fiscal and foreign exchange reserves;

6. managing debt – borrowing or restructuring sovereign debt;

7. adopting a more accommodating macroeconomic framework; and

8. increasing aid and transfers.

Recent simulations conducted by the Thailand Development Research Institute suggest the following possible options to explore in terms of expanding government revenues:

▶ Value-added tax, or VAT: According to the Revenue Code the VAT rate is 10 per cent. However, the Government has issued royal decrees to reduce the VAT rate to 7 per cent, which is lower than Cambodia, Indonesia, the Lao People's Democratic Republic and Viet Nam (all at 10 per cent). An increase in VAT to 10 per cent could increase net government revenue by 100–200 billion baht, which equates to 0.55–1.1 per cent of GDP.

▶ Income taxes: An expansion of the income tax base and a restructuring of tax deductions in Thailand could improve both the equity of the tax system and increase government revenue. Currently, only around 10 per cent of the labour force pay personal income tax. The current corporate income tax regime disproportionately benefits large corporations, even though small and medium-sized enterprises account for a similar share of GDP (see section 3.2) . Expanding the tax base and restructuring exemptions and reductions could increase government revenue by up to 160 billion baht, or 0.9 per cent of GDP.

▶ Land and building tax: The land and building tax regime in Thailand was instituted in 2020. Since then and to mitigate the negative economic consequences of the COVID-19 pandemic, the Ministry of Finance has issued royal decrees to temporarily reduce land and building tax payments by 90 per cent. Full implementation of land and building tax is expected to commence in 2022 and would generate an extra 30 billion baht (0.2 per cent of GDP).

Source: Ortiz et al. 2019 and Jitsuchon and Siriprapanukul forthcoming.

## 6.3 Costed options for reform

The simulations suggest if certain conditions are gathered, Thailand can potentially find fiscal space to increase social protection expenditure in both the mid- and long-term future, even under the most pessimistic economic and revenue scenarios. Here we discuss and present different reform options for increasing the level of investment in social protection, including both contributory and non-contributory elements across the service areas for children, those of active age, older persons and people with a disability.

These simulations should be read as cost illustrations of possible reform options. Further options could be considered, although for some programmes additional analysis might be required. In this regard, the costed scenarios should not be read as the exact recommendations but more as an input for follow-up national dialogue.

One important characteristic of the new system design that is made apparent in the costed reform options set out here is the way in which the contributory and non-contributory parts of the system will be integrated and what this means for the financing of social protection. What the model results show is that the integration of contributory and non-contributory tiers not only enables the combining of universal and targeted approaches to ensure that everyone is adequately protected while still ensuring additional support goes to those who need it most, but, at the same time, how doing so reduces the cost to the exchequer through ensuring part of the expenditure is financed through contributions. Box 9 uses the example of a multi-tier pensions system to illustrate how such an integrated system would work.

**Box 9.    Integrating tax-financed expenditure and contributions for social protection**

The figure provides a graphic illustration of an integrated multi-tier pensions system. The goal of such a system is to ensure that everyone receives a minimum level of retirement benefit by combining the Old-Age Allowance (tier 0), the Social Security Fund (tier 1), plus a supplementary tier (tier 2) through participation in voluntary savings schemes, such as the National Savings Fund, the National Provident Fund and other provident funds.

**Illustration of an outline future scenario for the Thai pension system**
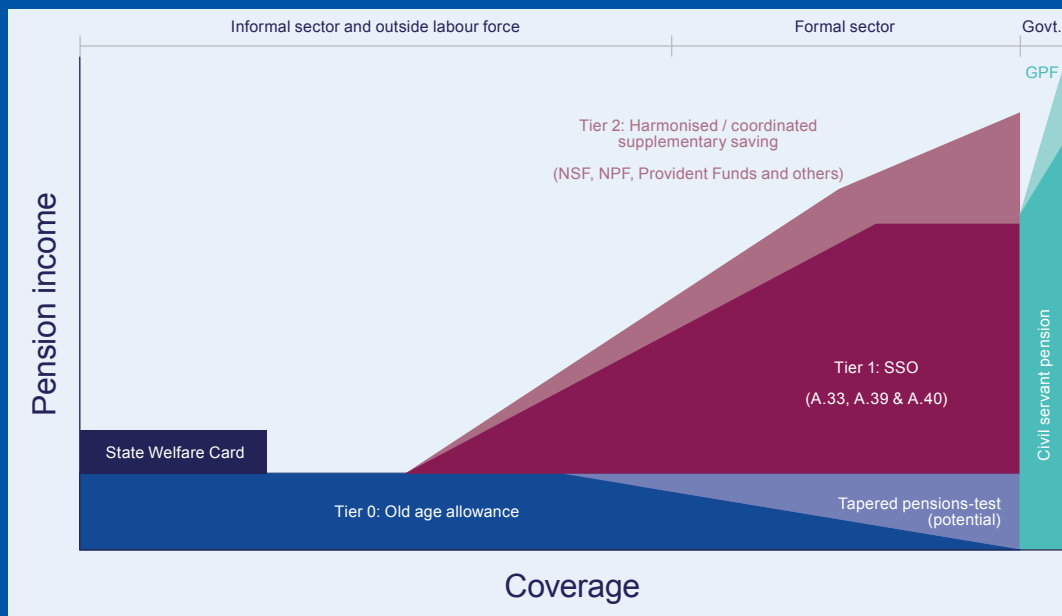


Source: ILO (2022).

Each tier works independently and, with exception of retired civil servants, all other beneficiaries accumulate the different benefits independently of the total level of benefits.

Under an integrated system, the responsibility of the different institutions (Old-Age Allowance under the MSDHS and the Social Insurance pension under the SSO, etc.) would be maintained, but the process in which a single benefit is calculated would be integrated.

In the proposed new "tapered" model, the final value to be received by the beneficiary is calculated considering both the Old-Age Allowance and the SSO benefits together. For example, in our illustrative model, above a certain threshold, the Old-Age Allowance amount received is reduced by 1 baht per month for every 3 baht per month of the SSO pension. Thus, an individual receiving a SSO pension is entitled to the Old-Age Allowance benefit, but the tax-financed sum received is reduced by 1 baht for each 3 baht of SSO pension received above the amount of the universal benefit.

For instance, considering the value of the Old-Age Allowance set at 1,200 baht:

► someone without an SSO pension would receive a total benefit of 1,200 baht, financed from taxes through the Old-Age Allowance;

► someone with an SSO pension of 2,400 baht would receive a total benefit of 3,200 baht (2,400 baht financed from contributions through the SSO and 800 baht financed from taxes through the Old-Age Allowance);

> ▶ someone with an SSO pension of 3,600 baht would receive a total benefit of 4,000 baht (3,600 baht from SSO and 400 baht from Old-Age Allowance); and
>
> ▶ someone with an SSO pension of 4,800 baht would receive a total benefit of 4,800 baht (4,800 baht from SSO and 0 baht from Old-Age Allowance).
>
> This process generates a situation in which the higher the SSO pension is the lower is the amount the retired individual will benefit from general government revenue (Old-Age Allowance). This will generate a significant reduction in the cost of Old-Age Allowance over time, particularly in the long term as the number of retired SSO members increases.
>
> The example of the multi-tier pension system thus clearly indicates the way in which the costs borne by different parts of the system (taxes and contributions) are tapered to maximize efficiency while still retaining the principle of universality. This principle of using a single, integrated formula to calculate the total benefit can equally be applied to the different existing programmes, such as the Child Support Grant and the Disability Grant.

In the following sections, we provide costed reform options for social protection provisions for children, the active age, older persons and people with a disability, respectively.

## 6.3.1 Children[92]

The main social protection cash benefits covering children are the Child Support Grant and the SSO Child Allowance. The analysis here focuses on a combination of measures, combining the expansion of the programme, the increase on the value of the transfer and a proposal of a model to integrate these two via four proposed reform options for the Child Support Grant.

Option 1 includes increased benefits to 800 baht per month and a gradual expansion to all children up to and including the age of six, thereby providing a universal benefit after six years. The model estimates two more options (option 2 and option 3), aiming for stronger coordination between the SSO and the Child Support Grant benefits by proposing a tiered version of the universal option 1. For example, under option 2, with the same targeting and benefit level as option 1, children receiving the SSO Child Allowance would still receive 800 baht per month from that benefit, in addition to the Child Support Grant benefit of 800 baht per month. Hence, while a child not covered under the SSO pension would receive 600 baht per month, an SSO-insured child would receive 1,400 baht per month, 600 baht financed from taxes through the Child Support Grant and 800 baht financed by contributions (through the SSO).[93] Option 3 adds an additional benefit level stratum, thus ensuring a more equitable distribution of the benefits. Under this option, the insured with a yearly income of less than 100,000 baht per capita receiving the SSO child allowance keep receiving a tax-financed benefit of 600 baht (for a total monthly benefit of 1,400 baht), while wealthier SSO beneficiaries receive a slightly reduced 300 baht per month (for a total monthly benefit of 1,100 baht) (table 27).

The expansion of benefit coverage is gradual under all options. In the case of all options 1, 2 and 3, full coverage is achieved by 2028 (100 per cent of children up to and including the age of 6 years), starting from 2023.

---

92  The cost exercise presented here focuses on the component of the costs covered by the Government's general revenue. This is particularly important in the case of integrated multi-tier benefits, in which a beneficiary receives a single benefit that is in part funded by the government revenue and in part from the Social Security Fund. In this regard, it's important to stress that the exercise does not consider the financial implications of the contributory component because this requires actuarial techniques that are not in the scope of this exercise. An actuarial valuation is therefore required to consider the financial implications of these measures on the Social Security Fund.

93  The benefit levels used here are for demonstrative purpose only to enable a comparative analysis of the different options. An informed decision on the setting of actual benefit levels requires an actuarial review of the SSO child benefit scheme.

**Table 27. Child Support Grant reform options**

| Scenario | Target group | Beneficiaries (millions) in 2023[1] | Coverage | Monthly Benefit amount | Benefit level (% of the poverty line) |
|---|---|---|---|---|---|
| **Current** | Children aged 0–6 | 2.0 | 9.9% in 2019 and 39.2% in 2020 | 600 baht | 21.0% |
| **Option 1** | Children aged 0–6 | 2.6 | Current coverage 100% of new cohorts | 800 baht | 28.0% |
| **Option 2** | Children aged 0–6 with tiered benefit for SSO beneficiaries | 2.6 | Current coverage 100% of new cohorts | No SSO: 800 baht SSO: 600 baht (CSG) + 800 (contributory) | min. 28.0% |
| **Option 3** | Children aged 0–6 with tiered benefit for low-income SSO and SSO beneficiaries | 2.6 | Current coverage 100% of new cohorts | No SSO: 800 baht Low-income SSO households[2]: 600 baht (CSG)+800 baht (contributory) SSO: 300 baht (CSG)+ 800 baht baht (contributory) | min 28.0% |

Note: (1) Because the roll-out is gradual, the number of beneficiaries will rise each year as new age cohorts are registered until full coverage of all children of the target age group is reached. (2) Low-income recipients of the SSO child benefit.
Source: Authors' elaboration.

Among all options, Option 1 generates the highest expenditures, reaching 0.13 per cent of GDP in 2042 (Annex A). In 2028, when all children 0-6 will be included, the additional cost of Options 1, 2 and 3, ranges between 29.6 baht and 37.4 billion baht, for a total of about 0.12 per cent of GDP.[94] The tiered options have lower costs than Option 1, as they envision lower tax-financed benefits for beneficiaries of the SSO child benefit (figure 72). Future costs will be predominantly determined by the demographic trends which, jointly with an inflation-based benefit adjustment mechanism, drive the increase of expenditures in absolute terms for both additional and status quo expenditures. Thus, the costs relatively to GDP and Government revenues are expected to decrease in the mid to long term, from a peak of around 0.2 per cent GDP in 2028 to around 0.1 per cent GDP at the end of the projection period.

---

94  Again, as per footnote 94, we only consider the cost of the integrated benefit for children that is funded from the general government revenue. In relation to GDP, this means the total cost of the integrated benefit is higher than presented here, because the total cost includes not only the component funded by the Old-Age Allowance that we present but also the component funded by the SSO, which we do not show.

**Figure 72.  Costing of Child Support Grant reform options 1, 2 and 3, 2003–42**
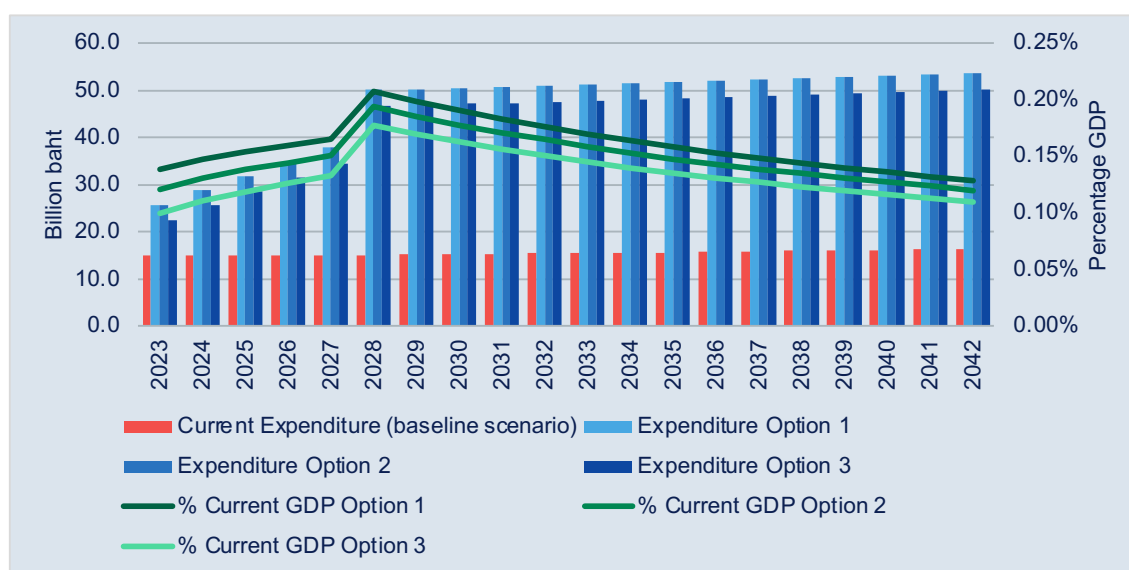


Note: The figure includes costs for the tapered options 2 and 3, compared to the universal correspondent (option 1).
Source: Authors' calculations.

## 6.3.2   Active age

The SPDR recommends a two-pronged approach to strengthening social protection for those of active age, comprising expanded coverage of contributory social security and improved adequacy and efficiency of social assistance in the form of the State Welfare Card (see section 7.2.2). Because the strategy to expand social security coverage does not involve significant direct costs to the government in terms of higher expenditures on benefits, we focus here on costed reform options for the tax-financed State Welfare Card.

The State Welfare Card is one of the largest social protection programmes in Thailand, currently covering some 14 million direct beneficiaries (with many more indirect beneficiaries) and constituting the main means-tested social protection scheme for the active-age population. However, a formative evaluation (UNICEF forthcoming) has shown that it is not without issues. Challenges associated with the State Welfare Card include significant targeting errors of inclusion and exclusion, a low level of benefits and a suboptimal mix of benefits. Efforts are thus required to adjust the design of the programme to improve targeting performance and maximize impact against the State Welfare Card's objectives.

Regarding targeting, the State Welfare Card currently targets individuals aged 18 years and older who fall under a given poverty threshold (income of less than 100,000 baht per year). However, because poverty in Thailand is measured using consumption data gathered at the household level, there is a potential mismatch between the eligibility criteria and the target group. For this reason, the targeting method may fail to take into account the burden of care for individuals in households with a higher dependency ratio. Moreover, the fact that registration for the State Welfare Card is periodic rather than on-demand compounds targeting errors because newly poor eligible individuals or newly eligible poor individuals (those just turning 18), do not have a timely mechanism for enrolling.

Consideration should thus be given to revising the benefit design and eligibility criteria to better match the national definition of poverty and thereby better reflect the additional burden of care for families with children and elderly members. There is also a need to reform the registration system into an on-demand approach so that newly poor households are not excluded. To improve the targeting performance of the means test, two options can be explored. These options are not mutually exclusive because each relate to different aspects of the targeting protocol so can be implemented in combination with each other. The first is to improve data integration across the social protection system, such that beneficiaries' self-declared income can be verified

across different databases. The second, for use in conjunction with proxy means tests, is to use tailored equivalence scales and/or economies of scale when estimating welfare levels (Carrero and Cumpa Castro 2014).

Regarding the level and type of benefits provided by the State Welfare Card, two points are pertinent.

First, the level of the benefit is low because, even though the total value of the credit benefits[95] (not counting the skills training) amount to around 66 per cent of the poverty line (2,763 baht in 2019). This value still does not cover an adequate portion of many households needs. Furthermore, the value of the main consumption component, 200–300 baht credit (depending on income level) to be spent in Thong Fah Pracharat stores, represents between only 7 per cent and 10 per cent of the poverty line. And the value of the State Welfare Card benefits do not link to inflation.

Second, evidence suggests that the choice of goods available in the eligible stores is constrained, with the price of many goods also higher than those available elsewhere. Moreover, the transport vouchers are purported to only be relevant in Bangkok. Regarding the skills training component, the review found that only around a quarter of the beneficiaries attended, with the driving factor behind non-attendance being a perceived lack of value and relevance of the training and/or the lack of a need for training given beneficiaries' current employment (UNICEF forthcoming).

To improve the adequacy, efficiency and effectiveness of the State Welfare Card, consideration should thus be given to transforming the benefit into a single cash payment, set at an appropriate and adequate level and indexed to inflation (either consumer price index or wages). This would reduce the complexity of the scheme design and thus improve efficiency. It also would ensure equity in terms of the level of benefit provided to beneficiaries in Bangkok and elsewhere. In line with international evidence and best practice, it would also enable beneficiaries to maximize their utility as they see fit, further improving programme impacts in terms of reducing poverty and improving dignity among the target population. The skills-training component could be hived off to form part of a more comprehensive active labour market policies as part of the newly integrated social protection system.

Beyond these dimensions of the State Welfare Card design, the reform options presented here mainly concern an increase in the cash component of the benefit and should be read as illustrative examples of the potential cost increases and not as an indication of the adequate amount required for a cash benefit of this nature. Further analysis is recommended to better define what would constitute an adequate benefit level, especially considering how integration with other social protection benefits would allow complementarity across the multiple benefits a household may receive.

Reform option 1 sets the benefit value at 400 per baht person per month, slightly above the median poverty gap of the poor (387 baht per month as of the latest estimates (NSO 2019b), or 13.5 per cent of the poverty line. Thus, for a one-person household, the benefit level almost doubles from the current level of 7–10 per cent of the poverty line; for larger households, the benefit level raises by more than this, depending on the number of people in the household. Reform option 2 increases the benefit to 27 per cent of the poverty line. The target group comprises all individuals living in households in the bottom quintile of the consumption distribution. By this means, all individuals in the poorest 20 per cent of households receive the benefit independently by the level of the poverty line. Overall, the number of beneficiaries does not change significantly from the current one.

---

95   The State Welfare Card benefits consist of the following elements:

(i) credit for the purchase of consumer goods from Thong Fah Pracharat stores in the amount of 300 baht or 200 baht per month for those with income in 2016 not more than 30,000 baht and 30,001–100,000 baht, respectively;

(ii) an LPG voucher from stores specified by the Ministry of Energy in the amount of 45 baht every three months;

(iii) 500 baht per month for the Bangkok mass transit bus and sky train fares;

(iv) 500 baht per month for bus fares; and

(v) 500 baht per month for train fares.

**Table 28.** **State Welfare Card reform options**

| Scenario | Target group | Beneficiaries (millions) | Coverage (Q1) | Monthly benefit amount | Benefit level (% of the poverty line) |
|---|---|---|---|---|---|
| **Current** | Adults living in monetary poverty | 13.74 | 46.1% | 200–300 baht (per household) | 7–10% |
| **Option 1** | Individuals in households in the bottom quintile (Q1) | 13.92 | 100.0% | 400 baht (per individual, 2023 prices) | 13.5% |
| **Option 2** | Individuals in households in the bottom quintile (Q1) | 13.92 | 100.0% | 800 baht (per individual 2023 prices) | 27.0% |

Source: Authors' calculations.

Because there is a need to assess the State Welfare Card in relation to the proposed reforms to address targeting errors and consolidating the benefit towards a cash-based transfer, the reform options are costed starting from 2025, assuming a period of two years to assess and design the reforms before implementation. Allowing for this, option 1 would likely generate an initial increase in expenditure of 28.6 billion baht in 2025, meaning the State Welfare Card would be expected to increase its budget envelope from 0.24 per cent of GDP in 2024 to 0.39 per cent of GDP the following year. Relative to government revenues, reforming the State Welfare Card with a monthly benefit of 400 baht per capita would increase expenditure from 1.19 per cent in 2024 to 1.55 per cent in 2025. Due the expected economic growth scenario, both these ratios (a percentage of GDP and a percentage of government revenue) are projected to gradually reduce to below their starting points by the end of the projection period (figure 73). This trend means that further adjustments to vertical and horizontal adequacy in the near future are feasible.

**Figure 73.** **Costing of State Welfare Card reform option, 2019–42**
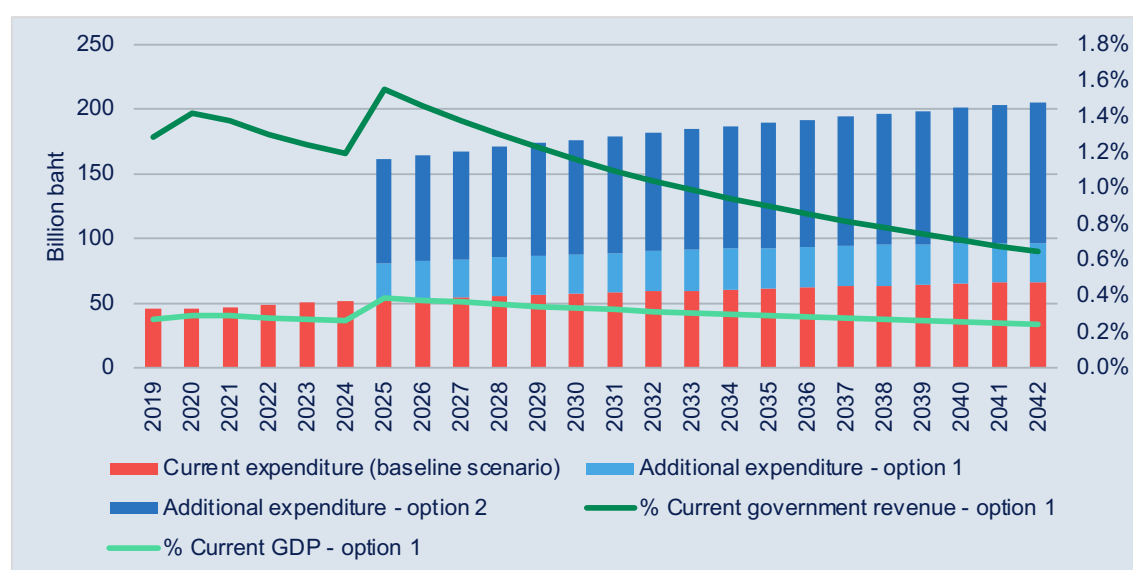


Source: Authors' calculations.

### 6.3.3 Older persons[96]

The current Thai pension system is compartmentalized into separate schemes, such as Social Security Fund articles 33, 39 and 40, the National Savings Fund, the Old-Age Allowance and the Civil Service Benefits Scheme and Government Pension Fund. This fragmentation prevents or complicates the portability of pension benefits when individuals move between the public and private or formal and informal sectors, as well as (and in so doing) creating issues regarding the adequacy of the retirement benefits provided. This situation disincentivizes both membership of available pension schemes and formalization of the labour market and enterprise landscape more broadly (ILO 2022b; ILO 2021b.

The Old-Age Allowance reform options presented here thus envision the coordination of the non-contributory benefit with the social security provision under the SSO, specifically the monthly old-age benefits under sections 33 and 39. The reform scenarios include two options, option 1 and option 2 and for each one, we present a flat and a tapered variant, giving a total of four options (table 30). Under option 1, the current monthly benefit levels are raised by 200 baht per month.[97] On the other hand, option 2 concerns a benefit increase of 600 baht per month. Thus, while the reference population is the same for the two options (as well as for the flat and tapered sub-options), the higher expenditures in option 2 are driven by a larger rise in the benefit level.

**Table 29.    Old-Age Allowance benefit levels**

| Age Group | Benefit (THB per month) | | |
|---|---|---|---|
| | Current | Option 1 | Option 2 |
| **60-69** | 600 | 800 | 1,200 |
| **70-79** | 700 | 900 | 1,300 |
| **80-89** | 800 | 1,000 | 1,400 |
| **90+** | 1,000 | 1,200 | 1,600 |

Source: Authors' calculations.

Both options include a tapered scenario that determines specific amounts of tax-financed benefits for the beneficiaries of monthly old age SSO pensions. Thus, an individual receiving a SSO pension is entitled to the Old-Age Allowance benefit, but the tax-financed amount received is reduced by 1 baht for each 3 baht of SSO pension exceeding the amount of the universal benefit.

**Tapered Old-Age Allowance benefit calculation**

$$Top_{up} = OAA_{pension} - (SSO_{Pension} - OAA_{pension})/3$$

$$Under the condition: SSO_{Pension} > OAA_{pension}$$

---

96 As with the income support for children integrated benefit (see footnote 94), the costed options here only present the component of the costs covered by government general revenue and exclude the component covered by Social Security Fund contributions, for which an actuarial calculation is required.

97   This follows the recent temporary increase of 150 baht introduced by the Government to aid with the rise in the cost of living associated with global inflation resulting from the conflict in Ukraine.

The withdrawal rate of the benefit for those receiving SSO pensions reduces the total burden for the tax-financed system in respect to the universal benefit, while ensuring higher and thence more adequate protection for all.[98]

The combination of option 1and option 2 benefits with the additional tapered benefit calculation generates four scenarios, as presented in table 30.

**Table 30.    Old-Age Allowance reform options**

| Scenario | Target group | Beneficiaries (millions) in 2023 | Coverage | Average monthly Benefit amount | Benefit level (% of the poverty line) |
|---|---|---|---|---|---|
| **Status quo** | Individuals 60 and older | 10.7 | 71% | 659 | 23.8% |
| **Option 1** | Individuals 60 and older | 12.9 | 100% | 861 | 28.7% |
| **Option 1.1** | Individuals 60 and older | 12.7 | 99% | 857 | 28.6% |
| **Option 2** | Individuals 60 and older | 12.9 | 100% | 1 260 | 42.1% |
| **Option 2.1** | Individuals 60 and older | 12.9 | 100% | 1 250 | 41.7% |

Note: The average benefits are lower for the tapered options (option 1.1 and option 1.2) because they foresee lower tax-financed benefits for the SSO beneficiaries.
Source: Authors' calculations.

The number of beneficiaries under the four reform options are almost the same, with only option 1.1 differing slightly. This difference is driven by the low benefit amount of the Old-Age Allowance under reform option 1. Indeed, it is estimated that a small number of individuals (increasing over the projection period) will be receiving an SSO pension at least four times higher than the Old-Age Allowance reference benefit, therefore fully nullifying the tax-financed provision (which reduces by 1 baht for every 3 baht received through the SSO).

**Figure 74.   Costing of Old-Age Allowance reform options 1 and 1.1**
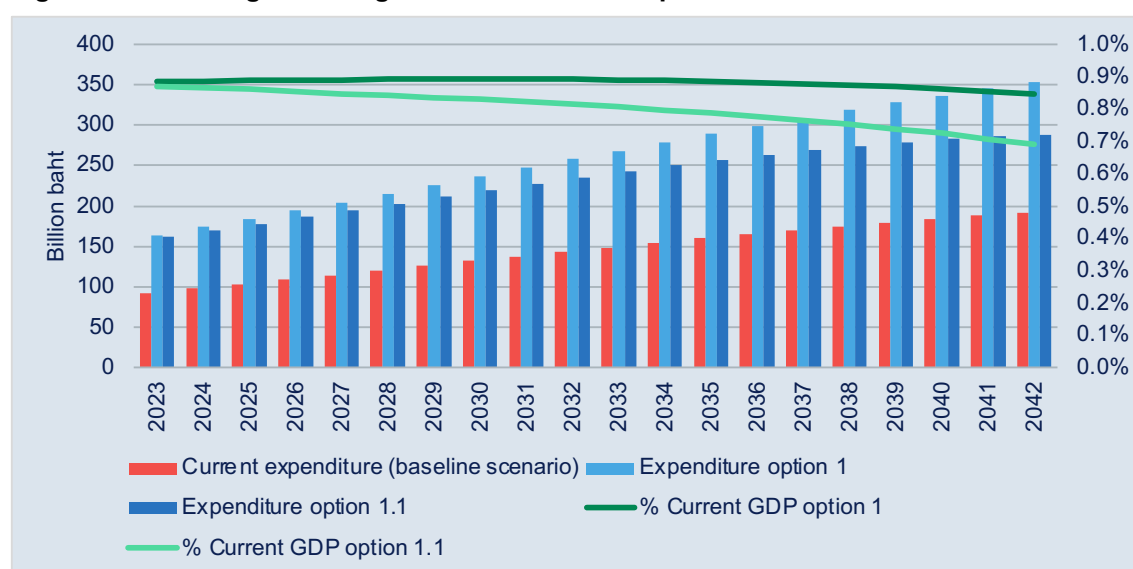


Note: The figure includes the total cost to expand the reform option 1 and option 1.1. Current expenditures highlight the status quo expenditures level, in reference to the three bars showing the total costs for option 1, 1.1 and 1.2, everything above the yellow mark is considered as an "additional expenditure".
Source: Authors' calculations.

98  The benefit level serves the function of offering a comparison between the different reform scenarios. The level of the SSO pension benefits is estimated with the use of single age, sex and benefit categories of section 33 and article 39. Because the costing is not the result of an actuarial evaluation it is for illustrative purposes only.

Figures 74 and 75 present the costs of each option in current terms as well as in relation to GDP. Figure 74 shows that, by the end of the projection period, the tapered option 1.1 is expected to cost some 64 billion baht less than its non-tapered counterpart (option 1), reaching 289 billion baht (0.7 per cent GDP) versus 353 billion baht (0.85 per cent GDP) by 2042. Likewise, figure 75 shows that option 2 reaches its highest expenditure of 511 billion baht by 2042 (representing 1.2 per cent GDP), whereas, comparatively, its tapered sub-option (option 2.1) reaches a total cost of just 445 billion baht in the same year (representing 1.1 per cent GDP), indicating a saving to the exchequer of some 66 billion baht per year at the end of the projection period.

**Figure 75.   Costing of Old-Age Allowance reform options 2 and 2.1**
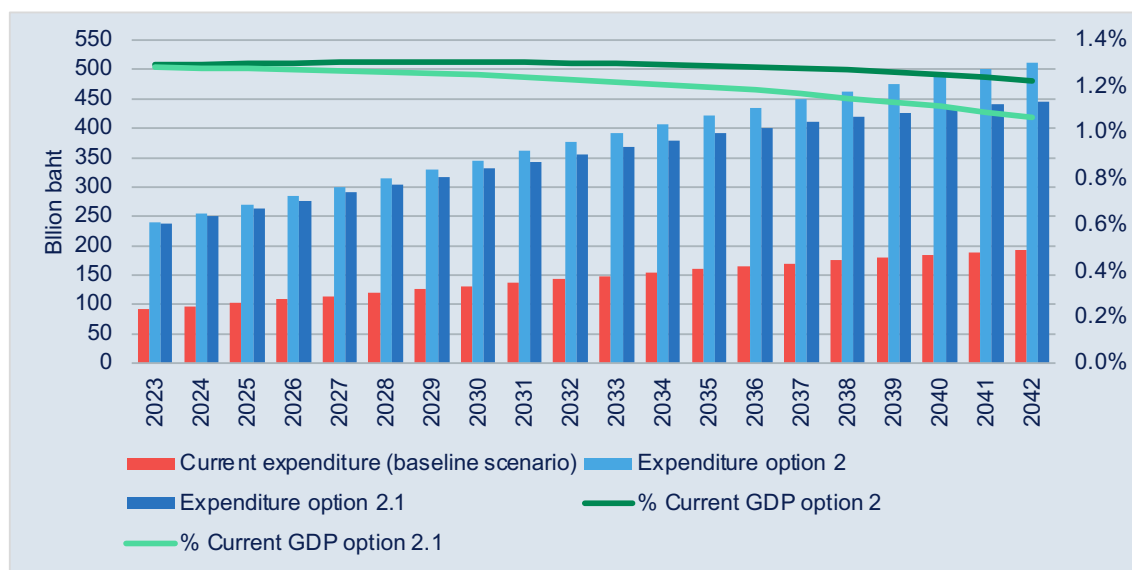


Note: The figure includes the additional cost to expand a tapered system to all individuals older than 60 years. The contribution bar highlights the estimated benefit expenditure financed by contributions. Therefore, this is not included in the calculation of the total cost as percentage of GDP (percentage of GDP lines).
Source: Authors' calculations.

### 6.3.4   People living with a disability

The reform option concerning the Disability Grant includes the horizontal expansion to effectively cover the entire population with disabilities and the differentiation of benefits based on the severity of individual disabilities. The reform scenario identifies two groups of people living with disabilities (those with mild or severe disabilities) whose incidence is set at 80.6 per cent and 19.4 per cent of the total number of people with a disability.[99]

The benefit amount for persons with mild disabilities matches the current one, although indexed to 2023 prices (1,090 baht per month). The benefit amount for persons with severe disabilities increases to 2,500 baht per month, attaining about 84 per cent of the poverty line and thus significantly increasing the benefit adequacy (table 31).

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99   The Thai disability assessment is being revised. This proposal could thus be revised to include more than two categories of disability, depending on the revision process.

**Table 31.    Disability Grant reform option**

| Scenario | Target group | Beneficiaries (millions) | Coverage (PWDs) | Monthly benefit amount | Benefit level (% of the poverty line) |
|---|---|---|---|---|---|
| **Current** | All people with a disability | 1.97 | 53.4% | 1,000 baht (2019 prices) | 36.2% |
| **Reform** | People with a disability with mild or severe disabilities | 3.00 / 0.72 (people with a disability in 2023) | 100.0% | 1,090 baht 2,500 baht (2023 prices) | 36.2% 83.7% |

Source: Authors' calculations.

Considering the current revision of the eligibility criteria for disability benefits, for the purpose of the calculations here, we assume the implementation of this reform to commence no sooner than 2025. In that year, the Government can expect the expenditure of the Disability Grant to increase threefold, with the main driver being the achievement of full coverage of people with a disability. Thus, according to these projections, the additional expenditure required in 2025 would amount to 48 billion baht, raising the programme's total expenditure from 0.11 per cent of GDP today (2022) to 0.35 per cent of GDP, or 1.4 per cent of government revenues. If benefits are adjusted annually by inflation, the programme is expected to return to its starting-level, relative to expenditures within 13–15 years. After this point, the Disability Grant envelope should allow for further upward adjustments that would be budget neutral.

**Figure 76.    Costing of Disability Grant reform option, 2019–42**
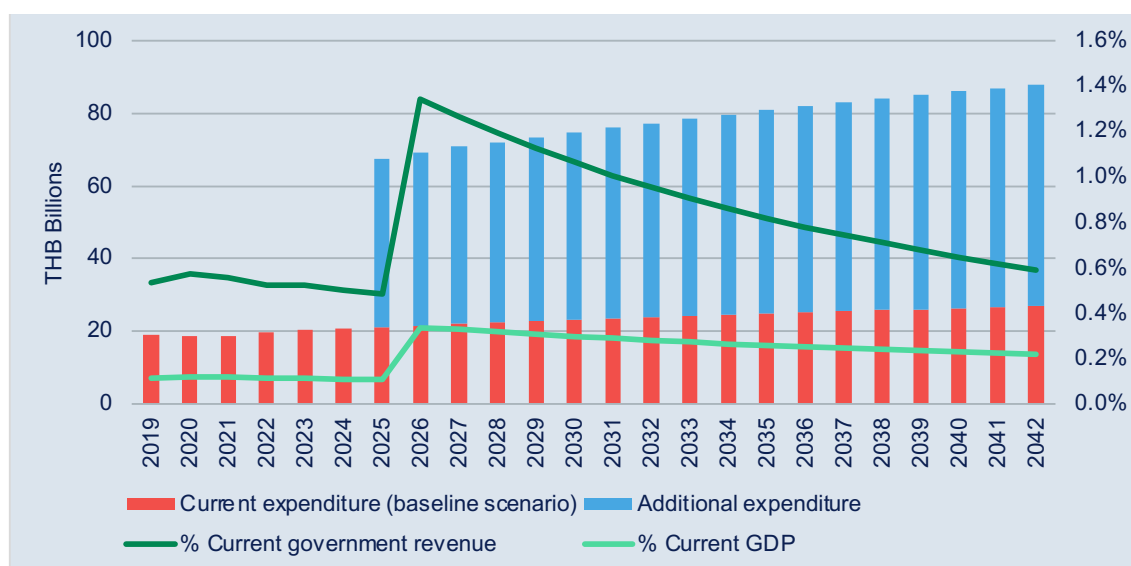


Source: Authors' calculations.

### 6.3.5   Reform package total costs

Figure 77  illustrates the total cost of a holistic package of reform options over the projection period. The least expensive programme reform of the package will be the Child Support Grant, followed by the State Welfare Card, the Disability Grant and the Old-Age Allowance reform. Indeed, the reform of the Old-Age Allowance benefit, despite its integration with the SSO social security benefit, will nevertheless extend the tax-financed provision. This is partly driven by low average pensions under sections 33 and 39 of the SSO provisions, which thus entail substantial top-ups for the vast majority of the insured population. In the proposed reform package, the Old-Age Allowance will experience the highest raise in benefit levels, compared to only marginal increases under the Child Support Grant and substantial but non-comparable increases under the State Welfare Card and Disability Grant. The large costs of the Old-Age Allowance therefore further highlight the need for parametric reforms to the SSO retirement branch. For instance, an increase in the contribution ceiling would lead to higher benefits on the SSO side, which would most likely generate a reduction on the amount of benefits funded from the general government revenue (see section 7.2.3).

If a comprehensive package of reform options were implemented starting in 2023,[100] an additional 80 billion baht would be required on top of current spending in that year, representing an extra 0.4 per cent of GDP or 2 per cent of current government revenues (figure 77). Although such a reform package would involve an initial increase in expenditures when the State Welfare Card and Disability Grant roll in in 2025, the relative cost will decrease over the projection period and the additional expenditures will ensure increases in both coverage and benefit adequacy in the coming 20 years, thereby addressing two of the major issues with social protection provisions identified by this SPDR. Despite the total additional cost of the reform package reaching about 226 billion baht in 2042, however, the overall tax-financed social protection expenditure would rise by less than 0.5 per cent of GDP.

**Figure 77.   Additional expenditure needed for the proposed reforms package, 2003–42**
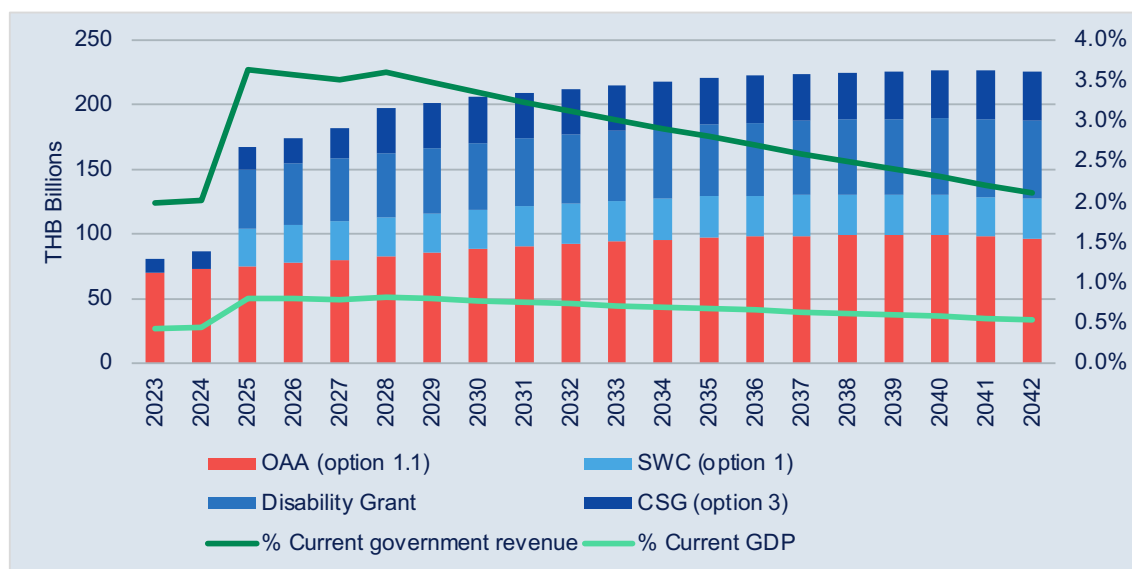


Source: Authors' calculations.

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100 For this example, we use option 1.1 for reform of the Old-Age Allowance, option 1 for the State Welfare Card and option 3 for the Child Support Grant.

The costing of the reform options of the four schemes has been analysed under the framework of the *intermediary-low scenario* (see section 6.2 for full detail on the economic and revenue scenarios modelled). This scenario combines the basic economic scenario with a moderate future increase of government revenues. Box 9 discusses the results of the costing exercise and considering their sensitivity to the different scenarios accounted for in the social budgeting model. Further sensitivity analysis is provided in table A9 in Annex A.

**Box 10      Reform options' costing sensitivity to different economic and revenues scenarios**

The costing of the reform package is sensitive to the assumptions of the economic scenarios and to the outcomes that different revenues scenarios might yield. Figure 80 presents the total additional costs required for implementing the package of reforms presented so far. The intermediary-low scenario corresponds to the same scenario used to present all the results for the various programme options presented here as well as the total additional costs given in figure 79. Under this scenario are included the basic economic scenario and the tax revenues increase scenario. Thus, the additional budget required under this scenario corresponds to 1.8 per cent of government revenues in 2023 (0.4 per cent of GDP), which is expected to attain its maximum in 2025–28 (0.8 per cent of GDP) then decreasing again to 2.1 per cent of government revenues by 2042 (0.5 per cent of GDP).

**Total costs of implementing selected reform package**
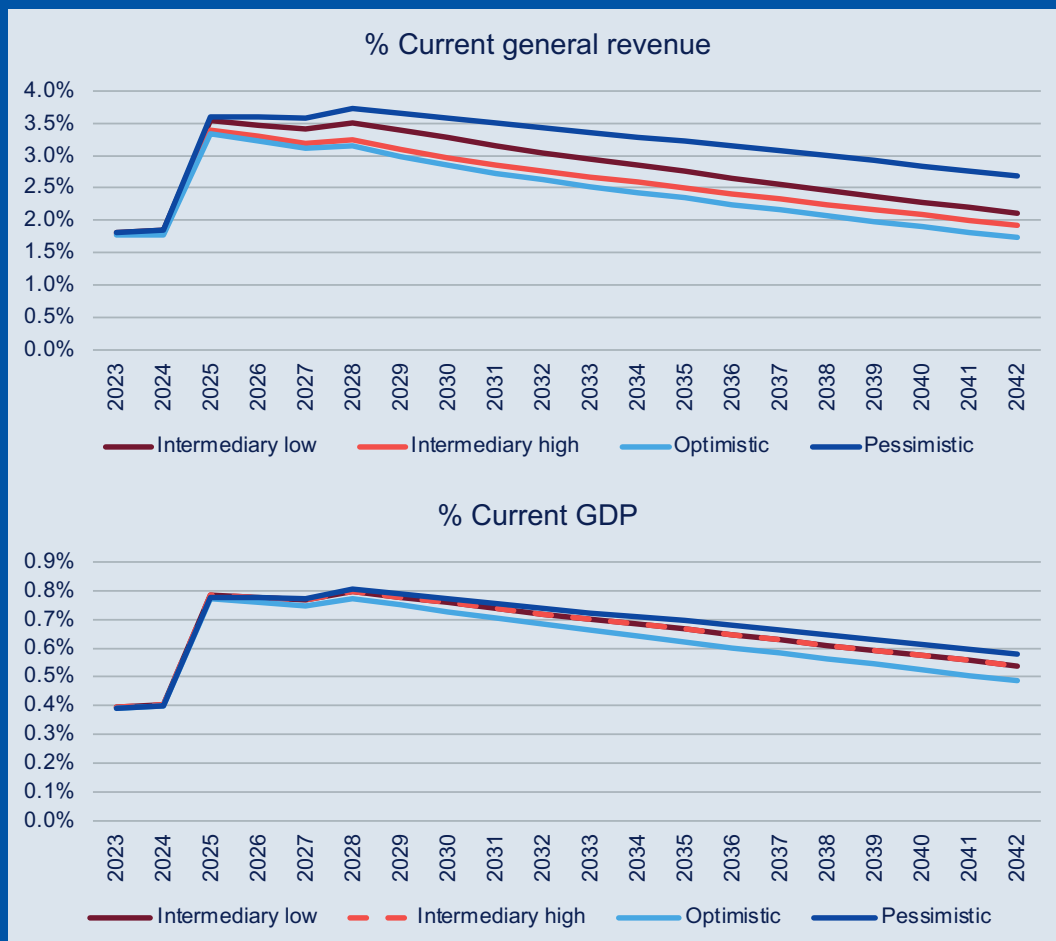


Source: Authors' calculations. Note: GDP% on the left-hand axis, Government revenues on the right-hand axis.

If a slightly more optimistic economic environment materializes in the coming years (the intermediary high scenario), the expected additional budget could amount to 1.8 per cent of government revenues in 2023 (0.4 per cent of GDP), increasing to 3.4 per cent in 2025 (0.8 per cent of GDP) and then decreasing to 1.9 per cent of government revenues by 2042 (0.5 per cent of GDP).

If, together with a more positive economic framework, the Government set the route for additional revenues mobilization (the optimistic scenario), the expected additional budget by 2042 could be reduced significantly, amounting to 1.7 per cent of government revenues (0.5 per cent of GDP). In other words, the benefits of more sustained growth will be limited if not accompanied by a robust strategy of domestic revenue mobilization. While in the short term the impact of such a strategy would not affect the affordability of investing more in social protection in Thailand, in the mid- to long-term it could allow for further average annual increases of 0.1 percentage points of GDP.

An additional factor that could impact (particularly in the mid and long term) the costs funded by the government revenue is the pace of extension of the contributory schemes because it would reduce the costs to be funded by the Government. However, because this is difficult to foresee and to avoid additional elements of complexity, we opted to leave this variable out of our scenarios.

# 7  Conclusions

The Government's swift and strong response to the COVID-19 pandemic has indicated the crucial importance of social protection policies (both contributory and non-contributory) to protect people and the economy from the deleterious impacts. With the economy now in recovery mode, this importance will only grow, highlighting other important dimensions of social protection policy, such as active labour market policies and social care services.

Beyond the pandemic, a combination of powerful macro trends and conditions also necessitate a more central role for social protection:

► **Demographic trends** will see an ageing population put yet more pressure on the employed population.

► **The labour market** is characterized by a dynamic mix of different employment relations and statuses, with workers moving in and out of formal and informal sectors and to and from dependent and independent forms of employment, with large shares of the labour force still working under informal and/or vulnerable employment conditions.

► **The future of work**, as characterized by automation and innovation, will see changes to the types of jobs and forms of employment available, with growing numbers in non-standard employment and diverse forms of work, such as part-time and temporary employment, on-call work, multiparty employment relationships as well as disguised employment and dependent self-employment.

► **Economic instability** and uncertainty caused by financial crises will persist, such as those in 1997 and 2008, or inflationary or deflationary pressures caused by the impacts of political events, such as the current war in Ukraine.

► **The climate emergency** will increasingly impact different parts of the global and national population, destabilizing traditional livelihoods and threatening the social contract across polities.

Taken together, these trends and conditions expose not just the poor households but the whole of society to an array of interrelated risks and vulnerabilities. A comprehensive and integrated mix of social protection arrangements will be required to mitigate these risks and vulnerabilities and to protect the economy and population. Alongside the coronavirus pandemic, these challenges thus highlight how vital social protection will be for social and economic recovery and development as well as to ensure the functioning of the labour market and thereby to protect and improve productivity.

On the plus side, two aspects of the current situation in Thailand provide a strong foundation upon which to strengthen and evolve the sector.

The first is that Thailand already has a relatively mature and extensive set of social protection provisions. There is close to universal health care and education provision; a range of functional benefits are provided through existing contributory and non-contributory schemes; there are mature government institutions and a high level of organizational capacity among implementing agents; and there is strong service delivery infrastructure.

These current strengths do not mean that social protection is not without gaps and challenges, as the data analysed by the SPDR show. There is a low level of expenditure on social protection overall, including relative to other Asia–Pacific or high-income countries. The policy architecture suffers from a significant degree of fragmentation and incoherence between the contributory and non-contributory tiers. There are loopholes in the legislative framework. There are gaps in coverage and a lack of adequacy in certain parts of the sector. Equity of expenditure is an issue and sustainability is also a challenge. Successfully resolving these issues and transforming the sector into a coherent system will require reform of existing provisions in a way that includes the integration and expansion of both the contributory and non-contributory elements, as well as more coordinated delivery of related services, such as long-term care and active labour market policies.

The second positive aspect is that social protection is explicitly guaranteed by the Constitution and firmly embedded in the current national planning framework. Thailand's Constitution provides for numerous aspects of

social protection, including universal health care, education for all and various forms of protection for life-cycle vulnerabilities, including for those of active-age through social security. The 20-year NESDP includes the specific aim of increasing both the coverage and level of provision of social protection. To this end, the Master Plan on Equality and Social Protection incorporates two sub-plans. The first aims to increase provision of basic social protection to everyone. The second aims to develop effective targeting measures for especially vulnerable groups. To ensure progress against these aims, the Government monitors the proportion of both the general public and the especially vulnerable population that are covered for nine needs: (i) sickness; (ii) childbirth; (iii) death; (iv) invalidity or disability; (v) family and child support; (vi) old age; (vii) unemployment; (viii) survival benefits; and (ix) work injury. Finally, Milestone 9 of the 13th NESDP commits Thailand to reducing poverty across generations and ensuring that all Thai people have access to adequate social protection.[101]

The two positive aspects described here provide a solid set of building blocks for taking the sector to its next stage of evolution, which is to unify and strengthen the component parts into a single, integrated system that functions as a whole in pursuit of a shared set of objectives.

Achieving this aim and thereby enabling social protection to fulfil its crucial central role in the effective management of economic and social affairs requires the State to not only spend *better* (smarter, more efficiently) but also to spend more on social protection. This is to:

1. improve system integration and coordination to meet current and future challenges;

2. increase coverage, especially of child benefits, contributory social protection for those of active age and contributory pensions; and

3. increase the adequacy of social protection benefits, especially non-contributory benefits and contributory retirement benefits.

Achieving these objectives will considerably improve the equity and distributional impact of social protection spending, reducing poverty and inequality and thereby strengthening the social contract.

## 7.1 Recommendation 1: Strengthen integration and coordination

The impact of the COVID-19 pandemic, the inflationary pressure caused by the Russian Federation war with Ukraine, alongside the various macro trends and challenges articulated here (demographic change, sporadic financial and political crises and the ongoing climate emergency), require a strongly coordinated and integrated social protection system to mitigate their negative impacts on people and society. The current social protection provisions are not well equipped in this regard. We thus propose five reforms to strengthen and improve the integration and coordination of the social protection sector in Thailand.

### 7.1.1 Integrate contributory and non-contributory tiers

To fulfil the constitutional promise and the objectives articulated in the national planning framework regarding both universal coverage and better targeted approaches for those in particular need, there is a need to better integrate the contributory and non-contributory tiers of the social protection system. Such an integrated system will provide the concrete mechanism by which universal and targeted approaches can be combined in an efficient and effective way, whereby universal guarantees can be provided for children, people of older age and for health care, including protection for people living with disabilities, while targeted approaches are used to support those of active age and to ensure that persons who need extra support receive it.

An integrated social protection system is built on the principle of universality reached by a combination of schemes. But it simultaneously also ensures that persons with greater needs benefit from higher or special forms of support. Conversely, an integrated system ensures that government funds are not redistributed

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101 Milestone 9 is consistent with the goals under the national strategy in two areas: achieving human development and strengthening human capacity by ensuring Thai society has an environment conducive to supporting these aims throughout the life cycle and creating opportunities and an equal society. Targets under Milestone 9 include: at least 60 per cent of the labour force to be insured under the social security system; all workers under all types of employment are protected under labour laws; and the poverty rate among the elderly is reduced to no more than 4 per cent.

to persons already benefiting from high incomes, making it more equitable. An integrated system enables universal provision without the need for universal programmes, whereby universal coverage is reached through a combination of contributory and non-contributory benefits, such as what already characterize the health system in Thailand.

An integrated system is cost-effective because the financing of benefits is divided in a tapered way between taxes and contributions. Moreover, it becomes more cost-effective over time as the contributory tier expands and strengthens (see section 6.3). This is especially important as the population ages, which could otherwise drive up costs in an unsustainable way. An integrated system thus provides an aligned incentive framework at the macro and micro levels. At the macro level, it provides a strong incentive for government to expand the contributory system to ensure sustainability and ever higher levels of protection for a larger share of the population, while at the micro level, individuals are incentivized to participate in the contributory system for the higher benefits that provides but all the while are enabled to do that through the provision of a guaranteed minimal level of support that prevents anyone from falling through the cracks.

Integrating contributory and non-contributory tiers and combining universal and targeted approaches does not imply the need to rehouse any of the existing programmes from one ministry, department or agency to another. But it does mean that the calculation of individual functional benefits takes into account both the contributory and non-contributory components and thus requires the integration of data and payments systems (see section 7.1.3) – indeed, it potentially enables further efficiency gains through the integration and coordination of other parts of the service delivery infrastructure, such as registration systems, case management, communications and monitoring and evaluation.

The proposal for a new, integrated social protection system for Thailand promotes the universal principle with regard to children and persons in their old age as well as health benefits, including services for people with a disability, while applying targeted approaches for those of working age. These approaches are a combination of social security for those with the ability to contribute and non-contributory benefits (such as through the State Welfare Card) for those without such ability, whether due to poverty or as a result of having other special needs. Delivering such an integrated system requires the robust integration of data and payments systems (and potentially other parts of the delivery chain), and it is this necessity that underwrites the second recommendation of the SPDR: to form a coordinating body to drive the reform process.

### 7.1.2 Form a coordination body to drive the reform process

Given the requirements of implementing an integrated social protection system, the second recommendation from the SPDR is to create a body to drive the necessary sector reform process to integrate and strengthen the existing social protection building blocks into a coherent system that functions as a whole in pursuit of a shared set of objectives.

We do not seek to prescribe the precise form that such a coordinating agency or body should take but rather to outline the elements of its mandate that will be required to implement a successful reform agenda.

The multisector nature of the social protection sector, with interrelated benefits and services provided by an array of different ministries, departments and agencies, suggests that a supra-ministerial coordinating agency will be required to command the mandate and authority to drive the changes to the system that are necessary to adequately address current and future challenges. Such reform will include not only alterations to the design of some of the existing social protection policies and legislation but also changes to the mechanics of the service-delivery architecture, such as the MIS and payments systems.

The proposal of the SPDR is thus to form what, for illustrative purposes, might be termed a national social protection reform committee with the mandate to drive the reform process. This coordinating body would be time-bound and would take, for example, the form of an independent committee or agency sitting under the prime minister or deputy prime minister.[102] Included in its mandate would be the remit to develop a national social protection reform action plan or road map, including the development of an agreed national definition for social protection and the mechanism for establishing future (more permanent) coordination structures

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102 The NSPRC could potentially sit as a subcommittee under the constitutionally mandated "social reform committee", whose secretariat is managed by the NESDC.

as relevant. A committee secretariat would ensure the reform process is closely aligned with the national planning framework and the data systems integration agenda. Membership would include all of the  actors responsible for delivering social protection (and social protection-related)[103] services, such as the MOF, MOL, SSO, MSDHS, MOPH, MOE, MOI and MOC. The committee would include a monitoring function to monitor both the progress of the reform process as well as the future performance of the sector. Finally, it would also incorporate a mechanism for ensuring the participation of civil society stakeholders to ensure system-wide accountability.

The definition of social protection that the committee would be tasked to develop would need to cover both contributory and non-contributory cash benefits as well as non-cash benefits, such as social care services, supplementary education-related benefits and active labour market policies. As part of the discussions to devise a working definition, consideration should be given to the various terms used currently and the challenges in translation when adopting foreign terms (see section 2.1) to secure mutual understanding and agreement on an appropriate terminology, with consistency across all the relevant legislation.

The committee would provide an umbrella under which strategies could be developed to address particular issues within the system, such as the setting of benefit levels, resolving gender imbalances in system design, reducing fragmentation and devising inclusive services for especially marginalized groups, such as migrant workers and stateless persons.

### 7.1.3    Integrate social protection data and payments infrastructure

For the social protection system to start operating in a more unified and coherent manner,  parts of the system design and service delivery infrastructure need to work together.

At the level of system design, this means that both the universal and targeted components need to function in a complementary way. This will ensure the achievement of the constitutional commitment and national development goals relating to expanding social protection provision to universal coverage, as well as developing effective targeting measures for especially vulnerable groups. But it will also ensure resources are spent in an optimally efficient way (see section 6.3).

At the level of service delivery infrastructure, two  parts of the system are the social protection MIS and the payments system, which are closely related.

Currently, the contributory and non-contributory components of the system, along with the universal or targeted elements, do not function in an integrated way. However, if, for example, the pensions system, or the system for child grants, were to be better integrated so as to start functioning in pursuit of unified objectives, data will need to be linked and shared across these different components. For example, if, up to a certain benefits level threshold, those receiving contributory retirement benefits are also going to be entitled to the non-contributory Old-Age Allowance (section 6.3.1), then the MIS for the SSO and the MIS for the Old-Age Allowance will need to be connected, such that the value of those benefits can be set according to the defined entitlement. Similarly, if those receiving contributory child benefits under the Social Security Fund are also going to be entitled to some value of benefits from the Child Support Grant, albeit perhaps at a slightly reduced rate relative to those not already benefiting from the contributory system, then, again, the MIS for the SSO and the MIS for the Child Support Grant will need to be connected accordingly.

Finally, it will also be important to link this information with the information produced by the poverty targeted programmes, such as the State Welfare Card, to verify a household's welfare situation after receipt of the categorical benefits and assess whether they still qualify for a top-up from the poverty-targeting mechanism.

Such an integrated system already exists under the NHSO, which links data with SSO and the Civil Servants' Benefits Scheme. The NHSO's knowledge and experience in this regard could be usefully leveraged to help inform the development of similar systems across the social protection sector.

Next, if data are to be linked across these different parts of the system to calculate a single benefit level comprising both contributory and non-contributory components, then it makes sense to also link payments

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103 For example, the MOC is responsible for enterprise registration, which may be linked to social security membership.

systems for the various benefits so that payments can be made more efficiently. In this way, the costs of payments services are not duplicated and the system is also simplified for beneficiaries, who only receive a single payment incorporating their full functional benefit entitlement from all relevant schemes.

Integrating data and payments infrastructure in this way will improve both the effectiveness and efficiency of service delivery as well as the allocation of resources across the population. It will enable especially vulnerable groups to receive supplementary benefits in support of their special circumstances but without compromising the universal principles underpinning a fair and comprehensive social protection system capable of mitigating the myriad interrelated risks faced by the population.

Although more work needs to be done to assess the existing social protection MIS and payments architecture, there are existing elements within the system that provide the potential for forming the central pillar of such a new integrated architecture. One such element is the TPMAP, which already links data from the State Welfare Card with the Basic Minimum Needs assessment (see section 5.3). The needs of the social protection data-integration agenda go beyond the TPMAP due to the multiple objectives of social protection beyond poverty reduction (managing risk, smoothing demand and redistributing resources within and between generations). Nevertheless, the TPMAP could be further extended or built upon to become part of a more comprehensive integrated register, combining information from across the social protection landscape. Another option would be to build a new integrated social protection register that connects and receives information from the TPMAP and other social protection institutions.

Similarly, if data were connected between the various parts of the system, then payroll information from each scheme could be sent to a single payments service provider (the Comptroller General Department), who could then compile a single payment for the beneficiary. The Comptroller already acts as a single payments services provider for the non-contributory benefits delivered via the Child Support Grant, the State Welfare Card, the Old-Age Allowance and the Disability Grant, so it just remains to be extended to incorporate the contributory element.

As more work is required to devise the most optimal approach to data and payments integration, as a first step we propose conducting a comprehensive assessment of the social protection data and payments infrastructure, with a view to designing an integrated system. Such an assessment could be conducted under the auspices of the national social protection reform committee, which would then have the mandate to incorporate its recommendations into a national social protection reform action plan for implementation. The assessment should include answers to the question of what an integrated system would look like, how it would work and where it would be housed.

### 7.1.4 Rationalize programmes to reduce fragmentation and complexity

Beyond the major social security and social assistance programmes of the Social Security Fund and Workmen's Compensation Fund, Child Support Grant, State Welfare Card, Old-Age Allowance and Disability Grant, there are a host of smaller programmes run out of different ministries and departments. To name but a few, these include the Child Subsidy to Poor Households programme, Children's Homecare Support Grant for Guardians with Difficult Conditions, the Poverty and Destitute Family Support Grant and the Allowance for Abandoned and Abused Elderly, all managed by the MSDHS. In addition, the Equitable Education Fund Conditional Cash Transfer and Higher Education for Educational Equality programmes provide education-related cash support, while myriad other programmes relating to health, disability, homelessness, social care and victims of trafficking, abuse and exploitation provide either cash or in-kind support. Given the proposed reforms to develop an integrated social protection system and substantially increase investment in social protection (section 7.2), there is a need to consider to what extent these smaller and more niche social protection provisions may be rationalized in line with those reforms to reduce complexity and fragmentation and thereby improve efficiency.

Assessing the relationship between existing schemes and forms of support with a view to rationalizing and reducing fragmentation could be an important activity performed by the national social protection reform committee under its social protection reform action plan or road map. Rationalization could take the form of consolidating some of the existing programmes into others, for example, if the State Welfare Card is reformed to better target poor households and provide increased levels of support on a per capita basis, programmes such as the Poverty and Destitute Family Support Grant may be wholly or partially folded into

the State Welfare Card in the form of a top-up supplement. Or it could take the form of harmonizing benefit levels and/or relevant parts of the delivery system, such as MIS, payments, case management, complaints and grievances or monitoring and evaluation, for example, if the MIS for the State Welfare Card, the Disability Grant and the Social Assistance for Families of People with a Disability were connected and/or indeed other disability assistance,[104] then people with a disability in poverty could be automatically connected to other forms of assistance for which they could be assessed.

The recommendation of the SPDR is thus to conduct a review of these supplementary programmes with a view to developing a harmonization and consolidation plan to reduce fragmentation and complexity and increase coverage and effectiveness of complementary programmes.

### 7.1.5 Develop special strategies for specific groups and needs

Another important task for the national social protection reform committee would be to develop special strategies for specific groups and needs. As discussed in section 3.1.3 and indicated in the recommendation of section 7.1.2, certain population groups face particular challenges and deprivations that require special strategies to address. Among these are groups such as out-of-school children, agricultural workers and stateless persons.

As lead agent, a national social protection reform committee could develop special strategies to address the particular challenges that these groups face. For example, despite having relatively low monetary poverty, the number and rate of out-of-school children in Bangkok are high. Further research is required to better understand the causes of this issue and develop interventions to address it, building on existing programmes, such as the Area-Based initiative for Out-of-School Children alongside the rationalization agenda proposed in recommendation 7.1.4. For example, a special study on social protection for children and youth could be conducted to look at how social protection can support strategies to manage the school-to-work transition and vocational training needs of this group. Similarly, poverty is especially concentrated among agricultural workers, and extending contributory social security to this group presents special challenges due to the irregular incomes and own-account employment status associated with many agricultural livelihoods. Stateless persons lack the national identification or other requirements (such as language competencies) to access social protection services so they may require special help resolving these barriers.

## 7.2 Recommendation 2: Strengthen investment in social protection

The SPDR clearly shows significant gaps in coverage and inadequate levels of benefits across numerous parts of Thailand's social protection provisions. Reflective of this is the fact that public expenditure on social protection lags behind regional peers and falls significantly below that of high-income countries. The findings from the research conducted under the SPDR thus indicate that there is a need for the Government to not only spend better but also to spend more on social protection. We discuss and present costed options for increasing the level of investment in social protection (including both contributory and non-contributory elements) across the service areas for children, those of active age, older persons and people living with a disability.

The costing exercise performed in section 6 and the recommendations that follow from that as articulated here are indicative only. It would be the task of the national social protection reform committee to develop a comprehensive plan or roadmap to guide the reform process, as part of which further detailed work will need to be carried out to properly assess the different design options (such as setting of benefit levels and other parameter tweaks) to be undertaken. Indeed, some of the recommendations here are deliberately conservative, focused on what might be deemed feasible in the immediate term, with a view to progressively expanding coverage and adequacy over time. It would thus be one of the primary and priority functions of the national social protection reform committee to assess and agree a concrete implementation agenda that considers together a set of reforms, taking into account the needs and level of needs to be covered, the fiscal implications and the relationship of different parts of the system. To aid in this regard, the social budgeting model could be usefully exploited (including, potentially, further developed) and institutionalized as part of a medium-term budgeting and planning framework to help test and design the different reform options. As

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104 Such as the Ministry of Transport's disability equipment subsidies or the MSDHS Living Environment Improvement Assistance for people living with a disability.

part of such a medium-term planning framework, the SPDR also recommends incorporating regular actuarial assessments to monitor the sustainability of the system.

### 7.2.1 Children

As per the costing simulations carried out in section 6.3.1, the recommendation of the SPDR is to transform the existing set of child grants provided by the Child Support Grant and the SSO child allowance into a universal benefit for all children aged 0–6 years. The reformed benefit would combine the Child Support Grant and SSO child allowance in a tiered system as per the parameters described in option three of the costed reform proposal.

The proposal is to increase the level of the Child Support Grant component of the benefit. In our simulations the revised amount would be increased to 800–600 baht for persons on low incomes benefiting from the SSO child allowance and 300 baht for other SSO members and adjusted in line with inflation each year. The reform should be implemented gradually, starting in starting in 2023 and achieving full coverage by the end of 2028.

As mentioned, this amount, combined with the gradual approach to rolling out the reform, were defined considering the current fiscal constraints and taking into account the existing limitations regarding organizational capacity and the financial envelope that might immediately be allocated. However, other options (both in terms of value and scope of coverage) could be considered now and in the future as part of a comprehensive road map to extend coverage and adequacy.

Finally, as indicated previously, there is a need to revisit the other child-related benefits, including the Social Security Fund child allowance as well as those targeting children in school-age groups, to ensure coherence, complementarity and adequacy of benefits for children aged both younger than and older than 6 years. The financial implications of different options for reforming child benefits should be estimated within the scope of the ongoing Social Security Fund actuarial valuation.

### 7.2.2 Active age

Strengthening social protection for those of active age will require a two-pronged approach that combines efforts to both improve targeting and increase the value of social assistance benefits while at the same time expanding the coverage of social security. Given the scale of the challenge, this latter task will require a gradual approach, including considering expanding social security for the self-employed and those working in micro and small enterprises. We thus include proposals to both expand social security coverage, such as through developing an entry-level formalization package alongside strengthening compliance with social security legislation, as well as to reform the main existing social assistance programme, in the form of the State Welfare Card.

#### Extending social security

One of the conclusions of the SPDR is that there is a diversity of drivers behind the gaps in social security coverage and therefore there is no silver bullet or single solution to eliminate or greatly reduce informality in the economy in the short or even medium term. Informality is a complex problem that requires a series of coordinated interventions by a set of different stakeholders to address.

#### Develop an entry-level enterprise formalisation package

A large section of workers not covered by social security work in informal economic units. As a result, the extension of contributory social security coverage needs to go hand in hand with enterprise formalization, with a strong focus on micro and small enterprises, where most of the gaps in coverage are found. To increase and incentivize formalization, we thus propose developing an entry-level formalization package targeted at micro and small enterprises.

The entry-level package should consider not only the costs and benefits of social security to workers and employers but also the incentives for and barriers to enterprise registration, such as low levels of productivity, lack of access to finance, tax burden, lack of awareness and administrative complexity. Conditions relating to enhancing productivity as part of the package could be applied to help promote enterprise registration and compliance with social security legislation.

This approach should be implemented gradually and should involve establishing different milestones, including existing targets in the national planning framework, such as under the 13th NESDP (60 per cent of the labour force insured under the social security system by the end of the planning period). The package could be rolled out using a sector-by-sector approach, with an initial offer tested on particular economic sectors or subsectors or parts of the enterprise landscape and labour market that are easier to reach or where it is anticipated that take up will be strongest,[105] then expanding to harder-to-reach groups as the formal sector and participation in the contributory social security system grows.[106]

The entry-level formalization package could comprise:

► a single registration and payments systems for both tax and social security;

► select tax exemptions or reductions (permanent or temporary);

► access to relevant business support services, including reduced-cost finance; and

► operating licences and/or municipal authorizations.

Such a package would rely on integrated data systems (such as between the SSO, the MOC and the tax authority) and possibly be accessed through a single portal.

### Increase compliance with social security legislation

The evidence produced by the SPDR shows that there is a significant lack of compliance with existing social security legislation across both informal and formal enterprises, including among medium and even large enterprises. A first step to improving this situation could thus be to better understand the barriers to compliance for different enterprises and workers, for example, through targeted surveys starting with specific sectors.

A second step would be to increase enforcement capacity through:

► strengthening and modernizing the social security inspection function, including through the use of new technologies;

► reinforcing collaboration with other institutions, including through data-sharing, for example:

• linking operating licences to social security registration (see the proposal on developing an entry-level enterprise formalization package);

• utilizing local government structures (including down to subdistrict or village heads) for monitoring compliance;

► revising the current system (and enforcement) of penalties for non-compliance; and

► increasing communication on the rights and obligations of enterprises and workers to raise awareness and bolster enforcement efforts.

### Revise the legislation to gradually include new groups of workers under the social security mandatory provisions

Finally, a third step would be to review and revise the legislation regarding the list of workers exempted from contributing to section 33. Some of these workers have a clear employer and employee relationship and should therefore be covered by section 33 rather than section 40 (domestic workers). The exemption of some categories of workers without a clear definition of the conditions of exemption also contributes to the existing coverage gaps. For instance, the exemption of casual or seasonal workers generates a situation in which enterprises have an incentive to give preference to short-term contracts to avoid the mandatory payment of

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105 For example, domestic workers, transport and manufacturing.

106 The model could be informed by relevant good examples in other countries, such as the monotax schemes in Brazil, Argentina and Uruguay, in which microenterprises adhere to "simplified mechanisms" that require a single, unified registration for both the social security and tax authorities, followed by single payments to a single organization covering both taxes and social security. Such a mechanism could offer special subsidized rates for different categories of enterprise (including specific mechanisms for the self-employed), depending on their size and based on a composite index comprising different variables, to help them access the existing scheme.

contributions. The definition of those categories of workers that are exempted from section 33 thus requires a more precise determination and loopholes through which businesses can evade their obligations need to be closed, including by ensuring employers are obligated to contribute on their own behalf. For some particular occupations, for example, relating to digital platform workers in the gig economy, there is a need to revise the existing employment relation definitions (see box 4).

Some of the improvements in compliance measures suggested here could also follow a step-by-step approach: for example, being first tested on large enterprises in particular economic sectors where data indicate the issue of non-compliance is relatively more pronounced (see section 3.2), or where specific vulnerable or marginalized population groups are prevalent, such as women or migrant workers (see section 4.5).

### Reform the State Welfare Card

Regarding the State Welfare Card the recommendation of the SPDR is to assess the programme to explore relevant options for reform. As per the indicative costed proposals described in section 6.3.2, whereby the State Welfare Card would be transformed into a supplementary top-up to the categorical benefit provisions for children and the old age, given in the form of a household-level cash benefit targeting the bottom quintile of the income distribution and providing income support on a per capita basis at 800 baht per month. The value of the benefit would be adjusted annually in line with inflation and registration should be transformed to an on-demand basis.

Consideration should also be given to divesting the benefit of the non-cash components (travel and energy vouchers) and hiving off the skills training component to be incorporated into a separate comprehensive active labour market policies. The value of the travel and energy vouchers could either be added to the suggested revised value to further increase this beyond the proposed 800 baht per capita per month, given as a flat-rate cash top up to the household or forgone altogether to help pay for the increased expenditure of the reform.

## 7.2.3   Older persons

Strengthening social protection for older persons will require a three-pronged approach that combines implementing an integrated, multi-tier pensions system, parametric reforms to the Social Security Fund and, ideally, reform to the civil servants' retirement benefits by more closely aligning those with the SSO schemes.

### Implement a multi-tier pensions system and increase the level of the Old-Age Allowance benefits

Following the costing analysis of the proposals for a multi-tier pensions system set out in section 6.3.3, the recommendation of the SPDR is to increase the Old-Age Allowance benefit level. One possible reform option is illustrated under option 1.1, which involves an increase in the "tier 0" retirement benefit provided through the Old-Age Allowance by 200 baht (or 400 baht under option 2.1) per age group per month, indexed to inflation and adjusted accordingly on an annual basis. This rise in adequacy would ensure that everyone is covered by a minimal level of retirement benefits, but payment of the non-contributory component would also be made in conjunction with eligible benefits from the SSO, using a tapered formular that sees the tax-financed provision decrease by 1 baht for every 3 baht received from the Social Security Fund over a threshold given by the value of the Old-Age Allowance component (1,200 baht).

The proposals for children and the active-age persons are indicative options only, and it would be the task of the national social protection reform committee to assess and decide the precise values at which to set the benefit levels, taking into account the level of need and other dimensions, such as availability of fiscal space, that the social budgeting model could help evaluate.

Consideration should also be given to building a more harmonized set of arrangements for complimentary savings (tier 2), in particular in relation to the National Savings Fund, the Government Pension Fund and the proposed National Pension Fund, as well as private provident funds, including perhaps postponing the roll-out of the National Pension Fund until the reforms to tiers 0 and 1 of the proposed multi-tier pensions system are firmly underway or established.

### Implement parametric reforms to the SSO retirement benefits

Following the analysis conducted as part of the review of the Thai pensions system conducted as part of the SPDR, we recommend adjusting the parameters of the SSO retirement benefits to strengthen both their adequacy and sustainability. Following an actuarial evaluation, the parametric adjustments would include:

► increasing the wage ceiling;

► increasing contribution rates;

► adjusting the benefit formula; and

► increasing the retirement age.

The adjustments should follow an actuarial evaluation to determine the precise values of the parameters and could also be implemented in a stepwise or gradual fashion (such as increasing the retirement age and/or contribution rates over a number of years).

In addition to the parametric reforms, other recommended adjustments include providing for periodic payments by workers with shorter contribution histories than the current 15-year requirement and enabling portability of retirement benefits between SSO sections.

Consideration should also be given to modifying existing SSO schemes to extend guaranteed earnings-related defined benefits to non-waged workers, such as self-employed or own-account workers as well as those in non-standard employment. This could include extending coverage of contributory retirement benefits via mandatory arrangements.

### Harmonize civil servants' retirement benefits with those provided by the SSO

To support greater financial sustainability and fairness within the Thai pensions system, there is a need to bring the civil servants retirements benefits more closely in line with those provided by the SSO. This is especially the case given the unequally weighted distribution of expenditure towards civil servants' pensions and the challenge of unsustainably increasing costs in the context of an ageing society. Options for harmonizing civil servants' and SSO retirement benefits that could be explored include enabling portability between schemes, aligning scheme parameters and/or gradually bringing more (or all) government workers into the Social Security Fund while phasing out the Civil Service Benefits Scheme. As with the proposed parametric reforms to the SSO retirement benefits, it would be crucial to conduct a comprehensive assessment of the Civil Service Benefits Scheme to inform any changes to its design.

## 7.2.4 People living with a disability

Following the illustrative reform proposals set out in the costed options described in section 6.3.4, the SPDR recommends revising the disability assessment mechanism to effectively cover the entire population with disabilities, including differentiating the level of benefits based on the severity of disabilities suffered (mild or severe). The benefit amount for persons with mild disabilities matches the current one, updated to 2022 prices (1,080 baht per month), while the benefit amount for persons with severe disabilities increases to 2,500 baht per month. The benefit level should be adjusted in line with inflation each year.

Taken together, these recommendations amount to a significantly increased investment in social protection for the Thai economy and people. Although such a reform package would involve an initial increase in expenditure at the start of the suggested reform period in 2025, the relative cost will decrease over the projection period and the additional expenditures would ensure increases in both coverage and adequacy of benefits in the coming 20 years. They will thereby address two of the major issues with social protection provisions identified by this SPDR. By the end of the projection period in 2042, overall tax-financed social protection expenditure would rise by less than 0.5 per cent of GDP. Analysis shows that fiscal space should also markedly increase during this period under all economic scenarios considered, demonstrating substantial opportunity for sizable improvement in the level of investment in social protection.

# Bibliography

ADB (Asian Development Bank). 2018. *Asia's Fiscal Challenge: Financing the Social Protection Agenda of the Sustainable Development Goals*. Available at: www.adb.org.

Akkachaipumsakul, S. 2013. "Legal Measure Protecting the Elderly People's Rights: Study in Case of Elderly People's Employment Contract." *Sripathum Chonburi Academic Journa*l 10(1): 33–39.

Bachelet, M. 2011. *Social Protection Floor for a Fair and Inclusive Globalization*. Geneva: ILO.

Bank of Thailand. 2021. "About Bank of Thailand – Central Bank of Thailand." Available at: www.bot.or.th/English/Pages/default.aspx.

Barrientos, A. 2010. *Social Protection and Poverty*. Geneva: UNRISD (United Nations Research Institute of Social Development). Available at: http://conselho.saude.gov.br/web_confmundial/artigos/Barrientos.pdf.

Bonnet, F., and L. Tessier. 2013. *Mapping Existing International Social Protection Statistics and Indicators That Would Contribute to the Monitoring of Social Protection Extension Through Social Protection Floors*. Geneva: ILO.

Cabinet's Secretary Office. 2016. *Attached Document for National Legislative Assembly Meeting on 29 July 2016 – Recommendation 202*. Available at: https://dl.parliament.go.th/handle/lirt/481970.

Capital Market Academy. 2019. *กองทุนสุขภาพคนไทยวัยเกษียณ เพื่อประกันสุขภาพกับกลไกตลาดทุน*. Bangkok: Capital Market Academy Leadership Program 28. Available at: www.cma.in.th/cma/academicPaper/download/1.

Carrero and Cumpa Castro.2014. *Accounting for Different Needs when Identifying the Poor and Targeting Social Assistance*. Oxford, UK: Oxford Policy Management.

Center of Academic Services, Chulalongkorn University. 2015. *Development of MSDHS Social GIS system*, Fiscal Year 2014. Available at: www.gisthai.org/v2/Downloads/sis/Executive%20summary.pdf.

CGD (Comptroller General Department). 2018. *Annual Report* 2018.

CGD. 2019. *Annual Report* 2019.

Chaichakan, C. 2018. "Approaches for Developing Collaborations in In-cash Welfare Provision in Nan Province." *King Prachadhipok Institute Journal* 16(2): 81–103.

Chaichakan, C. and D. Khampeng. 2017. *Approaches for Developing Collaboration in Local Welfare Provision: The Case of Nan Province*. Thailand Research Fund, Phayao.

Chalamwong, Y. and J. Meepien. 2012. "Poverty and Just Social Protection in Thailand." *ASEAN Economic Bulletin*: 230–244.

Chalamwong, Y. and J. Meepien. 2013. "Social Protection in Thailand's Informal Sector." *TDRI Quarterly Review*, 28(4): 7–16. Available at: https://tdri.or.th/2014/01/tdri-quarterly-review-december-2013/.

Chalamwong, Y. and R. Prasomsap. 2019. *Three Reasons why Thailand has to Ratify ILO Conventions 87 and 98*. Bangkok: TDRI (Thailand Development Research Institute). Available at: https://tdri.or.th/2019/12/ilo-87-and-98/.

Chatrakul Na Ayudhya, S. 2010. *ILO Conventions No. 87 and 98: Why the Need of Ratification?* Bangkok: Friedrich-Ebert-Stiftung.

Cichon, M., Scholz, W., Van de Meerendonk, A., Hagemejer, K., Bertranou, F. and Plamondon, P. 2004. *Financing social protection* (vol. 5). Geneva: ILO.

CODI (Community Organizations Development Institute). 2017. *Community-based Welfare System: Foundation for Sustainable Thai Social Welfare*.

—. 2018. *Handbook of Community Welfare Practices*.

—. 2020. *คณะผู้ริเริ่มเสนอกฎหมาย พ.ร.บ.ส่งเสริมระบบสวัสดิการชุมชน* (Press release). Available at: https://web.codi. or.th/20200923-19089/.

Consumers News. 2015. "Conclusion…Gold Card!!! Improvement with balance among three sectors." *Kom Chud Luek*. Available at: https://consumerthai.org/main/index.php?option=com_content&view=article&id=374:22---52-&catid=157:2012-02-06-07-32-35&Itemid=231.

DCY (Department of Children and Youth). 2015. "แผนปฏิบัติงานและแผนการใช้จ่ายงบประมาณ ประจำปีงบประมาณ พ.ศ. 2558." Bangkok: DCY, MSDHS (Ministry of Social Development and Human Security). Available at: / www.dcy.go.th/dcy/webnew/upload/download/file_th_20150607005429_1.xls.

—. 2018. "แบบฟอร์มการจัดทำโครงการ/กิจกรรมเพื่อขอตั้งงบประมาณรายจ่ายประจำปีงบประมาณ พ.ศ. 2561." Bangkok: DCY, MSDHS. Available at: http://intranet.dcy.go.th/intranet_child/fls/fls_uploads/54493/การสงเคราะห์เด็กในครอบครัว ยากจน.pdf.

—. 2019. *DCY Annual Report: Year 2019*. Available at: https://www.dcy.go.th/dcy/webnew/main/dowload_list. php?id=15 .

—. 2020. *DCY Annual Report: Year 2020*. Available at: https://www.dcy.go.th/dcy/webnew/main/dowload_list. php?id=15 .

Deeming, C. and P. Smyth. 2018. *Reframing Global Social Policy: Social Investment for Sustainable and Inclusive Growth*. Chicago, ILL.: Policy Press.

DEP (Department of Empowerment of Persons with Disabilities). 2005. *ระเบียบกระทรวงมหาดไทยว่าด้วยการจ่ายเงิน สงเคราะห์เพื่อการยังชีพขององค์กรปกครองส่วนท้องถิ่น*. Available at: http://web1.dep.go.th/?q=th/law/ระเบียบกระทรวง มหาดไทย-ว่าด้วยการจ่ายเงินสงเคราะห์เพื่อการยังชีพขององค์กรปกครองส่วนท้องถิ่น .

—. 2019. *DEP Annual Report: Year 2019*. Available at: https://dep.go.th/th/law-academic/knowledge-base/ annual-report/.

Department of Labour Protection and Welfare. 2020. *จำนวนพนักงาน/ลูกจ้างในรัฐวิสาหกิจทั่วประเทศ*. Available at: http://relation.labour.go.th/2017-08-25-02-37-40/73-2017-08-25-03-01-50.

DGA (Digital Government Agency). 2017. *รายงานการประชุม คณะกรรมการขับเคลื่อนการบูรณาการฐานข้อมูลกลาง ภาครัฐ ครั้งที่ 2/2560*. Available at: https://www.dga.or.th/wp-content/uploads/2017/10/file_c59a896edc0ded-d19a49b95ed6f175f1.pdf

DGA (Digital Government Agency). 2016. *Government data integration*. Available at: https://dga.or.th/upload/ download/file_a10cdc2d80f3eef296268a64fd3222dd.pdf.

Division of Foreign Workers Management. 2020a. *Statistics of the Employment of Foreign Workers Nationwide as of January 2020*.

—. 2020b. *Statistics of the Employment of Foreign Workers Nationwide, in May and June 2020*.

—. 2020c. *Statistics of the Employment of Foreign Workers Nationwide as of October 2020*. Available at: www.doe.go.th/prd/assets/upload/files/alien_th/427e1252b1e7717c9a0d99db53184a9e.pdf.

DLA (Department of Local Administration). 2020. *ซักซ้อมแนวทางการส่งเงินสมทบกองทุนบำเหน็จบำนาญข้าราชการส่วนท้องถิ่น ประจำปีงบประมาณ พ.ศ. 2564*. Available at: http://www.dla.go.th/upload/document/type2/2020/10/24364_1_ 1603253058876.pdf.

DOP (Department of Older Persons). 2019. *DOP Annual Report: Year 2019*. Available at: www.dop.go.th/ download/implementation /th1590904261-1168_0.pdf.

—. 2020. *DOP Annual Report: Year 2020*. Available at: https://www.dop.go.th/download/implementation/ รายงานประจำปี_2563_กรมกิจการผู้สูงอายุ.pdf.

DSDW (Department of Social Development and Welfare). 2019. *DSDW Annual Report: Year 2019*. Available at: www.dsdw2016.dsdw.go.th/doc.php?doc_ref=369.

—. 2020. *DSDW Annual Report: Year 2020*. Available at: www.dsdw2016.dsdw.go.th/doc_pr/20210330182511. pdf.

EEF (Equitable Education Fund). 2018a. *Equitable Education Fund Annual Report: Year 2018*. Available at: www.eef.or.th/wp-content/uploads/2019/08/aw-EEF-Annual-Report-2018_Final-052919.pdf.

—. 2018b. *แนวทางและคู่มือการดำเนินการจัดสรรเงินอุดหนุนนักเรียนยากจนพิเศษแบบมีเงื่อนไข*. Available at: www.eef.or.th/%
E0%B8%AD%E0%B8%B8%E0%B8%94%E0%B8%AB%E0%B8%99%E0%B8%B8%E0%B8%99%E0%
B8%99%E0%B8%A3%E0%B8%A2%E0%B8%B2%E0%B8%81%E0%B8%88%E0%B8%99/

—. 2019. *Equitable Education Fund Annual Report: Year 2019*. Available at: www.eef.or.th.

—. 2020a. "*กองทุนเพื่อความเสมอภาคทางการศึกษา (กสศ.) เป็นเครื่องมือใหม่ที่มีความสำคัญต่อการลดความเหลื่อมล้ำและขับเคลื่อน การปฏิรูปประเทศด้านการศึกษาในระยะยาว.*" Available at: www.eef.or.th/103/.

—. 2020b. *Equitable Education Fund Annual Report: Year 2020*. Available at: www.eef.or.th/wp-content/ uploads/2021/03/EEF-Annual-63-Page-Preview-031021-Final-compressed.pdf.

Elmiger, J.-J. 2011. "Draft Resolution Concerning the Coherence of the Multilateral System." Paper presented at the International Labour Conference, Geneva.

ESCAP (United Nations Economic and Social Commission for Asia and the Pacific) and ILO (International Labour Organization). 2021. *The Protection We Want Social Outlook for Asia and the Pacifi*c. Bangkok: United Nations.

Foreign Affairs Division, MSDHS. 2017. "Report on 'Progress Report Workshop on Social Protection: Exchanges of Good Practices and Strategies for Better Financial Management in Expanding Social Protection on 22 December 2017.'" Bangkok: MSDHS.

FPO (Fiscal Policy Office). 2017a. "Decoding Smart Finance." Paper presented at the Annual Fiscal Policy Office's Conference B.E. 2560, Bangkok.

—. 2017b. "FisTech Social Welfare Policies in Thailand." Paper presented at the Fiscal Policy Office Symposium 2017, Bangkok.

—. 2017c. *คู่มือการดำเนินโครงการลงทะเบียนเพื่อสวัสดิการแห่งรัฐปี 2560*. Available at: www.oic.go.th/FILEWEB/ CABINFOCENTER18/DRAWER063/GENERAL/DATA0000/00000196.PDF.

—. 2017d. "*ทะลุมิติเศรษฐกิจการคลัง ไขรหัสการคลังอัจฉริยะ*" Fiscal Policy Office Symposium 2017, FPO, MOF, Bangkok. Available at: https://www.fpo.go.th/main/getattachment/General-information-public-service/ FPO-symposium/8493/CNT0019282-1.pdf.aspx

—. 2020. "Fiscal Policy Office KM: พ.ร.ก. เงินกู้ (วงเงิน 1 ล้านล้านบาท)." Available at: www.fpo.go.th/main/ getattachment/General-information-public-service/FPO-KM/13836/3-15-ธ-ค-63-ความรู้สู่คนคลัง-พรก-กู้เงิน.pdf. aspx

GPF (Government Pension Fund). 2015. *Government Pension Fund Annual Report: Year 2015*. Available at: https://cfl.gpf.or.th/Files/Viewer/?fileName=99db4cfa-3b6e-41b0-8241-93024f35c9b5/Gpf2558.pdf.

—. 2016. *Government Pension Fund Annual Report: Year 2016*. Available at: https://cfl.gpf.or.th/Files/ Viewer/?fileName=0670c862-0a82-4373-885c-0720c8bc4389/Gpf2559.pdf.

—. 2017. *Government Pension Fund Annual Report: Year 2017*. Available at: https://cfl.gpf.or.th/Files/ Viewer/?fileName=6b09df6e-8b21-46eb-ae31-a9fab349e5d2/Gpf2560.pdf.

—. 2018. *Government Pension Fund Annual Report: Year 2018*. Available at: https://cfl.gpf.or.th/Files/ Viewer/?fileName=2bfd8135-0d1e-484e-9a7c-96eeef27668d/Gpf2561.pdf.

—. 2019a. *Government Pension Fund Annual Report: Year 2019*. Available at: https://cfl.gpf.or.th/Files/ Viewer/?fileName=8ff86e00-2299-4f30-a695-6e3a13e9fe96/AR%20GPF%202019%20%20for%20 WEB_ling%20to%20page.pdf.

—. 2019b. *Saving Money with Government Pension Fund*. Available at: https://www.gpf.or.th/thai2019/2Member/ main.php?page=1&lang=th&menu=memberservice&lang=th.

Hickey, S. 2011. "The Politics of Social Protection: What do we get from a 'Social Contract' Approach?" *Canadian Journal of Development Studies* 32(4): 426–438. Available at: https://www.tandfonline.com/doi/pdf/10.1080/02255189.2011.647447?needAccess=true.

IHPP (International Health Policy Program). 2021. *Thai National Health Accounts 2017–2019*. Bangkok: IHPP, Ministry of Public Health.

iLaw. 2019. "Rights to Public Health Services: Increase or Decrease in 2017 Constitution." Available at: www.facebook.com/iLawClub/posts/10162945915325551/.

ILO. 2008. *Policy Coherence Initiative: Report on Recent Meetings and Activities*. Geneva.

—. 2011. *Policy Coherence in the Multilateral System (GB.312/HL/1)*. Geneva. Available at: www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_164463.pdf.

—. 2012. *Social Security for All: Building Social Protection Floors and Comprehensive Social Security Systems*. Geneva. Available at: www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_secsoc_34188.pdf.

—. .2019. *Extending Social Security to Workers in the Informal Economy: Lessons from International Experience*. Geneva.

—. 2020. *Coherence of Labour Migration, Employment, Education and Training Policies in the ECOWAS Subregion*. ILO Country Office for Nigeria, Ghana, Liberia and Sierra Leone. Available at: www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_748724.pdf.

—. 2021a. *Technical Brief: Opportunities for extending social security to domestic workers in Thailan*d. Bangkok.

—. 2021b. *World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future*. Geneva.

—. 2021c. *Extending Social Health Protection in Thailand: Accelerating progress towards Universal Health Coverage*. Bangkok.

—. 2022a. *Thailand Social Protection Diagnostic Review: Extending access to social security to all workers in Thailand*. Bangkok.

—. 2022b. *Thailand Social Protection Diagnostic Review: Review of the Pension System in Thailand*. Bangkok.

ILO and IOM (International Office for Migration). 2017. *Risks and Rewards: Outcomes of Labour Migration in South-East Asia*. Bangkok.

ILO and ISSA (International Social Security Association). 2004. *Financing Social Protection (vol. 5)*. Geneva.

ILO, UNICEF (United Nations Children's Fund), IOM and UN Women (United Nations Entity for Gender Equality and the Empowerment of Women). 2022. *Thailand Social Protection Diagnostic Review Social Protection Mapping and Vulnerability Analysis*. Bangkok.

ILO and UN Women. 2020. *Public Attitudes towards Migrant Workers in Thailand*. Bangkok.

IMF (International Monetary Fund). 2021a. "2021 Article IV Consultation—Press Release; Staff Report; and Statement by the Executive Director for Thailand, IMF Country Report No. 21/97." Washington, DC.

—. 2021b. "World Economic Outlook Database, April 2021." Accessed 28 May 2021. Available at: www.imf.org/en/Publications/WEO/weo-database/2021/April.

IOM. 2021. *Thailand Social Protection Diagnostic Review: Social Protection for Migrant Workers and their Families in Thailand*. Bangkok.

Jitsuchon, S. (forthcoming). *Review of Eligibility Criteria of Disability Benefits in Thailand*. Bangkok: UNICEF.

Jitsuchon, S., J. Sangpraphan, Y. Wacharakup, and N. Methakunnawut. 2011. *Towards Universal Welfare in B.E. 2560 (2017)*. Bangkok: Thailand Development Research Institute.

Jitsuchon, S., and P. Siriprapanukul. (forthcoming). *Sustainable Financing of Social Protection in Thailand.* Bangkok: UNICEF.

Khrueathep, W. 2019. *Public Service Standards of Local Governments: Development of Criteria, Evidence and Implications*. Bangkok: Center of Local Innovation and Governance Promotion.

Kim, S. 2015. "NGOs and Social Protection in East Asia: Korea, Thailand and Indonesia." *Asian Journal of Political Science* 23(1): 23–43. Doi:10.1080/02185377.2014.988277

Kittisakkul, K., and K. Umpai. 2019. "The Legal Measures for Protection of Employment Opportunities Concerning Semi-Skilled and Unskilled Ageing Workers." *Ratchapak Journal* 13(30), 174-187.

Korwatanasakul, U. and S.W. Paweenawat. 2020. "Trade, Global Value Chains and Small and Medium-Sized Enterprises in Thailand: A Firm-Level Panel Analysis." *ADBI Working Paper 1130*, Asian Development Bank Institute, Tokyo. Available at: https://www.adb.org/publications/trade-global-value-chains-and-sme-thailand-firm-level-panel-analysis.

Kuprasert, W. 1996. "International labour organization: Convention No. 102 compared with the Social Security Act B.E. 2533 (Section 40)." Master of Law thesis. Bangkok: Ramkhamhaeng University.

Midgley, J. 2020. *Inequality, Social Protection and Social Justice*. Cheltenham: Edward Elgar Publishing.

Ministry of Education (MOE). 2015. *แนวทางการดำเนินงานโครงการสนับสนุนค่าใช้จ่ายในการจัดการศึกษาตั้งแต่ระดับอนุบาย จนจบการศึกษาขั้นพื้นฐาน ปีงบประมาณ พ.ศ. 2558*. Bangkok: Office of the Basic Education Commission, MOE. Available at: https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxidWRqZ XRwbGFubHBuMXxneDo3YjY4NDczOWNkOGFjOWM0.

—. 2016. *แนวทางการดำเนินงานโครงการสนับสนุนค่าใช้จ่ายในการจัดการศึกษาตั้งแต่ระดับอนุบายจนจบการศึกษาขั้นพื้นฐาน ปีงบประมาณ พ.ศ. 2559*. Bangkok: Office of the Basic Education Commission, MOE. Available at: www.ptt2.go.th/web/ plan/images/2016/01/plan/%E0%B8%84%E0%B8%A1%E0%B8%AD%E0%B9%80%E0%B8%87%E0% B8%99%E0%B8%AD%E0%B8%94%E0%B8%AB%E0%B8%99%E0%B8%99_%E0%B8%9B_2559.pdf.

—. 2017. *แนวทางการดำเนินงานโครงการสนับสนุนค่าใช้จ่ายในการจัดการศึกษาตั้งแต่ระดับอนุบายจนจบการศึกษาขั้นพื้นฐาน ปีงบประมาณ พ.ศ. 2560*. Bangkok: Office of the Basic Education Commission, MOE. Available at: http://www. secondary11.go.th/webpage/th/group/audit/%E0%B9%81%E0%B8%99%E0%B8%A7%E0%B8%97%E 0%B8%B2%E0%B8%87%E0%B8%81%E0%B8%B2%E0%B8%A3%E0%B8%94%E0%B8%B3%E0%B 9%80%E0%B8%99%E0%B8%B4%E0%B8%99%E0%B8%87%E0%B8%B2%E0%B8%99%E0%B8%9 5%E0%B8%B2%E0%B8%A1%E0%B9%82-3/

—. 2018. *แนวทางการดำเนินงานการสนับสนุนค่าใช้จ่ายในการจัดการศึกษาขั้นพื้นฐานตามโครงการขยายโอกาสการเข้าถึงบริการทาง การศึกษาและการเรียนรู้ตลอดชีวิตอย่างทั่วถึงละมีคุณภาพ ปีงบประมาณ พ.ศ. 2561*. Bangkok: Office of the Basic Education Commission, MOE. Available at: www.ptt2.go.th/web/plan/images/data/%E0%B9%81%E0%B8%99%E 0%B8%A7%E0%B8%97%E0%B8%B2%E0%B8%87%E0%B8%81%E0%B8%B2%E0%B8%A3%E0%B 8%94%E0%B8%B3%E0%B9%80%E0%B8%99%E0%B8%99%E0%B8%87%E0%B8%B2%E0%B8%9 9%E0%B8%81%E0%B8%B2%E0%B8%A3%E0%B8%AA%E0%B8%99%E0%B8%9A%E0%B8%AA% E0%B8%99%E0%B8%99%E0%B8%84%E0%B8%B2%E0%B9%83%E0%B8%8A%E0%B8%88%E0% B8%B2%E0%B8%A2%E0%B8%AF-%E0%B9%8B%E0%B8%87%E0%B8%9A%E0%B8%9B%E0%B8 %A3%E0%B8%B0%E0%B8%A1%E0%B8%B2%E0%B8%93-%E0%B8%9E.%E0%B8%A8.-2561.pdf.

—. 2019. *แนวทางการดำเนินงานตามโครงการสนับสนุนค่าใช้จ่ายในการจัดการศึกษาตั้งแต่ระดับอนุบาลจนจบการศึกษาขั้นพื้นฐาน ปีงบประมาณ พ.ศ. 2562*. Bangkok: Office of the Basic Education Commission.

—. 2020. *แนวทางการดำเนินงานตามโครงการสนับสนุนค่าใช้จ่ายในการจัดการศึกษาตั้งแต่ระดับอนุบาลจนจบการศึกษาขั้นพื้นฐาน ปีงบประมาณ พ.ศ.2563*. Bangkok: Office of the Basic Education Commission, MOE. Available at: www. secondary11.go.th/webpage/th/group/audit/%e0%b9%81%e0%b8%99%e0%b8%a7%e0%b8%97%e0 %b8%b2%e0%b8%87%e0%b8%81%e0%b8%b2%e0%b8%a3%e0%b8%94%e0%b8%b3%e0%b9%8 0%e0%b8%99%e0%b8%b4%e0%b8%99%e0%b8%87%e0%b8%b2%e0%b8%99%e0%b8%95%e0% b8%b2%e0%b8%a1%e0%b9%82/.

—. 2021. *Civil State Welfare Fund's Annual Report: Year 2020*.

MOF and ADB. 2021. *Thailand: COVID-19 Active Response and Expenditure Support Program Quarterly Monitoring Report (January–March 2021)*. Bangkok: ADB.

MOPH (Ministry of Public Health). 2019. *รายงานความก้าวหน้าความร่วมมือการพัฒนาระบบข้อมูลและผลการดำเนินงานตามโปรแกรม 'Long Term Care'*.

MSDHS. (n.d.). *คู่มือสำหรับประชาชน ประเภทบริการ: ด้านเด็ก*. Available at: www.oic.go.th/FILEWEB/CABINFOCENTER24/DRAWER022/GENERAL/DATA0000/00000204.PDF.

MWG (Migrant Working Group). 2019. *Access to Grievance and Remedial Mechanism under the United Nations Guiding Principles on Business and Human Rights. Case Studies of Myanmar Migrant Workers in Garment and Textiles Factories in Mae Sot District, Tak Province*. Bangkok. Available at: http://hrdfoundation.org/wp-content/uploads/2019/11/Full-Book.pdf.

Na Nirot, A. 2018. *Utilizing MSDHS's Social Map*. Bangkok: MSDHS. Available at: http://tpso3.m-society.go.th/images/pdf/pdf_tpso3/SOCIAL%20MAP%20%20%20.pdf.

NESDC (National Economic and Social Development Council). 2002. *National Economic and Social Development: Well-being of Thais*. Bangkok. Available at: www.nesdc.go.th/images/content/book33-45.pdf

—. 2009. *Community-based Social Protection in Thailand: Innovation and Opportunity*. Available at: http://social.nesdc.go.th/social/Portals/0/Documents/AyutthayaWorkshop_35.pdf.

—. 2019a. *Master Plan under National Strategy (17) Equality and Social Protection* (B.E. 2561–2580).

—. 2019b. *National Strategy* (2018–2037).

—. 2019c. *National Strategy 2018–2037 (Summary)*. Available at: http://nscr.nesdb.go.th/wp-content/uploads/2019/04/NS_Eng_A5.pdf.

—. 2020. *Development of Provincial-level SDG Index*.

—. 2022. *สถิติงานสงเคราะห์เด็กในครอบครัวยากจน (จำนวนครอบครัวและราย) ปีงบประมาณ 2564*. Available at: https://opendata.nesdc.go.th/en/dataset/welfare.

NHSO (National Health Security Office). 2018. Handbook of National Health Insurance Fund Administration.

NHSO. 2019. NHSO Annual Report: Year 2019. Available at: www.nhso.go.th/frontend/page-about_result.aspx.

—. 2020a. *คู่มือ* 'Long Term Care: LTC'. Available at: www.nhso.go.th/downloads/37.

—. 2020b. *NHSO Annual Report: Year 2020*. Available at: www.nhso.go.th/operating_results/47.

Nilsson, M., T. Zamparutti, J.E. Petersen, B. Nykvist, P. Rudberg, J. and McGuinn. 2012. "Understanding Policy Coherence: Analytical Framework and Examples of Sector–Environment Policy Interactions in the EU." *Environmental Policy and Governance* 22. Doi:10.1002/eet.1589.

NSF (National Savings Fund). 2017. *หลักเกณฑ์และเงื่อนไขการสมัครกองทุนการออมแห่งชาติ*. Available at: https://www.thaigov.go.th/uploads/document/142/2017/02/pdf/หลักเกณฑ์และเงื่อนไขการสมัคร.pdf.

—. 2019. *National Savings Fund Annual Report: Year 2019*. Available at: www.nsf.or.th/sites/default/files/AW2562.pdf.

—. 2020. *National Savings Fund Annual Report: Year 2020*. Available at: www.nsf.or.th/sites/default/files/รายงานกอช%20ประจำปี%202563.pdf.

NSO (National Statistical Office). 2018. *The Informal Employment Survey 2018*.

—. 2019a. *The Informal Employment Survey 2019* (No. 2562).

—. 2019b. *The 2019 Household Socio-Economic Survey* (No. 2562).

—. 2020. *Thailand Multiple Indicator Cluster Survey 2019, Survey Findings Report*.

NSO and UNICEF. 2020. *The 2017 Disability Survey*.

OCSC (Office of Civil Service Commission). 2015. ทิศทางการบริหารทรัพยากรบุคคลภาครัฐ ภาคใต้บริบทประเทศไทย ๔.๐.

—. 2019. *กำลังคนภาครัฐในฝ่ายพลเรือน 2562*. Available at: www.ocsc.go.th/download/2563/กำลังคนภาครัฐในฝ่ายพลเรือน -2562.

OECD (Organisation for Economic Co-operation and Development). 2014. *Social Benefit Recipients Database (SOCR) Options for a Simplified Data Collection Process. ESSPROS* – Working Group 'Social protection', Luxembourg, 9–10 April 2014.

—. 2018. *Social Protection System Review: A Toolkit*. OECD Publishing, Paris.

—. 2020a. *OECD Economic Surveys: Economic Assessment: Thailand*.

—. 2020b. "Social Spending Makes Up 20% of OECD GDP Key Findings." Available at: http://www.oecd.org/ social/expenditure.htm.

Office of the Council of State. 2020a. *Emergency Decree Authorising the Ministry of Finance to Raise Loans to Solve Problems, to Remedy and Restore the Economy and Society as Affected by the Coronavirus Disease Pandemic B.E. 2563*. Available at: www.krisdika.go.th/data/slideshow/File/7-EN-EMERGENCY.pdf.

—. 2020b. *Emergency Decree on the Provision of Financial Assistance for Entrepreneurs Affected by COVID-19 Pandemic*, B.E. 2563. Available at: www.krisdika.go.th/data/slideshow/File/6-EN-EMERGENCY.pdf.

—. 2020c. *Emergency Decree on the Maintenance of Stability of The Financial System and Economic Security of the Country*, B.E. 2563. Available at: www.krisdika.go.th/data/slideshow/File/3-EN-EMERGENCY.pdf.

OIC (Office of Insurance Commission). 2017. *พระราชกฤษฎีกากำหนดกิจการหรือลูกจ้างอื่นที่ไม่อยู่ในบังคับตามกฎหมายว่า ด้วยการประกันสังคม พ.ศ. ๒๕๖๐*. Available at: www.oic.go.th/FILEWEB/CABINFOCENTER11/DRAWER058/ GENERAL/DATA0000/00000228.PDF.

Okubo, T., A. Janmohamed, C. Topothai, and J.L. Blankenship. 2020. "Risk Factors Modifying the Double Burden of Malnutrition of Young Children in Thailand." *Matern Child Nutr*. 16(S2), p. e12910. Available at: https://doi.org/10.1111/mcn.12910.

OPHI (Oxford Poverty and Human Development Initiative). 2019. *Child Multidimensional Poverty in Thailand*. Bangkok: UNICEF.

—. Unpublished. "Thailand National MPI Short Report."

OPM (Oxford Policy Management). 2020a. "Thailand Social Protection Diagnostics Review Inception Report."

—. 2020b. "Social System Assessment of COVID-19 in Thailand."

Ortitz, I., V. Schmitt, and L. De. 2016. *Social Protection Floors: Governance and Financing*. Geneva: ILO.

OSMEP (Office of SME Promotion). 2019. "Executive Summary White Paper on SME 2019." Bangkok. Available at: www.sme.go.th/upload/mod_download/download-20201104172639.pdf.

—. 2020. "Executive Summary White Paper on MSME 2019." Bangkok. Available at: www.sme.go.th/upload/ mod_download/download-20201005123037.pdf.

Paitoonpong, S., A. Chawla, and N. Akkarakul. 2010. "Social Protection in Thailand." In *Social Protection in East Asia: Current State and Challenges*. ERIA, Jakarta: 265–291.

PBO (Parliamentary Budget Office. 2017a. *การวิเคราะห์รายจ่ายงบกลาง*. Available at: www.parliament.go.th/ ewtadmin/ewt/parbudget/ewt_dl_link.php?nid=382.

—. 2017b. *งบประมาณรายจ่ายประจำปี ย้อนหลัง 3 ปี (พ.ศ. 2559-2561)*. Available at: www.parliament.go.th/ewtadmin/ ewt/parbudget/ewt_dl_link.php?nid=411.

—. 2019. *สถิติงบประมาณรายจ่ายประจำปี พ.ศ. 2561-2563*. Available at: www.parliament.go.th/ewtadmin/ewt/parbudget/ ewt_dl_link.php?nid=687.

PDMO (Public Debt Management Office). 2020. *Performance Report for Section 10 of the Emergency Decree Authorising the Ministry of Finance to Raise Loans to Solve Problems, to Remedy and Restore the Economy and Society as Affected by the Coronavirus Disease Pandemic B.E. 2563: Year 2020*. Available at: www. pdmo.go.th/pdmomedia/documents/2021/Oct/%E0%B8%A3%E0%B8%B2%E0%B8%A2%E0%B8%87% E0%B8%B2%E0%B8%99%20%E0%B8%A1.10%20%E0%B9%80%E0%B8%AA%E0%B8%99%E0%B8 %AD%E0%B8%A3%E0%B8%B1%E0%B8%90%E0%B8%AA%E0%B8%A0%E0%B8%B22.pdf?fbclid= IwAR0NmaoLfyZZCUe52lShucWLCoOoh5hz6IwkEJaeKtE5pbB98J9UZKsn4TI.

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Phuong-Ngam, K. 2015. *Local Innovation of Local Governments*. Bangkok: Sema Dhamma.

Pitidol, T. and W. Phattarasukkumjorn. 2019. "การลดความเหลื่อมล้ำและสร้างความเป็นธรรม: กรณีบัตรสวัสดิการแห่งรัฐ (Inequality Reduction and Advancing Fairness: The Case of Welfare Card)." Bangkok: King Prajadhipok's Institute.

Pongsapich, A., R. Leechanawanichphan, and N. Bunjongjit. 2002. "Social Protection in Thailand," in *Social Protection in Southeast and East Asia: Towards a Comprehensive Picture*, Singapore: Friedrich-Ebert-Stiftung: 313–362.

Pradabmook-Sherrer, P., N. Wongyai, and B. Charoensookployphol. 2013. *Social Safety Nets: Building Social Protection for Elderly*. Bangkok: MSDHS.

PRD (Public Relations Department). 2020. "กรมบัญชีกลางเพิ่มวงเงินในบัตรสวัสดิการแห่งรัฐ 500 บาท (ต.ค.-ธ.ค. 63) เพื่อช่วย เหลือค่าใช้จ่ายสินค้าอุปโภคบริโภคให้แก่ผู้มีรายได้น้อย." Public Relations Department, Bangkok. Available at: www.prd.go.th/th/content/category/detail/id/33/iid/864.

Sakunphanit, T. and W. Suwanrada. 2011. "500 Baht Universal Pension Scheme." *Successful Social Protection Floor Experiences*. New York: UNDP: 401–415.

Schmitt, V., T. Sakunphanit, and O. Prasitsiriphol. 2013. *Social Protection Assessment Based National Dialogue: Towards a Nationally Defined Social Protection Floor in Thailand*. Bangkok: ILO. Available at: www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_213264.pdf.

Scholz, W., M. Cichon, and K. Hagemejer. 2000. *Social Budgeting*. Geneva: ILO.

SLS (School Lunch System). 2019. *ข้อมูลภาวะทุพโภชนาการ ณ วันที่ 30 กันยายน พ.ศ. 2562 : ระดับประเทศ*. Bangkok: School Lunch Project Fund Bureau. Available at: http://202.29.172.254/pawabase.php

Secretariat of House of Representatives. 2017. *Comparing Constitutions B.E. 2540–2550 and Constitution B.E. 2560*.

Secretariat of the Senate. 2016a. "National Legislative Assembly's 46/2559 Meeting Agendas on 29 July 2016." Bangkok.

—. 2016b. "National Legislative Assembly's Minutes of 46/2559 Meeting on 29 July 2016." Bangkok.

Srithammarak, T. 2020. "Thailand's Views and Observations of the Ratification of International Labour Organization Convention (ILO) about Social Security." Ramkhamhaeng Law Journal 9(1): 3–19. Available at: https://so05.tci-thaijo.org/index.php/lawjournal/article/view/243927.

SSO (Social Security Office). 2015a. *Social Security Statistics: Year 2015*. Available at: www.sso.go.th/wpr/assets/upload/files_storage/sso_th/74ca61502db3bc5ea7c2e5902fcbbfd3.pdf.

—. 2015b. *Workmen's Compensation Fund Annual Report: Year 2015*. Available at: www.sso.go.th/wpr/assets/upload/files_storage/sso_th/4ba3efe6d4859378e39ffcaa5ea3a05a.pdf.

—. 2016a. *Social Security Statistics: Year 2016*. Available at: www.sso.go.th/wpr/assets/upload/files_storage/sso_th/355e058d00c917f7c1b35f4169e6ba4d.pdf.

—. 2016b. *Workmen's Compensation Fund Annual Report: Year 2016*. Available at: www.sso.go.th/wpr/assets/upload/files_storage/sso_th/9bf7acf814f7f4c32db1136fad7fa4ab.pdf.

—. 2017a. *Social Security Statistics: Year 2017*. Available at: www.sso.go.th/wpr/assets/upload/files_storage/sso_th/2c1d00117768cbae27b622ab2645bdd5.pdf.

—. 2017b. *Workmen's Compensation Fund Annual Report: Year 2017*. Available at: www.sso.go.th/wpr/assets/upload/files_storage/sso_th/0c1643575f028d88f1f5a3c52cb5c023.pdf.

—. 2018a. *Social Security Statistics: Year 2018*. Available at: www.sso.go.th/wpr/assets/upload/files_storage/sso_th/11f68dacae5de7312c5a8c0223e69409.pdf.

—. 2018b. *Workmen's Compensation Fund Annual Report: Year 2018*. Available at: www.sso.go.th/wpr/assets/upload/files_storage/sso_th/f1e0ec65f87a8fbb108f8bb8a0ad4ee9.pdf.

—. 2018c. "กำหนดระยะเวลาการจ่ายเงินค่าทดแทน หลักเกณฑ์และวิธีการคำนวณค่าจ้างรายเดือน ลงวันที่ 21 กุมภาพันธ์ 2562." Ministerial Regulation, MOL, Bangkok. Available at: www.sso.go.th/wpr/assets/upload/files_storage/sso_th /2dc60b845bfb04930ae5a98f865d8942.pdf.

—. 2019a. *Social Security Statistics: Year 2019*. Available at: www.sso.go.th/wpr/assets/upload/files_storage/ sso_th/4b72234b583d06f768e92e6c794737d3.pdf.

—. 2019b. *Workmen's Compensation Fund Annual Report: Year 2019*. Available at: www.sso.go.th/wpr/as-sets/upload/files_storage/sso_th/5cd44c97039692bfdbc864f48c7009bb.pdf.

—. 2020a. *Social Security Statistics: Year 2020*. Available at: www.sso.go.th/wpr/assets/upload/files_storage/ sso_th/315d0d65ffc8083178cffbd4bede5fda.pdf.

—. 2020b. *Workmen's Compensation Fund Annual Report: Year 2020*. Available at: www.sso.go.th/wpr/as-sets/upload/files_storage/sso_th/6fc497fc3dde1e62e740ed9a90da2698.pdf.

Strategy and Planning Division, MSDHS. 2018. *MSDHS Strategy B.E. 2560–2564 (Adapted in March 2018)*. Bangkok: MSDHS.

Suwanmala, C. 2008. *Handbook of Local Innovation: Self-learning with 250 Case Studies*. Bangkok: Local Initiative Institute, Faculty of Political Science, Chulalongkorn University.

Tanzi, V. 2002. "Globalization and the Future of Social Protection." IMF Working Paper. Washington, DC: IMF. Available at: www.elibrary.imf.org/doc/IMF001/02851-9781451842890/02851-9781451842890/ Other_formats/Source_PDF/02851-9781451891003.pdf.

Teerawichitchainan, B., W. Pothisiri, J. Knodel, and V. Prachuabmih. 2019. "Thailand's Older Persons and Their Well-being: An Update based on the 2017 Survey of Older Persons in Thailand." Chiang Mai, Thailand. doi:10.1017/CBO9781107415324.004

Thai Post. 2020. "Community Welfare Fund Network prepares for policy advocacy of 'Community Welfare Promotion Bill.'" Available at: www.thaipost.net/main/detail/54532.

Thairath. 2017. "รัฐแจกบัตรคนจน 27 ก.ย. เริ่มใช้ 1 ต.ค. ยอด 11.67 ล้านคน." Available at: www.thairath.co.th/news/ business/1054220.

Thammasat University and UNICEF. 2019. *Policy Implementation Analysis on Disability Grant of Thailand*. Bangkok: UNICEF.

Thanachaisettawut, B. 2017. "Thai Government and the Ratification of ILO Conventions." *Online Labour Review* 31(354): 5–13. Available at: https://aromfoundation.org/wp-content/uploads/2017/01/%E0%B9%81%E0% B8%A3%E0%B8%87%E0%B8%87%E0%B8%B2%E0%B8%99%E0%B8%9B%E0%B8%A3%E0%B8%B 4%E0%B8%97%E0%B8%B1%E0%B8%A8%E0%B8%99%E0%B9%8C%E0%B8%AD%E0%B8%AD%E 0%B8%99%E0%B9%84%E0%B8%A5%E0%B8%99%E0%B9%8C-%E0%B8%A1.%E0%B8%84.60.pdf.

UN DESA (United Nations Department of Economic and Social Affairs). 2019. *World Population Prospects 2019*. Available at: https://population.un.org/wpp/Download/.

UN ESCAP and ILO. 2021. *The Protection We Want: Social Outlook for Asia and the Pacific*. Bangkok.

UNICEF (United Nations Children's Fund). 2019. *Thailand Child Support Grant (Child Support Grant) Impact Assessment Endline Report*.

—. (forthcoming). *Formative Evaluation of the State Welfare Card Policy in Thailand*.

—. 2020. "Gender-Responsive Age-Sensitive Social Protection: A Conceptual Framework." UNICEF Office of Research, Innocenti Working Paper WP 2020-10. Available at: https://www.unicef-irc.org/publications/1116-gender-responsive-age-sensitive-social-protection-a-conceptual-framework.html.

UNHCR (United Nations High Commissioner for Refugees). 2020. *Thailand Border Operation – Information Management Unit Mae Sot: Resettlement of Myanmar Refugees from Temporary Shelters in Thailand*. Bangkok. Available at: https://reliefweb.int/map/thailand/thailand-border-operation-information-management-unit-mae-sot-resettlement-myanmar-0.

UN Population Division. 2019. *World Population Prospects 2019*. New York.

UNMWG (United Nations Multilateral Working Group). 2019. *Thailand Migration Report 2019*. United Nations Thematic Working Group on Migration in Thailand, Bangkok. Available at: https://thailand.un.org/en/50831-thailand-migration-report-2019.

Wattana, J. and S. Premsuriya. 2020. "A Study of Service Channels for the Insured Persons under Section 40 through the Local Administrative Organizations." *Integrated Social Science Journal* 7(1): 99–115. Available at: https://so02.tci-thaijo.org/index.php/isshmu/article/view/243841.

Wongpreedee, A. and T. Sutthipongpracha. 2020. "Local Administrative Organizations and the Assessment for Good Governance Award, Fiscal Year B.E. 2563." Bangkok: NIDA (National Institute of Development Administration).

World Bank Group. 2020. *Taking the Pulse of Poverty and Inequality in Thailand*. Bangkok. Available at: https://www.worldbank.org/en/country/thailand/publication/taking-the-pulse-of-poverty-and-inequality-in-thailand.

—. 2021. *Thailand Economic Monitor: Restoring Incomes; Recovering Jobs*. Bangkok.

Yeerong, W. 2020. "The Transferring Missions to Local Administrative Organization: The Progress and Problems of the Transferring Obstacles." *Public Administration Journal* 18(2): 27–57. Available at: https://so05.tci-thaijo.org/index.php/pajournal/article/view/246109/169270.

# Annex A Supplementary materials

**Table A1.    Programmes identified by the social protection mapping exercise**

| ID | SPF pillar | Functional classification | Name of programme in Thai | Name of programme in English | Department | Ministry |
|---|---|---|---|---|---|---|
| **Employment/contributory programmes** | | | | | | |
| S1 | 1, 2, 3, 4 | Health care, education, sickness, prenatal and maternity, housing, death and survivors' benefit, one-time pension, monthly pension | สวัสดิการของข้าราชการ ลูกจ้างและพนักงานของรัฐ | Civil Service Benefits Scheme | Comptroller General Department | MoF |
| S2 | 1, 2, 3, 4 | Health care, education, sickness, prenatal and maternity, housing, death and survivors' benefit, one-time pension, monthly pension | สวัสดิการของพนักงานส่วนท้องถิ่น | Local administrative officer benefits | Department of Local Administration | MoI |
| S3 | 1, 2, 3 | Health care, education, child allowance, disability insurance, prenatal and maternity, housing, death and survivors' benefit | สวัสดิการพนักงานรัฐวิสาหกิจ | State enterprise benefits | | MoF |
| S4 | 1, 2, 3, 4 | Health care, education, child allowance, disability insurance, prenatal and maternity, death and survivors' benefit | กองทุนสงเคราะห์ครูเอกชน กระทรวงศึกษาธิการ | Private teacher aid fund | Private Teachers Aid Fund Office | MoE |
| S5 | 1, 2, 3, 4, 5 | Health care, child allowance, sickness, unemployment, disability insurance, prenatal and maternity, death and survivors' benefit, one-time pension, monthly pension, migrants | ประกันสังคมมาตรา 33 | SSF Article 33 (for-mal workers) | Social Security Office | MoL |

| ID | SPF pillar | Functional classification | Name of programme in Thai | Name of programme in English | Department | Ministry |
|---|---|---|---|---|---|---|
| S6 | 1, 2, 3, 4 | Health care, child allowance, sickness, disability insurance, prenatal and ma-ternity, death and survivors' benefit, one-time pension, monthly pension | ประกันสังคม มาตรา 39 | SSF Article 39 (ex-formal workers) | Social Security Office | MoL |
| S7 | 2, 3, 4, 5 | Health care, child allowance, sickness, disability insurance, prenatal and ma-ternity, death and survivors' benefit, one-time pension, stateless | ประกันสังคม มาตรา 40 | SSF Article 40 (in-formal workers) | Social Security Office | MoL |
| S8 | 1, 3 | Healthcare, sickness, disability insurance, employment injury, death and survivors' benefit | กองทุนเงิน ทดแทน | Workmen's Compen-sation Fund | Social Security Office | MoL |
| S9 | 3 | Unemployment | กองทุน สงเคราะห์ ลูกจ้าง | Employee Welfare Fund | Department of Labour Protection and Welfare | MoL |
| S10 | 4 | One-time pension, Monthly pension | กองทุนบำเหน็จ บำนาญ ข้าราชการ | Government Pension Fund | Government Pension Fund Office | |
| S11 | 4 | One-time pension, Monthly pension | กองทุนการออม แห่งชาติ | National Savings Fund | National Savings Fund Office | |
| S12 | 5 | Migrants | กองทุนประกัน สุขภาพคน ต่างด้าวและ แรงงานต่างด้าว | Health Insurance for Migrants and Migrant Workers | Health Economic and Health Insurance Bureau | MoPH |
| **Non-contributory programmes** | | | | | | |
| S13 | 1, 3 | Healthcare, Prenatal/maternity | หลักประกัน สุขภาพแห่งชาติ | Universal Health-care Coverage Scheme | National Health Security Office | MoPH |
| S14 | 1 | Healthcare | เบี้ยยังชีพผู้ ป่วยเอดส์หรือ โรคภูมิคุ้มกัน บกพร่อง | Allowance for HIV/Aids patients | Department of Social Development and Welfare | MSDHS |

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| ID | SPF pillar | Functional classification | Name of programme in Thai | Name of programme in English | Department | Ministry |
|---|---|---|---|---|---|---|
| S15 | 1 | Healthcare | เงินอุดหนุนเงินสงเคราะห์ผู้ติดเชื้อเอดส์และครอบครัว | Support for HIV/Aids patients and their families | Department of Social Development and Welfare | MSDHS |
| S16 | 2, 5 | Education, Migrants/ stateless/hilltribe | โครงการสนับสนุนค่าใช้จ่ายในการจัดการศึกษาตั้งแต่ระดับอนุบาลจนจบการศึกษาขั้นพื้นฐาน | 15-year Free Education Programme | Office of Basic Education Commission | MoE |
| S17 | 2 | Education | เงินอุดหนุนสำหรับส่งเสริมศักยภาพการจัดการศึกษาท้องถิ่น (ค่าปัจจัยพื้นฐานสำหรับนักเรียนยากจน) | Local education empowerment grant | Department of Local Administration | MoI |
| S18 | 2 | Education | โครงการจัดสรรเงินอุดหนุนนักเรียนยากจนพิเศษแบบมีเงื่อนไข (ทุนเสมอภาค) | Equitable Education Fund Conditional Cash Transfer Programme | Equitable Education Fund | |
| S19 | 2 | Education | โครงการทุนนวัตกรรมสายอาชีพชั้นสูง | Equitable Education Fund Higher Education for Educational Equality Programme | Equitable Education Fund | |
| S20 | 2 | Education | โครงการจัดการศึกษาเชิงพื้นที่เพื่อความเสมอภาคทางการศึกษา | Area-Based Initiative for Out-of-School Children | Equitable Education Fund | |
| S21 | 2 | Nutrition | เงินอุดหนุนสำหรับสนับสนุนอาหารกลางวัน | Fund for Primary School Lunches | Department of Local Administration | MoI |

| ID | SPF pillar | Functional classification | Name of programme in Thai | Name of programme in English | Department | Ministry |
|---|---|---|---|---|---|---|
| S22 | 2 | Nutrition | เงินอุดหนุนสำหรับสนับสนุนอาหารเสริม (นม) | School Milk Nutrition Grant | Department of Local Administration | MoI |
| S23 | 2 | Poverty | เงินอุดหนุนเพื่อการเลี้ยงดูเด็กแรกเกิด | CSG | Department of Child and Youth | MSDHS |
| S24 | 2 | Poverty | การดูแลเด็กในสถานรองรับ | Juvenile care in orphanages | Department of Child and Youth | MSDHS |
| S25 | 2 | Poverty | โครงการสงเคราะห์เด็กในครอบครัวยากจน | Child Subsidy to Poor Households | Department of Child and Youth | MSDHS |
| S26 | 2 | Poverty | โครงการเงินอุดหนุนช่วยเหลือค่าเลี้ยงดูในครอบครัวอุปถัมภ์ | Foster parents' as-sistance | Department of Child and Youth | MSDHS |
| S27 | 2 | Poverty | เงินสงเคราะห์เด็กในครอบครัวช่วยเหลือเด็กขาดแคลนและเด็กฝากเลี้ยงตามบ้าน | Children's homecare support grant for guardians with difficult conditions | Department of Child and Youth | MSDHS |
| S28 | 3 | Poverty | บัตรสวัสดิการแห่งรัฐ | State Welfare Card | Fiscal Policy Office | MoF |
| S29 | 3 | Poverty | การสงเคราะห์ครอบครัวผู้มีรายได้น้อยและไร้ที่พึ่ง | Poverty and Destitute Family Support Grant | Department of Social Development and Welfare | MSDHS |
| S30 | 3 | Sickness | กองทุนสวัสดิการชุมชน | Community Welfare Fund | Community Organisations Development Institute | MSDHS |
| S31 | 3 | Housing | โครงการบ้านมั่นคง | Baan Mankong Programme | Department of Social Development and Welfare | MSDHS |

| ID | SPF pillar | Functional classification | Name of programme in Thai | Name of programme in English | Department | Ministry |
|---|---|---|---|---|---|---|
| S32 | 3 | Housing | โครงการสงเคราะห์ในสถานสงเคราะห์คนไร้ที่พึ่ง | Homeless shelters | Department of Social Development and Welfare | MSDHS |
| S33 | 4 | Monthly pension | เบี้ยยังชีพผู้สูงอายุ | Old-Age Allowance | DOP | MSDHS |
| S34 | 4 | Monthly pension | มาตรการมอบเงินช่วยเหลือสำหรับผู้สูงอายุที่ถือบัตรสวัสดิการแห่งรัฐ | Cash assistance for low-income elderly | | MSDHS |
| S35 | 4 | In-kind old-age assistance | กองทุนระบบการดูแลระยะยาวด้านสาธารณสุขสำหรับผู้สูงอายุที่มีภาวะพึ่งพิง | Long-term care | National Health Security Office | MoPH |
| S36 | 4 | In-kind old-age assistance | เงินสงเคราะห์ผู้สูงอายุที่อยู่ในภาวะยากลำบาก | Allowance for abandoned and abused elderly | Department of Older Persons | MSDHS |
| S37 | 4 | In-kind old-age assistance | ศูนย์พัฒนาการจัดสวัสดิการสังคมผู้สูงอายุ | Social Welfare Development Centre for Older Persons | Department of Older Persons | MSDHS |
| S38 | 4 | In-kind old-age assistance | การสนับสนุนค่าจัดการศพผู้สูงอายุตามประเพณี | Funeral allowance for the elderly | Department of Older Persons | MSDHS |
| S39 | 4 | In-kind old-age assistance | โครงการปรับปรุงสภาพแวดล้อมและสิ่งอำนวยความสะดวกของผู้สูงอายุให้เหมาะสมและปลอดภัย | Living environment improvement assistance for elderly | Department of Older Persons | MSDHS |

| ID | SPF pillar | Functional classification | Name of programme in Thai | Name of programme in English | Department | Ministry |
|---|---|---|---|---|---|---|
| S40 | 5 | Disability | เบี้ยยังชีพคนพิการ | Disability Grant | Department of Empowerment of Persons with Disabilities | MSDHS |
| S41 | 5 | Disability | โครงการส่งเสริมและสนับสนุนการปรับสภาพแวดล้อมที่อยู่อาศัยสำหรับคนพิการ | Social assistance for families of PWDs | Department of Empowerment of Persons with Disabilities | MSDHS |
| S42 | 5 | Disability | อุปกรณ์ช่วยเหลือผู้พิการ | MoT disability equipment subsidies | Department of Land and Transport | MoT |
| S43 | 5 | Disability | สนับสนุนกายอุปกรณ์สำหรับช่วยคนพิการ | MSDHS equipment purchase subsidy | Department of Empowerment of Persons with Disabilities | MSDHS |
| S44 | 5 | Disability | ส่งเสริมและสนับสนุนการปรับสภาพแวดล้อมที่อยู่อาศัยสำหรับคนพิการ | Living environment improvement assistance for disabilities | Department of Empowerment of Persons with Disabilities | MSDHS |
| S45 | 5 | Disability | บริการผู้ช่วยคนพิการ | Personal assistance service for disabled persons | Department of Empowerment of Persons with Disabilities | MSDHS |
| S46 | 5 | Disability | บริการล่ามภาษามือ (สำหรับคนพิการทางการได้ยินหรือสื่อความหมาย) | Sign language interpreter service for hearing impaired persons | Department of Empowerment of Persons with Disabilities | MSDHS |
| S47 | 5 | Disability | บริการสุนัขนำทาง (สำหรับคนตาบอด) | Assistance dogs for visually impaired persons | Department of Empowerment of Persons with Disabilities | MSDHS |

| ID | SPF pillar | Functional classification | Name of programme in Thai | Name of programme in English | Department | Ministry |
|---|---|---|---|---|---|---|
| **S48** | 5 | Migrants/Stateless/ Hilltribe | ค่าใช้จ่ายเพื่อ ช่วยเหลือ ชาวเขาด้าน สังคมสงเคราะห์ | Social support grant for hilltribes | Department of Social Development and Welfare | MSDHS |
| **S49** | 5 | Other hardship | โครงการช่วย เหลือผู้ตกทุกข์ได้ ยากในประเทศ กลับภูมิลำเนา เดิม | Domestic travel support to return home for people with hardship | Department of Social Development and Welfare | MSDHS |
| **S50** | 5 | Other hardship | เงินช่วยเหลือผู้ ประสบปัญหา ทางสังคมกรณี ฉุกเฉิน | Social emergency relief | Office of The Permanent Secretary | MSDHS |
| **S51** | 5 | Other hardship | เงินช่วยเหลือผู้ได้ รับความเสียหาย จากการค้ามนุษย์ จากกองทุนเพื่อ การป้องกันและ ปราบปรามการ ค้ามนุษย์ | Support grant for human trafficking victims | Office of The Permanent Secretary | MSDHS |
| **S52** | 5 | Other hardship | กองทุนยุติธรรม ให้คำปรึกษา ด้านกฎหมาย และกระบวนการ ยุติธรรม | Justice fund | Office of The Permanent Secretary | Ministry of Justice |

**Table A2.    Detailed expenditures for civil service benefits**

| Category | Expenditure (THB millions) | | | | |
|---|---|---|---|---|---|
| | **2020** | **2019** | **2018** | **2017** | **2016** |
| **Pension and lump-sum** | 295 652.20 | 279 536.43 | 262 062.70 | 237 650.87 | 217 461.34 |
| Annuity pension | 225 568.72 | 201 925.05 | 184 312.54 | 163 351.21 | 143 559.53 |
| Lump-sum | 18 630.25 | 18 201.60 | 16 937.25 | 16 678.88 | 18 236.42 |
| GPF contribution | 19 364.95 | 18 624.12 | 17 899.87 | 17 273.02 | 16 743.08 |
| Others pension expenditures[1] | 32 088.28 | 40 785.66 | 42 913.04 | 40 347.76 | 38 922.31 |
| **Healthcare** | 76 086.47 | 71 968.37 | 74 280.14 | 73 652.08 | 71 062.43 |
| Healthcare for active civil servants and permanent employees | 42 596.52 | 42 544.55 | 44 134.78 | 44 767.01 | 44 682.38 |
| Healthcare for civil pensioners | 33 489.96 | 29 423.83 | 30 145.36 | 28 885.07 | 26 380.05 |
| **Children & family** | 8 443.83 | 8 821.45 | 8 202.09 | 8 697.10 | 8 425.48 |
| Children benefits for active civil servants and permanent employees | 3 974.26 | 4 537.22 | 4 528.14 | 4 924.50 | 4 652.61 |
| Children benefits for civil pensioners | 522.59 | 637.22 | 633.87 | 617.85 | 543.65 |
| Survival benefits for active civil servants and permanent employees | 443.3 | 445.95 | 410.34 | 413.79 | 432.42 |
| Housing subsidy (for non-local staffs) | 3 503.69 | 3 201.06 | 2 629.74 | 2 740.96 | 2 796.79 |
| **TOTAL** | **380 182.50** | **360 326.25** | **344 544.93** | **320 000.05** | **296 949.25** |

Note: (1) Other pension expenditures include expenditures such as additional assistance money and survival benefits for pensioners. This amount does not include health care and child benefits for pensioners.
Source: CGD (informant interview).

**Table A3.    Numbers of migrant workers from Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam, by type of work permit, December 2019**

| Type of work permit | Myanmar | Cambodia | Laos People's Demo-cratic Republic | Viet Nam | Total |
|---|---|---|---|---|---|
| **Total of all residence permits issued** | **1 825 921** | **693 191** | **281 247** | **96** | **2 800 455** |
| (% of total) | **65.20%** | **24.75%** | **10.04%** | **0.01%** | **100%** |
| **MoUs with CLMV countries** | 518 321 | 303 971 | 183460 | 96 | **1 005 848** |
| (% of total) | 51.53% | 30.22% | 18.23% | 0.02% | **100%** |
| **Completion of NV process\*\*** | **1 281 505** | **349324** | **97 787** | n/a | **1 728 616** |
| | 676 769 | 279 514 | 51 633 | n/a | **1 007 916** |
| | 599 743 | 63 048 | 45 869 | n/a | **708 660** |
| | 4993 | 6762 | 285 | n/a | **12 040** |
| (% of total) | % | % | % | n/a | **100%** |
| **Border pass holders\*\*\*** | 26 095 | 39 896 | n/a | n/a | **65 991** |
| (% of total) | 39.54% | 60.46% | n/a | n/a | **100%** |

Note: Totals are the sum of rows and may differ from the total number of migrant workers.
Source: SSO, December 2019.

The figures in table A3 and not the ones cited in table 9 in the main report were used to calculate coverage rates. The figures in table A3 are from the SSO – the same source as the insurance data.

**Table A4.  Consolidated social protection and health expenditure and financing, 2019**

|  | Subsector | GDP % | Structure % |
|---|---|---|---|
| Expenditure | Health | 1.8 | 33.4 |
|  | Education | 0.2 | 4.4 |
|  | Nutrition | 0.2 | 3.6 |
|  | Death/survivors' benefit | 0.0 | 0.3 |
|  | Old age | 2.4 | 44.8 |
|  | Family | 0.5 | 10.2 |
|  | Employment | 0.1 | 1.1 |
|  | Disability | 0.1 | 2.1 |
|  | Other hardship | 0.0 | 0.0 |
|  | **Total expenditure** | **5.4** | **100.0** |
|  | *Contributory* | *3.1* | *60.8* |
|  | *Non-contributory* | *2.3* | *39.2* |
| Financing | Social Security Contributions from employers and employees | 1.1 | 13.6 |
|  | Social Security Contributions from government | 1.4 | 17.3 |
|  | Financing from general taxation | 4.8 | 59.3 |
|  | Returns from investment | 0.8 | 9.9 |
|  | **Total Financing** | **8.1** | **100.0** |

Source: Authors' calculations.

**Table A5.    Results in 2042 under different economic scenarios**

| Assumptions and results | Indicator | Basic (1) | Pess. (2) | Opt. (3) | Δ (2) - (1) | Δ (3) - (1) |
|---|---|---|---|---|---|---|
| Assumptions | Real GDP growth | 2.0% | 1.5% | 2.5% | -0.5 | 0.5 |
| | Labour productivity growth | 2.7% | 2.1% | 3.9% | -0.6 | 1.2 |
| | Inflation growth rate | 1.4% | 2.0% | 1.4% | 0.6 | 0.0 |
| Results | Social expenditure (GDP %) | 3.6 | 3.9 | 3.2 | 0.3 | -0.3 |
| | Contributory (GDP %) | 1.9 | 2.0 | 1.7 | 0.2 | -0.2 |
| | Pensions (% of GDP) | 1.3 | 1.4 | 1.2 | 0.1 | -0.1 |
| | Non-contributory (GDP %) | 1.7 | 1.8 | 1.5 | 0.1 | -0.2 |
| | Social protection expenditure (CGE %) | 15.6 | 16.7 | 14.3 | 1.1 | -1.3 |
| | Social protection expenditure (CGR %) | 13.9 | 15.1 | 12.6 | 1.2 | -1.3 |
| | Contributory (CGR %) | 7.3 | 8.0 | 6.6 | 0.6 | -0.7 |
| | Non-contributory (CGR %) | 6.6 | 7.1 | 6.0 | 0.6 | -0.6 |
| | Public finance surplus (GDP %) | 2.7 | 2.4 | 3.0 | -0.3 | 0.3 |
| | Average surplus 2019–42 (GDP %) | -0.1 | -0.3 | 0.2 | -0.2 | 0.3 |

Note: CGE=current government expenditure; CGR=current government revenue.
Source: Authors' calculations.

**Table A6.    Expenditures and beneficiaries of the Child Support Grant reform options**

| Beneficiaries | 2023 | 2024 | 2025 | 2026-2030 | 2031-2035 | 2036-2040 | 2042 |
|---|---|---|---|---|---|---|---|
| Option 1 | 2.5 | 2.8 | 3.0 | 4.0 | 4.3 | 4.1 | 3.9 |
| Option 2 | 2.5 | 2.8 | 3.0 | 4.0 | 4.3 | 4.1 | 3.9 |
| No SSO | 1.3 | 1.6 | 1.8 | 2.8 | 3.1 | 3.0 | 2.9 |
| SSO | 1.3 | 1.3 | 1.2 | 1.2 | 1.1 | 1.1 | 1.0 |
| Option 3 | 2.5 | 2.8 | 3.0 | 4.0 | 4.3 | 4.1 | 3.9 |
| No SSO | 1.3 | 1.6 | 1.8 | 2.8 | 3.1 | 3.0 | 2.9 |
| SSO | 1.0 | 1.0 | 1.0 | 1.0 | 0.9 | 0.9 | 0.8 |
| SSO Low Income | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 |
| **Expenditures (Million)** | | | | | | | |
| Option 1 | 25 626 | 28 863 | 31 769 | 44 664 | 51 795 | 54 324 | 56 658 |
| Option 2 | 22 402 | 25 631 | 28 528 | 41 386 | 48 402 | 50 765 | 52 947 |
| No SSO | 12 731 | 15 936 | 18 805 | 31 551 | 38 223 | 40 090 | 41 812 |
| SSO | 9 671 | 9 695 | 9 723 | 9 835 | 10 179 | 10 676 | 11 134 |
| Option 3 | 18 469 | 21 689 | 24 574 | 37 386 | 44 263 | 46 424 | 48 419 |
| No SSO | 12 731 | 15 936 | 18 805 | 31 551 | 38 223 | 40 090 | 41 812 |
| SSO | 3 933 | 3 943 | 3 954 | 3 999 | 4 139 | 4 341 | 4 528 |
| SSO Low Income | 1 806 | 1 810 | 1 815 | 1 836 | 1 901 | 1 993 | 2 079 |
| **Expenditures (% of GDP, Intermediate-low scenario)** | | | | | | | |
| Option 1 | 0.15% | 0.18% | 0.20% | 0.25% | 0.28% | 0.28% | 0.27% |
| Option 2 | 0.13% | 0.16% | 0.18% | 0.23% | 0.26% | 0.26% | 0.25% |
| Option 3 | 0.11% | 0.14% | 0.15% | 0.21% | 0.24% | 0.24% | 0.23% |

Note: The table includes expenditures and beneficiaries for each of the Child Support Grant reform options. Columns with the grouped years (2026–30) showcase the period averages.
Source: Authors' calculations.

Table A7 includes all the data on beneficiaries and expenditures for the different scenarios for the Old-Age Allowance benefit reform.

**Table A7.    Old-Age Allowance expenditures and beneficiaries under an "immediate" expansion scenario in 2023**

| Beneficiaries | 2023 | 2024 | 2025 | 2026-2030 | 2031-2035 | 2036-2040 | 2042 |
|---|---|---|---|---|---|---|---|
| Option 1 | 10.7 | 11.1 | 11.5 | 12.7 | 14.5 | 15.8 | 16.4 |
| Option 1.1 | 15.1 | 15.6 | 16.2 | 17.9 | 20.4 | 22.3 | 23.2 |
| Option 2 | 2.5 | 2.8 | 3.0 | 4.0 | 4.3 | 4.1 | 3.9 |
| Option 2.1 | 2.5 | 2.8 | 3.0 | 4.4 | 7.5 | 9.1 | 8.7 |
| **Expenditures (Million)** | | | | | | | |
| Option 1 | 163 970 | 173 465 | 183 399 | 215 286 | 271 697 | 329 078 | 372 518 |
| Option 1.1 | 161 697 | 169 695 | 177 700 | 203 276 | 245 796 | 282 529 | 304 027 |
| Option 2 | 239 953 | 253 808 | 268 298 | 314 575 | 396 096 | 478 238 | 539 759 |
| Option 2.1 | 237 949 | 250 609 | 263 465 | 304 144 | 371 935 | 431 280 | 466 740 |
| **Expenditures (% of GDP, Intermediate-low scenario)** | | | | | | | |
| Option 1 | 1.0% | 1.1% | 1.1% | 0.9% | 0.8% | 0.8% | 0.7% |
| Option 1.1 | 1.0% | 1.1% | 1.1% | 0.8% | 0.8% | 0.7% | 0.6% |
| Option 2 | 1.4% | 1.6% | 1.7% | 1.3% | 1.2% | 1.1% | 1.0% |
| Option 2.1 | 1.4% | 1.6% | 1.6% | 1.2% | 1.2% | 1.0% | 0.9% |

Note: The table includes expenditures and beneficiaries for each of the Old-Age Allowance reform options. Columns with the grouped years (2026–30) showcase the period averages.

**Table A8. Details for S24–S27**

| No. | Name in Thai | Name in English | Number of beneficiaries | Total expenditure (THB) | Benefits | Conditions |
|---|---|---|---|---|---|---|
| S24 | การอุปเด็กในสถานรับเลี้ยง | Juvenile Care in Orphanages | 5,790 | | 1) Factor 4 (accommodation, food (57 baht per person per day), clothing and medical service)<br><br>2) Education and skill development according to the age range | Is a child aged 0-18 who is abandoned or the family cannot foster care |
| S25 | โครงการสงเคราะห์เด็กในครอบครัวยากจน | Child Subsidy to Poor Households | 164,954 (2021) | 174,270,000 (2021) | The program aims to help children whose families experience hardship, and therefore cannot take care of their child. These hardships include, illness, imprisonment and disability among others. MSDHS will determine how much monetary assistance each household will get based on the condition of their hardship.<br><br>The program offers assistance to children in poor or struggling households by:<br><br>1) granting a sum of B1000 or other items per occasion for households with one child. For households with more than one child, the monetary assistance cannot exceed B3,000.<br><br>2) B2,000 worth of cash and other items per occasion for households with one child, or B3000 per occasion for households with more than one child | Children in poor families, from infancy to 18-years (if currently pursuing an education, he/she must not be older than 20 years of age) experiencing hardship<br><br>1) Children whose parent, both parents, or guardian cannot work due to, for instance, illness, disability, imprisonment, etc.<br><br>2) Orphans or abandoned children with a guardian<br><br>3) Children in households with critical poverty who cannot take care of them. |
| S26 | โครงการเงินอุดหนุนช่วยเหลือค่าเลี้ยงดูในครอบครัวอุปถัมภ์ | Foster Parents' Assistance | 5,297 | 127,460,499 | Cash transfer to poor foster parents (up to B2,000 /month per child – to a max of B4,000 /month/total in the case of more than one child. | 1) Being a foster family orphan, a neglected child who lacks foster care due to low incomes and poverty.<br><br>2) The sponsor must be 25 years old and older and older than 15 years but not over 60 years old unless the Director-General considers it appropriate.<br><br>3) Be a Thai national And have a residence in the Kingdom of Thailand |

| No. | Name in Thai | Name in English | Number of beneficiaries | Total expenditure (THB) | Benefits | Conditions |
|---|---|---|---|---|---|---|
| S27 | เงินสงเคราะห์เด็กใน ครอบครัว ช่วยเหลือ เด็กๆยากคนและเด็ก ผ้าเลี้ยงตามบ้าน | Children's Homecare Support Grant for Guardians with Difficult Conditions | 22,800 (2015) | 23,000,000 (2015) | 1) Assistance for child support or expenses is a limit of 1,000 baht per child in the family and not more than 3,000 baht per time for families with more than 1 child.<br><br>2) Money and things at the same time limit not more than 2,000 baht per child in the family and not more than 3,000 baht for families with more than 1 child.<br><br>3) Consumables limit is not more than 1,000 baht per child in the family and not more than 3,000 baht for families with more than one child. (Procurement of consumer goods shall be carried out in accordance with the regulations of the Prime Minister's Office on Supplies B.E. 2534 and as amended)<br><br>4) Provide advice, consultation, and any other service. | Is a family in which a father, mother, or only a parent or guardian with a child under 18 years of age or who is in the course of education, not over 20 years of age, is domiciled in Thailand and is in a poor family, shortage or experiences problems which is related to the child and affects the welfare of the child by one of the criteria: orphaned, miserable, with a parent with physical, brain, and intellectual or mental disabilities. Parents, mothers, or other parents, or a parent experiencing a condition such as an imprisonment, incarceration, disability and disability, physical or mental illness, inability to provide a family career, and the child is born out of wedlock. |

Source: DCY 2019; NESDC 2022; DCY 2018; MSDHS n.d.; FPO 2017d; DCY 2015.

**Table A9.    Reforms package costing sensitivity to different economic and revenues scenarios**

| Programme | Scenario | Variable | 2023 | 2028 | 2033 | 2038 | 2042 |
|---|---|---|---|---|---|---|---|
| Child Support Grant | Intermediary high | % Current GDP (option 1) | 0.14 | 0.20 | 0.16 | 0.13 | 0.12 |
| Child Support Grant | Intermediary high | % Current GDP (option 2) | 0.12 | 0.19 | 0.15 | 0.12 | 0.11 |
| Child Support Grant | Intermediary high | % Current GDP (option 3) | 0.10 | 0.17 | 0.14 | 0.11 | 0.10 |
| Child Support Grant | Intermediary high | % Current GR (option 1) | 0.63 | 0.88 | 0.68 | 0.54 | 0.46 |
| Child Support Grant | Intermediary high | % Current GR (option 2) | 0.55 | 0.83 | 0.63 | 0.50 | 0.43 |
| Child Support Grant | Intermediary high | % Current GR (option 3) | 0.45 | 0.76 | 0.58 | 0.46 | 0.39 |
| Child Support Grant | Intermediary high | Total expenditure (option 1) | 25.63 | 50.02 | 51.15 | 52.56 | 53.70 |
| Child Support Grant | Intermediary high | Total expenditure (option 2) | 22.40 | 46.75 | 47.80 | 49.12 | 50.19 |
| Child Support Grant | Intermediary high | Total expenditure (option 3) | 18.47 | 42.75 | 43.72 | 44.92 | 45.89 |
| Disability Grant | Intermediary high | % Current GDP (option 1) | | 0.30 | 0.25 | 0.22 | 0.19 |
| Disability Grant | Intermediary high | % Current GR (option 1) | | 1.09 | 0.81 | 0.62 | 0.51 |
| Disability Grant | Intermediary high | Total expenditure (option 1) | | 74.00 | 80.16 | 85.48 | 89.21 |
| Old-Age Allowance | Intermediary high | % Current GDP (option 1) | 0.88 | 0.86 | 0.84 | 0.81 | 0.76 |
| Old-Age Allowance | Intermediary high | % Current GDP (option 1.1) | 0.86 | 0.82 | 0.76 | 0.69 | 0.63 |
| Old-Age Allowance | Intermediary high | % Current GDP (option 2) | 1.28 | 1.26 | 1.23 | 1.17 | 1.11 |
| Old-Age Allowance | Intermediary high | % Current GDP (option 2.1) | 1.27 | 1.22 | 1.15 | 1.06 | 0.96 |
| Old-Age Allowance | Intermediary high | % Current GR (option 1) | 3.70 | 3.17 | 2.72 | 2.33 | 2.02 |
| Old-Age Allowance | Intermediary high | % Current GR (option 1.1) | 3.64 | 2.99 | 2.46 | 2.00 | 1.65 |
| Old-Age Allowance | Intermediary high | % Current GR (option 2) | 5.41 | 4.63 | 3.97 | 3.38 | 2.93 |
| Old-Age Allowance | Intermediary high | % Current GR (option 2.1) | 5.36 | 4.48 | 3.73 | 3.06 | 2.55 |
| Old-Age Allowance | Intermediary high | Total expenditure (option 1) | 163.97 | 215.08 | 268.30 | 318.46 | 353.09 |
| Old-Age Allowance | Intermediary high | Total expenditure (option 1.1) | 161.70 | 203.16 | 242.83 | 273.81 | 288.66 |

| Programme | Scenario | Variable | 2023 | 2028 | 2033 | 2038 | 2042 |
|---|---|---|---|---|---|---|---|
| Old-Age Allowance | Intermediary high | Total expenditure (option 2) | 239.95 | 314.28 | 391.16 | 462.82 | 511.61 |
| Old-Age Allowance | Intermediary high | Total expenditure (option 2.1) | 237.95 | 303.94 | 367.68 | 418.73 | 444.58 |
| State Welfare Card | Intermediary high | % Current GDP (option 1) | | 0.34 | 0.29 | 0.25 | 0.22 |
| State Welfare Card | Intermediary high | % Current GDP (option 2) | | 0.69 | 0.58 | 0.50 | 0.44 |
| State Welfare Card | Intermediary high | % Current GR (option 1) | | 1.26 | 0.94 | 0.72 | 0.59 |
| State Welfare Card | Intermediary high | % Current GR (option 2) | | 2.52 | 1.87 | 1.44 | 1.18 |
| State Welfare Card | Intermediary high | Total expenditure (option 1) | | 85.41 | 92.33 | 98.33 | 102.53 |
| State Welfare Card | Intermediary high | Total expenditure (option 2) | | 170.82 | 184.66 | 196.66 | 205.07 |
| Child Support Grant | Intermediary low | % Current GDP (option 1) | 0.14 | 0.21 | 0.17 | 0.14 | 0.13 |
| Child Support Grant | Intermediary low | % Current GDP (option 2) | 0.12 | 0.19 | 0.16 | 0.13 | 0.12 |
| Child Support Grant | Intermediary low | % Current GDP (option 3) | 0.10 | 0.18 | 0.15 | 0.12 | 0.11 |
| Child Support Grant | Intermediary low | % Current GR (option 1) | 0.63 | 0.91 | 0.71 | 0.58 | 0.50 |
| Child Support Grant | Intermediary low | % Current GR (option 2) | 0.55 | 0.85 | 0.67 | 0.54 | 0.47 |
| Child Support Grant | Intermediary low | % Current GR (option 3) | 0.46 | 0.78 | 0.61 | 0.50 | 0.43 |
| Child Support Grant | Intermediary low | Total expenditure (option 1) | 25.63 | 50.02 | 51.15 | 52.56 | 53.70 |
| Child Support Grant | Intermediary low | Total expenditure (option 2) | 22.40 | 46.75 | 47.80 | 49.12 | 50.19 |
| Child Support Grant | Intermediary low | Total expenditure (option 3) | 18.47 | 42.75 | 43.72 | 44.92 | 45.89 |
| Disability Grant | Intermediary low | % Current GDP (option 1) | | 0.31 | 0.27 | 0.23 | 0.21 |
| Disability Grant | Intermediary low | % Current GR (option 1) | | 1.13 | 0.86 | 0.68 | 0.57 |
| Disability Grant | Intermediary low | Total expenditure (option 1) | | 74.00 | 80.16 | 85.48 | 89.21 |
| Old-Age Allowance | Intermediary low | % Current GDP (option 1) | 0.88 | 0.89 | 0.89 | 0.87 | 0.85 |
| Old-Age Allowance | Intermediary low | % Current GDP (option 1.1) | 0.87 | 0.84 | 0.81 | 0.75 | 0.69 |
| Old-Age Allowance | Intermediary low | % Current GDP (option 2) | 1.29 | 1.30 | 1.30 | 1.27 | 1.22 |

| Programme | Scenario | Variable | 2023 | 2028 | 2033 | 2038 | 2042 |
|---|---|---|---|---|---|---|---|
| Old-Age Allowance | Intermediary low | % Current GDP (option 2.1) | 1.28 | 1.26 | 1.22 | 1.15 | 1.06 |
| Old-Age Allowance | Intermediary low | % Current GR (option 1) | 3.72 | 3.27 | 2.88 | 2.52 | 2.24 |
| Old-Age Allowance | Intermediary low | % Current GR (option 1.1) | 3.67 | 3.09 | 2.61 | 2.17 | 1.83 |
| Old-Age Allowance | Intermediary low | % Current GR (option 2) | 5.45 | 4.78 | 4.20 | 3.67 | 3.24 |
| Old-Age Allowance | Intermediary low | % Current GR (option 2.1) | 5.40 | 4.62 | 3.95 | 3.32 | 2.82 |
| Old-Age Allowance | Intermediary low | Total expenditure (option 1) | 163.97 | 215.08 | 268.30 | 318.46 | 353.09 |
| Old-Age Allowance | Intermediary low | Total expenditure (option 1.1) | 161.70 | 203.16 | 242.83 | 273.81 | 288.66 |
| Old-Age Allowance | Intermediary low | Total expenditure (option 2) | 239.95 | 314.28 | 391.16 | 462.82 | 511.61 |
| Old-Age Allowance | Intermediary low | Total expenditure (option 2.1) | 237.95 | 303.94 | 367.68 | 418.73 | 444.58 |
| State Welfare Card | Intermediary low | % Current GDP (option 1) | | 0.35 | 0.31 | 0.27 | 0.25 |
| State Welfare Card | Intermediary low | % Current GDP (option 2) | | 0.71 | 0.61 | 0.54 | 0.49 |
| State Welfare Card | Intermediary low | % Current GR (option 1) | | 1.30 | 0.99 | 0.78 | 0.65 |
| State Welfare Card | Intermediary low | % Current GR (option 2) | | 2.60 | 1.98 | 1.56 | 1.30 |
| State Welfare Card | Intermediary low | Total expenditure (option 1) | | 85.41 | 92.33 | 98.33 | 102.53 |
| State Welfare Card | Intermediary low | Total expenditure (option 2) | | 170.82 | 184.66 | 196.66 | 205.07 |
| Child Support Grant | Optimistic | % Current GDP (option 1) | 0.14 | 0.20 | 0.16 | 0.13 | 0.12 |
| Child Support Grant | Optimistic | % Current GDP (option 2) | 0.12 | 0.19 | 0.15 | 0.12 | 0.11 |
| Child Support Grant | Optimistic | % Current GDP (option 3) | 0.10 | 0.17 | 0.14 | 0.11 | 0.10 |
| Child Support Grant | Optimistic | % Current GR (option 1) | 0.62 | 0.82 | 0.61 | 0.49 | 0.42 |
| Child Support Grant | Optimistic | % Current GR (option 2) | 0.54 | 0.77 | 0.57 | 0.46 | 0.39 |
| Child Support Grant | Optimistic | % Current GR (option 3) | 0.45 | 0.70 | 0.52 | 0.42 | 0.36 |
| Child Support Grant | Optimistic | Total expenditure (option 1) | 25.63 | 50.02 | 51.15 | 52.56 | 53.70 |
| Child Support Grant | Optimistic | Total expenditure (option 2) | 22.40 | 46.75 | 47.80 | 49.12 | 50.19 |

| Programme | Scenario | Variable | 2023 | 2028 | 2033 | 2038 | 2042 |
|---|---|---|---|---|---|---|---|
| Child Support Grant | Optimistic | Total expenditure (option 3) | 18.47 | 42.75 | 43.72 | 44.92 | 45.89 |
| Disability Grant | Optimistic | % Current GDP (option 1) | | 0.30 | 0.25 | 0.22 | 0.19 |
| Disability Grant | Optimistic | % Current GR (option 1) | | 1.01 | 0.74 | 0.57 | 0.47 |
| Disability Grant | Optimistic | Total expenditure (option 1) | | 74.00 | 80.16 | 85.48 | 89.21 |
| Old-Age Allowance | Optimistic | % Current GDP (option 1) | 0.88 | 0.86 | 0.84 | 0.81 | 0.76 |
| Old-Age Allowance | Optimistic | % Current GDP (option 1.1) | 0.86 | 0.82 | 0.76 | 0.69 | 0.63 |
| Old-Age Allowance | Optimistic | % Current GDP (option 2) | 1.28 | 1.26 | 1.23 | 1.17 | 1.11 |
| Old-Age Allowance | Optimistic | % Current GDP (option 2.1) | 1.27 | 1.22 | 1.15 | 1.06 | 0.96 |
| Old-Age Allowance | Optimistic | % Current GR (option 1) | 3.65 | 2.94 | 2.47 | 2.12 | 1.85 |
| Old-Age Allowance | Optimistic | % Current GR (option 1.1) | 3.60 | 2.78 | 2.24 | 1.82 | 1.51 |
| Old-Age Allowance | Optimistic | % Current GR (option 2) | 5.34 | 4.29 | 3.61 | 3.08 | 2.68 |
| Old-Age Allowance | Optimistic | % Current GR (option 2.1) | 5.29 | 4.15 | 3.39 | 2.79 | 2.33 |
| Old-Age Allowance | Optimistic | Total expenditure (option 1) | 163.97 | 215.08 | 268.30 | 318.46 | 353.09 |
| Old-Age Allowance | Optimistic | Total expenditure (option 1.1) | 161.70 | 203.16 | 242.83 | 273.81 | 288.66 |
| Old-Age Allowance | Optimistic | Total expenditure (option 2) | 239.95 | 314.28 | 391.16 | 462.82 | 511.61 |
| Old-Age Allowance | Optimistic | Total expenditure (option 2.1) | 237.95 | 303.94 | 367.68 | 418.73 | 444.58 |
| State Welfare Card | Optimistic | % Current GDP (option 1) | | 0.34 | 0.29 | 0.25 | 0.22 |
| State Welfare Card | Optimistic | % Current GDP (option 2) | | 0.69 | 0.58 | 0.50 | 0.44 |
| State Welfare Card | Optimistic | % Current GR (option 1) | | 1.17 | 0.85 | 0.66 | 0.54 |
| State Welfare Card | Optimistic | % Current GR (option 2) | | 2.33 | 1.70 | 1.31 | 1.07 |
| State Welfare Card | Optimistic | Total expenditure (option 1) | | 85.41 | 92.33 | 98.33 | 102.53 |
| State Welfare Card | Optimistic | Total expenditure (option 2) | | 170.82 | 184.66 | 196.66 | 205.07 |
| Child Support Grant | Pessimistic | % Current GDP (option 1) | 0.14 | 0.21 | 0.18 | 0.15 | 0.14 |
| Child Support Grant | Pessimistic | % Current GDP (option 2) | 0.12 | 0.20 | 0.16 | 0.14 | 0.13 |

| Programme | Scenario | Variable | 2023 | 2028 | 2033 | 2038 | 2042 |
|---|---|---|---|---|---|---|---|
| Child Support Grant | Pessimistic | % Current GDP (option 3) | 0.10 | 0.18 | 0.15 | 0.13 | 0.12 |
| Child Support Grant | Pessimistic | % Current GR (option 1) | 0.64 | 0.97 | 0.82 | 0.71 | 0.65 |
| Child Support Grant | Pessimistic | % Current GR (option 2) | 0.56 | 0.91 | 0.76 | 0.66 | 0.60 |
| Child Support Grant | Pessimistic | % Current GR (option 3) | 0.46 | 0.83 | 0.70 | 0.61 | 0.55 |
| Child Support Grant | Pessimistic | Total expenditure (option 1) | 25.63 | 50.84 | 53.10 | 56.00 | 58.63 |
| Child Support Grant | Pessimistic | Total expenditure (option 2) | 22.40 | 47.51 | 49.62 | 52.33 | 54.79 |
| Child Support Grant | Pessimistic | Total expenditure (option 3) | 18.47 | 43.45 | 45.38 | 47.85 | 50.10 |
| Disability Grant | Pessimistic | % Current GDP (option 1) | | 0.31 | 0.28 | 0.25 | 0.23 |
| Disability Grant | Pessimistic | % Current GR (option 1) | | 1.18 | 0.94 | 0.77 | 0.66 |
| Disability Grant | Pessimistic | Total expenditure (option 1) | | 75.13 | 83.04 | 90.80 | 97.02 |
| Old-Age Allowance | Pessimistic | % Current GDP (option 1) | 0.88 | 0.90 | 0.92 | 0.93 | 0.92 |
| Old-Age Allowance | Pessimistic | % Current GDP (option 1.1) | 0.87 | 0.85 | 0.84 | 0.80 | 0.75 |
| Old-Age Allowance | Pessimistic | % Current GDP (option 2) | 1.28 | 1.32 | 1.35 | 1.35 | 1.33 |
| Old-Age Allowance | Pessimistic | % Current GDP (option 2.1) | 1.27 | 1.27 | 1.26 | 1.22 | 1.14 |
| Old-Age Allowance | Pessimistic | % Current GR (option 1) | 3.73 | 3.43 | 3.17 | 2.89 | 2.63 |
| Old-Age Allowance | Pessimistic | % Current GR (option 1.1) | 3.67 | 3.24 | 2.86 | 2.48 | 2.14 |
| Old-Age Allowance | Pessimistic | % Current GR (option 2) | 5.45 | 5.01 | 4.62 | 4.20 | 3.81 |
| Old-Age Allowance | Pessimistic | % Current GR (option 2.1) | 5.41 | 4.84 | 4.33 | 3.78 | 3.28 |
| Old-Age Allowance | Pessimistic | Total expenditure (option 1) | 163.97 | 218.58 | 278.49 | 339.27 | 385.46 |
| Old-Age Allowance | Pessimistic | Total expenditure (option 1.1) | 161.70 | 206.44 | 251.91 | 291.24 | 314.26 |
| Old-Age Allowance | Pessimistic | Total expenditure (option 2) | 239.95 | 319.40 | 406.02 | 493.07 | 558.51 |
| Old-Age Allowance | Pessimistic | Total expenditure (option 2.1) | 237.95 | 308.72 | 380.86 | 443.96 | 481.50 |
| State Welfare Card | Pessimistic | % Current GDP (option 1) | | 0.36 | 0.32 | 0.29 | 0.27 |
| State Welfare Card | Pessimistic | % Current GDP (option 2) | | 0.72 | 0.64 | 0.57 | 0.53 |

| Programme | Scenario | Variable | 2023 | 2028 | 2033 | 2038 | 2042 |
|---|---|---|---|---|---|---|---|
| State Welfare Card | Pessimistic | % Current GR (option 1) | | 1.36 | 1.09 | 0.89 | 0.76 |
| State Welfare Card | Pessimistic | % Current GR (option 2) | | 2.72 | 2.18 | 1.78 | 1.53 |
| State Welfare Card | Pessimistic | Total expenditure (option 1) | | 86.80 | 95.84 | 104.76 | 111.93 |
| State Welfare Card | Pessimistic | Total expenditure (option 2) | | 173.60 | 191.68 | 209.51 | 223.87 |
| SWC | Intermediary high | Total expenditure (Opt.2) | 154.96 | 173.30 | 193.44 | 214.53 | 231.93 |
| SWC | Intermediary high | % Current GDP (Opt.2) | 0.82% | 0.66% | 0.53% | 0.43% | 0.36% |
| SWC | Intermediary high | % Current GR (Opt.2) | 3.47% | 2.41% | 1.66% | 1.14% | 0.84% |
| SWC | Optimistic | Current Expenditure (baseline scenario) | 49.83 | 55.73 | 62.20 | 68.98 | 74.58 |
| SWC | Optimistic | Total expenditure GDP % (baseline scenario) | 0.26% | 0.21% | 0.17% | 0.14% | 0.11% |
| SWC | Optimistic | Total expenditure CGR % (baseline scenario) | 1.19% | 0.86% | 0.65% | 0.51% | 0.41% |
| SWC | Optimistic | Total expenditure (Opt.1) | 77.48 | 86.65 | 96.72 | 107.26 | 115.97 |
| SWC | Optimistic | % Current GDP (Opt.1) | 0.41% | 0.33% | 0.27% | 0.21% | 0.18% |
| SWC | Optimistic | % Current GR (Opt.1) | 1.71% | 1.12% | 0.75% | 0.52% | 0.38% |
| SWC | Optimistic | Total expenditure (Opt.2) | 154.96 | 173.30 | 193.44 | 214.53 | 231.93 |
| SWC | Optimistic | % Current GDP (Opt.2) | 0.82% | 0.66% | 0.53% | 0.43% | 0.36% |
| SWC | Optimistic | % Current GR (Opt.2) | 3.42% | 2.23% | 1.51% | 1.04% | 0.77% |

# Annex B Update to the SPDR social protection mapping coverage and expenditure data

Data collection for the Thailand Social Protection Diagnostic Review: Social Protection Mapping and Vulnerability Analysis report (ILO et al. 2022) took place from November 2019 to March 2020. Throughout 2020 and 2021, there have been some extraordinary expenditures and changes to the level of coverage by programmes within the country's social protection sector. Some of these changes are a result of temporary social protection measures introduced to mitigate the impacts of the COVID-19 pandemic, while others are of a more permanent nature, perhaps partially relating to the COVID-19 pandemic in the timing of their implementation but also with their own specific reasons.

The purpose of this supplement to the SPDR social protection mapping report is thus to update the data for coverage and expenditure up to the end of 2020, capture any changes to those data in that time frame and to attempt to differentiate the reasons for those changes. This will help enable the establishment of a reasonable baseline scenario for the social budgeting model being developed under the SPDR as well as the projection of trends within that model to help inform understanding of the impacts in terms of costs for different policy reform proposals stemming from the SPDR.

In what follows, updated coverage data are presented by social protection pillar, following the ILO's Social Protection Floors Recommendation No. 202 (section B1), while expenditure data are presented for the sector as a whole (section B2).

To update coverage estimates, we have revised the population estimates from those presented in the SPDR social protection mapping report. The national population estimates for 2020 have been taken from the National Statistical Office.[107]

For ease of reference, the following guide maps the tables presented here to the equivalent tables in the SPDR social protection mapping report:

| Table in this report | Equivalent table or figure in SPDR Social Protection Mapping report |
| --- | --- |
| Table A10 | Table 4 |
| Table A11 | Table 5 |
| Table A12 | Table 6 |
| Table A13 | Table 14 |
| Figure A1 | Figure 44 |
| Figure A2 | Figure 45 |
| Figure A3 | Figure 46 |
| Figure A4 | Figure 47 |
| Figure A5 | Table 20 (source) |

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107 See http://statbbi.nso.go.th/staticreport/page/sector/en/01.aspx (accessed 2 December 2021).

# B1. Social protection coverage

## B.1.1 Pillar 1: Health

Thailand's health care system has high coverage. In 2020, the coverage of all health care benefits remained the same as in 2019, at 99.9 per cent. The number of people covered under each scheme changed only slightly from 2019. In 2020, of a total population of 66.2 million[108] people, 12.6 million were covered for health care under the Social Security Fund, 5.2 million were covered under the civil service and state enterprise benefits, 0.6 million were covered under local administrative officer benefits and just under 0.1 million were covered under private teachers' benefits. In addition to the health care coverage under employment or contributory social protection schemes, 47.6 million people were registered with the non-contributory Universal Health-care Coverage Scheme. In addition, in 2020 Thailand's health care system also covered around 0.5 million stateless people and some 0.02 million people with a disability under the Social Security Fund. There were also 0.09 million people who qualified for, but had not yet registered with, the Universal Health-care Coverage Scheme (NHSO 2020).

## B1.2 Pillar 2: Basic income security for children

For the social protection programmes for children in 2020, the coverage of the majority of the programmes changed only slightly from 2019, with the exception of the Child Support Grant, where the number of beneficiaries increased from 513,702 people to 1,758,633 people. The growth of the Child Support Grant was due to an already planned budget increase, alongside a coordinated effort to increase enrolment by raising knowledge and awareness about the programme. This communication was achieved via both traditional media (TV, radio and newspapers) and social media, together with the active recruitment effort of the 7,825 local government agencies around the country. The Child Support Grant programme was also used as a channel to distribute COVID-19 relief measures. Specifically, in 2020, the Child Support Grant provided an additional 3,000 baht to 1,394,756 Child Support Grant members. This is likely to have also increased knowledge and awareness about the programme and thereby the incentive to register (DCY 2020). Finally, the COVID-19 pandemic may have also influenced the degree of the Child Support Grant scale-up, insofar as the Child Support Grant is a poverty-targeted programme and COVID-19 may have pushed more households into or near to poverty – and therefore in need of and eligible for support from the Child Support Grant.

**Table A10.   Coverage of social protection programmes for children, 2020**

| Pillar 2: Children | ID | Programme | Age | Eligible population | Number of beneficiaries | Coverage rate |
|---|---|---|---|---|---|---|
| Child allowance[5] | S5 | Social Security Fund section33 | 0–6 | 4 490 078 | 1 040 892 | 23.2% |
| | S6 | Social Security Fund section 39 | 0–6 | 4 490 078 | 295 952 | 6.6% |
| | S22 | CSG | 0–6 | 4 490 078 | 1 758 633 | 39.2% |
| | Total | S5 + S6 + S22 | 0–14 | 10 721 801 | 3 095 477 | 28.9% |
| Education subsidies[5] | S16 | 15-year Free Education Policy | 3–14 | 8 970 239 | 6 668 322 | 74.3% |
| | S17 | Local education empowerment grant | 6–14 | 6 961 109 | 66 8834 | 1.0% |
| | S18 | EEF Conditional Cash Transfer Programme | 6–14 | 6 961 109 | 994 428 | 14.3% |
| | Total | S16 + S17 + S18 | 3–14 | 8 970 239 | 6 668 322 | 74.3% |

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108 According to the National Statistical Office, the national population declined by 372,208 people between 2019 and 2020.

| Nutrition subsidies | S21 | Fund for Primary School Lunches Programme | 3–11 | 6 596 239 | 5 177 412 | 78.5% |
|---|---|---|---|---|---|---|
| | S20 | School Milk Nutrition Grant | 3–11 | 6 596 239 | 5 169 405[4] | 78.4% |
| | Total | S20 + S21 | 0–14 | 10 721 801 | 5 177 412[4] | 48.3% |

Note: (1) Eligible population for each programme is by age range only and does not account for other conditions, such as income level. (2) Beneficiaries of education and nutrition subsidies may benefit from one or more benefits. (3) The number of beneficiaries of free education excludes students in high school or higher. (4) Refers to intended size of target population; unable to obtain data on actual number of beneficiaries. (5) Other employment-related schemes, including the Civil Service Benefits, State Enterprise Employee Benefits and Private Teachers' Aid Benefits, also include education subsidy and child allowance. However, we could not obtain data on numbers of beneficiaries.
Source: SSO 2020a; MOE 2020; EEF 2020b; MSDHS (informant interview); and DLA (informant interview).

## B.1.3 Pillar 3: Income security for active-aged persons

In 2020, the number of registrations or members of each of the main social protection programmes for the active-age population did not change significantly from 2019 – a brief discussion of the special COVID-19 relief measures enacted by the Government is presented at the end of section B.2. However, the number of active members of the Social Security Fund (section 40) was projected to increase significantly in 2021. In particular, although the number of active members of Social Security Fund (S40) increased from 1,071,996 persons (3,242,579 persons including inactive contributors) to 1,100,351 persons (3,508,970 persons including inactive contributors) in 2020, the number of active members was expected to increase to 3,331,625 persons (10,602,831 persons including inactive contributors) in 2021. This is due to the 5,000-baht COVID-19 relief given to all Social Security Fund (section 40) members in 29 provinces affected by the COVID-19 crisis,[109] together with the 60 per cent reduction in the monthly contribution (SSO informant interview).

Under the Social Security Fund, the number of beneficiaries increased significantly for both unemployment and sickness income compensation benefits. In Thailand, unemployment insurance is only available under the Social Security Fund (S33). In 2020, the number of beneficiaries rose by 132 per cent, from 170,455 to 395,013 persons. This rise was largely due to the COVID-19 situation. For workers with no unemployment insurance, the Government provided several COVID-19-related relief packages (see OPM 2020b). For sickness income compensation benefit, the number of beneficiaries increased significantly for the Social Security Fund (S39), from 330,468 to 416,637 cases. However, the cases did not rise significantly for S33 or S40.

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109 The Social Security Fund's 2021 COVID-19 relief offered 2,500 baht for S33 and 5,000 baht for S39 and S40. However, there was an employment condition to apply for S33 and S39 can only be applied for by people who were previously in S33. Therefore, the numbers of registered members for S33 and S39 only increased slightly.

**Table A11: Coverage of key social protection programmes for the active-age population in 2020**

| Pillar 3: Working age | ID | Programme | Age | Eligible population | Number of registrations/ members | Programme coverage | Number of beneficiaries | Units | Coverage rate |
|---|---|---|---|---|---|---|---|---|---|
| | S1, S2 | Civil Service Benefits Scheme and local administrative officer benefits | 15–59 | 42 652 475 | 1 877 360 (2018) | 4.40% | | | |
| Sickness income compensation | S5 | Social Security Fund (S33) | 15–55 | 39 019 618 | 11 124 209 | 28.51% | 84 030 | Cases | 0.22% |
| | S6 | Social Security Fund (S39) | 15–55 | 39 019 618 | 1 799 786 | 4.61% | 416 637 | Cases | 1.07% |
| | S7 | Social Security Fund (S40) | 15–55 | 39 019 618 | 1 100 351 | 2.82% | 92 835 | Cases | 0.24% |
| | S8 | Workmen's Compensation Fund | 15–55 | 39 019 618 | 11 153 697 | 28.58% | 83 926 | Persons | 0.22% |
| | Total | S1+S2+S5+S6+S7 | 15–59 | 42 845 915 | 15 901 706 | 37.11% | | | |
| Unemploy- ment | S5 | Social Security Fund (S33) | 15–55 | 39 019 618 | 11 124 209 | 28.51% | 395 013 | Persons | 1.01% |
| | Total | S5 | 15–59 | 42 845 915 | 11 124 209 | 25.96% | 395 013 | | 0.92% |
| | S1, S2 | Civil Service Benefits Scheme and local administrative officer benefits | 15–59 | 42 652 475 | 1 877 360 (2018) | 4.40% | | | |
| | S3 | State Enterprise Benefits | 15–59 | 42 652 475 | 382 190 (2018) | 0.90% | | | |
| Disability insurance | S4 | Private Teacher Aid Fund | 15–59 | 42 652 475 | 98 758 (2018) | 0.23% | | | |
| | S5 | Social Security Fund (S33) | 15–55 | 39 019 618 | 11 124 209 | 28.51% | 9 430 | Cases | 0.02% |
| | S6 | Social Security Fund (S39) | 15–55 | 39 019 618 | 1 799 786 | 4.61% | 7 708 | Cases | 0.02% |
| | S7 | Social Security Fund (S40) | 15–55 | 39 019 618 | 1 100 351 | 2.82% | 318 | Cases | 0.00% |
| | S8 | Workmen's Compensation Fund | 15–55 | 39 019 618 | 11 153 697 | 28.58% | 1 019 | Persons | 0.00% |
| | Total | S1+S2+S3+S4+S5+S6+S7 | 15–59 | 42 845 915 | 16 382 654 | 38.24% | | | |

| Pillar 3: Working age | ID | Programme | Age | Eligible population | Number of registrations/members | Programme coverage | Number of beneficiaries | Units | Coverage rate |
|---|---|---|---|---|---|---|---|---|---|
| Maternity (cash benefit) | S5 | Social Security Fund (S33) | 0 | 541 023 | 236 209 | 43.66% | 236 209 | Persons | 43.66% |
| | S6 | Social Security Fund (S39) | 0 | 541 023 | 46 412 | 8.58% | 46 412 | Persons | 8.58% |
| | Total | S5+S6 | 0 | 618 193 | 282 621 | 45.72% | 282 621 | | 45.72% |
| Housing | S1, S2 | Civil Service Benefits and local administrative officer benefits | 15–59 | 42 652 475 | 1 877 360 (2018) | 4.40% | | | |
| | S3 | State Enterprise Benefits | 15–59 | 42 652 475 | 382 190 (2018) | 0.90% | | | |
| | Total | S1+S2+S3 | 15–59 | 42 845 915 | 2 259 550 | 5.27% | | | |
| | S1, S2 | Civil Service Benefits and local administrative officer benefits | 15–59 | 42 652 475 | 1 877 360 (2018) | 4.40% | | | |
| | S3 | State Enterprise Benefits | 15–59 | 42 652 475 | 382 190 (2018) | 0.90% | | | |
| Death / survivors' benefit | S4 | Private Teacher Aid Fund | 15–59 | 42 652 475 | 98 758 (2018) | 0.23% | | | |
| | S5 | Social Security Fund (S33) | 15–55 | 39 019 618 | 11 124 209 | 28.51% | 20 495 | Persons | 0.05% |
| | S6 | Social Security Fund (S39) | 15–55 | 39 019 618 | 1 799 786 | 4.61% | 9 629 | Persons | 0.02% |
| | S7 | Social Security Fund (S40) | 15–55 | 39 019 618 | 1 100 351 | 2.82% | 9 799 | Persons | 0.03% |
| | S8 | Workmen's Compensation Fund | 15–55 | 39 019 618 | 11 153 697 | 28.58% | 588 | Persons | 0.00% |
| | Total | S1+S2+S3+S4+S5+S6+S7 | 15–59 | 42 845 915 | 16 382 654 | 38.24% | | | |
| | S28 | SWC | 18–59 | 40 250 313 | 13 868 962 | 34.46% | | | |
| Poverty | S29 | Poverty and Destitute Family Support Grant | 15–59 | 42 652 475 | 108 802 | 0.26% | 108 802 | Persons | 0.26% |
| | Total | S28 | 15–59 | 42 845 915 | 13 977 764 | 32.62% | | | |

| Pillar 3: Working age | ID | Programme | Age | Eligible population | Number of registrations/ members | Programme coverage | Number of benefi- ciaries | Units | Coverage rate |
|---|---|---|---|---|---|---|---|---|---|
| Contributing to pension (including government pension) | S1,S2 | Civil Service Benefits and local administrative officer benefits | 15–59 | 42 652 475 | 1 877 360 (2018) | 4.40% | Cannot yet receive the benefit | | |
| | S5 | Social Security Fund (S33) | 15–55 | 39 019 618 | 11 124 209 | 28.51% | | | |
| | S6 | Social Security Fund (S39) | 15–55 | 39 019 618 | 1 799 786 | 4.61% | | | |
| | S7 | Social Security Fund (S40) | 15–55 | 39 019 618 | 1 100 351 | 2.82% | | | |
| | S11 | NSF | 15–59 | 42 652 475 | 2 396 543 | 5.62% | | | |
| | Total | S1+S2+S5+S6+S11 | 15–59 | 42 845 915 | 18 298 249 | 42.71% | | | |

Notes: (1) Active contributors. Sources: S1 from OCSC (2015); S2 from OCSC (2019); S3 and S4 from NSO (2018); S5, S6, S7, and S8 from SSO (2020a and 2020b); S11 from NSF (2020); S28 from FPO (KII); S29 from DSDW (2020).

## B1.4    Pillar 4: Income security for older persons

The coverage of the m social protection programmes for older persons did not change in 2020 compared to 2019. As noted in section B1.3, in addition to the existing social protection programmes, the Government also provided additional COVID-19 relief packages in 2020 (see OPM 2020b).

**Table A12.   Coverage of selected social protection programmes for older persons, 2020[1]**

| Pillar 4: Old age | ID | Programme | Age | Total population | Number of beneficiaries | Coverage rate |
|---|---|---|---|---|---|---|
| Lump-sum pension[1] | S5 | Social Security Fund (S33)[2] | 55 | 986 784 | 238 596 | 24.2% |
| | S6 | Social Security Fund (S39)[2] | 55 | 986 784 | 38 596 | 3.9% |
| | S7 | Social Security Fund (S40)[2] | 55 | 986 784 | 23 489 | 2.4% |
| | Total | S5+S6+S7 | 55 | 986 784 | 300 681 | 30.5% |
| Annuity pension (paid monthly)[1] | S1, S2 | Civil Service Benefits Scheme and local administrative officer benefits | 60+ | 11 633 188 | 737 413 | 6.3% |
| | S5 | Social Security Fund (S33)[2] | 55+ | 16 252 829 | 254 654 | 1.6% |
| | S6 | Social Security Fund (S39)[2] | 55+ | 16 252 829 | 66 704 | 0.4% |
| | S33 | Old-Age Allowance | 60+ | 11 633 188 | 9 664 111 | 83.1% |
| | S11 | National Savings Fund | 60+ | 11 633 188 | | |
| | Total | S1+S2+S5+S6+S33 | 60+ | 11 633 188 | 10 722 882 | 92.2% |
| In-kind support | S35 | Long-term care | 60+ | 11 633 188 | 165 058[3] | 1.4% |
| | S36 | Allowance for abandoned and abused elderly | 60+ | 11 633 188 | 16 957 | 0.2% |
| | S37 | Social welfare development centre for older persons | 60+ | 11 633 188 | 33 925 | 0.3% |
| | S38 | Funeral allowance for the elderly | 60+ | 11 633 188 | 8 807 | 0.1% |
| | S39 | Living environment improvement assistance for elderly | 60+ | 11 633 188 | 3 2024 | 0.0% |
| | Total | S35+S36+S37+S38+S39 | 60+ | 11 136 059 | 227 949 | 2.1% |
| Assistance for those in poverty | S28 | State Welfare Card | 60+ | 11 633 188 | 4 678 590 | 40.2% |
| | S34 | Cash assistance for low-income elderly[5] | 60+ | 11 633 188 | 4 678 590 | 40.2% |
| | Total | S28 | 60+ | 11 633 188 | 4 678 590 | 40.2% |

Note: (1) This coverage does not include those from the National Savings Fund that provided retirement benefits to 38,627 beneficiaries, due to the inability to identify the types of benefits. (2) To receive pension benefits from the social security programme, members must be 55 years old and retired from their jobs. Therefore, some members who work longer may start receiving pension benefits after 55 years old. (3) Refers to intended size of target population; unable to obtain data on actual number of beneficiaries. (4) Households. (5) Started targeting State Welfare Card beneficiaries in 2019.
Source: S5, S6 and S7 from SSO 2020a; S11 from NSF 2020; S28 from FPO (informant interview); S33 from MSDHS (informant interview); S35 from NHSO 2020b; S34, S36, S37, S38 and S39 from DOP 2020.

## B.2  Social protection expenditure

Overall, the total expenditure for the 12-largest social protection programmes in Thailand increased by 12.7 per cent from 2019 to 2020. Expenditure for most of the main social protection programmes increased in 2020, especially programmes that assist people in poverty and that provide health care benefits. The programmes with the highest expenditure increase were the Child Support Grant and the Equitable Education Fund Conditional Cash Transfer Programme. Between 2019 and 2020, these grew by 244.3 per cent and 98.5 per cent, respectively. Both programmes were founded after 2015 and have shown significant growth in coverage each year.

**Table A13.  Government expenditure on the 12-largest social protection programmes, 2015–20 (baht)**

| ID | Name of programme | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|
| S1 | Civil Service Benefits | N/A | 296.9 billion | 320.0 billion | 344.5 billion | 360.3 billion | 380.2 billion |
| S13 | Universal Health-care Coverage Scheme | 153.2 billion | 163.2 billion | 169.8 billion | 175.6 billion | 181.6 billion | 190.4 billion |
| S5-S8 | SSF and Workmen's Compensation Fund | 71.9 billion | 78.4 billion | 82.8 billion | 92.6 billion | 103.0 billion | 149.8 billion |
| S33 | Old-age Allowance | 61.4 billion | 63.2 billion | 64.8 billion | 66.4 billion | 71.9 billion | 76.3 billion |
| S28 | State Welfare Card programme | 0 | 0 | 8.8 billion | 41.5 billion | 45.7 billion | 65.7 billion |
| S16 | 15-year Free Education Programme | 41.1 billion | 40.1 billion | 39.2 billion | 36.2 billion | 37.8 billion | 37.2 billion |
| S21 | Fund for Primary School Lunches Programme | 24.4 billion | 24.1 billion | 23.8 billion | 23.0 billion | 22.6 billion | 21.4 billion |
| S40 | Disability Grant | 13.0 billion | 13.3 billion | 16.1 billion | 17.3 billion | 18.9 billion | 18.6 billion |
| S22 | School Milk Nutrition grant | 10.6 billion | 11.0 billion | 10.8 billion | 10.6 billion | 10.5 billion | 9.9 billion |
| S23 | Child Support Grant | 0 | 278.6 million | 1.9 billion | 3.5 billion | 4.4 billion | 15.0 billion |
| S18 | EEF Conditional Cash Transfer Programme | 0 | 0 | 0 | 1.2 billion | 1.9 billion | 3.7 billion |
| All contributory programmes | | 71.9 billion | 375.3 billion | 402.8 billion | 437.2 billion | 463.4 billion | 529.9 billion |
| All non-contributory programmes | | 303.6 billion | 315.1 billion | 335.2 billion | 375.3 billion | 395.3 billion | 438.2 billion |
| Total | | 375.4 billion | 690.4 billion | 738.0 billion | 812.5 billion | 858.7 billion | 968.1 billion |

Note: (1) See detailed expenditures for the Civil Service Benefits Scheme in table 33 in Annex A.
Source: S1 from CGD (informant interview); S5–S8 from SSO 2015a, SSO 2015b, SSO 2016a, SSO 2016b, SSO 2017a, SSO 2017b, SSO 2018a, SSO 2018b, SSO 2019a, SSO 2019b, SSO 2020a, SSO 2020b; S13, S23, S33 and S40 from MSDHS (informant interview); S16 from MOE 2015, MOE 2016, MOE 2017, MOE 2018, MOE 2019 and MOE 2020; S28 from CGD (informant interview); S21 and S22 from DLA (informant interview).

In addition to the Child Support Grant and Equitable Education Fund Conditional Cash Transfer programmes, other programmes with high expenditure growth in 2020 were the Social Security Fund and Workmen's Compensation Fund (45.3 per cent) and the State Welfare Card (43.7 per cent).

For the Social Security Fund and Workmen's Compensation Fund, the increased expenditure is accounted for mainly by the unemployment cash benefits of the Social Security Fund (section 33), which increased by 513 per cent from 8 billion baht in 2019 to 48.8 billion baht in 2020 as a direct result of the COVID-19 crisis. The health care (in-kind) expenditure of the Social Security Fund (sections 33 and 39) increased by 3 per cent in 2020. However, the health care expenditure was projected to increase by 101 per cent in 2021, from 52.5 billion baht in 2020 to 105.5 billion baht in 2021 (SSO informant interview).[110] While the total expenditure of the Social Security Fund (sections 33 and S39) grew by 46 per cent, the total expenditure of the Social Security Fund (section 40) grew by a much lower rate of 15.2 per cent.

**Figure A1.   Government expenditure on contributory social protection, 2016–20 (baht)**
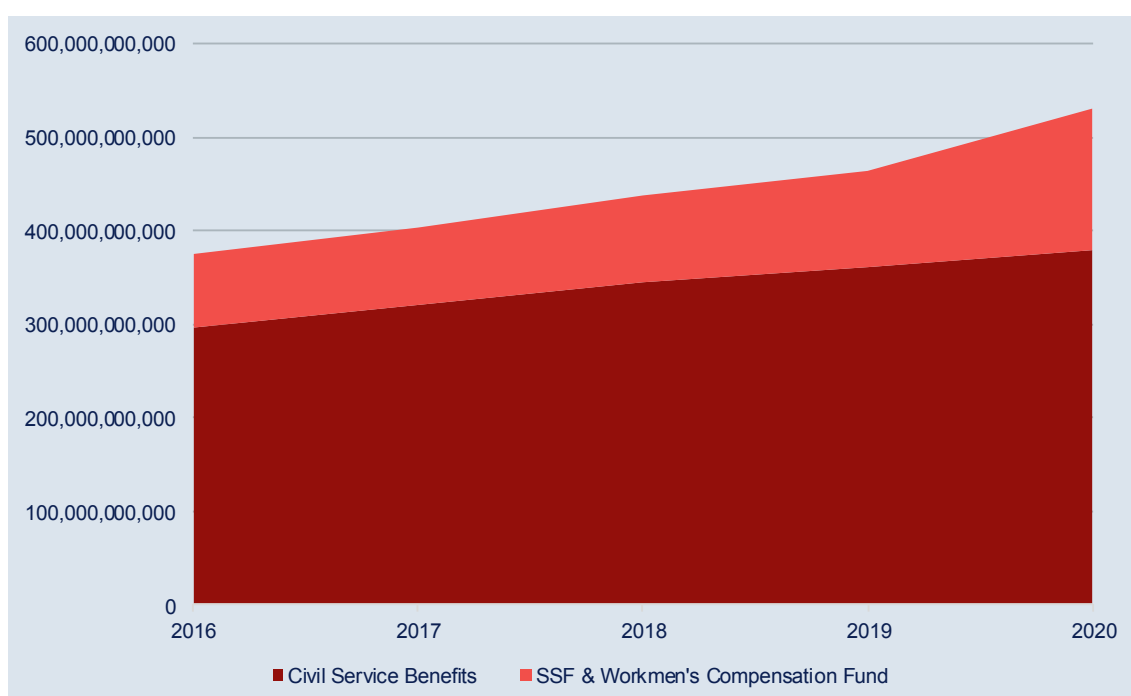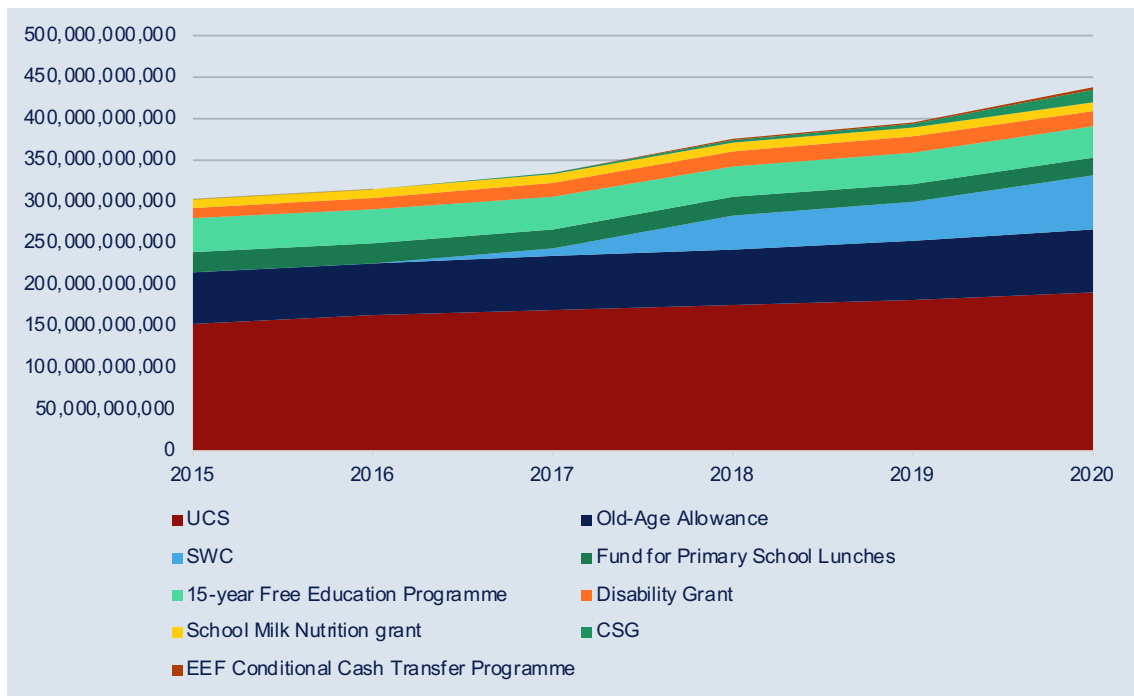


Note: Calculated based on the two contributory social protection programmes with the highest expenditures.

For the State Welfare Card, the increase in expenditure was largely due to the increase in the use of the credit to spend at Blue-flag stores, which increased 45 per cent, from 44.6 billion baht in 2019 to 64.6 billion baht in 2020. This was also as a result of the pandemic because the State Welfare Card was used as a channel for COVID-19 relief measures. From October to December 2020, the State Welfare Card increased the credit to spend at Blue-flag stores by 500 baht for all card holders (PRD 2020). From 1 October 2019 to 30 September 2020, there were 14 additional, limited-time benefits offered via the State Welfare Card. These included VAT compensation (not exceeding 500 baht per month), an electricity subsidy (not exceeding 230 baht per household per month) and a water bill subsidy (not exceeding 100 baht per household per month). The total expenditure for the additional benefits during this time period was 45.73 million baht (MOF 2021).

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110 From the SSO's expenditure projection from 2021–25, the COVID-19 effect on the unemployment and health care expenditures is expected to drop in 2023, causing the Social Security Fund's total expenditure to also drop. However, the annuity pension expenditure is projected to increase continuously, from 8.7 billion baht in 2020 to 46.8 billion baht in 2025. As a result, from 2023, the total expenditure of the Social Security Fund is expected to increase in 2024 and 2025.

**Figure A2.  Government expenditure on non-contributory social protection, 2015–20 (baht)**
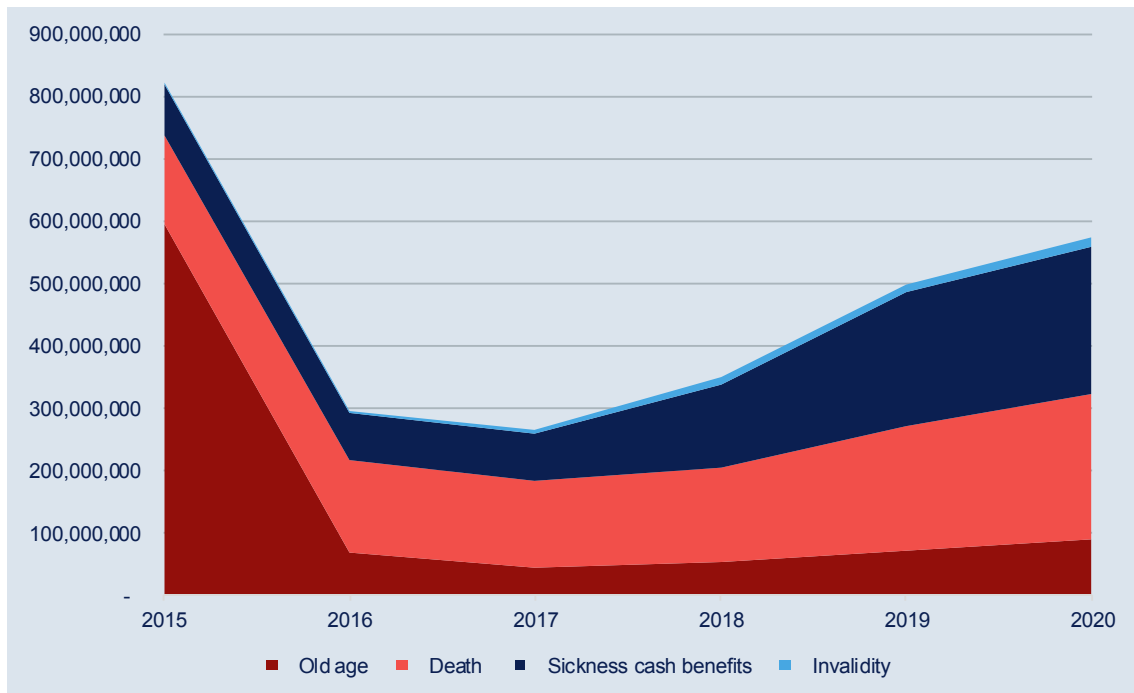


Note: Calculated based on the nine non-contributory social protection programmes with the highest expenditures.

**Figure A3.  Government expenditure on Social Security Fund sections 33 and 39t, by benefit type, 2015–20 (baht)**
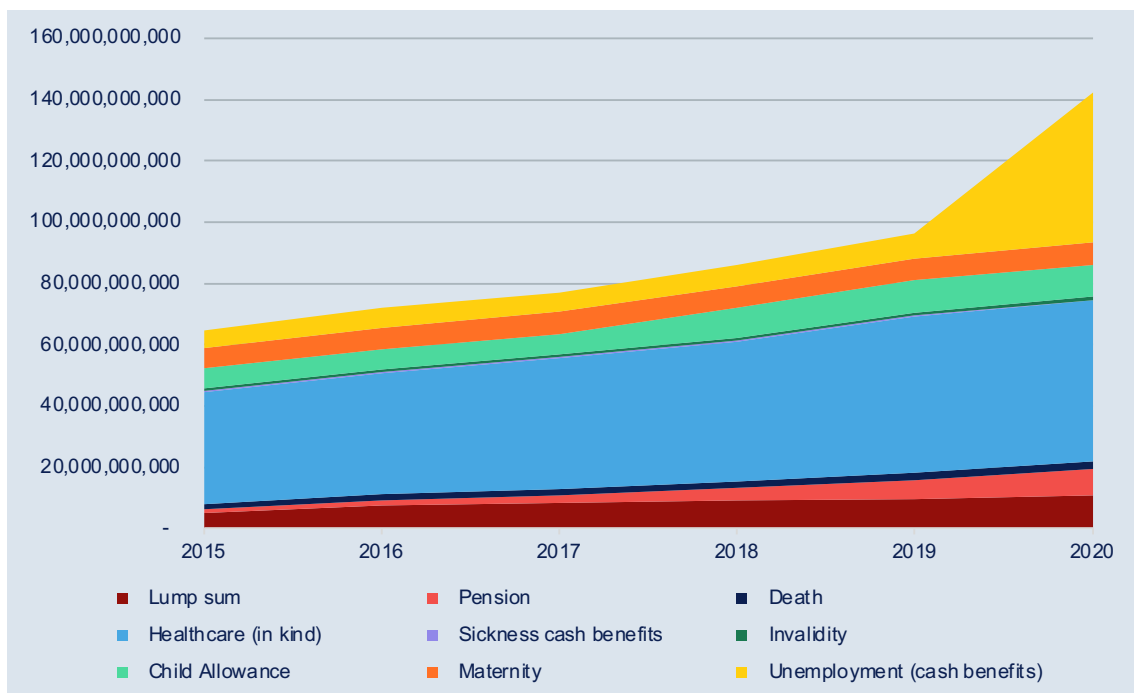


Source: SSO (informant interview).

**Figure A4.  Government expenditure on Social Security Fund section 40, by benefit type, 2015–20 (baht)**



Note: The 63.9 per cent drop in the pension expenditure between 2015 and 2016 was due to the introduction of the National Savings Fund, which provides an annuity pension replacing the lump-sum pension offered by Social Security Fund section 40.
Source: SSO (informant interview).

The expenditures of Thailand's two largest social protection programmes, the Civil Service Benefits Scheme and the Universal Healthcare Coverage programme, also increased 5.5 per cent and 4.8 per cent, respectively. The increase in the Civil Service Benefits Scheme expenditure was due to the continuous rise in the annuity pension, which grew by 11.7 per cent from 202 billion baht in 2019 to 225.6 billion baht in 2020. In addition, the expenditure for civil servant pensions increased by 13.8 per cent, from 29.4 billion baht in 2019 to 33.5 billion baht in 2020.

**Figure A5. Expenditure on civil servant benefits, by benefit type, 2016–20 (baht)**
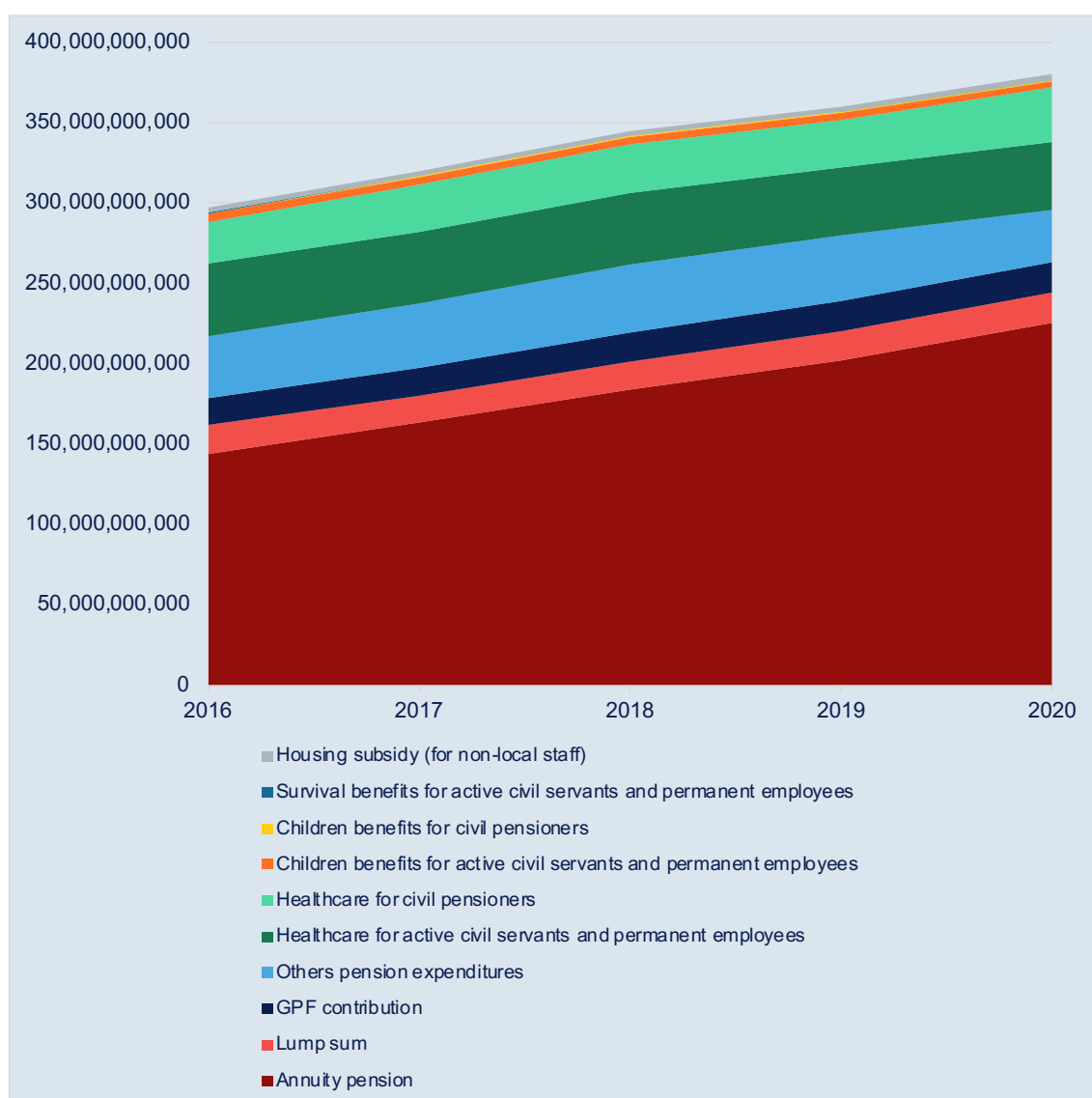


Source: CGD (informant interview).

In summary, the total expenditure of the main social protection programmes in Thailand increased by 12.7 per cent from 2019 to 2020 due to a combination of the following factors:

1. The growth of some social protection programmes due to Thailand's continuous effort to increase the coverage of the social protection system.

2. The potential effects of the COVID-19 pandemic on the number of people registering for social protection support due to higher awareness of the benefits of social protection and more people qualifying for poverty-targeted programmes.

3. The direct effects of COVID-19 on programme expenditures due to both the automatic process by which some social protection programmes provide benefits to their members during life-cycle crises (such as the increase in the health care expenditure of the Universal Healthcare Coverage programme or unemployment benefit of Social Security Fund section 33), as well as the additional, time-limited

COVID-19 relief benefits that the Government provided via existing social protection programmes (such as the additional benefits under the State Welfare Card and Child Support Grant).

In addition to social protection expenditure via the main social protection programmes, the Government borrowed 1 trillion baht under the Emergency Decree Authorizing the Ministry of Finance to Raise Loans to Solve Problems to Remedy and Restore the Economy and Society as Affected by the Coronavirus Disease Pandemic B.E. 2563. The purpose of the loan is to fulfil three work plans, with the following three objectives: (i) to solve the problem of the spread of the coronavirus disease; (ii) to assist, remedy and compensate the general public, agricultural workers and business operators who have been affected by the spread of the coronavirus disease; and (iii) to restore the economy and society as affected by the response to the spread of the coronavirus disease. The responsible agency for Workplan 1 is the MOPH. The responsible agency for Workplans 2 and 3 is the MOF (Office of the Council of State, 2020a). By 1 December 2020, the Government had approved expenditure of 2.6 billion baht for Workplan 1, 365.7 billion baht for Workplan 2 and 122 billion baht for Workplan 3 (FPO 2020).

The workplan that is most relevant to social protection policies is Workplan 2. As at 30 September 2020, there were six projects approved to be operated in 2020, comprising: (i) Cash Handouts to Workers Not in the Social Security System, by the Fiscal Policy Office; (ii) Cash Handouts to State Welfare Card Holders; (iii) Cash Handouts to Vulnerable Families, by the MSDHS; (iv) Cash Handouts to Formal Sector Workers, by the SSO; (v) Purchasing Power-boosting Programme for State Welfare Card Holders, by the Fiscal Policy Office; and (vi) Payments to Agricultural Workers, by the Office of Agricultural Economics (for more information, see PDMO 2020 and MOF and ADB 2021).[111]

These expenditures do not yet include the funds for monetary policies. The main COVID-19 relief policies are implemented under two emergency decrees: the Emergency Decree on the Provision of Financial Assistance for Entrepreneurs Affected by COVID-19 Pandemic, B.E. 2563 and the Emergency Decree on the Maintenance of Stability of the Financial System and Economic Security of the Country, B.E. 2563 (OCS 2020b; 2020c).

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111 The expenditures of Workplan 1 and Workplan 3, although indirectly implemented as social protection, are not included in table A13. The expenditures of the six projects under Workplan 2 in 2020 are also not included in table A13, except for Projects 2 and 5, which are distributed via the State Welfare Card as Blue-flag store credit. The State Welfare Card expenditure in table A13 therefore includes all Blue-flag store credit used by State Welfare Card holders, regardless of the sources of fund.

The Social Protection Diagnostic Review (SPDR) is a comprehensive independent review of Thailand's social protection system. It includes the mapping of social protection and the poverty and vulnerability analysis within the population, the potential for expanding social security to cover all workers, the gender impact of social protection, access to social protection for migrant workers, the pension system, and the fiscal dimension and budgeting for social protection.

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