

Social Safety Net: The Future Challenges for Thailand

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Abstract

Social safety net in Thailand has been established for more than decade. Many important welfare systems have emerged after the promulgation of 1997 Constitution. Many government policies have been formulated, for example, health insurance, educational reform, the government pension fund (a first step to build up a fully-funded pension system for civil servants) and social security. Many agencies have been established such as the National Health Security Office which is responsible for universal coverage system for health and the Government Pension Fund (GPF) Office, the Social Security Office, and the Community Organizations Development Institute which responsible for Baan Mankong , an innovative housing program which involves providing improved shelter and basic services to Thailand's urban poor etc. After implementation of those policies for sometimes, there are satisfactory significant trend of successes. However, there are still a lot of challenges for sustainability.

This paper uses system analysis approach to help explain Social Safety Net system in Thailand. While the important inputs are resources, legal and governance system, the process is implementation of many welfare policies, the important outcomes are poverty reduction, social justice and social immunity. These variables may lead to happiness and peace. However, for sustainability, some important factors are needed for being immunities for external threats. They are, for example, social capital, and many environment of the system such as democratic governance, culture of democracy, good governance and sufficiency economy.

The present government therefore formulates social policy and proposes 'Dream Thai Society' strategy to help strengthen the Social safety Net system.

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1. Introduction

Thailand has promulgated much policy to strengthen Social Safety Net since the past decade especially after the promulgation of the 1997 Constitution which mandate human rights and human dignity. Many laws and regulations are promulgated according to the constitution. Also many organizations have been established to implement those policies. In addition, the current of democratization, good governance, sustainable development and social safety net approach Thailand gradually and lead to many changes in Thai political, economy, and administrative systems. Sustainable development causes stakeholders' quality of life and well-being to be equivalent. It is upon the principle of right which is given from life's basic needs e.g. status of physical and mental happiness, status of happiness from society and environment, possessing housing, holding education to be able to sense someone else's schemes, nutrition development, employment, security for life, social service for the underprivileged group to access resources, security to protect the damage, and security to prevent the possibility to be poor or disastrous etc. This is due to the social support system to encourage the equity. Besides, skill-worker tools, materials for people to retain responsibility, information support, and emotional state support are integrated to create value for people to be a part of society. Social support management for quality of life and people's well-being is, therefore, the direct key performance indicator of good governance through the policy and how well to serve the people. To have social safety net, the government thinks that it will create good quality of life and bring sustainable happiness and peace. After years of implementation many policies, the results show that Thai people enjoy having benefits from some policies and there is big change in Thai human security system .

However, only welfare provided is not enough to maintain sustainable happiness since there have to be immunity to the society to prevent unwanted invasion. This paper observes the situation of social security in Thailand and uses system approach to explain the social safety net in Thailand whether it can bring about the sustainability of happiness or not. It can also be the indicators to measuring the government performance.

Structures of Institutions

Important Laws and Regulations

Constitution of the Kingdom of Thailand 1997

The Constitution of the Kingdom of Thailand 1997 (abolished by the coup on September 19, 2006) is important mechanisms for strengthening social safety net in Thailand as expressed in many sections. It mandates that the various groups have to be protected and the government has to provide welfare to them for example, follows.

Protection of Specific Groups

Section 53. Children, youth and family members shall have the right to be protected by the State against violence and unfair treatment. Children and youth with no guardian shall have the right to receive care and education from the State, as provided by law.

Section 54. A person who is over sixty years of age and has insufficient income shall have the right to receive aids from the State, as provided by law.

Section 55. The disabled or handicapped shall have the right to receive public conveniences and other aids from the State, as provided by law

Section 80. The State shall protect and develop children and the youth, promote the equality between women and men, and create, reinforce and develop family integrity and the strength of communities.

The State shall provide aids to the elderly, the indigent, the disabled or handicapped and the underprivileged for their good quality of life and ability to depend on them.

Section 86. The State shall promote people of working age to obtain employment, protect labors, especially child and woman labor, and provide for the system of labor relations , social security and fair wages

Provide and Promote Services for Improving Quality of Life

Section 82. The State shall thoroughly provide and promote standard and efficient public health service.

Section 84. The State shall organize the appropriate system of the holding and use of land, provide sufficient water resources for farmers and protect the interests of farmers in the production and marketing of agricultural products to achieve maximum benefits, and promote the assembling of farmers with a view to laying down agricultural plans and protecting their mutual interests.

Section 85. The State shall promote, encourage and protect the co-operatives system.

Draft: ; not for reference

According to this constitution, many laws and regulations are promulgated to establish and promote social welfare system in Thailand.

After September 19, 2006 coup de tat , there is new constitution called the **Constitution of the Kingdom of Thailand (Interim Edition) of B.E. 2549** (2006) which also focuses of maintaining national security and public safety, for example,

Article 15. For the purpose of maintaining national security, public safety or national economic security, or averting public calamity or when it is necessary to urgently enact or confidentially deliberate a money bill related to taxes or currency , the King may issue an Emergency Decree which shall have the force as an Act.

The National Constitution Drafting Assembly will be selected to draft the constitution and it is expected that the important issues such as welfare, social security will be maintained.

Other laws and Regulations.

1. Social Welfare Promotion Act, 2003

In this act, the social welfare means society service administrative system related to the protection, problem solving, developing and of social security promotion to response to the basic needs of people as a whole to have good quality of life appropriately, justifiably, and according to the standards in education, health care, housing, working, income, leisure, judicial, and general social service systems. By concentrating on human dignity, rights, and public participation at every level of social welfare systems.

The government agencies and philanthropy organizations (the non government organizations that have been endorsed to do this activity) will be responsible to implement this act. In addition, there is committee to provide advices and development plan on social welfare management to the government as well as set up the standards for social welfare management. In addition, the Office of National Committee on Social Welfare Promotion has been established to prepare social welfare development plan to propose to the committee, conducting research and development on social welfare promotion and cooperate with other organizations on this issue as well as monitor the implementation of social welfare policy.

The Ministry of Social Development and Human Security is responsible for this act. There are also the Committee of Social Welfare Promotion at provincial level (by having the provincial governor as chairman) to take responsibility in each province. The Social Development and Welfare Officer in each province will be secretary of the committee. Moreover, the Fund of Promotion on Social Welfare Management has been established to support this activity especially, the academic work and personnel development.

(http://www.ago.go.th/interest_law/Laws/g/g51.html)

2. Social Security Act 1990 B.E. 2533

The Social Security means the security which society provides for its members by sharing risks from the stoppage on reduction of earning resulting from sickness, maternity, death, invalidity, old age and unemployment, the provision of medical care and the provision of child allowance.

The Social Security Scheme is operated according to the Social Security Act B.E. 2533 (A.D.1990) and its Amendment B.E. 2537 (A.D.1994) and B.E. 2542 (A.D.1999) . This Act establishes Thailand's first comprehensive social security scheme. However, this act shall not apply to government officials and regular employees of the central authority, provincial authority and local government authority, except for temporary employees, employees of foreign government or of international organization, employees of the employer having an office in the country but working regularly abroad, teachers or head master[s] of private school[s] under the law on private schools, students, student nurse, undergraduate or medical trainees, who are the employees of [the] school, university or hospital, and the other employees[s] as prescribed under Royal Decree. This act is responsible by the Office of Social Security. The benefits for insured persons are 1) registered hospital and cash benefits due to sick leave, 2) invalidity benefits consist of medical treatment and cash benefit, 3) death benefits consist of funeral grant and survivors allowance, 4) maternity benefits consist of cash benefit and lump sum for delivery, 5)for child allowance, monthly allowance is paid to the first two children of the insured with under 6 years old, 6)the insured person will receive old-age lump sum benefit or old-age pension benefit , 7) for the first four benefits SSO extended the duration of coverage for 6 months from the cessation of being an employee. In addition, according to section 67, *"In the case of an insured person [who] has stopped work due to child delivery, the insured person shall be entitled to compensation benefits for loss of income at the rate of fifty per cent of the wages...for no more than sixty days ..."*. Moreover, where the insured person is entitled to receive wages (under the law on labor protection, work regulations, employment contracts or conditions) from the employer due to due to pregnancy, and the wage received from the employer is less than the amount of compensation benefit, the Social Security Fund will make up the shortfall. Compensation benefits are given for up to two births (s. 65). Under the Act, delivery of the child means a *"...period of pregnancy of not less than twenty-eight weeks, no matter [if] the child is born alive or not."* (s. 5).

However, compensation benefit in case of children assistance will be provided for medical treatment for children, school fees, cost of living and "other assistance as necessary" These benefits are given under the condition that the insured individual has paid social security contributions for at least one year, and assistance given for up to two children.

3. National Health Security Act 2002

National Health Security (NHS) Office has been established according to the National Health Insurance Act 2002 to fulfill the Thai Rak Thai Party 's policy that became government during 2001-2006. The consolidated NHS account is mainly funded by the government subsidy and the 30 Baht Scheme. The government subsidies to the health sector of Ministry of Finance and National Health Security Office are estimated at about 87.4 billion Baht, of which revenues is attained partly from the co-payment of 30 baht Scheme. (Chalernpol Chamchan and Guy Carrin,

2006: 80). This program is very popular among the poor. It is called “The 'Bt30-cures-all-diseases' [slogan]. However, after there is new government, this program has been changed. The new Public Health Minister Dr Mongkol Na Songkhla has initiated the idea to change the Bt30 healthcare scheme since there are many documentations and bureaucrat systems accordingly (the nation, NEW MINISTER: Bt30 health fee may be scrapped, Oct 14,2006). At present, the people do not have to pay 30 Baht per visit anymore starting from October 31, 2006. (according to the agreement of the Committee on National health Security).

4. Older Persons Act 2003

This act is promulgated in 2003 to protect the old persons' rights after being scrutinized for many years. The Bureau of Empowerment for Older Persons under the Ministry of Social Development and Human Security is responsible to implement it. The services for the old persons will be provided according to this act.

5. The Disabilities Rehabilitation Act 1991

According to this act, the fund for Disabilities Rehabilitation is established and is responsible by the appointed committee on Disabilities Rehabilitation . The disable persons shall be protected and received supports from the government according to this act.

6. The Children Protection Act 2003

Those who are under 18 years of age are considered to be children according to this act. The National Committee on Children Protection is established to implement this act. The Minister of **Ministry of Social Development and Human Security** is chairman of the committee. Many mechanisms are established to protect the children. Homes for children and youths are provided accordingly.

7. The Government Pension Fund Act 1996

The Government Pension Fund (GPF) was established under the Government Pension Fund Act B.E. 2539 (1996). The objectives are to ensure member benefits upon retirement, to encourage member saving consciousness, as well as to provide members with other welfare and benefits. For the sole benefits of members, GPF invests in compliance with ministerial regulations. GPF has two categories of members; contributing and non-contributing. Members who joined the civil service after March 27, 1997 must be contributing members. Those who served the government earlier had the rights to choose to be either contributing or non-contributing members.

For contributing category, members have to contribute 3% of salary on a monthly basis. Employers have to match up 3% as employer contribution and provide another 2% for post-reform compensations. For non-contributing category, employers provide pre-reform compensations based on new formula and post-reform compensations at 2% of monthly salary.

8. The Labor Protection Act 1998

This act provides the basis for comprehensive labor legislation in Thailand. It provides protection for workmen including provision for equal hiring practices, with one general exception, and prohibits sexual harassment in the workplace: The Act provides Labor Inspection Officers with the duty of inspecting places of work and powers to request additional information and issue written orders requiring employers to comply with the Act (s.139). Labor Inspection Officers also respond to petitions, submitted by employees, regarding non-compliance with the Act (s. 123)

Penalties for non-compliance with the Act are covered in Chapter 16. Section 144 provides that violation of restrictions on female labor and prohibition of dismissal due to pregnancy, are subject to imprisonment (no more than 6 months), a fine (no more than 100 thousand baht) or both. Breach of the non-discrimination or sexual harassment clauses are, however, subject to fines of no more than 20 thousand baht (s. 146). If the offender refuses to pay the fine within the time allotted, legal proceedings begin (s. 159, para. 4).

9. The National Education Act 1999

This act promulgated according to the 1997 Constitution section 43, aims to provide 12- year education, eventually with universal coverage. It protects the rights of children, youth, women, the elderly, the underprivileged and the handicapped to care and education. It also ensures the right of local organizations to participate in the provision of education to ensure relevancy at local level. It also ensures their rights to participate in the management and administration of schools.

2.1.2 Organizations

The Ministry of Social Development and Human Security

This ministry has been established in 2002 to be responsible on social development, establishment of justice and equality system in Thai society as well as promotion and development of quality of life and security, families and community institution. This ministry play important role in social welfare promotion at every level and group of people.

There are specific organizations to take responsibility on each group of people and issues such as Community Development Department, National Housing Authority, Community Organization Development Institute, Bureau of Empowerment for Older Persons, and the Office of Women's Affairs and Families Development. These organizations follow the 1997 Constitution concept on protection of human rights and human dignity by integrated system approach from various concepts, directions and administration from many agencies and levels.

2.2 Social Support Situation

Social support that the government sector allocated can be started from the ninth national economic and social development plan (2002-2006) where the nation's social strength was created e.g. educational system reform, health system reform,

delegation of authority to local administration, Act and Royal command legitimacy, Royal Decree to establish public organization to support the crucial mission, together with promoting the social support responsiveness for people's needs. These include public health system research institute to study Thai health system as the principle for drafting the national public health Act, establishing health support fund office under Royal command to establish the organization and operate according to the health support fund Act 2001. 2544, for legitimating the education quality assessment and standard assurance office Royal Decree to setup the institute for community organization development 2000 and other public organizations which support social activities including the education Act 1999 which supports the 12-year fundamental education without any educational fees (King Prajadhipok's Institute. 2006).

Additionally, according to the Constitution of the Kingdom of Thailand 1997 which is now abolished according to the Coup de data on September 19, 2006, under Rights and Liberties of the Thai People Chapter (Section 43, 52, 80, 81, 82, 83, 86, and 87)¹, it declares the social support to children, woman, and underprivileged groups in education, public health, employment, and income including good standard of living and self-development opportunity.

1. Health and Public Health

1

Section 43 A person shall enjoy an equal right to receive the fundamental education for the duration of not less than twelve years which shall be provided by the State thoroughly, up to the quality, and without charge...

Section 52 A person shall enjoy an equal right to receive standard public health service, and the indigent shall have the right to receive free medical treatment from public health centres of the State, as provided by law. The public health service by the State shall be provided thoroughly and efficiently ...

Section 80 The State shall protect and develop children and the youth, promote the equality between women and men, and create, reinforce and develop family integrity and the strength of communities. The State shall provide aids to the elderly, the indigent, the disabled or handicapped and the underprivileged for their good quality of life and ability to depend on.

Section 81 The State shall provide and promote the private sector to provide education to achieve knowledge alongside morality, provide law relating to national education, improve education in harmony with economic and social change, create and strengthen knowledge and instil right awareness with regard to politics and a democratic regime of government with the King as Head of the State ...

Section 82 The State shall thoroughly provide and promote standard and efficient public health service.

Section 83 The State shall implement fair distribution of incomes.

Section 86 The State shall promote people of working age to obtain employment, protect labour, especially child and woman labour, and provide for the system of labour relations, social security and fair wages.

Section 87 The State shall encourage a free economic system through market force, ensure and supervise fair competition, protect consumers, and prevent direct and indirect monopolies ...

The meaning of people's health in this context includes entire strong physical and mental health, having potential to generate productivity, and correcting malformed health without losing resources. The state attempts to manage for its people to thoroughly and equally reach their standard health condition. Directly, it launched Universal Health Care Coverage policy so-called the 30 Baht universal health-care scheme and the expanded primary-oriented public health action policy. It also arranged mobile medical care unit for low-income people to be able to access the public service, or supported via some organizations which their duty is to promote good health, some campaigns e.g. exercise for good health, smoking and liquor consumption control, Thai traditional medical, herb in public health service system, toxic-free agriculture promotion, mixed agriculture, natural agriculture or agriculture for health, energy alternatives compatible with the nature development, and city planning policy.

However, when sustainable development aiming for happiness condition from childhood to elderly has been taken into consideration together with physical and mental health, education, employment, housing, and life security, it is found that, according to the infant mortality rate per 1,000 births and preschool child's nutritional deficiency level 1 rate reports between 1996-2003, children health was not getting better.

The Thai population average age is not lower than Asian countries' normal standard. However, number of medical personnel to number of population ratio in Thailand is very low compared to other countries. Also, the budget has been increased within the last ten years from 0.9 to 2.1. The expense per head is moderate compared to other countries in Asia.

Public Services in Asian Countries Comparison

Country	Life span (year)	Physicians (per 100,000 people)	Population with sustainable access to affordable essential drugs (%)	Birth attended by skilled health personnel (%)
Singapore	N/A	140	95-100	100
Malaysia	73	68	50-79	97
Thailand	69.1	30	95-100	99
Philippines	69.8	115	50-79	58
Sri Lanka	72.5	43	95-100	97
Vietnam	69	54	80-94	70
Indonesia	66.6	16	80-94	64
China	70.9	164	80-94	76

Source: UNDP Human Development report, 2004: 156-158

Draft: ; not for reference

Number of Population per Medical Personnel 2003

Province (sorted from the least to the top)	Number of population per doctor
<i>The Average of all provinces</i>	5205

Source: Bureau of the Budget (<http://www.thaitopic.com/webboard/0081.html>)

Government Expenses in Public Health in Asian Countries

Country	Public Health Expenditure		
	(% of GDP)		Per capita (USD.)
	1990	1999-2001	2004
Singapore	1.0	1.3	993
Malaysia	1.5	2.0	345
Thailand	0.9	2.1	254
Philippines	1.5	1.5	169
Sri Lanka	1.5	1.8	122
Vietnam	0.9	1.5	134
Indonesia	0.6	0.6	77
China	2.2	2.0	224

Source: UNDP Human Development report, 2004: 156-158

Public Health Budget 2003

Province (sorted from the least to the top)	2543	2545	2546
<i>The Average of all provinces (Baht per head per year)</i>	840	1,052	1,062

Source: 1. Office of the Permanent Secretary of Ministry of Public Health

Budget for community and society service category has been increased, particularly, in public service. However, this does not mean that management is good enough as long as the hospital and medical personnel budget allocation is not equally distributed. The unequal budget allocation and the universal coverage health insurance program (30 Baht for all treatments) cause hospitals to receive the primary income from this program. Therefore, these hospitals may face the management problem which directly affects their long-term service. This scheme has been changed since October 31, 2006 after the Committee of National Health Security agreed to cancel 30 baht scheme and allow free service instead.

Basic information of population's well being concerning risk behavior to health

Health Social Indicator	2542	2544
Illness Rate	14.2	15.1
Population Who Received Health Insurance Rate	59.6	70.9
Smoking Rate of Population 15 Years and Over	22.4	22.5
Alcohol Drinking Rate of Population 15 Years and Over	-	32.7

Safety Belt Use Rate of Population 15 Years and Over	-	13.7
Helmet Wearing Rate of Population 15 Years and Over	-	12.3
Exercise Rate of Population 15 Years and Over	-	24.2

Source: 1. Report of the Health and Welfare Survey, B.E. 2544
2. Public Health Statistics, Ministry of Public Health

Education

Concerning educations and ability to read and write, Thai population was in the satisfactory level compared to other countries. This strongly demonstrated the government support in education by allocating more budgets. When educational budget was compared to other budget allocation areas, it is significantly different (King Prajadhipok's Institute. 2006)

Educations and Ability to Read and Write Rate among Asian Countries Comparison

Country	Adult's ability to read and write rate (%)	Teenage (15-24)'s ability to read and write rate (%)	Higher education rate (%)
Singapore	92.5	99.5	-
Malaysia	88.7	97.2	70
Thailand	92.6	98.0	73
Philippines	92.6	95.1	81
China	90.9	98.9	68
Sri Lanka	92.1	97	65
Indonesia	87.9	98	65
Vietnam	90.3	N/A	64

Source: UNDP Human Development report, 2004: 176-179

Educational Budget Allocation among Asian Countries Comparison

Country	Public expenditure on education (as % of GDP)		Public expenditure on education (as % of government expenditure)	
	1990	1999-2001	1990	1999-2001
Malaysia	5.2	7.9	18.3	20
Thailand	3.5	5.0	20	31.0
Philippines	2.9	3.2	10.1	N/A
China	2.3	N/A	12.8	N/A
Sri Lanka	2.6	1.3	8.1	N/A
Vietnam	N/A	N/A	7.5	N/A
Indonesia	1.0	1.3	N/A	9.8

Source: UNDP Human Development report , 2004: 172-174

Budget Expenditure for Community and Society Services Year 2004, and 2005

National Budget on Social Mission

unit: Million Baht (appx. 38 Baht = USD 1)

2004 ratio 2005 ratio

Draft: ; not for reference

Social Mission	446,962.00	38.40	498,680.30	41.60
Human Development	328,216.00	28.2	344,317.20	28.7
Social and Community services	118,746.00	10.2	154,363.10	12.9
total national budget	1,163,500.00	100	1,200,000.00	100

Detail of Budget Allocation for Human Development and Social and Community Services

Social Mission	unit: Million Baht	
	2004	2005
Human Development	<u>328,216.0</u>	<u>344,317.2</u>
Policy and plan	6,057.5	7,303.8
Health Development System	8,928.6	9,868.7
Health services	88,918.9	94,385.1
HIV/AIDS Prevention	1,629.8	1,611.7
Kindergarten	12,456.3	15,970.0
Basic Education	124,062.0	124,075.4
Vocational education	8,734.5	9,049.3
University level	29,302.3	32,287.5
Career development and life long education	4,614.0	4,603.1
education promotion	38,849.3	39,413.6
academic services to society	516.9	1,010.0
religion, arts and culture	2,302.1	2,516.0
sports and leisure	1,843.8	2,222.9
Social and Community Services	118,746.0	154,363.1
Policy and plan	3,305.6	5,378.5
Social Development and promotion	3,069.7	3,490.7
Social Services	2,561.9	2,768.3
Career and Skill Development	1,341.4	1,358.9
Employment promotion	569.2	637.6
Labor protection and Welfare	1,060.9	800.0
Social security	9,666.9	14,279.4
Local Government Development and Promotion	71,205.1	98,255.8
Community Organizations Development and promotion	13,815.3	13,872.7
Urban Development	12,160.0	13,521.2

Source: Bureau of the Budget

(http://www.bb.go.th/budget/inbrveT/B48/B48_part3.pdf)

Considering year 2004 and 2005 budget, Society mission budget is **498,680.30** million Baht or 41.6 percent in 2005 .increased from **446,962.00** million Baht or 38.40 percent in 2004.

Employment and Income

GDP per capita in Thailand, when compared to other Asian countries, is in the satisfactory level. However, the good governance indicator, which is the average income equivalence between man and woman, is approximately 40 percent significantly different .

GDP per capita and Income per person by Gender

Country	GDP per Capita	Income Forecasting (USD)	
		Woman	Man
Singapore	N/A	15,882	31,927
Malaysia	9,120 (USD.)	5,284	8,664
Thailand	7,010 (USD.)	5,219	13,157
Philippines	4,170 (USD.)	3,144	5,326
China	4,580 (USD.)	3,571	5,435
Sri Lanka	3,570 (USD.)	N/A	N/A
Indonesia	3,230 (USD.)	2,138	4,161
Vietnam	2,300 (USD.)	1,888	2,723

Source: UNDP Human Development Report, 2004: 140-141

Population earning income below the poverty line Ratio (Percentage)

Year (B.E.)	Household income distribution of 20 percent poorest populations	Population earning income below the poverty line ratio (Percent)
2531	4.5	32.6
2533	4.1	27.2
2535	3.8	23.2
2537	4.0	16.3
2539	4.2	11.4
2541	4.2	13.0
2543	3.9	14.2
2545	4.2	9.8

Source: 1. National Economic and Social Development Board

2. National Statistical Office Thailand

(http://www.nso.go.th/thai/stat/indicators/labor_tab.html)

Employment

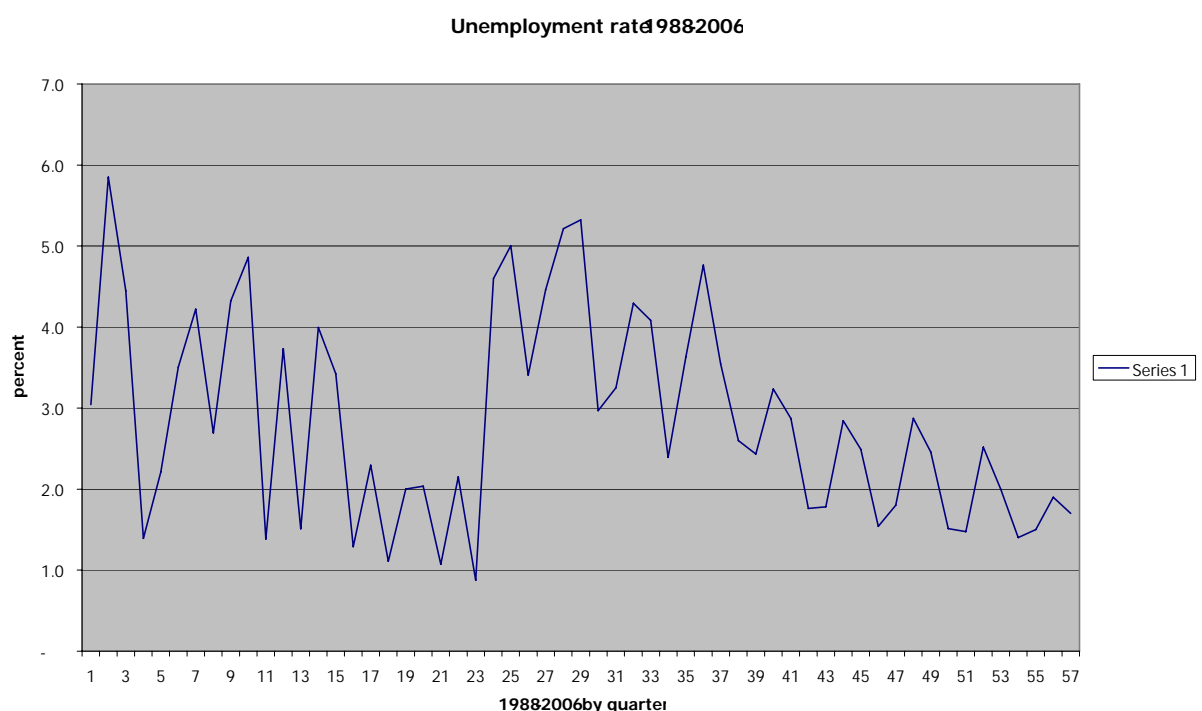
Employed Persons by Labor Force Status: 1988 - 2006

Employed Persons by Labor Force Status and Sex : 1988 - 2006	
Total	In Thousands

Year	Round/ Quarter	Persons 15+ years of age	Table Labor Force				Persons not in Labor Force	Participation Rate (%)	Unemployment Rate (%)
			Total	Employed	Unemployed	Seasonally inactive labor force			
1988	Round 3	35,705.2	29,282.2	28,284.5	891.1	106.7	6,423.0	82.0	3.0
1989	Round 1	36,200.5	28,643.4	25,623.2	1,676.0	1,344.3	7,557.1	79.1	5.9
	Round 2	36,438.7	29,230.0	26,475.3	1,299.8	1,454.9	7,208.7	80.2	4.4
	Round 3	36,674.8	30,243.3	29,674.0	420.4	148.9	6,431.5	82.5	1.4
1990	Round 3	37,608.8	30,820.1	29,956.2	681.6	182.3	6,788.7	81.9	2.2
1991	Round 1	38,069.1	29,577.7	26,709.8	1,037.0	1,830.9	8,491.4	77.7	3.5
	Round 2	38,303.1	30,049.4	27,503.1	1,268.0	1,278.3	8,253.8	78.5	4.2
	Round 3	38,560.3	31,259.4	30,291.6	841.8	126.1	7,300.9	81.1	2.7
1992	Round 1	39,283.6	30,800.1	28,617.0	1,331.7	851.4	8,483.5	78.4	4.3
	Round 2	39,525.7	30,688.2	27,493.6	1,491.5	1,703.1	8,837.5	77.6	4.9
	Round 3	39,768.7	32,182.6	31,675.8	445.4	61.4	7,586.1	80.9	1.4
1993	Round 1	40,242.5	31,121.0	28,766.3	1,161.6	1,193.1	9,121.5	77.3	3.7
	Round 3	40,720.6	32,310.1	31,634.1	487.5	188.5	8,410.5	79.3	1.5
1994	Round 1	41,323.6	30,729.8	27,979.0	1,228.1	1,522.7	10,593.8	74.4	4.0
	Round 2	41,471.7	31,558.8	28,624.1	1,080.2	1,854.5	9,912.9	76.1	3.4
	Round 3	41,611.9	32,136.5	31,658.2	414.6	63.8	9,475.4	77.2	1.3
1995	Round 1	42,646.4	31,086.6	28,823.0	713.7	1,549.9	11,559.9	72.9	2.3
	Round 3	42,893.9	32,669.9	32,258.9	362.4	48.6	10,224.0	76.2	1.1
1996	Round 1	43,369.5	31,702.6	29,919.8	634.7	1,148.0	11,666.9	73.1	2.0
	Round 2	43,480.2	32,224.0	30,122.4	656.4	1,445.2	11,256.2	74.1	2.0
	Round 3	43,585.1	32,543.6	32,032.6	349.2	161.8	11,041.5	74.7	1.1
1997	Round 1	44,084.2	31,809.9	30,101.9	684.0	1,024.0	12,274.3	72.2	2.2
	Round 3	44,582.8	33,339.2	32,942.8	291.9	104.5	11,243.6	74.8	0.9
1998	Round 1	44,804.5	31,978.2	29,271.0	1,470.2	1,237.0	12,826.4	71.4	4.6

	Round 2	44,915.8	32,001.5	28,418.4	1,601.0	1,982.1	12,914.3	71.2	5.0
	Round 3	45,028.7	33,140.8	31,935.0	1,128.9	76.8	11,887.9	73.6	3.4
	Round 4	45,140.1	32,518.5	30,793.5	1,451.2	273.8	12,621.6	72.0	4.5
1999	Round 1	45,528.8	32,623.0	29,865.0	1,700.6	1,057.4	12,905.9	71.7	5.2
	Round 2	45,642.1	32,762.7	29,652.0	1,743.7	1,367.0	12,879.4	71.8	5.3
	Round 3	45,758.1	33,018.7	31,903.3	979.6	135.8	12,739.4	72.2	3.0
	Round 4	45,866.1	32,471.8	31,232.9	1,056.0	182.9	13,394.3	70.8	3.3
2000	Round 1	46,274.5	32,856.7	30,299.7	1,411.1	1,184.8	12,905.9	71.0	4.3
	Round 2	46,342.9	33,088.7	30,288.7	1,350.7	917.8	12,879.4	71.4	4.1
	Round 3	46,517.0	33,799.6	32,832.8	808.3	107.7	12,739.4	72.7	2.4
	Round 4	46,670.6	33,150.0	31,749.2	1,204.2	130.9	13,394.3	71.0	3.6
2001	Quarter 1	46,825.5	33,211.9	30,444.1	1,582.4	1,184.8	13,614.4	70.9	4.8
	Quarter 2	46,979.6	33,494.4	31,387.7	1,188.4	917.8	13,486.0	71.3	3.5
	Quarter 3	47,133.6	34,487.7	33,483.2	896.4	107.7	12,646.7	73.2	2.6
	Quarter 4	47,286.6	34,059.9	33,099.8	828.7	130.9	13,227.5	72.0	2.4
2002	Quarter 1	47,440.9	33,495.0	31,767.4	1,083.4	643.7	13,946.7	70.6	3.2
	Quarter 2	47,596.7	33,988.0	32,351.8	975.8	659.9	13,609.5	71.4	2.9
	Quarter 3	47,753.8	34,969.6	34,261.8	616.1	91.1	12,784.9	73.2	1.8
	Quarter 4	47,911.0	34,593.8	33,860.3	616.0	117.0	13,318.0	72.2	1.8
2003	Quarter 1	48,068.5	34,077.0	32,761.7	968.9	345.8	13,992.3	70.9	2.8
	Quarter 2	48,226.1	34,735.8	33,360.1	865.1	510.0	13,491.1	72.0	2.5
	Quarter 3	48,383.8	35,310.5	34,676.4	543.7	90.4	13,073.3	73.0	1.5
	Quarter 4	48,573.5	35,483.6	34,564.8	639.0	279.8	13,089.9	73.1	1.8
2004	Quarter 1	49,021.0	34,803.2	33,423.6	1,000.1	379.5	14,217.8	71.0	2.9
	Quarter 2	49,369.3	35,529.8	34,188.9	872.8	468.1	13,839.5	72.0	2.5
	Quarter 3	49,447.4	36,291.1	35,711.3	548.9	30.9	13,156.3	73.4	1.5
	Quarter 4	49,492.9	36,247.0	35,591.4	534.8	120.8	13,245.8	73.2	1.5

2005	Quarter 1	49,541.0	35,280.2	34,050.1	888.1	342.0	14,260.8	71.2	2.5
	Quarter 2	49,589.1	35,804.5	34,674.5	731.4	398.7	13,784.6	72.2	2.0
	Quarter 3	49,931.7	36,794.5	36,254.9	495.3	44.4	13,137.2	73.7	1.4
	Quarter 4	50,132.7	36,600.5	36,001.8	536.5	62.2	13,532.2	73.0	1.5
2006	Quarter 1	50,261.6	35,618.6	34,638.1	666.2	314.4	14,643.0	70.9	1.9
	Quarter 2	50,400.4	36,400.0	35,502.3	606.6	291.2	14,000.4	72.2	1.7



The trend above shows declining in unemployment rate in Thailand during 1988-2006. Although it increased during the financial crisis from 1998-2003. Due to better opportunity in education for Thai people, Thai people get more trainings and can enter educational system easier than before since the government formulated education reform policy to increase basic educational level and provided educational loan for undergraduate students to have money to study and can pay back 2 years after they are employed.

Literacy rate

Table below shows literacy of female and male in Asia. Women have literacy less than men in all Asian countries except Philippines. It is claimed that providing education to women is the world educational development because more than half of the uneducated world population is women. **Similarly, referring to the equal educational level between female and male handicaps in Thailand, female will be fewer wages hired than male. The ratio of female wage to male wage is only 0.61 . Most of female is hired in the service sector with little wage unlike other jobs.**

Literacy between female and male in Asian countries

Country	Adult literacy rate (Percentage)		The approximate income ratio of female to male
	Female	Male	
Singapore	88.6	96.6	0.5
Malaysia	85.4	92.0	0.4
Thailand	90.5	94.9	0.61
Philippines	92.7	92.5	0.59
China	86.5	95.1	0.66
Sri Lanka	N/A	N/A	0.57
Indonesia	83.4	92.5	0.51
Vietnam	86.9	93.9	0.69

Source: UNDP Human Development Report, 2004: 176-178

Monthly income by selected industry 2004

Industry	Monthly income less than 6,501 Baht.		Monthly income 6501-10000 Baht.		Monthly income more than 10,000 Baht.	
	Female	Male	Female	Male	Female	Male
Agriculture	40	60	21	79	21	79
Manufacturing	10	90	38	62	32	68
Commerce	32	68	37	63	42	58
Service	62	38	53	47	51	49

Source: Gender and Development Research Institute
(<http://www.gdrif.org/people/html>)

Public Service Access

One of the good governance principles is the efficient management to demonstrate sufficient public service, easy access by the public and efficient service, particularly social welfares. Table below shows number of people who received the medical service welfare from public organizations which are a huge number and most of them (78.8%) use health insurance card. People in the North East region mostly use the health insurance card. 46 percent of all regions also use the 30-Baht health insurance card. For North East region, the ratio of people using the non 30-Baht health insurance card to 30-Baht health insurance card is similar (42.0% and 45.6%). The regions that least use the 30-Baht insurance card are Bangkok Metropolitan and Central. It is found that the public health budget distribution is inequality. The budget is little allocated to the areas that need much budget (North East region). In reality, the budget is much allocated to the areas that less need (Central region).

Percentage of people who received the medical service welfare from public organizations by type of welfare by region 2004

Type of Welfare	Whole kingdom	BM A	Central	North	North East	South
Population Gov. office welfare / pensioner / state enterprise	10.0	13.8	10.5	10.4	8.2	10.5

welfare						
Social Security/ Workmen' s Compensation Fund	11.2	27.2	20.9	6.3	4.2	6.3
Health Insurance Card	78.8	59.0	68.6	83.3	87.6	83.2
Population not pay fee	32.8	13.6	24.8	38.1	42.0	31.4
Population pay fee 30 Baht	46.0	45.4	43.8	45.2	45.6	51.8

Source: National Statistical Office Thailand, B.E. 2547

Tables below demonstrate service satisfaction. It also shows that number of populations who received the medical service from health insurance mostly were household income from less than 3,000 to 25,000 Baht. Most of them (70%) used for medical treatment and Rehabilitation. Only few populations (9%) used for health promotion. In addition, 90% of the populations who received health service and health recover as out-patient (OPD) was satisfied with the mentioned project. Most of the people in every region who received the service were satisfied and did not have problems concerning the project.

Number and percentage of the people aged over 15 years to have the privilege to hold the health insurance card and receive the service by household income and region 2002

Privilege / Hold the health insurance card and receive the service for the whole kingdom	Household Income (Baht)					
	Less than 3,001	3,001 – 5,000	5,001 – 7,000	7,001 – 10,000	10,001 – 25,000	Greater than 25,000
Privilege	80.4	90.7	89.5	83.3	73.5	63.0
Have the health insurance card	96.6	98.0	98.1	96.8	95.0	93.5
Receive the service	50.7	59.1	53.6	49.4	43.6	41.0

Source: National Statistical Office Thailand

Percentage of the population aged over 15 years who received the medical service by health insurance card by type of service and region to obtain the service in 2002

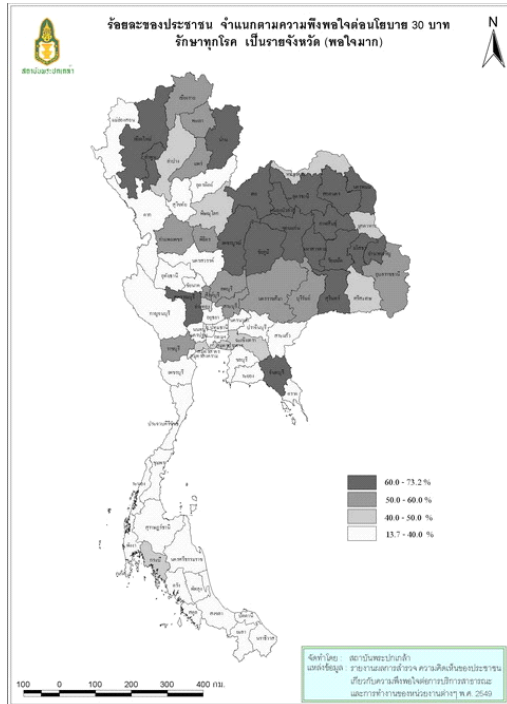
Service and Type of Service	Whole kingdom	Region				
		BM A	Central	North	North East	South
Health Insurance Card	100.0	100.0	100.0	100.0	100.0	100.0
Medical Treatment and Rehabilitation	81.7	79.9	84.3	85.5	78.3	82.9
Health Support	8.2	8.6	7.5	7.3	8.6	8.8
Both Types	10.1	11.5	8.2	7.2	13.1	8.3
Medical Service Type and Rehabilitation						
OPD	94.5	91.9	95.9	93.8	96.2	94.5
IPD	13.3	15.7	11.2	13.7	12.1	14.1

Source: National Statistical Office Thailand

Health Insurance Card Holder Satisfaction

Public Satisfaction on Government Policies

Public Satisfaction on Government Policies	Total	regions				
		Bangkok	Central	North	Northeast	South
30 baht per hospital	100.0	100.0	100.0	100.0	100.0	100.0
Strongly satisfied	47.7	37.4	41.4	52.1	62.3	26.8
Satisfied	39.6	40.1	44.7	37.9	32.8	49.3
dissatisfied	7.8	11.8	8.5	6.7	3.0	15.8
Strongly	3.4	7.7	3.0	2.3	1.5	6.3
No answer	1.5	3.0	2.4	1.0	0.4	1.8
Education loan	100.0	100.0	100.0	100.0	100.0	100.0
Strongly satisfied	47.6	44.2	41.0	53.7	54.4	37.4
Satisfied	42.2	38.9	47.2	38.5	38.7	50.8
Dissatisfied	5.0	8.4	4.7	4.4	3.5	6.3
Strongly	1.9	3.8	1.7	1.6	1.5	1.7
No answer	3.3	4.7	5.4	1.8	1.9	3.8



Source: King Prajadhipok’s Institute and National Statistical Office of Thailand 2006

In general, medical public service tends to be better due to health insurance project. The service has been attempted to be distributed to cover most areas for all people to get the medical welfare. However, from the survey conducted by King Prajadhipok’s Institute and National Statistical Office of Thailand in early 2006 shows that the North and Northeast people are more satisfied on health security policy “3 baht per hospital visit”.

In addition, for the labor and people work in private sectors receive social security according to the Social Security Act. There are more than 7 million insured persons in 2003. the number increases every year and the average visits per person per year is not high (only 2.55 visits per person per year) but increase more in 2004 to approx. 3 visits person per year.

Medical Service Utilization Rates

Unit: Visits/person/year

Types/yrs.	1996	1997	1998	1999	2000	2001	2002
Out-Patient	1.34	1.52	1.46	2.15	2.04	2.51	2.55

Draft: ; not for reference

* Public	1.17	1.44	1.40	2.07	1.85	2.37	2.45
* Private	1.45	1.59	1.50	2.22	2.18	2.60	2.61
In-Patient	0.030	0.034	0.032	0.043	0.043	0.046	0.044
* Public	0.029	0.032	0.031	0.041	0.042	0.041	0.039
* Private	0.031	0.035	0.033	0.043	0.044	0.050	0.047

Source: Social Security Office

Social Security Fund Statistics by Region 2003

Remark : 1. Insured persons according to Article 33 means employees who

	Whole Kingdom	BMA	Central	North	North East	South
Establishment	324,079	125,667	90,764	35,735	38,993	32,920
The insured person according to Article 33 ¹	7,434,237	2,641,480	3,230,262	513,863	532,231	516,401
The insured person according to Article 39 ²	175,131	49,632	66,424	26,726	15,028	17,321
Benefits Received by the insured person according to Article 33 ¹ and 39 ²						
Sickness	21,331,082	6,106,413	10,472,166	1,705,667	1,528,413	1,518,423
Invalidity	504	121	191	50	107	35
Death	18,362	3,653	7,131	2,724	3,401	1,453
Maternity	226,841	60,301	97,542	18,766	27,598	22,634
Old Age	41,662	9,265	14,837	6,232	7,754	3,574
Child Allowance	812,924	224,106	362,914	65,500	83,766	76,638

Draft: ; not for reference

registered for social security and/or contribute to the social security fund and will receive benefits according to the Social Security Act.

2. Insured persons according to Article 39 means persons who used to insure according to Article 33 but later insure status was terminated according to Article 38(2); that is the employment was terminated. But they inform of continuing to be injured.

Source: Social Security Office, Ministry of Labor and Social Welfare

Number of Insured Person' service utilizations (Unit: Number)

Year (B.E.)	Sickness	Invalidity (approved in that year)	Death	Maternity	Old Age	Child Allowance
1995	4,986,145	308	9,378	140,734	Not cover	Not cover
1996	6,373,711	277	11,220	171,169	Not cover	Not cover
1997	7,623,686	349	13,370	192,361	Not cover	Not cover
1998	8,923,772	527	13,038	178,213	Not cover	Not cover
1999	12,003,216	393	12,106	167,722	2,986	149,926
2000	12,606,716	480	13,434	183,692	12,333	624,484
2001	16,067,396	435	13,637	184,281	16,963	663,621
2002	18,247,247	614	15,209	194,641	22,063	688,466
2003	20,110,793	504	18,336	225,764	41,662	812,924
2004	21,121,983	713	17,431	251,380	46,779	856,142
Jan.2005	1,762,208	38	1,517	20,779	4,096	740,644
<i>Total</i>	<i>1,762,208</i>	<i>38</i>	<i>1,517</i>	<i>20,779</i>	<i>4,096</i>	<i>N/A</i>

Source: Social Security Office, Ministry of Labor and Social Welfare

Rate of Insured Person's Medical Care Utilization (Unit: Number/Head/Year)

Type	1996	1997	1998	1999	2000	2001	2002	2003
OPD	1.34	1.52	1.46	2.15	2.04	2.51	2.55	2.54
Government	1.17	1.44	1.40	2.07	1.85	2.37	2.45	2.41
Private	1.45	1.59	1.50	2.22	2.18	2.60	2.61	2.63

Draft: ; not for reference

IPD	0.030	0.034	0.032	0.043	0.043	0.046	0.044	0.046
IPD	0.030	0.034	0.032	0.043	0.043	0.046	0.044	0.046
Private	0.031	0.035	0.033	0.043	0.044	0.050	0.047	0.049

Source: Social Security Office, Ministry of Labor and Social Welfare

Concerning Workmen's Compensation Fund (WCF), number of employees under the coverage of WCF has been increased from three million in 1990 to be seven million in 2004. The paid compensation has also been increased every year varying by number of employees under the coverage of WCF. WCF is considered to be the good welfare being able to cover and promote physical health.

WCF Statistics

Year (B.E.)	Contribution (Million Baht)	Employees under the coverage of WCF	Number of Injured employees	Compensation (Million Baht)
1993	921.36	3,355,805	156,548	926.51
1996	1,397.81	4,903,736	216,335	1,370.03
1997	2,235.25	5,825,821	230,376	1,986.48
1999	1,630.79	5,321,872	171,997	1,404.40
2001	1,764.63	5,544,436	189,621	1,276.60
2002	1,991.64	6,541,105	190,979	1,220.14
2003	2,183.34	7,033,907	210,673	1,480.36
2004	2,315.96	7,386,825	215,534	1,479.34

Source: Office of the Workmen's Compensation Fund, Social Security Office, Ministry of Labor and Social Welfare

Medical Payment and Percentage of Elderly by Type of Medical Payment, Medical Payment Support, and Sex 2002

Type of Medical Payment	Total	Male	Female
Total	100.0 (4,759,502)	100.0 (2,167,441)	100.0 (2,592,061)
Self Support	16.3	17.3	15.5
Make all requisition by the privilege¹	66.4	67.6	65.3
Government / State Enterprise	16.0	18.9	13.5
Life Insurance Company	0.9	1.0	0.9
Social Security	0.6	0.9	0.2
Public Health Card	81.9	78.6	84.7
Not Know	0.6	0.6	0.7
Partly paid	2.2	2.2	2.2

Remark: ¹ the right exclusive for the elderly to make a requisition

Source: National Statistical Office Thailand, 2002

Elderly wish from the government and welfare utilization 2002

Type of Service	Whole Kingdom	
	Elderly wish from Government	Welfare Utilization
Government Home for Elderly	24.4	1.1
Private Home for Elderly	18.4	0.4
Social Elderly Service Center (Community Temple)	50.8	3.7
Elderly ID card	82.9	52.8
Health card to reduce medical payment	70.4	14.1
Request for reimbursing from the government	68.0	74.1
Request for joining national health insurance	74.1	33.4
Request for service unit to visit elderly home	70.8	4.3
Reduce the train ticket fare for the elderly	55.3	1.7

Source: National Statistical Office Thailand, 2002

The number of the old persons who are medical self-paid (the payer includes offspring, grandchildren, relatives, and friends) is 16 percent. However, most of the elderly have the privilege to make a requisition for reimbursing according to the elderly Id card and have the right to use the public health card for 66.4 and 81.9 percent respectively. They still need easy access public health service which should be ensured about the reasonable medical payment e.g. elderly ID card, the national health insurance, and public health card to reduce the medical payment.

Concerning the life security insurance, meaning in particular, the elderly income, there exist three systems which are allowance given to the poor elderly system, pension and life pension given to government officers/civil servants, and life pension given to employees under social security fund. In 2002 three life security insurance systems cover 400,000, 1.8 million, and 7 million populations respectively. Only social security fund accumulates money from insurers. Approximately 200,000 state enterprise employees, most of them do not receive life pension when they are getting old. Only pension is available. Therefore, overall Thai people around 32.8 million do not have income insurance in the old age which the government sector should consider the group that does not have the insurance for next step.

Public Utility Accessing to Respond to Basic Needs

As mentioned before, the government sector's central resource management and allocation to be throughout the country and equally distributed is the indicator for efficient management. It covers the ability to manage resources for populations to efficiently utilize, generates public utility allocation for security, responses to basic needs, along with providing public utility to increase productivity. The latest 2000 report from the population census survey showed that households with ownership was 82.4%, household with sanitation was 97.8 percent, and safe drinking water was 92.6 percent. However, safe drinking water from the UNDP report was lesser which only 84 percent was. Concerning public utility accessing by Thai population compared to other Asian countries, it was up to standard. 96 percent of basic public utility for communication was main telephone line establishment. Mobile phone and Internet usage was considered to be moderate to low compared to other countries.

Percentage of Household with basic public utility for population's public health

Key Indicators	2000
Households with ownership	82.4
Households with safe drinking water	92.6
Households with sanitation	97.8

Source: Population and housing census, 2000

Public Utility Provided by the Government Compared among Asian Countries

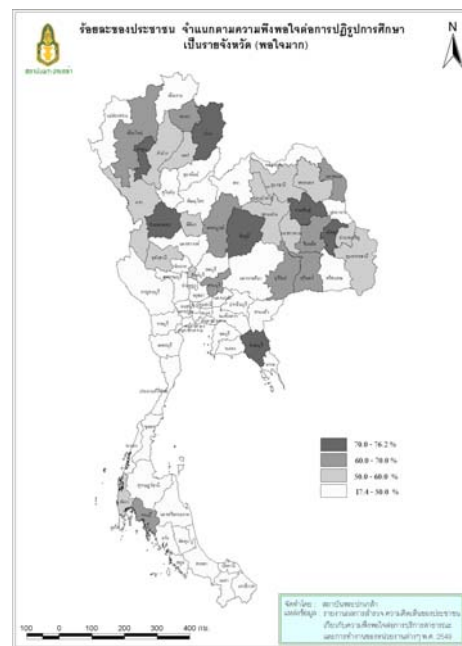
Country	per 1000 persons			Public Utility accessed by the population (Year 2000) (%)	Population with sustainable access to an improved water source (%) (Year 2000)
	Main Telephone Line	Mobile Phone Member	Number of Internet Users		
Singapore	463	796	504.4	100	100
Malaysia	190	377	319.7	N/A	N/A
Thailand	105	260	77.6	96	84
Philippines	42	191	44	83	86
China	167	161	46	40	75
Sri Lanka	47	49	10.6	94	77
Vietnam	N/A	N/A	N/A	47	77
Indonesia	N/A	N/A	N/A	55	78

Source: UNDP Human Development report, 2004: 202-204, 160-162

From the Information and Communication Technology survey conducted by National Statistical Office Thailand in 2004, it was founded that Thai population had quite a few information technology equipment to be able to communicate. Particularly, number of computers and internet for the household was very little except for Bangkok. It contains more than other areas.

Educational Reform

After having education reform according to the National Education Act 1999, the level of people's high satisfaction concentrates in the north and the northeast. Where people enjoyed former Prime Minister' Thaksin's policy.



Source: Source: King Prajadhipok’s Institute and National Statistical Office of Thailand 2006

Poverty situation

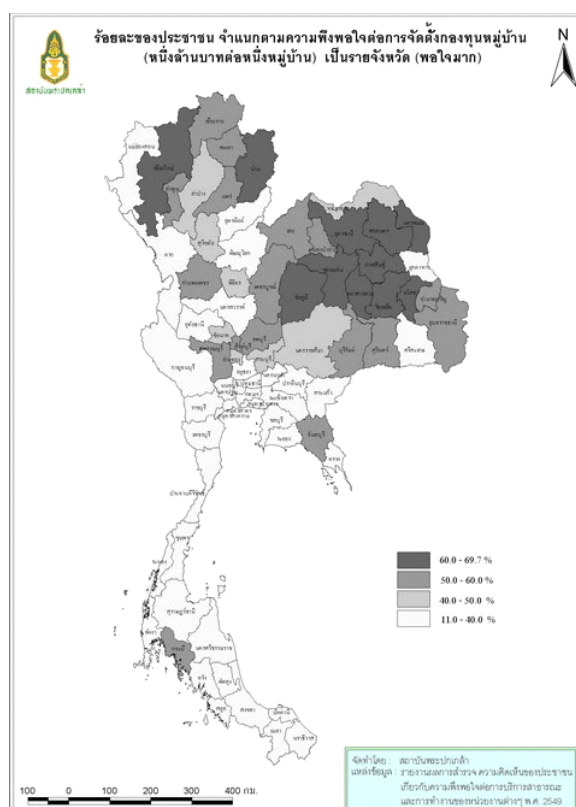
In 2004, the Ministry of Interior had program to survey those who have social problems nation wide. Below is the result. There were 11.3 million persons registered that they had problems for example, no land, no shelters, were in debt. The major problem is being in debt (44.8 percent and no land (36.47 percent). The former government realized of these problems, therefore, the community fund policy was formulated and implemented in every province. However, many villagers could not return the money to the government. Only people in the north and northeast that seem to be happy with this policy.

Numbers of registered persons on having social problems and poverty in 2004

	no land		debts	
	Numbers	percent	Numbers	percent
North	672,822.00	43.46	666,232.00	43,031.00
Northeast	1,771,551.00	35.34	2,611,387.00	52.09
Central	624,216.00	26.66	1,002,063.00	42.79
East	227,410.00	38.12	200,096.00	33.54
West	189,499.00	39.36	179,431.00	37.27

South	674,989.00	47.33	430,265.00	32.27
Total	4,160,487.00	36.47	5,119,474.00	44.88

Source: Department of Local Administration, Ministry of Interior, Statistics of National Registered Persons on Having Social and Poverty Problems, March 2004.

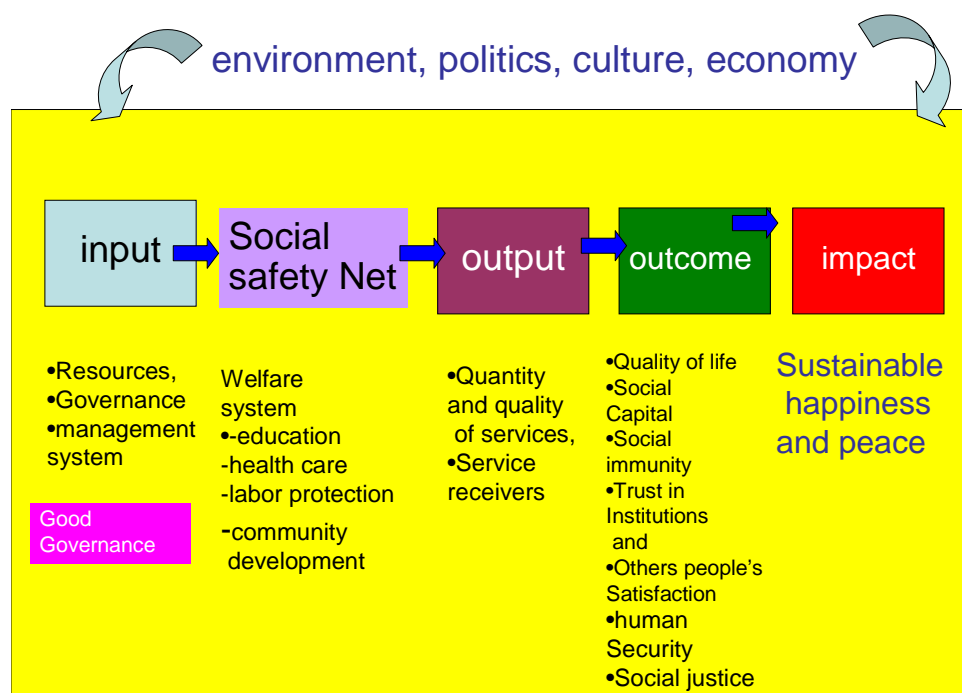


System Approach to Social safety Net in Thailand

If we consider on the system of social safety net, we will see that the social safety net system starts from having inputs to impacts. Many resources such as policies, budget, management , personnel etc are important factors for implementing social safety net policies in Thailand. Almost 50 percent of the annual national budget will be allocated to social services (41 percent in 2005). Those allocated budget will be spent by various agencies according to the policies It is expected that the Thai people should receive good, equal and sufficient welfare which will cause better quality of life, establish the social immunity for the people, communities, and country. In addition, there should be people satisfaction on the welfare they receive, public trust in the institutions that provide or manage welfare and also strong human security. The final

impacts of the system should be sustainable happiness and peace. If welfares are provided equally, reasonably and effectively or managed with good governance concept, there should be no social problems and conflicts in the Thai society. Many external factors may influence the implementation of the social safety net policies and can contribute to positive or negative impacts. For example, the political system that seems to be one of the most important factors, can strengthen the governance system effectively. Democracy, political system that supports public parturition and good governance seems to generate more justice, equity, equality on resources allocation. Public trust on the government should be higher in democratic country than non democratic country. The people will have more says in welfare management. In addition, social capital is one element that strengthens social safety net system. Therefore, to study social safety net, not only concentrate on welfare, social capital is also essential since it helps create social immunity.

The System of Social Safety Net in Thailand



The term social capital has emerged as an increasingly popular concept and has become an important factor in strengthen democracy. Some forms of it are good for democracy and social health (Putnum, 2002: 9). It is also an instrument of power (Harris, 2002:4). According to Portes (1998), social capital is based on the fundamental assumption that group involvement and participation can be beneficial to individuals and groups. It also refers to the institutions, relationships and norms that shape the quality and quantity of a society's social interactions. In Thailand, the organizational membership in Thai society is low (Albritton and Bureekul, 2002),. Only 39.1 percent of Thai respondents claim membership in any formal organization

When informal associations in groups are the subject of discussion, only 13.5 percent claim to socialize with others in group activity. The overwhelming proportion of formal memberships are accounted for by residential associations (21.7) and agricultural associations (17.0). Involvement in trade associations, labor unions, volunteer groups, and citizen's movements is negligible. Political memberships are among the lowest of the possible associations. The profile of Thai citizens represented by this indicator suggests that civil society in Thailand is relatively weak.

Percent Claiming Formal and Informal Affiliations in Civil Society Associations

	Percent Yes	Percent
No		
Formal Association		39.1
60.9		
Informal Association		13.5
86.5		

N=1546

For degree of trust in institutions, Thais had high trust in institutions but low trust in individuals (Thawilwadee Bureekul, 2002). An exception was the low trust in institutions responsible for law and order – the police. Moreover, the low level of trust in NGOs, indicates confusion over their roles, considering they act as a watchdog and provide the grassroots with information, technical know-how, philanthropy activities and guidelines for overseeing government performance.

From the implementation of social safety net system in Thailand, many welfare policies seem to be succeeded but some still need more reformation especially educational system and policy to support the disability groups. The holistic study has not been conducted to integrate related policies and mechanisms so that the policies can be effectively implemented.

Future Challenges

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Thai present government realizes on the important of many factors related to social safety net, therefore, many policies have been formulated such as

1. Promotion of sufficiency economy (following the King's words) to create immunity in the families, societies and country from external threats such as globalization or financial crisis.
2. Strengthen the democratic governance system in the country by establishment of the oversight system to the government policies.
3. Strengthen the civil societies so that they can be mentors for the rural poor or disable groups. Civil societies also help strengthen democratization process.
4. Establishment of indicators to measure people's happiness by concentrated on sufficiency economy and people centered concept .
5. Formulate social policy that emphasized on cohesiveness, and happy communities. By concentrate on the establishment of ethical society, mental development, strong communities and civil society, sufficiency economy, sustainable and just utilization of natural resources, human rights and dignity, and culture of peace. This policy has just been formulated since November 2006.

The mentioned policies are significant social policies that concentrated on human rights and dignity to support human security which will strengthen social safety net in Thailand. However, the challenges for future of Thailand are that how many policies can be integrated so that they can be efficiency and effectively implemented. Many organizations have responsibilities on implementing welfare and social related policies. How they can think and work together. Moreover, how the people can participate in policy formulation. Without having democratic governance culture, and the establishment of social capital or social immunity, the social safety net in Thailand will find a difficult and rough path to success.

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