ILO SOCIAL SECURITY INQUIRY

Recommendations from the Sri Lanka Pilot Implementation

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Reduce Questionnaire Length!

- Too many components, too many tables
 - Many redundant and cannot be easily filled
 - Many are not critical to understanding general situation
 - . . . Possible cause of workplace injury !

Recommendation

- Drastically cut questionnaire
 - Remove parts which are likely to be unfilled in most countries, or which require extensive estimation
 - Remove parts dealing with non-core sectors
 - Review priority of all items "Are they really needed?"

Narrow Scope of Inquiry

Sectoral coverage

- Questionnaire currently covers all areas of social protection - pensions, health, education, nutrition, housing ...
- Extends beyond traditional focus of ILO expertise to services funded by non-insurance means, e.g., health services, primary schools

Recommendation

Focus on obtaining better quality data with more complete coverage of countries by restricting to areas such as social security, pensions, etc.

Formalise Country Process

- Current process relied on goodwill for co-operation from government agencies
- Difficult to motivate counterparts to assist since may be seen as outside official duties
- Legitimacy of process can be questioned and weak national ownership

Recommendation

- Identify counterpart ministry as official contact point
- If contracting, contract in agreement with ministry
- Conduct annually to support routinisation

Avoid duplication with other international data collections

- Overlap with existing annual data collections
 - UN, World Bank, WHO, ADB, etc.
- Creates additional burdens of reporting
 - Transaction costs of reporting to multiple parties
 - Increased effort for complying with varying definitions/forms
 - Potential for multiple agencies to report the same indicators differently
 - Inconsistencies in internationally published data
- Fails to exploit efficiencies from collaboration

Recommendation

Collaborate with other agencies to avoid duplication

Collaborate with international health data collections

- Overlap with existing health data collections
 - WHO World Health Report Statistical Annexes
 - OECD Health Accounts & Health Data Collection
- Moves to harmonisation using joint questionnaire
 - Seoul December 2005 Meeting of WHO, WB, OECD, APNHAN
 - WHO-OECD-APNHAN Health Accounts Data Collection (2006)
- Health expenditure data request not based on OECD SHA standards
 - Provides framework for standardised reporting
 - 15+ countries in Asia-Pacific already reporting using SHA Facilitates ILO needs

Recommendation

Join WHO-OECD-Eurostat-APNHAN Health Collection



Specific Issues

- Pension schemes present significant future costs, but can be exaggerated
 - Important for all schemes to improve collection and reporting of beneficiary data
 - Supports management and development of new schemes
- Growing policy importance
 - Greater transparency and disclosure needed
 - Will encourage more informed debate & encourage capacity
 - Reduce risks of badly thought out policy changes
 - E.g. Abolition of Civil Servants Pension Scheme, 2003
 - Future costs overstated
 - Employee losses understated

General Issues

- Data and statistics only as useful as their interpretation and use
- Need to strengthen national capacity and information systems for social security analysis
 - Ministries
 - Central Bank
 - Social Security & Pension Boards
 - Research institutes
- Need to improve ability to compare performance with other countries to critically appreciate lessons