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## *Changing Welfare Regimes in East and Southeast Asia: Crisis, Change and Challenge*

**Aurel Croissant**

### **Abstract**

*The Asia-Pacific region is a latecomer to the development of the welfare state. However, in some countries, governments have implemented ambitious programmes to extend social security systems and to enlarge the institutional structure of their welfare states. Comparative study of the welfare systems in East and Southeast Asia is, however, underdeveloped and there still is a relative lack of accurate knowledge about welfare systems in the region. Since the Asian financial crisis, more attention has been paid to the social policies of the countries. This paper examines features of welfare regimes in Indonesia, Malaysia, the Philippines, Singapore, South Korea, Taiwan and Thailand, and undertakes a systematic review of the development, levels and patterns of welfare regimes in the region. Two core questions are answered: can the existing welfare systems help mitigate the social impact of the financial and economic crisis? What are the needs, challenges and developmental perspectives that inform the future of welfare regimes in this region?*

### **Keywords**

*Southeast Asia; Welfare regimes; Convergence; Crisis*

### **Introduction**

Comparative studies of the welfare systems of East and Southeast Asia have been undertaken by Western researchers and, even earlier, by Asian scholars. It is still, however, an underdeveloped research field. This is surprising. High rates of economic growth and significant improvements in living standards that have been achieved in many Asian countries have focused attention on economic and social developments in Asia. After the 1997-8 Asian financial crisis, however, greater attention has been paid to the social policies of the countries in the region. Can the existing welfare systems help to mitigate the social impact of the financial and economic crisis? Or has the social fallout,

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which has taken place following the crisis, led to a “New Social Contract” (Haggard 2002: 27)?

This paper examines features of welfare regimes in seven countries which are still struggling with the problems of the Asian economic crisis, manifesting itself in declining economic growth, rising unemployment, and falling real wages. The countries are Indonesia, Malaysia, the Philippines, Singapore, South Korea, Taiwan and Thailand. The paper proceeds as follows. First, it discusses three comparative perspectives of Asian welfare systems. Second, it undertakes a systematic review of the development, levels and patterns of government spending on social policy in the region. The third section provides a brief overview of the structures and efficacy of formal social security systems in the region, followed by a discussion of the welfare outcomes in the fourth section. Lastly, we summarize the overall impact of the Asian financial crisis on the welfare regimes and consider future challenges and developmental perspectives required for restructuring welfare regimes in the region.

### **Comparative Welfare State Analysis in East and Southeast Asia**

Systematic research on the emerging welfare systems of this region can be summarized in terms of three approaches. The *orientalistic* or *cultural* approach stresses the framing of social policy by a supposed or real Confucian welfare culture. Low levels of government investment in social policy, underdeveloped formal systems of social security and the fundamental importance of the family and community-based social safety nets are explained as the consequences of a culturally bounded view of state and society, based on the continuous relevance of Confucian social ethics. Culture thus provides the foundations for a model of the family-based, so-called “Oikonomic” or “Confucian Welfare State” (Jones 1990, 1993). Comparative welfare has shown that cultural values and traditions do in fact shape the structures of national welfare systems even in Western countries, particularly so in the early phases of emerging welfare systems. However, many scholars note the numerous methodological, empirical and theoretical problems of cultural explanations for different institutional structures, profiles and outcomes of the welfare systems (White and Goodman 1998: 15–16). While culture is an important variable for explaining the divergent paths of welfare development in many parts of the world, not least in Asia, an approach that focuses on Confucianism seems inappropriate for the comparison of welfare systems in cultural settings that are predominantly Muslim (Malaysia, Indonesia), Confucian (Korea, Taiwan, Singapore), Buddhist (Thailand) or Catholic (the Philippines).

A second approach stresses the public management of social risks as one component of a broader strategy of state-led economic development in Asia. Welfare systems analysis is here primarily the analysis of public social policies. Social policy is seen as one of several instruments of developmental policy. Terms like “Productivist Welfare Capitalism” (Holliday 2000) or “Developmental Welfare Systems” (White and Goodman 1998) point to the strategic use of social policies as a means of state-led industrialization in the

region. Low levels of taxation and social expenditure, small public welfare bureaucracies and governmental hostility to the idea of the redistributive aspect of the welfare state in the West are the main features of a system that rests primarily on three welfare columns: the company, the family and the community (Chan 2001: 31). Even though this approach correctly identifies the core attributes as well as the political logic of the development of some welfare systems in this region, it cannot be applied to all Asian welfare systems. Developmental strategies in this region differ quite substantially from each other; there is neither a uniform Northeast and Southeast Asian model of state-led development nor thus any universal or homogeneous "Asian welfare model" (MacIntyre 1994; White and Goodman 1998: 14).

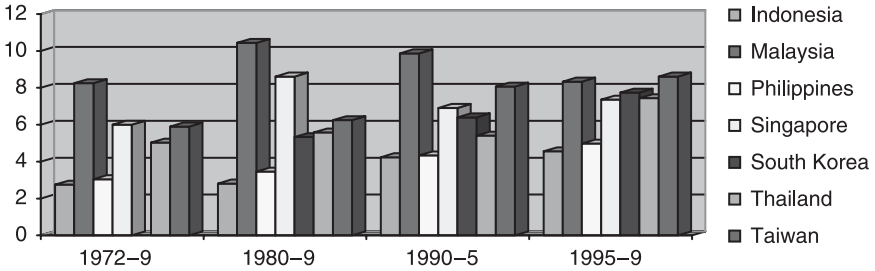
A third approach focuses on the institutional traits, political structures and social outcomes of national welfare *regimes*. This approach was predominantly influenced by the works of Gøsta Esping-Andersen (1990, 1999). As is well known, he identifies three ideal *Worlds of Welfare Capitalism*: one liberal, one conservative-corporatist, and one social democratic world. Each welfare regime is characterized by specific patterns of state, market and family welfare and different welfare outcomes, depending on the degree to which labour is decommodified and individuals are shielded from social risks in the market (Esping-Andersen 1990: chs 1–3). Esping-Andersen's welfare regime paradigm has attracted several critiques. Perhaps the most powerful is that in concentrating on public social policy, his welfare regime approach ignores other familial mechanisms of welfare production in a given country (Siegel 2002: ch. 2). This critique is especially relevant for comparative welfare systems analysis in Asia. Many scholars have pointed out the outstanding importance of the family as a producer of welfare outcomes in the pre-commodified societies of this region. Consequently, they focus on the patterns of interaction between the public sector, the private sector and the households, and their contributions to the way in which welfare is produced (Gough 2000). By adding the third dimension "family" to the former bipolar axis of state and market, Esping-Andersen later corrected this shortcoming of his paradigm (Esping-Andersen 1999: 34–5). This permits the beginning of measurement of those largely non-monetary private, familial social services which are important sources of welfare production in "familialistic" welfare regimes. The introduction of a welfare triad of state, market and family generates a more adequate starting point for the comparative analysis of Asian welfare systems.

## **Public Social Expenditure**

In this paper social expenditure encompasses spending on social security, health, education and housing, and personal social services. As is often pointed out, aggregate government social expenditures in Asia are generally lower than in non-Asian countries, particularly inside the OECD. Compared with the rest of the world, core programmes of the modern welfare state are underdeveloped in East and Southeast Asia. In the late 1990s, public social spending as a percentage of GDP ranged between 4.56 in Indonesia and 8.61 in Taiwan.

Figure 1

Public social expenditure (percentage of GDP)



Sources: Ramesh (2000: table 2.8) (Indonesia, Malaysia Philippines, Singapore, Thailand, 1972–1995); Directorate-General of Budget, Accounting and Statistics [accessed 10 April 2003], <<http://www.dgbas.gov.tw/dgbas03/>> (Taiwan); author's calculation based on data from Asian Development Bank, *Key Indicators*, various years (others).

Figure 1 shows, however, that the general finding needs some further differentiation. There was an increase in six of seven countries from the 1970s to the late 1990s. The increase was especially high in Korea, Thailand and Taiwan in the 1990s. Only one country (Malaysia) shows a substantial decline within this period. Government social spending is relatively high in Taiwan and Malaysia and particularly low in Indonesia and the Philippines. Other countries lie in between, but close to each other.

It is also illuminating to focus on patterns of government social spending and the substantial changes and differences among areas of spending. Table 1 reveals the priorities and trends in government expenditure on several key budget items. In the case of social security and welfare spending as a proportion of total central government expenditure, the available data illustrate that the highest shares are found in Taiwan and Korea, whereas governments in the other countries spent considerably less on these heads. There was a marked increase in Korea and Taiwan in the 1990s, but the other countries have not shown any substantial changes within the last three decades.

Governments in Southeast Asia (except Indonesia) spend substantially more on health than in East Asia. With the exception of Singapore, spending on public housing plays only a very limited role. Most countries spend more money on education than on any other item, and in Singapore and Thailand the share was particularly high in the 1990s. On first glance, Taiwan deviates from the regional trend because of her relatively low spending on education. However, the statistics provided by the International Monetary Fund (IMF) and the Asian Development Bank (ADB) do not include local government expenditures. In Taiwan, however, local government accounts for about two-thirds of all public expenditure on education. This leads to distortions towards national statistics. By taking into consideration public expenditures by all administrative levels, as published by the Taiwanese Directorate-General of Budget, Accounting and Statistics, the share of education as a percentage of total public expenditures was 20.6 in 1999, while the share of

Table 1

Social expenditures as percentage of total central government expenditure

	1972-9	1980-9 <sup>a</sup>	1990-2000 <sup>b</sup>
Indonesia			
Health	2.28	2.18	3.29
Social security and welfare	n.a.	n.a.	n.a.
Housing	1.40	1.48	1.25
Education	8.77	9.15	8.77
Total	12.45	12.81	13.59
Malaysia			
Health	6.71	4.82	5.87
Social security and welfare	3.11	3.99	4.50
Housing	0.69	5.97	3.55
Education	22.45	19.20	19.00
Total	32.96	33.98	32.92
Philippines			
Health	4.30	4.87	3.07
Social security and welfare	2.36	1.46	2.79
Housing	1.89	2.26	0.98
Education	12.37	16.71	17.45
Total	20.92	25.30	24.29
Singapore			
Health	8.05	5.72	6.52
Social security and welfare	1.56	1.47	2.84
Housing	6.86	7.99	8.84
Education	16.63	18.62	20.30
Total	33.10	33.80	38.50
South Korea			
Health	1.26	1.65	1.11
Social security and welfare	5.18	6.68	9.60
Housing	0.90	0.98	2.10
Education	15.86	18.65	19.20
Total	23.20	27.96	32.01
Taiwan			
Health	n.a.	1.76	2.35
Social security and welfare	n.a.	13.57	20.75
Housing	n.a.	0.62	0.87
Education	n.a.	12.07	9.25
Total	n.a.	30.58	33.22
Thailand			
Health	4.09	5.41	7.58
Social security and welfare	3.79	3.06	3.74
Housing	2.95	2.40	3.84
Education	20.65	19.71	20.32
Total	31.48	30.58	35.48

<sup>a</sup> Data for Taiwan cover the period 1981-9 only.

<sup>b</sup> Data for South Korea cover the period 1990-7 only.

Sources: Authors' calculations based on data from IMF, various years (South Korea, Thailand, Philippines), and ADB, *Key Indicators*, various years (Indonesia, Malaysia, Singapore, Taiwan).

social security and welfare was 16.9 per cent (2000).<sup>1</sup> Though national statistics generally provide a finer-grained analysis, the non-comparability of national sources can make cross-national comparison based on them almost impossible. Thus, this paper relies mainly on international data sources. We have compared national data sets with figures from the ADB and the IMF; the rankings of different areas of expenditure are not significantly affected. In the case of Taiwan, for example, even using national data confirms that spending on social security and welfare is higher than on education.

To sum up: using aggregate public social expenditure data as a measure of the relevance and role of the state as a welfare provider shows that Asia is much more reluctant to spend money on social policies than Western governments. It is evident that Asian governments set their fiscal priorities differently to governments in the West. In most OECD countries the relative share of social security expenditures is more than ten times larger than the total public education expenditures (Schmidt forthcoming). In Asia, public spending on education is two to five times larger than the social security expenditures in most countries. Furthermore, while Asian welfare states are relatively much smaller, given their level of economic development, education expenditures are above average in non-Asian countries (cf. Boix 2001; Kamimura 2002).

### **Social Security Systems: Institutions and Efficacy**

The findings presented in the last paragraph do not mean that Asian governments have not made significant efforts in the field of social welfare. Table 2 shows that formal social security programmes have become institutionalized in all countries. Even though the historical origins of these programmes sometimes reach back into the early twentieth century, most of them were introduced after the Second World War. Moreover, in countries like Taiwan, Korea and Thailand there was a marked increase in the size and coverage of social security programmes in the 1980s and 1990s, coinciding with the transition to democracy in those countries (Aspalter 2003; Croissant 2003).

It is notable that while all the countries have forms of old-age income security, and forms of protection for work injury and sickness, only three countries have an unemployment insurance system and only two of them (Korea, Taiwan) have actually implemented their policies so far. Only in Thailand are family and child allowances found. The Philippines, Thailand, South Korea and Taiwan provide forms of social insurance for public and private sector employees. The social security systems in these countries cover more social risks than their counterparts in the other countries. Malaysia and Indonesia have introduced a dual system of social security. Civil servants and politicians are covered by pension schemes and both countries use provident funds for old-age income security for private sector employees. Singapore relies almost exclusively on a system of provident funds.

In all these countries, security programmes for public sector employees, civil servants, members of the armed forces and politicians are financed through government subsidies. Except in Singapore, these programmes provide highly generous benefits compared to those available for employees in

Table 2

Origins, expansion and types of social security programmes

Country	Work injury	Sickness	Old age	Unemployment	Family allowance
Indonesia					
Introduced	1939	1957	1977	No	No
Current law	1992	1992	1992		
Type	SI	SI	PF/SI		
Malaysia					
Introduced	1929	1951	1951	No	No
Current law	1969	1991	2001		
Type	SI	PF	PF		
Philippines					
Introduced	1974	1954	1954	No	No
Current law	1996	1997	1997		
Type	SI	SI	SI		
Singapore					
Introduced	1933	1968	1953	No	No
Current law	1990	1996	1997		
Type	EL/CI	EL/PF/SA	PF		
South Korea					
Introduced	1953	1963	1973	1993	No
Current law	1963	1999	2000	1996	
Type	SI	SI	SI	SI	
Thailand					
Introduced	1972	1990	1990	1990	1990
Current law	1994	1999	1999	Not impl.	1999
Type	CI	SI	SI	SI	SI
Taiwan					
Introduced	1950	1950	1950	1999	No
Current law	2001	1995	2001	2001	
Type	SI	SI	SI	SI	

*Note:*

EL: Employer liability

CI: Compulsory insurance with public carrier

SA: Social assistance

SI: Social insurance

PF: Provident fund

*Source:* United States Social Security Administration; Croissant (forthcoming, table 5).

the private sector. Beyond that, the role of governments is mainly restricted to the monitoring and regulation of social insurance arrangements within the private sector. Government subsidies are extremely limited: statutory work-related social protection (unemployment benefits, disability payments and

Table 3

Contribution rates for social security programmes (percentage, 2002)

Country	Old age			All social security programmes <sup>a</sup>		
	Insured	Employer	Total	Insured	Employer	Total
Indonesia <sup>b</sup>	2.0	4.0	6.0	2.0	7.0 <sup>c</sup>	9.0
Malaysia	11.5	12.5	24.0	11.5	13.75	25.25
Philippines <sup>b</sup>	3.33	5.07	8.4	4.5 <sup>8</sup>	7.7 <sup>2</sup>	12.3
Singapore <sup>b</sup>	20.0 <sup>d</sup>	16.0 <sup>d</sup>	36.0 <sup>d</sup>	20.0	16.0 <sup>c</sup>	36.0
South Korea	4.5	4.5	9.0	6.81	8.7	15.51
Taiwan <sup>b</sup>	1.3	4.55	5.85	2.77	8.13	10.9
Thailand <sup>b</sup>	1.0 <sup>d</sup>	1.0 <sup>d</sup>	2.0 <sup>d</sup>	2.0	2.2	4.2

*Note:*

<sup>a</sup> Old age, work injury, sickness, unemployment, family allowance.

<sup>b</sup> Contributions are subject to an upper earnings limit for some benefits.

<sup>c</sup> Employers pay the total cost of work injury benefit.

<sup>d</sup> Also includes the contribution rate for other programmes.

*Source:* See table 2.

pensions) are supported almost entirely by payments from employers and workers (see table 3). Compared to other countries in the Asia-Pacific region, private social security schemes in Singapore and Malaysia have high contribution rates, whereas rates of contribution are relatively low in Indonesia, Thailand, the Philippines and Taiwan. Social security programmes in Korea involve relatively high payments by employees and below-average contributions from employers.

Public sector schemes in the region generally cover all those in the defined categories, usually public sector employees. Large coverage gaps exist, however, in the private sector. Exceptions are Singapore, which can be characterized as a country with a high degree of coverage, and South Korea and Taiwan, which have reached almost universal coverage in the case of their national health insurance schemes. More generally, Korea, Taiwan and Malaysia provide medium levels of coverage in international terms, while the degree of coverage in the other countries is rather low. During the 1990s, however, the introduction of new social security schemes, and the expansion of existing programmes in some countries (Thailand, Korea, Taiwan) has led to a considerable increase of coverage in the private sector. The data suggest a correlation between the size of the informal sector and the degree of social security coverage. In the last decades Singapore, Malaysia, South Korea and Taiwan have achieved fast rates of formal sector employment growth, while in other countries the majority of the national labour force still works in the informal sector, and are not covered by formal social security systems. Furthermore, the countries with the greatest informal sector employment lack comprehensive and coherent strategies for extending social security (see table 4).

Table 4

Coverage by important social security programmes  
in the private sector (2000)

Country	Proportion of people eligible to benefits, either as a percentage of the total population (national health insurances), or as a percentage of the labour force (other schemes)
Indonesia (PT Jamsostek)	n/a
Malaysia (Employees Provident Fund)	54.7
Philippines (Social Security System)	29.5
Singapore (Central Provident Fund)	58.1
South Korea	
National Pension Plan	44.4
National Health Insurance	100.0
Taiwan	
Labour Insurance	46.6
National Health Insurance	96.2
Thailand (Social Security Organization)	17.0

Source: Asher (2002: 94); Croissant (forthcoming, figures 2 and 3).

## Outcomes

Until the late 1990s, public pension systems, unemployment benefits, sickness-related payments and public health care remained limited in this region. This left the burden of social security outside the state and within the market, the family and charitable organizations. This was especially true for income security in old age. While public servants received generous pension benefits, private sector employees not covered by the company pension schemes of large enterprises received very low benefits. Provident funds and compulsory savings schemes within the private sector were generally too weak to protect against the risks of inflation and growing life expectancy. Furthermore, these programmes often do not provide for survivors' benefits.

A widespread use of contributory pension schemes occurs only in the Philippines, Korea and Thailand, and in Taiwan for some occupational groups. A national pension scheme in Taiwan has been planned for many years, but it has not yet been realized. To supplement private sources of support for the elderly, the government in Korea established a National Pension Scheme in 1988. In Thailand, a pension programme was included in the Social Security Act of 1999. However, these programmes will not begin paying regular pensions until 2008 and 2014, respectively. The public social security system in the Philippines has a number of weaknesses, among which are high administrative expenditures, low efficacy, insufficient contributions from both the insured and employers, and erratic changes to levels of benefits and services. Contrary to the convention, enterprise-based welfare

is important for income replacement for the elderly only in Korea, and very marginal in other countries. Even in Korea, however, employment-based welfare is not distributed evenly across the population but concentrated on core workers in large enterprises. In the other countries, occupational structures are very different. They overwhelmingly involve small, family-oriented or medium-sized companies. Hence the labour market is flexible and competitive, but involves low loyalty and commitment from both employees and employers. Instead, family loyalty, as opposed to company loyalty, provides the foundation for social protection (Jacobs 1998). Moreover, in Korea, where the average job tenure was 5.3 years in the mid-1990s (as opposed to 11.3 years in Japan and 7.4 years in the United States), enterprise pensions are more often a severance pay than a genuine pension (OECD 2001b).

Thus, even workers covered by enterprise-based welfare, that is, most workers in the informal sector or in small and medium-sized enterprises, face considerable income insecurity when they reach retirement age. Hence, earnings from continuing work or support from children are the main source of income for most older people. Income transfers within the family were the main income source for 44.3 per cent of older people in Korea in 1994 and for 48.3 per cent in Taiwan (1996). In other countries, the vast majority of older people also receive their main income from intra-family transfers. By contrast, public pensions, public assistance and private insurance are the main sources of income for a negligible proportion of older people (Kwon 1999b: 11; Ku 2002: 156; Gough 2002). Furthermore, a weakly developed public infrastructure of personal social services, maternal and child welfare institutions, nursing homes and other welfare institutions for the aged, even in the most developed economies (for example, Singapore, South Korea and Taiwan), together with the high level of intergenerational co-residence, mean that the main burden of support and care for dependants, especially the aged, is borne by the family (see table 5).

The model of the extended nuclear family, in which most older people with their families and working incomes are pooled into household income, generates income security, provides alternatives to public personal social services, and keeps private social expenditure at low levels (see table 6). However, it also sustains the exclusion of women from the labour market, as is demonstrated by low female employment rates (except in Thailand; see Gough 2000: 13; and table 10, below).

The importance of the family compared with the state is also displayed in education and health care. Even though public expenditures on education and health are substantial, levels of private spending remain high. For example, in 1998 private expenditure as a share of total expenditures on education was 43.9 per cent in South Korea, 42.6 per cent in Thailand, and 43.5 per cent in the Philippines (OECD 2001a). While at the basic levels education delivery is mostly public, the majority of college and university students in South Korea, Indonesia and the Philippines are enrolled in private institutions. In Thailand, public universities dominate the field, but there is a trend towards increasing private enrolment. In Singapore, about one-third of all students at the primary and secondary levels are enrolled in private schools. Private consumption of health is also significant, due to high out-of-pocket

Table 5  
Institutions for older and disabled people

Year-end	Caring and nursing institutions for the aged				Institutions for handicapped			
	Korea		Taiwan		Korea		Taiwan	
	Units	Inmates	Units	Inmates	Units	Inmates	Units	Inmates <sup>a</sup>
1989	87	6,286	40	10,747	108	12,028	66	4,740
1990	88	6,409	43	10,756	118	12,759	58	4,981
1991	92	6,427	45	10,707	136	13,131	65	5,679
1992	104	6,650	45	11,349	150	13,382	71	6,244
1993	113	6,838	53	9,245	152	13,533	85	6,962
1994	118	7,315	54	9,117	160	13,936	95	7,218
1995	125	7,590	61	9,089	174	14,840	96	7,866
1996	137	8,029	64	9,283	177	15,240	113	9,308
1997	135	8,428	70	9,759	180	15,980	130	11,699
1998	163	9,393	83	9,779	192	16,718	138	11,414
1999	186	10,985	237	12,100	188	16,815	144	10,603
2000	195	11,669	528	20,599	195	17,215	193	10,598

<sup>a</sup> Inmates before 1995, and inmates and day-care persons after 1996.

Source: *Korea Statistical Yearbook*, various years; DGBAS [accessed 5 August 2003], <<http://www.dgbas.gov.tw/dgbaso3/bs2/9ichy/table/sog8.xls>>.

Table 6

Percentage of older people (65 and over) living in three-or-more generation households

Indonesia	Philippines		Singapore		South Korea		Taiwan		Thailand <sup>a</sup>	
	1986	1995	1988	1995	1984	1998	1980	1995	1986	1995
67	68	69	88	85	78	59	74.1	70	77	71

<sup>a</sup> 60+ years old.

Source: DGBAS, *2000 Population and Housing Census in Taiwan-Fukien Area* [accessed 15 October 2003], <[http://www.dgbas.gov.tw/census-n/six/line5/tabl\\_ch.htm](http://www.dgbas.gov.tw/census-n/six/line5/tabl_ch.htm)> Kwon (1999b); Knodel and Nibhon (1992); Knodel and Nibhon (1997).

payments, low spending or low generosity of public health schemes. In most countries, basic health care is either free or provided for a low user charge only for those on very low incomes, the rural poor, and some ethnic minorities (see table 7).

According to the terminology of Esping-Andersen, the welfare regimes of East and Southeast Asia are essentially “familialistic”, assigning most welfare

Table 7

## Private and public expenditures on health

Country	Total expenditures (%)				Pro Kopf (PPP, US\$)					
	Public		Private		Public		OOPS <sup>a</sup>		Total	
	1997	2000	1997	2000	1997	2000	1997	2000	1997	2000
Indonesia	22.9	23.7	77.1	76.3	19	20	53	58	82	84
Malaysia	57.6	58.8	42.4	41.2	123	138	91	96	214	234
Philippines	48.5	45.7	51.5	54.3	64	76	65	75	132	167
Singapore	35.8	35.7	64.2	64.3	237	326	425	579	663	913
South Korea	41.0	44.1	59.0	55.9	305	401	342	372	734	909
Thailand	56.9	57.4	43.1	42.6	133	136	87	85	234	237

<sup>a</sup> OOPS: out-of-pocket spending.

Source: WHO (2002: 144–5); WHO (2003: annex table 5).

functions to the household. The key to social security is lifelong inclusion in the labour market. This supports family and household provision of security against social risks through intergenerational and intragenerational income pooling and transfers of personal income. The family also provides most personal social services. Social entitlements are minimal, even though in some countries the written constitution commits the state to the enhancement of the social welfare of its citizens.

Formal social security schemes target wage- and salary-earners in the formal labour market. Welfare outcomes depend on the male breadwinner model, household welfare production by women and low female labour force participation rates. Unlike the conservative-familialistic welfare regimes of Southern Europe, familialistic welfare regimes in Asia do not produce high decommodification for male breadwinners through generous social benefits and government regulation of the labour market (Esping-Andersen 1999: 18–19). Significant welfare guarantees for the family through entitlements to government transfers are absent. This results in a low degree of decommodification and defamilialization. Due to the high degree of employment in the informal sector, Indonesia, Thailand, and the Philippines might even be characterized as “precommodified societies”.

Income redistribution has rarely been an issue in capitalist East and Southeast Asia. The redistributive impact of Asian welfare states is weak. Inequalities in personal and household incomes produced by the market and social structures are reproduced by state welfare. Thus, it is not surprising that in most of the countries, Gini coefficients of income distribution are relatively high, compared to countries in the West. Nonetheless, income inequality in these seven selected Asian countries is moderate, and even low compared to non-Asian countries outside the OECD, despite the lack of

redistributional social and fiscal policies. As is emphasized by Kwon (1999a), Jacobs (1998) and Chan (2001), the key to the performance of Korea, Taiwan and other countries in the region in terms of income equality lies outside of the realm of state welfare. Rather, increasing participation in the workforce by men, and by women before marriage, strong family support, high levels of private transfers between generations and from urban workers to rural households provide the explanation for relative equality (Jacobs 1998: 62).

It is important, however, to stress that these “familialistic” welfare regimes, notwithstanding their residualism and the government’s hostility to the idea of social citizenship rights and redistributive welfare policies, achieve high levels of “human development”. As the Human Development Indicator (HDI) and other social indicators reveal, Asian countries have demonstrated impressive improvements in social well-being over the last three decades. There have been falls in poverty levels, rising levels of educational attainment, improved health, and growing life expectancy (see table 8).

It is important to notice, however, that there still are substantial gender inequalities and regional disparities. These problems are based on closed social stratification, regional concentration of work and income opportunities, the political marginalization of some social groups and cultural obstacles to female emancipation (Ninami *et al.* 1999; Merkel 2003). The figures available indicate manifold discrimination in women’s access to education, health, social security and personal income.

### **The Asian Financial Crisis**

Prior to the economic crisis of the late 1990s, most countries in East and Southeast Asia had enjoyed a long period of economic growth. This made possible a substantial mitigation of poverty and brought broad improvements in the quality of life in most countries. The Asian financial crisis brought these patterns to an abrupt halt. The social fallout was worst in South Korea, Thailand, and Indonesia, while Taiwan and the Philippines were largely unaffected at first. The effects hit Taiwan only later and more weakly. In the Philippines the crisis ruled out economic and social recovery from two decades of economic and social decay (Reyes *et al.* 1999) (see table 9).

All the countries under review recorded sharp falls in their GDP per capita growth rates, rising unemployment and reductions in workers’ incomes. Indonesia, Malaysia, the Philippines and Thailand also experienced high rates of inflation. Millions of workers (especially women) in the region lost their jobs, many responded to un- or underemployment by moving to rural areas and engaging temporarily in agricultural labour. Consumer price inflation eroded purchasing power and savings. Firms in the formal sector often responded to the crisis by cutting or freezing wages, leading to substantial falls in real incomes: between 1997 and 1998, real earnings of workers in Thailand, Indonesia and Malaysia were reduced by 21, 27 and 1 per cent, respectively (Reyes *et al.* 1999: 2). All the countries except Singapore experienced a slight increase in income inequality and the incidence of poverty (World Bank 2000; ESCAP 2003).

Table 8

Indicators for social development (1995–7)<sup>a</sup>

	Indonesia	Malaysia	Philippines	Singapore	Korea	Taiwan	Thailand
Human Development Index	0.664	0.760	0.733	0.857	0.852	0.895 <sup>b</sup>	0.749
Gender-related Development Index	0.851	0.785	0.661	0.848	0.826	n/a	0.812
Education							
Primary gross enrolment rate (%)	99	100	95	100	100	100	88
Secondary gross enrolment rate (%)	56	64	78	76	100	97.2	48
Literacy rate (women) (%)	78	78	94	86	97	86	92
Health							
Life expectancy at birth <sup>c</sup>	65.1	71.9	68.6	77.1	72.4	74.8	69.5
Child mortality per 1,000 births <sup>d</sup>	38	8	31	4	9	5.9	26
Poverty (% of population below 1 US\$ per day poverty line)	14.8	0.0	14.8	<1.0	<1.0	<1.0	2.2
Income distribution (Gini Index)	31.7	49.2	46.2	46.7	31.5	32.4	41.4

<sup>a</sup> Latest available year. Data are from different sources, with no guarantee of uniform methodology.<sup>b</sup> 2001.<sup>c</sup> 1995–2000.<sup>d</sup> 1998–2000.

Source: ESCAP 2002; Department of Statistics, Singapore [accessed 3 October 2003], <<http://www.singstat.gov.sg>>; DGBAS, *Social Indicators* 2001 [accessed 30 October 2003], <<http://www.dgbas.gov.tw>>; UNDP, various years; ADB, *Key Indicators*, various years; DGBAS, [accessed 15 October 2003], <<http://www.dgbas.gov.tw/dgbas03/bs3/analyse/new92381.htm>>.

Table 9  
Growth, unemployment and inflation (% , 1996–2002)

	Indonesia	Malaysia	Philippines	Singapore	S. Korea	Taiwan	Thailand
<b>Growth<sup>a</sup></b>							
1996	5.9	7.5	3.4	3.3	5.7	5.3	4.8
1997	3.2	5.0	2.9	5.2	4.1	5.8	-2.3
1998	-14.6	-9.7	-2.8	-3.5	-7.4	3.6	-11.5
1999	-0.7	3.7	1.2	5.7	10.2	4.6	3.4
2000	3.3	4.9	2.3	7.7	8.5	5.0	4.5
2001	1.9	-1.7	1.1	-5.2	2.4	-2.9	1.2
2002	2.2	2.1	2.4	5.4	5.7	4.0	4.1
<b>Unemployment</b>							
1996	4.9	2.5	7.4	3.0	2.0	2.6	1.1
1997	4.7	2.4	7.9	2.5	2.6	2.7	1.5
1998	5.5	3.2	9.6	3.2	6.8	2.7	4.4
1999	6.4	3.3	9.4	4.6	6.3	2.9	4.2
2000	6.1	3.1	10.1	4.4	4.1	4.6	3.6
2001	8.1	3.6	9.8	3.3	3.7	5.2	3.3
2002	9.1	3.5	11.4	4.4	3.0	5.2	2.4
<b>Inflation</b>							
1996	39.6	3.5	9.1	1.3	4.9	3.1	5.9
1997	42.9	2.7	5.9	2.0	4.4	0.9	5.6
1998	58.5	12.8	9.7	-0.3	7.5	1.7	8.1
1999	20.4	2.8	6.7	0.1	0.8	0.2	0.3
2000	3.7	1.6	4.4	1.3	2.3	1.3	1.6
2001	11.5	1.4	6.1	1.0	4.1	0.0	1.6
2002	11.9	1.8	3.1	-0.4	2.7	-0.2	0.7

<sup>a</sup> Growth rate of GDP per capita.

Source: ADB, *Asian Development Outlook* (various years).

Individuals, families and the government reacted to rising unemployment and decreasing incomes with various strategies. In countries with a large informal or agricultural labour sector, the return of labour to rural areas and agriculture was substantial. The poor responded by searching for alternative *ad hoc* job and income opportunities. Some countries, such as Indonesia and the Philippines, sought to increase the export of migrant workers, while other countries, like Singapore and Malaysia, attempted to repatriate migrant workers. Households adapted by altering their consumption and saving patterns, leading to falls in the private consumption of health and education and a temporary decline of private savings rates (ADB 1999, 2001: table A7; World Bank 2000: 121; Chan 2001: 23–4).

Research has shown that the costs of the crisis were not distributed equally. The lack of an adequate social safety net in Indonesia and Thailand had disastrous consequences for groups with lower incomes. The poor, badly

educated, least experienced, young, and female workers suffered the most. They were the most likely to fall into long-term unemployment and often remained poor even after the economy began to recover (Lee and Rhee 1999). Asian governments responded in various ways to an emerging social crisis. Three strategies can be differentiated: adopting specific employment policies (strengthening of employment services, initiating training and retraining programmes for the unemployed, and introducing public work programmes; expanding social security programmes; providing extended financial assistance to the poor, elderly and families with many children (Chan 2001: 25; Adam *et al.* 2002).

Two groups can be differentiated in terms of government responses. The first consists of Singapore, Malaysia, Indonesia and the Philippines. The governments in these countries believed that the restoration of economic growth and traditional values of self-reliance and mutual support were the best way to solve the social crisis. They sought to strengthen established patterns of welfare residualism, and relied on familialism, communitarianism and traditional norms of subsidiarity and mutual support.

The second group consists of South Korea, Taiwan and, to some degree, Thailand. Democratic progress in these countries was already creating pressures for greater attention to social policy, and the economic crisis of 1997–8 has accelerated these trends. The transition to democracy in the late 1980s or early 1990s had created a new political environment and raised the political costs for neglecting public demands for greater government social spending. In these three countries, all major parties discovered social policy as an important issue for mobilizing electoral support (Kwon 2002: 76; Tang 2002: 79–85; Chen 2000; Schramm 2002; Kim 2003). The crisis of 1997–8 reinforced this trend. Political parties and election candidates without credible social policy agendas risked defeat, as Pasuk and Baker (2000: 74) demonstrate in Thailand. Agenda-setting by NGOs, academics and social organizations combined with greater awareness of the harmful social impacts of the financial crisis forced governments to launch new social welfare programmes and to extend the existing schemes (Naruemon 2002: 189–91). The governments in all three countries passed legislation to strengthen their social security systems (Lin 2002; Croissant 2003; Kim 2003).

## **Understandings of the Need for Reform**

Economic recovery has begun in some countries in East and Southeast Asia. However, the era of fast, even storming economic growth is gone, probably forever. Most countries are struggling with declining economic growth, higher unemployment rates and an emerging problem of long-term unemployment. The Asian financial crisis has irreversibly and irrecoverably changed the parameters for economic development and public social policy in the region. Whatever the successes and failures of adjustments and social safety-net programmes in the short run, the crisis revealed the weaknesses and shortcomings of the existing welfare systems in East and Southeast Asia. Therefore, the more interesting question is what the longer-term future of social policy might be. The immediate social fallout of the crisis has

substantial implications for the future development of welfare regimes and welfare systems in the region. The idea that East Asian welfare systems are “cheaper” than a European-style welfare state, especially popular among apologists for the “Oriental welfare model”, proved to be an illusion. Before the crisis this view might have been correct in terms of a purely monetary assessment of government spending, but only by excluding the high monetary and non-monetary costs of welfare for the family, households and individuals, especially women and older people. These welfare regimes had relied on optimistic assumptions of decade-long high economic growth rates, and a high and lifelong male labour market participation. In times of prosperity, Asian governments could maintain public unemployment, health, pension and social service systems at low levels. These had clearly failed under the pressure of economic crisis.

In many Asian countries, social change has produced a higher demand for social policy. The stability of traditional family structures and a continuously young population have formed the basic social parameters for the welfare systems in Asia. But now the more developed nations are facing the problems of an ageing society, demand for the care of older people, declining fertility rates and population growth, slowed growth of the labour force, with increasing female participation rates (see table 10).

These developments, together with increasing urbanization, the rise of post-materialist, individualistic life conceptions, the increasing frequency of one-generation or single-person households, and growing divorce rates, weaken the stability and integrity of the “familialistic” foundations of the welfare regimes (Asher 2002: 90). It would be an exaggeration to suggest that the familialistic welfare regime in Asia is collapsing. However, the ability of the family (especially of women) to offer social security and social services may not be maintained, leading to growing dependency on formal systems.

In some of the countries, democratization is creating new state–citizen relations, providing greater opportunities for the articulation of demand for improved welfare policies, and thus creating stronger incentives for political actors to pay attention to social policy. Moreover, the increasing inclusion of the East Asian economies into the global markets, and their vulnerability to globalization further limit the opportunities of “enterprise-based welfare” as well as the corporatist control of labour markets. This suggests that regulative welfare state policies will lose effectiveness. Large enterprises may reduce their roles as welfare providers, leading in turn to further demands on the state.

Thus demographic, economic and political trends challenge the established structures of the welfare regimes in Asia. Since no actors other than the state will be able to fill the gaps in the welfare system, an increasing role for the state is likely. This is especially true for Korea, Taiwan and Thailand, where the populations are ageing, the pension systems maturing, and social insurance systems have already been extended.

Thus, it is not surprising that the discussion of an “Asian model” as an alternative to the “Western-style” welfare state is losing much of its attractiveness. In some Asian countries, the debate about reform of the welfare system is already increasingly shaped by European models. Political elites

Table 10  
Demographic and other social trend indicators

	Indonesia	Malaysia	Philippines	Singapore	Korea	Taiwan	Thailand
Elderly dependency rate							
1980	6.0	6.4	5.0	6.9	6.1	6.8 <sup>a</sup>	6.3
2000	7.3	6.7	6.1	10.2	9.4	12.2	8.4
2030	14.5	16.2	12.3	40.7	27.7	n.a.	21.9
% of population 65+ years							
1980	3.3	3.7	2.8	4.7	3.8	6.1 <sup>b</sup>	3.5
2000	4.7	4.1	3.6	7.2	6.7	8.5	5.8
2030	9.9	10.7	8.4	24.1	18.1	n.a.	14.7
Total fertility rate							
1990–95	2.6	3.2	3.6	1.7	1.7	1.7	1.7
2025–30	2.1	2.0	2.1	2.0	n.a.	n.a.	2.1
Average growth of population per year							
1975–2000	1.8	2.4	2.4	2.3	1.1	1.8 <sup>c</sup>	1.7
2000–2015	1.1	1.5	1.6	1.1	0.5	n.a.	1.0
Life expectancy at birth							
1995–2000	65.1	72.0	68.3	77.1	72.4	75.3 <sup>d</sup>	68.8
Labour force participation rate (women)							
1980	45.6	42.8	46.0	47.4	50.2	33.0 <sup>a</sup>	79.7
1995	54.9	48.9	49.8	55.4	54.7	38.5	79.4
Average growth of labour force							
1980–1997	2.8	2.8	2.6	2.4	2.2	2.0 <sup>e</sup>	2.1
2000–2030	1.1	1.6	2.0	0.3	n.a.	n.a.	0.8

*Note:*

<sup>a</sup> 1981.

<sup>b</sup> 1990.

<sup>c</sup> 1982–2000.

<sup>d</sup> 2000.

<sup>e</sup> 1982–97.

*Source:* DGBAS, *2000 Population and Housing Census in Taiwan-Fukien Area*, [http://www.dgbas.gov.tw/census~n/six/line5/tab1\\_ch.htm](http://www.dgbas.gov.tw/census~n/six/line5/tab1_ch.htm); DGBAS, *National Statistics*, <http://www.dgbas.gov.tw>; UNDP, *Human Development Report 2002*; ILO (1997); ILO (2000); Asher (2003: 91).

and social activists seek answers for the social problems of their countries in the experiences of the European and Anglo-American welfare regimes. No longer does the liberal model of the American marginal welfare state dominate these debates. Particularly for health and pensions, European models of the “conservative welfare state” are influential. There is growing discussion of universal, contribution-funded pension and health insurance systems, of universal unemployment insurance in Taiwan and South Korea, as well as of a tax-financed, British national health service model in Thailand. These

new conceptions of welfare systems mean nothing less than a departure from the *Asianness* of welfare towards a more reflective learning from Western experience. Thus, at least in South Korea, Taiwan and Thailand, the adoption of Western models, which come in a large variety of forms, is now more likely than the preservation of the existing welfare models.

## Note

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