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INTERNATIONAL SOCIAL SECURITY ASSOCIATION

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## **Social security for migrants: Trends, best practice and ways forward**

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## *Summary*

*The purpose of the paper is threefold. First, it illustrates how social security access and provisioning have very specific remits for migrants. Second, it reviews the ways in which migrants are able to access (or are constrained from accessing) social security arrangements. Third, it provides some recommendations as to how to extend and strengthen social insurance entitlements for migrants. The paper draws out best practice for providing social security coverage to migrant workers, but also identifies areas where best practice cannot be easily implemented. Case studies are annexed.*

## **Introduction**

According to the United Nations (UN), about 3 per cent of the world's population – that is, almost 191 million people – lived outside their country of birth in 2005.<sup>2</sup> This number is about 20 per cent higher than the number of migrants in 1960 (UN, 2006). Due to the underlying economic and demographic global imbalances, this trend is likely to persist and calls for policies that effectively manage migration to the benefit of all – migrants, origin countries and host countries (Holzmann and Muenz, 2004).

These substantial and increasing migration flows raise questions about social security for international migrants. The atypical life cycle of migrants requires special provisions for their social security to ensure that they can adequately manage their risks. Migrants move between countries and hence between distinctively regulated labour markets and social security systems, which creates specific vulnerabilities. Newly arrived migrants are in a particularly vulnerable position as they are away from their home community and have no access to important informal social networks and safety nets. In addition, access to formal social services in the new host country is often restricted for many reasons, such as informal labour market involvement, employer monopsony and delayed access until some months or years after arrival. Exacerbating this, many richer receiving countries have tightened the provisions of their social security systems so that migrants cannot gain access.

At the same time, migrants might have contributed to formal social security systems in their country of origin or former host countries, yet any rights to benefits from these systems might cease to exist or substantially diminish with the arrival in the new host country. Similarly, any contributions made to the social security system of the new host country might be lost after the migrant departs because the associated social rights and benefits might not be portable across international borders. Finally, migrants – in particular low-skilled, undocumented migrants – face challenging labour market conditions leading to exclusions from national security systems in host countries related to cross-border recruitment, information asymmetries between employers and migrants, and visa requirements tied to employment.

Trends in international labour migration such as the increasing dominance of migrant workers, particularly women and children, in domestic work, give rise to concerns that there is a trade-off between migrant numbers and rights (International Labour Organization (ILO, 2008a)). Various sectors in receiving countries are growing dependent upon migrant labour, notably the service industry, and domestic work in particular. The ILO reports that over the last 30 years, regions including Europe, the Gulf countries and the Middle East have seen migrant women become the majority of domestic labourers. Workers such as these often find themselves at the intersection of various types of informality relating to age, gender and sector, and thus tend to be barred from contributing to social security systems in their host country, and subsequently unable to claim any benefits when they return home (ILO, 2009). Out of the 63 countries surveyed by the ILO in 2009, 23 considered domestic employees

ineligible for basic protections such as the minimum wage. In the resolution on migrant workers' protection passed at the 92nd Session of the International Labour Conference, 2004, the ILO noted the challenge raised by these especially vulnerable groups. The resolution singled out female, irregular and temporary migrant workers as especially in need of improved regimes for protection and access to rights (ILO, 2004a).

An increasing proportion of migrant workers move as part of temporary migration schemes, designed by developed countries to remedy labour market gaps. These schemes pose difficult questions with regard to migrants' integration in receiving countries, of which social security is an important dimension. One current trend is the search for new arrangements to mediate the international mobility of such workers, such as Mode 4 of the General Agreement on Trade in Services (GATS), which governs service provision. However, there is concern (ILO, 2008a) that treating migration as a trade issue leads inevitably to the devaluing of such workers' protection. The ILO warns particularly of the importance of keeping such negotiations transparent with regard to workers' rights, since the low-skilled workers who might become subject to such agreements are those least able to safeguard their own rights.

Work by Avato et al. (2009) shows that it is predominantly north–north migrants who enjoy access to and portability of social benefits, which translates into 23 per cent of all migrants worldwide. The most disadvantaged migrants are those moving within low-income regions. In these regions, formal social security provisions are less developed, and migration is characterized by high numbers of undocumented migrants. The lack of access to social services and portability of social rights for migrants not only raises concerns about the vulnerabilities of migrants, but also creates distortions in labour markets and in migration decisions. If migrants do not fully benefit from social security contributions or tax contributions because the associated benefits are not accessible or not portable, they might decide to avoid contributions and work informally or understate earnings. If migrants have made considerable contributions, but the acquired social rights are not portable, migrants' decision to return to the home country or to stay in the host country might be biased towards the latter because of the expected income loss due to, for example, forgone pension benefits. Lack of portability of social rights could therefore undermine return migration and deprive origin countries – many of them developing countries – of important beneficial development effects.

The rest of the paper is organized in six sections. First we review what is meant by social protection and how it relates specifically to migration. We then focus on the ways in which migrants are able to access (or are constrained from accessing) social security arrangements. This is followed by two related sections dealing with the coverage of existing bilateral and multilateral social security agreements. The final two sections draw conclusions, first for the special case of south–south migrants and finally more general policy implications.

## **1. Social protection for migrants**

Social protection for international migrants consists of four components:

- (i) access to formal social protection – that is, social security and social services – in host and origin countries;
- (ii) portability of vested social security rights between host and origin countries;
- (iii) labour market conditions for migrants in host countries and the recruitment process for migrants in the origin country; and
- (iv) access to informal networks to support migrants and their family members.

For purposes of this paper we focus only on (i), (ii) and (iii).

First, access to social services is crucial for migrants as it impacts their level of vulnerability. Social services include health-care benefits, long-term social security benefits such as old-age and disability benefits, and short-term benefits such as social assistance, maternity and unemployment benefits, family allowances as well as public housing and education. Migrants can often not benefit fully from these social services, either because access is only granted some time after arrival, or because family members are spread across various countries. If migrants fail to generate sufficient income to cover all their needs – and in many cases the needs of their family left behind – their situation worsens significantly if they have no access to safety nets (that is, social assistance). At the same time, according to Borjas' selection model, countries with generous social security systems could attract low-skilled immigrants through unintended self-selection, which is why many host countries follow policies of limited or delayed access (see Borjas, 1987).

Second, portability of social security rights is important to migrants to avoid financial losses, but also to social security institutions out of concerns of actuarial fairness. Portability is the ability to preserve, maintain and transfer vested social security rights or rights in the process of being vested, independent of nationality and country of residence (Cruz, 2004; Holzmann et al., 2005). Portability is particularly important for long-term benefits that have an explicit (like in the case of old-age pensions) or implicit (like in the case of health care) pre-saving element. In the absence of portability, migrants run the risk of financial loss when leaving their host or home country. For example, migrants contributing to an old-age pension scheme in their host country could lose part of their contributions and benefits when returning to their home country. Similarly, migrants contributing to health insurance in their host country could lose coverage when moving back to their origin country. They might find it difficult to find affordable health insurance in their origin country after return, particularly when close to or during retirement. By default, they could end up benefiting from the origin country's social system or health system, although they might have spent most of their productive life working abroad and contributing to a foreign social system. This could have important fiscal implications for social systems in origin countries.

It is important to distinguish portability from *exportability* of social benefits. In order to achieve full portability, some cooperation between the social security institutions of the origin and the host country is required in order to ensure a *joint* determination of benefit levels for a particular migrant. In the case of pensions, for example, this is done via a totalization of periods of contribution in both countries. That is, social security contributions from both countries are taken into account when determining eligibility for a pension and the pension amount.<sup>3</sup>

Third, labour market conditions are an essential component for the social protection for migrants. Migrants are often disadvantaged in foreign labour markets due to information asymmetries and monopsony power of employers. Countries have created labour market policies to overcome failures in the labour market to strike a balance between the needs of employers and the need for protection of workers. These policies – enacted and implemented on the national level – regulate the workings of labour markets, that is, hiring and firing conditions, minimum wages, benefits and other rights for workers. For migrants, though, who often are recruited in the origin country to work in the labour market of the host country, many of these regulations might be undermined because of substantial information gaps. These information gaps can be exploited by employers, recruiters and middlemen who use the promise of high earnings to extract unjustified fees from migrants or to offer them unfavourable work contracts. In addition, if work permits and visas are tied to work contracts and migrants are facing limitations to choose their employer freely, the bargaining power is tilted toward the employer, creating possibilities for exploitation and abuse. Finally, if immigration policies are too restrictive vis-à-vis the demand for foreign labour, employers

and migrants face incentives to meet in the informal labour market and the labour market for undocumented migrants, which is not subject to any regulations and might provide weak or only informal social security for migrants.

In principle, access to social services, such as health and education, is governed by the UN International Convention on the Protection and Rights of All Migrant Workers, which in 2007 was ratified by 37 (mainly low- and middle-income) countries. High-income countries can be reluctant to sign the Convention, because it provides (too) many entitlements for migrant workers. Clearly, the issue of migrants' access to social security is irrevocably linked to politics and the way that political sentiment is used to interpret rules and rights. For instance, in-migration hubs such as the United Kingdom and South Africa are concerned about extending social benefits to "foreigners" as it is thought that formally entitling migrants to benefits could encourage migration, putting a greater strain on stretched public services or increasing competition with current residents for jobs. The issue concerns rule-setters' interests and perceptions about state sovereignty and the sanctity of territorial borders as well as social spending targets. Furthermore, the way the migrant is "constructed" within the local culture can facilitate or constrain access for migrants to a range of social provisioning. Box 12.1 illustrates the way that access to social assistance can differentiate by country of destination.

**Box 12.1: *Differential access to welfare services at destination***

Access to social welfare is highly dependent upon the welfare state and supporting legislation and structures within each country. For instance, many migrants were able to access state health and education services in the United Kingdom (UK), but migrants in South Africa were largely excluded from these services. In both cases, however, access to transnational social networks arguably served as migrants' main "safety net" against the risks posed by international migration. This difference is in large part due to the fundamentally different welfare systems of the receiving country. In the United Kingdom, free public health and schooling based on universalistic principles has led to limited policing of "foreigner" abuse of the system. To be enrolled in school all that is required is evidence of permanent residence (and address). The immigration department does not regularly share information with the education and health departments. On the other hand, in South Africa health and education are largely within the private sphere. Furthermore, identity (ID) cards are required for registration for all social services. Where ID numbers are less than 13 digits long (indicating non-citizen status), rights and entitlements are severely restricted. Irregular migrants have extremely limited opportunities to access services.

Of the UK health and education systems, a Malawian migrant claims:

*"It is not difficult for the children of illegal migrants to get into a school or even for illegal migrants to get seen by an NHS doctor because schools and surgeries don't ask questions about the status of people who come to them. There is no communication between the Home Office and Education and Health. So, even if you are an illegal, the school or surgery won't ask for any documentation. You are free to register."*

The past lax immigration laws have also allowed otherwise non-residents access to the education system:

*"Others have made arrangements like my wife's. She brought her sister's children to the UK as her own. No questions were asked at the airport: she simply claimed that they were her own children. Now they are both in school, living with their mother. It is common among migrants to do this for each other."*

The South African situation is very different:

*"I came to South Africa because my husband was here and I was pregnant with our second child. We didn't know that you needed a South African ID number to go to hospital. Luckily, when the time came to have the child, I used the ID of a Malawian woman who has managed to get an ID. We look nearly the same, so I was able to deliver the baby in hospital."*

*Source.* Sabates-Wheeler (2009); transcripts available from the author.

## 2. Access to national social security schemes

Existing social security measures for workers are often a problem for migrants in developed countries. A Canadian report (Elgersma, 2007) notes that migrant workers who are legal derive no benefit from basic employment insurance and often work in non-unionized sectors, reducing their recourse in cases of employment or other economic shocks and generating systemic instability in certain sectors. Even in a nation as wealthy as the United States (US), the comparative financial disadvantage of being undocumented, and the concurrent lack of access to basic social security programmes that cover poor families, leads to concerns surrounding health and nutrition for this group in particular. A 2008 study (Hadley et al.) indicates that among undocumented migrants living in the United States, uncertain and unpredictable work schedules and limited access to public assistance seem to contribute to high levels of food insecurity and hunger, which in turn may also negatively affect mental and physical health. The study also finds that the longer an undocumented migrant lives in the United States, the poorer their health indicators.

Formal social security for international migrants is essentially a matter of national legislation. The host country regulates what benefits migrants have access to and under what conditions. However, even where national laws dictate that law must apply equally, protection for migrant workers is limited. This has to do with application of the law but also with the high levels of migrants located within informal labour markets. On the former, an ILO Migration Survey (ILO, 2004b) showed that one-third of countries surveyed did not apply their anti-discrimination laws to migrant workers, meaning that minimum wage legislation and access to social services could not be enforced by them, or on their behalf. Furthermore, according to the survey, many states dictate that service providers must call the immigration authorities when migrants try to appeal for the provisions for equal treatment to be enforced, making it unlikely that irregular workers, in particular, would be able to access their rights. On the latter, an ILO report (2003) estimated that only around 10 per cent of agricultural workers globally were organized, something especially problematic considering that agriculture has a disproportionately high level of workplace hazards but very few sources of compensation for non-citizen workers. Exacerbating this is the lack of unionization characterizing informal migrant workers.

Where formal legislation is effective, it defines what benefits can be received after leaving the country. The European Union (EU) has the most advanced and complex system of portability of social benefits. EU nationals enjoy full non-discriminatory access to all and portability of most social benefits. With respect to third-country nationals, equality of treatment is granted after a certain period of residence (no later than after five years according to EU Directive 109/2003). This means that even third-country nationals enjoy full access to and portability of social benefits within the EU no later than after five years of residence. Additionally, EU nationals can export their pensions to literally any country in the world. The coverage of health care outside the EU is much less developed.

The North American social security systems also include provisions for international migrants. Canada allows access to the tax-financed universal pension and health-care benefits and the earnings-based pension to all residents, including most migrants.<sup>4</sup> All migrants in New Zealand have immediate access to education, accident compensation, public health services, and in some cases emergency benefits for special hardship. After two years of residence, migrants gain access to services such as housing assistance, unemployment benefits, sickness benefits and interest-free student loans for tertiary education. In Australia, access to social services differs for temporary and permanent migrants. Temporary migrants have no immediate access to social security benefits and public health services. However, upon leaving Australia, they are refunded for the contribution they were required to pay. Permanent migrants have access to some benefits immediately and to the full range of social services after 104 weeks of residence. Similar to Canada, Australia has a dual social security system, including a means-tested national pension and a mandatory, earnings-based occupational pension.

Two categories of social security systems exist in the main East Asian host countries and economies. On the one hand, Hong Kong (China), Japan and the Republic of Korea have multi-tiered schemes, consisting of a basic part covering all residents and an occupational scheme. On the other hand, Malaysia and Singapore have provident funds that collect resources not only for retirement, but also for financing health care, education and housing. The social security provisions in these countries allow some limited portability of long-term benefits, either in the form of pensions paid abroad (Republic of Korea) or in the form of lump sum payments when leaving the country for good (Malaysia).

The Gulf Cooperation Council (GCC) countries in the Middle East are special in the sense that these countries do not grant immigrants any access to the social system.<sup>5</sup> At the same time, migrants (and their employers) do not have to contribute to the system either (at least not directly), so the issue of portability of benefits and lost contributions is not relevant. This leaves the migrant with the responsibility to provide for certain benefits like old-age or disability pensions on his or her own. If the migrant's origin country is sufficiently developed, this could happen in the form of voluntary contributions to the public system or by buying financial products from the private insurance market. Regarding health care, the visa sponsor of the worker is obliged by law to provide health insurance to the migrant, but it is unclear how well these provisions work.

In middle-income countries, much less is known about provisions in national law on the access to social services and exportability of benefits for migrants. The middle-income regions of the Caribbean, Eastern Europe, Latin America and North Africa all have well-developed social security systems with relatively good coverage of the native labour force. Some of the countries in these regions host significant numbers of immigrants: for example, Argentina, Belarus, Russia, Turkey, Ukraine and Venezuela. The social security provisions for immigrants in these countries are likely to be similar to those of high-income countries with contribution-based social security systems.

The low-income regions of Central Asia, South Asia, South-East Asia and sub-Saharan Africa include various major host countries – such as Burkina Faso, Côte d'Ivoire, India, Kazakhstan, Pakistan, South Africa, Tanzania, Thailand and Uzbekistan – yet even less is known about the social protection status of their immigrants. Many of these host countries have weak social security systems that cover only a small portion of the labour force. Large numbers of immigrants are undocumented and participate in the informal sector, which raises concerns about their social protection status. Most formal social security is provided through tax-financed social assistance and migrants seem by and large to be excluded from these benefits.<sup>6</sup>

An important regional effort affirming the important contribution of migrant workers to the society and economy of both host and sending states has been made by the Association of Southeast Asian Nations (ASEAN). In 2007 the Cebu Declaration on the Protection and Promotion of the Rights of Migrant Workers acknowledged the difficulties migrant workers and their families often encounter in exercising their rights. The Declaration committed all the ASEAN countries to strengthen the protection afforded to migrant workers (see Tamagno, 2008).

At the global level, legal provisions relating to social security for international migrants are scarce, with the exception of bilateral (and multilateral) social security agreements.<sup>7</sup> These currently constitute the best practice on how to coordinate access to and portability of social benefits for migrants.

### **3. Bilateral and multilateral social security agreements**

Bilateral social security agreements usually include provisions on non-discrimination between nationals and migrants with respect to social security and rules of cooperation between the social security institutions of the signatory countries. The latter coordinate the totalization of periods of contribution that migrants accrue in the two countries and regulate the transfer and payment of acquired social security entitlements. Most agreements refer to long-term benefits like old-age, disability and survivors' pensions and other annuities. Health-care benefits are to a much lesser extent subject to social security agreements. Also, purely tax-funded – as opposed to contributory – benefits such as social assistance or maternity allowances are usually explicitly exempt from portability.

Social security agreements are also arranged on the multilateral level as the EU, CARICOM (Caribbean Community), MERCOSUR (Mercado Común del Sur) and, in the future, the Ibero-American Social Security Convention show. The EU is also leading efforts to enhance social security cooperation within the Euro-Mediterranean Partnership (EMP).<sup>8</sup> Social security agreements with Morocco, Tunisia and Algeria have been concluded under this initiative.

The ILO has noted its concern that such multilateral agreements, where they do not involve countries with comparable rights regimes, should give attention to workers' protection. Its Multilateral Framework on Labour Migration<sup>9</sup> provides guidelines on the equal treatment of migrants in temporary worker schemes, focused on establishing and enforcing international standards. While several processes exist for establishing and discussing migrant workers' rights, forums for realizing and enforcing them may still be lacking. The ILO (2008a) suggests that some candidates include the Global Migration Group, formed in 2006 to coordinate responses within the United Nations system, and the Global Forum on Migration and Development, a multinational consultative process first held in 2007.

The ILO also notes that Regional Consultative Processes such as the Bali, Budapest and Puebla Processes may offer a framework within which to address these issues. However, it warns that so far they have been insufficiently transparent and inclusive to serve as forums for discussions of workers' rights, and furthermore have been mainly devoted to security issues (ILO, 2008a).

Outside this multilateral framework, many EU member states have also concluded bilateral social security agreements with non-EU countries and have created an extensive global network of portability arrangements. The United Kingdom, which is receiving and sending large numbers of migrants, is a good example of an EU country having extensive national, bilateral and multilateral legislation in place.

In the Latin American and Caribbean region (LAC), migrants can take advantage of social security provisions that have been established in the multilateral frameworks of CARICOM and MERCOSUR. To the extent that these countries have social security provisions, accrued benefits are made portable within the regions, though limitations apply. The MERCOSUR agreement came into force only in 2004, while the CARICOM Agreement on Social Security (CASS) was concluded in 1996.<sup>10</sup> Forteza (2008), however, concludes that its impact has been limited due to factors such as differing social security systems and the lack of awareness among the populations.

More recently, the Ibero-American Social Security Convention has been signed which includes 19 LAC countries<sup>11</sup> as well as Andorra, Portugal and Spain. The arrangement will mostly apply to contributory systems of social security, including disability benefits, old-age pensions, widows' pension, and workers' compensation.<sup>12</sup> The degree to which countries coordinate the portability of social security benefits via bilateral agreements varies greatly across regions. For example, the EU and other Western European countries have concluded 1,628 bilateral social security arrangements – either through bilateral or multilateral agreements – of which 1,034 are intra-EU arrangements. East Asian and Pacific (EAP) countries, on the other hand, have concluded only 181 such arrangements, although they provided the highest share (22 per cent) of all migrants worldwide as of 2000. South Asian countries only concluded three arrangements, and even though sub-Saharan African countries have concluded 177 arrangements it should be noted that a large number (75) have been created by Reunion, which is counted as part of France in all French agreements.<sup>13</sup>

#### **4. Migrants potentially covered by international social security agreements**

This section elaborates on the data regarding bilateral and multilateral social security agreements and provides global estimates on how many migrants are potentially covered by such agreements and how many migrants have access to social services in host countries.

Following Holzmann et al. (2005), bilateral migrant stocks are categorized into one of four regimes:

*Regime I* includes all legal migrants enjoying indiscriminate access to social security in their host country. In addition, home and host country have concluded a bilateral or multilateral social security arrangement guaranteeing that benefits are payable overseas (*exportability* of benefits), but also the social security institutions of both countries jointly determine eligibility for and level of the benefit. Regime I is the most favourable regime in terms of formal social protection for migrants.

*Regime II* includes all legal migrants who have access to social services and social security in their host country in the absence of a bilateral arrangement between their host and origin country. In such cases, the national social law of the host country alone determines to what extent benefits are payable overseas, which might result in limited exportability of benefits. Totalization of periods of contribution is not possible, so acquired social security rights are not fully portable.

*Regime III* includes all legal migrants who do not have access to social security in their host country – either because they are excluded or because there is no social security system in their host country. This is the case for most of the large migrant-receiving countries of the Gulf Cooperation Council (GCC) and some African countries. Access to other social services, like education and health care, might be granted. Despite the limited access to social security,

an advantage of Regime III is that it does not require migrants to contribute to long-term benefits like old-age pensions, and hence they do not run the risk of losing benefits and rights associated with mandatory contributions.

*Regime IV* includes all undocumented migrants who arguably face the greatest challenge regarding their social protection. They have limited access to social services and social security and work in a largely unregulated labour market.

The tables below illustrate global coverage of social security for migrants in different regimes. The global estimates on the status of social security for international migrants are based on data from the Development Research Centre on Migration, Globalisation, and Poverty (Migration DRC).<sup>14</sup> For details of these estimates see Avato et al. (2009).

The main migration flows are from lower- to higher-income countries, but there is also considerable migration among lower-income countries. About 130 million migrants (70 per cent) originate from low- or lower middle-income countries, while they host only 40 per cent of migrants (see table 12.1). In contrast, high-income countries host about 93 million migrants (50 per cent) while sending only 19 per cent of migrants. Yet, when exploring the data in more detail, it also becomes clear that global migration is not a one-way street from lower- to higher-income countries. Almost 67 million migrants from low- and lower middle-income countries live in another low- or lower middle-income country. The latter is no surprise due to the high intra-regional migration.

**Table 12.1** *Global migrant stock estimates and bilateral portability arrangement by origin and host income group (2000)*

Origin country income group	Host country income group					Total	% global stock
	Low-income countries	Lower middle-income countries	Upper middle-income countries	Non-OECD high-income countries	OECD high-income countries		
Low-income countries	23,339,921	10,989,418	4,832,109	3,332,615	11,128,178	<b>53,622,241</b>	29%
Lower middle-income countries	4,817,600	27,815,316	9,099,077	5,592,653	29,162,504	<b>76,487,150</b>	41%
Upper middle-income countries	691,741	2,095,454	1,447,944	1,110,490	16,293,585	<b>21,639,214</b>	12%
Non-OECD high-income countries	195,520	1,270,164	332,871	205,867	3,844,703	<b>5,849,125</b>	3%
OECD high-income countries	1,147,634	2,689,451	1,721,117	949,142	22,410,626	<b>28,917,970</b>	16%
<b>Total</b>	<b>30,192,416</b>	<b>44,859,803</b>	<b>17,433,118</b>	<b>11,190,767</b>	<b>82,839,596</b>	<b>186,515,700</b>	<b>100%</b>
% global stock	16%	24%	9%	6%	44%	100%	
<b>Number of bilateral portability arrangements concluded by countries in income group<sup>1</sup>:</b>							
	92	404	823	461	1,157	2,937	

*Note:* 1. Each bilateral portability arrangement is counted twice, once for both countries involved. Also, some bilateral

agreements cover more than two countries. This is the case if one or both of the contracting countries have overseas territories, which are usually included as national territory in their contracts (for example, France, United Kingdom, United States). Some bilateral arrangements are part of a multilateral treaty, like in the EU.

*Source:* Migration DRC (2007) and Avato et al. (2009).

What is somewhat surprising, though, is that the large majority of migrants from low-income countries live in another low-income country – while for all other country-income groups, the majority of migrants go to high-income Organisation for Economic Co-operation and Development (OECD) countries. It seems that migrants from the poorest countries tend to go to other, similarly poor countries.<sup>15</sup> About 23 per cent of global migrants move under the favourable Regime I that potentially provides them full access and full portability (see table 12.2). The share of migrants under Regime I vary significantly among the regions. The EU-27 countries and other Europe have 80 per cent of their migrants covered followed by North America with 68 per cent. Migrants from poorer regions are much worse off, practically no migrants from South Asia, and only 4 per cent of migrants from sub-Saharan Africa move under Regime I.

**Table 12.2** *Global emigrant stock estimates by origin region and portability regime (2000)*

Origin region	Regime I	Regime II	Regime III	Regime IV	Total	% global stock
<b>East Asia and Pacific</b>	3,189,217	15,588,651	825,255	3,609,755	23,212,878	12%
<i>% total</i>	<i>14%</i>	<i>67%</i>	<i>4%</i>	<i>16%</i>	<i>100%</i>	
<b>Eastern Europe and Central Asia</b>	5,231,252	27,484,317	358,591	8,442,567	41,516,727	22%
<i>% total</i>	<i>13%</i>	<i>66%</i>	<i>1%</i>	<i>20%</i>	<i>100%</i>	
<b>EU-27 and other Europe</b>	23,101,222	4,214,004	281,310	1,284,324	28,880,860	15%
<i>% total</i>	<i>80%</i>	<i>15%</i>	<i>1%</i>	<i>4%</i>	<i>100%</i>	
<b>Latin America and Caribbean</b>	4,117,978	16,137,106	167,538	7,921,363	28,343,985	15%
<i>% total</i>	<i>15%</i>	<i>57%</i>	<i>1%</i>	<i>28%</i>	<i>100%</i>	
<b>Middle East and North Africa</b>	3,713,448	6,751,815	2,713,785	2,342,802	15,521,850	8%
<i>% total</i>	<i>24%</i>	<i>43%</i>	<i>17%</i>	<i>15%</i>	<i>100%</i>	
<b>North America</b>	2,439,139	1,054,736	55,805	35,773	3,585,452	2%
<i>% total</i>	<i>68%</i>	<i>29%</i>	<i>2%</i>	<i>1%</i>	<i>100%</i>	
<b>South Asia</b>	20,105	16,528,148	4,413,451	4,220,898	25,182,602	14%
<i>% total</i>	<i>0%</i>	<i>66%</i>	<i>18%</i>	<i>17%</i>	<i>100%</i>	
<b>Sub-Saharan Africa</b>	714,570	14,104,664	627,117	4,824,994	20,271,345	11%
<i>% total</i>	<i>4%</i>	<i>70%</i>	<i>3%</i>	<i>24%</i>	<i>100%</i>	
<b>Total</b>	42,526,931	101,863,440	9,442,851	32,682,476	186,515,698	100%
<i>% total</i>	<i>23%</i>	<i>55%</i>	<i>5%</i>	<i>18%</i>	<i>100%</i>	

*Source:* Migration DRC (2007) and Avato et al. (2009).

Most migrants under Regime I, though, are from and go to high-income countries. More than half of the 43 million Regime I migrants originate in high-income OECD countries. These countries cover 86 per cent of their emigrants under this favourable regime. Also, the social security status of migrants seems to increase with migrants' origin income-country group. Moreover, almost all migrants (98 per cent) moving among high-income OECD countries – so-called "north–north" migration – are covered by bilateral agreements. With the

exception of migrants from upper middle-income countries, migrants from developing countries are very poorly covered by Regime I. In fact, the top migrant sending countries – Russia, Mexico, India, Bangladesh, Ukraine and China – with emigrant stocks between 6 and 13 million have concluded next to no bilateral portability arrangements.<sup>16</sup> Thus, protecting their emigrants through bilateral agreements seems indeed to be a practice that is primarily common in high-income countries and migrants from developing countries mostly fall into Regime II. Consequently, migrants from poorer regions depend much more on national legislation regarding the provision of social security. In fact, this results in another disadvantage because among Regime II, poorer migrants are more likely to move short distances and to other poor regions. While migrants moving to high-income countries have by and large access to better social security systems and services, those migrants moving to low- or middle-income countries will have access to only weakly developed social security systems. In many lower- (middle-) income countries migrants (and most likely many nationals, too) are often left in a situation where they cannot rely on the provision of public social services in times of need.

Nevertheless, some low and lower-middle income countries have successfully managed to protect their migrants by concluding bilateral social security agreements. For example, countries such as Morocco, Algeria and Turkey have managed to cover 89, 87 and 68 per cent of their emigrants respectively under Regime I. In addition, there are also the regional agreements of CARICOM and MERCOSUR countries, which have made efforts to grant non-discriminatory access to social services and make benefits portable for intra-regional migrants. These cases prove to be the exception rather than the norm. What then are the options facing south–south migrants?

## **5. Options for coverage for migrants from the south**

It is no surprise that southern countries have little to offer with respect to portability of benefits. Most benefits are tax-financed social assistance benefits and social security often relies primarily on provident funds, if any. The weak development of social security provisions in low-income countries and lack of administrative capacity are likely the reason why poorer countries are not in a position to engage in bilateral or multilateral negotiations on the social security for their emigrants. Since the large majority of emigrants from low-income countries go to other low- or lower middle-income countries, the concern is not so much how developing countries can coordinate with high-income countries in order to enhance the social security of their emigrants, but how low-income countries can coordinate among themselves to enhance the social protection of south–south migrants.

Regional efforts may help to bring about change in the approach to social protection across borders; however, their impact may be limited for the same reasons that deter the implementation of comprehensive social security systems. The Southern African Development Community (SADC), for example, has agreed on a Social Code which touches upon migrants' rights; it encourages members to protect their immigrants, give them equal access to the social security system, and offer at least basic protection to undocumented migrants. Furthermore, member States are encouraged to introduce, by way of national legislation and bilateral or multilateral arrangements, cross-border coordination principles, such as maintenance of acquired rights, aggregation of insurance periods and exportability of benefits. However, the Social Code is not a legally binding agreement and, given the status quo of the welfare systems in SADC, it may constitute wishful thinking. South Africa has also entered into so-called labour agreements with a range of SADC countries, but mostly the agreements do not cover public social security schemes, and constitute merely employer-based occupational arrangements. However, the enforcement of employers' compliance with such regulations is questionable. Also, it should be noted that all these arrangements

obviously do not provide for desired features of coordinating regimes, such as maintenance of acquired rights, aggregation of insurance periods and equality of treatment with nationals of the receiving country in social security matters.

Although protection for less educated migrants is frequently lacking, the example of Sri Lanka demonstrates how origin countries can take increased responsibility for their migrants' social protection, even in the absence of receiving-country commitments. The country responded to the fact that migration for work often leaves migrants and their families cut off from origin-country insurance systems by setting up an Overseas Workers Welfare Fund to provide social insurance for migrants and families left behind (ILO, 2008c). The fund covers payments to migrants and their families in the case of death, disability or a need to cover travel expenses.

Overall, the agenda to facilitate formal social protection for south–south migrants is not very well developed. Consequently, one question is whether there are lessons to be learned from other regional agreements. The EU has probably been the most successful region in concluding multilateral and bilateral agreements. However, the EU is a fairly homogeneous region with similarly well-developed social systems. On old-age pensions, for example, most countries in the EU rely on defined benefit systems. Equally well-developed systems are easier to connect and to coordinate, in particular with regard to complex actuarial transactions. Also, the capacity to administer such agreements, including record-keeping and tracing of contributions as well as executing complicated actuarial operations like totalization of periods of contribution, is well developed.

These observations about EU social security arrangements and the previous analysis which mainly gave examples from SADC make clear that many low-income countries might be far from being ready to conclude such agreements. Their welfare systems are too unprepared to engage in these complex issues. Social security is not even ensured as a social right for citizens in many countries.

Hence, it seems that there is no strong model of how to move forward on social security provisioning for south–south migrants. This is not to say, though, that formal social protection for south–south migrants is irrelevant. Yet, the priorities are different than in the case of south–north or north–north migration and one has to differentiate when looking into policy implications. Given the limited provisions and low overall coverage by social security of the labour force in low-income regions, it seems that concerns about the lack of portability of benefits are premature. Instead, it seems that a more effective policy direction to improve the social protection position of international migrants from and within poorer regions is to (i) create a proper policy framework to manage migration in the region, in particular undocumented migration; (ii) focus on the social protection for the most vulnerable groups – women, children, refugees and undocumented migrants – by improving their legal status in the host country and ensuring that their most basic rights are respected; and (iii) develop standards on how to coordinate social systems in the future to ensure portability of acquired social security rights. In other words, the critical issue is to find ways to bring the "uncovered" under a formal social security umbrella within the countries that they reside. This may or may not require immediate attention to portability – this will depend on the country of interest and the state of social security provisioning within that country.

## 6. Policy conclusions

When the member States of the Global Forum on Migration and Development discussed migrant social protection at their 2008 meeting (GFMD, 2008), they did so within a framework that apportioned different responsibilities to states according to the migrants'

location and the stage of the migration process. For sending states, the discussion centred around the provision of information, holding all those involved in the chain of recruitment responsible where migrants are not awarded protection, and both simplifying and making affordable the administrative processes migrants have to go through. Once migrants are abroad, their home countries can contribute to their protection by negotiating bilateral agreements with receiving countries (e.g. that between Spain and Ecuador, which incorporates guarantees of social protection and access to benefits), and by establishing labour attachés at their consular services to advise migrant workers on their rights. Finally, some sending countries (Sri Lanka, Pakistan and the Philippines) have established welfare funds offering death and disability insurance for migrants and their families. Receiving countries' responsibilities were outlined as consisting mainly of ensuring effective provision and monitoring of migrants' access to rights and services, and labour standards. The main avenues for provision include migrant resource centres, help lines and information in the migrants' native languages.

The GFMD response to social provisioning for migrants is refreshing in its holistic response to the multiple vulnerabilities facing migrants and their families. Importantly, it recognizes the different needs of different migrants at the various stages in their migration journey. Irregular migrants working in the informal sector have specific social security needs that are likely to be met through international conventions, national legislation, regulation and increased awareness of rights. As noted in the introduction, the resolution on migrant workers' protection (2004) argued that protection for less skilled migrant workers has a high potential for poverty reduction via both earnings and remittances. Regular migrants working as professionals also benefit from legal provisions but are likely also to influence and be influenced by receiving country employment-related benefits, certain types of state assistance and bilateral arrangements setting the parameters for transfers of benefits upon return.

Policy measures for northern countries primarily concern reforms of current defined benefit systems into more defined contribution-type welfare systems and move towards more actuarial structures. The goal would be to improve individual and fiscal fairness as well as the administrative burden associated with the coordination between social security authorities. More importantly, northern countries need to look into models of how to include health-care benefits into bilateral arrangements, a task that is certainly challenging due to the complexity of health-care systems. While bilateral social security agreements can currently be seen as the best practice to enhance social security of migrants from and to high-income countries, this might be insufficient in the case of developing countries that do not have very well-developed social security systems. The analysis shows various examples of how different regional blocs and countries deal with formal social protection and portability. There seems to be no ideal model yet for regional economic blocs of mainly low-income countries on how to enhance the formal social protection for their emigrants and immigrants. Thus, the above discussion leads to the conclusion that migration among developing countries needs to be looked at from an entirely different perspective. In fact, migration itself provides one of the main social protection instruments for migrants and their families. The policy challenge is to make south-south migration safer for migrants in order to maximize benefits from this important livelihood strategy.

Some general policy conclusions can be drawn across all migrants with regard to improving their access to social security:

## **6.1 Ensure portability of those occupational benefits that are legally also available to migrants, in particular workers' compensation, severance payments and benefits from provident funds**

One opportunity to enhance the formal social protection for migrants would be to improve the portability of some of the few occupational benefits that are available to formal workers, for example, workers' compensation benefits, severance payments and payments from provident funds. These benefits are present in most low-income countries and migrants – legal and undocumented – frequently seem to make contributions to these occupational benefits. Although most of these benefits are legally portable – in most cases benefits are simply paid out as a lump sum – the provisions on cross-border payments seem to be poorly implemented, so that more often than not payouts from these benefits never reach migrants or their survivors in migrants' home countries. Hence, it is crucial to ensure the proper implementation of such provisions as a first step to improving formal social security of migrants. In fact this may be an area where ISSA has a future role to play – helping its members, including low-income countries, to set up international social security agreements.

Italy has been innovative in offering pension portability to non-EU workers: since 2002, employers have paid social security contributions for migrant workers separately from their citizen employees, through the National Social Insurance Institute (INPS), which then transfers their contributions to the social security authorities in the migrants' countries of origin. The law also covers the families of permanent resident foreign workers, and offers survivorship or transferred pensions, which are portable across national borders and can be claimed at the Italian retirement age of 65, regardless of national laws

## **6.2 Ensure basic human and social rights to all migrants, independent of their status**

Given the large number of undocumented migrants and their weak legal and social position, it appears that the most effective way to enhance the social security of migrants is to ensure basic human and social rights for them. Due to their undocumented status, many migrants easily fall victim to exploitation, particularly vulnerable groups like women. Other problems migrants may face are lack of freedom of association, isolation, exclusion and xenophobia. These problems erode the benefits of migration for all parties and seriously undermine its development impact including productive employment and decent work. Governments need to get serious about upholding human rights laws such that migrants are entitled to basic services, freedom from exploitation and a right to a fair trial. Taking seriously a Decent Work agenda must translate into more labour market monitoring and ensuring workplace safety. Granting basic human and social rights is also in the interest of native workers because without such provisions employers have an incentive to favour more vulnerable and thus cheaper labour over native workers. In other words, discrimination against migrants in terms of social rights also makes migrants cheaper for employers – at the expense of native workers.

Where necessary, countries of origin and destination need to put policies, legislation and mechanisms in place that provide migrant workers protection and support from any abuses in the labour migration process. Perhaps the best way to move forward on a basic human and social protection rights agenda is to establish a country-specific minimum "social floor" which all people have a right to regardless of residency status or legal status. Such a floor would necessarily include access for migrants to emergency health care and access to education for children.

Canada's Seasonal Agricultural Worker Program offers a best practice example for a number of reasons. First, the rules surrounding it give migrants rights to social protection that are similar to those of Canadian workers. Second, the government involves employers in designing and implementing the programme, and gives administering agencies discretion in implementing the rules (Martin, 2007). Lastly, Canadian law treats non-citizen status as an issue for anti-discrimination law, giving migrants the same status as other expressly protected groups.

### **6.3 Support migrant networks and associations**

Access to informal social protection is critical for achieving positive outcomes from migration, particularly for poorer migrants. Encouraging and facilitating social networks and informal social security will help migrants reap the benefits from migration. For example, governments could actively support and provide funding for migrant associations as well as migrant rights non-governmental organizations (NGOs) as a way of supporting current migrants – or at the minimum should not undermine informal migrant networks and instead provide them with an environment where they can duly develop. Informal networks could also be used as a channel to improve safety during the migration process. They could be used to inform migrants about benefits, costs and risks of migration during and ideally prior to migration. Governments in both sending and destination countries may also attempt to connect with migrant networks to learn details about exploitation incidents – for example, at the workplace – and feed this information into their monitoring process of labour market conditions. Finally, one particular concern about informal networks is that their usability for migrants could crucially depend on the migrants' duration of stay. If migrants' welfare in a south–south migration context crucially depends on informal networks, then a sufficient length of stay is important so that migrants have time to build strong ties among themselves.

Clearly it is politically impossible for governments to openly encourage and support the activities of undocumented migrants. However, by supporting registered and recognized migrant groups, localities and diaspora networks, policies will have the indirect effect also of strengthening avenues by which undocumented migrants can report instances of abuse and exploitation as well as claim basic rights and at least facilitate spaces where migrants can access networks.

Many migrants are primarily concerned with the welfare of their families back home and remittances are the means by which families are supported, homes are built, basic needs are met, children are schooled and investments are made. Migrants, especially the undocumented ones, are often denied access to the financial system (be it a bank, a post office account or a financial intermediary), which is of crucial importance for all migrants who want to safely transfer remittances to their families. Governments and donors must think creatively about secure and efficient ways of encouraging and facilitating access to remitting services for all migrants. This would be an obvious advantage for the migrant and for the destination economy. It may likely have a longer-term spin-off whereby migrants begin to save and access credit lines.

### **6.4 Develop a migration policy framework**

Given that migration is, first, not a unidirectional, permanent phenomenon, and second, to a large extent informal and temporary, demand-driven migration programmes might offer the best policy framework for migration. Many migrants do not want to stay in the host country for very long but rather come to earn money for certain purposes and leave after having

earned enough. Thus, a temporary migration scheme that would grant work permits to migrants to work in seasonal jobs and specific sectors for a limited time would be one way to move forward. Additionally, a migration framework should consider the significant number of regular cross-border traders. These circular migrants, who contribute significantly to the destination economy, should be equipped with trade visas to enter the country legally. These measures would lift many migrants to the status of legal migrants, which may make it easier for them to improve their livelihoods (at destination, in transit and at source) and eventually to improve their access to formal social security.

## **6.5 Provide financial/technical support and training for assisting social security institutions**

Extension of social security is high on the ILO's Decent Work agenda. It also represents a priority action area for ISSA. These institutions are ready to provide technical assistance. For instance, the ILO has offered assistance to social security institutions in ASEAN countries in areas of (i) training on social security agreements for senior officials; (ii) technical discussions on coordination of a provident fund and a social insurance scheme; and (iii) development of ASEAN "model provisions" for social security agreements. There is no reason why other organizations could not, in liaison with ILO and ISSA, provide coordinated support.

### **Annex: Best practice examples (from ISSA search engine)**

#### **Canada's Seasonal Agricultural Worker Program**

In Canada the Charter of Rights and Freedoms mandates that government action should be free of discrimination on the basis of non-citizenship but permits residency-based eligibility requirements for public benefits programmes.

Canada's flagship migrant worker programme is the Commonwealth Caribbean and Mexican Seasonal Agricultural Worker Program (CCMSAWP), under which between 20,000 and 25,000 workers enter annually.<sup>17</sup> The Program was established in 1966 to employ Caribbean, and later also Mexican, workers in Canada's horticulture industry. Requests for workers are made by farmers and sending countries respond by inviting workers to apply for screening and selection. The process is coordinated by sending countries' labour ministries and Human Resources and Skills Development Canada (HRSDC) (Downes, 2007).

The Program offers an example of best practice for several reasons. First, the rules surrounding it give migrants rights to social protection that are similar to those of Canadian workers. Second, the Government involves employers in designing and implementing the programme, and gives administering agencies discretion in implementing the rules (Martin, 2008). Lastly, Canadian law treats non-citizen status as an issue for anti-discrimination law, giving migrants the same status as other expressly protected groups.

Migrant workers under this scheme generally have the same right to health insurance as Canadians, and where this is not true, coverage is coordinated with the province by the Mexican Government. Because workers often return to work for the same employer more than once, they become eligible for old-age and disability pensions, both of which are portable. They are also eligible for family allowances.

## Italy: Enforcing the law on seasonal workers' rights

One of the major social protection issues for migrants in Italy has to do with seasonal workers. Since 1998 the country has passed several laws to facilitate the social protection of migrant workers. Possibly the most wide-ranging piece of legislation, so-called "influx decrees" entitle seasonal workers to pensions, health benefits, and sickness and maternity leave, along with general insurance coverage under the provisions of INAIL, the National Employment Accident Insurance Institute. It also offers family allowances for those living below a defined income threshold, on the same basis as those offered to citizens.

Italy currently accepts around 98,000 seasonal workers each year, around 65,000 of them domestic workers. Approximately 90 per cent of them are from non-EU countries, and are therefore not included in the EU's recently established portability provisions (OECD, 2008).

The law distinguishes between permanent and temporary foreign workers: temporary or seasonal workers can access family allowances, health care, maternity and sickness leave as long as they are employed in Italy, but the benefits end when they leave. Exceptions are lay-off and labour-mobility insurance, which continue as long as the person is in Italy and end when they leave.

Italy has been innovative in offering pension portability to non-EU workers: since 2002, employers have paid social security contributions for migrant workers separately from their citizen employees, through the National Social Insurance Institute (INPS), which then transfers their contributions to the social security authorities in the migrants' countries of origin. The law also covers the families of permanent resident foreign workers, and offers survivorship or transferred pensions, which are portable across national borders and can be claimed at the Italian retirement age of 65, regardless of national laws.

In order to offer information about these schemes to migrants, who may be mobile or may not speak Italian, "welcoming centres" offer orientation, assistance and information services, and a Contact Centre is reachable by a call-free number, with services in seven languages.

One-third of Italy's immigrant women are employed in the informal labour market, placing them even further beyond the reach of conventional insurance mechanisms and safety nets (OECD, 2008). Where migrants are outside the formal economy and/or in a precarious condition in terms of their legal status, the law safeguards access to social protection for the most vulnerable. This often occurs through laws pertaining to gender, rather than migration, which tend to protect pregnant women and children in particular. One example is in the area of health care, where the country's Immigration Act forbids the expulsion of women who are pregnant or who have children younger than six months, so that these women are issued a temporary sojourn permit "for medical care". However, over time this type of sojourn permit has become a recourse for the authorities when faced with any migrant in urgent need of health care, and the description has become a less-defined one of "health-care reasons", which applies more broadly to both male and female migrants.

Italian law specifically protects the right of pregnant women and all children (under 18) to health care, regardless of residency status, awarding migrants the same right to medical care and social assistance as citizens. It also protects the right to education for children, enforcing basic education (ten years of schooling) for all foreign children present in the country, whatever their or their parents' legal status. The provisions detailed here appear not to have been repealed despite Italy's increasingly restrictive approach to non-EU migration, although there is no information yet on whether they are still being fully observed in practice.<sup>18</sup>

## **Barbados: Initiating social security for migrant workers**

Barbados first extended social security to migrant workers with the Caribbean Community (CARICOM) Reciprocal Agreement in 1996, a totalization agreement involving 16 states and allowing workers to qualify for the maximum pension benefits possible.

The agreement is unusually broad in that it does not discriminate either on the basis of nationality or the legal status of the worker. This is because the Government (Williams, 2008) focuses on employers as those responsible for registering their foreign workers for social security protection, more than any failure of self-employed workers to register and pay contributions. Access to all forms of social security is also open to workers' families.

The extension of access is based on the ILO's Decent Work agenda. Under the CARICOM agreement pensions have been made portable, but foreign workers in the country can also claim other safety-net allowances such as workers' compensation and unemployment benefit (as long as they are legally present, since the Government does not classify unemployed undocumented migrants as available for work).

The next challenge, however, is to make sure migrants know their rights and claim the benefits available, since the increased access is sufficiently new that the authorities are not yet following through by helping migrants to make claims, and many migrants still do not know that they are eligible.

## **Thailand: Border Health Programme**

Large numbers of Burmese migrants cross the border into Thailand each year. The ILO estimates their numbers at around 1.8 million.<sup>19</sup> The Border Health Programme (BHP) is designed to extend health care to these migrants, using the resources of NGOs, UN agencies, researchers and donors to reinforce and extend the reach of Thailand's national social protection structures (the Social Security Organization, SSO). The migrant population from Burma is composed of two groups: officially registered refugees who reside in UNHCR camps, and those who chose not to register and to become undocumented workers instead.

The Government has identified the latter group as a public health concern, as they have had little access to health care until now, have low immunization rates, tend to work in dirty and dangerous jobs, and may not speak enough Thai to explain what is wrong, even if they can find a clinic.

Thailand has a Universal Health Care Scheme (or the 30-Baht scheme), a compulsory scheme financed from general tax revenues except for a nominal co-payment. Sick benefits under the SSS comprise medical care benefits (in kind) and cash sickness benefits. The insured persons have to pay at least three months' contribution within the last 15 months in order to receive medical care free of charge at the registered hospital, and cash benefits equal to 50 per cent wages, up to a maximum of 90 days each time and not more than 180 days each year. The insured persons have the right to select the hospital of their choice.

Burmese migrants officially have access to this scheme, just as Thai citizens do. There is evidence that when they seek health care, they receive prompt treatment regardless of cost, and are not discriminated against (Isarabhakdi, 2004). The literature does not cover in detail how the Thai Government negotiates issues of irregular workers accessing the scheme, but it appears that even the undocumented are able to use the system to some extent. Aiding this process is the access scheme that is part of Thailand's WHO-sponsored Border Health Programme, which focuses on a range of health issues, from acute diseases – mainly HIV,

malaria and TB – to preventive health including nutrition, maternal and child health, and reproductive health. The Programme focuses specifically on extending access to the Burmese living outside the refugee camps, recognizing that the undocumented are both more at risk than the Thai population, and therefore also present a higher epidemiological risk if not given access to health care.

The Programme also includes administrative elements. First, it aims to improve coordination between health-care providers and governments. Collaboration between the Thai Ministry of Public Health and the International Organization for Migration helps to tailor outreach services to migrants and cross-border meetings between Thai and Burmese authorities keep both informed about epidemiological issues. Second, it prioritizes strengthening data collection. A migrant health data technical officer has been hired, and a Border Health Joint Assessment Committee meets regularly. It also builds capacity among health workers in the border areas, offering training on issues particular to vulnerable populations such as undocumented migrants, and developing multilingual medical records systems. Finally, it also works on structures for sharing information, maintaining banks of information on multilingual health education materials available in the border area and health studies and assessments conducted in the border area (WHO, 2008).

### **Mexico: Ensuring health care for emigrants and immigrants**

Mexico's social protection provisions for its migrants are an unusual case because insurance programmes have been extended to allow contributions by both Mexicans resident outside Mexico and non-Mexican immigrants working in Mexico. Contributions can be on a permanent or temporary basis, and while they are compulsory for those in formal employment, they are voluntary for those outside the formal economy. This has made coverage available to groups in Mexico who were previously classified as economically inactive because they were not in formalized employment situations (immigrants, indigenous peoples, peasants, agricultural workers and others).

At certain consulates in the United States (notably Los Angeles), Mexican citizens can register their family members in Mexico for the national health insurance scheme (through the Mexican Social Security Institute (IMSS)) and make contributions as if they were working in Mexico. Thus the family members these migrants have left behind can access health care within Mexico, and the migrants themselves can access care when they return. Migrants from other countries working in Mexico can also become voluntary contributors to the scheme.

The scheme was extended by legislation passed in 2006, enabling non-Mexican temporary agricultural workers who are resident in Mexico to receive health care, maternity and crèche services. In 2008 alone, immigration to Mexico's main agricultural areas from Central America totalled nearly 50,000.<sup>20</sup>

The health-care scheme involved has two parts: PREVENIMSS, which deals with preventive health on a national level, and the Opportunities programme, which is designed to extend care to hard-to-reach populations. PREVENIMSS focuses on target groups by age, but especially targets immigrant areas such as the capital city. The Opportunities programme is funded by the federal Government, but operates through the existing health-care structure. It covers those who are marginal to the existing system through poverty, geography or temporary status (i.e. migrants), and focuses especially on rural areas. It works in 17 of Mexico's 36 states, using community health-care resources to perform outreach to new participants, using rural hospitals and clinics, and mobile health teams to reach groups such as seasonal workers or indigenous people who may be very remote from existing facilities.

The IMSS targets the Opportunities programme to the 16,000 localities in Mexico with the highest proportions of non-Mexican immigrants; 260,000 voluntary workers are involved in visiting these areas to provide primary care, but also to keep track of migrant health and to provide epidemiological information for national level disease control.

## Notes

<sup>1</sup> This paper draws extensively on, and in places reproduces, the work of Avato et al. (2009).

<sup>2</sup> The Global Forum on Migration and Development (GFMD) estimates that 94 million of the world's migrants were workers in 2005 – the rest were families.

<sup>3</sup> Exportability, on the other hand, requires no such cooperation as eligibility and the level of benefit are determined by the social security institution of one country alone.

<sup>4</sup> Seasonal agricultural migrant workers are excluded. See United States Social Security Administration (US SSA, 2007).

<sup>5</sup> The GCC countries are Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates.

<sup>6</sup> The shortcomings of social protection for migrants in low-income regions are discussed in more detail below.

<sup>7</sup> The ILO and the UN have adopted a series of Conventions concerning social protection for international migrants, most notably the International Convention on the Protection of the Rights of Migrant Workers and Members of their Families. This Convention, however, had limited success; it was adopted by the UN General Assembly in 1990, but came into force only after 13 years, with just 22 ratifying states. Similarly, the ILO adopted a number of Conventions dealing with non-discrimination and equal opportunity for migrants in their host countries, all of which suffered from weak support in terms of ratification by member States. ILO Convention 157, for example, aims at establishing a global regime of portability of benefits, but has only been ratified by three countries.

<sup>8</sup> Algeria, Egypt, Israel, Jordan, Lebanon, Morocco, Syria, Tunisia, Turkey and the Palestinian Authorities.

<sup>9</sup> ILO (2006). *ILO Multilateral Framework on Labour Migration: Non-binding principles and guidelines for a rights-based approach to labour migration*, International Labour Office, Geneva. Available at [http://www.ilo.org/public/english/protection/migrant/download/multilat\\_fw\\_k\\_en.pdf](http://www.ilo.org/public/english/protection/migrant/download/multilat_fw_k_en.pdf).

<sup>10</sup> Suriname is not included in the agreement as it has an incomparable social security system.

<sup>11</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, Paraguay, Uruguay and Venezuela.

<sup>12</sup> See Online Pioneer (2007). For a copy of the Convention in Spanish, see Organización Iberoamericana de Seguridad Social (OISS), 2007.

<sup>13</sup> Numbers are based on data presented in the next section.

<sup>14</sup> See Migration DRC (2007), Global Migrant Origin Database. Available at [http://www.migrationdrc.org/research/typesofmigration/Global\\_Migrant\\_Origin\\_Database\\_Version\\_4.xls](http://www.migrationdrc.org/research/typesofmigration/Global_Migrant_Origin_Database_Version_4.xls) [accessed 29 Mar. 2008].

<sup>15</sup> The largest hotspots of migration between low-income countries are South Asia, West Africa and Central Asia.

<sup>16</sup> Nevertheless, the efforts of Mexico and India to negotiate an agreement with the United States, and India also with various European countries should be acknowledged.

<sup>17</sup> UFCW Canada (2008). *The status of migrant farmworkers in Canada, 2006–2007*. Available at <http://www.ufcw.ca/Theme/UFCW/files/PDF2007/StatusReportEN2007.pdf> [accessed 15 May 2009].

<sup>18</sup> ECSR (European Committee of Social Rights). 2006. European Social Charter (revised): Conclusions 2006 (Italy). Available at [http://www.coe.int/t/dghl/monitoring/socialcharter/conclusions/State/Italy2006\\_en.pdf](http://www.coe.int/t/dghl/monitoring/socialcharter/conclusions/State/Italy2006_en.pdf) [accessed 15 May 2009].

<sup>19</sup> ILO (2003). Quoted in IRIN news report. Available at <http://www.irinnews.org/report.aspx?ReportID=78173> [accessed 12 Feb. 2009].

<sup>20</sup> Instituto Nacional de Migracion (2008), *Eventos de aseguramientos, expulsiones y repatriaciones*.

## References

- Abella, M. 2002. "Migrant workers' rights are not negotiable", in *Labour Education* (Geneva, ILO), Vol. 4, No. 129, pp. 1–4.
- Avato, J.; Koettl, J.; Sabates-Wheeler, R. 2009. *Social security regimes, global estimates and good practices: The status of social protection for international migrants* (available from the authors).
- Borjas, G.J. 1987. "Self-selection and the earnings of immigrants", in *American Economic Review*, Vol. 77, No. 4, pp. 531–553.
- Caribbean Community (CARICOM). 1996. CARICOM Agreement on Social Security (CASS). Available at [http://www.sice.oas.org/agreements\\_e.asp](http://www.sice.oas.org/agreements_e.asp) [accessed 14 Oct. 2008].
- Commission for Labor Cooperation. 2002. *Protection of migrant agricultural workers in Canada, Mexico and the United States* (Washington, DC).
- Cruz, A.T. 2004. *Portability of benefit rights in response to external and internal labour mobility: The Philippine experience*, paper presented at the International Social Security Association (ISSA), 13th Regional Conference for Asia and the Pacific, Kuwait, 8–10 Mar. Available at <http://www.issa.int/pdf/kuwait04/2cruz.pdf> [accessed 22 Oct. 2008].
- Downes, A. 2007. *The Canadian Seasonal Agricultural Workers Program: The experience of Barbados, Trinidad & Tobago and the OECS*, paper presented at the CSAWP conference, University of the West Indies, Barbados, 7–8 May.
- Elgersma, S. 2007. *Temporary foreign workers*, report prepared for Parliamentary Information and Research Service, Canada. Available at <http://www.parl.gc.ca/information/library/PRBpubs/prb0711-e.pdf> [accessed 6 Nov. 2009].
- Forteza, A. 2008. *The portability of pension rights: General principles and the Caribbean case*, Social Protection Discussion Paper No. 0825 (Washington, DC, World Bank).
- Global Forum on Migration and Development (GFMD). 2008. *Protecting the rights of migrant workers: A shared responsibility*, Background Paper to Session 1.1 of Roundtable 1 "Migration, human rights and development", Global Forum on Migration and Development, Manila, 27–30 Oct.
- Hadley, C.; Galea, S.; Nandi, V.; Nandi, A.; Lopez, G.; Strongarone, S.; Ompad, D. 2008. "Hunger and health among undocumented Mexican migrants in a US urban area", in *Public Health Nutrition*, Vol. 11, pp. 151–158.
- Holzmann, R. 2005. "Toward a reformed and coordinated pension system in Europe: Rational and potential structure", in R. Holzmann and E. Palmer (eds): *Pension reform: Issues and prospect for non-financial defined contribution (NDC) schemes* (Washington, DC, World Bank), pp. 225–292.
- ; Jorgensen, S.L. 2000. *Social risk management: A new conceptual framework for social protection and beyond*, Social Protection Discussion Paper No. 0006, Human Development Network (Washington, DC, World Bank).
- ; Muenz, R. 2004. *Challenges and opportunities of international migration for the EU, its member states, neighboring countries and regions: A policy note* (Washington, DC, World Bank).
- ; Koettl, J.; Chernetsky, T. 2005. *Portability regimes of pension and health care benefits for international migrants: An analysis of issues and good practices* (Geneva, Global Commission on International Migration).

- 
- International Labour Office (ILO). 2003. *Decent work in agriculture*, Synopsis of the Background Paper (IWSDWA/2003) for the International Workers' Symposium on Decent Work in Agriculture, Geneva, 15–18 Sep.
- . 2004a. *Towards a fair deal for migrant workers in the global economy*, Report VI, Sixth item on the agenda, International Labour Conference 2004, 92nd Session, Geneva.
- . 2004b. *Migration Survey 2003: Country summaries* (Geneva).
- . 2008a. *International labour migration and development: The ILO perspective*, International Migration Brief, International Migration Programme (Geneva). Available at [http://www.ilo.org/public/english/protection/migrant/download/mig\\_brief\\_development.pdf](http://www.ilo.org/public/english/protection/migrant/download/mig_brief_development.pdf) [accessed May 2009].
- . 2008b. *Rights, labour migration and development: The ILO approach*, International Migration Brief, International Migration Programme (Geneva). Available at [http://www.ilo.org/public/english/protection/migrant/download/mig\\_brief\\_rights.pdf](http://www.ilo.org/public/english/protection/migrant/download/mig_brief_rights.pdf) [accessed May 2009].
- . 2008c. *Best practices in social insurance for migrant workers: The case of Sri Lanka*, Working Paper 12, ILO Asian Regional Programme on Governance of Labour Migration (Geneva).
- . 2009. *Decent work for domestic workers*, Report IV (1), Fourth item on the agenda, prepared for the International Labour Conference 2010, 99th Session, Geneva.
- Isarabhakdi, P. 2004. "Meeting at the crossroads: Myanmar migrants and their use of Thai health services", in *Asian and Pacific Migration Journal*, Vol. 13, No. 1, pp. 107–126.
- Koettl, J. 2006. *The relative merits of skilled and unskilled migration, temporary and permanent labour migration, and portability of social security benefits*, Social Protection Discussion Paper No. 0614 (Washington, DC, World Bank).
- Mansuri, G. 2006. *Migration, school attainment and child labour: Evidence from rural Pakistan*, World Bank Policy Research Working Paper No. 3945 (Washington, DC, World Bank).
- Martin, J. 2007. *Towards effective temporary worker programs: Issues and challenges in industrial countries*, International Migration Paper No. 89 (Geneva, ILO).
- Organisation for Economic Co-operation and Development (OECD). 2008. *International Migration Outlook: SOPEMI 2008 edition* (Paris).
- Siegel, M. 2008. *Immigration and social protection in the Netherlands*, paper presented at the conference on "Migration and Social Protection: Exploring Issues of Portability and Access", University of Sussex, 5–6 Nov.
- Tamagno, E. 2008. *Strengthening social protection for ASEAN migrant workers through social security agreements*, Working Paper No. 10, ILO Asian Regional Programme on Governance of Labour Migration (Bangkok).
- United Nations. 2006. *Trends in total migrant stock: The 2005 revision*, Economic and Social Affairs, POP/DB/MIG/Rev.2005/Doc.
- Vittin-Balima, C. 2002. "Migrant workers: The ILO standards", in *Labour Education* (Geneva, ILO), Vol. 4, No. 129, pp. 5–11.
- Williams, A. 2008. *Social security for migrant workers: The Barbados experience*, paper presented at the International Social Security Association (ISSA) Technical Seminar in the English-speaking Caribbean, Hamilton, Bermuda, 18–20 May.
- World Health Organization (WHO). 2005. *Border health (Thailand–Myanmar)*. Available at <http://www.whothailand.org/en/Section3/Section39.htm> [accessed 6 Nov. 2009].