

Good Practices on Social Protection of Labor Migrants

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Lack of social protection of Kyrgyz labor migrants abroad

Healthcare

Temporary and permanently residing Kyrgyz migrants in RF have the following rights:

- Free first medical treatment

Lack of social protection of Kyrgyz labor migrants abroad. Contd.

Education: of all migrants move to Russian Federation with children of school-age

Lack of access to schools:

Undocumented parents no residence registration

Poor or no knowledge of Russian language

Lack of CMI

Lack of seats in schools

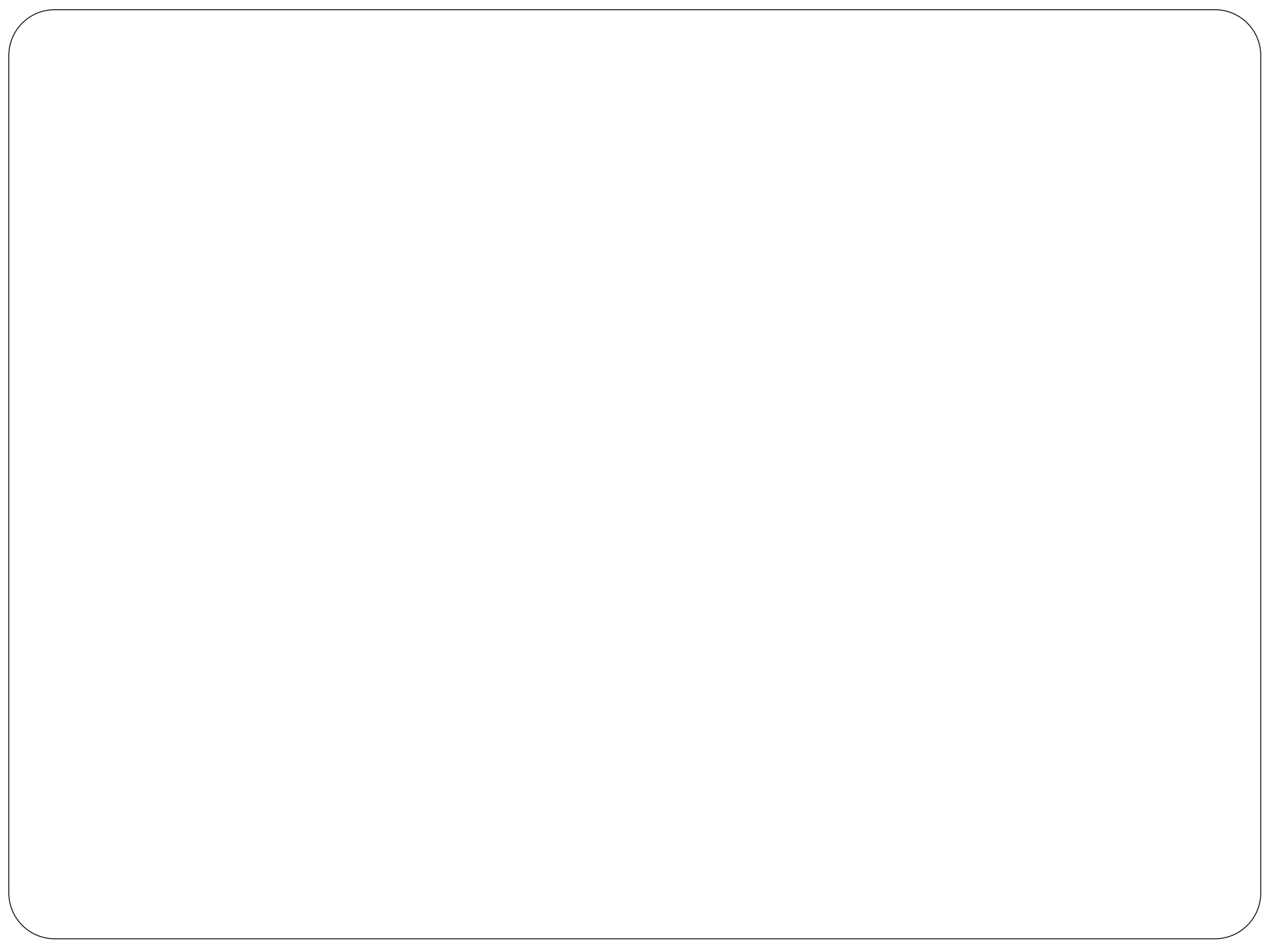
Only of children from Central Asia attend kindergartens

Pension

In 2011, RF adopted law on compulsory contribution to the Pension Fund of RF for all legal migrants

Kyrgyz labor migrants do not accumulate pensions

No mechanisms for portability of pensions for Kyrgyz labor migrants, though some dialogue is launched between KR and RF



Good Practices: Social Protection Systems

EU social security system

27 member-states as well as to Iceland, Liechtenstein, Norway, and Switzerland

Good Practices: Social Protection Systems. Contd.

EEA countries: the most comprehensive system of handling portability social security and health care benefits:

- contributory long-term benefits

- totalizing and calculating the replacement rate for the pension

- EEA country resident coming to the UK have access to all benefits as UK residents.

Reciprocal SSAs with non-EEA countries (similar privileges as to migrants within the EEA): Barbados, Bermuda, Bosnia-Herzegovina, Croatia, FYROM, Israel, Jamaica, Jersey and Guernsey, Mauritius, Serbia and Montenegro, Philippines, Turkey and the USA.

Ibero-American Social Security Convention

Ratified by 8 countries out of 22 LAC signed the Convention

Cash benefits: disability, old age, death of a family member, and employment injury

Benefits in kind (e.g. medical benefits): can be concluded in bilateral or multilateral agreements

Applicable legislation, equality of treatment, export of benefits, receiving benefits in third states on the same conditions as the nationals of the paying country.

Good Practices: Social Protection Systems. Contd.

CARICOM Agreement on Social Security

The Caribbean Community (CARICOM): regional organization of 14 independent states.

CARICOM Agreement on Social Security (1997): to coordinate the social security systems of the parties to the Agreement

13 CARICOM states and territories ratified

The CARICOM Agreement responds to five basic principles of the ILO Conventions

Long-term benefits (old age/retirement, disability and survivor pensions, and disablement and death pensions resulting from employment injuries)

Covers all employed and self-employed persons their dependents and survivors.

Good Practices: Social Protection Systems. Contd.

Good Practices: Pension Portability. Contd.

German-Morocco agreement (pensions, unemployment, health care): Moroccans must be treated the same as Germans.

Turkey and Tunisia's agreements with Germany do not include this principle of non-discrimination: a Turk must live in the EU, Turkey or another country with which Germany has a bilateral agreement, in order to receive a full German pension; otherwise, he takes a 30% reduction.

German-Turkish agreement includes exportable pensions: lump-sum reimbursement of contributions upon leaving.

New Zealand - Pacific island countries agreements: Pacific Islander receives full pension if he/she lived in New Zealand for at least 20 years since age 20 and received the New Zealand Superannuation. Pacific Islanders, through bilateral agreements with New Zealand, can receive this pension in their home country (22 countries with agreements with New Zealand). They can receive partial payment if they lived in New Zealand for less than 20 years with other rules attached. They must retain their original citizenship to receive the benefit outside of New Zealand.

Good Practices: Healthcare

Bilateral agreements on the portability of health care benefits have hardly been concluded in the past.

Turkish-Austrian agreement: a Turkish retired migrant, worked in Austria and never been employed in Turkey, is covered by the Austrian health system; the migrant enjoys advanced access to the Turkish health system and receives medical treatment in Turkey like a Turkish retiree; any additional costs are reimbursed by the Austrian system, via direct transfers between the two systems.

The UK has several agreements with countries that allow UK residents to have their expenses for emergency care and hospital treatment reimbursed by NHS, but emergency care is not sufficient for permanently returned migrants. (These countries include Armenia, Azerbaijan, Bosnia, Croatia, Georgia, Gibraltar, Serbia and Montenegro, Kazakhstan, Kyrgyzstan, Macedonia, Moldova, New Zealand, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan and residents of Anguilla, Australia, Barbados, British Virgin Islands, Channel Islands, Falkland Islands, Iceland, Isle of Man, Montserrat, St. Helena, Turks and Caicos Islands.)

Good Practices: Healthcare. Contd.

Many migrants receive medical treatment in the former host country

United States: returned migrants are still covered for medical treatment

Pacific Islands: many former migrants travel back to New Zealand for medical treatment.

This is because once the migrants received permanent resident status they also receive a returning resident visa and have access to the public health.

Mexico started to offer health insurance specifically for Mexican migrants in the US to ensure that they and their families are covered.

Net contributors versus net beneficiaries

In North-South migration, where migrant flows are asymmetric, this is a burden on the sending country's health

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Good Practices: Healthcare. Contd.

Bilateral agreements on the portability of health care benefits seem to be difficult to achieve. Migrants within the EU enjoy the highest standards of health care benefits and the EU could serve as an example in this regard. Employees as well as retired people are always covered by their country of residence, causing no particular burden for health care system due to the rather symmetric migration.

Questions for discussion

What model of social protection (pension, healthcare) can be applicable for Kyrgyz labor migrants in Kyrgyzstan and host country?

What mechanisms should be provided to ensure pension portability/exportability of Kyrgyz labor migrants from the destination country to Kyrgyzstan?