Migrant Workers and Social Protection in ASEAN: Moving Towards a Regional Standard?

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The number of migrants originating from ASEAN member states is estimated at 13.5 million, 39 percent (5.3 million) of whom are working in other ASEAN countries. An estimated 60% of the working population in these countries work in informal sectors of the economy that are not fully covered by labor laws, let alone social protection measures. In addition, nascent social protection systems in these countries provide little coverage in case of loss of worker income, and standards are generally poorly enforced. In this context, migrant social protection in ASEAN has rarely been explored. This paper considers global standards and themes regarding migrant social protection before outlining case studies of Indonesia, Philippines, Singapore and Thailand. The paper shows how migrants rarely access social protection in ASEAN and recommends regional action by ASEAN member states to holistically remedy this.

Keywords: Migrant workers, social protection, ASEAN

Introduction

The United Nations estimates that there are 214 million migrants globally, making up 3% of the world’s population. Increasing rapidly, the number may exceed 400 million by 2050 (United Nations, 2010). In 2005, the International Labour Organization (ILO) estimated migrants from the ten ASEAN (Association

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of South East Asian Nations) member states numbered 13.5 million, with 39 percent (or 5.3 million) working in other ASEAN countries (ILO, 2005, p. 49; Tamagno, 2008, p. 41).

Global, regional and domestic campaigns on migrant rights have intensified but attention to migrant social protection has been rare. In many origin and destination countries, as in ASEAN, the majority of the working population works in informal sectors that are not fully covered by labor laws, let alone social protection measures. Samydorai (2009, p. 9) estimates that 60% of workers in ASEAN work in the informal sector with little or no social protection. Such countries have nascent social protection systems providing little coverage for workers in case of loss of income and standards are poorly enforced. In this context, it is perhaps understandable that migrant social protection in ASEAN has rarely been explored.

Based on a desk review, this paper lays out migrant social protection standards before exploring related global themes. Four case studies on access to social protection for low to medium skilled migrants in Indonesia, Philippines, Singapore and Thailand are outlined. Case studies illustrate that migrants rarely gain access to social protection within ASEAN. The paper recommends regional action by ASEAN member states to holistically remedy the lack of migrant social protection.

Definitions: Migrant Social Protection

‘Social protection’ and ‘social security’ are sometimes used interchangeably, but can also have different meanings depending on the context. According to the ILO’s recently published *World Social Security Report* (ILO, 2011a, pp.13-14):

*Social protection*… is often interpreted as having a broader character than social security (including protection provided between members of the family or members of a local community) but is also used in some contexts with a narrower meaning (understood as comprising only measures addressed to the poorest, most vulnerable or excluded members of society)… Social protection has the following aspects: (1) interchangeable with “social security;” (2) as “protection” provided by social security in case of social risks and needs.

*Social security* covers all measures providing benefits, whether in cash or in kind, to secure protection from: (a) lack of work-related income (or sufficient income)
caused by sickness, disability, maternity, employment injury, unemployment, old age or death of a family member; (b) lack of access or unaffordable access to health care; (c) insufficient family support, particularly for children and adult dependents; and (d) general poverty and social exclusion… Social security has two main dimensions, namely ‘income security’ and ‘availability of medical care…

The ILO’s Social Security (Minimum Standards) Convention 1952 (ILO C 102), identified nine specific kinds of social security: medical care; sickness benefit; unemployment benefit; old-age benefit; employment injury benefit; family benefit; maternity benefit; invalidity benefit; and survivors’ benefit. The ILO’s 2011 World Social Security Report makes additional reference to disability protection, child support and protection against poverty and social exclusion. The UN, European Commission (EC) and Organization for Economic Cooperation and Development (OECD) discuss social protection more expansively in the context of housing benefits and labor market programs (ILO, 2011a, p. 20).2

The term ‘migrant worker’ is defined in different ways in different contexts. Migrants are generally understood to be those who travel across country borders to find work. The most authoritative definition of ‘migrant worker’ is that provided in the United Nations International Convention on the Protection of the Rights of All Migrant Workers and Their Families Article 2(1) as ‘a person who is to be engaged, is engaged or has been engaged in a remunerative activity in a state of which he or she is not a national.’ Definitions of migrant workers often exclude diplomatic or state officials posted to other countries, refugees/stateless persons and even seafarers.

Standards on Migrant Social Protection

International Standards

The universal right to social security for all human beings (both individuals and families) is outlined in Article 3 of the Declaration of Philadelphia (1944), which preceded the ILO’s founding, as well as Articles 22, 23 and 25 of the Universal Declaration of Human Rights (UDHR) (1948) and Articles 9 and 10 of the

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2 See Tamagno (2008, p. 6) for a summary of types of social security programmes, consisting of social insurance, universal coverage, provident funds, individual private accounts, employer liability and social assistance.
International Covenant on Economic, Social and Cultural Rights. The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (UN Migrant Workers Convention), which entered into force in 2003, is recognized as the key international migrant rights standard. In 2007, the ILO published a Multilateral Framework on Labor Migration as an intended best practice for regulation and protection of migrant workers. Section 9 states that ‘All international labor standards apply to migrant workers, unless otherwise stated.’

UN General Assembly Resolution 40/144 of 1985 (Declaration on the Human Rights of Individuals who are not Nationals of the Country in which they live) states in Article 8 that migrants shall enjoy ‘(c) right to health protection, medical care, social security, social services… provided they fulfill the requirements under the relevant regulations for participation and that undue strain is not placed on the resources of the State.’ Articles 27, 28, 43 and 45 of the 1990 UN Migrant Workers Convention similarly promotes migrant workers and members of their family enjoy social protection similar to nationals and if such protection is not possible, states are under a duty to find means to guarantee equal benefits. The ILO also has a plethora of standards specifically regarding migrant social protection (ILO, 2011b, p. 5). The extent to which such standards extend to irregular migrants remains unclear (Kapuy, 2009; Schoukens & Pieters, 2004; Schoukens, 2004). However, ILO’s Multilateral Framework on Labor Migration suggests all states consider “Entering into bilateral, regional and multilateral agreements to provide social security coverage and benefits, as well as portability of social security entitlements, to regular migrant workers and, as appropriate, to migrant workers in an irregular situation…” (Section 9.9)

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3 The ILO’s Social Security (Minimum Standards) Convention 1952 (ILO C 102) was the first international standard to comprehensively address social security, one of 31 Conventions and 23 Recommendations on social protection ILO passed since 1919. In 2001, the ILO undertook a Global Campaign on Social Security and Coverage in which the ILO Declaration on Social Justice for a Fair Globalisation was adopted. In 2009, the Social Protection Floor Initiative was adopted, led by the ILO, WHO and other UN agencies (ILO, 2011a, p. 8).

4 Key ILO conventions addressing the rights of migrant workers include the Migration for Employment Convention (Revised) 1949 (ILO C 97) and Migrant Workers (Supplementary Provisions) Convention 1975 (ILO C 143). Key ILO recommendations include Recommendations 86 and 151. The International Convention on the Elimination of All Forms of Racial Discrimination guarantees broad non-discriminatory access to rights for migrant workers similar to nationals in a host state.

5 Most ILO social security conventions define the scope of coverage irrespective of nationality, and include clauses on equality of treatment between nationals and foreign workers and non-discrimination. In addition, ILO has laid down standards specifically outlining the social security rights of migrant workers including the Equality of Treatment (Social Security) Convention 1962 (ILO C118), the Maintenance of Social Security Rights Convention 1982 ILO (C157), the Equality of Treatment (Accident Compensation) Convention (1925) (ILO C19), the Maintenance of Migrants’ Pensions Rights Convention (1935) (C48). ILO’s Migration for Employment Convention (Revised) (1949) (ILO C97) and Migrant Workers (Supplementary Provisions) Convention (1975) (ILO C143) also contains specific clauses on rights to social protection for migrant workers.
ASEAN Standards

The 2008 ASEAN Charter stated in Article 1 Paragraph 11 that ASEAN would “enhance the well-being and the livelihood of the people of ASEAN by providing them with equitable access to opportunities for human development, social welfare and justice.” Section 3.2.2 of the ASEAN Economic Community Blueprint (2007) recommended ASEAN “(1) Establish an integrated social protection and social risk management system…. and (3) Strengthen systems of social protection at the national level and work toward adoption of appropriate measures at the regional level.”

ASEAN’s Vientiane Action Programme (2004-2010) section 1.1.4.6 mandated elaboration of an ASEAN Instrument on the Protection and Promotion of the Rights of Migrant Workers (AIMW). In 2007, ASEAN agreed to the Declaration on the Protection and Promotion of the Rights of Migrant Workers (DPPMW) and the ASEAN Committee on the Implementation of the Declaration on the Protection and Promotion of the Rights of Migrant Workers (ACMW) was established.

The DPPMW calls for an “[intensification of] efforts to promote the welfare of migrant workers” and for destination countries of migrants to “facilitate access to … social welfare services as appropriate...” Origin countries are encouraged to set up policies and procedures to protect their workers when abroad also. As the AIMW drafting process has stalled, there remains no standard enunciated within ASEAN on migrant social protection. There are also no social security agreements or labor agreements within the individual ASEAN countries that make reference to social protection (Tamagno, 2008, p. 44). Memoranda of Understanding on Labor (MoUs) exist between member states of ASEAN however that provide for non-discrimination and equality in access to rights for migrants (Center for Migrant Advocacy, 2010).

Migrant Social Protection: Overview

Globally migrant workers, particularly irregular or undocumented workers, face significant challenges in accessing social protection before, during and after periods of migration (Cholewinski, 2005; Cuddy et. al, 2006; ILO, 2011b; International Social Security Association, (ISSA) 2011; Kulke, 2006; Tamagno, 2008). Although

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6 Similarly, the ASEAN Socio-Cultural Community (ASCC) Blueprint (2009) cites social welfare and protection as one of its key characteristics in paragraph 18.
not equivalent to the denial of rights based on discriminatory legislation or practices, the effect of these challenges is often to deny migrants social protection they would otherwise be entitled to, and to which nationals of an origin or destination state are generally entitled.

In much of the developing world, including ASEAN, challenges regarding migrant social protection have not been prioritized for action. A large proportion of nationals in these countries also have minimal access to social protection for other reasons: they work in informal sectors not covered by such mechanisms, they are casual or seasonal workers, or they work in small enterprises. In some countries there is little sustained development of social protection systems generally (ISSA, 2011). States may take a ‘nationals first’ approach to social protection, neglecting to address what would be required to expand protection to migrant and informal workers.

Thus migrant workers may either directly or indirectly be denied access to social protection by their home state or receiving country, or they may be employed in informal or other sectors of the economy that make them ineligible for protection. In addition, there is often a large gap between migrants having rights to social protection and gaining access to benefits. Pro-active enforcement of social protection laws remains weak globally, particularly in sectors that hire migrants.

Origin or destination countries often limit migrant social protection through omitting to implement specific measures to ensure that workers are able to access acquired benefits when migrating to another country or returning home. As social protection may be long term, including disability or disease compensation and pensions, the country in which the right is realized may not be a worker’s home country. Also, workers may be mobile, passing through different social security systems. Responses required to overcome these challenges are often difficult when the capacity of social protection agencies is weak and political will is lacking.

**Legal Barriers to Migrant Social Protection**

Legislation enabling social protection in some countries excludes migrant workers. This is based on not holding nationality of the country of residence; residence requirements for coverage in the home country or host state; documentation requirements; immigration requirements on length of permission to stay following unemployment or sickness; provisions that require contributions to schemes for a certain period of time when migrants cannot and/or do not remain in that country
for such a length of time; and applicability of work sectors. The latter condition applies both to nationals and nonnationals, but migrants tend to be over represented in these sectors (Kulke, 2006, p. 2; Tamagno, 2008, p. 1).

**Administrative Barriers to Social Protection for Migrant Workers**

Although a migrant worker may be entitled to social protection mechanisms of a home or host state, administrative practices may limit access to such protection. Such practices include specificities in officially certifying documents to satisfy requirements; means by which money can be transferred; language difficulties; methods of payment of money overseas; and difficulties in satisfying documentary requirements in terms of passing on benefits to relatives or spouses when a migrant is deceased.

**Overcoming Challenges and Promoting Migrant Access to Social Protection**

Different measures promote migrant social protection. The conclusion of social security agreements, which are more limited than labor agreements, between origin states of workers and destination countries, or agreements that wider and multilateral in nature, have overcome such barriers. As systems of countries vary, creating mechanisms by which migrant workers can benefit from social protection schemes can be a complex task. Hence such agreements can be useful in laying down the rules needed to create these mechanisms.

As highlighted in model agreements from ILO Recommendation 167 on *Model Provisions for the Maintenance of Social Security Rights*, primary objectives pursued in migrant worker social security agreements usually include:

- **Equality of treatment** – this principle overcomes nationality-based restrictions to ensure application to migrant workers and their families

- **Provision of benefits abroad** – these overcome schemes that prohibit payment of benefits overseas, impose stringent conditions for payment or require residence. Provisions can allow for export of benefits to workers’ home country or a third country.
• **Determination of the applicable legislation** — lays down application of social protection systems to workers to avoid double payments in origin and destination countries, particularly for workers who are self-employed or seafarers.

• **Totalizing** — assists migrants to overcome qualifying periods for social protection, including periods of employment and/or necessity of affiliation to a scheme at the time the right comes to fruition (i.e. being a pensioner for old age pensions). Totalizing means adding together periods of affiliation in all the countries party to an agreement to ensure that qualifying periods are met.

• **Administrative Assistance** — receipt of documents and evidence to be submitted in a number of different countries can be simplified and certification processes made uniform (Franssen, 2006, p. 7; ILO, 2011a, p. 19; Tamagno, 2008, p. 9).

Most social security agreements are bilateral, but multilateral agreements exist in the EU, CARICOM (Caribbean Community), the Gulf Cooperation Council (GCC), MERCOSUR (Argentina, Brazil, Paraguay and Uruguay) and in the Ibero-American Social Security Convention (Franssen, 2006, p. 9; ILO, 2011a, p. 49; ISSA, 2011, p. 2). Multilateral agreements introduce uniformity which reduces administrative burdens. Innovative means by which states have promoted migrant social protection also include: requiring recruitment agencies to pay contributions for migrants recruited overseas; voluntary contribution in national schemes for nationals going overseas; group insurance for workers going overseas; payment of retroactive contributions for nationals returning from a period of work overseas; funds for overseas workers; waiving contribution periods; reimbursement of medical fees; use of new technologies in remittance of contributions; and benefits for families of migrant workers left behind (Domingo, 2008; Hirose, 2007; Holzmann, Koettl & Chernetsky, 2005; ISSA, 2011, p. 3; Kulke, 2006, p. 7; Rosario, 2008).

The case studies outlined below, based on an extensive desk review, provide some illustrations of the complexity in providing and assuring social protection benefits to migrant workers. Each of the countries explored have dealt with the issue of migrant social protection in a different way.
**Indonesia**

Indonesia is the fourth largest country in the world with an estimated population of 226 million. The labor force consists of over 115 million persons (Statistics Indonesia, 2010). Migration of workers from Indonesia began in the 1970s when there was increasing labor demand from the Middle East for construction and domestic work. Since the 1990s, government policy has been to promote migration of workers overseas. Currently IOM estimates that 4 million Indonesians are overseas (IOM, 2008, p. 3). The main destination countries for Indonesian migrants are Hong Kong, Kuwait, Malaysia, Saudi Arabia, Singapore, South Korea and Taiwan. Most Indonesian overseas workers work in low skilled or semi-skilled occupations such as agriculture, construction and manufacturing. The majority of women work as domestic workers or caregivers (IOM, 2008, p. 2). These migrants make an important economic contribution to their country through foreign remittances (IOM, 2010a, p. 22).

**Social Protection System in Indonesia**

Social protection in Indonesia is largely limited to social insurance schemes that are available only to workers in the formal sector. There are welfare programs for informal sector workers on the basis of voluntary membership but these programs have low levels of coverage (ILO, 2008b, p. 18). Indonesia passed a National Social Security System Law (No. 40 of 2004) stipulating an employer’s obligation to enroll employees in social security schemes and the government’s duty to provide assistance to people in poverty. The scope of social security under this law focuses on health insurance, employment injury, old age (provident fund), invalidity and death.

There are four social security schemes operating in Indonesia - *Jamsostek, Taspen, Askes, and Asabri* (ILO, 2008a, p. 2). *Jamsostek* is the social insurance fund for private sector employers and their employees. For the majority of the population, particularly those in the labor market, *Jamsostek* plays an important role in providing health insurance, employment injury, old age (provident fund) and death benefits. Employers and employees should make joint contributions to the program (ILO, 2008b, p. 19).

According to the ILO (2008a, p. 204), social security in Indonesia is statutorily very limited in its breadth and application. The coverage provided in law under the *Jamsostek* scheme is only for employees of establishments with 10 or more employees
or with a monthly payroll of at least 1 million rupiah (USD $117). For employees of smaller establishments, membership in the social security scheme is voluntary, as is the case for workers in informal sectors and self-employed persons. In 2007, out of 36 million formal sector workers in Indonesia, only 16.8 million workers or 47% were contributing to social security schemes. Workers in smaller enterprises and in informal sector jobs have very little coverage. ILO estimates as few as 17% of Indonesians are covered under social security schemes (ILO, 2008b, p. 21).

Social Protection for Indonesian Migrant Workers

Existing social security systems in Indonesia exclude overseas workers. There are statutory instruments related to Indonesian migrant workers but they are rarely implemented effectively.7 Legally, support is provided to migrant workers at the pre-departure stage through training courses to improve work skills and provide information about destination countries (IOM, 2010b, pp. 21-34). Indonesian migrants are also required to take out social insurance prior to departure, but the government does not regulate the fee (IOM, 2010b, pp. 36-40).

Upon their return, Indonesian migration policy dictates that migrants should be provided with assistance for transportation, medical assistance, legal aid or financial and psychological support at the airport, as well as assistance to set up businesses to take advantage of their remittances (IOM, 2010b, pp. 35-36). A study by IOM (IOM, 2010b, p. XI) however found loopholes with all of these systems. In particular, the law is weak in providing a legislative framework for social protection for migrants and operates through a centralized system. The result is that there is a lack of effective coordination between central and regional governments.

The airport scheme, which was initially expected to provide pre-departure and returnee assistance, often results in extortion and abuse according to activists from Indonesia’s migrant networks. Indonesian networks also report that workers encounter ‘systematic corruption’ in accessing the mandatory insurance scheme. An assessment of the Supreme Audit Institution (BPK) investigated whether corrupt practices befall

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workers in the insurance system, particularly relating to large brokerage fees between overseas employment agencies and insurance agencies. Additionally, because employment agencies often keep documents, most workers cannot provide the documents required to file their claims.

Other barriers to social protection are specific to migrant domestic workers, the majority of whom are women. These workers are denied protections of the law in both Indonesia and receiving countries (Sakdapolrak, 2002, pp. 7-16). In some receiving countries, bias and discrimination against women is widely reported. The nature of domestic work results in a lack of rights to independent living, creating a barrier for women to make complaints to the local police or to consular officials. Workers often do not have access to telephones and language barriers make communication difficult.

Social Protection Provided by Receiving Countries

Indonesia cooperates with destination countries in the placement of workers abroad through MoUs with Korea, Jordan, Kuwait, Taiwan Province of China, the United Arab Emirates, Qatar, Australia and Malaysia. Indonesia is also in the process of negotiating MoUs with Syria, Brunei, Darussalam and Japan (IOM, 2010b, p. 16).

In Malaysia, 50 percent of migrant workers are from Indonesia (IOM, 2010b, p. 42). Malaysia’s Employment Act 1955 establishes statutory benefits for labor migrants including payment of wages, working hours, shift work, overtime, rest days, holiday pay, annual leave and sick leave. The Workmen’s Compensation Act 1992 provides coverage for work-related accidents. Malaysia and Indonesia have signed labor migration MoUs covering short-term contract laborers and Indonesian domestic workers which stipulate that Indonesian workers should be protected under the Foreign Workers Compensation Scheme. This scheme stipulates an employer’s obligation to pay compensation benefits to foreign workers who possess valid employment documents for injury or death. For health insurance, employers are required to pay medical expenses for workplace accidents and medical examinations upon arrival into the country. Sufficient food, reasonable accommodations, adequate rest and non-deduction of monthly wages are mentioned in the MoUs, but a clear definition of what constitutes ‘sufficient’ is not outlined (IOM, 2010b, pp. 46-47; Salma, 2006).
In Singapore, the majority of Indonesian migrants are employed in construction, manufacturing or domestic work. The well-being of foreign workers, including Indonesian migrants, is clearly stipulated in the Employment Act, Employment of Foreign Manpower Act, Work Injury Compensation Act and Workplace Safety and Health Act. Employers’ obligations to foreign workers include medical treatment, personal safety, proper housing, prompt salary payment and adequate food and rest. However, in practice Indonesians experience poor working conditions and little compensation.

In Saudi Arabia, Indonesian migrants are employed in both the formal and informal sectors. Many migrants who work in the formal sector in Saudi Arabia return home with no complaints. But those who work in the informal sector are often subjected to exploitative working conditions and are the targets of sexual violence and other human rights abuses. Although Saudi Arabia has a Labor and Workmen’s Regulation (1969) which deals with labor law and employee rights, this regulation does not cover workers in the informal sector (Sakdapolrak, 2002, p. 16).

The weakness of the legislative framework and of MoUs between source and receiving countries limit the ability of Indonesian migrants to access effective social protection. Indonesian social protection is very limited for irregular migrants and domestic workers and does not provide adequate assistance to migrants once they return to Indonesia. National labor migration laws and policies in Indonesia are still primarily concerned with reducing local unemployment and focus on facilitating the outflow of migrant labor rather than on protection mechanisms (Ford, 2005, p. 9).

The Philippines

Social Protection Systems in the Philippines

Social protection is well defined in the formal sector, which is led by manufacturing and services firms and public agencies. Both private sector employees and government workers are covered by contributory (employer and employee) social insurance schemes covering industrial accidents, health, old age and death. In the informal sector, there is no coverage except for the self-employed who contribute on a voluntary basis to social security schemes. The Social Security System (SSS) exists for the private sector and the Government Service Insurance System (GSIS) for the public sector (Macaraya, n.d.).

SSS provides protection to members and beneficiaries for old age, disability, death, sickness, maternity and other contingencies resulting in loss of income or financial burden. The SSS contribution rate is 10.4% of a worker’s monthly salary credit, as of January 2007. This is shared by employer (7.07%) and employee (3.33%), while self-employed or voluntary members are responsible for the entire amount of the contribution (ASEAN Social Security Association, 2009). Coverage under the SSS is compulsory for all employers in the private sector and employees who are not over 60 years of age, including domestic helpers earning PHP 1,000 (USD $23.6) a month.8

The SSS presently administers two programs:

- Social security, including maternity, disability, retirement, death and funeral services.
- Employees’ Compensation (EC), including industrial injury-related services.

In March 2011, social security scheme membership was: (1) Employers 881, 680; (2) Employees 19.96 million; (3) Self-Employed 5.73 million; and (4) Voluntary 3.24 million (Social Security System, 2011).

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8 All self-employed persons are also subject to mandatory coverage under the Regular Self Employed Programme for artists, entertainers, proprietors, and professionals, and the Expanded Self Employed Programme is for those with monthly earnings of at least PHP 1,000 (USD $23.6) regardless of trade, business, or occupation. Farmers and fisherfolk earning at least PHP 1,500 (USD $12) also fall under the self-employed category (Social Security System, 2011).
Overseas Filipino Workers (OFWs) and Social Protection

The Philippines ranks third amongst top origin countries for migrant workers (United Nations, 2010). The deployment of workers overseas started in the 1970s under President Ferdinand Marcos as a solution to unemployment. One estimate suggests 8.5 million Filipinos are overseas. The top 10 destination countries of Filipinos are the U.S., Saudi Arabia, Canada, UAE, Australia, Malaysia, Japan, UK, Hong Kong, and Singapore. These Filipino migrants sent over USD $17.35 billion to the Philippines in remittances in 2009 (Commission on Filipinos Overseas, 2011).

Unlike local workers, OFWs do not automatically enjoy benefits of social security while employed overseas, due to portability problems and a lack of arrangements with destination countries. But the Philippines provides a Social Security System Programme to OFWs on a voluntary basis under a self-employed category. In some destination countries, migrants are allowed to join social security systems—but when these migrant decide to return to the Philippines, they encounter the problem of portability of benefits. The government has therefore negotiated labor and social security agreements with other countries to promote social protection for its workers.

Social security agreements signed by the Philippines with 9 countries provide for mutual assistance systems so both covered members and their beneficiaries may file claims with liaison agencies in the Philippines or the other country. The agreements also provide for equality of treatment clauses; export of social security benefits; creditable membership periods in both the host country and the Philippines to determine qualification for benefits; and shared costs between the two countries (Go, 2007). As of 2010, the Philippine government had also signed 49 bilateral labor agreements with 25 countries and territories (Center for Migrant Advocacy, 2010).9

The SSS also introduced the Flexi-Fund program exclusively for OFWs. In addition to the voluntary program of the SSS, the Flexi-fund is a provident fund scheme, featuring flexible payment terms and easy withdrawal of savings. Any amount contributed in excess of the maximum contribution of PHP 1,410 (USD $33.20) to the regular SSS program goes to the worker’s individual account. When the OFW

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9 The Philippines has also mandated the establishment of the Office of the Undersecretary for Migrant Workers Affairs (OUWMA) at the Department of Foreign Affairs. In countries where there is a high concentration of OFWs, the law mandates the setting up of a Filipino Workers Resource Center and there are also 15 SSS offices in 12 countries. These offices act as receiving, registration and information centers for SSS programmes.
returns to the Philippines, he/she will have some income security with a higher than market interest rate and will have the option to withdraw any amount from the accumulated balance (Social Security System, 2011).

**Migrant Access to Social Protection in Practice**

According to a leading migration activist in the Philippines, even though the Government has signed agreements with other countries these agreements are often poorly implemented and workers do not really get the benefits promised. However, in some cases, social security provided to Filipino migrants in a host country is superior to that provided to Filipinos by the Philippines’ SSS. In some cases, lump sum payments can be made to Filipino migrants upon leaving the host country. The same source reported that many host countries, even when there are agreements in place, did not provide protection to domestic workers who are often not classified as workers. Even if protection is provided, many of the systems set up are difficult for OFWs to navigate and benefits arrive very slowly and with much bureaucracy.

**Singapore**

According to Singapore’s Department of Statistics, in 2011 the population was 5.1 million persons, comprised of 3.8 million Singaporean residents and 1.3 million non-residents (Ministry of Manpower, 2011, p. 2; Department of Statistics, 2011, p. 4). In 2010, 66.2% or 2.0 million Singaporeans were participating in the labor force and the unemployment rate was 3.2% (Department of Statistics, 2011, pp. 4-6).

With a rapidly aging population, Singapore has become dependent on inward bound labor migration for its economic development since the 1970s. The number of foreign workers in Singapore has increased yearly and foreign labor is part of economic development policies (Yeoh, 2007). Labor market statistics show that the majority of migrants working in Singapore, estimated at 856,000 persons in December 2009 (Solidarity for Migrant Workers, 2010), work in low or semi-skilled manual jobs. Countries of origin for migrants in Singapore are very diverse.
Social Protection Systems in Singapore

Singapore has developed social security for more than half a century. The Central Provident Fund (CPF) operates based on individual savings of joint contributions between employers and employees. The CPF has evolved into a comprehensive social security system for retirement, health care, home-ownership, family protection and asset purchase. Working Singaporeans and their employers make monthly contributions to CPF and this contribution goes into three specific accounts.\(^{10}\)

CPF is mandatory for all employed and self-employed persons who earn 6,000 Singapore dollars annually (USD $4,970). Eligibility is only for Singaporean residents, including Singaporean citizens and permanent residents. In addition to the CPF scheme, there are social assistance schemes to pay for medical costs in approved governmental hospitals for unemployed persons, disabled people and the poor, based on the results of means tested measures (Singh, 2008, p. 19). Singapore also has systems of employer liability providing additional social protection (ILO, 2011a, p. 204).

Social Protection for Migrant Workers in Singapore

The Ministry of Manpower (MOM) mandates employer-financed medical insurance for foreign workers in Singapore who hold work permits. The employers of workers must maintain medical insurance with coverage of at least SGD $15,000 (USD $12,430) per year.\(^{11}\) Employment injury benefits are provided under the 1968 Employment Act and the 2008 Work Injury Compensation Act. Migrant workers should receive compensation from employers following an accident or injury.

There are significant differences in social protection available for migrant workers and local workers or permanent resident workers. The CPF is applied to Singapore citizens and permanent residents only. Migrants who hold a legal work permit in Singapore are not eligible to apply for permanent residency also (Tamagno, 2008, p. 2).

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\(^{10}\) An ordinary account to finance the purchase of a home, approved investments, insurance and education; (2) a special account principally for old age savings such as for investment in retirement-related financial products; (3) a Medisave account to pay for medical treatment, hospital treatment and medical insurance needs.

\(^{11}\) For foreign workers, available insurance plans include the Medical Insurance Scheme (providing inpatient care, surgery, 90 days pre- and 90 days post-hospitalisation diagnostic services, and treatment) and the Foreign Workers Group Hospital and Surgical Plan (the same benefit as the Medical Insurance Scheme plus funeral expenses of SGD $3,000). For foreign domestic workers, available insurance plans include the Medical Insurance Scheme and OAC Maid Supreme (Ministry of Manpower, 2010, p. 2).
There are no bilateral or multilateral labor or social security agreements between Singapore and origin countries of its foreign workforce (Piper, 2005, p. 10).

The foreign worker levy which employers have to pay for lower skilled migrant workers with work permits is higher than the levy paid for employing skilled migrants. For foreign workers who are granted Permanent Resident status, employers will make contributions to their CPF accounts instead of paying a levy. This pricing mechanism strategy aims to encourage employers of workers to allow them to attend vocational courses and upgrade their skills.

**Implementation in Practice**

Singapore is sensitive to the situation of foreign domestic workers, given previous unfavorable publicity. Over the years, the country has initiated a tighter framework of laws, outreach measurement activities and training and education (Yeo, 2011, p. 2). Foreign domestic workers and seafarers continue to face exclusion from the main laws protecting migrants’ rights in Singapore however. Social security coverage is based on nationality and residency, and only nationals and permanent residents can apply for most protection measure. This is a barrier to protection as the majority of migrants do not have the right to apply for permanent residency (Sakdapolrak, 2002, p. 10; Tamagno, 2008, p. 33). There is also no minimum wage in Singapore (Yeo, 2011, p. 3).

**Thailand**

In 2010, Thailand’s population was 63.9 million people with a labor force of 38.6 million and employment at 38.0 million (Bank of Thailand, 2011). According to surveys by the National Statistical Office of Thailand, from 2005 to 2009 informal labor accounted for 60% of all workers (about 24 million) (National Health Commission Office of Thailand, 2011).

**Social Protection Systems in Thailand**

The *Workmen’s Compensation Act 1994* provides a system of work-related accident and disease compensation through the Workmen’s Compensation Fund (WCF) for workers in the formal private sector. Employers are required to pay a contribution to the WCF and the fund provides compensation to employees when they incur an
industrial accident, develop an illness related to work or die at work. The *Social Security Act of 1990* provides social protection to employees through seven benefits from the Social Security Fund (SSF) including illness or injury, maternity, disability, death, child allowance, old age and unemployment. Contributions of 5% of salary by the employer and worker and an additional 2-3% by the government fund the SSF (Social Security Office, 2011a).12

Previously, informal sector workers did not receive extensive social protection in Thailand. Most depended on health services available through the Universal Coverage Scheme (UCS), the public health protection scheme that provides health care coverage to all Thai citizens who are not covered by any other health protection scheme. Unlike social security and work accident compensation systems, the UCS does not cover occupational health hazards however (Mills, Tangchareonsathien & Pannarunothai, 2005).

In 2011, protection for home workers was extended in Thailand and a universal social security policy was introduced to offer social security to informal sector workers. More than 24 million people aged 15 to 60 years of age who were self-employed were encouraged to voluntarily enter into the SSF. The schemes available included:

1. Contribution of 70 Baht (USD $2.30) per month to the SSF, with the government paying 30 Baht per month, in exchange for protection for the worker and their families for sickness, disability or death.

2. Contribution of 100 Baht (USD $3.30) per month to the SSF, with the government paying 50 Baht per month, in exchange for protection for the worker and their families for the above plus a retirement pension (Ministry of Labor, 2011).

According to the Social Security Office, over 10.3 million people were registered under the SSF as of August 2011 (Social Security Office, 2011b; Ministry of Labor, 2011).

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12 The Social Security Act and Workmen’s Compensation Act do not cover civil servants, other government employees such as soldiers, police officers, teachers, and university staff, or workers in state enterprises. Instead, civil servants and workers in state enterprises are eligible for benefits in terms of pension and compensation by providing health care and services for themselves and their family members (ILO, 2009).
Migrant Workers and Social Protection in Thailand

Since the 1970s, Thailand has been an origin country of workers going to the Gulf region, East Asia and Singapore. After the mid-1980s, Thailand became a major destination country for migrants also. Since the early 1990s, an influx of workers from neighboring countries enters Thailand irregularly to fill low-skilled gaps in the labor market. The Thai government has managed these workers through almost yearly regularization. Currently, almost 2 million registered workers are in Thailand from Cambodia, Laos PDR and Myanmar (Archavanitkul, 2011; Hall, 2011; IOM, 2011).

In 2003, Thailand signed Memoranda of Understanding (MoUs) with Cambodia, Laos PDR and Myanmar on procedures for employment protection and return of workers to their respective countries upon completion or termination of contracts. As part of this process, officials of the three countries have been sent to Thailand to work on nationality verification (NV) of their workers to issue them with travel documents. Once workers complete NV, they become fully legal, despite their original undocumented entry into the country. The total number of migrant who passed NV as of March 2011 was 502,484 (Office of Foreign Workers Administration, 2011). The MoUs also set up systems for workers to enter legally into Thailand but the number of workers entering into the country in this way is still small.

In order to receive compensation from the *Workmen's Compensation Act* (1994), an injured migrant worker must satisfy the following: (1) possess a work permit; (2) possess a passport or alien identity document; (3) have an employer that paid contributions to the WCF; and (4) have paid income tax. If these requirements are not met, responsibility is assigned to an employer to compensate an injured worker. In numerous cases migrants have failed to access benefits and were denied access to the WCF; challenges in many courts have proved unsuccessful. The denial of migrant access to the WCF was also challenged at the ILO as a breach of ILO Convention 19 (Bangkok Post, 2011).

In 2011, the Cabinet approved a resolution to establish a work accident insurance scheme for workers from Cambodia, Laos and Myanmar who are registered, possess civil registration certificates and work permits, but have not yet passed NV. The scheme is managed by a private insurance company that is responsible for compensation payments to workers suffering work-related injuries and illness. The compensation amounts were announced as equal to the *Workmen's Compensation*
Act 1994. Information on the scheme continues to be limited, as does the legal basis for its implementation (Bangkok Post, 2012; State Enterprises Workers Relations Confederation, 2011). Migrant workers are generally able to access the universal health care scheme for the treatment of general ailments, but are not covered in cases of work-related injuries.

Migrants who pass NV or are legally imported under the MoUs can access the WCF (Ministry of Labor, Ref. Ror Ngor 0204.1/3710). There remains, however, a hurdle in accessing benefits as many migrants do not understand their rights. Also, there appears to be no formal procedures as to how the family of a deceased worker should access survivors’ benefits. Embassies remain uncooperative and migrant capacity to navigate systems is limited.

Only registered migrants can pay into the national health care system and access treatment at a cost of 1,300 Baht (USD $45) per year with a 600 Baht medical examination fee (USD $21) (Pollock, Pearson & Kusakabe, 2007). However, even undocumented migrants and their dependents can access emergency and general medical treatment utilizing hospital charitable funds and NGO provisions. Once migrants pass NV, they are not entitled to access the national health system unless they work in the informal sector, and must instead subscribe to the SSF.

Migrant workers are not denied access to Thailand’s SSF, but in order to gain access to the schemes, they must be in possession of a passport and a work permit. Workers and their employers should make a monthly contribution to the scheme, equivalent to 5% of each worker’s income. However, the SSF is only for formal sector workers, so agriculture, fisheries, and other informal sector workers are not covered. The informal sector SSF options highlighted above are not open to foreign workers.

Evidence from discussions with NGO activists and policy makers suggest that migrants have difficulty taking advantage of the SSF as they often do not stay in the country long enough to enjoy the full benefits. On becoming unemployed, migrant workers are only entitled to stay in Thailand for seven days to find a new employer and the Department of the Employer has said its work-seeking functions are only for Thais. A pension requires a minimum of 180 months’ contribution, but migrants employed under MoUs are only allowed to stay in Thailand for 48 months. As a migrant’s stay in the country is dependent on their working, it is unclear how they would be entitled to long-term disability for sickness benefits if they cannot work.
Reports suggest less than 5% of the half a million NV migrant workers have access to the SSF (Bangkok Post, 2011).13

Conclusions and Recommendations

There is an established set of international and regional (ASEAN) standards proclaiming access to social protection by all workers. Despite the challenges for informal sector national workers to access social protection in ASEAN states, increasing numbers are doing so; yet recent estimates suggest still only 60% of such workers are covered. There also now are clear standards on migrant rights and protections, particularly as enunciated in the ASEAN DPPMW. Finally, there are clear aspirations to increase migrant access to social protection within ASEAN.

Despite these developments, access to social protection by migrant workers coming from and moving within ASEAN remains limited. While the Philippines has attempted to increase social protection of Filipino OFWs in the face of many challenges, Indonesia, Singapore and Thailand have demonstrated a lack of commitment to guarantee migrant social protection. None of these three countries has moved further than protecting migrant workers in case of illness and providing universal emergency medical access (to varying degrees). Indonesia has MoUs in place with destination countries of its workers that could provide a model to explore this issue, but Singapore has made little effort.

Thailand claims to have a non-discriminatory standard in allowing all ‘legal’ migrant workers who have passed NV or who have been formally imported into the country to access the SSF. However, in practice the vast majority of migrants eligible for such protection are not privy to information that would ensure access. In addition, the government has applied the existing social protection systems for Thai workers directly to migrants, both in terms of contribution rates and protection. Thereby they have not attempted to make the system appropriate for ‘migrant’ workers or explained how the benefits (which migrants have started to pay for) will be realized. Employers have shown a lack of cooperation in signing workers up for the scheme and there is little enforcement.

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13 A high profile case in the media in 2011 showed how a Myanmar worker with NV status, who was discharged by a private hospital after they realised he was not a SSF member, died due to lack of treatment. The worker’s employer had not registered him for the SSF. Once workers pass NV, they are no longer entitled to the migrant health scheme.
Migrant social protection for workers in and from ASEAN requires commitment, both by individual states and the ASEAN region as a whole. Increasing protection is a complex process, requiring clear standards in place, effective implementation of those standards, access to information and enforcement. In addition, the mobile nature of workers, along with the fact that few will be granted permanent status in the countries where they are working, means that benefits should be made portable. Given no bilateral agreements and little multilateral discussion, formidable challenges lie ahead for ASEAN countries in ensuring migrant social protection.

Finally, and perhaps of primary importance, it is particularly difficult to even broach issues of migrant social protection, given that a significant proportion of migrants within ASEAN remain undocumented. Even ensuring basic human and labor rights to this population, in accordance with international standards, is challenging. Addressing the irregular nature of migration within ASEAN is of fundamental importance prior to and at the same time as developing migrant social protection.

To assist the realization of the right to migrant social protection in ASEAN, member states and destination countries should devise regional multilateral frameworks, agreements and standards based on research, inclusive policy development, good practice and human rights standards. Migrant social protection should be made an integral part of ASEAN’s moves forward in drafting the DPPMW, on the basis that all workers must have equality of treatment in access to and realization of social protection, whatever their residency or immigration status.

In addition, migrant worker networks, academics, trade unions, UN agencies, civil society groups and employer associations should priorities devising practical policy platforms for supporting ASEAN member states in the development of regional social protection systems for migrants. Further research into these systems should also be a priority. Good practices and experience sharing is crucial to this end, and learning from the experiences of the EU and other regional groupings that have successfully adopted regional social security platforms for migrants will likely bring benefits and model standards from which to move forward.

Given that such regional frameworks will take time to devise and implement, all ASEAN member states and destination countries should seek to utilize existing MoU agreements. Where there are no agreements in place, they should seek to initiate such agreements and bilateral frameworks as a means to lay down clear
policies, practices and systems to ensure increased and realistic, portable migrant rights to social protection.

Campaign strategies and research into expanding migrant social protection systems regionally, bilaterally and domestically should also be integrated within the wider platform of working towards increased access to social protection and welfare in all of the countries of ASEAN for informal national workers. The creation of an ASEAN standard on social protection and welfare on the basis of developing equality of treatment should also be included. Migrant networks should seek to reach out to domestic and regional informal workers and social security networks. Migrant workers work in informal sectors also, and unless informal sector access to social protection is realized, migrants will also face formidable challenges in realizing such rights.

Finally, key government officials or allies, politicians and parliamentarians, regional migrant networks, trade unions, academics, employer associations, and advocacy groups could seek assistance from UN agencies to gain access through interactive workshops and experience sharing of good models of migrant social protection globally. This will increase their interest in and understanding of migrant social protection frameworks. A focus of this capacity building should be on processes for negotiating social security agreements.

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