
ESS – Extension of Social Security

Migrant access to social protection under Bilateral Labour Agreements: A review of 120 countries and nine bilateral arrangements

Clara van Panhuys
Samia Kazi-Aoul
Geneviève Binette

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Social Protection Department
Labour Migration Branch
Conditions of Work and Equality Department

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Abstract

This working paper: (i) examines migrants access to social protection under Bilateral Labour Agreements (BLAs) with a view to providing policy makers with guidelines for extending social protection to migrants and designing better migration policies; (ii) presents the results of a mapping of bilateral and multilateral social security agreements in 120 countries; (iii) reviews legislation with respect of the provisions granting equality of treatment between nationals and non-nationals; (iv) provides a more in-depth legal analysis of migrant workers' access to social protection under BLAs or Memoranda of Understanding (MoUs) for 9 corridors, 15 countries, namely: Canada-Mexico, Spain-Morocco, Spain-Ecuador, France-Mauritius, France-Tunisia, Philippines-Saudi Arabia, Qatar-Sri Lanka and Republic of Korea-Sri Lanka, South Africa-Zimbabwe, as well as migrant's access to social protection in Belgium; (v) promotes the inclusion of social security provisions into BLAs and MoUs ensuring the organization of migration for employment, in particular provisions on equality of treatment with respect to social security; and (vi) calls on policy makers to ratify and apply relevant international labour standards, conclude multilateral and bilateral social security agreements, adopt unilateral measures to enhance migrant workers' access to social protection, involve social partners in the design and implementation of social protection for migrant workers, and take action to tackle the practical barriers migrant workers and their families face to be able to fully enjoy their right to social security.

JEL Classification: F22, F53, H55, I13, J15, J61, J8, J83, K3

Keywords: bilateral labour agreements, health care, protection of migrants' rights, social protection floors, social security, social security agreements.

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Abbreviations

AAH	<i>Allocation aux adultes handicapés</i> (Disabled adult allowance – France)
AME	<i>Aide médicale d’Etat</i> (State Medical Assistance – France)
BLA	Bilateral labour arrangements/agreements
CMU	<i>Caisse maladie universelle</i> (universal basic healthcare – France)
CLEISS	<i>Centre des liaisons européennes et internationales de sécurité sociale</i> (European and International Liaison Center for Social Security)
CPAS	<i>Centres publics d’action sociale</i> (public social welfare/action center – Belgium)
CPP	Canada Pension Plan
EC	European Commission
EMN	European Migration Network
EI	Employment Insurance
EPS	Employment Permit System (Sri Lanka)
ILO	International Labour Organization/Office
KNOMAD	Knowledge Partnership on Migration and Development
MoU	Memoranda of Understanding
MOI	Ministry of Interior
MOESS	Ministry of Employment and Social Security
OWP	Overseas Workers Program (Philippines)
OWWA	Overseas Workers Welfare Administration (Philippines)
OWWF	Overseas Workers Welfare Fund (Sri Lanka)
Phil-Health	Philippine Health Insurance Corporation (Philippines)
Php	Philippine Peso
RSA	<i>Revenu de solidarité active</i> (Active Solidarity Income – France)
SAWP	Seasonal Agricultural Workers Program (Canada)
SLBFE	Sri Lanka Bureau of Foreign Employment
SMIC	<i>Salaire minimum interprofessionnel de croissance</i> (minimum wage – France)
SSA	Social Security Agreement
TWG3	KNOMAD Working Group on Low-skilled labor migration
USD	United States dollar
UN	United Nations

1. Introduction: key issues on access to social protection for migrants

1.1. Difficulties encountered by migrant workers in accessing social protection benefits

The Universal Declaration of Human Rights of 1948 states in article 22 “*Everyone, as a member of society, has the right to social security*”.¹ Social protection² policies play a critical role in realizing the human right to social security for all but also in reducing poverty and inequality, and supporting inclusive growth (ILO, 2014, p. 3). The *Social Protection Floors Recommendation*, 2012 (No. 202) recognizes that “social security is an important tool to prevent and reduce poverty, inequality, social exclusion and social insecurity, to promote equal opportunity and gender and racial equality, and to support the transition from informal to formal employment”.

While responding to increased demand for labour from globalised labour markets, international migration poses significant challenges for migrants in terms of social security coverage. Although migrant workers and their families, as members of society, have the right to social security, they face significant difficulties in accessing social protection.

Certain restrictions governing social security schemes explain the obstacles encountered by migrant workers in accessing social security benefits including health protection. First, the principle of territoriality, stemming from the sovereignty of states over their own territory, limits the scope of application of social security legislation to the territory of the State in which it has been enacted (Kulke, 2007, p. 2). As a consequence, migrant workers may face loss of coverage under the social protection scheme of their home country when undertaking work in the destination country. In addition, the principle of territoriality may result in limitations regarding the coordination of benefits abroad when workers leave the territory of the State in which they have acquired rights with regard to social security.

Second, the principle of nationality may affect migrant workers’ social security rights in destination countries. Although a number of countries recognize the equality of treatment between nationals and non-nationals, in some countries migrant workers are denied access or have limited access to social security because of their status or nationality or due to the insufficient duration of their periods of employment and residence. The condition of residence for entitlement to social security benefits is allowed under national legislation if not imposed solely upon non-nationals (Hirose et al., 2011, p. 9).

Third, the lack of social security coordination due to the inexistence of bilateral or multilateral agreements may prevent migrant workers from maintaining rights acquired in

¹ See also article 25 of the Universal Declaration of Human Rights and article 9, 11 and 12 of the International Covenant on Economic, Social and Cultural Rights (1966). Other instruments that articulate the right to social security are: the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990), the International Convention on the Elimination of All Forms of Racial Discrimination (1965) and the Convention on the Elimination of All Forms of Discrimination Against Women (1979).

² The two terms “social protection” and “social security” are used interchangeably in ILO publications and encompass a broad variety of policy instruments, including social insurance, social assistance, universal benefits and other forms of cash transfers, as well as measures to ensure effective access to health care and other benefits in kind aiming at securing social protection.

another State. This is particularly important in the case of long-term benefits (invalidity, old-age and survivor's) where qualifying periods may be considerable.

Moreover, where bilateral and multilateral social security agreements (SSAs) exist, they mostly cover migrant workers in formal employment, leaving migrants working in the informal economy or in an irregular situation largely unprotected. SSAs can also have a positive effect on formalization depending on the reasons and factors for the informality. "For instance, migrants, knowing that they will not fully benefit from social security contributions or tax contributions, may prefer to avoid contributions and work informally or misreport earnings. Furthermore, if, after working for many years in a formal labour market where contributions have been deducted, migrants are not able to 'repatriate' this income (such as a foregone pension) to their country of origin, they may choose not to return home (European Development Report 2010)." However, as the reasons and factors for informality are varied, addressing the issue of informality goes beyond establishing legal coordination frameworks.

Certain categories of workers may face additional obstacles in accessing social security, if they work in a sector or occupation not or insufficiently covered by national social security legislation. For instance, according to the ILO, "Migrant domestic workers, estimated at approximately 11.5 million persons worldwide, face even greater discrimination than that experienced by domestic workers in general. Approximately 14 per cent of countries whose social security systems provide some type of coverage for domestic workers do not extend the same rights to migrant domestic workers" (ILO, 2016, p. x).

Temporary workers, such as seasonal workers (e.g. agricultural workers, fishermen, etc.) may face particular obstacles in accessing and fulfilling the requirements for eligibility to social security benefits (e.g. minimum qualifying periods and minimum residence periods, high informality, lack of organization and representation, limited or no social networks and access to information, work in remote areas, limited possibilities to cover dependent family members in the country of origin) in addition to migrant-specific conditions (ILO, 2016). In addition, self-employed workers and job-seekers may be excluded from national social security schemes.

The current paper was developed to better understand the legal provisions of BLAs and MoUs that lead to improving actual migration outcomes, reducing the social protection coverage gap, and promoting decent employment. It looks at the number of countries legally granting equality of treatment between nationals and non-nationals and maps existing bilateral and multilateral agreements in 120 countries to acquire an overview of the major protection gaps in terms of legal access. Chapter 4 presents a more in-depth assessment of migrant workers' access to social protection under BLAs or Memoranda of Understanding (MoUs) for 9 corridors, 15 countries, namely: Canada-Mexico, Spain-Morocco, Spain-Ecuador, France-Mauritius, France-Tunisia, Philippines-Saudi Arabia, Qatar-Sri Lanka and Republic of Korea-Sri Lanka, South Africa-Zimbabwe, as well as migrant's access to social protection in Belgium.

The last chapter presents the main conclusions and recommendations that can be taken into consideration by policy-makers wishing to extend social protection to migrant workers and their families when designing and concluding BLAs and MoUs, complementary measures or other options in the absence of BLAs and MoUs. Recommendations target policy makers in both countries of origin and countries of destination and are aimed at advancing migrant workers' access to social protection, with a view to achieving the realization of their right to social security, reducing poverty and vulnerability and contributing to economic growth and sustainable development.

1.2. Basic principles for the protection of social security rights of migrant workers

ILO's mandate included, since its origins, the protection of migrant workers, as stated in the preamble of the Declaration of Philadelphia, which refers to "the interests of workers when employed in countries other than their own". The right to social security is further enshrined in many ILO Conventions and Recommendations which provide a legal framework for the protection of migrant workers' social security rights.³ More specifically, these Conventions and Recommendations establish four basic social security principles, including equality of treatment between nationals and non-nationals; maintenance of acquired rights and provision of benefits abroad; determination of the applicable legislation; and maintenance of rights in the course of acquisition (Hirose et al., 2011, p. 8).

First, under the *principle of equality of treatment* between nationals and non-nationals, migrant workers must benefit from the same conditions as nationals with regard to coverage and entitlement to benefits in the host country. Second, determination of the *applicable legislation* ensures, by establishing the rules for determining the applicable legislation, that the social security rights of a migrant worker is governed at any given point by the legislation of one country only. Usually, an employed person who works in the territory of a Party to the Convention should be subject solely to the legislation of that Party (principle of *lex loci laboris*). Third, the *maintenance of acquired rights principle and provision of benefits abroad* means that any acquired right should be guaranteed to the migrant worker in any one territory, even if it has been acquired in another, and that there should be no restriction on the payment of benefits, for which the migrant has qualified, in any of the countries concerned. Under this principle, benefits payable under the legislation of a Party should not be subject to any reduction, modification, suspension, cancellation or confiscation only due to the fact that the person resides in the territory of another Party. When the social security legislation of a given country limits payment of benefits to persons who reside outside its borders, bilateral and multilateral SSAs can include provisions to address this obstacle. Two types of provisions are found in SSAs with regards to payments of benefits abroad and the transfer of acquired rights and rights in the course of acquisition also referred to as "portability" or "exportability" of benefits.⁴ The first guarantees the payments of benefits abroad and the transfer of acquired rights and rights in the course of acquisition to the territories of the other countries that are parties to the agreement. The other guarantees the payments of benefits abroad and the transfer of acquired rights and rights in the course of acquisition to all countries, including countries that are not party to the agreement.⁵ Fourth,

³ These include: Social Security (Minimum Standards) Convention, 1952 (No. 102), Migration for Employment Convention (Revised), 1949 (No. 97), Equality of Treatment (Social Security) Convention, 1962 (No. 118), Employment Injury Benefits Convention, 1964 (No. 121), Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128), Medical Care and Sickness Benefits Convention, 1969 (No. 130), Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143), Maintenance of Social Security Rights Convention, 1982 (No. 157), Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168), Maternity Protection Convention, 2000 (No. 183), Domestic Workers Convention, 2011 (No. 189), Maintenance of Social Security Rights Recommendation, 1983 (No. 167), Migrant Workers Recommendation, 1975 (No. 151), Domestic Workers Recommendation, 2011 (No. 201), Social Protection Floors Recommendation, 2012 (No. 202) and the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204).

⁴ There is no internationally agreed definition of "portability". The term portability is used in this study to refer to measures aimed at the maintenance of acquired rights and rights in the course of acquisition as well as payments of benefits abroad. This is in line with Taha et al., 2015, and Holzmann et al., 2016.

⁵ Similarly, Avato et al., 2010; ISSA 2014, p. 39, and Taha et al., 2015.

maintenance of rights in the course of acquisition provides for the totalization of periods of insurance, employment or residence and of assimilated periods for the purpose of the acquisition, maintenance or recovery of rights and for determining the eligibility to benefits, the calculation of benefits, as well as for determining the cost sharing of benefits paid. Fifth, the *provision of administrative assistance* which is twofold. On one hand authorities and institutions of the signatory countries shall afford one another assistance with a view to facilitating the application of the respective agreements. On the other hand administrative assistance should be provided to the person covered by the agreement.

The key Conventions and Recommendation that promote these principles (see table 1) include: the Social Security (Minimum Standards), Convention, 1952 (No. 102) which is the social security Conventions that establishes worldwide agreed minimum standards for all nine branches of social security. Article 68 of the Convention lays down the principle of equality of treatment of non-national residents with national residents of the country of employment, which is applicable to all nine branches of social security. Nevertheless, the Convention allows for two exceptions in the application of this principle. Firstly, a State can establish special rules in respect of benefits payable wholly or mainly out of public funds and in respect of transitional schemes. Secondly, States can limit equality of treatment in the application of a Part of the Convention to nationals of States which have also accepted the obligations under that Part, where this concerns contributory schemes protecting all employees. In this latter case, equality of treatment may require a bilateral or multilateral agreement providing for reciprocity. In many practical situations, this reciprocity condition may represent an obstacle to the full application of the principle of equality of treatment to refugees or workers in the informal market.

The Equality of Treatment (Social Security) Convention, 1962 (No.118) establishes rules on the equality of treatment of nationals and non-nationals with respect to social security, in particular for migrant workers. Ratifying State undertake to grant equality of treatment to nationals of other ratifying States with its own nationals within its territory, thus giving direct effect to the principle of reciprocity for the social security branches accepted by the Ratifying State.

The principle of equality of treatment in respect of social security is also enshrined in the Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143).

Additionally, the Maintenance of Social Security Rights Convention, 1982 (No. 157) provides rules for the adoption of national legislation implementing the principles of the maintenance of rights in course of acquisition and of acquired rights for migrant workers, in respect of all branches of social security and in its annex a model Agreement for the coordination of bilateral or multilateral social security instruments.

The Domestic Workers Convention, 2011 (No. 189), which entered into force in 2013, calls upon member States to take appropriate measures “to ensure that domestic workers enjoy conditions that are not less favorable than those applicable to workers generally in respect of social security protection, including with respect to maternity” (art. 14(1)).

Albeit not legally binding upon States, ILO Recommendations lay down basic social security principles and provide guidance for extending social protection to migrant workers. Those include, notably, the Maintenance of Social Security Rights Recommendation, 1983 (No. 167), the Migrant Workers Recommendation, 1975 (No. 151) as well as the Social Protection Floors Recommendation, 2012 (No. 202).

In June 2012, governments, employers’ and workers’ representatives of ILO’s member States adopted the Social Protection Floors Recommendation (No. 202), which calls for the establishment and strengthening of national social protection floors comprised of basic social security guarantees to ensure at a minimum that, over the life cycle, all in need have

access to essential health care and to basic income security. As per article 6, such guarantees should be provided to at least all residents and children, as defined in national laws and regulations and subject to a country's existing international obligations. As such, migrants should have access to these basic social security guarantees in the State where they reside, as well as in their home country.

Thus national social protection floors can contribute to fill the gap resulting from a lack of coordination between countries and enhance migrant workers' social protection both in the destination country as well as in the country of origin upon return. Where there are legal provisions or bilateral or multilateral agreements in place providing for higher levels of protection, these should prevail. In giving effect to the Recommendation, member States are encouraged to apply, among others the principles of universality of protection, based on social solidarity; social inclusion, including of persons in the informal economy; non-discrimination, gender equality and responsiveness to special needs.

Annexes 1 and 2 provide a table of the key ratified or signed UN human rights instruments respectively ILO Conventions and Recommendations in terms of social protection for migrants by 120 countries. Notwithstanding ratification of relevant instruments and conventions, the basic principles embedded in these instruments (see chapter 1.2) may have been incorporated into national laws.

Table 1. Overview of key principles enshrined in ILO Conventions and Recommendations

	Equality of treatment ¹	Applicable legislation	Maintenance of acquired rights and provision of benefits abroad	Maintenance of rights in the course of acquisition	Administrative assistance
C.19 – Equality of Treatment (Accident Compensation) Convention, 1925 (interim status)	Yes				
R.86 – Migration for Employment (Revised), 1949	Yes		Yes	Yes	
C.102 – Social Security (Minimum Standards) Convention, 1952	Yes				
C.97 – Migration for Employment Convention (Revised), 1949	Yes				
C.118 – Equality of Treatment (Social Security), 1962	Yes		Yes	Yes	Yes
C.121 – Employment Injury Benefits, 1964 [Schedule I amended in 1980]	Yes				
R.122 – Employment Policy Recommendation, 1964	Yes				
C.127 – Invalidity, Old-Age and Survivors' Benefits Convention, 1967				Yes	
C.130 – Medical Care and Sickness Benefits Convention, 1969	Yes				
C.143 – Migrant Workers (Supplementary Provisions), 1975	Yes				
C.151 – Migrant Workers, 1975	Yes				
C.157 – Maintenance of Social Security Rights, 1982		Yes	Yes	Yes	Yes
R.167 – Maintenance of Social Security Rights Recommendation, 1983		Yes	Yes	Yes	Yes
C.165 – Social Security (Seafarers) (Revised), 1987	Yes			Yes	
C.168 – Employment Promotion and Protection against Unemployment, 1988	Yes				
MLC, 2006 – Maritime Labour Convention (as amended)	Yes				
R.201 – Domestic Workers, 2011	Yes		Yes	Yes	
R.202 – Social Protection Floors, 2012	Yes				

¹ A number of other standards also promote non-discrimination and equality of treatment of a certain population group with the whole population. As those groups can and often include migrant workers, these provisions are of particular relevance to them, for eyesample: Domestic Workers Convention, 2011 (No. 189) article 14; Home Work Convention, 1996 (No. 177), article 4; Private Employment Agencies Convention, 1997 (No. 181), article 5; Part-Time Work Convention, 1994 (No. 175), article 4; the Safety and Health in Agriculture Convention, 2001 (No. 184) article 17; Indigenous and Tribal Peoples Convention, 1989 (No. 169), article 20; and Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204), article 16-21.

Source: Based on the texts of the respective Conventions and Recommendations. See ILO's Information System on International Labour Standards (NORMLEX).

2. The role of Bilateral Labour Agreements and Memoranda of Understanding

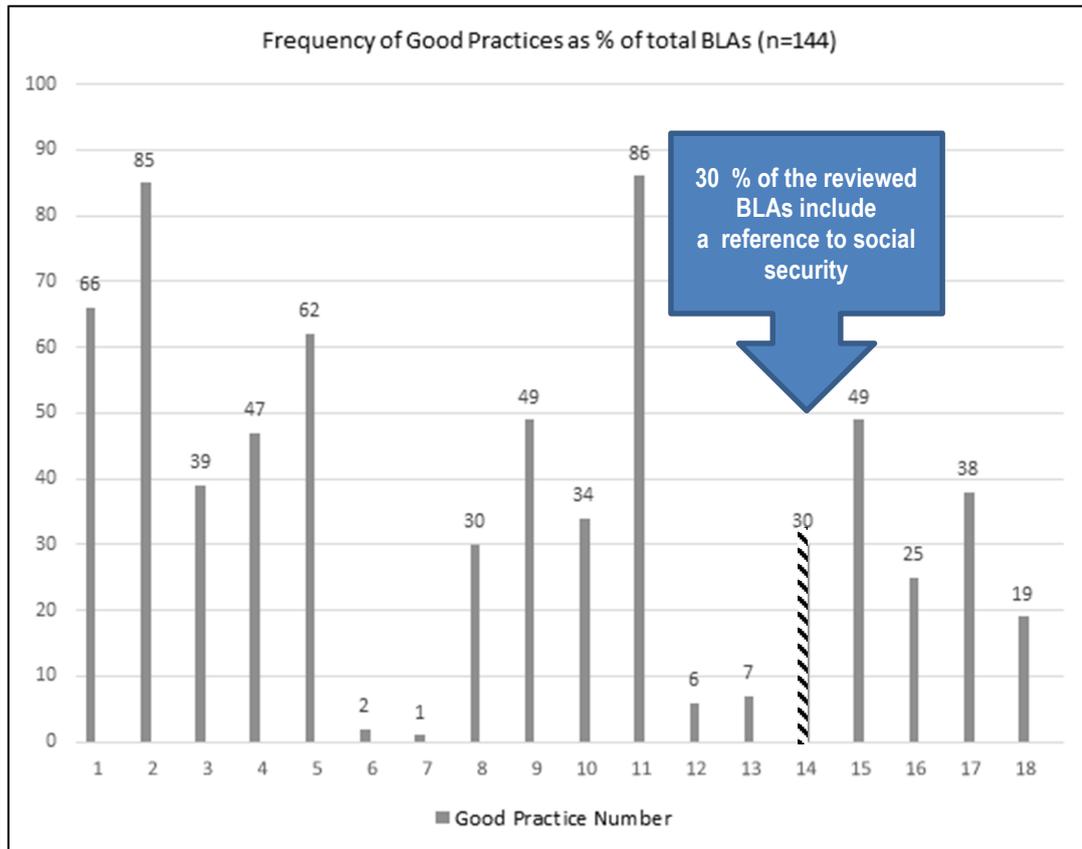
Bilateral labour agreements (BLA) aimed at ensuring organization of migration for employment and regulation of the conditions of transfer and employment of migrants have mushroomed in recent years (ILO, 2012, p. 3). Additionally, there is a trend towards the development of agreements and Memoranda of Understanding (MoU) covering specific categories of workers, such as the 2013 Saudi Arabia -Philippines agreement on domestic workers' recruitment.

BLAs and MoUs can play a significant role in addressing difficulties faced by migrant workers in the realization of their right to social security. Firstly aimed at regulating the labour/employment relationship of migrant workers, those agreements can specifically address social protection, notably by including provisions on social security or referring to a bilateral or multilateral SSA concluded between the parties. SSAs are intended to coordinate the requirements of social security schemes of two or more countries in order to overcome the barriers that might otherwise prevent migrant workers from receiving benefits under the systems of any of the countries in which they have worked. They can include any of the nine branches⁶ of social security referred to in the *Social Security (Minimum Standards) Convention, 1952* (No. 102). As to the principle of equality of treatment mentioned above, it can be addressed through BLAs and MoUs or SSAs. Similarly, bilateral or multilateral SSAs can provide for better coordination of social security schemes through guaranteeing amongst others, equality of treatment, determination of the applicable legislation the maintenance of acquired rights, as well as rights in the course of acquisition.

Recent ILO research (see Wickramasekara, 2015) provided a detailed mapping and an analysis of the texts of 144 BLAs and MoUs aimed amongst others at identifying best practices. The mapping revealed that only 30 per cent of the analyzed BLAs and MoUs included provisions for social security including health benefits, mainly in the European and Americas agreements (see figure 4). With regards to social security aspects, the research did not look at the scope (social security branches/risks covered, type and level of benefits) nor their concrete application. Furthermore, in order to be able to identify how the BLAs extends social protection coverage to migrant workers, the provisions referring to social security in these agreements need to be looked at in conjunction with existing bilateral or multilateral social security agreements, applicable national laws in particular with regards to the principle of equality of treatment and the existence of any unilateral initiatives such as a voluntary scheme for nationals working abroad.

⁶ These branches can cover both contributory and non-contributory benefits.

Figure 1. Thirty per cent of the reviewed BLAs include a reference to social security



Legend: Good practices in mapped agreements:

- 1 Transparency
- 2 Publicity
- 3 Evidence of normative foundations and respect for migrant rights, based on international instruments
- 4 Specific reference to equal treatment of migrant workers
- 5 Provisions to promote fair recruitment practices
- 6 Addressing gender concerns, and concerns of vulnerable migrant workers
- 7 Social dialogue involving other concerned stakeholders: employers, workers, civil society organizations
- 8 Coverage of wage protection measures
- 9 Concrete and enforceable provisions relating to employment contracts and workplace protection
- 10 Provision for human resource development and skills improvement through in-service training
- 11 Concrete implementation, monitoring and evaluation procedures
- 12 Prohibition of confiscation of travel and identity documents
- 13 Provision for recognition of skills and qualifications in the destination country
- 14 Provide social security including health care benefits for migrant workers on par with local workers
- 15 Defining clear responsibilities between partners
- 16 Incorporation of concrete mechanisms for complaints and dispute resolution procedures, and access to justice
- 17 Provision of free transfer of savings and remittances
- 18 Coverage of the complete migration cycle

Source: P. Wickramasekara, *Bilateral Agreements and Memoranda of Understanding on Migration of Low Skilled Workers: A Review*, op. cit., p. 33 (Chart 3).

3. Migrants access to social protection in 120 countries

A mapping of 120 countries was undertaken to obtain an overview of migrants' access to social protection and the different legal provisions and bilateral and multilateral agreements available from one country to another in terms of social protection for migrants. The objective was to identify protection gaps and disparities across countries and regions as a basis for further research. The mapping will be updated and extended to a larger number of countries. The results of the mapping as of March 2017 are detailed below and several tables have been extracted from the database and added as Annexes.

General observations:

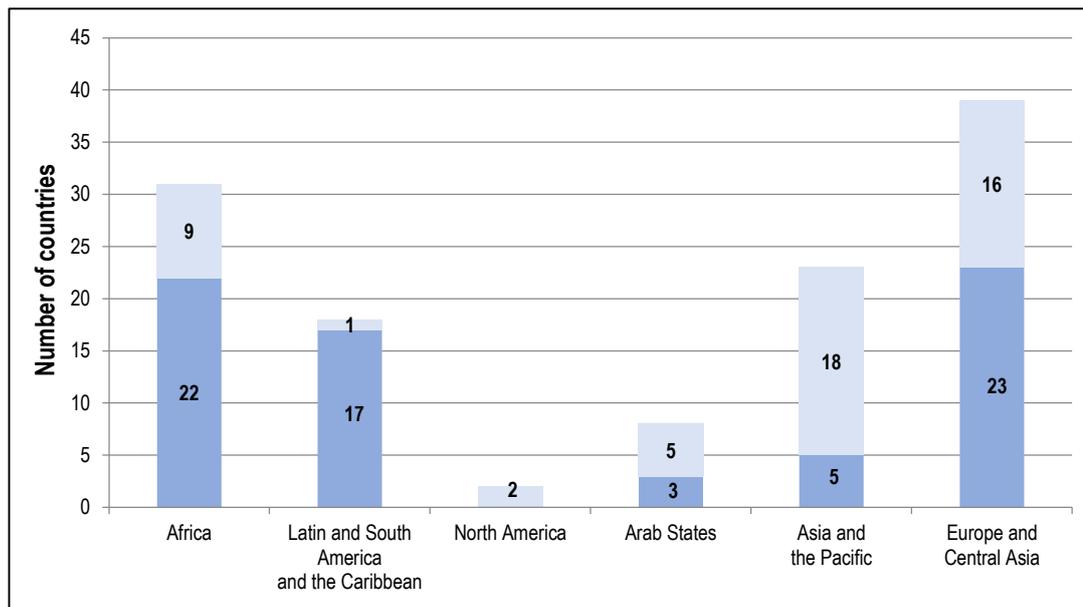
- Most countries of the 120 countries mapped have laws regulating migration, immigration, entry, exit or residence of foreigners. Although these laws usually do not cover social protection aspects explicitly, they are relevant to determine eligibility under various other laws including those granting social security rights.
- The definition of foreigner, migrant, or migrant worker (if existent) includes variations from one country to another. Most countries define foreigners as non-citizens. Some countries explicitly include stateless persons in the definition of foreigner others don't. Many countries include in the definition of "worker" or in the definition of "employment" criteria related to their authorization to reside and work in a country. Certain countries specifically include amongst many other criteria, the length of stay as a criteria to define workers.

Key observations on equality of treatment (see Annex 3):

- 70 countries out of 120 (58 per cent) have national laws with provisions granting equality of treatment between national and non-nationals with regards to contributory social security for all branches except access to health care (see figure 5);
- 73 countries out of 120 (61 per cent) have national laws with provisions granting equality of treatment with regards to access to health care.

The mapping of 120 countries revealed some disparities between geographical areas or sub-regions with respect to the number of countries legally granting equality of treatment between nationals and non-nationals with regards to contributory social security benefits and access to health care (see figure 1 and 2). Most countries in Latin America and the Caribbean legally grant equality of treatment between national and non-nationals with regards to contributory social security (17 out of 18) and access to health care (18 out of 18). In Africa and Europe and Central Asia the number of countries reviewed granting equality of treatment with respect to contributory social security benefits and access to health care is higher than the number of countries where such provisions do not appear in national laws. In Asia and the Pacific and Arab States the opposite was found. In North America, both Canada and the United States have legal provisions granting equality of treatment with regards to access to health care but not for the other social security branches. In addition it should be noted that in about 8 per cent of the countries analysed there is no established health care system.

Figure 2. Number of countries per region granting equality of treatment with regard to access to contributory social security benefits



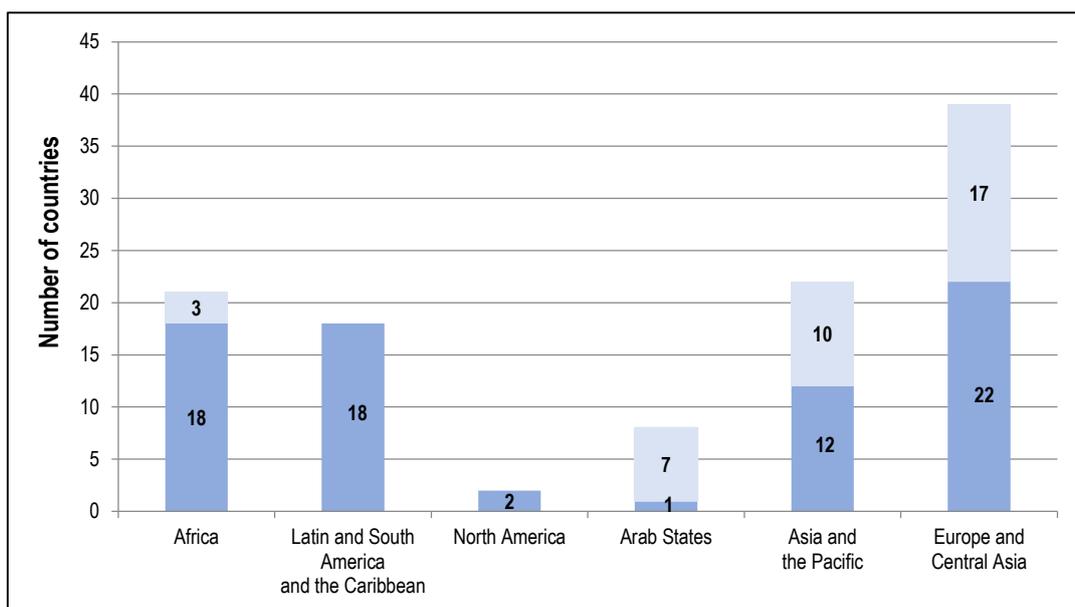
■ Number of countries) with legal provisions on equality of treatment with respect to social security.

■ Number of countries with no provisions on equality of treatment with respect to social security.

Note: For the purpose of this study Africa includes: Angola, Benin, Burkina Faso, Cameroon, Cabo Verde, Chad, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Kenya, Madagascar, Mali, Mauritius, Mozambique, Namibia, Nigeria, Senegal, Tanzania, Togo, South Africa, Zambia, Algeria, Sudan, Tunisia, Mauritania, Egypt and Morocco. Northern America includes: United States of America and Canada. Latin and Central America and the Caribbean includes: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Meyesico, Nicaragua, Panama, Paraguay, Peru and Uruguay. Arab States includes Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, United Arab Emirates and Yemen. Asia and the Pacific includes: Afghanistan, Australia, Bangladesh, Cambodia, China, India, Indonesia, Iran, Israel, Japan, Korea, Republic of, Lao PDR, Malaysia, Mongolia, Myanmar, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Thailand, Vietnam. Europe and Central Asia includes: Albania, Armenia, Austria, Belgium, Bulgaria, Georgia, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Kazakhstan, Latvia, Lithuania, Luyesembourg, Macedonia, Malta, Moldova, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, and the United Kingdom.

Source: ILO Database on migrants' access to social protection in 120 countries.

Figure 3. Number of countries per region granting equality of treatment with regard to access to health care



■ Number of countries) with legal provisions on equality of treatment with respect to access to health care.
 ■ Number of countries with no provisions on equality of treatment with respect to access to health care.

Note: for the purpose of this study Africa includes: Angola, Benin, Burkina Faso, Cameroon, Cabo Verde, Chad, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Kenya, Madagascar, Mali, Mauritius, Mozambique, Namibia, Nigeria, Senegal, Tanzania, Togo, South Africa, Zambia, Algeria, Sudan, Tunisia, Mauritania, Egypt and Morocco. Northern America includes: United States of America and Canada. Latin and Central America and the Caribbean includes: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Meyesico, Nicaragua, Panama, Paraguay, Peru and Uruguay. Arab States includes Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, United Arab Emirates and Yemen. Asia and the Pacific includes: Afghanistan, Australia, Bangladesh, Cambodia, China, India, Indonesia, Iran, Israel, Japan, Korea, Republic of, Lao PDR, Malaysia, Mongolia, Myanmar, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Thailand, Vietnam. Europe and Central Asia includes: Albania, Armenia, Austria, Belgium, Bulgaria, Georgia, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Kazakhstan, Latvia, Lithuania, Luyesembourg, Macedonia, Malta, Moldova, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, and the United Kingdom.

Source: ILO Database on migrants' access to social protection in 120 countries.

A mapping of bilateral and multilateral social security agreements in 120 countries (see table 2, figure 4 and Annex 4) revealed that 26 countries did not have any bilateral social security agreement and 43 countries did not have any multilateral social security agreement or framework.⁷ Out of these, 14 countries did not have any social security agreements. 56 out of 120 countries have bilateral social security agreements with more than five other countries or administrative regions and territories.⁸ Among these, 12 countries have more than 20 bilateral agreements with other countries. Canada with at least 56 bilateral agreements as of March 2017, had the highest number of bilateral social security agreements.

The portability of social security entitlements is the ability of migrant workers to preserve, maintain, and transfer benefits from a social security programme from one country

⁷ These are the results as available in the ILO Database on migrants' access to social protection on 30 March 2017. There may be some gaps in particular on whether the agreements are operational and/or out-of-date/revoked. The database will be regularly updated and the countries eyestended. Any additional information on agreements can be send to Clara van Panhuys at vanpanhuys@ilo.org.

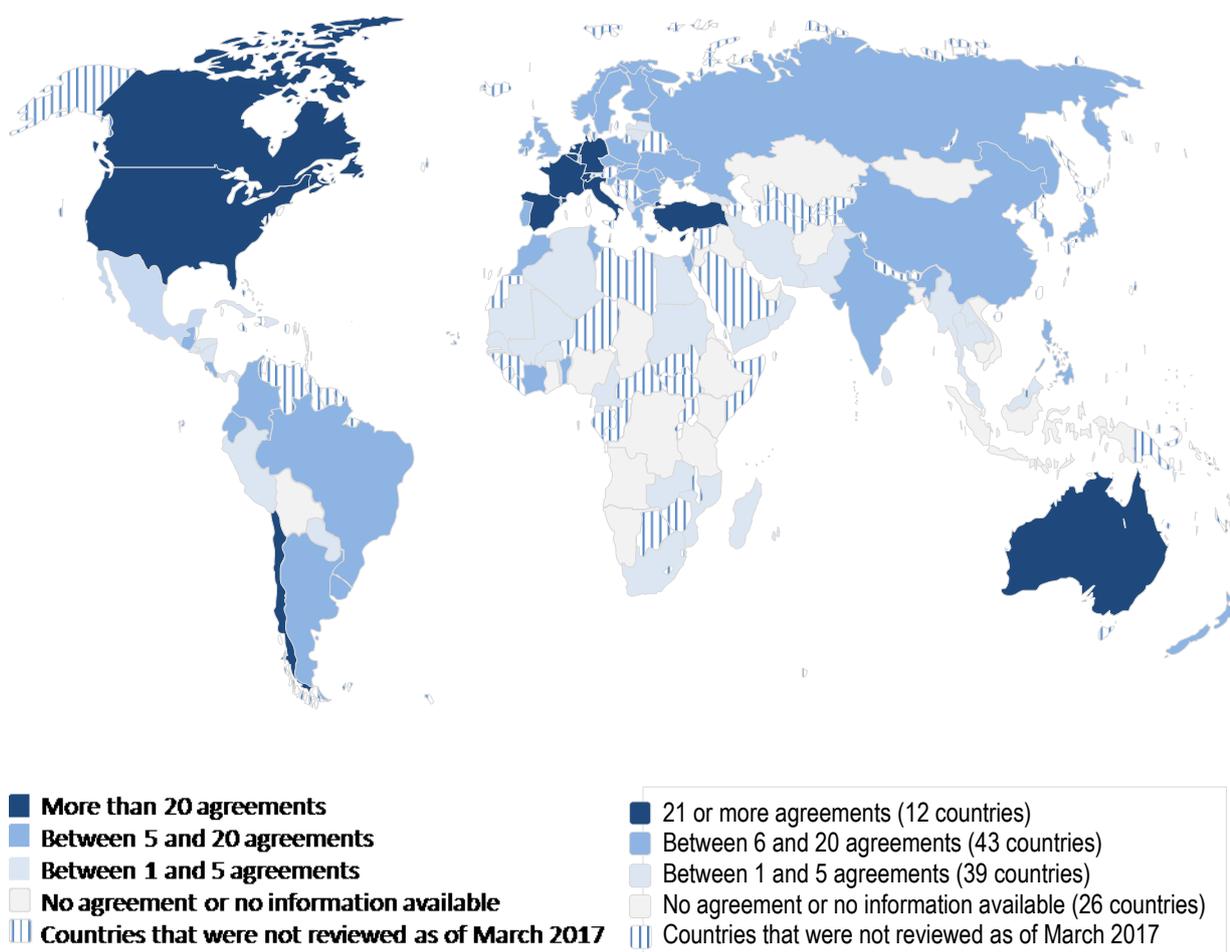
⁸ Administrative regions, overseas or special collectivities and territories for the purpose of this study refers to Quebec, Saint Pierre and Miquelon, French Polynesia, New Caledonia and the Occupied Palestinian Territories.

to another. The existence of bilateral social security agreements is crucial for migrant workers' social protection coverage and to be able to transfer, maintain and access their social security entitlement and benefits from one country to another. However, bilateral and multilateral SSA do not necessarily cover all nine social security branches, nor all types of social security schemes, nor all groups of workers (self-employed, domestic workers and more). In particular, migrant workers in irregular situations virtually never benefit from the provisions in these agreements. Moreover, the mapping did not include information on whether the bilateral or multilateral agreements were effectively implemented.

Table 2. Number of countries that are party to a bilateral or multi-lateral social security agreements
(out of 120 countries)

Number of countries with	no bilateral SSA	existing bilateral SSA(s)	Total
no multilateral SSA	14	29	43
existing multilateral SSA(s)	12	65	77
Total	26	94	120

Figure 4. Number of bilateral agreements by country



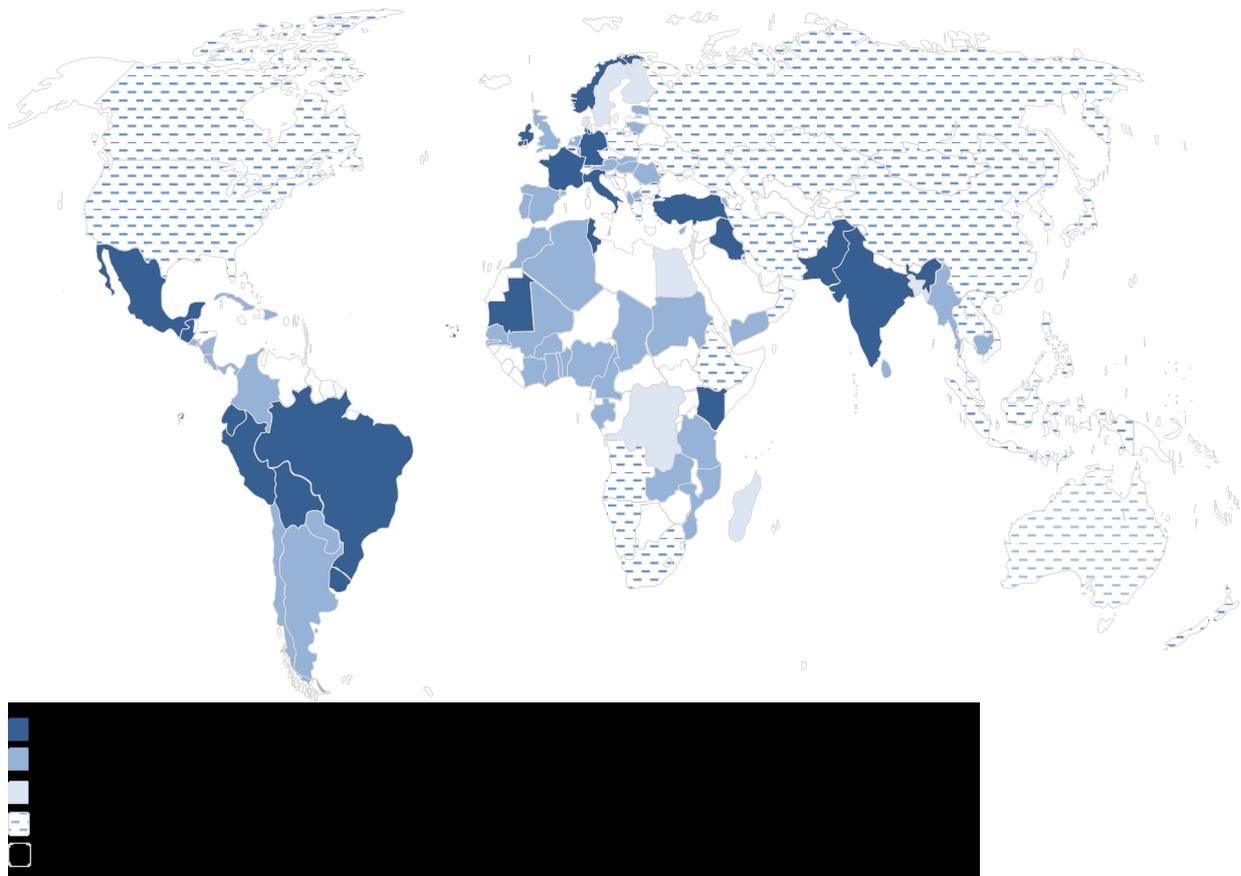
Source: ILO Database on migrants' access to social protection in 120 countries as of 30 March 2017.

In 17 out of 120 countries, information was found on the existence of a special scheme for nationals working abroad including voluntary or compulsory schemes, overseas welfare funds, and legal provisions allowing for voluntary coverage under a national scheme.⁹

Annexes 1 and 2 provide a table of the key ratified or signed international human rights instruments respectively ILO Conventions and Recommendations in terms of social protection for migrants including reservations for the 120 countries reviewed. Annex 5 provides an extract of this table for the selected countries in chapter 4.

It should be noted that notwithstanding ratification of relevant instruments and conventions, the basic principles embedded in these instruments (see Chapter 1.2) may have been incorporated into national laws. For example, 38 countries ratified the Equality of Treatment (Social Security) Convention, 1962 (No. 118) to date, with respect to one or more social security branches. Countries that have not ratified Convention No. 118 or even those that have but only for a limited number of branches, may still have incorporated the principle of equality of treatment with respect to social security in their national legislation (see figure 5). Furthermore, it can be noted that countries with legal provisions granting equality of treatment are not limited to those in the global North. Moreover, Australia, Canada, the United States and the Republic of Korea are among the countries that have no legal provisions in their domestic laws granting equality of treatment nor did they ratify Convention No. 118, but they are among the countries with the highest number of bilateral social security agreements (see figure 4 and 5).

Figure 5. Countries granting equality of treatment with respect to social security (excluding health care) compared to countries which ratified C118



Source: ILO Database on migrants' access to social protection in 120 countries as of 30 March 2017.

⁹ ILO Database on migrants' access to social protection in 120 countries. See also the ILO Good Practices guide on social protection for migrants (forthcoming).

In conclusion, the existence of legal provisions on equality of treatment between nationals and non-nationals does not mean that migrant workers will have the same legal access to social protection as nationals who are residing and working in their country of origin for their whole life. Access to social protection can be limited depending on how a “migrant worker” has been defined, the type of permit the person holds, whether he or she has the authorization to work, the length of their stay, and more. The existence of bilateral and multilateral social security agreements and the ratification of key international instruments including ILO Conventions are key steps towards enhancing migrants’ access to social protection. However, even when these are implemented, protection gaps may still exist, as shown in some of the country case in chapter 4. Moreover, there may be a gap between legal and effective access due to a variety of practical obstacles such as language barriers, availability of information, complex administrative procedures and more.

The results of the mapping should thus be considered with care as further research is needed to be able to assess whether migrant workers have access to all social protection branches. Such research would have to include a more thorough analysis of at least the following elements for each country:

- The international legal instruments, including ILO Conventions, ratified by the countries concerned and their application.
- The social security agreements (bilateral/multilateral) concluded by the countries concerned and detailed information on the social security branches covered and the personal scope of application of these agreements.
- The inclusion of social security provisions in Bilateral Labour Agreements or MoUs.
- The national legislation of each country in relation to each of the nine social security branches including an analysis of the legal gaps or barriers which may hinder migrants or returning workers from accessing social protection (for example requirements in terms of minimum contribution or residence period, their residence or employment status, availability of minimum resources, and more).
- The adoption of unilateral measures by the countries concerned, including whether social security principles have been incorporated in national legislation and/or whether specific schemes or mechanisms exist which provide or enhance access to social protection for migrants. For instance, countries can unilaterally recognize equality of treatment between nationals and non-nationals, including for specific groups such as domestic workers, the self-employed.
- The existence of national social protection floors (SFP) which aim at ensuring, unilaterally, access to essential health care and basic social protection to all in need, including for returning migrants, or for the dependent family members who often remain in the country of origin, provided they do not enjoy higher levels of social protection.

In addition, an analysis of the practical barriers limiting migrant and returning workers de facto access to social protection should also be considered to have a complete picture (for example discrimination, lengthy or complex administrative processes, language issues, geographical barriers to register or receive benefits and more). Although, one should bear this in mind, it is not part of the current research as presented in chapter 4.

4. Analysis of access by migrants to social protection under selected bilateral labour agreements and Memorandum of Understandings

The current chapter assesses the overall social protection of migrant workers covered by a selection of BLAs and MoUs, namely the BLAs/MoUs entered into by the Canadian seasonal worker programmes with Mexico, agreements of Spain with Morocco and Ecuador, France with Tunisia and Mauritius, Sri Lanka with Qatar and the Republic of Korea, the agreement between Philippines and Saudi Arabia, and South Africa with Zimbabwe. The study also looks into the social security scheme in Belgium.

The reason for selecting these countries and migration corridors was based on several criteria. The objective was to provide a more in-depth analysis of a selected number of BLAs in terms of migrants' access to social protection while promoting the variety of the selected case studies in terms of geographical location, type of migrants covered by the BLA, existing national and legal frameworks of both countries of origin and countries of destination and variety of complementary policy measures taken by either the countries of origin or destination.

The proposed methodology for the assessments of the selected countries or corridors (origin/destination country) includes an analysis of the social security provisions under the selected BLAs and MoUs using as a benchmark the agreed key social security principles as laid out in ILO Conventions and Recommendations (see table 1). To be able to comprehensively assess whether migrants have (legal) access to social protection under the selected BLAs and MoUs, it is also necessary to take into consideration other elements as outlined in chapter 3. For each country or corridor, the assessment will thus include a review of existing bilateral SSAs, national social security legislation, and specific schemes or mechanisms providing social protection to migrant workers and their family, such as special Funds implemented by migrant origin countries. An analysis of the practical barriers migrants face in accessing social protection falls outside the scope of the study. Moreover, Annex 5 provides the list of ratified Conventions by the countries under the selected BLAs and MoUs. The country assessments will not analyze to what extent ratified Conventions have direct effect or have been incorporated into national laws.

4.1. Canada: Seasonal Agricultural Workers Program with Mexico (SAWP)

The *Canada Seasonal Agricultural Workers Program* (SAWP) concluded with Mexico in 1996¹⁰ provides temporary workers with partial social protection coverage. The bilateral labour agreement itself addresses social protection through specific provisions guaranteeing access to social security benefits including healthcare.

4.1.1. Social security agreement between Canada and Mexico

In addition, by virtue of the principle of equality of treatment, enshrined in the bilateral *Agreement on Social Security between Canada and the United Mexican States*¹¹ concluded

¹⁰ See the bibliography for the complete list of all agreements reviewed.

¹¹ Article 4 of the Agreement, which is in force since 1 May 1996, provides for equality of treatment between nationals and non-nationals of States party to the Agreement. See <http://laws-lois.justice.gc.ca/eng/regulations/SI-96-32/page-2.html> [20 August 2015].

in 1996, Mexican Seasonal workers are entitled to the same social security benefits as those granted to Canadian citizens and permanent residents. The portability of benefits and coordination of contributory pensions are ensured through this latter bilateral SSA. However, the temporary nature of seasonal work prevents migrant workers from effectively accessing comprehensive social protection coverage as it constitutes an impediment to fulfilling qualifying conditions for entitlement to certain benefits. In the same vein, the precarious nature of seasonal work combined with the status of migrant and the lack of information and knowledge often prevent migrant workers from exercising their rights with regard to social security.

4.1.2. Social protection under Canadian law

Access to healthcare

With respect to access to healthcare, section VIII (4) of the Agreement for the Employment in Canada of Seasonal Agricultural Workers from Mexico – 2014 provides “that according to the approved guidelines in the province/territory where the worker is employed the employer shall take the worker to obtain health coverage according to provincial/territorial regulations.” This provision signifies that, from the time the worker arrives in Canada until such time that the worker is covered by the appropriate provincial or territorial health insurance plan, the employer is responsible for providing private health insurance.¹² Waiting periods may differ from one province to another according to provincial/territorial social security legislation. There is, for instance, a three months waiting period for all new residents in the provinces of Ontario, British Columbia, Quebec and New Brunswick (Parliament of Canada, 2009, pp. 41-46). The agreement also specifies that coverage of private health insurance must be equivalent to the provincial or territorial health insurance plan.¹³ The employer must also assume financial costs related to private insurance as they cannot be deducted directly or indirectly from the worker’s salary.¹⁴ In addition, the employer must also pay for the “Great-West Life medical insurance coverage”, the costs of which can however be deducted from the worker’s salary.¹⁵

Access to employment injury benefits

Mexican seasonal migrant workers are also protected in case of work injuries or occupational diseases.¹⁶ According to the Agreement for the Employment in Canada of Seasonal Agricultural Workers from Mexico – 2014, the employer bears the responsibility

¹² Government of Canada, Employment and Social Development Canada, Agricultural Workers- Comparison of Program Options and Criteria, see http://www.esdc.gc.ca/eng/jobs/foreign_workers/agriculture/comparison.shtml [20 August 2015].

¹³ Agricultural Workers- Comparison of Program Options and Criteria, see http://www.esdc.gc.ca/eng/jobs/foreign_workers/agriculture/comparison.shtml [20 August 2015].

¹⁴ Ibid.

¹⁵ The Great-West Life medical insurance is an additional health and dental insurance to cover eyespenses not covered by provincial/territorial schemes, such as prescription drugs, visits to the dentist, eye eyesams, paramedical services, transportation by ambulance.

¹⁶ Under Section V on “Insurance for Occupational & Non-occupational Injury, Disease and Death”, the employer agrees to “Comply with all laws, regulations and by-laws respecting conditions set by competent authority and, in addition, in the absence of any laws providing for payment of compensation to workers for personal injuries received or disease contracted as a result of the employment, shall obtain insurance acceptable to the Government agent providing such compensation to the worker.” See http://www.esdc.gc.ca/eng/jobs/foreign_workers/agriculture/seasonal/sawpms2014.pdf [20 August 2015].

to register workers with the provincial/territorial workplace safety insurance board and pay the respective contributions to workplace safety insurance providers. If the province or territory does not provide insurance coverage for agricultural workers, the employer must provide a similar coverage through a private insurance provider.¹⁷ The *Workers Compensation Act* of Manitoba, for instance, explicitly excludes farm workers from its scope of coverage (art. 3).¹⁸ Similarly, the *Workers Compensation Act* of Prince Edward Island excludes farm workers. However, mandatory coverage for farmers under this Workers Compensation Act will come into effect on the 1st of January 2017.¹⁹ In the province of Ontario, farm workers are covered under the *Occupational Health and Safety Act* only since June 2006 (Chanda, 2008, p. 17). In addition, as stipulated in the agreement, the employer has an obligation to report all work injury and occupational disease to the health and safety committee and in case of death or critical injury also to the trade union and inspector (Section VII).²⁰

Access to unemployment, sickness, maternity and parental benefits under the Employment Insurance

Seasonal agricultural workers hired under SAWP make contributions to the Canadian employment insurance (EI) scheme. The EI scheme covers the contingencies of unemployment, sickness, maternity, parental and compassionate care benefits.

With regard to unemployment and sickness benefits, the eligibility criteria require that the beneficiary remains in Canada while collecting benefits and has accumulated a certain minimum number of hours of insurable employment.²¹ In the case of unemployment benefits, the worker is specifically required to be “ready, willing and able to work” in Canada.²² Given that the SAWP work permit only allows workers to work for one specific employer, they are in principle not considered “able” or available to undertake work for another employer.²³ Similarly, workers are required to return to Mexico at the end of their employment period, usually for a period of 4 to 6 months, as the agreement stipulates that the maximal period which an agricultural worker is entitled to work is 8 months. These migrant workers thus, can’t stay legally on the Canadian territory at the end of their employment period. As opposed to the Live-In Caregiver program, which allows families to hire a foreign live-in caregiver to provide care on a full-time basis to children, elderly

¹⁷ Agricultural Workers- Comparison of Program Options and Criteria, see http://www.esdc.gc.ca/eng/jobs/foreign_workers/agriculture/comparison.shtml [9 August 2016].

¹⁸ See <https://wcb.mb.ca/sites/default/files/workers-compensation-act.pdf> [9 August 2016].

¹⁹ Workers Compensation Board of Prince Edward Island, see <http://www.wcb.pe.ca/Farming> [9 August 2016].

²⁰ The Occupational Health and Safety Act of Ontario, R.S.O. 1990, c. O.1, available at <https://www.ontario.ca/laws/statute/90o01> [8 July 2016].

²¹ For Sickness benefits, see: <http://www.servicecanada.gc.ca/eng/ei/types/sickness.shtml#allowed>. For unemployment benefits, see: <http://www.servicecanada.gc.ca/eng/sc/ei/indexes.shtml> [8 August 2016].

²² Employment insurance benefits and farmers, see <http://www.esdc.gc.ca/en/ei/farmers.page?> [8 July 2016].

²³ See also Immigration and Refugee Protection Regulations, SOR/2002-227, ss 198(2), 203(1). <http://laws-lois.justice.gc.ca/eng/regulations/sor-2002-227/FullTeyest.html> [8 September 2016].

persons or persons with disabilities²⁴, it is important to note that SAWP does not include a provision that allows workers to apply for permanent residency (Elgersma, 2007, p. 6). The requirements of the SAWP have an effect on the entitlement to benefits of those workers. Hence, it results in their ineligibility for unemployment and sickness benefits.

However, SAWP workers are eligible for maternity, parental and compassionate care benefits (paid in the event where the worker has to be absent for work to provide care to a gravely ill family member, regardless of where that person lives) as they can be collected even if workers are outside Canada. Maternity and parental benefits do not require the child to be born in Canada. However, eligibility to all those benefits remains subject to the completion of 600 insurable hours of employment in the last 52 weeks, or since the last claim.²⁵ In practice, many do not qualify for benefits as they do not work a sufficient number of insurable hours in Canada (Chanda, 2008, p. 18). As to the length of the benefits granted, maternity benefits are granted for a maximum period of 15 weeks while parental benefits are payable up to a maximum of 35 weeks.²⁶ Compassionate care benefits are payable up to a maximum of 6 weeks.²⁷

The precarious nature of seasonal work combined with the status of migrant often prevent workers under SAWP from exercising their rights with regard to social security. According to a recent study on precarious migrants in Canada, conducted by a Professor of the University of British Columbia, “Seasonal Agricultural Worker Program workers who were sick or had a medical condition were reported to the program, and were more likely to be refused work permits in the following year. (...) The potential for discontinuity of work arising from the refusal of a work permit also dissuaded the reporting of illness, injury or abuse on the job” (Marsden, 2014, pp. 1-38).²⁸

In November 2013, the Federal Court of Appeal of Canada rendered a key decision regarding temporary migrant workers’ access to parental benefits.²⁹ The Court ordered to re-hear 102 cases brought by SAWP workers who were denied parental benefits on the ground that they had submitted their claim too late (Income Security Advocacy Centre, 2013). Due to several barriers they were facing (i.e. language and literacy barriers, long working hours, work in rural and remote locations), many SAWP workers were unaware that they qualified for parental benefits. In that decision, the Court pointed out that the Board of referees, which is the appeal instance of the Employment Insurance Commission, must take into account the

²⁴ Employment and Social Development Canada, Families Hiring In-home Caregivers, http://www.esdc.gc.ca/eng/jobs/foreign_workers/caregiver//indeyes.shtml [8 September 2016].

²⁵ Government of Canada, Employment Insurance Regular Benefits, <http://www.servicecanada.gc.ca/eng/ei/types/regular.shtml#eligible> [4 September 2016].

²⁶ Government of Canada, Employment Insurance Maternity and Parental Benefits, http://www.servicecanada.gc.ca/eng/ei/types/maternity_parental.shtml#long [4 September 2016].

²⁷ Government of Canada, Employment Insurance Compassionate Care Benefits, http://www.servicecanada.gc.ca/eng/ei/types/compassionate_care.shtml#receive [4 September 2016].

²⁸ See also p. 33: “For a worker in the Seasonal Agricultural Worker Program, the employer’s threat to report a job as abandoned clearly has consequences beyond those faced by a citizen or permanent resident, as the renewal of the worker’s status and livelihood depends on being selected by the employer to come back to Canada for the neyest harvest season.”

²⁹ *De Jesus v. Canada* (Attorney General), (2013) F.C.J. No. 1270 from the Leyesis Neyesis Digest.

impact of work, as well as other conditions of SAWP claimants, when assessing the existence of good cause for delay on their part to access information about their benefits.³⁰

Access to pensions and other long- term benefits

Temporary foreign workers also contribute to the Canada Pension Plan which is the federal government program covering old-age, disability and survivor's benefits. With regard to disability benefits, migrant workers must have made contributions to the Canada Pension Plan (CPP) in at least four of the last six calendar years before the start of the disability (Human Resources and Social Development Canada, 2008). To be eligible to survivor benefit, the deceased must have contributed to the CPP for a minimum of 3 to 10 years depending on the age of the deceased person at the time of his or her death (Human Resources and Social Development Canada, 2008). With regard to old-age, migrant workers who have made at least one valid contribution to the CPP can receive a monthly retirement pension. Benefits under the CPP do not require the worker to live in Canada as they can be claimed from anywhere in the world (Human Resources and Social Development Canada, 2008).

As mentioned previously, a bilateral SSA was concluded between Canada and Mexico in 1996, with the aim of ensuring better coordination of long-term benefits under both the *Old-Age Security Act*³¹ and the *Canada Pension Plan*.³² As per article 3 of the 1996 *Agreement on Social Security between Canada and the United Mexican States*, it applies to SAWP workers, as they are or have been subject to the legislation of Canada, as well as to their dependents and survivors. While undertaking agricultural work in Canada, migrant workers do not remain subject to Mexican social security legislation as the agreement indicates that employed persons working in the territory of a Party “shall be subject solely and in its entirety to the legislation of that Party” (art. 6).

The agreement allows for portability of benefits, as it stipulates that the rights acquired “shall not be subject to any reduction, modification, suspension, cancellation or confiscation by reason only of the fact that the person resides in the territory of the other Party, and they shall be paid in the territory of the other Party” (art. 5(1)). Thus, migrant workers under SAWP can collect long-term benefits acquired in Canada after their return to Mexico. In the event that they return to a country other than Mexico, a similar provision guarantees the payment of benefits in that country under the same conditions and to the same extent as nationals of Canada residing in that third State (art. 5(2)).

The bilateral SSA includes provisions ensuring maintenance of rights in the course of acquisition. Article 12 indicates that, where the worker is not entitled to the payment of a benefit because he or she has not completed sufficient creditable periods under the legislation of a Party, the entitlement of that worker to the payment of that benefit shall be determined by totalizing those periods as well as specified periods under the legislation of the other State Party, provided that the periods do not overlap. There is, however, an exception to that principle when the creditable periods completed by the worker under the legislation of a Party total less than one year. In this case, if the legislation does not provide for entitlement to any benefit for contributory periods totaling less than 12 months, the worker is not entitled to the benefit (art. 14). As to the principle of maintenance of acquired rights, it is specifically addressed through article 18, which indicates that, “when the acquisition of the right to a

³⁰ Leyes Neyes Digest: *De Jesus v. Canada* (Attorney General), (2013) F.C.J. No. 1270.

³¹ Ministry of Justice: *Consolidation Old Age Security Act* (R.S.C., 1985, c. O-9), <http://laws-lois.justice.gc.ca/eng/acts/O-9/> [10 September 2016].

³² *Canada Pension Plan* (R.S.C., 1985, c. C-8), see <http://laws-lois.justice.gc.ca/eng/acts/C-8/> [10 September 2016].

benefit under the legislation of Mexico is conditional on being subject to that legislation at the time of the occurrence of the event giving rise to the benefit, that condition shall be deemed to be met if, at that time, the person concerned is subject to the legislation of Canada or, if this is not the case, is receiving a benefit under the legislation of Canada of the same type or of a different type but based on creditable periods completed by that person.”

4.1.3. Conclusion

In sum, lack of access to unemployment and sickness benefits constitutes the most serious obstacle encountered by SAWP workers with respect to social security. This is of particular concern given the importance of unemployment benefits in the context of seasonal work (i.e. workers are required to return to Mexico once their employment period is over, which often results in unemployment for a period of 4 to 6 months). It is also of concern since contributions to the Canadian Employment Insurance Fund are automatically deducted from temporary foreign worker’s wages. Similarly, minimum qualifying periods required and lack of awareness regarding their qualification for maternity, parental and compassionate care benefits can prevent SAWP workers from accessing those benefits. With regard to long-term benefits, gaps related to the lack of coordination between pensions schemes appear to have been addressed by the bilateral SSA through provisions ensuring the portability of benefits, maintenance of acquired rights and maintenance of rights in course of acquisition.

4.2. European Union countries and third countries

4.2.1. Spain-Morocco and Spain-Ecuador labour agreements

The Spain-Morocco labour agreement (*Acuerdo sobre mano de obra entre el Reino de España y el Reino de Marruecos*) of 2001 and the Spain-Ecuador labour agreements (*Acuerdo entre el Reino de España y la República del Ecuador relativo a la regulación y ordenación de los flujos migratorios*) of 2001 have been concluded in 2001 with a view to ensuring better regulation and management of migratory flows. The Spain-Morocco labour agreement only came into force in 2005 after being suspended in 2001 due to a disruption in diplomatic relationships. Under Chapter III of both agreements, rights and conditions of migrant workers in the area of social protection and labour are addressed, along with some specific provisions with respect to social security.

With regard to the Spain-Morocco agreement, article 9 makes explicit reference to the 1979 SSA of 1979 (*Convenio sobre seguridad social entre España y el Reino de Marruecos*) and its additional Protocol of 1998, concluded between the two countries, stating that workers are subject to the obligations, as well as entitled to the benefits, defined in the latter, in conformity with Spanish legislation.

A similar provision is found in article 8 of the Spain-Ecuador BLA, which indicates that migrant workers will be subject to the rights and obligations under the 2009 Spain-Ecuador SSA (*Convenio de seguridad social entre el Reino de España y la República del Ecuador*) of 2009 which was amended in 2001 and supplemented by the additional agreement of 2011. In addition, the Spain-Ecuador agreement requires worker’s affiliation to social security system to be mentioned in the labour contract, in conformity with collective agreements, or in their absence, with legislation applicable to Spanish workers of the same profession and qualification.

The two bilateral SSAs signed with Morocco and Ecuador apply to workers who are or have been subject to social security legislations of either State, as well as to their dependents and survivors (art. 3). In addition to including all contingencies provided for in the general

social security scheme, the scope of application of the Spain-Morocco SSA extends to specific categories of workers covered through the special schemes of Spanish social security system (e.g. agricultural workers, coal miners, seafarers, domestic workers, self-employed persons) (art. 2(1)B). The Spain-Ecuador SSA applies to all contributory benefits provided through the Spanish social security system and covers all categories of workers with the exception of public and civil servants and military personal (art. 2(1) B).

An important feature of both bilateral SSAs concluded with Spain is the inclusion of a provision providing for the equality of treatment with the nationals of the destination country (art. 4). The principle of equality of treatment has also been enshrined in the Spanish social security legislation (Royal Legislative Decree 1/1994 and the Organic Law 4/2000). This means that both healthcare and other social security benefits should be accessible to non-nationals under the same conditions as for Spanish nationals.

However, as underlined by the European Migration Network (EMN), certain eligibility rules attached to those benefits may directly or indirectly prevent third-country nationals³³ from taking up the benefits under the different branches of social security (e.g. minimum residence periods, migration-specific conditions, and minimum employment periods) (EMN, 2014). Under the Spanish legislation, access to healthcare and other social security benefits is not subject to a minimum residence period (EC, EMN and MoESS, 2014, pp. 31-32). The only exception to that rule concerns non-contributory retirement pension (e.g. requires a legal residence of ten years) and non-contributory invalidity pension (e.g. requires a legal residence of five years) period (EC, EMN and MoESS, 2014, p. 27). However, migrant workers need to hold a long-term residence permit or a temporary residence permit for accessing the majority of social security benefits, including healthcare period (EC, EMN, MoESS, 2014, p. 12). Minimum employment periods may however represent an impediment for migrant workers, in particular temporary workers, to accessing long term residence permits and thereby some social security benefits.

Access to healthcare and sickness cash benefits

With respect to access to healthcare, beneficiaries have to fall into any of the following categories: salaried workers; self-employed persons; jobseekers on unemployment benefit and allowances or unemployed persons whose benefit or allowance has run out and who are residing in Spain; pensioners and recipients of other regular social security benefits; residents with an income below € 100,000 without mandatory coverage by any other means period (EC, EMN, MoESS, 2014). Family members of insured non-nationals are also granted beneficiary status. Access to Spanish healthcare is not subject to a minimum contribution period.

Entitlement to sickness cash benefits requires a 180-day contribution period during the 5 years immediately prior to the contingency in the case of common illness. The following categories of workers are entitled to sickness cash benefits: salaried worker; self-employed person; jobseeker receiving contributory unemployment benefit period (EC, EMN, MoESS, 2014, pp. 31-32).

Maternity and paternity benefits

Migrant workers are also eligible for maternity and paternity benefits, when they fall into any of the following categories: salaried workers; self-employed persons; jobseekers receiving contributory unemployment benefits. Contributory benefits are based upon a minimum contributory period that varies according to the age of the beneficiary. For instance, in order to be eligible for maternity benefits, a worker over 26 years of age on the

³³ The term “third-country nationals” used in this section refers to nationals of non-EU countries.

date of the birth must have contributed for a minimum period of 180 days during the 7 years immediately prior to the start date of leave or, alternatively, 360 days of contributions throughout their working life prior to that date. As to paternity benefits, migrant workers may qualify for benefits in the following events: they have completed a 180-day contribution period during the 7 years immediately prior to the start date of leave, or, alternatively, 360 days throughout their working life prior to that date period (EC, EMN, MoESS, 2014, pp. 34-35). In case that they have not completed that minimum contribution period, women migrant workers who are salaried workers or self-employed can also be eligible for non-contributory maternity benefits, thus excluding women migrant workers that are unemployed period (EC, EMN, MoESS, 2014, pp. 13-14 and 34-35). Benefits are also available in case of risk during pregnancy or during breastfeeding.

Employment injury, unemployment and family benefits

Salaried workers and self-employed workers are also eligible for benefits in respect of accidents at work and occupational diseases as well as unemployment benefits. Entitlement to family benefits is subject to certain specific rules to which migrant workers may not qualify. For example, as per article 187 of the *General Social Security Act*, eligibility to multiple birth or adoption allowance requires the recipient to be resident in Spain and the birth or the adoption to have taken place in Spain (EC, EMN, MoESS, 2014, pp. 23-26).

Invalidity, survivors' and old-age benefits

Invalidity benefits, in case of permanent absolute incapacity or major invalidity, as well as old-age pensions and benefits are accessible to salaried-workers; self-employed persons as well as legally recognized jobseekers receiving an allowance. Self-employed workers are excluded from receiving invalidity benefits in case of permanent partial incapacity (EC, EMN, MoESS, 2014, p. 15).

As to survivors' benefits, death grant, temporary widow's allowance, widowhood pension as well as orphan's benefit are accessible to Moroccan and Ecuadorian workers when the deceased falls into any of the following categories: salaried workers; self-employed persons; jobseekers in a legally recognized situation of total unemployment receiving an allowance; pensioners and benefit recipients. Non-registered individuals, when they have completed a minimum contributory period of 15 years, can also qualify for all benefits mentioned above except death grant (EC, EMN, MoESS, 2014, pp. 19-22).

Similarly, old-age pensions and benefits for partial retirement are only granted to salaried workers (EC, EMN, MoESS, 2014, pp. 18-19). Specific rules apply with regard to minimum contribution periods, retirement ages and the event giving rise to entitlement for each type of retirement (ordinary, early or partial). A minimum contribution of 15 years is set with regard to ordinary retirement.

Coordination of schemes through SSAs

In principle, the worker does not remain subject to the social security legislation of the sending state (Morocco or Ecuador). According to article 5 of Spain-Morocco bilateral SSA, the worker's obligation to pay contributions is determined in conformity with the legislation of the State Party where the work is undertaken. Article 7 of the Spain-Ecuador agreement provides for a similar content. There are, however, some exceptions allowing employees who are temporarily posted to Spain by their employer for work purposes to remain subject to the social security legislation of the sending state for a maximum period of three years. Those exceptions prevail for both the agreement with Morocco (art. 6(1) A) and with Ecuador respectively article 8(1) A).

With respect to portability of benefits, both SSAs allow for the portability of social security benefits to the territory of the other State in the case where the worker has returned to the home country. Both the agreement with Morocco (art. 7(1)) and with Ecuador (art. 6(1)) include provisions ensuring that “the benefits covered by the agreement shall not be subject to reduction, modification, suspension, withdrawal or retention because the person concerned is located or residing in the territory of the other party.” Portability only applies to contributory pensions with the exception of temporary incapacity benefits under the Spain-Ecuador agreement (art. 6(2)). Also, in the event where the migrant worker resides in a third country at the moment of collecting benefits, the agreement guarantees that they shall be paid under the same conditions and to the same extent as for nationals of Spain residing in the third country concerned (art. 7(2) for Morocco and art. 6(3) for Ecuador).

Maintenance of rights in the course of acquisition is also guaranteed under both SSAs concluded with Morocco and Ecuador. Aggregation of contributions applicable in the territory of both parties is possible for workers who have not completed sufficient creditable periods under the legislation of one country, provided that the qualifying periods do not overlap (art. 5 for Ecuador and 8 for Morocco). There are however several exceptions. The Spain-Ecuador agreement indicates that, when the creditable periods completed by the worker under the legislation of a Party total less than one year and do not give rise to any right under the legislation of that Party, the worker is not entitled to a benefit (art. 12(1)).³⁴ In addition to the possibility of aggregating contributions, the principle of “pro rata temporis” provides that, when insurance periods must be totalized for entitlement to a benefit, each State shall pay the proportional amount of the cost thereof based on the period of contributions made in each country (art. 10 for Ecuador and art. 17 and 18 for Morocco) (EC, EMN, MoESS, 2014, p. 48). Both agreements include provisions ensuring maintenance of acquired rights (art. 14 for both agreements).

Conclusion

This brief overview shows that migrant workers under the BLAs concluded with Morocco and Ecuador can benefit from comprehensive social protection coverage by virtue of the principle of equality of treatment, enshrined both in SSAs and in Spanish legislation, which guarantees entitlement to benefits to all contingencies under the same conditions as those applied to nationals. Eligibility for healthcare and cash benefits is subject to holding a long-term residence permit or a temporary residence permit but does not require any minimum residence period (except for guaranteed minimum resources). While this requirement does not represent an obstacle for migrant workers in the formal sector, it is not the case for undocumented workers.

With regard to coordination of schemes, it is addressed through both SSAs. However, temporary migrant workers might be prevented from accessing certain contributory benefits due to the difficulty of fulfilling the minimum qualifying periods required (e.g. sickness cash benefits, maternity and paternity benefits, old-age pensions and benefits).

4.2.2. France-Mauritius and France-Tunisia agreements

The 1963 bilateral labour agreement between France and Tunisia (*Convention de main-d'œuvre entre la France et la Tunisie*) was concluded in the context of decolonization, with a view to coordinating the recruitment of Tunisian workers in France while ensuring appropriate living and working conditions as stated in the Preamble. The only reference to social protection is found in article 9. Article 9(2) provides for the equality of treatment with regard to entitlement to unemployment benefits while article 9(4) refers to a future social security agreement to be concluded, which was eventually created and signed by the two

³⁴ See also exceptions under SSA between Spain and Morocco, art. 8.

countries in 1965. More recently, in 2008, France and Tunisia have concluded a framework agreement on concerted migration management and development based on solidarity (*Accord cadre relatif à la gestion concertée des migrations et au développement solidaire*) which reinforces bilateral cooperation in the fields of movement of people and migration in order to ensure coordinated management of migratory flows (art. 1). However, the agreement includes no specific provision on social protection.

The 1965 bilateral SSA aimed at facilitating the arrival of workers in France while allowing the payment of family benefits to their families (EC, EMN, MoI, 2013, p. 35). It was replaced by the SSA between France and Tunisia of 2003 (*la Convention générale du 26 juin 2003 sur la sécurité sociale entre le gouvernement de la République française et le gouvernement de la République tunisienne*) which entered into force in 2007. Along with the SSA signed between France and Tunisia, it has been described as the most comprehensive SSA adopted by France (EC, EMN, MoI, 2013, p. 36). This is particularly relevant taking into account that it covers 54 per cent of the entire Tunisian community abroad, approximately 598 000 persons in 2009 (Kamel, 2011, p. 7).

Among the numerous bilateral labour agreements concluded with French-speaking countries, one of them was concluded with Mauritius in 2008 with a view to regulate circular migration of professionals. The only reference to social protection is found in article 2.2.2(8), which provides for the equality of treatment of young professionals with nationals of France. No bilateral SSA has been signed between France and Mauritius.

Third-country nationals' ³⁵ access to healthcare and other social security benefits in France is subject to fulfilling the condition of legal residence. Article L.115-6 of the Social Security Law (*Code de la sécurité sociale*) states that “foreign nationals can only be affiliated to the compulsory social security regime if they are legally residing and working in France or if they hold a receipt of request for renewal of a residence-permit”. It is also important to note that there is no hierarchy between residence permits. When the legal residence condition is met, third-country nationals can access healthcare and other social security benefits under the same conditions as for French citizens (EC, EMN, MoI, 2014, p. 9). No discretionary conditions are applied to third-country nationals. However, certain eligibility rules (e.g. minimum employment and contribution period, minimum or maximum age), that equally apply to nationals and non-nationals, can represent a greater hurdle for Tunisian or Mauritian workers whose presence in France tends to be more recent and temporary, and therefore result in ineligibility for certain benefits. Tunisian citizens can however rely upon the bilateral SSA concluded with France to ensure better coordination of schemes.

Healthcare and sickness cash benefits

With respect to healthcare, all foreign nationals in employment (including self-employed), as well as their dependents, have access to the following benefits: medical treatment, hospitalisation, dental care, pharmaceutical products, prosthesis, optical and acoustic services (EC, EMN, MoI, 2014, p. 19). Entitlement to the universal basic healthcare (Caisse maladie universelle – CMU) is subject, above a certain threshold that is adjusted regularly, to the payment of a minimum contribution amount calculated on the basis of the minimum wage (*salaires minimum interprofessionnel de croissance* – SMIC) (EC, EMN, MoI, 2014, p. 25).

Undocumented migrant workers may be eligible for State medical assistance (*Aide médicale d'Etat* – AME) which covers up to 100 per cent of health care expenses up to the maximum rates set by the French health protection system. Eligibility to AME is subject to

³⁵ The term “third-country nationals” used in this section refers to nationals of non-EU countries.

fulfilling the following conditions: be an undocumented migrant residing in France; have been living in France for at least 3 months without interruption; financial resources must be below a set threshold.³⁶

As regards sickness cash benefits, they are accessible to all foreign nationals who are employees, except for some self-employed workers (EC, EMN, MoI, 2014, p. 19). Entitlement to sickness cash benefits, for the first six months, is subject to the completion of 200 insurable hours during the preceding three months or contributions of at least 1,015 SMIC during the preceding six months. When the benefits are granted for a period of more than six months, the insured person must have completed at least 800 insurable hours during the last 12 months or have contributed 2,030 SMIC during the twelve preceding months. A minimum registration period of one year is also required (EC, EMN, MoI, 2014, p. 25).³⁷

Maternity and paternity benefits

Maternity and paternity benefits are accessible to all foreign nationals who are employees. With regard to minimum contribution period, “the person must have been insured for ten months before the birth date and meet the conditions for access to healthcare and daily benefits in case of sickness, at presumed conception date or the prenatal leave date” (EC, EMN, MoI, 2014, p. 26).

Family benefits

According to article L. 512-1 of the Social Security Law, foreign nationals with continuous legal residence in France, as well as their children, are entitled to family benefits. Children must however reside in France and some conditions of resources apply depending on the benefits. Family benefits cover a broad range: family cash benefits, education allowance, childcare allowances, birth and adoption allowances, single parent allowance, disabled child education allowance, back-to-school allowance, supplementary family benefit, and housing benefit for beneficiaries of family benefits (EC, EMN, MoI, 2014, p. 21). No minimum employment or contribution period is required, except for education allowance (EC, EMN, MoI, 2014, p. 26).

Benefits in respect of accidents at work and occupational diseases

Benefits in respect of accidents at work and occupational diseases (temporary incapacity, permanent incapacity, death grant, and rehabilitation) are accessible to all foreign nationals in employment, except for some self-employed workers (EC, EMN, MoI, 2014, p. 20). There is no minimal contribution period or registration requirement.³⁸

Unemployment benefits

With regard to unemployment benefits, “only previously employed foreign nationals can benefit from unemployment benefits” (EC, EMN, MoI, 2014, p. 21). Thus, job-seekers are excluded from coverage. Entitlement to unemployment benefits is subject to having been registered with the unemployment insurance regime for at least four months during the previous twenty –eight months, or thirty-six months if the person is above 50 years old.

³⁶ See <http://www.cmu.fr/undocumented-immigrant.php> [11 September 2016].

³⁷ See also: Centre des liaisons européennes et internationales de sécurité sociale (CLEISS); http://www.cleiss.fr/docs/regimes/regime_france1.html [11 September 2016].

³⁸ See http://www.cleiss.fr/docs/regimes/regime_france2.html [11 September 2016].

Long-term benefits

Invalidity benefits, old-age pensions and benefits, as well as survivors' benefits are accessible to all foreign nationals in employment. Old-age pension is calculated on the basis of the average annual salary, the liquidation rate, or the amount of pensions actually paid, and the duration of insurance in the regime (EC, EMN, MoI, 2014, p. 20). As a result of the adoption of the law on pension reform in 2010 as well as the law on social security financing in 2012, the statutory retirement age will be raised progressively from 60 to 62 years, while the age for entitlement to full pension is raised to 67 years for insured workers born after 1955.³⁹ Invalidity benefits are subject to the same conditions required for entitlement to sickness benefits (800 insurable hours during the last 12 months or contributions of 2,030 SMIC during the twelve preceding months). Invalidity pension is calculated on the basis of the average annual salary over the best ten years of insurance and varies depending upon the degree of invalidity (EC, EMN, MoI, 2014, p. 20).

Guaranteed minimum resources

With respect to guaranteed minimum resources, migrants are entitled under certain conditions to both the active solidarity income (*Revenue de Solidarité Active* – RSA) and the disabled adult allowance (*Allocation aux adultes handicapés* – AAH). There is no minimum employment or contribution period required. Eligibility for those benefits is however subject to age and income requirements (EC, EMN, MoI, 2014, p. 26). In addition, eligibility for RSA requires holding a residence permit or a work permit, for at least 5 years in the latter case.

Coordination of schemes through the France-Tunisia SSA

France has concluded over 40 bilateral SSAs with third-countries with a view to ensuring better coordination of social security schemes (EC, EMN, MoI, 2014, p. 33). As mentioned previously, France and Tunisia have concluded a bilateral agreement in 1965, which was replaced by the agreement of 2003. It is completed by two administrative agreements: the general administrative arrangement (*Arrangement administratif general*) of 26 November 2004 and the modifying administrative arrangement (*Arrangement administratif modificatif*) No. 1 of 16 January 2008. No administrative agreement has been signed with Mauritius.

The France-Tunisia SSA covers all branches of social security (sickness and maternity benefits, family benefits, employment injury, old-age, invalidity and survivors' benefits), with the exception of unemployment benefits. Article 2 provides for the personal scope of application of the agreement, which includes salaried workers and self-employed, certain categories of civil servants, dependents of previous categories, as well as “persons who are not undertaking an activity as employee or non-wage earner”.⁴⁰ For this latter category of persons protected, the material scope of application of the agreement is limited, as per article (3)1.a), to the voluntary insurance scheme of old age (*Assurance volontaire vieillesse continue*). By virtue of the principle of equality of treatment found in article 4, Tunisian workers in France are entitled to the same social security benefits as those granted to French citizens. The agreement applies to both continental European and overseas departments of the French Republic (art. 1).

With respect to applicable legislation, Tunisian workers in France are, in principle, subject to the French social security legislation. In cases where they are working both in

³⁹ See http://www.cleiss.fr/docs/regimes/regime_france3.html [11 September 2016], July 2016].

⁴⁰ In French: «les personnes n'exerçant pas une activité salariée ou non salariée», art. (2)1.c).

France and in Tunisia, the agreement allows for the affiliation to both French and Tunisian social security regimes (art. 5(1)). Tunisian workers temporarily posted to France by their employer for work purposes are subject to the sole legislation of Tunisia, provided that the period of posting does not exceed three years (art. 5(2)).

For Tunisian workers who have worked in both States, maintenance of the rights in course of acquisition is ensured through the aggregation of contributions applicable in the territory of both parties. Thus, insurance periods completed under the legislation of the other party can be taken into account, for the purposes of qualifying for benefits. Insurance periods of all contingencies can be totalized, with the exception of work-related accidents and occupational diseases (employment injuries).

The France-Tunisia SSA foresees the portability of benefits to the territory of the other signatory party. Hence, the following benefits acquired while working in France can be exported to Tunisia: work-related accidents and occupational diseases, old-age, survivors' and invalidity (EC, EMN, MoI, 2014, p. 37).

Family benefits are not portable, as beneficiaries are required to meet the condition of residence in France. There is however an exception, allowing children of Tunisian workers residing in Tunisia to receive family allowances stipulated by treaty, by virtue of article 20(1). Article 20(5) further indicates that the amount of this family allowances is included in a schedule set by mutual agreement between the competent authorities. The amount of those benefits is calculated on the basis of the guaranteed minimum wage applied in Tunisia. In 2008, the following amounts were paid to children of Tunisian workers residing in Tunisia: € 24,09/month for a single child; € 45,51/month for two children; € 64,25/month for three children; € 80,32/month for four or more children (Annex of the SSA).

Conclusion

Given that the French social security scheme is based on the principle of equality of treatment, the absence of a bilateral SSA between France and Mauritius does not constitute an impediment for Mauritian workers in accessing healthcare and other social security benefits in France. As long as they are legally entitled to work and they hold a residence permit, Mauritian workers are accessing the same social security benefits as those granted to French citizens. The issue lies rather in the lack of coordination of national social security schemes ensuring continuity of social security rights. As there is no provision guaranteeing the portability of benefits to the territory of Mauritius, this may mean loss of acquired rights, when moving out of France. As such, maintenance of rights in course of acquisition is not ensured as no provision provides for the aggregation of insurance periods completed under both legislations for the purposes of qualifying for benefits.

With regard to Tunisia, the most significant obstacle to be pointed out concerns temporary workers, for whom certain eligibility rules (e.g. minimum insurance periods, minimum residence period) represent a greater hurdle and may prevent them from accessing comprehensive social protection. This is also an obstacle encountered by Mauritian temporary workers, who additionally, are negatively affected by the lack of coordination of social security schemes.

4.2.3. Third-country nationals' access to social protection in Belgium

General conditions

The Belgian social security system is described as an inclusive one (Mussche et al., 2013, p. 7). Entitlement to benefits relies on the general rule that everybody who works and

resides legally in Belgium is eligible for social security benefits, provided that they fulfil the general conditions, such as waiting periods and minimal contributions. Nonetheless, certain rules attached to social security benefits, equally applied to nationals and non-nationals, prevent third-country nationals⁴¹ to benefit from social protection coverage (e.g. minimum residence period, minimum contribution period).

In principle, entitlement to social security benefits does not require a minimum residence period. There are however some exceptions, notably for the guaranteed family benefits (minimum residence period of five years in Belgium) (Mussche et al., 2013, p. 47). As to minimum employment and contribution periods, certain rules may constitute an obstacle for third-country nationals to access social security benefits, in particular in the case of temporary workers. With regard to sickness cash benefits, a minimum waiting period of 6 months, during which 120 days of actual work or assimilated periods (e.g. unemployment), is set out (Mussche et al., 2013, p. 50). Entitlement to maternity and paternity benefits also requires a 6 months waiting period, which may represent an obstacle for seasonal workers. Entitlement to unemployment benefits is based on two elements: completion of a number of working days during the qualifying period, as well as a number of months during which work has to be done before the benefit is requested (Mussche et al., 2013, p. 50). Unless there is a bilateral SSA concluded with the worker's home country, periods of employment completed abroad cannot be taken into account for determining eligibility for unemployment benefits (Mussche et al., 2013, pp. 50-51). There is also a minimum contribution period set out for the *Guaranteed Income for the Elderly program*, which consists in 312 full working days (Mussche et al., 2013, p. 51).

With regard to access to healthcare (including medical treatment, hospitalization, dental care, prostheses, spectacles and hearing aids), workers need to register with a health insurance and have contributed a minimal amount of social security contributions, during a period of six months (Mussche et al., 2013, p. 17). This latter requirement may represent an obstacle for seasonal or temporary workers. According to article 57(2) of the Organic Law (*Loi organique*) of 8 July 1976, undocumented migrants are entitled to urgent medical care upon fulfilling the following conditions: they are staying illegally on the Belgian territory; they reside on the territory of the public social welfare/action center (*Centres publics d'action sociale – CPAS*); they don't have the financial means to pay for their own medical care; a doctor certifies that they need medical care as per the urgent medical care certificate.⁴²

Coordination of schemes through bilateral SSAs

In order to address the lack of coordination of social security schemes, Belgium has concluded SSAs with the following non EU Countries: United States, Canada (as well as one with Quebec), San Marino, Serbia, Bosnia, Montenegro, Kosovo, Turkey, Algeria, Morocco, Tunisia, Israel, Chile, Australia, The Philippines, Japan, Macedonia, South-Korea, Uruguay, and India (Mussche et al., 2013, pp. 60-61).

These agreements include a provision guaranteeing the equality of treatment with Belgian nationals (Mussche et al., 2013, p. 60). Qualifying periods of employment completed under legislations of both States are taken into account for the purpose of determining the entitlement to benefits, so as to ensure the maintenance of rights in course of acquisition. Additionally, the bilateral SSAs address coordination of situations where employees of one of the States are posted for periods in the other State through provisions

⁴¹ The term “third-country nationals” used in this section refers to nationals of non-EU countries.

⁴² Medimmigrant, see <http://www.medimmigrant.be/indeyes.asp?idbericht=25&idmenu=2&lang=fr> [9 August 2016].

allowing for those workers to remain covered by the social security system of their home country while temporarily working in Belgium (Mussche et al., 2013).

The agreements entered into by Belgium also include provisions allowing for the portability of benefits acquired in Belgium to the home country of the migrant. These clauses are particularly important given that there is very limited portability of social security benefits under Belgian social security legislation, with the exception of employment injury benefits acquired in Belgium which are portable to any “third-country” (i.e. any country other than EU member states, Iceland, Liechtenstein, Norway or Switzerland) (Mussche et al., 2013, p. 48). In principle, under Belgian legislation, payment of social security benefits is conditional upon residence in Belgium. This principle applies equally to Belgian nationals, nationals of EU member States and non-EU nationals. With regard to sickness cash benefits and pensions (old-age, survivors’ and invalidity), non-EU nationals cannot export benefits outside of the EU, unless there is a SSA concluded with their home country (Mussche et al., 2013, pp. 48-49). Similarly, payment of family benefits requires the worker to reside in Belgium, as well as the children to be educated in Belgium, with nonetheless several exceptions to this latter requirement (Mussche et al., 2013, p. 48). Unemployment benefits are not portable.

Despite the inclusiveness of Belgian social security schemes, non-EU nationals generally face relatively difficult socio-economic conditions. Nationals from countries other than EU member States have an employment rate of approximately 50 per cent, as opposed to 80 per cent for Belgian nationals, aged 20 to 59 (Mussche et al., 2013, pp. 8-9). This represents the lowest employment level of non-EU nationals among European countries (Mussche et al., 2013, p. 8). Due to lower wage levels and frequent movement between employment and unemployment, the level of unemployment benefits received is often significantly inferior to that of nationals. Similarly, the level of pensions is also lower than that of Belgian citizens (Mussche et al., 2013, p. 9). This seems to indicate that although the Belgian social security scheme from the legal perspective are inclusive, other factors have an important influence on the socio-economic conditions of migrant workers.

4.3. Voluntary Social Protection Coverage through Sending Country Mechanisms

4.3.1. Agreement between the Philippines and Saudi Arabia

Domestic workers’ social protection under Saudi Arabian Law

The Agreement on Domestic Worker Recruitment between the Ministry of Labor of the Kingdom of Saudi Arabia and the Department of Labor and Employment of the Republic of the Philippines was concluded in 2013 to protect the rights of both Filipino domestic workers undertaking employment in Saudi Arabia and their employers, as well as regulating the contractual relation between them. It contains no specific provision with respect to social security. The only relevant provision, in terms of social protection, is found in article 4(2) which establishes the responsibility of the Ministry of Labor of the Kingdom of Saudi Arabia to “ensure that the welfare and rights of domestic workers employed in the Kingdom of Saudi Arabia are promoted and protected in accordance with applicable laws, rules and regulations.” The agreement does not make any reference to the principle of equality of treatment with nationals of Saudi Arabia and no bilateral SSA was signed by the two countries.

Social protection with respect to domestic workers under the Saudi Arabian social security scheme appears to be almost nonexistent. “Domestic helpers” are excluded from the personal scope of application of the Saudi Arabia *Labor Law*, as per article 7(2). Similarly,

the *Social Insurance Law*, regulating old-age, disability and survivors benefits, does not cover “Domestic servants” (art. 5.1e)), nor does it cover ‘foreign workers who usually come to the Kingdom to engage in works which usually take no more than three months to complete’ (art. 5.1f)). However, in October 2013, the Kingdom’s Council of Ministers approved *Resolution No. 310* or the *Household Regulation on Service Workers and Similar Categories* aimed at enhancing legal protection for domestic workers.⁴³ This recent resolution guarantees certain labour rights (a weekly rest day; one month leave after two years of service; paid sick leave of no more than 30 days; and end-of-service benefits equivalent to one-month). The only reference made to social protection is the right to healthcare according to the rules and regulations of Saudi Arabia.

Voluntary Social Protection Coverage through Filipino Mechanisms

Nonetheless, the Government of the Philippines has instituted a mechanism for protecting Filipinos working abroad. The Overseas Workers Welfare Administration (OWWA) is “the government welfare institution that protects and promotes the interest of member-Overseas Filipino Workers” and provides its nationals working abroad with partial social protection coverage.⁴⁴ Membership is mandatory for migrants recruited abroad while overseas Filipinos can register voluntarily (Hempel, 2010, p. 18). As domestic workers under the BLA are recruited in the Philippines, the membership fee of US 25 is, in principle, assumed by the employer in Saudi Arabia and is valid for the duration of the employment contract in that country. As the contribution is modest, it has been underlined that the benefits are also relatively modest. Under the OWWA, a Filipino worker is entitled to the following benefits: a disability/dismemberment benefit of up to Philippine Peso (Php) 100,000.00 (equivalent to about 2,220 USD) for injuries sustained due to accidents while working abroad; a Php 100,000.00 (equivalent to about 2,220 USD) benefit in case of death due to natural cause as well as a Php 200,000.00 (equivalent to about 4,450 USD) in case of death due to accident to be received by the legal heirs; a burial benefit of Php 20,000.00 (equivalent to about 445 USD) for covering funeral expenses.⁴⁵

Although not specifically related to social security benefits, the OWWA provides for a comprehensive pre-departure education program (PDEP) targeting domestic workers. This program consists in 3 to 6 day training for household service workers including language training, culture familiarization and stress management, with a view to better preparing this category of workers to life overseas.⁴⁶

In addition, there is a possibility to obtain medical insurance through the Overseas Workers Program (OWP) of Philippine Health Insurance Corporation (PhilHealth). This program covers all land-based overseas Filipino workers under appropriate employment contracts and working for recognized overseas employers (Hempel, 2010, p. 19). The OWP medical insurance reimburses some defined health services.⁴⁷

⁴³ See website of the Department of Labour and Employment (DOLE) of the Government of the Philippines, http://www.dole.gov.ph/ro_polo_updates/view/631 and ABS-CBN. New Saudi Regulations protecting HSWs hailed, 31 October 2013 <http://rp4.abs-cbnnews.com/global-filipino/10/31/13/new-saudi-regulations-protecting-hsww-hailed> [14 August 2016].

⁴⁴ Republic of the Philippines Department of Labor and Employment, Overseas Workers Welfare Administration, <http://owwa.gov.ph/?q=content/programs-services> [11 September 2016].

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Ibid.

Furthermore, overseas Filipino workers are covered by the Filipino social security scheme on a voluntary basis under the self-employed category. The Overseas Filipino Workers Program covers all Filipino workers under 60 years of age, whether they were previous members or not (Center for Migrant Advocacy, 2012, p. 71). The following benefits are provided: retirement benefit in the form of a monthly pension or a lump sum; death benefit in the form of a monthly pension or a lump-sum; funeral benefit in the form of a lump sum; disability benefit in the cases of partial or total permanent disability in the form of a monthly pension or a lump sum; sickness benefit in the form of a daily sickness allowance for a maximum of 120 days in one calendar year and a maximum of 240 days for the same illness; maternity benefit for a period of 60 days for normal delivery and 78 days for caesarean cases. Membership on a voluntary basis can't be withdrawn and is valid for the whole life of the insured person (Hempel, 2010, pp. 19-20). In principle, the contribution rate is 10.4 per cent of monthly salary, but there exists a threshold for small incomes on the amount of voluntary contributions (Hempel, 2010, p. 20).

In light of the above, it appears that Filipino domestic workers in Saudi Arabia are denied access to social security benefits under host country's social security legislation. Although the recent Resolution No. 310 guarantees some labour rights, it did not address domestic workers' exclusion from the scope of application of social security legislations. Additionally, access to healthcare for migrant domestic workers is rather unclear and would require additional research. While the Philippines has ratified the ILO Domestic Workers Convention, 2011 (No. 189), it is not the case for Saudi Arabia. Hence, registration to OWWA and PhilHealth, or voluntary coverage through national social security schemes remain the only options available to Filipino domestic workers in Saudi Arabia in order to benefit from partial social protection. However, those options are characterized by several deficiencies, among others, lack of information, difficulties to focus on long-term needs, financial burden (i.e. in the case of voluntary insurance through social security scheme, the entire monthly contribution is at the cost of the overseas worker) (Center for Migrant Advocacy, 2012, p. 72) or lack of intergenerational solidarity.

4.3.2. Agreement between Qatar and Sri Lanka and Memorandum of Understanding between the Republic of Korea and Sri Lanka

Agreement between Qatar and Sri Lanka

As for the voluntary insurance provisions The Agreement between the Government of the Democratic Socialist Republic of Sri Lanka and the Government of the State of Qatar concerning the Regulation of Sri Lankan Manpower Employment in the State of Qatar was concluded in 2008 with the aim of regulating the employment of Sri Lankan manpower in the State of Qatar. It contains no specific provision with respect to social security. No SSA has been signed between Sri Lanka and Qatar. However, a Model Employment Contract is set out in annex to the labour agreement, which includes a provision on "medical Care and Social Welfare". According to article 7.A. of the Model Employment Contract, the employer shall provide the employee "with necessary medical treatment in accordance with the regulations and provisions applied in the State of Qatar." Article 7.B. further indicates that the employer undertakes to pay the employee "due compensation for occupational accidents, disability or death resulting during work, or because of it, in accordance with Qatari laws."

Access to healthcare and social security benefits under Qatari Law

With respect to healthcare, a study prepared by staff from the World Bank and the Marseille Center for Mediterranean Integration (Holzmann and Pouget, 2010, p. 8, footnote 28) indicates that: "medical and dental treatment is heavily state-subsidized for expatriates. Both residents and visitors are required to apply for a QR100 health card. The latter allows

them to pay small charges for a variety of tests and consultations plus a nominal fee for inpatient care.” However, the Qatari government is currently operating a reform which will make medical insurance compulsory for non-nationals. Private insurance companies will then be legally obliged to pay premiums on behalf of all foreign employees.⁴⁸

The *Qatar Labour Law* of 2004 regulates the contingencies of employment injury, sickness and maternity benefits. As per article 3, its personal scope of coverage excludes “workers in domestic employment such as drivers, nurses, cooks, gardeners and similar workers.” The Labour Law does not make any reference to portability of benefits.

With regard to employment injury, the law provides for both benefits in kind and cash benefits. Article 109 (1) states that “the worker who sustains a work injury shall be entitled to receive medical treatment appropriate to his condition at the cost of the employer.” As per article 109 (2), “the worker shall receive his full wage during the treatment period or the period of six months whichever is nearer.” In the case where the treatment exceeds six months, the article specifies that the worker is entitled to half of his salary, until his recovery or, proof of his permanent disability or death. In case of death, article 110 indicates that survivors are entitled to receiving compensation which is calculated in accordance with the provisions of Islamic Sharia.

As regards sickness benefits, workers are entitled to two weeks sick leave per year with full pay, and half pay for another four weeks, by virtue of article 82(2) of the Labour Law. Article 82(1) however specifies that eligibility for sickness benefits is subject to the completion of a three months employment period. Additionally, female workers are entitled to maternity leave with full pay for a period of fifty days, provided that they have completed a one-year employment period (art. 96(1)).

With regard to long-term benefits (old-age, disability and survivors), the *Law No. 24 of 2002 regarding retirement and pensions* is applicable to Qatari citizens and therefore excludes Sri Lankan workers (SSA and ISSA, 2013)⁴⁹ As a substitute to pension, the worker who has completed one year of employment is entitled to an end of service gratuity, which is not less than a three-week wage for every year of employment, by virtue of article 54 of the Labour Law.

In light of the above, Qatari legislation provides Sri Lankan workers with partial social protection coverage. Sri Lankan workers can however opt for voluntary coverage mechanisms established by the Sri Lanka Bureau of Foreign Employment to access certain social security benefits.⁵⁰

4.3.4. Memorandum of Understanding between the Republic of Korea and Sri Lanka

The *Memorandum of Understanding between the Ministry of Foreign Employment Promotion and Welfare of the Democratic Socialist Republic of Sri Lanka and the Ministry of Employment and Labor of the Republic of Korea on the Sending of Workers to the*

⁴⁸ The Telegraph. Qatar makes medical insurance compulsory for eyespats, 17 Oct 2014, <http://www.telegraph.co.uk/finance/personalfinance/eyespat-money/11154852/Qatar-makes-medical-insurance-compulsory-for-eyespats.html> [11 September 2016].

⁴⁹ Also: <http://www.almeezan.qa/LawArticles.aspx?LawTreeSectionID=10807&lawId=3152&language=en> [15 September 2016].

⁵⁰ See Section regarding Agreement with South Korea.

*Republic of Korea under the Employment Permit System*⁵¹ includes no specific provision regarding social protection. The MoU is renewed every two years (Ministry of Foreign Employment, 2016, p. 4). The sole reference to protection of workers' rights is found at paragraph 13(2), which states that "the Ministry of Employment and Labour and receiving agency will protect foreign workers' rights in accordance with the related labor laws of Korea." Additionally, no bilateral SSA has been concluded between the two countries with a view to coordinating national social security schemes.

Social Protection under South Korean Law

Nonetheless, Sri Lankan workers undertaking work in Korea under the MoU are eligible to receiving some benefits. The Ministry of Employment and Labor's website indicates that, under the Employment Permit System, "four major social insurances" are provided: Industrial Accident Insurance; Employment Insurance; Health Insurance; National Pension (Old-Age, Pension, Disability Pension, Survivor Pension).⁵²

Both industrial accident insurance and employment insurance schemes are applicable to companies or businesses hiring more than one regular employee.⁵³ It is also mentioned that the construction sector is covered, upon the condition that the construction work costs exceed 20 million South Korean Won, excepting, when the company hires four or less employees amongst the agriculture, forestry, fishery and housekeeping service industry.⁵⁴ In the event of injury or disease resulting from employment, workers are entitled to medical care, compensation for business suspension and compensation for disability in conformity with the provisions of the *Industrial Accident Compensation Insurance Act*.⁵⁵ As for health insurance, it is obligatory under the *National Health Insurance Act*.⁵⁶ With respect to the unemployment scheme, migrant workers can be affiliated on a voluntary basis.

Sri Lankan workers legally residing in Korea and who are between 18 and 59 years old are covered under the Korean National Pension Scheme.⁵⁷ The same eligibility criteria required for nationals apply for Sri Lankan workers with regard to Old-age, Survivor and Disability Pension under the Korean National Pension Act.⁵⁸ The only distinction made between nationals and non-nationals concerns payment of the Lump-sum refund, which, in principle, can't be paid to foreigners leaving Korea after having been covered under the

⁵¹ Memorandums of Understanding under the Employment Permit System have also been signed with the following countries: Bangladesh, Cambodia, China, Indonesia, Kyrgyzstan, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Thailand, Timor-Leste, Uzbekistan and Vietnam.

⁵² South Korean Ministry of Employment and Labor, Employment Permit System, 4 major social insurance https://www.eps.go.kr/ph/duty/duty_03.jsp [15 September 2016].

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ South Korean Ministry of Employment and Labor, Employment Permit System, Legal Rights, https://www.eps.go.kr/ph/duty/duty_01.jsp [15 September 2016].

⁵⁶ South Korean Ministry of Employment and Labor, Employment Permit System, 4 major social insurance < https://www.eps.go.kr/ph/duty/duty_03.jsp > [8 September 2016]. For additional information on Health Insurance, see: National Health Insurance for Foreign Nationals at <http://www.korea4eyespats.com/article-foreign-residents-and-the-nhi-plan.html> [8 September 2016].

⁵⁷ National Pension Service of South Korea, Coverage, http://www.nps.or.kr/jsppage/english/scheme/scheme_01.jsp [8 September 2016].

⁵⁸ Ibid.

scheme.⁵⁹ There is, however, an exception for some countries, including Sri Lanka whose nationals are entitled to payment of the lump-sum refund.⁶⁰ There is no minimum insured period required.⁶¹ Due to existing MoU between Sri Lanka and Korea, application for payment of lump-sum refund is simplified. Sri Lankan workers who have returned to Sri Lanka can submit an application for a lump-sum refund, lump-sum death payment, as well as unpaid benefits regarding one of the two, to the Ministry of Foreign Employment Promotion and Welfare of Sri Lanka.⁶² The application will then be sent to the Korean National Pension Service, which will pay the benefit and send a notice of payment directly to the Sri Lankan worker.⁶³

Sri Lankan workers are also under obligation to register with four compulsory insurance plans provided through the Employment Permit System (EPS): Departure Guarantee Insurance; Guarantee Insurance; Return Cost Insurance; and Casualty Insurance.⁶⁴ Return cost insurance covers flight ticket to home country at the end of employment period. Casualty Insurance covers non-occupational injuries and diseases that are not necessarily related to work.⁶⁵

4.3.5. Voluntary Social Protection Coverage through services provided by the Sri Lanka Bureau of Foreign Employment

The Sri Lanka Bureau of Foreign Employment (SLBFE) has established the Overseas Workers Welfare Fund (OWWF), which has been described as “the most significant social protection measure for migrants, insofar as it attempts to provide a comprehensive system for migrants’ welfare” (Rosario, 2008, p. 9). The Sri Lankan leaving the country to undertake work in South Korea can register to the OWWF and be eligible for some social security benefits. The Fund covers contingencies of death and disability, as well as some costs related to repatriation. Coverage is however only provided for a period of two years and benefits are received upon returning to Sri Lanka, and in most of the cases, have to be claimed within a period of six months (Rosario, 2008, p. 16). Given that the maximum employment period under EPS is 4 years and 10 months,⁶⁶ workers who intend to work for 4 years and ten months in Korea may lose OWWF coverage if they don’t return to Sri Lanka within 2 years of their departure.

⁵⁹ National Pension Service of South Korea, Foreigners and the Lump-sum Refund, http://www.nps.or.kr/jsppage/english/scheme/scheme_04.jsp [8 September 2016].

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ For additional information on these insurances, see: Guide on EPS 4 Major Insurances https://www.eps.go.kr/ph/view/view_03.jsp [8 September 2016].

⁶⁵ South Korean Ministry of Employment and Labor, Employment Permit System, Legal Obligations, https://www.eps.go.kr/ph/duty/duty_02.jsp [8 September 2016].

⁶⁶ The World Bank, Low-skilled labor migration: Korea’s Employment Permit System, 19 December 2013 <http://blogs.worldbank.org/peoplemove/low-skilled-labor-migration-korea-s-employment-permit-system> [8 September 2016].

In the event where the worker has to return prior to completing the contract (repatriation), benefits include medical expenses incurred after returning to Sri Lanka as well as cost of return ticket. Repatriation must however be due to “harassment, illness, accident or injury after leaving employment abroad” or due to “pregnancy as a result of sexual harassment by a sponsor or his family members whilst working abroad during the contract period” (Sri Lanka Bureau of Foreign Employment, 2013, p. 57). With regard to “death due to any case whilst working abroad”, excluding in case of suicide, the legal heirs will be entitled to a compensation of Rs 400,000 Approximately 2,800 USD. In case of death in Sri Lanka within 3 months of arriving due to critical illness or accident occurred whilst working abroad during the contract period, legal heirs are entitled to a Rs 200,000.00 (approximately 1,400 USD) compensation (including medical expenses incurred after returning to Sri Lanka) (Sri Lanka Bureau of Foreign Employment, 2013, p. 57). Maximum compensation of Rs 200,000.00 is granted in the event of permanent disability occurred abroad (Rs 100,000.00 or approximately 700 USD in case of partial disability) (Sri Lanka Bureau of Foreign Employment, 2013, p. 58).

With regard to old-age and survivor’s benefits, the SLBFE and the Sri Lanka Social Security Board have implemented the “Sesetha” Pension Scheme for Sri Lankans working abroad. To be eligible for benefits, workers have to: be aged between 18 and 59; be engaged in a foreign employment, not be entitled to any other pension from the government; not be a contributor to the Farmer’s and Fishermen’s Pension scheme.⁶⁷ Beneficiaries are provided with a monthly pension for life from the age of 60 years.⁶⁸ In the event of the death of the pensioner before the age of 80 years of age, the surviving spouse is entitled to a monthly pension up to the moment the pensioner would have turned 80 years old. If the death occurs before 60 years of age, a lump-sum gratuity is provided to the dependents. Permanent (partial and total) disablement is also covered by the scheme.⁶⁹

As for the voluntary insurance provisions in the Filipino national social security scheme, those measures remain characterized by several flaws, such as lack of information related to those mechanisms.

4.4. Memorandum of Understanding between South Africa and Zimbabwe

The *Memorandum of Understanding between the Government of the Republic of Zimbabwe and the Government of the Republic of South Africa on Cooperation in the Fields of Employment and Labour* was concluded in 2009 with the objective of defining “the basis for institutional relations under which co-operation ties can be developed between the Parties in the fields of employment and labour” (Article 1). The only provision related to social protection is found in article 3 which indicates that the Parties shall cooperate in the field of social security.⁷⁰ It is also worth mentioning that no bilateral SSA has been signed between the two countries with a view to coordinating social security schemes.

⁶⁷ Sri Lanka Foreign Employment Bureau & Sri Lanka Social Security Board, *Sesetha*, available at <http://applications.slbfe.lk/sesatha/leaflet.pdf> [8 September 2016].

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Article 3 (b) (iii). In its preamble, the 2009 MoU recalls the previous MoU on employment and labour entered into between the parties in 2004. Whether this previous MoU is still in force is unclear, and it has not been possible, for the purposes of this study, to access the text of the 2004 MoU.

However, a multilateral social security framework was developed, the *SADC Cross-Border Portability of Social Security Benefits Policy Framework* (hereinafter “the Framework”) and formally adopted by the meeting of the SADC Labour Ministers and Social Partners in May 2016. Both Zimbabwe and South Africa are members of the SADC. The Framework applies to all general social security schemes, as well as to schemes consisting of obligations by legislation which include but are not limited to the following benefits: retirement benefits; occupational injury and disease benefits; unemployment insurance; health insurance; and survivors' benefits where relevant (Olivier, forthcoming).

4.4.1. No reference to equality of treatment under South African legislation

The 2009 MoU does not provide for the equality of treatment of foreigners with South African nationals with regard to social security rights. Nonetheless, the Constitution of the Republic of South Africa (1996) includes certain provisions granting economic and social rights. In this regard, article 27 states that: Everyone has the right to have access to:

- (i) health care services, including reproductive health care;
- (ii) sufficient food and water; and
- (iii) social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

It is however important to note that the meaning of the term “everyone” under the South African Constitution is still subject to interpretation. As pointed out by Human Rights Watch, “South African courts have not yet unequivocally recognized that these rights [adequate housing, food, water, and social security] belong to everyone (Human Rights Watch, 2008, p. 32). According to the South African Constitutional Court’s jurisprudence, only permanent residents are entitled to the same social security benefit as South African citizens (*Khosa and Others v. Minister of Social Development and Others & Mahlaule and Another v. Minister of Social Development and Others*). As a result, migrants holding temporary residence permits (i.e. visitor’s permits, cross-border trading permits, work permits, and permits under the corporate permit system) have limited access to social protection under South African legislation (Human Rights Watch, 2008, p. 33, and Olivier, forthcoming).

With regards to SADC instruments and guidelines, the following are worth mentioning. The *SADC Treaty* which interestingly does not include the prohibition of discrimination based on nationality or citizenship. Its article on the principle of non-discrimination only refers to discrimination on the ground of “...gender, religion, political views, race, ethnic origin, culture, ill-health, disability or such other ground as may be determined by the Summit” (art. 6(2)). The *Charter of Fundamental Social Rights in SADC (the Social Charter)* (2003) includes the accomplishment of, amongst others, the objective “promote the establishment and harmonization of social security schemes” (art. 2.1(e)) and refers to equal treatment between “men and women” in term of accessing social protection (art. 6) as well as to “every worker in the region.” Although it doesn’t make any distinction between citizens and non-citizens it also does not refer to citizens or non-citizens. Its implementation lies with national tripartite structures and regional institutions (art. 16). The *Code on Social Security* adopted in 2007 which has a non-binding nature (Olivier, forthcoming, p. 44) provides “strategic direction and guidelines” (art. 3) and states that “migrant workers should enjoy equal treatment alongside citizens within the social security system of the host country” (art. 17.2 (b)). However, alignment of national laws with the SADC coordination framework and various instruments mentioned above, including the removal of discriminatory laws and practices between nationals and non-nationals remain to be addressed (Olivier, forthcoming, p. 48).

Access to social assistance

Social assistance is restricted to permanent residents and refugees. The *Social Assistance Act* covers temporary residents only if a bilateral agreement signed with the temporary resident's country of origin specifically provides for coverage (Olivier, 2011, pp. 141-142). There is however an exception, if the visa-holder has a child, as article 28 of the Constitution provides for "social services" for all children, irrespective of their legal status (Human Rights Watch, 2008, p. 33, footnote 37).

Access to healthcare

With respect to access to healthcare, both South Africans and foreigners are entitled to basic healthcare on a fee basis. Emergency healthcare is free, as per article 27(3) of the Constitution, which indicates that "No one may be refused emergency medical treatment." (Human Rights Watch, 2008, p. 32, footnote 34). For additional medical coverage, Zimbabwean workers can register to contributory private schemes, as regulated by the *Medical Schemes Act* (No. 131, 1998) (Olivier, 2011, p. 142).

Access to unemployment, sickness and maternity benefits

The *Unemployment Insurance Act* (No. 63 of 2001) provides for benefits against temporary unemployment arising from termination of service, illness, as well as the birth or adoption of a child (Olivier, 2011, p. 131). As per article 3(1)(d), the personal scope of application however excludes "persons who enter the Republic for the purpose of carrying out a contract of service, apprenticeship or learnership within the Republic if upon the termination thereof the employer is required by law or by the contract of service, apprenticeship or learnership, as the case may be, or by any other agreement or undertaking, to repatriate that person, or that person is so required to leave the Republic." As underlined by Professor Marius Olivier, this provision affects temporary residents, in particular mine workers and farm workers, as the vast majority of them are working on a fixed-term contract basis, and have thus to return to their country of origin (Olivier, 2011, p. 131).

Access to employment injury benefits

Compensation in case of work-related accidents and occupational diseases is regulated by both the *Occupational Diseases in Mines and Works Act* (No. 78 of 1973) and the *Compensation for Occupational Injuries and Diseases Act* (No. 130 of 1993). The latter covers Zimbabwean workers, who are temporary residents, as the term "employee" is defined as a "a person who has entered into or works under a contract of service or of apprenticeship or learnership, with an employer, whether the contract is express or implied, oral or in writing, and whether the remuneration is calculated by time or by work done, or is in cash or in kind" (art. 1 (xix)), regardless of immigration status or temporary nature of work. Domestic workers are however explicitly excluded from the personal scope of application by virtue of article 1 (xix) (d) v).

Access to long-term benefits

There is no compulsory national social security scheme with regard to old-age and survivors' contingences in South Africa (Deacon et. al., 2015, p. 55). This implies that retirement insurance, for workers in the formal sector, as well as payment of survivors' benefits to the dependents in the event of death before retirement, are covered through occupational-based schemes or private retirement schemes. For instance, Zimbabwean workers in the mining industry can be covered through provident funds and therefore eligible to receiving a lump sum at retirement (Olivier, 2011, pp. 133-134). As to the agricultural sector, a small number of farm workers belong to retirement scheme due to the unorganized nature of the agricultural workforce (Olivier, 2011, pp. 134-135).

4.4.2. Coordination including portability of entitlements and benefits

As mentioned previously, the MoU of 2009 does not contain any provision aimed at ensuring coordination of social security schemes nor has a bilateral SSA been concluded to address this issue. However a multilateral agreement has recently been adopted, *the SADC Cross-Border Portability of Social Security Benefits Policy Framework* of 2016. This Framework remains to be implemented and the administrative framework to support its implementation remain to be established.

With regard to South African legislation, neither the *Unemployment Insurance Act*, nor the *Pension Funds Act* nor the *Occupational Diseases in Mines and Works Act* allow for the portability of benefits cross border (South African Trust, 2013, p. 39). The *Compensation for Occupational Injuries and Diseases Act* provide that an employee or dependent of an employee who resides outside the Republic of South Africa or is absent from the Republic for a period of more than six months, and to whom a pension is payable, can be awarded a lump-sum (Southern Africa Trust, 2013, p. 40, footnote 147). This however implies loss of entitlement to a pension (Southern Africa Trust, 2013, p. 40). Similarly, mining workers can also receive employment injury benefits in the form of a lump-sum, as per section 80 of ODMWA.

Some BLAs entered into between the Republic of South Africa and countries belonging to South African Development Community appear to have included some measures allowing for portability of social security benefits. However, as they were primarily aimed at ensuring organization of migration for employment and regulation of the conditions of transfer and employment of migrants, it has been underlined that, “these agreements do not provide for other arrangements typical of coordination 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.” (Olivier, 2011, p. 147). Moreover, as mentioned above, no such provisions have been included in the MoU of 2009 entered into with Zimbabwe, and similarly, there are limited provisions ensuring portability of benefits under South African legislation.

It should be noted that a multilateral labour arrangement, the SADC Protocol on Employment and Labour was adopted in 2014 which contains provisions on the coordination of social security schemes and portability of benefits covering the principles of equality of treatment and more. However the Protocol did not enter into force yet as this would require the ratification by ten SADC Member States (Olivier, forthcoming).

Due to the absence of equality of treatment for Zimbabwean workers, they only have very limited access to social protection. Moreover, the lack of coordination of schemes inevitably results in loss of these already limited entitlements to benefits for Zimbabwean workers who are returning to their home country.

5. The way forward: good practices and recommendations for extending social protection to migrant workers

This study aimed to assess migrants' access to social protection under Bilateral Labour Agreements (BLAs). It first presented a mapping of existing bilateral and multilateral agreements in 120 countries and provided some observations with regards to the number of countries legally granting equality of treatment between nationals and non-nationals as a basis for further research. The mapping highlighted the limited number of existing bilateral and multilateral social security agreements in 120 countries in different regions. In addition, the number of countries legally granting equality of treatment between nationals and non-nationals with respect to contributory social security and access to health care was also limited, in particular if one considers that even there where equality of treatment is granted, access to social security is often linked to criteria related to the migrant's authorization to stay, reside and/or work in a country.

Therefore, to better understand migrant workers access to social protection under bilateral agreements and to be able to provide useful guidance to policy-makers concluding BLAs and wishing to extend social protection to migrant workers, a more in-depth legal analysis was needed which would not only assess the provisions in the BLAs, but which would also consider national legislation, social security agreements and any other measures or schemes providing access to social protection for migrant workers and their family.

With this in mind, a more in-depth assessment of the overall social protection of migrant workers covered by selected BLAs and MoUs, for nine corridors, 15 countries, namely: Canada-Mexico, Spain-Morocco, Spain-Ecuador, France-Mauritius, France-Tunisia, Philippines-Saudi Arabia, Qatar-Sri Lanka and Republic of Korea-Sri Lanka and South Africa-Zimbabwe; as well as migrants access to social protection in Belgium, was undertaken. It has been demonstrated that social protection coverage varies significantly from one agreement to another and that migrant workers are facing different obstacles in accessing healthcare and other social security benefits in the destination country (e.g. minimum residence period, minimum employment period, migration-specific conditions, minimum contribution period or amount and more). In order to address those difficulties, different measures can be adopted by member States to contribute to filling the gap of social protection for migrant workers.

1. **The ratification and effective application of ILO Conventions and Recommendations relevant to the social security of migrant workers** provides a solid legal framework for migrant workers and their families to claim and fulfill their right to social security, and should be encouraged by member States. By ratifying Conventions, States are under the obligation to incorporate principles laid down in those instruments into their domestic law and practice unless the provisions have direct effect. In the context of international migration of labour, it ensures the application of common rules by both home countries and destination countries. Several ILO Conventions and Recommendations provide useful guidance on how to ensure coordination and portability of social protection entitlements and benefits for migrant workers.

The *Social Security (Minimum Standards), Convention, 1952* (No. 102) is the flagship of all ILO social security Conventions and establishes worldwide agreed minimum standards for all nine branches of social security. The *Equality of Treatment (Social Security) Convention, 1962* (No. 118) establishes rules on the equality of treatment of nationals and non-nationals with respect to social security, in particular for migrant workers. Ratifying State undertake to grant equality of treatment to nationals of other ratifying States with its own nationals within its territory, thus giving direct effect to the principle of reciprocity for the social security branches accepted by the Ratifying

State The principle of equality of treatment in respect of social security is also enshrined in the *Migrant Workers (Supplementary Provisions) Convention, 1975* (No. 143). Additionally, the *Maintenance of Social Security Rights Convention, 1982* (No. 157) provides rules for the adoption of national legislation implementing the principles of the maintenance of rights in course of acquisition and of acquired rights for migrant workers, in respect of all branches of social security and in its annex a model Agreement for the coordination of bilateral or multilateral social security instruments.

Albeit not legally binding upon States, ILO Recommendations lay down basic social security principles and provide guidance for extending social protection to migrant workers. Those include, notably, the *Maintenance of Social Security Rights Recommendation, 1983* (No. 167), the *Migrant Workers Recommendation, 1975* (No. 151), the *Domestic Workers Recommendation, 2011* (No. 201) and the *Social Protection Floors Recommendation* (No. 202).

2. **Countries which have signed BLAs or MoUs** aimed at ensuring the organization of migration for employment and the regulation of the conditions of transfer and employment of migrants, **should consider including provisions referring to existing bilateral SSAs**. However, as demonstrated in chapter 3, the number of countries covered by a bilateral or multilateral agreements is very limited with serious consequences for the coordination and portability of social protection entitlements and benefits of migrant workers. Moreover, bilateral and multilateral SSA do not necessarily cover all nine social security branches, nor all types of social security schemes, nor all groups of workers (self-employed, domestic workers and more). In particular, workers in irregular situations virtually never benefit from the provisions in these agreements. Moreover, the mapping did not include information on whether the bilateral or multilateral agreements were effectively implemented.
3. In the absence of bilateral or multilateral SSAs these countries should consider **concluding bilateral or multilateral SSAs** in order to address the lack of coordination of their respective national social security schemes. Those SSAs should include provisions implementing the principles of equality of treatment, maintenance of acquired rights and in the course of acquisition as well as portability of benefits as outlined in ILO Conventions and Recommendations. The bilateral SSAs entered into by Canada and Mexico, Spain with Morocco and Ecuador, as well as France with Tunisia provide good examples of comprehensive SSAs since they include the above mentioned principles. In this regard, the Annex of the *Maintenance of Social Security Rights Recommendation, 1983* (No. 167) can be used as a model Agreement for the coordination of bilateral or multilateral social security instruments.

The personal scope of application of these SSAs should extend to traditionally excluded categories of workers (e.g. self-employed persons, domestic workers, agricultural workers). Countries should endeavor to cover all branches of social security within the material scope of application of the agreement. Both the personal and material scope of the agreements can be extended progressively to include more categories of workers, more branches and benefits.

To support the implementation of bilateral or multilateral SSAs institutional, administrative and operational aspects should be considered. A supervisory body or technical steering committee could be established to oversee the implementation, facilitate information sharing and cross border cooperation between social security institutions, support the implementation and harmonization of administrative procedures, IT and communication technologies and the establishment of a monitoring and evaluation mechanism.

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4. Where no bilateral or multilateral SSA has been entered into by the sending and receiving countries, **BLAs or MoUs should include social security provisions.** Specifically, those agreements should introduce an article providing for the equality of treatment with the nationals of the destination country, guaranteeing eligibility for social security benefits under the same conditions as nationals of the destination country. It is for instance the case of the BLA entered into by France with Mauritius which provides for the equality of treatment of young professionals with the nationals of the destination country with regard to social protection.⁷¹ The introduction of such clauses is in line with internationally agreed principles laid down in the above international instruments. It also reflects States' commitment to give effect to the principles set out in the Conventions they have ratified. In this regard, the Annex of the Migration for Employment Recommendation (Revised), 1949 (No. 86) can be used as a model agreement.

Only the BLAs and MoUs entered into by the Canadian seasonal worker programmes with Mexico, agreements of Spain with Morocco and Ecuador, as well as France with Tunisia and Mauritius, include provisions on social security. While the agreements concluded by Spain with Morocco and Ecuador, as well as the BLA concluded by France with Tunisia make explicit reference to existing (or to be concluded in the case of France with Tunisia) bilateral SSA, Canada's SWAP with Mexico only addresses access to healthcare and employment injury benefits.

5. **Receiving countries should adopt unilateral measures for enhancing migrant workers' access to social protection.** In the absence of a bilateral SSA entered into by the Parties, unilateral measures from countries of employment are of particular importance. However, even there where bilateral SSA exist, unilateral measures may complement and fill important protection gaps. Unilateral measures can include equality of treatment with the nationals of the receiving country enshrined in national social security legislation (or Constitution), as well as inclusion of provisions allowing for the payment of benefits abroad. Similarly, both labour and social security laws should apply regardless of the worker's nationality. As such, their personal scope of application should be as broad as possible, so as to include traditionally excluded categories of workers. It is, for instance the case of the Spanish social security system for which agricultural workers, as well as domestic workers are included into the general scheme; in addition special schemes cover self-employed persons, coalminers and seafarers.⁷² Extending social security coverage to vulnerable categories of workers, nationals and non-nationals alike, also help to address informality, and promote the transition of workers from the informal to the formal economy in line with Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204).

Countries of origin can also play a significant role in ensuring minimum social protection coverage for their workers abroad, in particular, where very limited coverage is granted under the legislation of destination country. Unilateral measures of the countries of origin can include, for instance, the possibility of insurance coverage on a voluntary basis under national social security legislation or the registration to an Overseas Workers Welfare Fund. Philippines provide a good example of such unilateral measures, with the implementation of OWWA and Philhealth for medical coverage. As

⁷¹ However, given that the French social security system is already based upon the principle of equality of treatment with French nationals, the inclusion of such clause in the labour agreement does not affect Mauritian workers' access to social security benefits in France.

⁷² Gobierno de España, Ministerio de Empleo y Seguridad Social, http://www.seg-social.es/Internet_1/Trabajadores/Afiliacion/RegimenesQuieneslos10548/indeyes.htm [15 September 2016].

such, the Sri Lanka Bureau of Foreign Employment provides for partial social protection coverage through its Overseas Workers Welfare Fund. It has however been noted that benefits granted under those mechanisms are relatively modest.

Furthermore, countries, of origin, transit and destination should consider, as a unilateral measure, the establishment of a national social protection floors for nationals and migrants, in line with the Social Protection Floors Recommendation, 2012 (No. 202). Recommendation No. 202 calls upon member States to establish and maintain national social protection floors comprising basic social security guarantees to ensure at a minimum that, over the life cycle, all in need have access to essential health care and to basic income security. As per article 6 of the, such guarantees should be provided to at least all residents and children, as defined in national laws and regulations and subject to a country's existing international obligations. As such, migrants should have access to these basic social security guarantees in the State where they reside, their transit countries as well as in their home country before, they leave and when they return. Furthermore, a migrant's dependent family members of migrants who remained in the country of origin should also have access to these basic social security guarantees. Where there are legal provisions or bilateral or multilateral agreements in place providing for higher levels of protection, or where the countries concerned are parties to international or regional Conventions containing higher requirements with regards to migrants' social security rights (e.g. ILO Convention No. 118 and No. 157) these should prevail. In giving effect to the Recommendation, member States are encouraged to apply, among others the principles of universality of protection, based on social solidarity; social inclusion, including of persons in the informal economy; non-discrimination, gender equality and responsiveness to special needs.

Additionally, NGOs, other groups, family members can also contribute to migrant workers' social protection, especially where coverage is fragmented.

6. **Both unilateral and bilateral or multilateral measures aimed at extending social protection to migrant workers, should further be coordinated with other polices at the national, regional and global level**, including sectoral polices, economic integration policies, policies promoting labour mobility, and policies concerning citizenship, residency, migration and border management measures, as these may have an impact on migrants' eligibility and access to social protection.
7. **Statutory coverage through BLAs and MoUs as well as SSAa should be complemented by measures aimed at tackling the barriers faced by migrant workers in order to enhance their effective access to social protection.** These measures could include, for instance, translation of documents into relevant languages, awareness-raising campaigns, ensuring and facilitating access to complaint and appeal procedures, training and capacity building of staff involved, exchange of good practices, South-South learning, addressing stigmatization and discrimination and so on.
8. **Social partners should be actively involved in the elaboration phase of BLAs and MoUs, of SSAs as well as in the implementation and the monitoring/evaluation of these agreements.** Social dialogue and consultations with representatives can permit to identify gaps in migration and social security policies in sending, transit and receiving countries, and supports the consideration of the specific needs of migrant workers and their families, which is key for the design of migrant-sensitive policies and measures. Their involvement also contributes to ensuring political buy-in and broader public support and acceptance. Workers' organizations can further contribute to address lack of information of migrant workers through sensitization of their members as well as training and vocational guidance.

In sum, as the BLAs and MoUs analyzed in this study have been concluded for the primary purpose of organizing migration for employment and regulating the conditions of transfer and employment of migrants, limited social security provisions are found in those agreements. Where bilateral SSAs exist, lack of coordination of social security schemes appears to have been addressed through provisions in SSAs providing, amongst others, equality of treatment and portability of benefits. However, significant gaps persist, in particular where no SSA has been concluded between countries of origin and destination (including transit) and where national legislation of destination countries is restrictive in its personal scope of application. In this regard, implementation of the above measures by member States can contribute to fill the gaps related to migrant workers' access to social protection. Given the crucial importance of social security in the employment relationship, and taking into account the restrictions governing national social security schemes, it is essential that both BLAs and MoUs address social protection of migrant workers by including specific provisions on social security in line with agreed standards laid down in international legal instruments relevant to migrant workers. Establishing a solid legal base through the inclusion of such provisions in bilateral arrangements is a first step towards enhancing migrant workers' social protection with a view to achieving the realization of their right to social security.

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Annex 1. Ratification of key international legal UN instruments per country (120 countries)

	The 1951 UN Convention Relating to the Status of Refugees	The 1967 Protocol amending the 1951 UN Convention Relating to the Status of Refugees	The 1963 International Convention on the Elimination of All Forms of Racial Discrimination	The 1966 Covenant on Economic, Social and Cultural Rights	The 1979 Convention on the Elimination of All Forms of Discrimination against Women	The 1989 Convention on the Rights of the Child	The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
Afghanistan	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes	Yes (with reservations)	No
Albania	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Algeria	Yes	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)
Angola	Yes (with reservations)	Yes (with reservations)	Signed but not ratified	Yes	Yes	Yes	No
Argentina	Yes	Yes	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)
Armenia	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Australia	Yes	Yes	Yes (with reservations)	Yes	Yes (with reservations)	Yes (with reservations)	No
Austria	Yes (with reservations)	Yes	Yes (with reservations)	Yes	Yes	Yes	No
Bangladesh	No	No	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes
Belgium	Yes (with reservations)	Yes	Yes (with reservations)	Yes (with reservations)	Yes	Yes (with reservations)	No
Benin	Yes	Yes	Yes	Yes	Yes	Yes	Signed but not ratified
Bolivia	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Brazil	Yes (with reservations)	Yes	Yes	Yes	Yes (with reservations)	Yes	No
Bulgaria	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes	Yes	No
Burkina Faso	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cambodia	Yes	Yes	Yes	Yes	Yes	Yes	Signed but not ratified
Cameroun	Yes	Yes	Yes	Yes	Yes	Yes	Signed but not ratified
Canada	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes (with reservations)	No
Cabo Verde	No	Yes (with reservations)	Yes	Yes	Yes	Yes	No
Chad	Yes	Yes	Yes	Yes	Yes	Yes	Signed but not ratified
Chile	Yes (with reservations)	Yes (with reservations)	Yes	Yes	Yes (with reservations)	Yes	Yes (with reservations)
China	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	No
Colombia	Yes	Yes	Yes	Yes	Yes	Yes (with reservations)	Yes (with reservations)
Costa Rica	Yes	Yes	Yes	Yes	Yes	Yes	No

	The 1951 UN Convention Relating to the Status of Refugees	The 1967 Protocol amending the 1951 UN Convention Relating to the Status of Refugees	The 1963 International Convention on the Elimination of All Forms of Racial Discrimination	The 1966 Covenant on Economic, Social and Cultural Rights	The 1979 Convention on the Elimination of All Forms of Discrimination against Women	The 1989 Convention on the Rights of the Child	The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
Côte d'Ivoire	Yes	Yes	Yes	Yes	Yes	Yes	No
Croatia	Yes	Yes	Yes	Yes	Yes	Yes (with reservations)	No
Cuba	No	No	Yes (with reservations)	Signed but not ratified	Yes (with reservations)	Yes (with reservations)	No
Cyprus	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes	No
Czech Republic	Yes	Yes	Yes	Yes	Yes	Yes	No
Congo D.R.	Yes (with reservations)	Yes (with reservations)	Yes	Yes	Yes	Yes	No
Denmark	Yes (with reservations)	Yes	Yes	Yes (with reservations)	Yes	Yes (with reservations)	No
Dominican Republic	Yes	Yes	Yes	Yes	Yes	Yes	No
Ecuador	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes (with reservations)	Yes
Egypt	Yes (with reservations)	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes	Yes (with reservations)
El Salvador	Yes	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes (with reservations)
Eritrea	No	No	Yes	Yes	Yes (with reservations)	Yes	No
Estonia	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes	No
Ethiopia	Yes (with reservations)	Yes (with reservations)	Yes	Yes	Yes (with reservations)	Yes	No
Finland	Yes (with reservations)	Yes (with reservations)	Yes	Yes	Yes	Yes	No
France	Yes (with reservations)	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	No
Gabon	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gambia	Yes	Yes	Yes	Yes	Yes	Yes	No
Georgia	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes	Yes (with reservations)	Yes	No
Ghana	Yes	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes
Greece	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes	No
Guatemala	Yes	Yes	Yes	Yes	Yes	Yes (with reservations)	Yes (with reservations)
Honduras	Yes	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes
Hungary	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes	Yes	No
India	No	No	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	No

	The 1951 UN Convention Relating to the Status of Refugees	The 1967 Protocol amending the 1951 UN Convention Relating to the Status of Refugees	The 1963 International Convention on the Elimination of All Forms of Racial Discrimination	The 1966 Covenant on Economic, Social and Cultural Rights	The 1979 Convention on the Elimination of All Forms of Discrimination against Women	The 1989 Convention on the Rights of the Child	The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
Indonesia	No	No	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes	Yes
Iran	Yes (with reservations)	Yes	Yes	Yes	No	Yes (with reservations)	No
Iraq	No	No	Yes (with reservations)	Yes (with reservations)	Yes	Yes (with reservations)	No
Ireland	Yes (with reservations)	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	No
Israel	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes	Yes (with reservations)	Yes	No
Italy	Yes	Yes	Yes (with reservations)	Yes	Yes (with reservations)	Yes	No
Japan	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes	Yes (with reservations)	No
Jordan	No	No	Yes	Yes	Yes (with reservations)	Yes (with reservations)	No
Kazakhstan	Yes	Yes	Yes	Yes	Yes	Yes	No
Kenya	Yes	Yes	Yes	Yes (with reservations)	Yes	Yes	No
Korea, Republic of	Yes	Yes	Yes (with reservations)	Yes	Yes (with reservations)	Yes (with reservations)	No
Kuwait	No	No	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	No
Lao PDR	No	No	Yes	Yes	Yes	Yes	No
Latvia	Yes (with reservations)	Yes (with reservations)	Yes	Yes	Yes	Yes	No
Lebanon	No	No	Yes (with reservations)	Yes	Yes (with reservations)	Yes	No
Lithuania	Yes	Yes	Yes	Yes	Yes	Yes	No
Luxembourg	Yes (with reservations)	Yes (with reservations)	Yes	Yes	Yes	Yes (with reservations)	No
Macedonia	Yes	Yes	Yes	Yes	Yes	Yes	No
Madagascar	Yes (with reservations)	No	Yes (with reservations)	Yes (with reservations)	Yes	Yes	Yes
Malaysia	No	No	No	Yes	Yes (with reservations)	Yes (with reservations)	No
Mali	Yes	Yes	Yes	Yes	Yes	Yes (with reservations)	Yes
Malta	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes	No
Mauritania	Yes	Yes	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes
Mauritius	No	No	Yes	Yes	Yes (with reservations)	Yes	No
Mexico	Yes (with reservations)	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes	Yes (with reservations)
Moldova	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes	No

	The 1951 UN Convention Relating to the Status of Refugees	The 1967 Protocol amending the 1951 UN Convention Relating to the Status of Refugees	The 1963 International Convention on the Elimination of All Forms of Racial Discrimination	The 1966 Covenant on Economic, Social and Cultural Rights	The 1979 Convention on the Elimination of All Forms of Discrimination against Women	The 1989 Convention on the Rights of the Child	The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
Mongolia	No	No	Yes (with reservations)	Yes (with reservations)	Yes	Yes	No
Morocco	Yes	Yes	Yes (with reservations)	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)
Mozambique	Yes (with reservations)	Yes	Yes (with reservations)	No	Yes	Yes	Yes
Myanmar	No	No	No	Signed but not ratified	Yes (with reservations)	Yes	No
Namibia	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes	No
Netherlands	Yes (with reservations)	Yes (with reservations)	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	No
New Zealand	Yes (with reservations)	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	No
Nicaragua	Yes	Yes	Yes	Yes	Yes	Yes	Yes (with reservations)
Nigeria	Yes	Yes	Yes	Yes (with reservations)	Yes	Yes	Yes
Norway	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes	No
Oman	No	No	Yes	No	Yes (with reservations)	Yes (with reservations)	No
Pakistan	No	No	Yes	Yes (with reservations)	Yes (with reservations)	Yes	No
Panama	Yes	Yes	Yes	Yes	Yes	Yes	No
Paraguay	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Peru	Yes	Yes (with reservations)	Yes	Yes	Yes	Yes	Yes
Philippines	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Poland	Yes (with reservations)	Yes	Yes (with reservations)	Yes	Yes	Yes (with reservations)	No
Portugal	Yes (with reservations)	Yes (with reservations)	Yes	Yes	Yes	Yes	No
Qatar	No	No	Yes	No	Yes (with reservations)	Yes (with reservations)	No
Romania	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes	Yes	No
Russia	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes	Yes	No
Senegal	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Singapore	No	No	Signed but not ratified	Yes	Yes (with reservations)	Yes (with reservations)	No
Slovak Republic	Yes	Yes	Yes	Yes	Yes	Yes	No
Slovenia	Yes	Yes	Yes	Yes	Yes	Yes	No
South Africa	Yes	Yes	Yes	Yes (with reservations)	Yes	Yes	No

	The 1951 UN Convention Relating to the Status of Refugees	The 1967 Protocol amending the 1951 UN Convention Relating to the Status of Refugees	The 1963 International Convention on the Elimination of All Forms of Racial Discrimination	The 1966 Covenant on Economic, Social and Cultural Rights	The 1979 Convention on the Elimination of All Forms of Discrimination against Women	The 1989 Convention on the Rights of the Child	The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
Spain	Yes (with reservations)	Yes	Yes	Yes	Yes (with reservations)	Yes (with reservations)	No
Sri Lanka	No	No	Yes	Yes	Yes	Yes	Yes (with reservations)
Sudan	Yes (with reservations)	Yes	Yes	Yes	No	Yes	No
Sweden	Yes (with reservations)	Yes	Yes	Yes (with reservations)	Yes	Yes	No
Switzerland	Yes	Yes	Yes (with reservations)	Yes	Yes (with reservations)	Yes (with reservations)	No
Tanzania	Yes	Yes (with reservations)	Yes	Yes	Yes	Yes	No
Thailand	No	No	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	No
Togo	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tunisia	Yes	Yes	Yes	Yes	Yes (with reservations)	Yes (with reservations)	No
Turkey	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)
Ukraine	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes	Yes	No
United Arab Emirates	No	No	Yes (with reservations)	Yes	Yes	Yes	No
United Kingdom	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	No
United States	Yes	Yes (with reservations)	Yes (with reservations)	Signed but not ratified	Signed but not ratified	Signed but not ratified	No
Uruguay	Yes	Yes	Yes	Yes	Yes	Yes	Yes (with reservations)
Vietnam	No	No	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes	No
Yemen	Yes	Yes	Yes (with reservations)	Yes (with reservations)	Yes (with reservations)	Yes	No
Zambia	Yes (with reservations)	Yes	Yes	Yes (with reservations)	Yes	Yes	No

	C.102 Social Security (Minimum Standards), 1952	C.97 Migration for Employment (Revised), 1949	C.118 Equality of Treatment (Social Security), 1962	C.121 Employment Injury Benefits, 1964	C.128 Invalidity, Old-Age and Survivors' Benefits, 1967	C.130 Medical Care and Sickness Benefits, 1969	C.143 Migrant Workers (Supplementary Provisions), 1975	C.157 Maintenance of Social Security Rights, 1982	C.168 Employment Promotion and Protection against Unemployment, 1988	C.183 Maternity Protection, 2000	C.189 Domestic Workers, 2011
Chile	No	No	No	Yes	No	No	No	No	No	No	Yes
China	No	No	No	No	No	No	No	No	No	No	No
Colombia	No	No	No	No	No	No	No	No	No	No	Yes
Costa Rica	Yes (ii, v-x)	No	No	No	No	Yes	No	No	No	No	Yes
Côte d'Ivoire	No	No	No	No	No	No	No	No	No	No	No
Croatia	Yes (ii-vi, viii, x)	No	No	Yes	No	No	No	No	No	No	No
Cuba	No	Yes	No	No	No	No	No	No	No	Yes	No
Cyprus	Yes (iii, iv, v, vi, ix, x)	Yes	No	Yes	Yes	No	Yes	No	No	Yes	No
Czech Republic	Yes (ii, iii, v, vii-x)	No	No	No	Yes	Yes	No	No	No	No	No
Democratic Republic of Congo	Yes (v, ii, ix, x)	No	Yes	Yes	No	No	No	No	No	No	No
Denmark	Yes (ii, iv, vi, ix)	No	Yes	No	No	Yes	No	No	No	No	No
Dominican Republic	No	No	No	No	No	No	No	No	No	Not in force	Yes
Ecuador	Yes (iii, v, ix, x)	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Egypt	No	No	Yes	No	No	No	No	No	No	No	No
El Salvador	No	No	No	No	No	No	No	No	No	No	No
Eritrea	No	No	No	No	No	No	No	No	No	No	No
Estonia	No	No	No	No	No	No	No	No	No	No	No
Ethiopia	No	No	No	No	No	No	No	No	No	No	No
Finland	No	No	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes
France	Yes (ii, iv-ix)	Yes	Yes	No	No	No	No	No	No	No	No
Gabon	No	No	No	No	No	No	No	No	No	No	No

	C.102 Social Security (Minimum Standards), 1952	C.97 Migration for Employment (Revised), 1949	C.118 Equality of Treatment (Social Security), 1962	C.121 Employment Injury Benefits, 1964	C.128 Invalidity, Old-Age and Survivors' Benefits, 1967	C.130 Medical Care and Sickness Benefits, 1969	C.143 Migrant Workers (Supplementary Provisions), 1975	C.157 Maintenance of Social Security Rights, 1982	C.168 Employment Promotion and Protection against Unemployment, 1988	C.183 Maternity Protection, 2000	C.189 Domestic Workers, 2011
Gambia	No	No	No	No	No	No	No	No	No	No	No
Georgia	No	No	No	No	No	No	No	No	No	No	No
Germany	Yes (ii-x)	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Ghana	No	No	No	No	No	No	No	No	No	No	No
Greece	Yes (ii-vi, viii-x)	No	No	No	No	No	No	No	No	No	No
Guatemala	No	Yes	Yes	No	No	No	No	No	No	No	No
Honduras	Yes (i, iii, v, viii, ix, x)	No	No	No	No	No	No	No	No	No	No
Hungary	No	No	No	No	No	No	No	No	No	Yes	No
India	No	No	Yes	No	No	No	No	No	No	No	No
Indonesia	No	No	No	No	No	No	No	No	No	No	No
Iran	No	No	No	No	No	No	No	No	No	No	No
Iraq	No	No	Yes	No	No	No	No	No	No	No	No
Ireland	Yes (ii, iv, x)	No	Yes	Yes	No	No	No	No	No	No	Yes
Israel	Yes (v, vi, x)	Yes	Yes	No	No	No	No	No	No	No	No
Italy	Yes (v, vii, viii)	Yes	Yes	No	No	No	Yes	No	No	Yes	Yes
Japan	Yes (iii-vi)	No	No	Yes	No	No	No	No	No	No	No
Jordan	Yes (v, vi, ix, x)	No	Yes	No	No	No	No	No	No	No	No
Kazakhstan	No	No	No	No	No	No	No	No	No	Yes	No
Kenya	No	Yes	Yes	No	No	No	Yes	No	No	No	No
Korea, Republic of	No	No	No	No	No	No	No	No	No	No	No
Kuwait	No	No	No	No	No	No	No	No	No	No	No
Lao PDR	No	No	No	No	No	No	No	No	No	No	No
Latvia	No	No	No	No	No	No	No	No	No	Yes	No

	C.102 Social Security (Minimum Standards), 1952	C.97 Migration for Employment (Revised), 1949	C.118 Equality of Treatment (Social Security), 1962	C.121 Employment Injury Benefits, 1964	C.128 Invalidity, Old-Age and Survivors' Benefits, 1967	C.130 Medical Care and Sickness Benefits, 1969	C.143 Migrant Workers (Supplementary Provisions), 1975	C.157 Maintenance of Social Security Rights, 1982	C.168 Employment Promotion and Protection against Unemployment, 1988	C.183 Maternity Protection, 2000	C.189 Domestic Workers, 2011
Lebanon	No	No	No	No	No	No	No	No	No	No	No
Lithuania	No	No	No	No	No	No	No	No	No	Yes	No
Luxembourg	Yes (ii-x)	No	No	Yes	No	Yes	No	No	No	Yes	No
Macedonia	Yes (ii-vi, viii, x)	Yes	No	Yes	No	No	Yes	No	No	Yes	No
Madagascar	No	Yes	Yes	No	No	No	No	No	No	No	No
Malaysia	No	No	No	No	No	No	No	No	No	No	No
Mali	No	No	No	No	No	No	No	No	No	Yes	No
Malta	No	No	No	No	No	No	No	No	No	No	No
Mauritania	Yes (v-vii, ix, x)	No	Yes	No	No	No	No	No	No	No	No
Mauritius	No	Yes	No	No	No	No	No	No	No	No	Yes
Mexico	Yes (ii, iii, v, vi, viii-x)	No	Yes	No	No	No	No	No	No	No	No
Moldova	No	Yes	No	No	No	No	No	No	No	No	No
Mongolia	No	No	No	No	No	No	No	No	No	No	No
Morocco	No	No	No	No	No	No	No	No	No	Yes	No
Mozambique	No	No	No	No	No	No	No	No	No	No	No
Myanmar	No	No	No	No	No	No	No	No	No	No	No
Namibia	No	No	No	No	No	No	No	No	No	No	No
Netherlands	Yes (ii-x)	Yes	No	Yes	Yes	Yes	No	No	No	Yes	No
New Zealand	No	Yes	No	No	No	No	No	No	No	No	No
Nicaragua	No	No	No	No	No	No	No	No	No	No	Yes
Nigeria	No	Yes	No	No	No	No	No	No	No	No	No
Norway	Yes (ii-vii)	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Not in force	No
Oman	No	No	No	No	No	No	No	No	No	No	No
Pakistan	No	No	Yes	No	No	No	No	No	No	No	No

	C.102 Social Security (Minimum Standards), 1952	C.97 Migration for Employment (Revised), 1949	C.118 Equality of Treatment (Social Security), 1962	C.121 Employment Injury Benefits, 1964	C.128 Invalidity, Old-Age and Survivors' Benefits, 1967	C.130 Medical Care and Sickness Benefits, 1969	C.143 Migrant Workers (Supplementary Provisions), 1975	C.157 Maintenance of Social Security Rights, 1982	C.168 Employment Promotion and Protection against Unemployment, 1988	C.183 Maternity Protection, 2000	C.189 Domestic Workers, 2011
Togo	Yes (v, vii, viii, x)	No	No	No	No	No	Yes	No	No	No	No
Tunisia	No	No	Yes	No	No	No	No	No	No	No	No
Turkey	Yes (ii, iii, v, vi, viii-x)	No	Yes	No	No	No	No	No	No	No	No
Ukraine	No	No	No	No	No	No	No	No	No	No	No
United Arab Emirates	No	No	No	No	No	No	No	No	No	No	No
United Kingdom	Yes (ii- v; vii, x)	Yes	No	No	No	No	No	No	No	No	No
United States	No	No	No	No	No	No	No	No	No	No	No
Uruguay	Yes (ii, iv, vii, viii)	No	Yes	Yes	Yes	Yes	No	No	No	No	Yes
Vietnam	No	No	No	No	No	No	No	No	No	No	No
Yemen	No	No	No	No	No	No	No	No	No	No	No
Zambia	No	No	No	No	No	No	No	No	No	No	No

Annex 3. Countries which have legal provisions granting equality of treatment between nationals and non-nationals
(120 countries in total)

	Countries which have legal provisions granting equality of treatment between national and non-nationals with regards to:	
	Contributory social security benefits	Access to health care
Total number of countries	70	73
Afghanistan	–	–
Albania	Yes	Yes
Algeria	Yes	Yes
Angola	–	–
Argentina	Yes	Yes
Armenia	Yes	Yes
Australia	–	Yes
Austria	Yes	Yes
Bangladesh	–	–
Belgium	–	Yes
Benin	Yes	–
Bolivia	Yes	Yes
Brazil	Yes	Yes
Bulgaria	–	–
Burkina Faso	Yes	Yes
Cambodia	Yes	–
Cameroon	Yes	–
Canada	–	Yes
Cabo Verde	Yes	Yes
Chad	Yes	–
Chile	Yes	Yes
China	–	Yes
Colombia	Yes	Yes
Costa Rica	Yes	Yes
Côte d'Ivoire	Yes	Yes
Croatia	–	Yes
Cuba	Yes	Yes
Cyprus	Yes	–
Czech Republic	–	Yes
Democratic Republic of Congo	–	–
Denmark	–	–
Dominican Republic	Yes	Yes
Ecuador	Yes	Yes
Egypt	–	Yes
El Salvador	Yes	Yes
Eritrea	–	–
Estonia	Yes	Yes
Ethiopia	–	Yes

	Countries which have legal provisions granting equality of treatment between national and non-nationals with regards to:	
	Contributory social security benefits	Access to health care
Finland	–	–
France	Yes	Yes
Gabon	Yes	–
Gambia	Yes	–
Georgia	–	–
Germany	Yes	Yes
Ghana	Yes	Yes
Greece	–	Yes
Guatemala	Yes	Yes
Honduras	–	Yes
Hungary	Yes	Yes
India	Yes	Yes
Indonesia	–	Yes
Iran	–	–
Iraq	Yes	–
Ireland	Yes	–
Israel	–	Yes
Italy	Yes	Yes
Japan	–	Yes
Jordan	Yes	Yes
Kazakhstan	–	–
Kenya	Yes	Yes
Korea, Republic of	–	Yes
Kuwait	–	–
Lao PDR	–	Yes
Latvia	–	–
Lebanon	–	–
Lithuania	Yes	–
Luxembourg	Yes	Yes
Macedonia	Yes	Yes
Madagascar	–	–
Malaysia	–	–
Mali	Yes	Yes
Malta	Yes	Yes
Mauritania	Yes	Yes
Mauritius	–	–
Mexico	Yes	Yes
Moldova	–	–
Mongolia	–	–
Morocco	Yes	Yes
Mozambique	Yes	Yes
Myanmar	Yes	–
Namibia	–	–

	Countries which have legal provisions granting equality of treatment between national and non-nationals with regards to:	
	Contributory social security benefits	Access to health care
Netherlands	Yes	Yes
New Zealand	–	–
Nicaragua	Yes	Yes
Nigeria	Yes	Yes
Norway	Yes	Yes
Oman	–	–
Pakistan	Yes	Yes
Panama	Yes	Yes
Paraguay	Yes	Yes
Peru	Yes	Yes
Philippines	–	–
Poland	–	–
Portugal	Yes	–
Qatar	–	–
Romania	Yes	–
Russian Federation	–	–
Senegal	Yes	Yes
Singapore	–	–
Slovak Republic	Yes	Yes
Slovenia	Yes	Yes
South Africa	–	Yes
Spain	Yes	Yes
Sri Lanka	Yes	Yes
Sudan	Yes	Yes
Sweden	–	–
Switzerland	–	Yes
Tanzania	Yes	Yes
Thailand	–	Yes
Togo	Yes	–
Tunisia	Yes	Yes
Turkey	Yes	–
Ukraine	–	Yes
United Arab Emirates	–	–
United Kingdom	Yes	–
United States	–	Yes
Uruguay	Yes	Yes
Vietnam	–	Yes
Yemen	Yes	–
Zambia	Yes	–

Annex 4. Bilateral and multilateral social security agreements per country (120 countries in total)

	Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³	Multilateral agreements and frameworks
Afghanistan		
Albania	Czech Republic, Turkey	
Algeria	Belgium, Chile, France, Morocco, Tunisia	Arab Maghreb Union (UMA) Social Security Convention, 1991 (Convention de sécurité sociale entre les Etats de l'Union du Maghreb arabe)
Angola		SADC Cross-Border Portability of Social Security Benefits Policy Framework adopted by Ministers and social partners in May 2016 (not yet implemented) ⁴
Argentina	Brazil, Chile, Greece, Italia, Portugal, Spain, Uruguay	The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011) ⁵ Multilateral Social Security Agreement of the Common Market of the South (Acuerdo Multilateral de Seguridad Social del Mercado Común del Sur - MERCOSUR) of 1991, amended in 1994
Armenia		Commonwealth of Independent States (CIS) Agreement on cooperation in the field of labour migration and social protection for migrant workers, 1994 (various other CIS agreement are further relevant with regards to pensions, family benefits and more)
Australia	Austria, Belgium, Canada, Chile, Croatia, Cyprus, Czech Republic, Denmark, Finland, Germany, Greece, Hungary, India, Ireland, Italy, Japan, Korea (Republic of), Latvia, Macedonia, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Switzerland, United States	
Austria	Australia, Bosnia and Herzegovina, Canada, Chile, Croatia, Macedonia, Iceland, India Korea (Republic of), Liechtenstein, Moldova, Montenegro, Norway, Philippines, Quebec, Serbia, Switzerland, Tunisia, Turkey, United States	Regulation (EEC) No 1408/71 of the Council of 14 June 1971 on the application of social security schemes to employed persons and their families moving within the Community
Bangladesh		
Belgium	Algeria, Australia, Brazil, Bosnia and Herzegovina, Canada, Chile, Congo (Democratic Republic), Croatia, India, Israel, Japan, Korea (Republic of), Macedonia, Morocco, Philippines, Quebec, San Marino, Serbia, Switzerland, Tunisia, Turkey, United States, Uruguay	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply).

	Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³	Multilateral agreements and frameworks
Benin	Burkina Faso, Côte d'Ivoire, France, Niger, Senegal, Togo	<p>The former Common African and Malagasy Organisation (OCAM), Convention which is still in force in some countries</p> <p>The Inter-African Conference on social welfare (Conférence interafricaine de prévoyance sociale – CIPRES), Convention of 2006</p> <p>The IPRAO Convention of 1963 (agreement on pensions between the Pension Institution of western Africa (Institution de prévoyance retraite de l'Afrique occidentale – IPRAO) and the Pension Fund of Côte d'Ivoire (Caisse de retraite des travailleurs salariés de Côte d'Ivoire – CRTCI)</p>
Bolivia		<p>The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011)</p> <p>The Andean Community (CAN) Andean Instrument on Social Security adopted In 2004 by the Council of Ministers through Resolution 583</p> <p>In the process of adhesion to the Multilateral Social Security Agreement of the Common Market of the South (Acuerdo Multilateral de Seguridad Social del Mercado Común del Sur - MERCOSUR) of 1991, amended in 1994</p>
Brazil	Belgium, Canada, Cabo Verde, Chile, France, Germany, Greece, India (entry into force planned in 2018), Italy, Japan, Korea (Republic of), Luxembourg, Portugal, Spain United States (Bulgaria, Quebec and Switzerland under discussion)	<p>The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011)</p> <p>Multilateral Social Security Agreement of the Common Market of the South (Acuerdo Multilateral de Seguridad Social del Mercado Común del Sur – MERCOSUR) of 1991, amended in 1994</p>
Bulgaria	Croatia, Israel, Korea (Republic of), Macedonia, Moldova, Russian Federation, Serbia, Switzerland, Ukraine (Brazil under discussion)	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Burkina Faso	Côte d'Ivoire, Mali	<p>The former Common African and Malagasy Organisation (OCAM), Convention which is still in force in some countries</p> <p>The IPRAO Convention of 1963 (agreement on pensions between the Pension Institution of western Africa (Institution de prévoyance retraite de l'Afrique occidentale – IPRAO) and the Pension Fund of Côte d'Ivoire (Caisse de retraite des travailleurs salariés de Côte d'Ivoire – CRTCI)</p> <p>The Inter-African Conference on social welfare (Conférence interafricaine de prévoyance sociale – CIPRES), Convention of 2006</p>
Cambodia		

	Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³	Multilateral agreements and frameworks
Cameroon	France	The Inter-African Conference on social welfare (Conférence interafricaine de prévoyance sociale – CIPRES), Convention of 2006
Canada	Antigua and Barbuda, Austria, Barbados, Belgium, Brazil, Bulgaria, Chile, China, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Estonia, Finland, France, Germany, Greece, Grenada Guernsey, Hungary, Iceland, India, Ireland, Israel, Italy, Jamaica, Japan, Jersey, Korea (Republic of), Latvia, Lithuania, Luxembourg, Macedonia, Malta, Mexico, Morocco, Netherlands, Norway, Philippines, Poland, Portugal, Romania, St. Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, Turkey, United Kingdom, United States, Uruguay	
Cabo Verde	Brazil, Portugal, France, Luxemburg, the Netherlands, Sweden, Senegal	
Chad		The former Common African and Malagasy Organisation (OCAM), Convention which is still in force in some countries The Inter-African Conference on social welfare (Conférence interafricaine de prévoyance sociale – CIPRES), Convention of 2006
Chile	Argentina, Australia, Austria, Belgium, Brazil, Canada, Colombia, Czech Republic, Denmark, Ecuador, Finland, France, Germany, Luxembourg, Netherlands, Norway, Peru, Portugal, Quebec, Spain, Sweden, Switzerland, United Kingdom, United States, Uruguay.	The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011)
China	Canada, Denmark, Germany, Finland, Korea (Republic of), the Netherlands, Spain, Switzerland	
Colombia	Chile, Spain	The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011) The Andean Community (CAN) Andean Instrument on Social Security adopted In 2004 by the Council of Ministers through Resolution 583
Costa Rica	Colombia, Guatemala, Nicaragua, Panama, Spain, Uruguay	The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011) Cooperation through the Council of Social Security Institutions of Central America, Panama and the Dominican Republic (CISSCAD) and its social security agreements ¹⁰

	Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³	Multilateral agreements and frameworks
Côte d'Ivoire	Burkina Faso, Benin, France, Mali, Niger, Senegal, Togo	The Inter-African Conference on social welfare (Conférence interafricaine de prévoyance sociale – CIPRES), Convention of 2006 The IPRAO Convention of 1963 (agreement on pensions between the Pension Institution of western Africa (Institution de prévoyance retraite de l'Afrique occidentale – IPRAO) and the Pension Fund of Côte d'Ivoire (Caisse de retraite des travailleurs salariés de Côte d'Ivoire – CRTCI)
Croatia	Australia, Bosnia Herzegovina, Canada, Quebec, Germany, Macedonia, Montenegro, Serbia, Turkey	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply) ¹²
Cuba	Ecuador	
Cyprus	Austria, Australia, Bulgaria, Canada, Czech Republic, Egypt, Greece, the Netherlands, Quebec, Romania, Serbia, Slovakia, Switzerland, Syria and the United Kingdom	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Czech Republic	Albania, Australia, Canada, Chile, Croatia, India, Israel, Japan, Macedonia, Moldova, Montenegro, Russian Federation, Serbia, Switzerland, Turkey, Ukraine, United States	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Democratic Republic of Congo		The Inter-African Conference on social welfare (Conférence interafricaine de prévoyance sociale – CIPRES), Convention of 2006 SADC Cross-Border Portability of Social Security Benefits Policy Framework adopted by Ministers and social partners in May 2016 (not yet implemented) General Social Security Convention of the Economic Community of the Great Lakes (Convention générale de sécurité sociale de la communauté économique des Pays des Grands Lacs – CEPGL) of 1978 and its administrative agreement
Denmark	Australia, Canada, Chile, China, Croatia, India, Israel, Korea (Republic of), Macedonia, Morocco, New Zealand, Pakistan, Quebec, Switzerland, Turkey, United States	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Dominican Republic	Nicaragua, Panama, Spain	The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011) Cooperation through the Council of Social Security Institutions of Central America, Panama and the Dominican Republic (CISSCAD) and its social security agreements ¹⁰
Ecuador	Chile, Netherlands, Peru, Spain, Uruguay, Venezuela	The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011) The Andean Community (CAN) Andean Instrument on Social Security adopted In 2004 by the Council of Ministers through Resolution 583

	Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³	Multilateral agreements and frameworks
Egypt	Cyprus, the Netherlands, Sudan, Greece (in progress), Morocco and Tunisia	
El Salvador	Guatemala, Nicaragua, Panama	The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011) Cooperation through the Council of Social Security Institutions of Central America, Panama and the Dominican Republic (CISSCAD) and its social security agreements ¹⁰
Eritrea		
Estonia	Canada, Finland, Latvia, Lithuania, the Netherlands, Russian Federation, Sweden and Ukraine	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Ethiopia		
Finland	Australia, Canada, Chile, China, Israel, India, Quebec, Russian Federation, Switzerland, United States	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply).
France	Algeria, Andorra, Brazil, Benin, Bosnia and Herzegovina, Cameroon, Canada, Cabo Verde, Chile, Republic of Congo, Côte d'Ivoire, French Polynesia, Gabon, Guernsey, India, Israel, Japan, Jersey, Kosovo, Korea (Republic of), Macedonia, Madagascar, Mali, Mauritania, Monaco, Montenegro, Morocco, New Caledonia, Niger, Philippines, Quebec, San Marino, Saint Marin, Saint Pierre and Miquelon, Senegal, Serbia, Switzerland, Togo, Tunisia, Turkey, United States, Uruguay Signed but not yet entered into force: Algeria (protocol and administrative arrangements), China	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Gabon	France, Senegal	The Inter-African Conference on social welfare (Conférence interafricaine de prévoyance sociale – CIPRES), Convention of 2006
Gambia		
Georgia	Russian Federation, Turkey	Commonwealth of Independent States (CIS) Agreement on cooperation in the field of labour migration and social protection for migrant workers, 1994 (various other CIS agreement are further relevant with regards to pensions, family benefits and more) ⁹
Germany	Australia, Brazil, Canada, Chile, China, Croatia, India, Israel, Japan, Korea (Republic of), Liechtenstein, Macedonia, Montenegro, Morocco, Quebec, Serbia, Switzerland, Tunisia, Turkey, United States, Uruguay	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)

	Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³	Multilateral agreements and frameworks
Ghana		
Greece	Argentina, Australia, Brazil, Canada, Egypt (in process), New Zealand, Norway, Quebec, Switzerland, United States, Uruguay, Venezuela	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Guatemala	Costa Rica, Honduras, El Salvador, Mexico, Nicaragua, Panama	Cooperation through the Council of Social Security Institutions of Central America, Panama and the Dominican Republic (CISSCAD) and its social security agreements ¹⁰
Honduras	Guatemala, Nicaragua	Cooperation through the Council of Social Security Institutions of Central America, Panama and the Dominican Republic (CISSCAD) and its social security agreements ¹⁰
Hungary	Australia, Bosnia and Herzegovina, Canada, Croatia, India, Montenegro, Quebec, Russian Federation, Switzerland, Ukraine, United States	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
India	Austria, Australia, Belgium, Brazil (entry into force planned in 2018), Canada, the Czech Republic, Denmark, Finland, France, Germany, Hungary, Japan, Korea (Republic of), Luxembourg, the Netherlands, Norway, Portugal, Sweden and Switzerland	
Indonesia		
Iran	Turkey	
Iraq		
Ireland	Australia, Canada, Japan, Korea (Republic of), New Zealand, Quebec, Switzerland, United States	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Israel	Austria, Belgium, Bulgaria, Canada, Czech Republic, France, Germany, the Netherlands, Norway, Slovakia, Sweden, Switzerland, Italy, Poland, Denmark, Finland, United Kingdom, Uruguay	
Italy	Argentina, Australia, Brazil, Canada, Cabo Verde, Croatia, Israel, Japan, Korea (Republic of), Liechtenstein, Mexico, Monaco, Norway, San Marino, Switzerland, Tunisia, Turkey, United States, Uruguay, Vatican, Venezuela	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Japan	Australia, Belgium, Brazil, Canada, Czech Republic, France, Germany, Hungary, India, Ireland, Korea (Republic of), the Netherlands, Spain, Switzerland, United Kingdom, United States	
Jordan		

Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³		Multilateral agreements and frameworks
Kazakhstan		Commonwealth of Independent States (CIS) Agreement on cooperation in the field of labour migration and social protection for migrant workers, 1994 (various other CIS agreement are further relevant with regards to pensions, family benefits and more).
Kenya		Agreement between United Kingdom of Great Britain and Northern Ireland and East African Community (Kenya, Tanzania and Uganda) concerning public officers' pensions, 1978. East African Community (EAC) Protocol of 2010 (includes social security coordination provisions which are not yet implemented)
Korea, Republic of	Australia, Austria, Belgium, Brazil, Bulgaria, Canada, China, Denmark, France, Germany, India, Ireland, Italy, Japan, Netherlands, Poland, Romania, United States	
Kuwait		Unified Law on Insurance Protection Extension for Citizens of Gulf Cooperation Council States Working outside Their Countries in Any of the Council Member States, 2006.
Lao PDR	Thailand	
Latvia	Australia, Belarus, Canada, Russian Federation, Ukraine	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply).
Lebanon		
Lithuania	Belarus, Canada, Russian Federation, Ukraine	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply).
Luxembourg	Argentina, Brazil, Canada, Cabo Verde, Chile, Croatia, Iceland, India, Macedonia, Moldova, Montenegro, Morocco, Norway, Quebec, Serbia, Switzerland, Tunisia, Turkey, United States	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply).
Macedonia	Australia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Czech Republic, Denmark, France, Germany, Luxembourg, Montenegro, the Netherlands, Poland, Romania, Slovenia, Turkey	
Madagascar	France	SADC Cross-Border Portability of Social Security Benefits Policy Framework adopted by Ministers and social partners in May 2016 (not yet implemented)
Malaysia	Pakistan, Singapore, Sri Lanka and Thailand	

	Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³	Multilateral agreements and frameworks
Mali	Burkina Faso, Côte d'Ivoire, France, Senegal	The Inter-African Conference on social welfare (Conférence interafricaine de prévoyance sociale – CIPRES), Convention of 2006
Malta	Australia, Canada, Libya, the Netherlands, New Zealand, Quebec, United Kingdom	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply).
Mauritania	France, Senegal	Arab Maghreb Union (UMA) Social Security Convention, 1991 (Convention de sécurité sociale entre les Etats de l'Union du Maghreb arabe)
Mauritius	United Kingdom	
Mexico	Argentina, Belize, Canada, Guatemala, Spain, Uruguay	
Moldova	Austria, Azerbaijan, Belarus, Belgium, Czech Republic, Bulgaria, Estonia, Luxembourg, Romania, Portugal, the Russian Federation, Ukraine, Uzbekistan	Commonwealth of Independent States (CIS) Agreement on cooperation in the field of labour migration and social protection for migrant workers, 1994 (various other CIS agreement are further relevant with regards to pensions, family benefits and more)
Mongolia		
Morocco	Algeria, Belgium, Canada, Denmark, France, Germany, Libya, Egypt, Luxembourg, the Netherlands, Portugal, Québec, Romania, Spain, Sweden and Tunisia (Italy signed but not ratified)	Arab Maghreb Union (UMA) Social Security Convention, 1991 (Convention de sécurité sociale entre les Etats de l'Union du Maghreb arabe).
Mozambique	Portugal	SADC Cross-Border Portability of Social Security Benefits Policy Framework adopted by Ministers and social partners in May 2016 (not yet implemented)
Myanmar	Thailand, United Kingdom	
Namibia		SADC Cross-Border Portability of Social Security Benefits Policy Framework adopted by Ministers and social partners in May 2016 (not yet implemented)
The Netherlands	Australia, Canada, Cabo Verde, Chile, China, Croatia, Ecuador, Egypt, India, Israel, Japan, Macedonia, Morocco, New Zealand, Norway, Paraguay, Philippines, South Africa, Korea (Republic of), Switzerland, Thailand, Tunisia, Turkey, United States, Uruguay	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
New Zealand	United Kingdom, the Netherlands, Ireland, Jersey, Guernsey, Australia, Greece, Canada and Denmark	

	Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³	Multilateral agreements and frameworks
Nicaragua	Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras	Convenio Multilateral de Seguridad Social Suscrito en San José, C.R. (Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica y Panamá) Cooperation through the Council of Social Security Institutions of Central America, Panama and the Dominican Republic (CISSCAD) and its social security agreements ¹⁰
Nigeria		
Norway	Australia, Austria, Canada, Chile, Greece, Israel, Italy, India, Luxembourg, the Netherlands, Portugal, Quebec, Switzerland, Turkey, United Kingdom, United States	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Oman	Nepal	Unified Law on Insurance Protection Extension for Citizens of Gulf Cooperation Council States Working outside Their Countries in Any of the Council Member States, 2006
Pakistan	Denmark, Libya, United Kingdom	
Panama	Colombia, Costa Rica, Guatemala, Honduras.	Cooperation through the Council of Social Security Institutions of Central America, Panama and the Dominican Republic (CISSCAD) and its social security agreements ¹⁰
Paraguay	Chile, Netherlands, Spain	The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011) Multilateral Social Security Agreement of the Common Market of the South (Acuerdo Multilateral de Seguridad Social del Mercado Común del Sur – MERCOSUR) of 1991, amended in 1994
Peru	Argentina, Chile, Spain	The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011) The Andean Community (CAN) Andean Instrument on Social Security adopted In 2004 by the Council of Ministers through Resolution 583
Philippines	Austria, Belgium, Canada, France, Netherlands, Quebec, Spain, Switzerland, United Kingdom	
Poland	Australia, Canada, Macedonia, Israel, Korea (Republic of), Serbia, United States	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Portugal	Andorra, Argentina, Australia, Brazil, Canada, Cabo Verde, Chile, India, Moldova, Morocco, Norway, Quebec, Switzerland, Tunisia, United States, Uruguay, Venezuela (under discussion South Africa)	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply) The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011)

Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³		Multilateral agreements and frameworks
Qatar		Unified Law on Insurance Protection Extension for Citizens of Gulf Cooperation Council States Working outside Their Countries in Any of the Council Member States, 2006
Romania	Albania, Algeria, Canada, Korea (Republic of), Libya, Macedonia, Moldova, Morocco, Montenegro, Peru, Russian Federation, Serbia, Turkey, Ukraine	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Russian Federation	Bulgaria, Czech Republic, Finland, Hungary, Latvia (only for Russian military pensioners), Mongolia, Romania, Slovakia, Spain	Commonwealth of Independent States (CIS) Agreement on cooperation in the field of labour migration and social protection for migrant workers, 1994 (various other CIS agreement are further relevant with regards to pensions, family benefits and more)
Senegal	France, Mali, Gabon, Cabo Verde, Mauritania	The former Common African and Malagasy Organisation (OCAM), Social Security Convention of 1982 which is still in force in some countries The IPRAO Convention of 1963 (agreement on pensions between the Pension Institution of western Africa (Institution de prévoyance retraite de l'Afrique occidentale – IPRAO) and the Pension Fund of Côte d'Ivoire (Caisse de retraite des travailleurs salariés de Côte d'Ivoire – CRTCI) The Inter-African Conference on social welfare (Conférence interafricaine de prévoyance sociale – CIPRES), Convention of 2006
Singapore	Malaysia	
Slovak Republic	Australia, Canada, Croatia, Israel, Russian Federation, Switzerland, Ukraine	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Slovenia	Argentina, Australia, Bosnia and Herzegovina, Canada, Croatia, Macedonia, Montenegro, Quebec, Serbia, Switzerland	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
South Africa	Angola, Cuba, Mozambique, the Netherlands (under discussion: Portugal)	SADC Cross-Border Portability of Social Security Benefits Policy Framework adopted by Ministers and social partners in May 2016 (not yet implemented)
Spain	Andorra, Argentina, Australia, Brazil, Canada, Chile, China, Colombia, Dominican Republic, Ecuador, Japan, Mexico, Morocco, Paraguay, Peru, Philippines, Russian Federation, Switzerland, Tunisia, Ukraine, United States, Uruguay, Venezuela	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply) The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011)
Sri Lanka	Malaysia	
Sudan	Egypt	

	Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³	Multilateral agreements and frameworks
Sweden	Canada, Cabo Verde, Chile, Israel, India, Morocco, Quebec, Switzerland, Turkey, United States	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Switzerland	Australia, Austria, Belgium, Bulgaria, Canada, Quebec, Chile, Cyprus, Czech Republic, Croatia, China, Denmark, Finland, France, Germany, Greece, Hungary, India, Ireland, Israel, Italy, Japan, Liechtenstein, Luxembourg, Macedonia, the Netherlands, Norway, Philippines, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Turkey, United Kingdom, United States (Brazil under discussion)	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply)
Tanzania		SADC Cross-Border Portability of Social Security Benefits Policy Framework adopted by Ministers and social partners in May 2016 (not yet implemented) Agreement between United Kingdom of Great Britain and Northern Ireland and East African Community (Kenya, Tanzania and Uganda) concerning public officers' pensions, 1978 East African Community (EAC) Protocol of 2010 (includes social security coordination provisions which are not yet implemented)
Thailand	Cambodia, Lao PDR and Myanmar	
Togo	Benin, Côte d'Ivoire, France, Mali	The former Common African and Malagasy Organisation (OCAM), Convention which is still in force in some countries The Inter-African Conference on social welfare (Conférence interafricaine de prévoyance sociale – CIPRES), Convention of 2006 The IPRAO Convention of 1963 (agreement on pensions between the Pension Institution of western Africa (Institution de prévoyance retraite de l'Afrique occidentale – IPRAO) and the Pension Fund of Côte d'Ivoire (Caisse de retraite des travailleurs salariés de Côte d'Ivoire – CRTCI)
Tunisia	Algeria, Austria, Belgium, France, Germany, Luxembourg, Libya, Egypt, Italy, Morocco, Netherlands, Portugal, Spain	Arab Maghreb Union (UMA) Social Security Convention, 1991 (Convention de sécurité sociale entre les Etats de l'Union du Maghreb arabe)
Turkey	Albania, Austria, Azerbaijan, Belgium, Bosnia-Herzegovina, Bulgaria, Czech Republic, Denmark, France, Georgia, Germany, the Netherlands, Quebec, Libya, Luxembourg, Macedonia, Norway, Romania, Switzerland, Sweden, United Kingdom ¹¹	
Ukraine	Armenia, Azerbaijan, Belarus, Bulgaria, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Latvia, Lithuania, Romania, Slovakia, Spain, Russian Federation	Agreement on cooperation in the field of labour migration and social protection for migrant workers, 1994, Commonwealth of Independent States

Countries or administrative regions ¹ that are party to bilateral agreements ² as of March 2017 ³		Multilateral agreements and frameworks
United Arab Emirates		Unified Law on Insurance Protection Extension for Citizens of Gulf Cooperation Council States Working outside Their Countries in Any of the Council Member States, 2006
United Kingdom	Barbados, Bermuda, Bosnia and Herzegovina, Canada, Channel Islands, Macedonia, Israel, Jamaica, Kosovo, Mauritius, Montenegro, New Zealand, the Philippines, Serbia, Switzerland, Turkey, United States	EU regulations on the coordination of social security system (as from 1 May 2010, Regulations 883/2004 and 987/2009 apply) ⁶
United States	Australia, Austria, Belgium, Brazil, Canada, Chile, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Japan, Korea (Republic of), Luxembourg, the Netherlands, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, United Kingdom.	
Uruguay	Austria, Belgium, Canada, Colombia, France, Germany, Greece, Israel, Italy, Luxembourg, Netherlands, Peru, Portugal, Quebec, Switzerland, United States, Venezuela	The Ibero-American Multilateral Agreement on social security.(Convenio Multilateral Iberoamericano de Seguridad Social), of 2007 (entered into force in 2011) Multilateral Social Security Agreement of the Common Market of the South (Acuerdo Multilateral de Seguridad Social del Mercado Común del Sur – MERCOSUR) of 1991, amended in 1994
Vietnam		
Yemen	Syria (MoU)	
Zambia	Malawi	SADC Cross-Border Portability of Social Security Benefits Policy Framework adopted by Ministers and social partners in May 2016 (not yet implemented)

¹ For the purpose of this study, “administrative regions” includes also crown dependencies, overseas or special collectivities and territories, namely to Jersey, Guernsey, Quebec, Saint Pierre and Miquelon, French Polynesia, New Caledonia and the Occupied Palestinian Territories. ² Bilateral social security conventions which are revised or replaced by new conventions are only counted once. ³ These are the results as available in the ILO Database on migrants’ access to social protection on 30.03.2017. There may be some gaps in particular on whether the agreements are operational and/or out-of-date/revoked The database will be regularly updated and the countries extended. Any additional information on agreements can be send to Clara van Panhuys at vanpanhuys@ilo.org. . ⁴ Also relevant, the SADC Employment and Labour Protocol, 2014 currently open for ratification (art 19 is relevant in terms of social security portability) ⁵ The ratification instrument has only been submitted by 10 countries: Bolivia, Brazil, Chile, El Salvador, Ecuador, Spain, Paraguay, Peru, Portugal and Uruguay. Colombia, Costa Rica and the Dominican Republic are in the process of ratification and submission. ⁶ Namely; the Central American Multilateral Agreement on Emergency Care for foreign insured patients by Social Security institutions and the 2005 Multilateral Agreement on health protection of foreigners in transit ⁹ Georgia withdrew its membership of the CIS in 2008. ¹⁰ According to the United Kingdom Government website, https://www.gov.uk/government/collections/uk-leaving-the-eu-what-you-need-to-know?_ga=1.75316562.1914460651.1492083515 [4 April 2017]: “On 29 March 2017, the government triggered Article 50, which begins the formal process of the UK leaving the EU. The government is looking to secure the status of British nationals living in other member states and EU nationals already living in the UK, as early as possible. The UK remains a full member until we exit the EU, and all rights and obligations of membership remain in place until then.” Turkey also has a social security agreement with the self declared Turkish republic of Northern Cyprus which is considered to be part of the Republic of Cyprus by the international community. ⁹¹²The list only refers to social security agreements. As such Association Agreements of the EU with third countries have not been included.

Annex 5. Ratification of key international legal instruments on social protection for migrant workers by selected case study countries

	CPRAMW ¹	C.102 Social Security (Minimum Standards), 1952	C.97 Migration for Employment (Revised), 1949	C.118 Equality of Treatment (Social Security), 1962	C.121 Employment Injury Benefits, 1964	C.128 Invalidity, Old-Age and Survivors' Benefits, 1967	C.130 Medical Care and Sickness Benefits, 1969	C.143 Migrant Workers (Supplementary Provisions), 1975	C.157 Maintenance of Social Security Rights, 1982	C.168 Employment Promotion and Protection against Unemployment, 1988	C.183 Maternity Protection, 2000	C.189 Domestic Workers, 2011
Selected case study countries (countries of origin of migrant workers)												
Sri Lanka	Yes	-	-	-	-	-	-	-	-	-	-	-
Philippines	Yes	-	Yes ²	Yes ³	-	-	-	Yes	Yes	-	-	Yes
Mexico	Yes	Yes ⁴	-	Yes ⁵	-	-	-	-	-	-	-	-
Ecuador	Yes	Yes ⁶	Yes ⁷	Yes ⁸	Yes	Yes	Yes	-	-	-	-	Yes
Morocco	Yes	-	-	-	-	-	-	-	-	-	Yes	-
Tunisia	-	-	-	Yes ⁹	-	-	-	-	-	-	-	-
Mauritius	-	-	Yes ¹⁰	-	-	-	-	-	-	-	-	Yes
Zimbabwe	-	-	-	-	-	-	-	-	-	-	-	-
Selected case study countries (destination countries of migrant workers)												
Qatar	-	-	-	-	-	-	-	-	-	-	-	-
South Korea	-	-	-	-	-	-	-	-	-	-	-	-
Saudi Arabia	-	-	-	-	-	-	-	-	-	-	-	-
Canada	-	-	-	-	-	-	-	-	-	-	-	-
Spain	-	Yes ¹¹	Yes	-	-	-	-	-	Yes	-	-	-
France	-	Yes ¹²	Yes ¹³	Yes ¹⁴	-	-	-	-	-	-	-	-
South Africa	-	-	-	-	-	-	-	-	-	-	-	Yes
Belgium	-	Yes ¹⁵	Yes	-	Yes	-	-	-	-	Yes	-	-

¹ International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, 1990. ² Has excluded the provisions of Annex II and III. ³ Has accepted Branches (a)-(g). ⁴ Has accepted Parts II, III, V, VI and VIII-X. ⁵ Has accepted Branches (a)-(g). ⁶ Has accepted Parts III, V, VI, IX and X. ⁷ Has excluded the provisions of Annexes I-III. ⁸ Has accepted Branches (a)-(d), (f) and (g). ⁹ Has accepted Branches (a)-(g) and (i). ¹⁰ Has excluded the provisions of Annexes I-III. ¹¹ Has accepted Parts II-IV and VI. ¹² Has accepted Parts II and IV-IX. ¹³ Has excluded the provisions of Annex II. ¹⁴ Has accepted Branches (a)-(d), (f), (g) and (i). ¹⁵ Has accepted Parts II-X.

