Tajik Labor Migrants to Russia: Their Access to Health and Welfare Services

My research concentrates on Moscow's large population of Tajik labor migrants, asking about their access to health and welfare services in Russia. The research questions explore whether migrants have access to essential state or non-governmental social services, whether their status as legal/registered or illegal/unregistered matters for such access, whether contracts with employers or international agreements effectively guarantee their social rights, and whether Tajik migrants can rely on the diaspora community in Russia as a 'safety net' when confronting health problems. I pursued these questions during a research trip to Dushanbe, Tajikistan, interviewing representatives of health –related I/NGOs, governmental health authorities and academics as part of an on-going research project. Interviewees confirmed that migrants have very limited access to health care in Russia, and reported that the Russian government fails to observe international health protocols or to respond to advocacy for migrants' health rights. Interviews revealed that International Organizations, chief among them the Global Fund, UNDP, WHO and IOM, provide resources and cooperate with the Tajik government to provide treatment for infectious illnesses, including outreach to returned migrants. This research has implications for public health, for the political economy of Russia's welfare state, and for developing patterns of inequality and dependence among regional governments, international organizations, and labor forces.

SCHOLAR RESEARCH BRIEF

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RESEARCH IN CONTEXT

The objective of my research is to learn about the experiences of Tajik labor migrants to the Russian Federation, particularly their access to health and welfare services. Over the past two decades global economic integration has drawn more than six million migrants to Russia, mostly to jobs in Moscow and other major cities. The largest groups come from Tajikistan and other Central Asian states. More than 30% of Tajikistan's working-age male population participates in migration, and the number of women is increasing; an estimated 1.3 million Tajiks are reportedly living and working in Russia in 2012-2013. Since 2000 the Russian economy has come to depend on these migrants for unskilled and semi-skilled work in construction and services. Tajikistan, a poor underdeveloped country, in turn relies on migrants' remittances for an estimated one-third – in some years almost half – of its GDP. Thus, migrants now constitute an institutionalized part of the political economies of both Russia's highly-stratified 'global cities' and the Eurasian periphery. (Abdurazakova 2012; 5; Ganguli 2009)

At the same time that migration has grown, the communist-era state monopoly on provision of health and welfare services has given way to a diversified welfare sector including public, NGO, formal market and informal 'shadow' providers. A large majority of Russians, especially non-elites, continue to rely mainly on the public health sector, but many migrants are excluded from formal access to this sector except for emergency care. Relatively little is known about their access to other types of health services, for example, whether NGOs are reaching out to migrants' communities, filling gaps left by the state, or whether migrants seek care in formal or informal private health care markets. A considerable amount of research has been done on Central Asians' migration to Russia, but much of it deals with remittances and their often-claimed (though questionable) potential to spur development in Central Asian states. (Hemmings 2010; Buckley and Hofmann 2012) Research concerning migrants' experiences in Russia focuses on the important issues of xenophobia and anti-immigrant violence. Considerably less attention has been paid to migrants' social rights and welfare. My research concentrates on this topic, asking about the formal rights and *de facto* experiences of Tajik migrants in Russia's public health sector, the effectiveness of international agreements and labor contacts in securing rights, and roles of I/NGOs (International /Non-Governmental Organizations) in providing direct services and advocacy. I consider the implications of my findings for public health and for the structure of welfare provision in Russia and internationally.

Tajikistan is a small, predominantly rural state of 7-8 million people that became independent when the Soviet Union collapsed in 1991. It is located in Central Asia, bordering Afghanistan, China, Uzbekistan and Kyrgyzstan. Most of the population practices a moderate form of Islam. Already one of the poorest republics in Soviet times, Tajikistan suffered severe economic decline in the transition. A civil war, fueled by conflicts between postcommunist and Islamic elites as well as regional and sub-regional divisions, ravaged the country from 1992-1997 and devastated much of its infrastructure. The war's end brought large numbers of international aid organizations and a brief period of peaceful competitive politics, followed by consolidation of an authoritarian regime (with superficial electoral trappings) that has for the most part maintained political stability, though it has done very little to develop the domestic economy. The health care system, severely under-resourced in financing, personnel and infrastructure, and requiring *de facto* out-of-pocket payments requirements contributes to some of the worst health outcomes in the region.

The post-transition decades have produced three legacies that are central for my research project: large and growing labor out-migration from Tajikistan to Russia, an impoverished social and health sector in Tajikistan, and many international aid organizations based in Dushanbe. Some of these organizations have direct contact with labor migrants, working to monitor their circumstances and welfare before departure and after return. Most focus in whole or in part on health issues, and some, such as the World Health Organization (WHO) and International Organization for Migration (IOM), advocate for migrants' health care and social rights with the Russian government. During my Short-Term Travel Grant research trip to Dushanbe in spring, 2013, I interviewed representatives of several major international organizations that are involved with migrant health issues in Dushanbe, as well as a small number of government officials and scholars; collected working papers, documents and statistics; and arranged for three (separately-funded) focus groups with returned migrants, which were conducted after my departure.

This trip forms part of a longer-term comparative project that has included field work in Moscow and in Sortavala, Karelia. That project, "Russia's Fragmented Welfare State," looks at health care provision, access and utilization, and their political-economic determinants, for four 'most different' populations: besides migrants, I study residents of the rural Karelian region in Northwestern Russia; residents of an upscale district in central Moscow; and socio-economically-average residents of a mono-industry city, Togliatti, in the Samara region. Tajik migrants were chosen as a case because they are among the poorest, most marginalized social strata in Russia.

My study contributes to the literature on growth and change in international patterns of stratification. I seek to learn whether migrants have access to essential state or non-governmental social services, whether their status as legal/registered or illegal/unregistered matters for such access, whether contracts with employers or between states effectively guarantee their social rights, and whether migrants can rely on diaspora communities.

RESEARCH PROCESS

My main research activity in Dushanbe was a series of semi-structured interviews, each 1-2 hours long, with representatives of international organizations, Tajik health authorities, and independent scholars. Questions focused on health care access for different groups of migrants in Russia; the roles of the Russian government, Moscow-based I/NGOs, and Tajik diaspora communities; and the efforts of international and governmental organizations in Tajikistan to deal with health issues of returned migrants. The semi-structured interview format allowed me to adapt questions to the expertise and experience of each interviewee. Some respondents related their organizations' research findings or work with Tajik government programs, others focused on advocacy work in Russia or direct work with migrants.

I conducted approximately twelve interviews with representatives of the UNDP (United Nations Development Project,); WHO (World Health Organization); IOM (International Organization for Migration); US AID (Agency for International Development); Aha Khan Foundation; Tajik Ministry of Health, Department of Emergency Health Care; Tajik Republic Center for Prevention and Treatment of HIV/AIDS, and independent scholars and aid workers. Most of the organizations or individuals were contacted in advance by e-mail; in all cases follow-up phone calls from my Dushanbe-based research assistant were necessary to set up appointments. Most of the I/NGO representatives met willingly and seemed to talk openly in interviews. Tajik government authorities required letters of introduction from IREX and proved more difficult to interview. I collected reports and data from several organizations and purchased official Tajik statistical handbooks. Through the IOM I was able to arrange for focus groups with returned migrants to be conducted in different parts of Tajikistan

RESEARCH RESULTS

Health Care Access and Effects in Migration and Return

Earlier field work in Moscow showed that Russia's public health system provides free emergency care for unregistered migrant workers, but usually little else. Interviews in Dushanbe confirmed that the majority of Tajik labor migrants are unregistered, and are not protected socially or legally in Russia. In cases of serious accidents or illnesses that are treated without charge in public hospitals until medically stable, then required to pay for further care – prohibitively expensive for most – or return home. A small number of skilled professionals, estimated by a Tajik Health Ministry official at not more than 5% of migrants, are registered to live and work legally in Russia and have contracts and health insurance; they are the most likely to move with their families. Respondents did not distinguish among the experiences of other migrants with regard to health care, whether registered or unregistered. Most confirmed that lack of access to medical services in Russia was a serious problem, that many migrants live in extremely crowded conditions (30-35% live in rooms with 6-8 people) and some spend time in detention, both environments where infectious diseases spread easily, and that they often self-treated for illnesses.

Interviewees focused the discussion on infectious diseases – TB, MDR TB (Multi-Drug Resistant Tuberculosis), STIs (Sexually Transmitted Infections), hepatitis, and HIV/AIDS – all major concerns of both international organizations and public health authorities. Here respondents echoed one another in claiming that the Russian government regularly fails to follow international agreements, protocols and practices with migrants. For example, according to the rules of the WHO, of which Russia is a member, all countries should provide treatment for those with infectious TB until test results show they are no longer infectious; but migrants diagnosed in Russia are typically not registered for treatment, and are told by doctors to 'go to your country.'

The effects on migrants' health and on public health in Tajikistan are difficult to gage. National Tajik health data do not include migrants as a separate category. There is some evidence that a more generally-observed 'healthy migrant effect' applies to Central Asians arriving in Russia (Buckley et. al. 2011) but there is no effective system of medical monitoring to provide evidence of Tajiks' pre-departure health. Rates of HIV/AIDS for migrants are reportedly average for their population strata, and considerably below rates for high-risk groups such as IDUs (Intravenous Drug Users.) However, respondents cited various evidence of migration's negative health effects, including a limited (not nationally representative) survey showing a relatively high proportion (17%) of registered TB patients to be migrants; claimed spread of infectious diseases to remote rural areas coincident with growth of migration; and softer observations that many return with health problems requiring treatment, particularly TB. Some pointed to the establishment throughout Tajikistan of dedicated clinics ("friendly cabinets") where migrants and their families are offered anonymous testing for infectious diseases, as *de facto* acknowledgment of their health problems. Additional studies of migrants' health are underway and should provide clearer evidence, though the limitations of Tajik statistics and the wide variety of migration patterns make a definitive picture elusive.

Returning migrants, as Tajik citizens, have rights to use public health facilities, and it is clear that some migrants return for care because they cannot afford to pay in Russia or have spent savings. Health care in Tajikistan is generally inferior to that in Russia, because of the outflow of medical professionals during the 1990s, weak medical education and pervasive informal payments, but it is accessible at limited cost. The broader effects of migration on the health and welfare of families is mixed: on the positive side, having a member of the household migrate is linked to substantial declines in poverty for families, and malnutrition has shown declines among children of migrants, especially those from the poorest regions. On the negative side, family break-down and male migrants' abandonment of their families have resulted in cases of extreme poverty and marginalization of dependents left in Tajikistan.

Role of I/NGOs and International Organizations

During fieldwork in Moscow in spring, 2012, I found that few NGOs were providing health care for migrants, and the resources and efforts of those few were very limited. My interviews in Dushanbe confirmed this observation; Moscow-based NGOs are reported to be concerned mainly with rights issues such as racism, harassment and police abuses of migrants, rather than social rights. However, I learned from interviews that international organizations such as IOM and WHO play a significant role in educational outreach and advocacy around migrants' health issues. More significantly, the Global Fund and UNDP provide a large share of financial resources, especially for medications to treat infectious diseases in Tajikistan, and subsidize health facilities that are dedicated to migrants' health needs.

Representatives of I/NGOs that provide advocacy for migrants' health rights told a consistent story about Russia's stonewalling response to their efforts: at high-level meetings Russian health officials agree to cooperate, but there is little or no follow-through, initiatives are smothered in bureaucracy, and the IOs have little effective leverage. The IOM, which concentrates on interventions targeted to migrants who are departing, works in Tajikistan's regions and at airports and transit points, providing accessible information about migrants' rights as well as symptoms and modes of transmission of infectious illnesses, and information about treatments. These efforts respond to survey evidence that migrants typically know very little about health issues, though it is difficult to measure their effectiveness. One other organization, the Aga Khan Foundation, reportedly monitors migrants who return with TB in the Gorno-Badakhshan Autonomous Province (GBAO), as part of its broader effort to develop the health care system in the remote Pamir region of Tajikistan. The Foundation's outreach appears to be limited mostly to the ethnically Ismaili population concentrated in that region.

The role of international organizations in providing health care in Tajikistan appears to be quite significant. Several of my respondents reported that the Global Fund (GF), in particular, plays a major role in the treatment of infectious diseases, and that outreach to migrants constitutes a key part of that effort. In 2009 the Global Fund (GF), as part of its HIV competence linked with labor migration, and in collaboration with the UNDP and the Tajik Ministry of Labor and Social Protection, established 45 'friendly cabinets' throughout Tajikistan in regions with the highest migration, to provide anonymous consultations and treatment for STIs as well as diagnosis, treatment and/or referral for other infectious diseases. The Global Fund provides medications as well as salary supplements and special training for medical personnel who staff these clinics; the Tajik government provides space and basic salaries. Similarly for MDR TB, which require expensive medications, the Global Fund was identified as the main provider of medicines. Working with the UNDP, with technical assistance from the WHO, the GF started pilot projects for MDR TB around the country that now reportedly cover 70% of regions; there is reportedly a list of patients waiting for access to medication, as well as regions still lacking available treatment. The IOM, other governmental organizations and local NGO's are also reportedly involved in these efforts, integrated into networks that administer health services and disperse GF-funded medications.

Role of Diaspora Communities

Respondents reported that when migrants faced health emergencies or crisis, they could rely on help from their migrant ethnic communities. At least in Moscow Tajiks do not live in enclaves; many live dispersed on the outskirts of the city. Reports of such help seemed to have an ad hoc quality – co-workers contributing money to help a migrant pay for urgent care or return home – limited responses to urgent problems or emergencies.

Role of Governments

The large scale of migration and heavy dependence on remittances undermine the potential bargaining power of the Tajik government, making it vulnerable to Russian political pressure on a range of issues. Far from being able to negotiate on behalf of its citizens, the Tajik government is subject to threats that its nationals will be arrested and deported by Russian authorities when political problems or tensions arise between the two states. During the weeks that I was in Dushanbe, my research assistant reported the regular airing on television of advertisements threatening Tajiks that if they worked in Russia without registration, they would be jailed for an extended period (3 years) then deported.

CONTINUING RESEARCH

I intend to continue related research in both Moscow and Tajikistan, to gain a more complete understanding of Tajik migrants' access to health care, including the roles of public sectors, I/NGOs, and diaspora communities. In spring 2014 I will conduct interviews with Russian scholars who study migrants' social rights and public health, as well as with representatives of relevant organizations about which I have learned recently. I also intend to begin study of health care facilities and utilization patterns in an upscale district of central Moscow. In Tajikistan I hope to conduct survey research with returned migrants, in order to get a more representative sample of their experiences, to supplement information from interviews and focus groups.

RELEVANCE TO POLICY COMMUNITY

My research is relevant to policy issues of human security, economic development, and public health in two states that are of great interest for U.S. foreign policy: Tajikistan, a strategically-located Central Asian state that shares long borders with Afghanistan and China; and Russia, still a major world power. Several key points emerge from the research:

- The health and well-being of tens of thousands of Tajiks, mostly young men, who migrate to Russia is likely to affect economic development, social stability, and the 'load' on the social sector in Tajikistan.
- The growing dependence of Tajikistan's GDP on remittances from migrant workers risks giving Russia greater leverage over the Tajik government, potentially reducing prospects for cooperation with the US.
- Access to health care for migrant communities is a global health issue. The global community has committed major resources to the treatment and control of infectious diseases, yet exclusionary social policies may lead to their growth in wealthy metropolitan centers such as Moscow.

REFERENCES

Abdurazakova, Dono (2010) *Social Impact of International Migration and Remittances in Central Asia* (UNESCAP, Bangkok, Draft Paper

Buckley, Cynthia J., Erin Trouth Hofmann and Yuka Minagawa. (2011) "Does Nativity Matter? Correlates of Immigrant Health in the Russian Federation, *Demographic Research*, 24(32) 801-824.

Cook, Linda J. (2007) *Postcommunist Welfare States: Reform Politics in Russia and Eastern Europe* (Cornell Univ. Press)

Ganguli, Ina (2009) "Tajik Labor Migration to Russia: Is Tajikistan at a Crossroads?" (IREX Scholar Research Brief)

Gilpin, Christopher, et. al.(2012) "Exploring TB-Related Knowledge, Attitude, Behavior, and Practice among Migrant Workers in Tajikistan," *Tuberculosis research and treatmemt*

Hemmings, Hilary (2010) *Remittances, Recession . . . returning Home: The Effects of the 2008 Economic Crisis on Tajik Labor in Moscow* (Washington, D.C.: Woodrow Wilson Center)

IOM (International Organization for Migration) (2010) *Trudovaya Migratsiia I Voprosy Zdravookhraneniia* (IOM, Moscow)

IOM *Trudovaia migratsiia iz Tadjhikistanta* (2003) (MOM Tajikistan, SHARQ Research Center)

Khodjamurodov, G. Rechel B. (2010) *Health Systems in Transition: Tajikistan: Health system review,* 12(2) (European Observatory on Health Systems and Policies)

Olimova, Saodat. (2009). "Vernyvshiesia migrant: ekonomicheskaia I sotsial'naia rol'" Sharq Research Center, Dushanbe)

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