

## **Health Insurance for Urban Migrant Workers in China and Cambodia**

### **A Case of Work-Related Injuries**

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#### **Abstract**

This study focused on work-related injury insurance schemes in Cambodia and China; the argument is based on secondary data related to both countries. The conclusion found both good practices and challenges when comparing with international standards. One must look at the good practices of other countries to improve the existing regulations. This study also found some critical challenges and looks at the causes of these challenges in the two societies for further consideration. Generally, work-related injury insurance was mainly concerned with coverage and funds, sustainability, regional diversity, challenges, efficiency, rate of contribution and international context comparison.

#### **I. Introduction**

Health insurance has served as a fundamental aspect of the overall development of individuals, and it links closely to the wellbeing of every person (China Development Research Foundation, 2012). Basically, it has usually included in laws, regulation at national and international levels. As urbanization and development are rapidly growing, many people have started to migrate into the city for employment and other related purposes; because they hold the expectation of greater opportunities and income earning. Media and social networks (technologies for communication) are likely causes of the increase of the flow of labor into cities because people, especially youth, were unable to reach information about city life and opportunities from such media before. They now explore new opportunities in the urban areas. Discussing national trends only, the most popular destination is from rural areas to urban ones; as the migrants believe that urban life is the best choice for multiple reasons including employment, income generation, and other related services.

Further explanation of the trend to move from rural areas to urban ones is the expectation of income. In 2009, the comparison between family income in rural and urban households of

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China was significant: RMB 38,394 (about USD 6,399) for urban areas and only RMB 32,750 (about USD 5,458) for rural families (Lu *et al.*, 2013). Likewise, in 2011 in Cambodia, it was 4,015,000 Riel (about USD 1,004) per capita in urban areas and 2,665,000 Riel (about USD 666) in rural ones (Tong *et al.*, 2013). In addition, in 2014, the average income gap per capita, between rural areas and urban ones (Phnom Penh) was around 2.8 times (National Social Security Fund, 2014).

In China, after two years of the overall social welfare system, a basic health care insurance program was formally established in 1999. Additionally, a national social security fund has also been established, its purpose is to promote the wellbeing of Chinese people (Lu *et al.*, 2013). In Cambodia, officially established regulations were set up in 2002 with the Provision of Labour Law. In 2008, it became fully functional and physical public institutions began operations (National Social Security Fund, 2014). It is similar between Cambodia and China; they both provide health care services in conjunction with public health services.

The number of migrants was becoming a factor of concern and required a specific set of policies and services provided to the group as the population has been increasing year-to-year. For example, in 2013 alone, the number of migrant workers who left the countryside in search for jobs in cities reached 163.36 million, accounting for 12.6 percent of China's total population (Lam *et al.*, 2015). While, in Cambodia about half of rural out-migration was to Phnom Penh, based on the result of a survey in 2012 (Asian Development Bank, 2014); the garment factory sector is accountable for up to 650,000 workers, and the majority of them are from rural areas; however the majority of factories are located in urban cities and outskirts (National Social Security Fund, 2014).

The paper looks specifically at the current implementation of the work-related injury insurance in both countries, drawing on both good practices and some challenges to propose possible ways to further improve by comparing with other countries in the region and to international standards. The paper also further considers how to move forward in work-related injury insurance for both countries in order to align with international trends and directions in the future.

## **II. The Current Implications and Phenomena**

### **1. The Contribution Rate and Efficiency**

The rate of contribution on the employer side was an average of 1.5 percent of each employee's salary, ranging from 0.2–1.9 percent in China for working injuries. In some cases, employees

are required to make contributions to these funds, in accordance with rates determined by local authorities (Baker and McKenzie, 2013). Cambodia requires 1.6–2.3 per cent of insurable wages from the employer side (ILO, 2012). Due to the global economic crisis, the government gradually decreased the required contribution percentage of the employer from 0.8 to 0.5 over the period of 2009 and 2010 (National Social Security Fund, 2014).

For one good practice in Cambodia is that the employers of 20 garment factories have launched health clinics to provide prevention and education health services covering reproductive health care, overall awareness of health issues (Dasgupta *et al.*, 2011), plus this extends social protection to the poor and vulnerable, which is in alignment with the National Social Protection Strategy. They conducted the pilot phase from 2011–2015, before rolling out for next steps.

Another example is related to the new public institutions that have been launched to handle the social insurance program in Cambodia; shortly after the launch, the National Social Security Fund could cover up to around 600 enterprises from three provinces in Cambodia, covering a total of 23.5 percent of workers (400,000 people) - this represents only 3 percent of the total population covered. This is illustrative of the rapid development of the scheme, which would also benefit of an extension to all provinces in the future (Adélio *et al.*, 2009).

The social health insurance expansion was fully implemented in China, and coverage reached 90.6 percent. The budget for urban social health insurance was RMB 353.81 billion in 2010; more than four times compared to the 2004 level. In 2004, only 34.4 percent of the population was covered by social health insurance (Xian, 2014). Gradually, more and more Chinese people have been covered by social health insurance. The system then has gradually shifted from a lack of health insurance coverage to inequity of health insurance benefits and now, is moving toward universal coverage. This shift was first introduced in 2009 when the central government announced a comprehensive health reform with the primary goal of making healthcare accessible and affordable to all people.

For example, in Guangdong and many other developed regions where a large population of rural migrant workers were grouped together, and the local governments pushed and encouraged them to participate in the social insurance programs (Guan, 2008). For working related injury insurance, it usually is handled by public health services; from a policy perspective, it should be considered as comprehensive and standardised, as dozen of policies and regulations have been placed and enforced to ensure the rural migrants could access at least

basic health coverage. The Houku system was also simplified and modernised, with rooms available for migrants to possibly change their existing Houku status.

Remarkably, social welfare in China has been changing significantly over time (Lin, 2009; Han, 2011; Zhao, 2012); for example, from 1989 to 2009; subsidies have decreased while incomes from social insurances have substantially increased (Lu *et al.*, 2013). In addition, the integration of rural migrants into cities has important implications for society and economic development. Successful integration could be a factor in reducing social tension and non-consistency, and it could enable them to develop long-term plans in the city, and could motivate their urban consumption, benefitting both the domestic market and social order (Wang and Fan, 2012; Gu *et al.*, 2008).

## **2. Coverage and Funding**

Work related injury insurance in Cambodia was offered nationwide, up to 6,107 enterprises with a total of 852,240 participants at the end of 2013, and there were over 50,000 beneficiaries who had claimed their work related injury from National Social Security Fund (National Social Security Fund, 2014). This was a compulsory scheme for private enterprises, which required employers to pay on behalf of employees in the amount of 0.8 percent each month. It was expanded nationwide in 2013 to cover up to 6,107 enterprises across the country (National Social Security Fund, 2014).

In Cambodia, we would refer to the Social Protection Strategies for persons which are defined by the Provisions of the Labour Law 2014-2018. According to Enterprise Census conducted by Ministry of Planning in 2011, there were 505,143 enterprises who employed up to 1,676,263 workers (National Social Security Fund, 2014). However, the annual report by the institution for year of 2014 also noted that only 7,041 enterprises by end of 2014 have registered and were covered for work-related injuries, but the participants were up to 1,021,588 (National Social Security Fund, 2014). Due to the Global Financial Crisis in 2008, the Cambodian government decreased the contributory rate in period of 2009 and 2010 from 0.8 to 0.5 percent for the factory sector, while the government subsidised the remaining percentage—it was costing around 8.72 billion Riel (about 2.18 million USD).

Basically, Chinese migrant moving from rural to urban could be covered under the National Social Security Fund for medical insurance (Ngan and Chan, 2013). In accordance with Regulations on Employment Injury Insurance by the State Council, employing units should provide all types of employment injury insurance for their staff.

For instance, at the end of 2008, China was able to cover more than 1.13 billion people (Blaxland *et al.*, 2014) and its health system is presently undergoing important changes. For example in 2009, the public share of the total expenditure on health has risen sharply, from 40.7 percent in 2006 to 50.1 percent (World Bank, 2011 cited by London, 2014). The same study also remarked that the budget expenses, including the public expenditures on medical services, was up from just 0.8 percent in 2007 to 1.4 percent in 2011, while the overall expenditure on social welfare increased from 7.4 percent up to 10.4 percent during the same period.

However, referred to a study of the Ministry of Agriculture of China in 2005, the participating insurance rate of employment injury insurance for migrant workers was only 12.9 percent. By the end of June 2006, 16.2 million migrant workers had participated in the employment injury insurance, which accounted for only 8.1 percent of 200 million migrant workers (Zheng, 2007, cited by Zhang *et al.*, 2010). Similarly, another study also found only about 20 percent of migrant workers had health insurance (Li, 2014).

### **3. Work Related Injury Benefits Program**

The discussion concerning work related injuries is referred to the Law on the Social Security Schemes for Persons which are defined by the Provisions of the Labor Law. The benefit for occupational risks includes:

- a). medical care services for occupational risks caused by an employment injury or commuting accident or occupational disease, whether the accident interrupted the work or not;
- b). providing a daily allowance for an employment injury or commuting accident or occupational disease causing temporary disability;
- c). providing disabled pension or allowance for employment injury or commuting accident or occupational disease causing permanent disability; and
- d). providing funeral benefits and survivors' pension (Royal Government of Cambodia, 2002, p. 7).

In 2014 alone in Cambodia, the National Social Security Fund received 16,600 cases of work injury reports from enterprises/establishments with 19,425 workers nationwide (National Social Security Fund, 2014, pp. 10–11). However, they accounted for 10,103 victims equal to 16,621 documents comprising medical treatment and care benefits, temporary disability benefits, funeral allowances, and other benefits (National Social Security Fund, 2014).

For China, the regulation was last revised in 2011 and covers survival benefits payments of medical costs, subsidies for workers with low incomes and workplace welfare facilities provision for life, from the cradle to the grave as of July 2011. Those injured in occupational accidents were entitled to medical treatment costs for recovery and, if necessary, a disability pension. In the case of China, work-related injury insurance covered around 45.75 million people in 2012 but dramatically increased to 188.24 million people, an increase of almost four times, in 2013 (Yi, 2014).

### **III. Challenges and Policy Solutions and Discussion**

#### **1. The Regional Diversity**

As work-related injury insurance schemes have just started and it is new for the Cambodian context, employers have not recorded the information of payment into digital form, and the payment for injury insurance was not able to cover small enterprises. There was no consistency of implementation for both employers and employees, and it was not effective because the injury reporting and process of claiming were incredibly slow. Additionally, the capacity of the staff was also a challenge, since the process was new (National Social Security Fund, 2014).

As it was the first phase and just came into implementation, law enforcement with the employers' and workers' participation, hospitals' medical service provision, and the National Social Security Fund's internal problems encountered many challenges. Even though it provided national coverage, the majority of implementation of the National Social Security Fund was in Phnom Penh. According to the National Social Security Fund in 2014, more than half of health insurance law was adopted in Phnom Penh alone while the provinces' coverage was minor.

Also, it reported that up to 391 enterprises consisting of 30,605 workers stopped their work in 2014, though it was not clear whether the workers would pursue another employment or were unemployed temporarily or simply moved to other locations or positions. They were high-risk since they had no job and could not access health services if they needed to for any reason.

The current health insurance coverage in Cambodia and services are very low due to many factors and reasons. This implies that the third channel that we identified as "prepayment and insurance schemes" is still only of marginal importance in the overall picture of health financing; thus, even though the fund can be aligned well with the public health sector in Cambodia, the quality of services was considerably very low (Adélio, 2009, p. 10).

There are also some donor-funded programs but they are not yet embedded in the nation under Cambodian law. As a consequence, the existing level of benefits and qualifying criteria for accessing benefits are subject to change from one year to another, depending on the donor's budget allocations or government policy (Schmitt and Chadwick, 2014). For example, MoSVY's 5-year strategic plan 2014–2018, noted that on 2011–2013, the NGO sector had contributed \$57.44 million USD annually in social affairs sector to relieve the burden of the national budget and it would forecast that NGO contributions in the current plan was around \$287.18 million USD for upcoming years.

In China, the state currently has tried to improve the legal protection of migrant workers. In 2007, the National People's Congress adopted a new Labour Contract Law requiring that all employment contracts be put in writing and fully inform the workers about conditions, compensation and responsibility; however, the reality of effectiveness has been questionable (Cui, 2010, cited by Lucille and Kam, 2013). At the policy level, a divide between rural and urban Hukous still exists. Even though internal migrants are entitled to the same national social insurance, they often do not access the same treatments, and it has been the main barrier of accessing social security program equally among urban and rural people; especially to those who have been migrated from original of Hukou registration (Jutta, 2003; Tao and Xu, 2007; Guan, 2008; Zhang and Wang, 2010; Wei *et al.*, 2010; Wei and Hou, 2010; Yan and Wu, 2010; Fan, 2011; Mason, 2012; Wang and Fan, 2012; Ngan and Chan, 2013; Blaxland *et al.*, 2014; Guo and Shen, 2014; Yan Li, 2014; Chow and Lou, 2015).

Ironically, the migrants had low coverage including employment injury insurance but they were mostly engaged in high-intensity, high-risk jobs; for example in the deaths of coal mine safety accidents, and 80 percent were migrant workers; 90 percent of the victims in construction safety accidents were migrant workers (Zheng, 2007 cited by Zhang *et al.*, 2010; and Gao, *et al.*, 2013). In addition, the distribution of expanded social health insurance benefits has been highly fragmented and uneven, reflecting and reinforcing existing inequalities or cleavages in society (Xian, 2014). The percentage of employees among total beneficiaries of social health insurance declined from 2007 to 2010 by 4 percent—only in Beijing, Shanghai and Tianjin were more than half.

The lack of access to financial help and proper treatment has forced migrants to adopt a variety of unhealthy reactions to falling ill and only when the illness became unendurable, they would then visit hospitals, but the high cost of treatment caused many of them to visit illegal private clinics (Li, 2014; Yan and Wu, 2010). It was rural–urban migrants, who were considered

particularly vulnerable to health risks due to their poor working and living conditions—the main difficulties in accessing health services are not merely because of their shortage of health awareness, and the lack of social contacts with the urban society (Yan and Wu, 2010). At the policy level, the redistribution of rural social benefits was consistently regressive during the 1988–2002 period (Qin, 2010, p. 11).

## **2. Sustainability**

Cambodia strongly agrees that its universal schemes are affordable for the country (Schmitt and Chadwick, 2014), and it responded to the study by UN SPF team's recommended policies and regulations plus framework for Cambodia, say it was in a considerably adequate and good position, as it would be covered all people. The MoLVT and MoSVY 5-Year Strategic Plan 2014–2018 envisioned universal and mandatory access for all people. The National Social Security Fund listed a series of laws and regulations in order to support and ensure an effective implementation.

The Strategic Plan 2014–2018 expands the coverage areas for work-related injuries to ensure all people under the provisions stated are able to get benefits that respond to their needs; It also improves and develops the schemes more effectively and meets the international standards and responds to the increasing memberships. It also aims to conduct awareness to minimise injuries through all means and modes and provide habilitation services to the people's needs (National Social Security Fund, 2014, pp. 30–31). Also, the number of enterprises and workers have increased in 2013 compared to 2014; it increased 10 percent for enterprises and more than 13 percent for workers. At the same time, the budget was increased, as well as the number of injury claimed; it was good sign for the work-related injury insurance in Cambodia for further steps.

Since the 2000s, some changes in China related to Hukou migration to small towns were permitted; while rural population in some outskirts of cities potentially was given urban Hukou status, mainly in exchange for giving up the individuals' rural land use rights (Kam, 2009, p. 212). Also, Lin (2012) agreed with the study above that being Hukou was a factor that barred people from accessing the old-age pension scheme. It would be required to reform or even abolish the system, seeing that people would rather greatly participate in and consider the model of state-society model than keep the state-led model in delivering the public services. Due to some flexibility in Hukou, a study by Deng (2014) estimated that up to 107 million

persons has changed their Houkou status from rural to urban ones, citing their reasons were linked to high human and social capital.

The state has created a very comprehensive social insurance program for its citizens (Lucille and Kam, 2013), with some highlights including:

In 2003, Instructional Advice on Basic Medical insurance for Residents with Flexible Employment was issued by the Ministry of Labor. It was a kind of transitional policies used to solve the medical problems of migrant workers. In 2004 and 2006, Opinion on the Promotion of Medical Insurance of Employees in Mixed-ownership Enterprises and Non-public Economic Sectors and Notice on Starting Special Expansion Action of Medical Insurance for Migrant Workers were issued, which have played a guiding role in the solution to medical insurance for major diseases of migrant workers (Liu, 2006, cited by Zhang *et al.*, 2010, p. 8).

Currently, some local governments across China have relaxed and removed some criteria as barriers for migrants; where they can apply and change their Hukou from rural to small urban towns and this was a positive sign and view to allow and include rural migrants to get social benefits and to add coverage by the public service for the residents where they are settling around their work place. It can be a way to promote production and industrial phenomena in the local context (Lucille and Kam, 2013).

Furthermore, it can be believed that the current system of social security in China was not considered as inclusive and not ready to apply full coverage yet. Thus, for the long term, social policy should be based on results-based research and assessments as well as a response to the needs of recipients and beneficiaries, where it would address the reality and social imbalances. Practically, the central and local governments must work cooperatively and closely together in order to improve and upgrade the social sector; especially social welfare, provisions, regulations, and well-being of people, including migrants.

For instance in 2011, for the first time in Chinese history, more people were ably registered as urban residents than rural. The change also means that more people who used to have rural registration had the right to enjoy public services provided by the state (Blaxland *et al.*, 2014, p. 515).

Based on the study by Guan (2008) some further action should be done—

“...provide rural migrant workers a better opportunity to be integrated in the urban sector and make institutional adjustments to accommodate the rural migrant workers; promote social actions for fostering integration of rural migrant workers in local urban communities; and facilitate the welfare system in rural areas should not be overlooked” (pp. 158–159).

#### **IV. Policy Solutions in the International Context**

Firstly, both countries would seriously consider the fundamental of international labour standards for occupational safety and health, and they should be applied to and reassure the local policies and regulations be aligned, including the Implementation of the Occupational Safety and Health Convention, 1981 (No. 155), its accompanying Recommendation (No. 164) and the 2002 Protocol and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) (ILO, 2011, p. 25–26). Further we should be thinking and reviewing the existing regulations and laws, whether they are aligned with the foundation of universal coverage in health in international labour standards including the Medical Care Recommendation, 1944 (No. 69); Social Protection Floor Recommendations, 2012 (No. 202) with an emphasis on the length of health coverage and guaranteed access as well other related international standards and regulations to ensure workers could be covered and treated fairly and equally based on their fundamental rights and obligations of the states.

Secondly, the universal health coverage implication in Japan, for example, as services called “Services, Not Cash” was attractive in some ways—of course, offering services requires the development of infrastructure, such as institutions like nursing homes and community-based services (Ikegami, 2014, p. 61). Another recommendation from Japan about eligibility is by “Social Insurance Criteria, Not Case by Case”; therefore, a national standardized instrument, associated with a social insurance approach, should be established and used for determination and not have one based on people as it would be subjected of preferred treatment and unfairly.

Thirdly, the suggestion by the World Bank for social fund intervention for insurance should be covered for the information sector to support community risk management arrangements and related activities as required and needed by the community (Holzmann, 2009).

#### **V. Conclusions**

In principle, the two countries have various policies and regulations that should cover work-related injuries, and they have used the public health services as a partnership in delivery

services to the people. The contribution was at a similar percentage between Cambodia and China. China has taken a long history of insurance and has already revised it several times to respond to the number of migrants from rural areas, while Cambodia was just starting the insurance schemes.

China encountered two main challenges for providing access to rural migrants; first concerns Houku, which separated the people between rural and urban and acted as a main barrier and obstacle for people. Second was the management and practices by related actors including the local government and public health services sector, which have also made other difficulties for migrants in terms of procedures, legal papers requirement and routine follow ups with employers to ensure a smooth and well-adhered implementation. Cambodia was just in the starting phase, with no diverse mechanism and broad network to ensure the processes run well. Coverage areas and the number of participants were still low if comparing to the actual target groups -- plus the informal sector workers have been excluded. Furthermore, it was the same as China related to management processes and collaboration, especially with public health services sector in Cambodia, while the overall public health services in Cambodia was much lower. However, the offer to beneficiaries under the work-injury insurance was considerably lower than the general ones or lower than the general standards due to the novelty in the Cambodian context.

Work-related injuries in China are likely to be at universal and comprehensive and will move from a lack of services to unequal services being provided. Cambodia has had a very small proportion of total workers covered by the schemes currently, even if it has existing policies, regulations, and framework for its implementation. Even though it was designated to be implemented nationwide, it is unlikely to be workable since most of the coverage is in one part of the country, while the rest of the country is still subjected to a lack of services provided, and it is much farther behind in the global movement and international standards.

### References

- Antunes, A., Wanert, S., Bigdeli, M., and Eang, R. (2009) *Summary Report of the Health Financing System Assessment in Cambodia*, Phnom Penh, Cambodia.
- Asian Development Bank (2014) *Cambodia Country Poverty Analysis 2014*. Mandaluyong City, Philippines, <http://www.adb.org/sites/default/files/institutional-document/151706/cambodia-country-poverty-analysis-2014.pdf>.
- Baker and McKenzie (2013) *China Employment Law Guide*, Baker and McKenzie International, Swiss.
- Blaxland, M., Shang, X., and Fisher, K. (2014) Introduction: People Oriented: A New Stage of Social Welfare Development in China, *J. Social Serv. Res.* **40**, 508-519.

- Chan, K. (2009). The Chinese Hukou System at 50, *Eurasian Geography and Economics*, 50:2, 197-221.
- China Development Research Foundation (2012) *Constructing a Social Welfare for All in China*. Routledge.
- Chow, J., and Lou, C. (2015) Community-based approaches to social exclusion among rural-to-urban migrants in China, *China J. Social Wk.* **8**, 33-46.
- Dasgupta, S., Poutiainen, T., and Williams, D. (2011). *From downturn to recovery: Cambodia's garment sector in transition*, ILO Country Office for Thailand, Cambodia and Lao People's Democratic Republic, Phnom Penh: ILO
- Deng, Q., and Gustafsson, B. (2014) The Hukou Converters—China's lesser known rural to urban migrants, *J. Contemp. China* **23**, 657-679.
- Fan, J. (2011) Social and Individual Perspectives on Migrants Immersed in the Old Industrial Base of Shenyang, *Chin. Sociol. Anthropol.* **43**, 38-61.
- Gao, Q. (2010) Redistributive Nature of the Chinese Social Benet System: Progressive or Regressive? *China Quarterly* **201**, 1-19.
- Gao, Q. *et al.* (2013) The Chinese Welfare State in Transition: 1988–2007. *J. Soc. Pol.* **42**, 743-762.
- Gu, S., Zheng L., and Yi S. (2008) Problems of Rural Migrant Workers and Policies in the New Period of Urbanization, *Chin. J. Populat. Resour. Envir.* **6**, 14-20.
- Guan, X. (2008) Equal rights and social inclusion: actions for improving welfare access by rural migrant workers in Chinese cities. *China J. Social Wk.* **1**, 149-159.
- Guo, C., and Shen, J. (2014) Rural women migrants in the Pearl River Delta: analysis of migration motivations at the household scale, *Asian Geographer* **31**, 17-29.
- Hebel, J. (2003) Social welfare in rural China, *J. Peasant Stud.* **30**, 224-251.
- Holzmann, R. (2009) *Social Protection and Labor at the World Bank, 2000-08*. The International Bank for Reconstruction and Development/The World Bank.
- Huang, X. (2014) Expansion of Chinese Social Health Insurance: who gets what, when and how?, *J. Contemp. China* **23**, 923-951.
- Huang, Y. *et al.* (2010). Hukou status and social exclusion of rural–urban migrants in transitional China. *J. Asian Pub. Pol.* **3**, 172-185.
- Ikegami, N. (2014) *Universal Health Coverage for Inclusive and Sustainable Development, Lessons from Japan*, International Bank for Reconstruction and Development/The World Bank, Washington D.C.
- ILO (2011) *ILO Introductory Report: Global Trends and Challenges on Occupational Safety and Health*, XIX World Congress on Safety and Health at Work 2011, Istanbul Turkey, 11-15 September 2011, International Labour Office–Geneva.
- ILO (2012) *Cambodia: Social security for the formal economy outlook and challenges ahead*. EU/ILO Project on Improving Social Protection and Promoting Employment; International Labour Office–Geneva, available at [http://www.ilo.org/wcmsp5/groups/public/---europe/---ro-geneva/---ilo-brussels/documents/publication/wcms\\_196011.pdf](http://www.ilo.org/wcmsp5/groups/public/---europe/---ro-geneva/---ilo-brussels/documents/publication/wcms_196011.pdf).
- ILO (2014) *World Social Protection Report 2014/15: Building economic recovery, inclusive development and social justice*, First Published, International Labour Office–Geneva: ILO, [http://www.ilo.org/wcmsp5/groups/public/dgreports/dcomm/documents/publication/wcms\\_245201.pdf](http://www.ilo.org/wcmsp5/groups/public/dgreports/dcomm/documents/publication/wcms_245201.pdf).
- Lam, R., Liu, X., and Schipke, A. (2015) *China's Labor Market in the "New Normal"*. Working Paper WP/15/151, International Monetary Fund, <https://www.imf.org/external/pubs/ft/wp/2015/wp15151.pdf>.

- Lane, C. (2007) *Scaling Up for Better Health in Cambodia: A Country Case Study for the World Health Organization in follow-up to the High-Level Forum on the Health Millennium Development Goals*. World Health Organization (WHO), Geneva.
- Li, Y. (2014) Illegal Private Clinics: Ideal Health Services Choices among Rural–Urban Migrants in China?, *Soc. Work Pub. Health* **29**, 473-480.
- Li, Y., and Wu, S. (2010) Migration and Health Constraints in China: a social strata analysis, *J. Contemp. China* **19**, 335-358.
- Lin, L. (2012) The challenges of establishing basic pension insurance for migrant workers in urban China. *China J. Social Wk.* **5**, 123-137.
- London, J. (2014) Welfare Regimes in China and Vietnam, *J. Contemp. Asia* **44**, 84-107.
- Lu, S., Lin, Y., Vikse, J., and Huang, C. (2013) Effectiveness of social welfare programs on poverty reduction and income inequality in China, *Journal of Asian Public Policy*, 6:3, 277-291.
- Mason, K. (2012) Mobile Migrants, Mobile Germs: Migration, Contagion, and Boundary-Building in Shenzhen, China after SARS. *Med. Anthropol.* **31**, 113-131.
- Ministry of Social Affairs, Veterans, Youths Rehabilitation (2014) *Strategic Plan 2014–2018*, Phnom Penh, Cambodia.  
<http://www.mosvy.gov.kh/public/admin/public/upload/files/News%202014/SP%202014-2018/MoSVY-Strategic%20Plan%202014-2018-English%20Version.pdf>.
- Mok, K., and Lau, M. (2014) The Quest for Sustainable Livelihoods: Social Development Challenges and Social Policy Responses in Guangzhou, China. *Soc. Pol. Society* **13**, 239-250.
- National Social Security Fund (2014) *Report on the Annual Achievement in 2014 and the Action Plan 2015. Phase I: Implementation of the Employment Injury Insurance*. Phnom Penh, Cambodia.
- National Social Security Fund (2014) *Social Protection Strategies for Persons Defined by the Provisions of the Labour Law 2014–2018*. Phnom Penh, Cambodia (in Khmer).
- Ngan, L., and Chan, K. (2013) An Outsider is Always an Outsider: Migration, Social Policy and Social Exclusion in East Asia. *J. Compar. Asian Dev.* **12**, 316-350.
- Pen, Y. (2014) *Basic Elements of China's Welfare System, Reshaping welfare institutions in China and the Nordic countries*, edited by Pauli Kettunen, Stein Kubhnlle and Yuan Ren, Nordic Centre of Excellence Nordwel, Helsinki, pp. 57–73.
- Royal Government of Cambodia (2002) *The Law on the Social Security Schemes for Persons Defined by the Provisions of the Labour Law*, Phnom Penh, Cambodia.  
[http://www.ilo.org/wcmsp5/groups/public/ed\\_protect/protrav/-ilo\\_aids/documents/legaldocument/wcms\\_150856.pdf](http://www.ilo.org/wcmsp5/groups/public/ed_protect/protrav/-ilo_aids/documents/legaldocument/wcms_150856.pdf).
- Royal Government of Cambodia (2013) *Rectangular Strategy Phase III (2013–2018)*, Fifth Legislature, Cambodia,  
<http://www.cambodiainvestment.gov.kh/content/uploads/2013/11/2013-Rectangular-Strategy-III-En8.pdf>.
- Schmitt, V., and Chadwick, R. (2014) Social protection assessment-based national dialogue exercises: Cambodia, Indonesia, Thailand, Vietnam; *Int. Soc Sec Rev.* **67**, 1/2014.
- Tao, R., and Xu, Z. (2007) Urbanization, rural land system and social security for migrants in China. *J. Devel. St.* **43**, 1301-1320.
- Tong, K., Lun, P., and Sry, B. (2013) *Levels and Sources of Household Income in Rural Cambodia 2012*, Working Paper Series No. 83, CDRI Publication, Cambodia.
- Wang, W., and Fan, C. (2012) Migrant Workers' Integration in Urban China: Experiences in Employment, Social Adaptation, and Self-Identity, *Eurasian Geog. Econs.* **53**, 731-749.

- Wei, J., and Hou, J. (2010) The Household Registration System, Education System, and Inequalities in Education for Migrant Children. *Chin. Educ. Soc.* **43**, 77-89.
- Wei, X., Pearson, S., Zhang, Z., Qin, J., Gerein, N., and Walley, J. (2010) Comparing knowledge and use of health services of migrants from rural and urban areas in Kunming City, China. *J. Biosoc. Sci.* **42**, 743-756.
- Zhang, L., and Wang, G. (2010) Urban citizenship of rural migrants in reform-era China. *Citizenship Studies* **14**, 145-166.
- Zhang, S., Zhang, W., Wang, L., and Zhang, L. (2010) China's Migrant Workers' Social Security, *Chinese J. Popul. Res. Envir.* **8**, 3-12.