

ISSUES OF RECOGNITION MIGRANT WORKERS' SOCIAL VULNERABILITY FOR ENSURING RIGHT TO HEALTHCARE IN THE CENTRAL ASIAN REGION

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The relevance of this topic stems from the need to develop migration and regulatory legislation in the fields of healthcare and social security due to changes in migration patterns within the country and the Central Asian region.

The subject of this study is the sphere of public relations related to the reception of migrant workers from foreign countries and their integration into key sectors of the national economy.

The aim of this study is to examine the issue of social vulnerability among migrant workers in the context of realizing the right to health protection in the Republic of Kazakhstan.

The research methods are based on theoretical and methodological analysis, a legal framework approach, a review of scientific studies and informational materials from international organizations, as well as the use of statistical data.

The novelty of the study lies in conceptualizing the notion of social vulnerability of migrant workers through the lens of recognizing their right to health protection, conducting a detailed analysis of national and regional legal regulations governing the coverage of migrants by health care services, and identifying shortcomings. The main *conclusions* are that access to healthcare for migrant workers depends on their migration status, the nature of their employment and the regional regulations in force. This may act as a structural factor contributing to social vulnerability for certain categories of migrants.

Keywords: labor migrants, social vulnerability, right to health, access to medical care, migrants' rights, Kazakhstan, Central Asia.

Introduction

The term "labour migration" refers to the movement of people to another country for the employment purposes. Such migration occurs predominantly from less industrialised countries to economically developed countries. Labour migration is defined as the movement of citizens abroad for the purpose of obtaining paid employment under a contract in a country of which they are not nationals [1]. Labour migration in Central Asian countries is driven by differences in wage levels between countries [2].

According to researchers, an analysis of the advantages and disadvantages of labour migration shows that its benefits include migrants filling shortages of low-cost labour in receiving countries and sending their earnings back to their countries of origin [3]. Among the disadvantages identified are problems of assimilation, xenophobia, inadequate housing conditions, illegal activities, radicalisation and involvement in crime [4]. Unfortunately, the provision of healthcare to migrant workers is not identified as a problem in this list, indicating a lack of attention to this important issue in the academic literature.

Central Asia is characterised by high levels of migration, with Tajikistan, Uzbekistan and Kyrgyzstan being the main countries of origin for migrants. Until recently, Kazakhstan was a transit country for migrant workers, but it has increasingly become an important destination for migrants. According to the

Kazakhstani news agency Inform.kz [5], as of 1 April 2025, 13,891 migrant workers were employed in the country. Among those formally employed (i.e. with permits issued by local executive authorities), 1,023 were classified as skilled workers. In addition, 1,709 people were employed in seasonal work and 3,609 through intra-corporate transfers. By type of economic activity, the largest numbers of workers are employed in sectors such as construction, agriculture, forestry and fisheries, as well as mining, manufacturing and mineral extraction.

Kyrgyzstan is predominantly a country of emigration, and the number of its citizens living abroad increased by 48 per cent between 1990 and 2020. Although permanent migration is less common, temporary labour migration from the Kyrgyz Republic are significant. Tajikistan and Uzbekistan are among the countries most dependent on remittances, making their economies particularly vulnerable to external shocks. The number of Tajik migrant workers in 2023 was 652,014, compared with 775,678 in 2020. More than 96% migrated to Russia, while 18,418 migrated to Kazakhstan [6].

Following the dissolution of the USSR, labour migration began to play a key role in Uzbekistan's economy. More than 2.5 million Uzbeks are engaged in permanent labour migration abroad. Uzbekistan has now become a country of origin of migrant workers, while their remittances play an important role in improving living standards. Large-scale migration reduces pressure on the domestic labour market and contributes to improving the welfare of significant groups of the population [7]. As can be seen, Kazakhstan is the only Central Asian country receiving migrant workers. This article focuses on healthcare issues affecting migrant workers in Kazakhstan.

The contemporary global nature of the world economy has contributed to increased labour mobility, giving people access to broader economic opportunities through labour migration. Murphy notes that, despite these developments, people who migrate in search of employment continue to face a range of social, humanitarian and economic problems, indicating the particular vulnerability of this category of workers [8]. Established research on the status, rights and opportunities of migrants in receiving countries emphasizes that their experience of living in the receiving society is primarily shaped by the vulnerability inherent in migrant workers, which is associated with personal characteristics such as age, sex, ethnicity, nationality, religion, language, sexual orientation or gender identity, as well as migration status. Thus, as La Spina notes, a migrant leaving the country of origin already carries a set of vulnerability factors rooted in individual characteristics, which may be further exacerbated during residence in the receiving country [9]. As Freedland notes, the migration status of workers in a foreign state may deprive them of effective protection of labour rights, particularly in the case of seasonal workers [10]. The vulnerability of migrant workers is closely associated with serious forms of rights violations in some receiving countries, as the authors demonstrate. Research emphasizes that the legal regulation of migrant workers' status may itself create conditions in which migrants are subjected to "super-exploitation", becoming completely dependent on their employer and operating within broader structural frameworks that reinforce such dependence. As Fudge and her colleagues argue, in such circumstances the law does not function as a protective mechanism but, on the contrary, exacerbates the vulnerability of migrant workers [11].

In examining the vulnerability of migrant workers arising from social deprivation, Loganathan and colleagues note that many migrant-receiving countries lack a consistent national policy towards this group of workers. Even where such policies exist, they are often applied only to migrants with regular status, while excluding undocumented migrants or those whose applications for residence and work permits are still pending [12]. Meanwhile, Wendy E. Parmet argues that immigration policy and law are important determinants of health and, in some countries, systematically prevent migrants from realising their right to healthcare and health protection. Immigration laws, regulatory frameworks and visa restrictions create a hierarchy of access to healthcare. In other words, the scope of healthcare available to a migrant depends on the category to which that person is assigned. Undocumented migrants, migrants with pending applications and temporary migrant workers have the least access. Such exclusion weakens the healthcare system as a whole, since restricting migrants' access to healthcare may contribute to the spread of infectious diseases and place additional pressure on healthcare institutions, ultimately increasing social costs [13].

One of the key mechanisms for integrating migrant workers into the healthcare system is their inclusion in social health insurance. However, as Helena Legido-Quigley and colleagues argue, even

where health insurance systems exist, migrant coverage is possible only where migrants have the appropriate legal status allowing them to make regular and timely contributions [14]. Other categories of migrant workers are forced to rely on their own financial resources, which in most cases makes it difficult to cover the high costs of healthcare services, thereby creating significant economic barriers to accessing healthcare. The same study concludes that although migrant workers are recruited into key sectors of the economy, such as construction, agriculture and domestic services, they remain insufficiently integrated into healthcare systems, creating structural injustice. The authors also reach the legal and policy conclusion that a national healthcare system that excludes certain categories of migrant workers cannot be considered universal and, moreover, violates principles of international law reflected in documents of the World Health Organization (WHO), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and relevant Council of Europe standards.

In the domestic academic literature, the vulnerability of international migrant workers has received very limited attention. Existing studies by scholars from Central Asian countries predominantly examine labour migration in the region through the challenges and opportunities that may affect the socio-economic development of these countries [15].

Thus, the absence of comprehensive research on migrant vulnerability and recognition of their right to health in Kazakhstan highlights the need for further research into the relationship between the legal conditions governing the realisation of migrant workers' right to health and their social vulnerability. It is necessary to establish how migration status, the nature of employment and the applicable regional legal regime may operate as structural factors of vulnerability and affect the realisation of migrant workers' right to health. The purpose of this study is to examine the legal conditions governing the realisation of migrant workers' right to health in the Republic of Kazakhstan and to examine the significance of these conditions as structural factors of vulnerability. To achieve this purpose, the study addresses the following research questions:

To what extent can the legal conditions governing migrant workers' access to healthcare in Kazakhstan operate as a structural factor of their social vulnerability?

How do migration status, the nature of employment and the applicable regional legal regime affect the scope of healthcare entitlements available to migrant workers?

Materials and Methods

As part of this study, a theoretical and methodological analysis of academic literature and informational materials produced by international organisations was conducted to determine the meaning of the concept of "migrant social vulnerability". To conceptualise the social vulnerability of migrant workers in the context of the right to health, documents of the International Organization for Migration (IOM), the International Labour Organization (ILO), and international human rights standards were examined.

A legal analysis was conducted to examine in detail the legal status of migrants in relation to the right to health under Kazakhstan's legislation and regional legal instruments, which made it possible to determine the scope of healthcare entitlements available to migrant workers. The scope of these entitlements was examined in relation to three legally significant factors: the migrant worker's migration status, the nature of their employment, and the applicable regional legal regime. The analysis considered how these factors affect access to a minimum scope of healthcare and the possibility of including migrant workers in mechanisms providing broader healthcare coverage.

Results and Discussion

Determinants of the social vulnerability of migrant workers and their relationship with the right to health

Migrants' circumstances are influenced by numerous risk factors that may create or exacerbate their vulnerability. The IOM identifies different categories of risk factors and divides them into four main groups: individual factors, household and family factors, community factors, and structural factors. Depending on the context, risk factors at different levels may affect migrants in different ways. Different risk factors may intersect or coexist. Risks may arise at the point of origin, during the journey and in the country of destination. Since this study examines the situation of migrant workers in the context of Kazakhstan as a

receiving state, it focuses on structural factors of vulnerability. These encompass interrelated legal, administrative, social, economic and healthcare-related barriers in the country of destination. Structural factors also include economic and social conditions and environmental conditions at the national, regional and international levels. Structural factors are relatively stable and may have both immediate and long-term effects on migrants and members of their families. At the structural level, risk factors that may adversely affect migrants also include marginalisation and discrimination, conflict and instability, poor governance, the absence of accountability mechanisms and weak rule of law. Existing risks may create or exacerbate the vulnerability of migrant workers, which the Organisation defines as the limited capacity of migrants to avoid, resist, cope with or recover from violence, exploitation and abuse [16].

Upon arrival in a destination country, migrants may, in addition to the factors mentioned above, encounter administrative and social risks such as lack of knowledge of the local language, xenophobia and difficulties integrating into the receiving society. Migrant workers may also encounter unscrupulous employers. Migrants without regular status may experience particular vulnerability in such circumstances because, even where they are entitled to social services, they often refrain from accessing them for fear of being identified. Such migrants face the risk of immigration enforcement, including removal from the country. This threat may create conditions for further vulnerability associated with manipulation and exploitation by those who may threaten to report them to the authorities [17]. Upon arrival at the destination, inhumane reception conditions, the absence of separation between social support and immigration enforcement, and denial of humanitarian assistance increase risks to migrants' health and safety and undermine their human rights [18]. Thus, migrant vulnerability is not an inherent characteristic of migrants but is associated with the circumstances in which they find themselves throughout the migration process; upon arrival in the destination country, legal and administrative conditions determine their ability to exercise their rights. This is also reflected in the *Principles and Guidelines on the Human Rights Protection of Migrants in Vulnerable Situations* of the Office of the United Nations High Commissioner for Human Rights, which draw on international human rights instruments according to which human rights are universal, inalienable, indivisible and interdependent. By treating vulnerability as a central element of the human rights framework, the document regards the state as the primary duty-bearer responsible for respecting, protecting and fulfilling human rights, including those of migrants. International migrants in vulnerable situations are understood as persons who are unable effectively to enjoy their human rights, are at increased risk of violations and abuse and, consequently, are entitled to call on a duty-bearer's heightened duty of care [19].

Where migration status, the nature of employment or participation in a particular healthcare coverage mechanism restricts access to healthcare, this may particularly exacerbate the social vulnerability of a migrant worker. In such circumstances, the legal conditions governing access to healthcare services become one of the structural factors that may increase vulnerability [19].

The right to health is one of the fundamental human rights. The Universal Declaration of Human Rights [20], the International Covenant on Economic, Social and Cultural Rights (ICESCR) [21], and other international human rights standards recognise everyone's right to the highest attainable standard of health and to access healthcare as fundamental rights. General Comment No. 14 of the Committee on Economic, Social and Cultural Rights states that States are required to respect the right to health and ensure equal access to healthcare services without discrimination [22]. Migrants' vulnerability may be exacerbated where this right is not respected. Where a migrant's health deteriorates and they are unable to obtain emergency or planned healthcare through the national social protection and healthcare system on the same basis as citizens, the financial burden increases, requiring the migrant worker to pay for healthcare services out of pocket. In such circumstances, as studies indicate, many migrant workers resort to self-treatment, seek assistance from compatriots, use traditional medicine or postpone seeking healthcare until they return to their country of origin, which may have adverse consequences for their health. Migrants without regular residence status are often among those who find themselves in such vulnerable circumstances [23].

The ILO and other international institutions concerned with labour relations and international migration have repeatedly emphasised the need to expand migrant workers' access to healthcare services. According to sociological studies conducted by the IOM among migrant workers from Central Asia,

limited access to healthcare services arises from a range of economic, informational, administrative and legal barriers [23]. This study focuses on legal factors related to migration status, the nature of employment and mechanisms of healthcare coverage. The universality of the right to health does not mean literally identical access to healthcare services for all categories of persons. However, the legal conditions determining the scope of available healthcare services may play an important role in exacerbating the social vulnerability of migrant workers.

Legal conditions for ensuring migrant workers' right to health in Kazakhstan and at the regional level

In Kazakhstan, the right to health is one of the important matters regulated at the constitutional level in accordance with the international human rights framework [24]. Under the 1995 Constitution, citizens of Kazakhstan were guaranteed the right to health and were entitled to receive the guaranteed volume of free medical care, as well as paid medical care in public and private healthcare institutions and from persons engaged in private medical practice [25].

Article 32(1) of the new Constitution, adopted on 15 March 2026, similarly to the 1995 Constitution, provides that citizens of the Republic of Kazakhstan have the right to health [26].

However, paragraph 2 of this Article differs substantially from the corresponding provision of the 1995 Constitution and provides that citizens of the Republic of Kazakhstan are entitled to receive medical care, as established by law, without paying for it themselves. Accordingly, the guaranteed volume of free medical care (GAFMC), which the Code of 7 July 2020 On Public Health and the Healthcare System defines as "the volume of medical care provided from budgetary funds", is no longer expressly established as a constitutional category [27].

At the same time, foreign nationals and stateless persons temporarily staying in the Republic of Kazakhstan, as well as asylum seekers, are entitled to GAFMC for diseases posing a danger to others, according to the list and within the scope determined by the authorised body, unless otherwise provided by the laws of the Republic of Kazakhstan or international treaties ratified by the Republic of Kazakhstan [27].

Kandas (ethnic Kazakhs who have arrived from abroad), refugees, as well as foreign nationals and stateless persons permanently residing in the Republic of Kazakhstan, are entitled to GAFMC on the same basis as citizens of the Republic of Kazakhstan [27]. Thus, the legislation establishes different scopes of GAFMC for foreign nationals depending on their legal status. Under the Code, a limited scope of GAFMC applies to persons temporarily staying in the Republic of Kazakhstan and asylum seekers. Therefore, residence status affects the scope of healthcare entitlements, with different scopes provided for permanently and temporarily residing foreign nationals.

The provision of GAFMC and paid medical care is regulated by law, while the Constitution does not specify mechanisms for implementing these provisions in relation to non-residents. As noted above, an important legislative act governing the exercise of rights in the field of healthcare is the 2020 Code of the Republic of Kazakhstan On Public Health and the Healthcare System, which entitles temporarily staying foreign nationals, along with stateless persons and asylum seekers, to GAFMC for diseases posing a danger to others, while the list of diseases and the scope of care are determined by the Ministry of Health [27]. The list [28] predominantly covers infectious diseases and does not constitute comprehensive healthcare coverage. A broader scope of healthcare entitlements is available through the inclusion of migrants in other coverage mechanisms. The Social Code of the Republic of Kazakhstan establishes the principles of equality and non-restriction of human and civil rights in the field of social protection, together with the principle of shared responsibility of the State, employers and citizens for financing various social guarantees [29]. The Law On Compulsory Social Health Insurance (CSHI) provides that persons for whom contributions have been made to the Social Health Insurance Fund are entitled to healthcare within the compulsory social health insurance system [30]. CSHI is a mechanism through which formally employed migrant workers may obtain broader healthcare entitlements; however, the nature of employment is not the only condition for inclusion in this system. The possibility of inclusion also depends on legal status and the applicable regional legal regime.

The Code provides for imputed medical insurance (IMI) for foreign nationals temporarily staying in

the Republic of Kazakhstan. This type of insurance covers primary healthcare and specialised inpatient medical care in emergency situations where the health of a foreign national deteriorates (Article 201-1 of the Health Code) [27]. Under the Law On Migration of the Population, obtaining medical insurance is a condition of entry into the country for migrant workers (Article 35 of the Law On Migration of the Population) [31]. The scope of services provided under IMI is not equivalent to that provided under CSHI, as IMI constitutes an independent coverage mechanism for a particular category of migrant workers.

For the further analysis of the issue, it is important to distinguish between migration status and the nature of employment. Irregular migration status refers to a person's stay in the territory of a state without complying with migration requirements, whereas informal employment refers to employment relationships that have not been formalised in accordance with the procedure established by law. These characteristics may overlap but are not identical.

Since the dissolution of the Soviet Union and the emergence of sovereign states with clearly defined national borders, foundations of regional migration law have been developed in Central Asia and among the CIS Member States. However, issues relating to social protection, the provision of healthcare to migrant workers, and the rights and needs of undocumented migrants have not developed systematically. The 1994 CIS Agreement on labour migration places responsibility for migrant workers' healthcare on the employer in the state of employment on the same basis as for its citizens [32], rather than on the State. Thus, within the scope of this Agreement, formal employment is important not only for the foreign national's employment status but also as a condition for financing healthcare. Under the conceptual framework adopted in this study, foreign nationals who are actually engaged in employment but remain outside formalised employment relationships fall outside this financing mechanism because the mechanism of healthcare protection depends on the existence of formally established employment relationships. Unregistered workers therefore remain without potential access to healthcare services through this mechanism.

Kazakhstan has ratified the Convention on the Legal Status of Migrant Workers and Members of Their Families of the Member States of the Commonwealth of Independent States (CIS) of 14 November 2008. All Central Asian countries are CIS Member States. Under this Convention, a "migrant worker" is a person who is a citizen of one Party, or a stateless person permanently residing in the territory of one Party, who lawfully stays and lawfully engages in paid employment in the territory of another Party of which that person is not a citizen and in which that person does not permanently reside [33]. Article 7 of the Convention sets out the principal rights of migrant workers, including the rights to life, liberty and personal security; to marry; to protection of lawfully owned private property; to education; to access and participate in cultural life; and to social security (social insurance), except pensions. It also provides migrant workers with the right to receive emergency medical care free of charge and other medical care on a paid basis [33]. This means that the Convention establishes a regional minimum of the right to health that is provided irrespective of the national healthcare financing model. The Convention distinguishes between social insurance and the right to medical care, confirming that medical care is not limited to participation in a social or health insurance system. The absence of a migrant worker from the health insurance system of the receiving state cannot in itself constitute a basis for complete exclusion from medical protection. Moreover, paragraph 3 of the same Article recognises the legal personality of migrant workers and members of their families in the territory of the receiving state [33]. The Convention establishes a certain scope of entitlements for nationals of the relevant states parties who lawfully stay and lawfully engage in paid employment. This means that the applicability of its rules depends on the lawfulness of the foreign national's stay. In other words, actual engagement in employment is not sufficient: the relevant residence and employment status is required in order to obtain the specified scope of services.

Of particular interest in the context of the present study is Article 17 of the Convention, which provides that the Parties shall cooperate in the field of health insurance for migrant workers [33]. The Parties recognise health insurance for migrant workers as a permissible and promising means of providing healthcare services. The provision directs the Parties towards developing cooperation and creates a basis for including migrant workers in national social health insurance schemes while preserving the minimum access to services specified in Article 7 of the Convention.

Under the Treaty on the Eurasian Economic Union (EAEU), social security includes compulsory insurance against temporary incapacity for work or the risk thereof in connection with maternity, compulsory insurance against occupational accidents and occupational diseases, and compulsory health insurance [34]. This means that workers from one EAEU Member States in the territory of another Member State enjoy equal rights with citizens subject to compliance with national requirements. To receive planned healthcare in Kazakhstan on the same basis as citizens, a worker must be formally employed, have the required contributions made by the employer and have insured status. Annex 30 to the Treaty establishes a special regime for workers from Member States. Emergency medical care is provided free of charge regardless of insurance status, while planned care is available through formal employment and participation in CSHI [34]. This is one of the distinctive features arising from the Treaty.

Social security and the right to medical care referred to in Article 98 of the Treaty are governed by different provisions. According to the interpretation provided by the EAEU Court, social health insurance is a means of the financial and organisational provision of medical care and does not itself constitute medical care. Therefore, inclusion in an insurance system is not required in order to receive emergency medical care. Other medical care is governed by the legislation of the receiving EAEU Member State and applicable regional agreements. This treaty-based legal regime applies only to workers arriving from EAEU Member States and does not cover foreign nationals outside this legal status. Thus, within Central Asia, this regime applies to Kazakhstan and Kyrgyzstan because they are the Member States of the Union in the region. Workers from Uzbekistan and Tajikistan do not have access to CSHI on this basis. The applicable regional regime therefore becomes a factor differentiating the provision of healthcare entitlements to migrant workers depending on their country of origin.

Under the conceptualisation of the structural vulnerability of migrant workers adopted in this study, what matters is not the foreign worker's health insurance status or the mere absence of insurance coverage as such, but the legal conditions that determine the possibility of obtaining a broader scope of healthcare entitlements. Where access to broader healthcare coverage depends on migration status, the nature of employment and the applicable regional treaty regime, these criteria may operate as factors that exacerbate the vulnerability of foreign workers.

Thus, the applicable regional legal regime determines not only access to guaranteed healthcare but also whether a migrant has the possibility of being included in a system providing broader healthcare coverage. In the context of the issue examined in this study, this is significant because differences in the legal conditions governing access to healthcare mechanisms create different levels of medical protection. The applicable regional treaty regime may therefore operate as a structural factor capable of exacerbating the vulnerability of migrant workers who do not have access to mechanisms providing broader coverage.

Conclusion

The study sought to operationalise and conceptualise the social vulnerability of migrant workers in the context of the provision of their right to health, an approach that has not previously been undertaken in academic discourse in Kazakhstan. The study moves beyond an abstract understanding of social vulnerability by considering specific causes in the form of structural risks arising in the receiving state. In doing so, it demonstrates that vulnerability is not an immanent characteristic of a migrant worker but a condition that develops as a result of the need to overcome numerous legal, administrative and social barriers in exercising fundamental rights. In the context of the right to health, legal conditions acquire particular importance because they determine the scope of healthcare entitlements available to migrants and their ability to access a broader range of healthcare services.

The analysis of national legislation and regional international agreements demonstrates that the level of migrants' healthcare coverage does not depend on a single legal condition. A combination of legally significant factors operates at the national and regional levels. Migration status determines the scope of healthcare entitlements available to different categories of foreign nationals. The formalisation of employment relationships provides access to certain schemes offering a broader range of healthcare services. The applicable legal regime within the region further differentiates the opportunities available to migrant workers, as the CIS and EAEU regimes provide certain healthcare entitlements and coverage mechanisms for workers who meet the prescribed conditions. At the same time, the provision of medical

care and the inclusion of a foreign worker in a health insurance system are governed by separate legal provisions.

Migration status, the nature of employment and the applicable regional legal regime cannot in themselves be regarded as causes of social vulnerability. These factors create different levels of healthcare coverage through the legal conditions established by legislation. Legal differentiation in access to healthcare entitlements and mechanisms providing broader coverage may be regarded as a structural factor capable of increasing the social vulnerability of migrant workers who are unable to meet the conditions for inclusion in such mechanisms. However, limitations in coverage do not mean a complete absence of healthcare provision, since the minimum scope of healthcare entitlements and the mechanisms for providing a broader scope of healthcare must be considered separately.

The study provides a basis for further consideration of ways to reduce structural barriers to the realisation of migrant workers' right to health. This includes considering ways to preserve a guaranteed minimum scope of healthcare services for migrant workers, examining pathways for migrant workers employed outside formal employment relationships to participate in health insurance mechanisms without formalising their employment relationships, and strengthening cooperation with countries of origin within the region. Such measures could contribute to bringing Kazakhstan's healthcare system closer to international human rights standards, advancing universal health coverage, strengthening public health and reducing the social vulnerability of migrant workers employed in key sectors of the economy.

М.Н. Тажиева, аға оқытушы, Құқық және халықаралық қатынастар кафедрасы, Қазақстан-Американ Еркін Университеті (Қазақстан Республикасы, Өскемен қ.); А.Ш. Муталыпова, з.ғ.к., қауымдастырылған профессор, Құқық және халықаралық қатынастар кафедрасы, Қазақстан-Американ Еркін Университеті (Қазақстан Республикасы, Өскемен қ.): Орталық Азия аймағында еңбек мигранттарының денсаулық сақтау құқығын қамтамасыз ету үшін олардың әлеуметтік әлсіздігін тану мәселелері.

Осы тақырыптың өзектілігі ел ішіндегі және Орталық Азия аймағындағы миграциялық үрдістердің өзгеруіне байланысты миграцияны, денсаулық сақтау мен әлеуметтік қамсыздандыруды реттейтін заңнаманы дамыту қажеттілігінен туындайды.

Зерттеу объектісі – шетелдік мигрант жұмысшыларды қабылдау және оларды ұлттық экономиканың негізгі салаларына интеграциялауға қатысты қоғамдық қатынастар саласы. Осы зерттеудің мақсаты – Қазақстанда денсаулықты қорғау құқығын жүзеге асыру контекстінде мигрант жұмысшылардың әлеуметтік осалдық мәселесін зерттеу.

Зерттеу әдістері теориялық және әдіснамалық талдауға, нормативтік-құқықтық тәсілге, академиялық зерттеулер мен халықаралық ұйымдардың ақпараттық материалдарын шолуға, сондай-ақ статистикалық деректерді пайдалануға негізделген.

Зерттеудің жаңалығы – мигрант жұмысшылардың әлеуметтік осалдық ұғымын олардың денсаулықты қорғау құқығын тану тұрғысынан тұжырымдауда және мигранттардың медициналық қызметтерге қолжетімділігін ұлттық және өңірлік деңгейде құқықтық реттеуді егжей-тегжейлі талдап, олқылықтарды анықтауда. Негізгі қорытындылар мигрант жұмысшылардың медициналық қызметке қолжетімділігі олардың миграциялық мәртебесіне, жұмыс сипатына және қолданыстағы өңірлік реттеулерге байланыстылығын көрсетеді. Бұл белгілі бір мигрант топтарының әлеуметтік осалдығына ықпал ететін құрылымдық фактор болуы мүмкін.

Түйінді сөздер: еңбек мигранттары, әлеуметтік осалдық, денсаулыққа құқық, медициналық қызметке қолжетімділік, мигранттардың құқықтары, Қазақстан, Орталық Азия.

М.Н. Тажиева, старший преподаватель кафедры права и международных отношений Казахстанско-Американского Свободного университета (Республика Казахстан, Усть-Каменогорск); А.Ш. Муталыпова, к.ю.н., ассоциированный профессор кафедры права и международных отношений Казахстанско-Американского Свободного университета (Республика Казахстан, Усть-Каменогорск): Проблемы признания социальной уязвимости трудящихся-мигрантов в целях обеспечения права на медицинскую помощь в регионе Центральной Азии.

Актуальность темы связана с необходимостью развития миграционного и регулирующего сферы здравоохранения и социального обеспечения законодательства по причине изменений миграционных паттернов в государстве и регионе Центральной Азии.

Объектом исследования является сфера общественных отношений, связанная с приемом трудовых мигрантов из зарубежных государств и привлечения их в ключевые сферы национальной экономики.

Цель работы состоит в изучении вопроса социальной уязвимости трудящихся-мигрантов в контексте реализации права на охрану здоровья в Республике Казахстан.

Методы исследования основаны на теоретико-методологическом анализе, нормативно-правовом подходе, изучении научных исследований и информационных материалов международных организаций.

Новизна исследования заключается в концептуализации понятия социальная уязвимость трудовых мигрантов через призму признания их права на охрану здоровья и детальном анализе национального и регионального правового регулирования охвата мигрантов услугами здравоохранения и выявлении несовершенств. Основные *выводы* сводятся к тому, что обеспечение охвата трудовых мигрантов здравоохранением зависит от миграционного статуса, характера трудовой деятельности и применяемого регионального режима. Это может выступать структурным фактором социальной уязвимости для некоторых категорий мигрантов.

Ключевые слова: трудовые мигранты; социальная уязвимость, право на охрану здоровья, доступ к медицинской помощи, права мигрантов, Казахстан, Центральная Азия.

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