ABSTRACT

Purpose: To identify the full range of providers of social protection for mobile populations, from highly formalised private providers, to semi-formal, to informal social networks, highlighting the basic principles on which the schemes are based, the people to whom they cater, the domains they cover and their main advantages and disadvantages.

Design/methodology/approach: Using a transnational lens, this paper reviews literature from different disciplinary backgrounds in order to offer a typology of institutions providing social protection within a mobility framework.

Findings: Need to identify and examine the emergence and functioning mechanisms of semi-formal institutions in the provision of social protection across borders, as well as to analyse the synergy between informal/semi-formal and formal social protection systems.
Research limitations/implications: This paper is based on desk research only. More in-depth research should be conducted on the possibilities and constraints of emerging social protection systems across borders.

Originality/value: Rather than focusing on either formal or informal forms of social protection, this paper proposes a more holistic approach towards more inclusive forms of global social protection.

Keywords: social protection across borders; informal social protection; formal social protection; semi-formal social protection.

INTRODUCTION

According to the latest report by the International Labour Organisation (ILO) on social protection, only a quarter of the global population enjoys access to comprehensive social security systems (ILO, 2014). Many migrant workers, especially women and irregular workers, are often inadequately covered – or not covered at all – by the social protection programmes in either their country of employment or their country of origin (van Ginneken, 2013). Indeed, most institutions providing formal social protection cater only for sedentary populations, linked to a particular nation-state. In the current globalised world, however, with new and increasingly frequent flows of people, goods and information, more and more people choose or are pushed to live across national borders, developing attachments and responsibilities in more than one nation-state. Therefore, the traditional and geographically-fixed social protection systems have become problematic for people with increasingly mobile lifestyles.

International migration shows migrants moving from the Global South to the North with particular dilemmas. On the one hand, migrants do not only move between countries, but also between differently regulated labour markets and social protection systems, with different institutionalised levels of ‘formality’ and ‘informality’ (SASPEN, 2014). Newly arrived migrants may lack strong social networks and they usually have to wait several years before they have access, if at all, to the formal social protection system in the host country. At the same time, any contribution made to the social protection systems in their country of origin might cease to exist after arriving in the new host country and vice versa (Avato et al., 2009).

On the other hand, international finance and development organisations, as well governments, especially those of the migrants’ native countries, are increasingly looking to migrants as the promoters of economic growth and development of their home countries. It is through migrants’ remittances that their native country governments benefit from funded health, education and other social services that they could not afford otherwise (Levitt et al., 2015). Indeed, the very act of migration can be considered a mechanism for social protection, both for the migrants and their families back in the country of origin (DRCMGP, 2008). Rather than an individual project, migration is usually seen as a household livelihood strategy to diversify income sources and face future socioeconomic constraints (de Haas, 2006).
Mobile populations in immobile welfare systems

Social protection strategies to cope with social risks, such as unemployment and the lack of healthcare or education extends across the borders of nation-states. Moreover, mobile populations have an impact on how social protection is organised, not only at a nation-state level, but also among social groups across borders (Faist, 2013). In the following sections of this paper, we review literatures from different disciplinary backgrounds in order to offer a typology of institutions providing social protection for mobile populations. We focus on the full range of providers of social protection, from highly formalised private providers, to semi-formal, to informal social networks, highlighting the basic principles on which the schemes are based, the people to whom they cater, the domains they cover and their main advantages and disadvantages. In so doing, we use some examples of emergent institutional arrangements in response to the needs of mobile populations. Finally, we propose some elements important for the creation of an inclusive global social protection system, outside the traditional framework of the nation-state, which caters to mobile populations.

SOCIAL PROTECTION ACROSS BORDERS: BETWEEN FORMALITY AND INFORMALITY

Social protection does not have a universally accepted definition. Not only is the issue of ‘what’ it provides questioned, but also ‘to whom’ and ‘by whom’ it is provided. Despite the different views, all definitions highlight the main goals of social protection: reducing poverty and managing vulnerability (Avato et al., 2010; Sabates-Wheeler and Waite, 2003). Most definitions also point to two main components of social protection, namely: social assistance, which comprises publicly-financed measures to support poor individuals and households (e.g. pensions) and social insurance, to protect people against the risks and consequences of livelihood shocks (e.g. unemployment benefits and health insurance) (Sabates-Wheeler and Feldman, 2011; Sabates-Wheeler and Waite, 2003). In addition, many definitions make an explicit distinction between formal and informal mechanisms of social protection, provided by private, community, market or public entities (Avato et al., 2009; Mendola, 2010; Oduro, 2010; Verpoorten and Verschraegen, 2008).

Indeed, social protection issues for mobile populations have been mainly addressed either from the formal or from the informal perspective. On the one hand, a growing body of scholarship has analysed the consequences and impact of migrants’ (lack of) access to social protection from a formal perspective; namely, immobile and state-provided protections guided by economic and social principles (Avato et al., 2009; Taha et al., 2013; van Ginneken, 2013). On the other hand, some authors have highlighted the importance of informal schemes, such as: community or family networks supporting migrants in the host countries (Sabates-Wheeler and Koettl, 2010), or the migrants’ remittances to their families ‘back home’ in order to help them cover their basic social protection needs (e.g. housing, schooling or children/
old-age caring, amongst others) (Amuedo-Dorantes and Pozo, 2006; Azam and Gubert, 2006; Sabates-Wheeler and Koettl, 2010).

Addressing social protection for international migrants from either a formal or an informal perspective poses some limitations. Firstly, research on formal social protection tends to focus mainly on the needs of individual migrant, disregarding the needs of their families ‘back home’. Secondly, formal social protection usually refers to the formal support (documented) migrants receive in the host country. Thirdly, whereas informal social protection considers the family/social network of the migrant, most studies continue to focus on the individual migrant as the receiver of support from social networks in the host country, or as the provider of remittances to their families ‘back home’. Rather than focusing on either one or the other, we argue that the dividing line between formal and informal social protections for international migrants is not clear-cut, and therefore they should be addressed together; as intertwined pieces of a system from which new and more comprehensive schemes might emerge, which take into consideration not only the individual migrants, but also those ‘left behind’.

**FORMAL SOCIAL PROTECTION ACROSS BORDERS**

Formal social protection is usually considered to involve publicly funded state regulations, reinforced by laws or statutes, institutionalised in policy and legislation, and conveyed in the form of eligibility criteria (Bilecen and Barglowski, 2014). Besides the state-provided social protection (e.g. social welfare), international organisations and private market-providers also fall within the formal category.

Sabates-Wheeler et al. (2009) identify four main components of social protection for migrants: access, portability, labour market conditions and informal networks. The first three fall within the state-provided formal category, whereas the fourth component is considered informal. Firstly, access to formal state-provided social security and services is based at a national level and is usually not fully available to migrants, either because access it is granted sometime after arrival or their family members are spread across countries (Avato et al., 2009). Undocumented migrants are, by definition, excluded from access to legal institutions, and therefore, social and economic benefits (Sabates-Wheeler and Waite, 2003). Moreover, even for documented migrants, often the dependence on state social welfare is a ground for refusing admission, permanent residence status and even expelling migrant workers with a temporary permit (Olivier and Govindjee, 2013). Some sending states (like the Philippines) have set up welfare funds for migrants abroad and their families back home. Whereas this and other examples show how sending countries can

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1 Social services include “health care benefits, long-term social security benefits like old-age and disability benefits, and short-term benefits like social assistance, maternity, and unemployment benefits, family allowances as well as public housing and education” (Sabates-Wheeler et al., 2009, p.5).
Mobile populations in immobile welfare systems

take responsibility for their migrants’ social protection (Van Ginneken, 2003), research has found that some of these state-based programmes, promising a wide range of services for small premiums, do not deliver the promised services (Lafleur and Lizin, 2015). Moreover, whereas some sending countries have a plethora of regulations to protect migrants abroad, we should be critical of governments highlighting the right to migrate of their citizens. Is migration a chosen right, or a necessary form of social protection? Indeed, a question that should be asked is whether not migrating results in sacrificing certain living standards or needing an employment which pays a living wage and reliable formal social protection (Swemmer, 2013).

Secondly, the portability of social security rights, or the capacity to preserve and transfer vested rights from the country of employment to another, is important for migrants to avoid financial losses when they leave their origin or host country (Avato et al., 2009). Some bilateral and multilateral agreements have been concluded between some EU and non-EU countries, in order to facilitate the portability of old-age pensions, disability benefits and (to a lesser extent) healthcare. Benefits like social assistance or maternity allowances are explicitly exempt from these agreements (van Ginneken, 2013). Although bilateral social security agreements are usually considered the best way to guarantee social security entitlements of migrants, they involve highly complex and hardly administrable provisions, especially for the sending countries, where they might lack the administrative and technological capacity. Moreover, such agreements usually have a focused and exclusionary impact, and might end up granting different entitlements to migrants, which could undermine regional integration (Olivier and Govindjee, 2013). Moreover, these agreements sometimes reflect a balance of power between the parties, which lead sending countries to open up labour markets in weaker positions. Governments usually promote national development and economic growth in ways that do not favour the welfare of working-class migrants, who often have to give in to the employer’s needs in destination country (Swemmer, 2013). An interesting alternative to the issues raised by these agreements is the one adopted by the Gulf Cooperation Council, who denies migrants access to their social security systems but also exempts them from making any contribution. Migrants are, thus, left with the responsibility to provide for benefits (like old-age pensions) on their own, which they sometimes do in the form of voluntary contributions to the public system or by buying products from the private insurance market (Avato et al., 2009).

Thirdly, labour market conditions are essential for the social protection for migrants, since they usually have a low social and legal status in host countries (especially the low-skilled and the undocumented) and often face conditions inferior to nationals (Avato et al., 2009).

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2 In many countries, however, many other social benefits could potentially qualify for portability: disability benefits, survivors benefits, work-related invalidity benefits, sick pay and maternity benefits, severance pay, unemployment benefits, family benefits, long-term care benefits for the elderly, or income replacement benefits for the care of children, sick or old people (Holzmann and Koettl, 2011).
For instance, if immigration policies are too restrictive, employers and migrants might benefit from working within the informality, under ‘particularly flexible’ working conditions, which can lead to abuse and exploitation and a weak or non-existent social protection for migrants (Avato et al., 2009; van Ginneken, 2013).

Beyond the state-provided services, ‘formal’ social protection can also include services provided by organisations in the private market, such as insurance companies in sending and receiving countries (Lafleur and Lizin, 2015; Magnoni et al., 2010). Indeed, whereas some migrants might qualify for the above-mentioned state-based schemes of social protection (including access and portability), access to such benefits is highly restricted, if not impossible, particularly for undocumented migrants. Even for those with temporary residence permits, the very fact of claiming social benefits is grounds for discretionary expulsion or reduction of their permits (Mayer et al., 2013).

Specific private insurance and micro-insurance products for migrants have started to emerge (Magnoni et al., 2010). The scarce research conducted in this field distinguishes three main categories of insurance products for migrants, depending on the location of the insurer relative to the migrant: home, host and hybrid insurance models (ibid.). These products target vulnerable and low-income populations and they offer simple products with limited coverage. In the home model, the insurer operates in the migrants’ home country, and covers the migrant (abroad) as well as his/her family in the home country3 (ibid.). In the host country model, the insurer operates in the host country and it usually covers the migrant, irrespective of his or her country of origin4. The hybrid models, although much less developed, are probably the most interesting ones from a transnational perspective, since they offer tailored products to cover specific risks on both sides (ibid.). In these models, the insurer in usually based in the host country whereas the medical coverage is offered in the home country5. By having insurance companies on both origin and receiving country, these companies can offer a broader set of products that cover both migrants and their family members back home (ibid.).

These forms of market-provided social protection for migrants are not free of challenges. Firstly, most of the examples above have been implemented in Latin America only. Secondly, most of them cover only migrant repatriation and accident, and only a few of them provide health coverage for those left behind. None of them deals with other benefits such as pensions, education or unemployment. Thirdly, for undocumented

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3 For example, BancoSol Bolivia, offers life insurance, including repatriation and funeral costs for the migrant as well as health and accident insurance for the migrant’s family in Bolivia. The product is sold in Spain through an agent of BancoSol to Bolivian migrants (Magnoni et al., 2010).

4 La Caixa/SegurCaixa, in Spain, offers two main products for documented migrants in Spain, covering repatriation (6€/month) and/or accident disability (7€/month) (Magnoni et al., 2010).

5 Some of these schemes are active between Mexico, Canada and the USA (e.g. Sekure Healthcare, Knights of Columbus Insurance Company) (Magnoni et al., 2010).
immigrants, additional legal barriers must be taken into consideration in all models (e.g. insurance companies often request a social security number or proof of legal residence in applications) (Magnoni et al., 2010). Fourthly, most of them are based on Western insurance models, which do not take into consideration the cultural and socio-economic necessities of home country contexts (Lafleur and Lizin, 2015).

Finally, the role of international organisations (e.g. World Bank, UN, IOM and others) on the provision of social protection for mobile populations is rather broad. Many of their initiatives are more related to the engagement of diasporas in the transfer of knowledge and development of their origin countries rather than social protection per se (see for instance: the IOM’s TRQN project or the UNDP’s TOKTEN, among others)\footnote{http://www.migrantservicecentres.org/userfile/Tauhid%20Pasha.pdf}. Organisations, such as the Red Cross, implement activities for undocumented migrants to respond to their specific needs, vulnerabilities and risks. These activities include legal and social advice on how to access services, distribution of food parcels, water, hygiene kits, clothes, blankets or medicine, and the provision of free medical care in a number of European countries (Red Cross EU Office, n.d.).

**INFORMAL SOCIAL PROTECTION**

The rise of formal social protection (delivered by governments, markets and international organisations), mainly in developed countries, has generally overlooked the array of informal social protection mechanisms (provided by extended families and communities) that have been taking place throughout most developing countries (Devereux and Getu, 2013). Indeed, given the limited outreach of formal social protection schemes in many parts of the world, complex informal and semi-formal social protection schemes (also known as traditional solidarity networks) based on kinship and extended families, provide the first source of support for many people (ibid.).

The fourth component of social protection for migrants stated by Avato et al. (2009) refers explicitly to informal social protection; namely, the different informal institutions and social networks that migrants rely on in order to manage their security needs. Bilecen and Barglowksi define informal social protection strategies for migrants as a set of risk-reducing practices, provided by “social networks based on collective norms such as community solidarity, reciprocity, altruism, and obligations” (2014, p.6) in order to reduce risks in the area of human reproduction such as financial protection, child rearing, healthcare, elderly care and the exchange of various kinds of information about such issues as employment, education, health, laws and social activities (Faist et al., 2012). The fact that migrants are often excluded from many formal social protection schemes does not mean that they do not engage in a web of social relations and reciprocal normative structures with other members of the society (Vonk and Walsum, 2012), which are probably more protective and more important, especially
for undocumented migrants, for whom, social networks are usually the only support in times of crisis (Avato et al., 2009).

Besides the role of social networks in the provision of informal social protection for migrants, migration is closely linked to social protection in two other ways. On the one hand, migration itself has been considered as a form of versatile informal social protection, since it might fulfill different functions, such as: improvement of life chances (e.g. through access to education) and income, insurance against risks or protection (Sabates-Wheeler and Feldman, 2011), not only for the migrants themselves, but also for their families ‘back home’. In fact, remittances can be considered one of the most versatile forms of informal protection for mobile populations (Lafleur and Lizin, 2015). On the other hand, migration might sometimes result in the disruption or disintegration of traditional social protection systems (e.g. safety nets), which are an extremely important in many origin country’s communities (Devereux et al., 2015).

Nevertheless, whereas most literature on migration has focused on the migrants as the providers of diverse socio-economic remittances to their relatives ‘back home’ (Agrawal and Horowitz, 2002; Azam and Gubert, 2006; Brown et al., 2014; Tevera, 2013), only a few studies have focused on the role of those ‘left behind’ in the provision of diverse services to the migrant (Mazzucato, 2009). Indeed, be it by providing them with the necessary material means to migrate or by providing care to their children or dependants ‘left behind’ (Baldassar et al., 2007; Mazzucato and Schans, 2011), the services rendered by those ‘back home’ should be taken into consideration in the study of the transnational two-way provision of social protection. Moreover, while migrants remittances might be used to support those ‘back home’, some research has investigated the role of such remittances as family-provided insurance or self-insurance (Amuedo-Dorantes and Pozo, 2006). For instance, whereas periodic payments to family members back home act as a way to ensure the family support should the migrant return home, remittances also allow migrants to self-insure by accumulating assets ‘back home’ (ibid.).

**EITHER FORMAL OR INFORMAL? MOVING BEYOND DICHOTOMIES**

Despite the fact that social protection structures imply formal and informal, state and non-state dimensions, only a few studies focus on combinations of informal and formal protection, especially with regards to migrants. Informal social protection strategies are to be treated as interdependent with formal protection structures (Bilecen and Barglowski, 2014). On the one hand, informal social protection is particularly important where formal social protection is weak or non-existent. On the other hand, “formal social protection is a basis for extending practices of informal social protection” (Faist et al., 2014, p.4). Thus, in order to understand the social protection strategies of migrants and their families back home, we should investigate
the resources flowing in informal networks together with formal social protection structures (Bilecen and Barglowki, 2014), both in the receiving and sending countries.

In this regard, several scholars have highlighted the role of semi-formal social security strategies in developing countries (Barrett and Bhattacharya, 2008; Mupedziswa and Ntseane, 2013), as an intermediate category between the formal and informal, because they are not publicly provided but they do operate as institutions with more or less strong accountability and coordination mechanisms. Semi-formal social protection strategies, also called self-help organisations, have the main functions of: security or insurance (including: rites of passage, life cycle events, spiritual and religious ceremonies and education), economic (provision of safekeeping facilities and loans, in collective investments and community development works) and socialising (Bouman, 1994). They offer services and benefits mainly financed by member contributions and delivered by NGOs, faith-based organisations and community-based organisations (Devereux and Getu, 2013), and they include a range of broad activities: finance and credit (Rotating Credit Associations (ROSCAs), groups with joint liability), mutual insurance (funeral associations, risk-sharing arrangements) and production (self-help groups with income generating activities) (Mendola, 2010).

Semi-formal social security schemes have proved to be quite successful in different parts of the world because they do not usually limit the ‘needs’ for which funds are provided, and, therefore, they can provide support to their members in a wide range of contingencies arising from different realities, such as the death of family members, urgent domestic expenditure, school fees, sickness, cultural ceremonies or investment (Kasente et al., 2002). Moreover, the support is offered promptly and with little or no paperwork and application procedures. Nevertheless, semi-formal schemes have usually weak management structures, mainly due to an inadequate knowledge of book-keeping, and their financial capacity is usually too small to address all contingencies (ibid.).

Semi-formal social protection schemes, however, have been mainly addressed from the perspective of developing countries, as a response to the absence of formal social security systems and to the gradual weakening of the extended family system (Kasente, 2006). Even though many international migrants and their families ‘back home’ are not (fully) included in the formal social protection systems of either sending or receiving country, and their social relations might be affected due to physical distance and other issues, semi-formal schemes of social protection for international migrants has received little attention. In the following section, we provide an overview of the most relevant ones.

Hometown Associations (HTA), also referred to as diaspora associations, are organisations formed by migrants with a common village, region or institution, seeking to support their place of origin, maintain connections, through cash or in kind, while retaining a sense of

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7 Rotating Credit Association is a group of individuals who meets regularly to make regular financial contributions for the creation of a fund. At every meeting the fund is allocated to one member of the group at a time. Thus, once a member has received a fund, they will no longer receive future allocations, until the ROSCA cycle ends (Thieme, 2003).
community as they adjust to life in the home country (Orozco, 2003). Traditionally, the main functions of these organisations have been the development of their village of origin, mainly by focusing on basic health, education and public infrastructure, and the provision social well-being for the migrant community itself (Bouman, 1994; Mercer et al., 2009). Beyond their involvement in development projects ‘back home’, more research is needed in the role of these organisations as potential providers of social protection.

Transnational Health Insurance (THI) organisations. These organisations are similar to the so-called Community-based Health Insurance Schemes (CBHI), or voluntary risk-pooling schemes, run by non-profit organisations, which collect fees among the users in the village and organise access to healthcare providers. In the THI, however, the migrants join forces with mutual health insurances in the receiving country and healthcare providers in the origin country to set up a THI scheme (Lafleur and Lizin, 2015). Due to the multiple players involved in the THI, these schemes blur the line between state-based, market-based and civil-society-based provision of social protection across borders. The functioning of these schemes, however, is not free of challenges. Firstly, they only include a limited numbers of covered relatives and the choice of the healthcare provider, which might work against local socio-cultural norms. Secondly, it requires (sometimes non-existent) trust towards institutions. Finally, it ends with the versatility of remittances, and it allows no flexibility in the health expenditure, which in developing countries might be related to other social determinants (e.g. remittances not used directly to purchase healthcare, but for housing or education purposes, can have a positive impact in health) (ibid.). These schemes, thus, deserve a deeper investigation as potential healthcare providers across borders.

Social clubs and other migrant associations are groups of migrants from a certain country without (necessarily) a common geographic or ethnic origin. These groups (e.g. Ghanaians in the UK) raise money for development and transfer it to the origin government to be used in national budgets in areas such as health or education (Henry and Mohan, 2003). Medical organisations of migrants have proved to play an important role in the provision of medical services to the country of origin. The association of Cameroonian Doctors in Belgium (MEDCAMBEL), for instance, conducts short-term medical missions in Cameroon, offering treatment and information to local populations (Lafleur and Lizin, 2015).

Faith-based associations play sometimes an active role in the welfare domain, including homes for the elderly and the disabled. While such services are not usually sought by migrants, some churches support them in other ways, such as: offering employment (e.g. cleaning the church, gardening, etc.), providing food and clothing (Fokas, 2013) or supporting single migrant mothers (Yeung, 2006). The Zakat or Muslim charity, is another interesting example. This system, which is usually described as informal, is nevertheless applied (and frequently mismanaged) by the government (Devereux and Getu, 2013) to provide for the needs of the most disadvantaged people in the community. The Zakat Foundation\(^8\) in the UK

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\(^8\) http://www.nzf.org.uk/.
is an interesting example of how a local organisation can become transnational, providing for different needs of migrants (and also non-migrants) in the UK and ‘back home’.

ROSCAs are not too widespread among migrants, however, they are sometimes preferred to the formal banking systems, especially when it comes to deposit savings. ROSCAs keep the money in local circulation and offer their members more than only financial support; they also disseminate information on housing, boarding, employment opportunities, remittance transfer or on socialising issues (Thieme, 2003).

Burial societies (Bouman, 1994; Mazzucato et al., 2006) provide mutual aid when there is a death in the community. They work on a membership basis, which was traditionally restricted to individuals living in the same geographical area (Bhattamishra and Barrett, 2010). Currently, however, funerals are becoming multi-sited events, where migrants play an important role in the organisation, financing and practice of funeral ceremonies ‘back home’ (Mazzucato et al., 2006).

Whereas these organisations are often classified as informal, in that most of them are not bound to legal regulations, we argue that these social protection arrangements go beyond the informality of remittances sent by individual migrants to their family ‘back home’. Firstly, these systems are socially binding contracts with strong accountability mechanisms in many of the countries of origin many migrants come from (Bouman, 1994). Secondly, the collective remittances sent by HTA, for instance, encourage community-led development and civil society participation, which can be seen as more ‘productive’ than individual remittances, which are primarily spent as income on consumption needs (Mulloy, 2010). Thirdly, some governments (usually in the sending countries) cooperate with these organisations in the joint funding of different projects. For instance, in Nigeria, a secondary school, a post office, a maternity clinic and electrification of the town were financed this way (ibid.). In Mexico, HTAs also engage at different levels with governmental bodies in the fulfilment of their goals (Orozco, 2003). In the Pacific Islands, the Japan Fund for Poverty Reduction (JFPR) supports cash-for-work programs and semiformal social safety net pilot models, to “provide the basis for country-led social protection policy development and implementation” (Asian Development Bank, 2010, p.6). Paradoxically, and as an example of how migration can be the source of new social protection needs, the JFPR project supports especially women who are left alone in rural areas when their husbands move to urban areas in search of employment (ibid., p.60).

The advantage of these cooperation models (e.g. governments and semi-formal and/or organisations) is that they build on traditional community mechanisms to provide targeted social services to vulnerable groups, strengthening the links between governments and communities (Asian Development Bank, 2010). This is of special importance in many developing countries where people have lost trust in their governments. Moreover, community-led delivery of social services assists governments in overcoming capacity and financial resource constraints in reaching the needs of the broad population (ibid.).

In Table 1 (annex) we present a summary of the main providers of social protection for mobile populations that we have identified. The different protection schemes perform
<table>
<thead>
<tr>
<th>Providers of SP</th>
<th>Sub-Categories</th>
<th>Catering for</th>
<th>Domains covered</th>
<th>Funding principle</th>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td><strong>Formal SP</strong></td>
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<tr>
<td>State</td>
<td>Qualifying documented migrants</td>
<td>Healthcare benefits, old-age and disability benefits, social assistance, maternity and unemployment benefits, family allowances, public housing and education.</td>
<td>(Wage-based) Contributions and Taxes</td>
<td>Documented migrants are entitled to most benefits</td>
<td>Undocumented migrants are not covered</td>
<td>Restrictions and possibility of deportation might discourage eligible migrants to apply for benefits. Contributions are lost if/when the migrant returns 'home'. Migrant’s family and dependents 'back home' are not covered.</td>
</tr>
<tr>
<td>Receiving State</td>
<td>Migrants’ families living within the borders of the nation state</td>
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<tr>
<td>Sending State</td>
<td>Migrants’ families ‘left behind’</td>
<td>Healthcare benefits, old-age and disability benefits, social assistance, maternity and unemployment benefits, family allowances, public housing and education.</td>
<td>(Wage-based) Contributions and Taxes</td>
<td>Migrants’ families are covered</td>
<td>Migration programmes might encourage inequalities and perpetuate gender roles. Migration programmes might free governments from their responsibility to protect their citizens. High unreliability (in some developing countries).</td>
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<tr>
<td>State</td>
<td>Documented migrants leaving the country within some state-regulated programme (e.g. the Philippines)</td>
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9 The amount and extent of these domains depends entirely on the welfare system and migration policies of each state.

10 The amount and extent of these domains depends entirely on the welfare system of each state.
| Bilateral agreements | Qualifying documented migrants returning to their origin countries | Mainly old-age pensions and healthcare benefits | (Wage-based) Contributions | Migrants can transfer old-age pensions and healthcare benefits if/when they return to their origin country | Undocumented migrants are not covered.
Hard to implement.
Political interests might create power imbalance.
Increase inequalities among migrants from the same region. |
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<tr>
<td><strong>International Organisations</strong></td>
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</table>
| INGOs Humanitarian Organisations (e.g. Red Cross) Intergovernmental Organisations (e.g. IOM, UN) | Mainly undocumented migrants Sending communities | Emergency care for migrants, such as: food, health Advice on legal status, employment or return possibilities Engagement in capacity building and knowledge-transfer programmes (e.g. TOKTEN) | International Funds, Development Aid | Support in cases of extreme poverty and vulnerability (e.g. healthcare provision to undocumented migrants) Inform migrants about their rights and entitlements in the receiving country Capacity building | Only providing emergency care or legal advice in receiving countries.
Work in sending countries in programs more related to development than SP. |
| **Market** | | | | | |
| Home models | Migrants paying the premiums Migrants’ family ‘back home’ | Mostly health, accident, disability and repatriation | Migrants’ payment of premiums | Health and accident coverage for the migrant and its family Families have direct contact with the provider – more flexibility for the families | Expensive. Undocumented migrants are usually not covered.
Unfamiliar to many migrants – Lack of trust Domain limitation – only covers health-related issues. |
Table 1  Types of social protection for mobile populations (Continued)

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<tr>
<th>Providers of SP</th>
<th>Sub-Categories</th>
<th>Catering for</th>
<th>Domains covered</th>
<th>Funding principle</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host models</td>
<td>Migrants paying the premiums (mostly documented). Sometimes migrants’ family ‘back home’</td>
<td>Mostly health, accident, disability and repatriation</td>
<td>Migrants’ payment of premiums</td>
<td>Health and accident coverage for the migrant and its family</td>
<td>Expensive</td>
<td>Unfamiliar to many migrants – Lack of trust</td>
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<td></td>
<td>Undocumented migrants are usually not covered</td>
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<td></td>
<td>Domain limitation – only covers health-related issues</td>
</tr>
<tr>
<td>Hybrid Models</td>
<td>Migrants paying the premiums (mostly documented)</td>
<td>Mostly health, accident, disability and repatriation</td>
<td>Migrants’ payment of premiums</td>
<td>Health and accident coverage for the migrant and its family</td>
<td>Expensive</td>
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<tr>
<td></td>
<td>Migrants’ family ‘back home’</td>
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<tr>
<td>Semi-Formal SP</td>
<td>(Un)documented migrants belonging to the HTA Own village/region in the origin country</td>
<td>Development of village of origin, focusing on basic health, education and public infrastructure Provision social well-being for the migrant community</td>
<td>Migrants belonging to the HTA Sometimes, governmental support</td>
<td>They tackle development issues that home governments do not They are able to exercise some political pressure and in some instances</td>
<td>Mainly focused on development issues in a particular region of the sending country – increasing inequalities</td>
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<td>Migrants’ Association and Religious Organisations</td>
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<td></td>
<td>Often lack of organisation</td>
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<td>HTA or diaspora associations</td>
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<td>HTA or diaspora associations</td>
<td>(Un)documented migrants belonging to the HTA</td>
<td>Development of village of origin, focusing on basic health, education and public infrastructure</td>
<td>Migrants belonging to the HTA</td>
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<td>(e.g. Mexico) engage governments in their projects</td>
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<td>Own village/region in the origin country</td>
<td>Provision social well-being for the migrant community</td>
<td></td>
<td>Sometimes, governmental support</td>
<td>They are knowledgeable of their needs and those of the people ‘back home’</td>
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<td></td>
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<tr>
<td>THI</td>
<td>Documented migrants</td>
<td>Health insurance for the migrant and selected family members ‘back home’</td>
<td>Migrants paying premiums, NGOs (as administrators) and governmental funds from host country</td>
<td>Lowers the remittance burden on the migrant Migrant knows remittances are used ‘for the right purpose’ Provides quality healthcare for both migrants and their families</td>
<td>Only include a limited numbers of covered relatives in a limited geographical location Established healthcare provider, which might work against local socio-cultural norms. It requires trust towards institutions. Is not as versatile as</td>
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<tr>
<td></td>
<td>Migrants’ families ‘back home’</td>
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</table>
remittances, and it allows no flexibility in the health expenditure (which in developing countries might be related to other social determinants)

Hard and expensive to coordinate – dubious sustainability

Social clubs and other migrant associations

(UN)documented migrants belonging to the association
Different people in need in their origin country

Diverse support for migrants
Diverse development issues in the origin country, such as: provision of temporary medical staff, infrastructure, etc.

Migrants belonging to the association, irrespective of the region/ethnic group

They tackle development issues that home governments do not
They are able to exercise some political pressure and in some instances (e.g. Mexico) engage governments in their projects

They are knowledgeable of their needs and those of the people ‘back home’
Mainly focused on development issues in the sending country, regardless of the region of origin

Table 1  Types of social protection for mobile populations (Continued)

<table>
<thead>
<tr>
<th>Providers of SP</th>
<th>Sub-Categories</th>
<th>Catering for Domains covered</th>
<th>Funding principle</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social clubs and other migrant associations</td>
<td>(UN)documented migrants belonging to the association</td>
<td>Diverse support for migrants</td>
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<td>They tackle development issues that home governments do not</td>
</tr>
</tbody>
</table>

Often lack of organisation
High fluctuation of funds – insecurity in future investments
Not directly addressing SP needs
### Table 1  Continued

<table>
<thead>
<tr>
<th>Mobile populations in immobile welfare systems</th>
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<tbody>
<tr>
<td>Rotating Credit Associations</td>
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<tr>
<td>Burial Societies</td>
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<tr>
<td>Faith-based associations</td>
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<tr>
<td>Informal SP</td>
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</tbody>
</table>
differently depending on who they cater for, what they provide or where, in the receiving/sending country or both.

**CONCLUSION**

In recent years, social protection issues for mobile populations have gained more and more importance. This is reflected in the fact that many governments and other institutions worldwide have introduced new social protection measures (e.g. bilateral agreements). Most of these initiatives, however, give little attention to the potential of informal social protection systems (Devereux and Getu, 2013), despite the fact that in many migrants’ native countries, most people depend on them. Indeed, the possibility of building on existing informal social protection systems and creating complementary linkages between the formal and informal is rarely considered by policy makers (Devereux and Getu, 2013).

Two main issues need to be addressed when approaching social protection for international migrants. Firstly, there is a need to identify and examine the emergence and functioning mechanisms of semi-formal institutions in the provision of social protection across borders. The institutional arrangements, principles, coverage, impact and status of these systems in the face of socioeconomic transformations and globalisation should be addressed in a more holistic manner (Devereux and Getu, 2013). Secondly, there is a need to analyse the synergy between informal/semi-formal and formal social protection systems. Indeed, no social protection instrument in isolation is able to address the different hazards different people face.
(Shepherd et al., 2004). Social protection involves, a wide range of stakeholders, programmes, instruments and institutions, which range from formal social insurance programmes, to the provision of health and education, to informal social networks, micro-insurance and family support (Shepherd et al., 2015). There is a need to study how these different systems and institutions are combined by migrants in order to receive and provide social protection for themselves and their families.

### REFERENCES


Mobile populations in immobile welfare systems


**BIOGRAPHICAL NOTES**

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