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Can Diasporas Shape Homeland Health Policies?

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- Paper wants to look at the influence of immigrants have on their homeland's welfare policies
- As we all know, topic of migration is central in debates on welfare reforms in Europe
- But the focus tends overwhelmingly to be on immigrant impact on destination country welfare state
- The paper I'm presenting today tries to reverse this lens by trying to conceptualize how diaspora can influence welfare policies back home
- Before I start discussing this paper, I would however give a very brief intro on the larger project from which this paper derives



MiTSoPro
MIGRATION, TRANSNATIONALISM
& SOCIAL PROTECTION

Bridging the gap
between welfare
studies and migration
studies' understandings
of immigrant social
protection



MiTSoPRO

5 year ERC starting grant

Starting point: overexposure to immigrants to social risks in Europe

Well documented through sociological and economic work on policy outcomes

+ qualitatively demonstrated by numerous works on barriers and effects of policies in destination countries

As several of us argue in their own work, this vision of immigrant access to SP is however very limited:

- welfare entitlement in several countries, including home country
- formal exclusion from SP can be compensated by informal strategies
- Sending State innovation can address exclusion through diaspora policies

This starting underlines 2 necessities in terms of research:

- need to document systematically the entitlements that immigrants have @ home and in destination countries
- need to understand the articulation between inclusion/exclusion from SP policies with informal strategies followed by immigrants



First step of project

Build a database on immigrant WS entitlement

Selection of 40 countries: EU28 + 12 largest non-EU sending states

In each of these countries, we conduct 2 experts survey

Survey 1:

expert survey on 5 conditions of access to 5 types of welfare entitlement: family benefits, health, unemployment, guaranteed minimum resources and pension

In each country: expert answer the same question applied to nationals living in the country, nationals living in EU, nationals living outside the EU, EU citizens living in the country and non-EU citizens

Based on the survey, we aim to develop an index to rank states according to the level of access their grant to foreigners to basic SP policies

Survey 2:

Considers that is not enough to just look at SP stricto sensu as some state may protect nationals abroad though other policies than SP

Expert survey in same 40 countries on consular and diaspora policies for nationals abroad

Merging the 2 indices, we will try to identify the immigrants communities who –on

paper- are the best and worst protected from a purely policy perspective



Step 2: Qualitatively assess Transnational Social Protection Strategies through case-studies



Formal access however does not mean effective access as different unwritten barriers may persist

Based on index result, we select immigrant communities with which we will conduct multi-sited ethnographic fieldwork in the home and host societies

Goal:

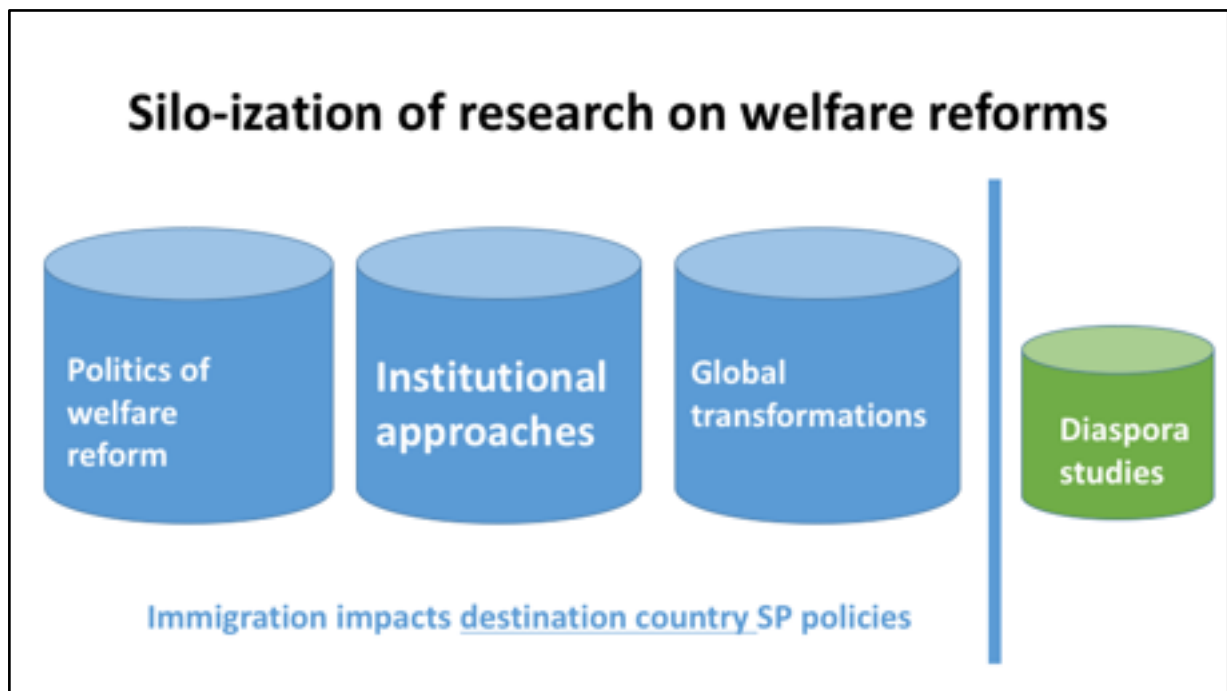
- verify qualitatively situation of those who are well and badly treated on paper
- understand the articulation between formal and informal SP strategies



Can Diasporas Shape Homeland Health Policies?



Very preliminary evidence of exploratory fieldwork done at the time of writing and implementing the project with 2 case studies.
Logic of transnationalization of SP policies: what mechanisms explain the transformation of homeland SP through migration



To explain this is actually to look seriously in the WS literature
 This literature however, rarely acknowledges migrants as agents in policy-making processes

First of all ECO&SOCIO: WS = IV, how policy produce outcome
 How it produces exclusion of certain categories of migrants and their over exposure to social risks

POLISCI Welfare reforms: WS = DV, what factors explain the specific shape of the welfare policies

In this second trend

Immigration is historically rarely a concern in studies on welfare reform

Exception:

- work on role of industrialization & demographic changes
- Role of migration and public opinion how it guides political party positioning on these issues
- -> complete neglect of the sending society

OK diaspora studies

Remittances, global nations, political gains...

But neglect

-homeland ws are subject to the other set of constrains (blue)

GOAL OF THE PAPER: How can we articulate these 2 approaches to understand the transformations of WS in the Global South



Specificity of health research

-impact of migration on health

-migration to respond to health needs back home

-more recently: portability of health entitlement and externalization of health care

Here: focus on the inclusion of the diaspora in homeland health policies

2 most different cases: one of complete inclusion (Mx) and one of strong (exclusion
DRC)



Case 1. Including the diaspora in Mexico's universal health coverage policy



Mexico is a textbook case of diaspora engagement
Numerous articles and books devoted to the sending state involvement to address diaspora needs
Very active MFA, consular, network, IME
Policy innovation: Ventanillas de salud
Work of Delano on how this happened: connection with democratic transition, electoral gains, corporatism
All this however is exclusive prerogative of MFA and are policies developed separately from the expansion of MX WS for non-migrants
Instrumental: 3+1

Since 2005, universal health coverage
Registration of households, millions of Mexicans covered
2 issues:
1) kids left behind and
2) absence of head of household to make decision upon registering or not (distrust of the state)

SP reform to make diaspora integral part of the homeland health policy

- 1) As beneficiary (object): non-migrant relative can register migrants in the system (direct access upon visit/return)
- 2) Emigrant can pre-register non-migrant family member

Explicit acknowledgement that access to health in Mexico is de facto a transnational issue and that cross border administrative measures need to be implemented to achieve health goals in MX

Limits

- pre-registration abroad experiences very limited success
- end of programme due to cost, complexity and bureaucratic competition
- Now limited to expelled migrants

“(...) to train people there [in the US] in order to register people abroad represents a cost for us and implies that we stop registering those who live on the Mexican territory”

Mexican Civil Servant, Health Ministry, Mexico City





Case 2. Limiting the diasporas' influence in the DR Congo's community-based health insurance policy



DRC is a very different health context with much weaker institutions

Initiative of the diaspora: Solidarco:

Cooperation with Belgian public health insurance and Belgium's MFA co-development fund

Creation of an insurance scheme:

Migration pay 30 EUR per month and cover access to basic health needs of up to 7 family members in Kinshasa

Central idea:

- reduce uncertainty of health related remittances for migrants
- encourage logic of risk pooling in DRC
- partner up with local health centre in Kinshas

Reception

- difficult comitment of the diaspora
- opposition of family members
- frustration of those who are not among the 7
- Most importantly, luckewarm reception of DRC authorities
 - except health centres

- neo-colonialism
- perceived as competing with own policy of CBHI

“I fear that the diaspora is trying to maintain control (...) over their families with [Solidarco]. They should instead encourage them to join the local community-based health insurance.”

Congolese Civil Servant, Kinshasa



3 drivers of diaspora impact on homeland SP policies



Institutional setting

-state apparatus shape relations with the diaspora: Mx long standing infrastructure to channel diaspora influence

When, beyond MFA, WS institutions get involved, diaspora relations become more complicated: institutional resilience puts breaks on

Explains why Mexico went further then back

DRC institutions own dynamic of CBHI see diaspora as threat as it is not developed in cooperation with them

Limite of case selection: supranational framework absent

Politics matter

In its pure electoral sense: Mx to gain votes of diaspora

In a more ideological sense too: Belgian institution involvement in DRC health policies in a post-colonial context

Beyond interest driven, WS literature has also looked at corporatism as factor explaining WS reform or absence of:

Case of Mexico and evolution of control of population abroad

Diaspora characteristics

Congo diaspora both highly educated and most hit by unemployment
Conflictual relation with homeland regime

Policy outputs

**1. Variations in levels of
deterritorialization of welfare policies**

**2. Variations in level of agency granted
to immigrants in those policies**



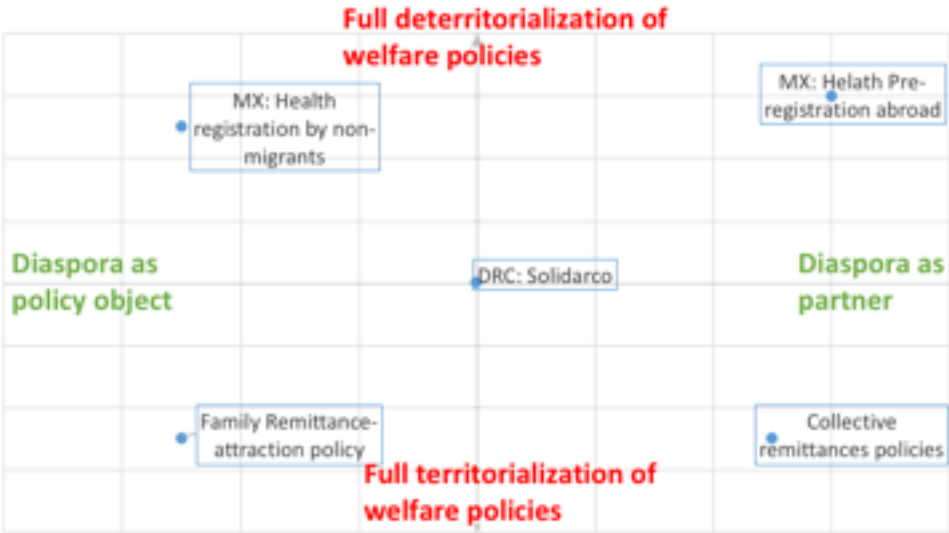
These 3 variables determine social policy outputs at 2 different levels

1) Level at which homeland social protection for emigrants and non-migrants are intertwined.

In other words, these variables dictate how much physical presence on territory matter to be included in home WS reforms

2) Degree to which the diaspora is given an active role in the implementation of homeland diaspora policies as opposed to being just an instrument of welfare policies (ie to fund them)

Territoriality vs diaspora agency in SP policies





Conclusion





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