



Inequalities in health care utilization among Venezuelan migrants and refugees in Colombia

How to strengthen the local response within the humanitarian emergency?

Bogotá D.C., Barranquilla, Cartagena, Cúcuta, Riohacha y Santa Marta.



USAID
FROM THE AMERICAN PEOPLE



Profamilia

Migration can have multiple effects on people's health either before, during or after transit. Migration can increase health inequality, exposure to risk of communicable diseases infection and various forms of violence. Some of the main consequences of migration in eight priority health outcomes are described below:

Mental Health

Unsatisfied basic needs, families being separated, the absence of a support network and xenophobia often put migrants and refugees at risk of developing depression, anxiety, sleep disorders, or feeling sorrow, anger, as well as the feeling of losing control of their lives.

Communicable diseases

Increased exposure to becoming infected during transit. Low access to and interruption of timely diagnosis and treatment.

Contraception

Barriers to access health services in places of transit and arrival. Limited availability of contraceptive methods and misinformation.

Children's Health

Children aged 0-5 may experience abandonment, travel separately from their parents and travel in same-age groups without a support network. This increases the likelihood of early morbidity and mortality.

Maternal health

Migration makes it difficult to complete prenatal check-ups, access proper and decent childbirth. Emergency obstetric care can be denied or of low quality.

Adolescent Health

Adolescent migrants experience higher rates of depression and symptoms of post-traumatic stress disorder. Vulnerability to sexual exploitation and other forms of violence is higher, especially if young adults are mobilized without their parents or caregivers. Additionally, because of their age, they have specific sexual and reproductive health needs.

Violence against women

Situations of displacement will always have a differential impact on migrant women and girls: including all forms of gender-based violence and social exclusion.

Non-communicable diseases

Possible changes in the lifestyle of migrants and refugees may lead to less physical activity, and unhealthy food consumption. It also increases exposure to risk factors for chronic diseases.



Major Findings

Challenges in health coverage, health service delivery and financial protection mechanisms for the migrant and refugee population

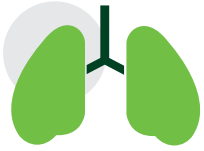
	HEALTH COVERAGE	HEALTH SERVICE DELIVERY	FINANCIAL PROTECTION
Challenges and Problems found in practice	<ul style="list-style-type: none"> Difficulties in effectively enrolling people into the health care system. Barriers to enrollment even after immigration status has been regularized. Lack of quality information on how to navigate the Colombian health system. 	<ul style="list-style-type: none"> Difficulties in the appropriateness of national guidelines, which result in barriers to emergency care and problems to provide quality of care. Limited access to collective health activities and primary health care (except immunization programs). Limited supply of preventive health activities: specific protection and early detection. Limited access to rehabilitation services, palliative care and continuous care of chronic diseases. 	<ul style="list-style-type: none"> Limited financial protection mechanisms: there are often out-of-pocket expenses between U\$4-14 to access emergency services; no subsidies, co-payments according to payment capacity or exemption for more vulnerable migrants. The smallest payment can represent a significant portion of the budget of migrant families/groups.
Expectations of the Colombian Health System	<ul style="list-style-type: none"> Receive high-quality information about the right to receive healthcare and how to get insured in the Social Security General Health System. Achieve prompt and effective health care system cover age according to the different health insurance schemes (contributory and subsidized schemes). 	<ul style="list-style-type: none"> Find a range of health service providers (public and private) that will adopt Government guidelines in an effective and equitable manner. 	<ul style="list-style-type: none"> Increase financial protection by eliminating out-of-pocket payments that pose a barrier to access basic healthcare or lead to impoverishment.

Welcome stigma-free and unbiased information



Main Findings

Most used health care services by the migrant and refugee population in Colombia.



Acute Respiratory Infection.



Adults with circulatory system diseases.



Young people and adults suffering from anxiety.

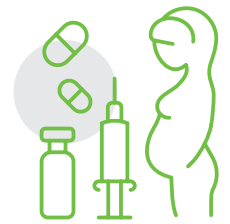


Adolescents and young people in need of contraception methods.

Pregnant women in need of high-quality antenatal care.



Pregnant women in need of sexually transmitted diseases.



Contraception	Maternal Health	Child Health	Communicable diseases	Non-Communicable diseases	Violence	Mental health
Vasectomy 0,1%	Congenital Syphilis 0,2%	Childhood cancer 0,2%		Prostate Cancer 0,6%	Physical violence 16%	Suicide attempts 8%
IUD insertion 4%	Gestational Syphilis 0,4%		Malaria 37%	Cervix Cancer 2%		
Other types of care 7,9%	Childbirth assistance 21,4%	Acute diarrhea disease 14,8%		Breast cancer 5,4%	Psychological violence 41%	Depression 35%
E. Feminine 6%			Viral Hepatitis 34%	Diabetes 26%		
Use Monitoring 8%	Antenatal care 32%	Acute respiratory infection 85%		Circulatory system disease 66%		
Assistance 9%			HIV/AIDS 39%			
Counseling 31%	Extreme maternal morbidity 46%					
Confirmed Pregnancy 34%						

Main Findings

Top 10 unmet health needs for the migrant and refugee population in six cities with high flow of migration.

	Bogotá	Barranquilla	Cartagena	Cúcuta	Riohacha	Santa Marta	
1	Access to primary health care services and diagnostic testing						MOST PRESSING NEEDS
2	Attention to chronic and high-cost diseases (Cardiovascular)	Information of demand and supply of health services for migrants and refugees		Antenatal and post-natal care		Information on health service provision and healthcare pathways for migrants and refugees	
3	Prenatal and post-natal care		Attention to chronic and high cost diseases (Cardiovascular - Cancer - Diabetes)	Timely vaccination programs. Maintain current response initiatives.		Attention to chronic and high cost diseases (Cardiovascular - Cancer - Diabetes)	
4	Effective access to mental health services through a differential focus on the migrant population	Attention to chronic and high-cost diseases (Cardiovascular - Cancer - Diabetes)	Prenatal and post-natal care	Attention to chronic and high-cost diseases (Cardiovascular - Cancer - Diabetes)	Free access to quality contraceptives at any time	Care of prenatal controls and postpartum controls	URGENT NEEDS
5	Child health with priority given to pediatric and nutritional care			Free access to quality contraceptives anytime	Child health with priority given to pediatric and nutritional care		
6	Effective access to medicine and health supplies	Combined response to communicable diseases		Child health prioritized in pediatric and nutritional care	Attention to chronic and high cost diseases (Cardiovascular - Cancer - Diabetes)	Effective access to mental health services through a differential focus on migration	
7	Combined response to communicable diseases	Effective access to mental health services through a differential focus on the migrant population	Free access to quality contraceptives when needed	Combined response to communicable diseases		Free access to quality contraceptives when desired	OTHER TOP NEEDS
8	Free access to quality contraceptives when needed		Effective access to medicine and health supplies	Provision of Sexual and reproductive services for adolescent migrants and refugees		Combined response to communicable diseases	
9	Prevention and case management of sexual, physical and psychological violence	Effective access to medicine and health supplies	Prevention and management of sexual, physical and psychological violence			Effective access to medicine and health supplies	
10	Timely and non-discriminatory emergency services	Prevention and management of sexual, physical and psychological violence	Timely and non-discriminatory emergency services	Effective access to mental health services through a differential focus on the migrant and refugee population		Effective and comprehensive care for victims of sexual, physical and psychological violence	

Recommendations

General scope

Local Governments	Humanitarian Response	Ministry of health and Social Protection
To ensure Universal Health Coverage.		
Put the migrants and refugees at the center of health care (health services focused on people's needs, identities and circumstances).		
Prioritize humanitarian response in non-border territories.		
Cooperation between institutions to stop misinformation, discrimination and xenophobia by health care providers.		
Boost the use of information technology to support affordable and scalable interventions such as telemedicine and mobile healthcare.		
Encourage employment opportunities, access to education and care policies in cities with high demographic dependence on migrant population.		
Renewing primary health care and collective health interventions (also increase mobile brigades in migrant settlements).	Continue to place a high value on cross-sectional coordination.	
Mitigate vulnerabilities arising from migration, including migrant irregularity by removing barriers to health services (administrative barriers as paperwork).	Investing in building capacity and preparedness for humanitarian emergencies at local levels (public hospital networks).	
Recruit more health workers; involve migrant health workers and volunteers: in particular, psychological and social work.	Mobilize greater resources for migrants at the local level and eliminate barriers of flow and municipal transfers.	
Work closely with host/receiving communities, local authorities and key actors to build a social contract to welcome and integrate migrants and refugees.	Define individual packages of health care services (Health Benefits Plan with primary care activities).	
Set common goals and shared objectives in healthcare between public and private health services purchasers.	Identify ways and mechanisms to efficiently catalyze actions.	



 <h2>Mental Health</h2>	 <h2>Non-communicable diseases</h2>	
<ul style="list-style-type: none"> ● Strengthen the collaboration between the health, education, labor and social assistance sectors and focus on mental health strategies that use a differential approach. ● Strengthen strategies for suicide prevention, health care for depression and anxiety. ● Include migrant and refugee populations in DHS surveys to increase evidence of their current situation and needs. 	<ul style="list-style-type: none"> ● Ensure primary health screening, diagnosis and treatment. ● Screening, diagnosis and treatment should be aligned with local/national programs. ● Build capacity in prevention and early detection of chronic conditions for health care providers and emergency teams. 	
 <h2>Maternal health</h2>	 <h2>Contraception</h2>	
<ul style="list-style-type: none"> ● Primary maternal health care. ● Improving quality and continuous care from antenatal care + management of complications + childbirth care in a comprehensive avoiding isolated approaches. ● Strengthen the adoption of Clinical Practice Guidelines (CPG) in maternal health to reduce morbidity and mortality. ● Offer optimal support to pregnant women and complete at least 4 to 8 prenatal check-ups, including screening for syphilis. 	<ul style="list-style-type: none"> ● Primary sexual and reproductive health care focused on young people and adolescents ● Providing quality information on the use of and access to contraceptive methods. ● Promote shared contraception (Contraceptives for men and access to vasectomy). ● Access to emergency contraception. 	
 <h2>Communicable diseases</h2>	 <h2>Violence against women</h2>	 <h2>Child and adolescent health</h2>
<ul style="list-style-type: none"> ● Ensure primary health screening, diagnosis and treatment. ● Promote the use of barrier methods of contraception even when using other methods of contraception. ● Prioritize prevention, management and control campaigns to diagnose the most vulnerable migrants as well as Colombian nationals. ● Improve referral and counter-referral systems (one of the greatest deficiencies) and use the advances provided by the public health monitoring system. 	<ul style="list-style-type: none"> ● Primary health care provision for the prevention and management of violence against girls and women. ● Promote sexual and reproductive health and general health services such as safe and protective environments for migrant and refugee girls and women affected by any form of violence. ● Promote collective interventions to change stereotypes and beliefs and behaviors around gender roles adults in host communities and from an early age. 	<ul style="list-style-type: none"> ● Primary health care provision for prevention, management and control of acute respiratory infections (+ collective interventions). ● Extend specific protection services and early detection of changes at shelters and border checkpoints. ● Provide information on health service. ● Continue immunization programs ● Comprehensive sexual education for adolescents and young people. ● Prevention of early and adolescent pregnancy, and priority health care provision when it occurs. ● Ensure access to Water, Sanitation and Hygiene (WASH).







Fact sheet: This research was implemented within the framework of an intervention project around health and guarantee of rights for migrant populations during the humanitarian crisis. The Multi-panel data was built from three sources of information: Cube (Database) 00029 (2018), and the Cube (Database) Individual Record of Health Services Provision (RIPS) within the Social Protection Information System (SISPRO) by the Ministry of Health and Social Protection (MSPS) (2019); Migración Colombia and National Population and Housing Census (CNVP) information (2018) by the National Administrative Department of Statistics (DANE). Funding: Profamilia Association in partnership with the United States Office of Foreign Disaster Assistance (OFDA-USAID). Focus groups with Venezuelan migrants and refugees were held in six cities which were prioritized due to their high-volume migratory flows: Bogotá, Barranquilla, Cartagena, Cúcuta, Riohacha and Santa Marta. This research project was approved by Profamilia's CEIP Research Ethics Committee on November 10th, 2019.



For any questions on the research please contact: msanchez@profamilia.org.co

Nationwide contact number: 018000110900

 [@profamiliacol](https://twitter.com/profamiliacol)  Línea Nacional 018000110 900  Profamilia Colombia  www.profamilia.org.co



USAID
FROM THE AMERICAN PEOPLE


Profamilia