



Health and Migration in Latin America: Government Initiatives for the Access and Use of Health Services by Immigrant Population

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Background

Access to health services for all people is a fundamental human right, which must be guaranteed by the governments of each country (1). Nonetheless, the evidence indicates that, in general, international migrants have less access and use of health services than locals (2-4). One of the explanations given to this situation is the access barriers that migrants face (4), including restrictive policies that generate a different degree of protection between nationals and migrants (5). The establishment of policies that produce barriers to access and use of health services, as well as the lack of policies to protect the rights of migrants, have an impact on the health of this population (6).

Latin America has not been left out of this situation, because there has been an increase in human mobility in recent years (7), particularly at the intraregional level. Between 2000 and 2010, immigration in the region reached 7.6 million people (1.1% of the total regional population), of which 62.8% made an intraregional migratory movement (8). In different countries of the region, the health sector has faced the difficulty of absorbing the demand implied by the migration process and its linkage with precarious health conditions (9).

The literature search results were mediated by the quality of the information from

repositories of each government. It is essential to document the processes and keep the

information available in institutional platforms, since it collaborates with the

democratization of knowledge and allows the development of useful answers to the

There are initiatives that show the importance of the subject in Latin America.

Although some countries have immigration or health laws that mention the issue, there

are no specific health policies. This subject requires greater concern, considering the

existing challenges in the area of migration and health at global level.

current changes in the profile of international migration in Latin America.

Government initiatives are necessary to protect the rights of migrants in health, especially considering that less access and use of health services can have a negative impact on the health of this population (10). It is relevant to know the advances that have been made in these areas as a region. Therefore, the following research aims to identify and describe existing governmental initiatives in Latin America regarding access and use of health services by migrants.

A gray literature search was conducted between August and September 2017, regarding the initiatives that address the access and use of health services by migrants, carried out by the central government of eight Central American countries and thirteen South American countries.

Figure 1. Number of initiatives by country Results **Initiatives** Mexico were found in the countries of Latin America Belize Guatemala 6 **National** Specific Regulations **Policies Programs Bilateral** actions plans El Salvador 8 agreements 1)Nicaragua Costa Rica **1**) Guyana Acts, codes, Vision/mission, purpose, general Treaties, convenant, Panama (2)Suriname objective, specific objectives, strategies decrees, agreements 6 Colombia French or axes, action guidelines, activities resolutions, Guiana Ecuador circulars Peru Brazil Secondary level Tertiary level Health **Primary Authority** mental health services emergency care **Services** urgency services comprehensive intersectoral coordination low complexity **1** Paraguay pregnancy care approach to childhood training prevention services resources in health detection strategies to expand health Bolivia educational coverage and guarantee basic assistance access to care. attention in crisis **Delivered** at small clinics Chile returnee care centers Uruguay deportees consulates points border crossings o entry points to the countries Conclusions

Human Rights

- Addressed in the vast majority of initiatives.
- Materialized in: regulations that guarantee equal access to foreigners; a policy to eradicate racism; immunization plans and programs, and detection and attention actions at points of entry into the territories.

- Migration Process

 Sending countries: 2 laws to protect national migrant population, 1 development plan that validates the rights and the effective integration of nationals abroad; 8 programs and 9 actions specifically for national migrants abroad and returnees.
- Transit countries: Mexico and Guatemala developed a set of mixed initiatives: the Migration Act in Mexico and the Sanitary Code of Guatemala which guarantee migrants access to health services.
- Receiving countries: Argentina, Brazil and Uruguay have regulatory frameworks that guarantee migrants the right to access health on equal terms. However, they do not have larger initiatives for immigrant population. In Central America, Costa Rica has developed 1 law and 3 policies to guarantee their access to health services.

Interculturality in Health

Recognized as a principle in 5 initiatives:

- 3 policies of Costa Rica aimed at the integral approach to migration
- The national mental health policy of Honduras
- The special migration program of Mexico

Best interest of the child

- 17 initiatives aimed at children and adolescents:
- General Health Law of Mexico: exemption of charges.
- National Plan for Mental Health Benefits in Uruguay: psychotherapy for migrant children and adolescents.
- Not Accompanied Childhood Program for Migrants in Guatemala: psychosocial protection, ambulatory care and referral to health care units through two shelters.
- Center for the Attention of Migrant Children and their Families in Honduras: medical and psychological care.

Intersectoriality & Health in all policies -

- Institutional organizations: Presidencies of the republic, Ministries, Secretariats, Directorates, Superintendencies, National councils, Institutes and Commissions.
- Sectors: Health, Foreign relations, Migration, Social welfare, Childhood and adolescence, and Justice and human rights.

References 😂

- (1) OMS. Salud y derectors humanos. Nota descriptiva N° 323. [Internet]. 2015. Available from: http://www.who.int/mediacentre/factsheets/fs323/es/
- (2) Sandvik H, Hunskaar S, Diaz E. Immigrants use of emergency primary health care in Norway: A registry-based observational study. BMC Health Serv Res. 2012;12(1):1. (3) Gimeno-Feliu LA, Magallón-Botaya R, Macipe-Costa RM, Luzón-Oliver L, Cañada-Millan JL, Lasheras-Barrio M. Differences in the use of primary care services between Spanish
- national and immigrant patients. J Immigr Minor Heal. 2013;15(3):584–90. 4) Diaz E, Kumar BN. Differential utilization of primary health care services among older immigrants and Norwegians: A register-based comparative study in Norway. BMC Health
- (5) ONU. El derecho a la salud [Internet]. 2008. Available from: http://www.ohchr.org/Documents/Publications/Factsheet31sp.pdf (6) Organización Internacional para las Migraciones. Hoja Informativa: Migración, Determinante Social De La Salud Para los Migrantes. Ginebra, Suiza; 2015.
- (7) Zurbriggen C. Las políticas migratorias y el desafío de innovar en la gestión pública [Internet]. FLACSO; 2011. Available from: http://web.flacso.edu.uy/assets/cristina-
- (8) CEPAL. Tendencias y patrones de la migración latinoamericana y caribeña hacia 2010 y desafíos para una agenda regional. [Internet]. 2014. Available from: https://www.cepal.org/es/publicaciones/37218-tendencias-patrones-la-migracion-latinoamericana-caribena-2010-desafios-agenda
- (9) Silveira C, Carneiro Junior N, Ribeiro MCS de A, Barata R de CB. Living conditions and access to health services by Bolivian immigrants in the city of São Paulo, Brazil. Cad Saúde Pública. 2013 Oct;29(10):2017–27.
 - (10) O'Donnell CA, Burns N, Mair FS, Dowrick C, Clissmann C, van den Muijsenbergh M, et al. Reducing the health care burden for marginalised migrants: The potential role for primary care in Europe. Health Policy (New York). 2016;120(5):495–508.