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

D. Lareñas-Rosa1, S. M. Astorga-Pinto1, B. Cabieses1,2

1Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana Universidad del Desarrollo, Chile

2Department of Health Sciences, University of York, UK

Contact: Daniel Lareñas Rosa, d.larenas@udd.cl

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).

Methods

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.

Results

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>92</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulations</td>
<td>22</td>
</tr>
<tr>
<td>Policies</td>
<td>6</td>
</tr>
<tr>
<td>National plans</td>
<td>8</td>
</tr>
<tr>
<td>Programs</td>
<td>19</td>
</tr>
<tr>
<td>Specific actions</td>
<td>29</td>
</tr>
<tr>
<td>Bilateral agreements</td>
<td>8</td>
</tr>
</tbody>
</table>

Acts, codes, decrees, resolutions, circulars

Vision/mission, purpose, general objective, specific objectives, strategies or axes, action guidelines, activities

Treaties, convenant, agreements

Figure 1. Number of initiatives by country

Health Authority

- Intersectoral coordination
- Training of human resources in health
- Strategies to expand health coverage and guarantee access to care.

Primary level

- Services
  - Mental health services
  - Comprehensive approach to childhood services
  - Low complexity
  - Prevention
  - Detection
  - Educational
  - Basic assistance
  - Attention in crisis
  - Delivered at
  - Small clinics
  - Returnee care centers
  - Care centers of deportees
  - Consultations
  - Points border crossings
  - Entry points to the countries

Secondary level

- Mental health services
- Comprehensive approach to childhood services
- Emergency care
- Urgency services
- Pregnancy care

Tertiary level

- Obstetrics
- Neonatal care
- Mental health

Conclusions

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

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

References


