

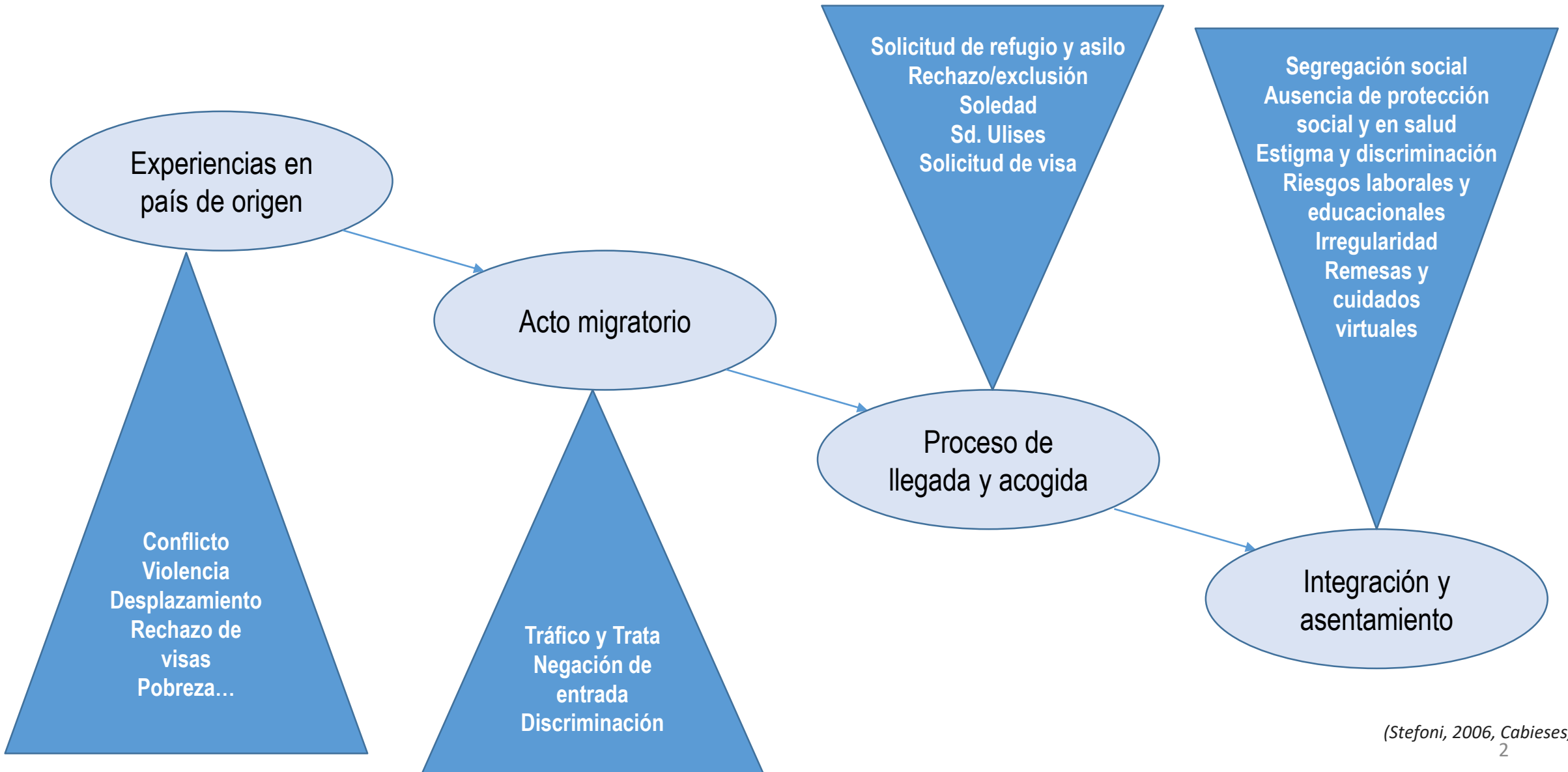
# Algunos Desafíos en Salud de Personas Migrantes Internacionales en Chile

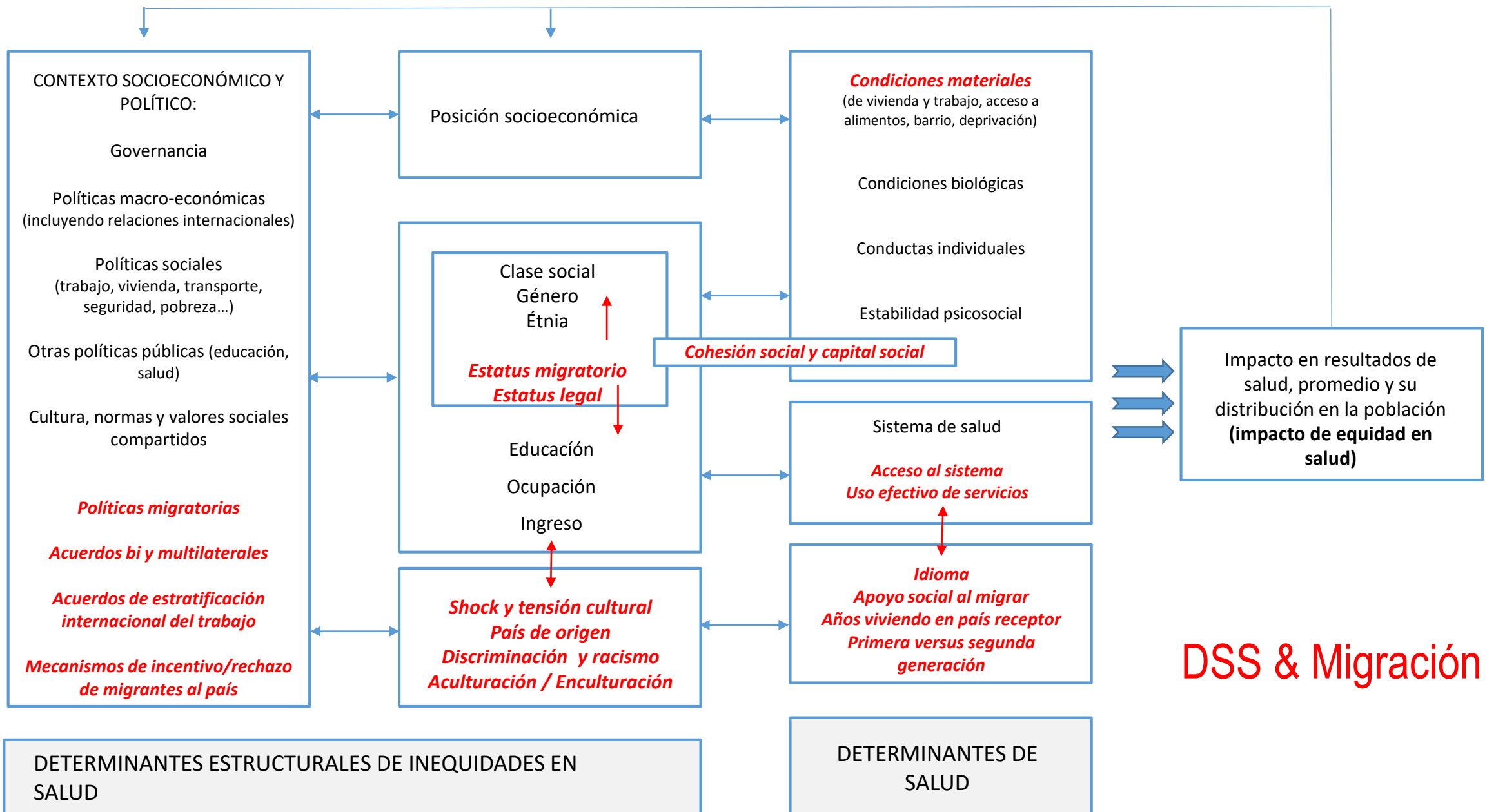
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# Riesgos para la salud a lo largo del proceso migratorio





# Políticas de salud a migrantes en LAC

Revisión de Web  
gubernamentales: 104  
iniciativas

**5 conceptos para análisis de estas políticas, programas o intervenciones en la region:**

1. Derechos Humanos (casi todos)
2. Proceso Migratorio (la mayoría)
3. Interculturalidad en salud (n=6)
4. Bien superior del niño (n=18)
5. Intersectorialidad y SeTPs (n=8)



## Proposal for Action in Health

### EXPLICIT INCLUSION OF HEALTH IN THE GLOBAL COMPACT FOR SAFE, ORDERLY AND REGULAR MIGRATION

Migrants have the right to complete physical, mental and social well-being.

To ensure a comprehensive and humane approach to migration management, the inclusion of the health dimension is fundamental.

Migration contributes to the development of countries, both in communities of origin and destination. In the Americas, the number of people who migrated across international borders has increased by 36% throughout the last 15 years, reaching over 65 million people. A high proportion of these people neither have access to comprehensive health services, nor do they have financial protection for issues concerning their health. Often, structural and social barriers such as non-inclusive health policies and systems for migrant populations and high healthcare costs, make it challenging to access these services. This is also compounded by cultural differences, different languages, stigmatization and discrimination, as well as migrants' fear of arrest and deportation. The region is also experiencing a constant flow of people who are returned to their communities of origin, and who are subject to added vulnerabilities associated with the migration cycle<sup>2</sup>, along with challenges in the reintegration process; a population in transit that has been exposed to emerging diseases, sexual abuse and violence, as well as complex social and psychosocial processes that affect family members who were left behind.

In May 2017, the World Health Assembly endorsed resolution WHA70.15 on **Promoting the Health of Refugees and Migrants**, urging the 194 Member States of the World Health Organization (WHO) to strengthen international cooperation in health of refugees and migrants in alignment with the 2016 **New York Declaration for Refugees and Migrants**.<sup>3</sup> In 2001, Heads of State within the Organization of American States (OAS) agreed to establish an Inter-American Program for promoting and protecting the human rights of all migrants, regardless of their migratory status. In 2016, the 55th Directing Council of the Pan American Health Organization (PAHO) endorsed resolution CD55.R13 on the **Health of Migrants**, urging Member States to generate policies and programs that address health inequities affecting migrants, and to promote actions on borders. Moreover, in November 2016 the Regional Conference on Migration (RCM) incorporated **Migration and Health** as a Human Rights' thematic focus for the Regional Consultation Group on Migration. In April 2017, Ministers of Health of the Americas signed the **Ministerial Declaration on Health and Migration in Mesoamerica**,<sup>4</sup> where, as Member States of the United Nations System and the Inter-American System, they recognize the commitments made to improve the health of migrants, based on the recommendations of international framework instruments.

To provide health inputs to draft zero of the Global Compact for Safe, Orderly and Regular Migration (GCM), PAHO and the International Organization for Migration (IOM), along with Member States, other United Nations Agencies and relevant stakeholders, have developed the "Proposed Health Component for the GCM".<sup>3</sup> In order to adapt this document to the Americas<sup>4</sup>, the Expert Group that conforms the Steering Committee of the Joint Initiative on the Health of Migrants developed this proposal for action, with technical support from IOM and PAHO/WHO. This proposal for action has been presented to partner organizations of the Joint Initiative, to the governments of countries in the Americas, and to different Regional Forums on health and migration, including the Council of Ministers of Health of Central America (COMISCA) and RCM.

<sup>1</sup>Comprehensive health services are understood as individual and collective promotion, prevention, disease treatment, rehabilitation and palliative health services.

<sup>2</sup>The migration cycle is understood as the different stages during the migration process including: communities of origin, transit, destination and return.

<sup>3</sup> See attached document in English "Proposed Health Component for the GCM".

<sup>4</sup>Details on the development process of this proposal are available at [www.saludymigración.org](http://www.saludymigración.org)

## GOAL: Explicit inclusion of the health dimension in the GCM

Proposed commitments in accordance with the six thematic consultations organized by the United Nations on the GCM.

### Topic 1. Human rights of migrants

Effectively implement existing instruments, or develop harmonized local, national, binational and regional instruments, that facilitate the elimination of obstacles and generate evidence on the exercise of the right to health of migrants, such as standards, protocols, agreements and information systems, regardless of their migratory status.

### Topic 2. Effects of irregular and regular migration

Develop national intersectoral mechanisms of healthcare and protection to ensure the rights of migrants in conditions of vulnerability, regardless of their migratory status and during all stages of the migration cycle, including the stages of return and social reintegration.

### Topic 3. International cooperation and the governance of migration in all its dimensions

Develop a technical and financial international cooperation agenda on the health of migrants, that is prioritized and articulated, and that addresses all stages of the migration cycle.

### Topic 4. Smuggling of migrants, trafficking in women, children and youth

Strengthen the capacities of the health sector to:

- detect, refer and provide comprehensive care, including psychosocial support, to victims of trafficking and other forms of slavery and kidnapping; and
- address the physical and emotional consequences linked to the smuggling/trafficking of migrants.

### Topic 5: Contributions of migrants and diasporas in sustainable development

Promote mechanisms that enable diasporas to strengthen the health and social protection systems in the communities of origin, through mechanisms that facilitate the mobilization of human, technical and financial resources.

### Topic 6: Migrations caused by the effects of climate change or crises contexts

Develop public policies that promote health equity in communities of origin, as response to factors that drive migration in vulnerable conditions.

## Means of compliance and verification

The Ministries of Health are responsible for carrying out the necessary actions to fulfill any commitments agreed upon. IOM and WHO, in particular PAHO, would be responsible for promoting the implementation of these commitments in coordination with other Agencies of the United Nations System. These institutions are responsible for providing technical support, strengthening inter-institutional coordination and international collaboration mechanisms, providing advice to strengthen legal frameworks to ensure the exercise of the Right to Health, and facilitating the mobilization of human, technical, and financial resources to reinforce the social response in health for migrants and their families. Specific mechanisms should be created to monitor compliance with the goals and commitments adopted by the Ministries of Health, as well as to evaluate that the implemented actions have achieved the expected results. The proposed commitments should be implemented with the support of multilateral funds established in the context of the GCM.

# La política sanitaria y la migración internacional en Chile

**1984: Regulación Presidencial N°597**  
Inmigrantes pueden obtener visa/RUT

**2007: Protección social y de salud a refugiados en Chile**

**2015-2017: Diseño y ejecución del Piloto Nacional de Salud Inmigrantes MINSAL**

**2017: Evaluación del Piloto Nacional**

**Oct 2017: Lanzamiento de la Política Nacional de Salud de Inmigrantes**

**2006: Mujeres inmigrantes embarazadas**  
pueden acceder a atención prenatal gratuita

**2009: Atención de emergencia a migrantes internacionales**

**El Consejo Nacional de Política Migratoria** fue creado

**2016: Decreto 67 y Circular Numero 4 de acceso a salud pública para inmigrantes sin RUT**

**2018: Plan de Acción de la Política**

## Protección social en salud en Chile

Análisis CASEN 2013

Análisis CASEN 2015

Indicador	Inmigrantes	Chilenos	Inmigrantes	Chilenos
Total sin previsión de salud	<b>8,5%</b>	2,5%	<b>15,7%</b>	2,7%
Niños 0-14 años sin previsión de salud	<b>12,3%</b>	1,2%	<b>26,6%</b>	1,6%
No atención ante un problema de salud (últimos 3 meses)	<b>8,9%</b>	7,1%	<b>11,7%</b>	6,8%
Está en tratamiento médico últimos 12 meses	<b>13,3%</b>	24,4%	<b>12,4%</b>	25,6%

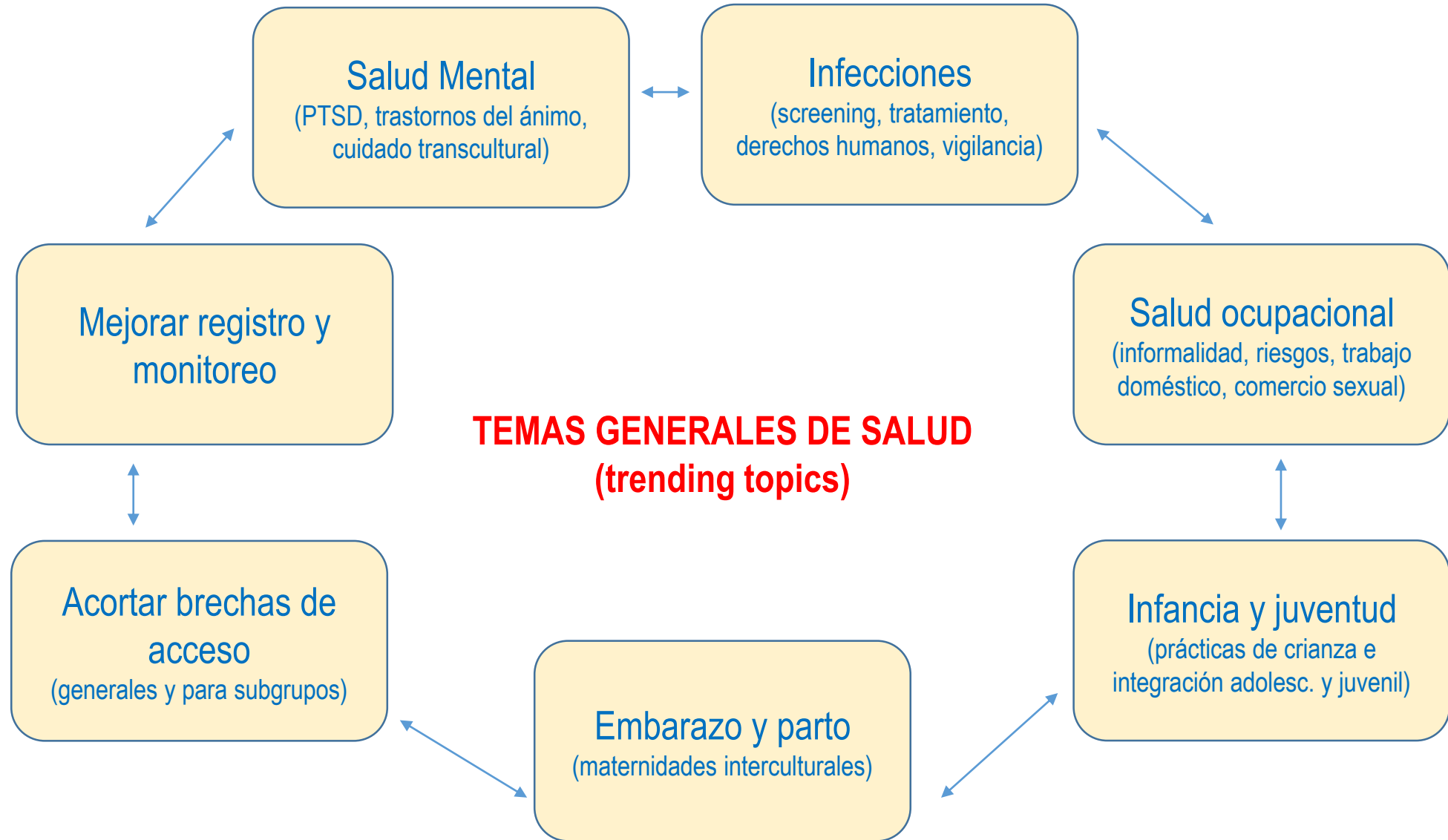
Se observa menor acceso y del sistema de salud por parte de personas migrantes internacionales comparado con población local

# Flujo de atención y barreras de acceso y uso de servicios de salud, CASEN 2017

	Inmigrante		Nacido en Chile		Razón Inmigrante: Chileno
	cantidad	porcentaje	cantidad	porcentaje	
Sin previsión de salud	123.013	16,28	378.239	2,29	7,1 *
<b>Necesidad sentida (Corto plazo)</b>	<b>116.187</b>	<b>15,12</b>	<b>3.361.433</b>	<b>20,16</b>	<b>0,8 *</b>
Demanda no expresada	10.720	9,35	203.530	6,14	1,5 *
Motivos de no consulta:					
Voluntaria	8.042	80,86	158.604	87,12	0,9
Involuntaria	1.904	19,14	23.449	12,88	1,5
<b>Necesidad no satisfecha</b>	<b>1.904</b>	<b>1,67</b>	<b>23.449</b>	<b>0,71</b>	<b>2,4 *</b>
Barreras de acceso	25.179	24,75	774.792	25,39	1,0
Problemas para:					
Llegar a la consulta	4.105	4,02	218.147	7,14	0,6 *
Conseguir una cita/atención	14.724	14,43	390.782	12,80	1,1
Ser atendido en el establecimiento	13.186	12,96	501.580	16,42	0,8
Pagar por la atención	5.585	5,47	171.711	5,62	1,0
Entrega de medicamentos	7.403	7,47	227.843	7,25	1,0
<b>Necesidad sentida (Largo plazo)</b>	<b>74.216</b>	<b>9,65</b>	<b>4.374.959</b>	<b>26,25</b>	<b>0,4 *</b>
<b>No cobertura</b>	<b>16.878</b>	<b>44,57</b>	<b>450.398</b>	<b>15,24</b>	<b>2,9 *</b>
Motivos de no consulta:					
Voluntaria	6.974	44,16	230.410	55,29	0,8
Otra razón, no especificada	3.865	24,47	96.017	23,04	1,1
Involuntaria	4.953	31,36	90.330	21,68	1,4
<b>Necesidad no satisfecha</b>	<b>4.953</b>	<b>15,05</b>	<b>90.330</b>	<b>3,2</b>	<b>4,7 *</b>

\* Indicador no independiente de la condición de inmigrante ( $\alpha=0,05$ ). Test F, corrección de segundo orden Rao y Scott.







## Desafíos a enfrentar en la actualidad y recomendaciones

1. Mejorar el **registro y monitoreo** de migrantes internacionales y sus hijos en el sistema de salud público y privado.
2. Alcanzar mayor cobertura de **sensibilización y capacitación** a equipos de salud en todos los niveles de acción del sistema de salud.
3. Definir un **Plan de Acción** específico, transversal y priorizado, para la Política Nacional de Salud de Migrantes (octubre del 2017).
4. Desarrollar un plan estratégico que promueva el **trabajo con el intersector**, en especial de salud en conjunto con trabajo, vivienda, educación y desarrollo social.
5. Desarrollar un plan estratégico que promueva el **buen trato y la no discriminación** en salud hacia migrantes, desde un enfoque intercultural y basado en derechos.
6. Fortalecer la **investigación y transferencia del conocimiento** en salud de migrantes internacionales.
7. Potenciar y promover la **colaboración amplia en Chile** en favor del bienestar y salud de migrantes internacionales, que incluya al menos al gobierno, el mundo académico y organizaciones civiles vinculadas a este tema.

# La migración internacional como determinante social de la salud en Chile: evidencia y propuestas para políticas públicas

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