

### Venezuelan Migration

# Impacts on Health

**Ministry of Health and Social Protection** 



### **Staggering migration patterns**

June 2019



#### 1.4 million

Venezuelans Regular: 742.390

Irregular: 665.665

Migrants in Transit only to Ecuador went from **32.811 (2016)** to 710.366 (2018)



Pendular migration **3.405.731 people** with Border Mobility Card (TMF)



Returned Colombians and their families: 500.000 people

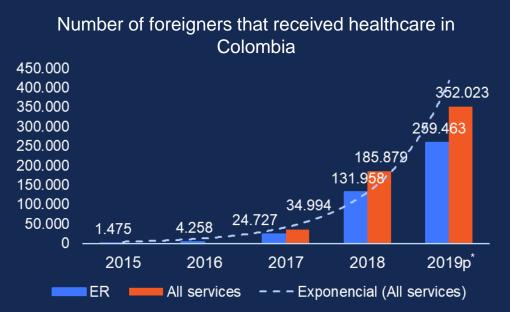
Pressure on the Health System in Colombia More than 6 million people

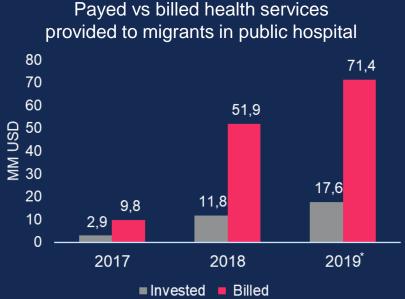
#### Main public health challenges

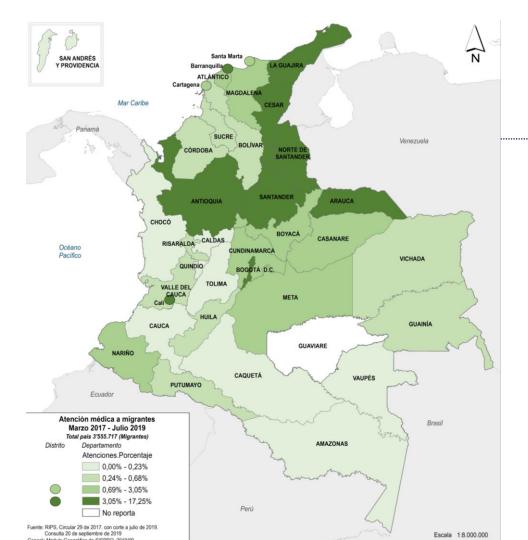
- Maintain vaccination coverage
- Sexual and reproductive health
- Children Malnutrition
- Vector transmitted diseases (malaria)
- Mental Health
- Comprehensive treatment in cancer and renal patients

#### Services provided to migrants

Migrants have many unmet health needs which ultimately put a strain on the health system, starting with ER services







## Healthcare services provided to migrants

July 2019

### Strategies to meet the health needs of migrants

Strengthening of public health actions and Epidemiological encirclement in Venezuela (PAHO)

Affiliation to the National Health
System for migrants: returnees,
regular and priority groups

Adaptation of the **Health Sector Response Plan** to the migration phenomenon and its incorporation into the Health Plans at the territorial level

3

Evaluation of international cooperation, fundraising and strengthen health care in low complexity and priority

# World Bank PforR on quality of care and efficiency: supporting the affiliation of migrants in the mandatory social security system





## A 2018 World Bank Rapid Assessment recommended prioritizing the affiliation of migrants in the general social security system



- Prioritize affiliation of registered, regular migrants to mandatory social security system
- Implementation of a comprehensive health care model with migratory component
- Strengthen public health actions (e.g. prenatal controls, vaccination)
- Knowledge gaps to be addressed:
  - Clinical practice guidelines and protocols for assistance to migrants
  - RIAS activation mental health and maternal health
  - Health needs assessment in border areas
  - Updated estimations of additional costs to deliver healthcare services to the migrant population

## The government of Colombia has developed a comprehensive (but unfunded) response plan to the issue of migration for the health sector



#### ESTRATEGIA PARA LA ATENCIÓN DE LA MIGRACIÓN DESDE VENEZUELA

Departamento Nacional de Planeación Ministerio del Interior Ministerio de Relaciones Exteriores Ministerio de Defensa Nacional Ministerio de Salud y Protección Social Ministerio del Trabajo Ministerio de Minas y Energía Ministerio de Comercio, Industria y Turismo Ministerio de Educación Nacional Ministerio de Vivienda, Ciudad y Territorio Departamento Administrativo de la Presidencia de la República Instituto Colombiano de Bienestar Familiar Unidad Administrativa Especial Migración Colombia Instituto Nacional de Salud Instituto Nacional de Vigilancia de Medicamento Unidad para la Atención y Reparación Integral a las Víctimas Unidad Nacional para la Gestión del Riesgo de Desastres Servicio Nacional de Aprendizaje Unidad Administrativa Especial del Servicio Público de Empleo

Versión aprobada



## The WB Health PforR project focuses on accelerating the affiliation of regularized migrants as a strategy to address the health needs of this population and improving quality and efficiency in the sector for all

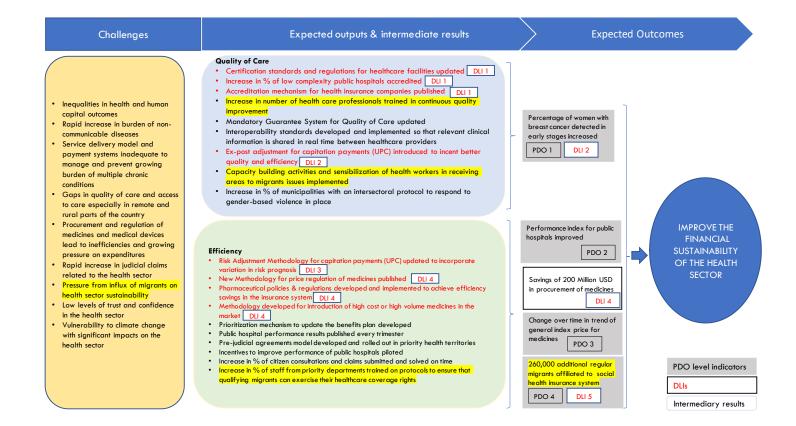
#### Rationale and expected benefits

- Increasing the number of people affiliated will likely increased access to primary health care services, including screening and diagnostic services (pre-paid and often subsidized); decreasing therefore the likelihood of complication and the use of already overburden emergency services.
- Improving the quality of service provision and better adapting them to the needs of the migrant population through increasing capacity and sensibilization of health personnel and ensuring the provision of migrant focused services. Mental health services are particularly important
- Increasing efficiency in spending by increasing the pools of risk and resources, by ensuring that all eligible migrants affiliate to the SGPSS (e.g. repatriated Colombians, and resident Venezuelans – with PEP)
- Ensuring that there are enough resources available to finance the provision of emergency services to migrant population and avoid the collapse of public facilities, which would also negatively affect the host population in areas already underserved (e.g. Arauca, Guajira, Norte de Santander).
- A necessary investment to preventing and/or stop the transmission of vaccine preventable diseases
- Better organized service delivery with lower negative impact of influx of migrants to host populations

## The Colombia Health PforR will finance the achievement of an additional 260,000 migrants from Venezuela enrolled in the general social security system

- USD 30m assigned to achievement of 260,000 new enrollments through DLI 5
- Prior action for 2019 consists of publication of presidential decree clarifying conditions under which regular migrants (with PEP) can be affiliated to the mandatory social security system
- Number of regular migrants affiliated to the mandatory social security system will be scaled up over three years: +60,000 on year 1, +100,000 on year 2, +100,000 on year 3
- Additional resources from the GCFF will help achieve this specific result and will support other synergistic objectives of the project including efforts to strengthen departments and health care services in affiliating migrants and addressing their healthcare needs
- Enrolment goal has been estimated based on the discounted average annual value of 2019's national premium for the subsidized regime (aprox. \$230.7 as of sept 2019), assuming a \$40M grant

## Addressing the influx of migrants is embedded in a broader logic model aiming at addressing sustainability concerns in the sector



## The WB provides additional technical assistance & capacity building activities which will help achieve PforR results

- Regional and development partners coordination and articulation
- Technical assistance
  - Use of disruptive technologies for monitoring health demands of mobile migrants
  - Design and testing of specific packages tailored to needs of migrants
- Bridging knowledge Gaps
  - "Big Questions in Forced Migration and Health"
  - International benchmarking including from other regions such as MENA
- Capacity Building
  - Training of health sector actors at multiple levels on affiliation mechanisms and public health surveillance







### ► Thank you!

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