Mixed Migration Centre

MMC Latin America and the Caribbean - 4Mi Snapshot – March 2021

Access to health services for Venezuelans in Colombia and Peru during the COVID-19 pandemic

This snapshot offers an analysis on the perception that Venezuelan refugees and migrants have with regard to their ability to access health services during the COVID-19 pandemic in Colombia and Peru. It aims to contribute towards a solid evidence base to inform targeted responses on the ground, as well as advocacy efforts related to the situation of refugees and migrants during the coronavirus pandemic.

Recommendations

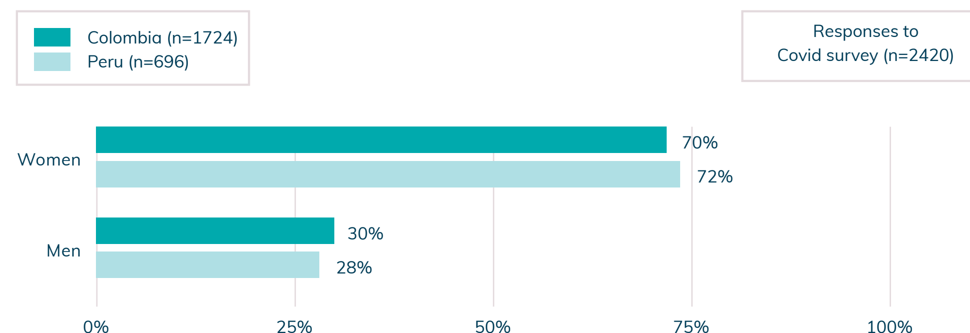
- Strengthen data collection efforts on medical needs and access to healthcare for refugees and migrants, including secondary and tertiary healthcare, making sure disaggregated data is available based on immigration status.
- Improve refugees and migrants' access to basic services through their regularization and documentation.
- Enhance free access to public health services for refugees and migrants with limited economic resources.
- Create clear guidelines on the prohibition of discrimination based on immigration status in access to healthcare and ensure the implementation of these guidelines.
- For the humanitarian sector: enable protection activities to cover the costs of emergency health care for refugees and migrants that cannot afford the service, for example through individualized protection assistance or cash for protection.

Profiles

The analysis is based on 2,420 surveys implemented between July 2020 and January 2021 partially by face-to-face interviews and partially remotely, by phone. 1,724 surveys were carried out in Colombia (71%) and 696 in Peru (29%).

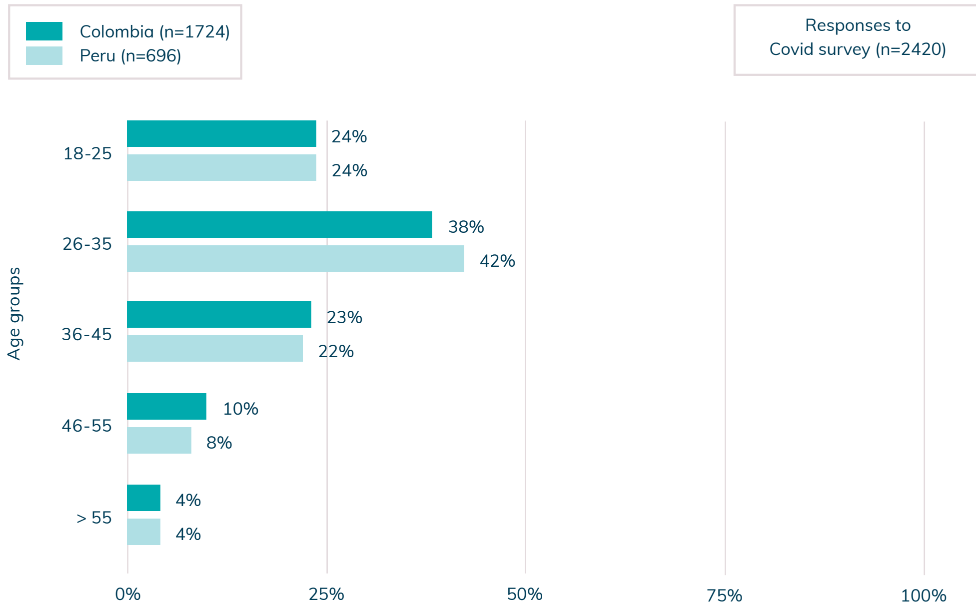
71% of all respondents were women and 29% were men. This proportion is similar in both countries (see Figure 1). This proportion changes slightly depending on the specific data collection location, but women represent the majority of respondents in all locations.

Figure 1. Sex by survey country



The average age of respondents in Colombia was 34 and 33 in Peru (see Figure 2 in the following page).

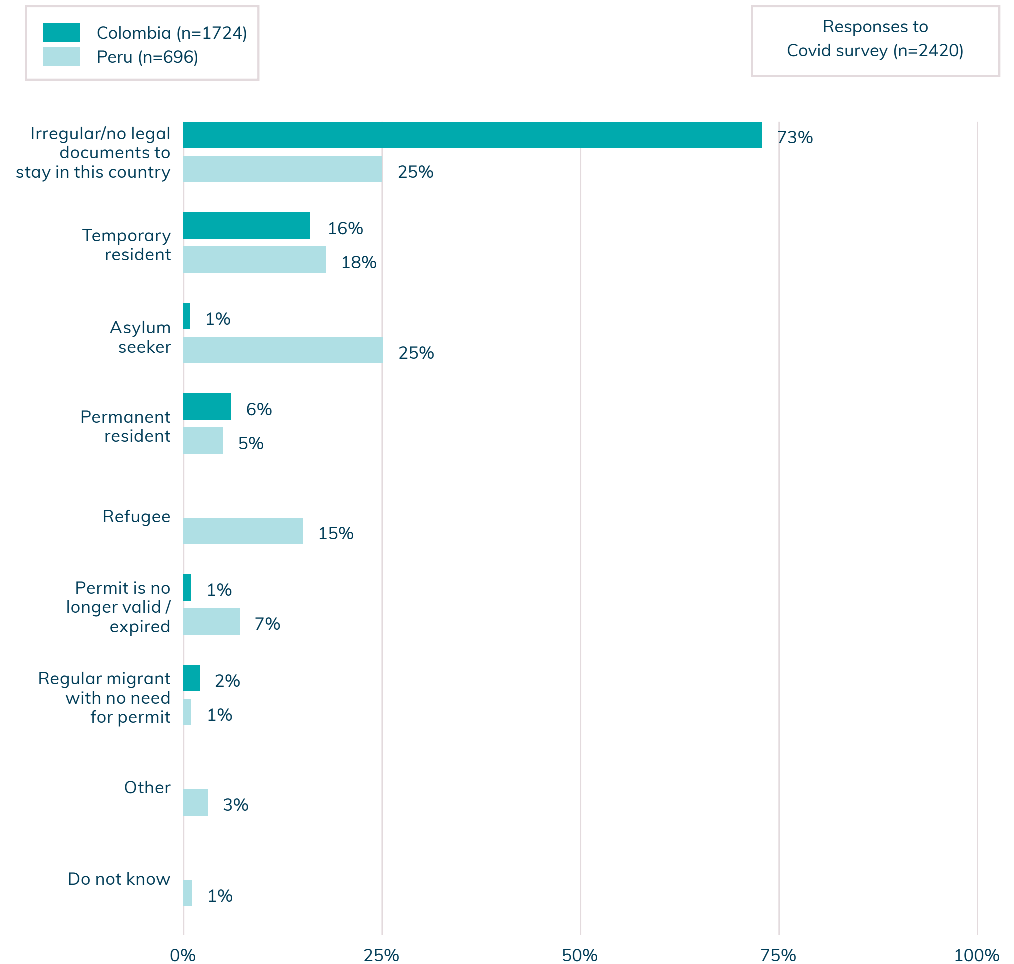
Figure 2. Age ranges by survey country



There are significant differences[1] regarding the legal status of respondents between the two countries. The majority of respondents in Colombia reported being in an irregular situation (73%) and to a much lesser extent holding a temporary permit (16%) or permanent residence (6%). The proportion of respondents in Peru who said they were in an irregular situation was much lower (25%), while more respondents indicated being asylum seekers (25%) or refugees (15%) (see Figure 3). Differences in the legal status of respondents could be due, at least in part, to 4Mi's presence and recruitment strategy in the two countries, which lead to a higher share of respondents who recently arrived in the country of interview in Colombia, compared to Peru. As in both countries access to asylum and regularization options was easier before mid-2019, the fact that respondents in Peru have been in the country of interview for longer can imply that they had better access to asylum and regularization. Secondly, very few Venezuelans choose to apply for asylum in Colombia for several reasons, including lack of information, a very low recognition rate and obstacles in access to work for asylum seekers.

Thirdly, in Peru immigration proceedings have been firstly suspended and later heavily delayed due to the pandemic, and the national legal framework foresees the automatic extension of the previous immigration status - including temporary tourist permits - until a new decision is taken.

Figure 3. "What is your current migration/legal status?"



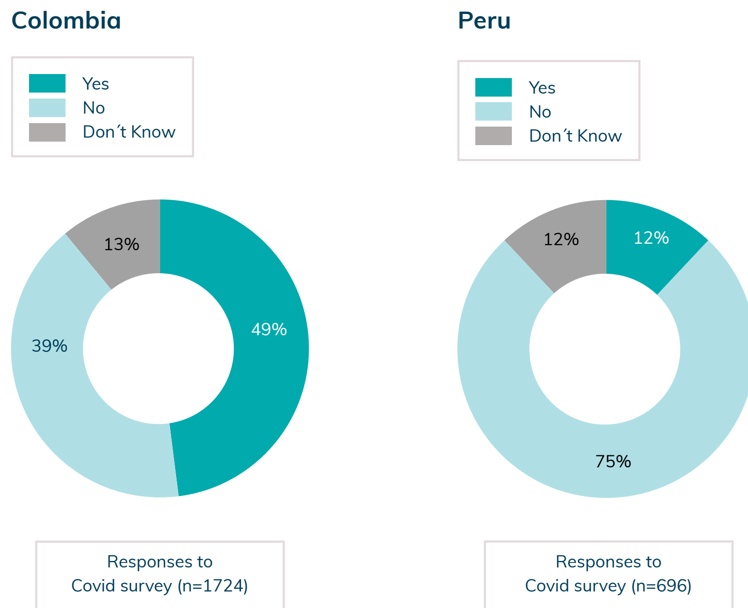
1 Significant differences identified throughout this analysis were found through z-tests at the 0.05 level of significance.

Limited access to health services in Peru and Colombia

Health needs are particularly high among Venezuelan refugees and migrants, many of whom had inadequate access to healthcare in Venezuela and left their country of origin seeking to meet their needs.[2] While access to health services was already difficult for people on the move before the pandemic hit, the additional burden placed on health services by COVID-19 made such access even more precarious.

Perception of access to medical services in case they contracted COVID-19 show strong differences between respondents in the two countries of interview. Only 12% of respondents in Peru believe that, if they had symptoms of COVID-19, they would be able to access medical services in the country. By contrast, in Colombia this percentage reached 49% (see Figure 4).

Figure 4. "If you had coronavirus symptoms and needed healthcare, would you be able to access health services today?"



2 Amnesty International (2018) Venezuela: Unattended health rights crisis is forcing thousands to flee; MMC (2019) Waning welcome: the growing challenges facing mixed migration flows from Venezuela , p.19.

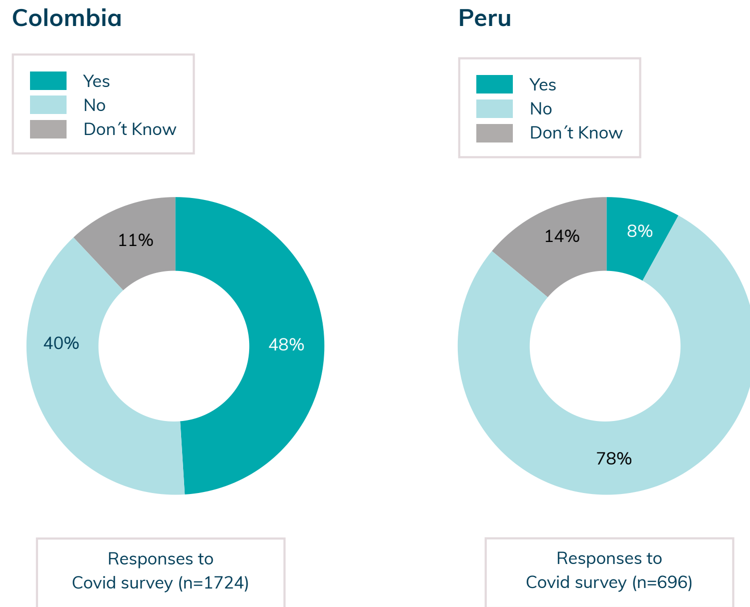
The two countries managed differently the issue of healthcare access for Venezuelan refugees and migrants during the COVID-19 pandemic.

In Peru, only foreigners with a regular status could access public health services, while those in an irregular situation would have to pay high prices to access private health services. According to local actors, access to healthcare for asylum seekers and refugees is also limited: despite their regular status, they can only access emergency health services. Exceptions to this are granted for pregnant women (extended for 45 days after childbirth), for children under 5, people with HIV, and confirmed COVID-19 cases.

In Colombia, the situation is – at least in theory - the opposite: local and national governments established that everyone would have access to public health services in case of COVID-19 symptoms, regardless of their immigration status. Additionally, various NGOs and local organizations have also been providing healthcare to refugees and migrants during the COVID-19 pandemic. This contrast may explain our findings.

The perception regarding access to medical services remains largely unvaried in the case of urgent health needs other than COVID-19. In this case, 78% of respondents in Peru and 40% of those interviewed in Colombia believe that they would not be able to access health services (see Figure 5).

Figure 5. "If you had urgent health needs other than COVID-19, would you be able to access health services today?"



"All my family had COVID. My 4-month-old baby and my 4-year-old child, my 26-year-old husband and myself. We overcame it alone, without medical support".
25-year-old woman in Arequipa (Peru)

Money, legal status and discrimination as main barriers to access healthcare

According to respondents in Colombia, the main barriers in accessing healthcare include not having the necessary legal status or documents (66%), not having enough money to pay for health services (55%) and, to a lesser extent, discrimination against foreigners (21%).

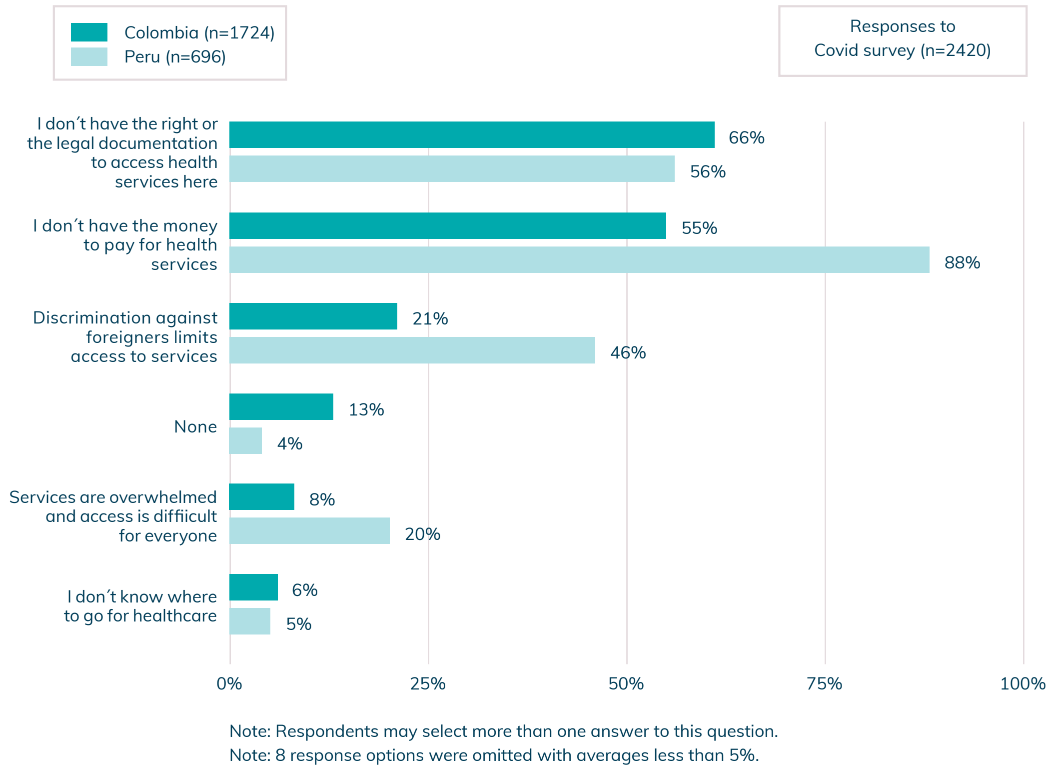
"I came from Venezuela because I was sick, I have lupus and inflammation of the brain. I have two nodules in the thyroid. I am not working, and the landlord is trying to evict me. I could lose my house because I have not been able to pay the landlord: I owe 2 months of rent. My husband has kidney stones. We don't have money to go to the doctor or to call for an appointment".
33-year-old woman in Cúcuta (Colombia)

In Colombia, access to healthcare is theoretically guaranteed for refugees and migrants with COVID-19 symptoms. However, according to local actors and 4Mi monitors, access to public clinics is in practice often denied to those with an irregular status, in many cases by the clinic's doormen.

Additionally, even public health services have a cost, whether to pay for prescribed drugs or a contribution for the medical consultation: fees that, even if low, are often excessive for people on the move. Although almost half of respondents (48%) perceived that they would be able to access to healthcare, according to 4Mi monitors, they mostly do not rely on public health services, but rather on medical services provided by civil society organizations (including, mainly, the Colombian Red Cross).

In Peru, the same barriers were mentioned but with a slightly different order: the most frequently mentioned barrier was lack of money for medical services (88%), followed by not having the necessary legal status or documents (56%) and, with quite a high percentage, discrimination against foreigners (46%) (see Figure 6).

Figure 6. “What are the barriers to accessing health services?”



Note: Respondents may select more than one answer to this question.
Note: 8 response options were omitted with averages less than 5%.

According to several studies, most refugees and migrants in Peru are not affiliated to either public or private health insurance[3]. The cost of healthcare is therefore generally too high for people on the move, who frequently work in the informal sector, are underpaid or are unemployed. In addition, according to 4Mi monitors, xenophobic discourse has been so pervasive in the campaign for the upcoming presidential elections in Peru, that many Venezuelan refugees and migrants with regular status are now convinced that they would not be able to access medical services – nor any other type of public services - if they needed to, even if they have theoretically the right to do so.

“I am grateful to Arequipa for the opportunity they gave me here because, for my age, it went well for me. However, I have a specific health condition and I have not been able to go to the doctor”.
50-year-old woman in Arequipa (Peru)

“I would like to say to Venezuelans that it is not easy to live the painful reality of being discriminated for being from Venezuela. In Colombia, our work, time and health are worth less. Once, I went to a doctor and he told me: “As you’re from Venezuela, go to die in your country”.
34-year-old woman in Barranquilla (Colombia)

3 Coordinadora Nacional de Derechos Humanos (2020), Informe alternativo al comité de protección de los derechos de todos los trabajadores migratorios y de sus familiares; Akram Hernández-Vásquez and all (2019), Factores asociados a la no utilización de servicios de salud en inmigrantes venezolanos en Perú.

DANISH REFUGEE COUNCIL

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4Mi & COVID-19

The Mixed Migration Monitoring Mechanism Initiative (4Mi) is the Mixed Migration Centre's flagship primary data collection system, an innovative approach that helps fill knowledge gaps, and inform policy and response regarding the nature of mixed migratory movements. Normally, the recruitment of respondents and interviews take place face-to-face. Due to the COVID-19 pandemic, face-to-face recruitment and data collection has been suspended in all countries.

MMC has responded to the COVID-19 crisis by changing the data it collects and the way it collects it. Respondents are recruited through a number of remote or third-party mechanisms; sampling is through a mixture of purposive and snowball approaches. A new survey focuses on the impact of COVID-19 on refugees and migrants, and the surveys are administered by telephone, by the 4Mi monitors in West Africa, East Africa, North Africa, Asia and Latin America. Findings derived from the surveyed sample should not be used to make inferences about the total population of refugees and migrants, as the sample is not representative. The switch to remote recruitment and data collection results in additional potential bias and risks, which cannot be completely avoided. Further measures have been put in place to check and – to the extent possible – control for bias and to protect personal data. See more 4Mi analysis and details on methodology at www.mixedmigration.org/4mi

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