

COVID-19 and Venezuelan migrants in Colombia

How can local health services overcome disparities between Venezuelan migrants and Colombian nationals in access to essential healthcare services?

The challenge: providing health services to vulnerable migrant groups

Questions of how to reach marginalized vulnerable groups, including migrants and internally displaced people, will continue to be critical for many governments around the world in the aftermath of COVID-19. This study used data from 6 different databases across 60 municipalities in Colombia to generate insights on how Venezuelan migrants accessed healthcare during the pandemic, and the impacts of public health policies, to inform local health services planning and decision-making.

While findings are localized, they indicate the importance of subnational data in informing the ongoing response to COVID-19. Additionally, the study represents an important example of utilizing and combining existing national and local datasets to generate valuable information for decision-making.



Venezuelan women and children staying the night in tents next to the Red Cross health centers. © European Union (Photographer N. Mazars) 2018 (Source: Flickr)

Background

Colombia reported its first case of COVID-19 on March 6th, 2020. As a response to COVID-19 the Colombian government implemented over 50 different types of policies/restrictions to reduce and control the spread of COVID-19. Regardless of their immigration status, Venezuelan migrants have been incorporated into Colombia's national healthcare program due to the socially progressive healthcare policies. However, little was known about how the pandemic would impact this group. Access to local and national data allowed the study team to assess the impact of the COVID-19 pandemic specifically for Venezuelan migrants. They aimed to identify effective public health policies and potential barriers for outreach and access to health services.

How the research was conducted

The study team used a range of innovative data collection methods, combining analysis of telephone survey, policy response data, health care utilization trend data, COVID-19 surveillance data, census data, and actual mobility from cellular data.

Key findings

- Venezuelans had only one third the rate of hospitalizations and one fifth the rate of consultations compared to Colombians in the same municipality.
- Venezuelans had only one tenth the rates of officially reported COVID-19 cases than Colombians in the same municipality, due largely to Venezuelans' lower access to testing and treatment for COVID-19.
- Behaviours related to public health and social distancing do not vary considerably between Venezuelan migrants and Colombian nationals, however Venezuelans do report lower rates of COVID testing and use of virtual visits.

Effective policies:

- Self-care (mask-use) and mobility restrictions were highly effective at limiting infection spread.
- Strict policy restrictions do not necessarily stop people from moving.
- Mobility trends change depending on the day of the week (reduced movement on the weekends) and the population density of municipalities.

Implications for humanitarian practitioners and policymakers

While the Colombian government has made initial strides towards reducing disparities between Colombians and Venezuelan migrants with their expansion of the temporary residence program, additional policies to improve access may be needed to continue to address the COVID-19 pandemic, particularly to deliver vaccine rollout.

- Mask wearing and mobility restriction are the best tools to reduce COVID cases especially for municipalities with large Venezuelan migrant populations. Mask wearing and mobility restriction are cost effective techniques that reduce cases and should be communicated.
- Mobility trends will help policy makers understand mobility patterns for essential workers; individuals who should be prioritized for access to healthcare services and vaccine rollout.
- Partnering at local levels can encourage the sharing of knowledge and evidence to improve effectiveness of health-services planning and decision making.

Recommendations for future research

The study team aim to use the knowledge and insights generated to continue to inform the Colombian response.

- Information and data produced could be made available in a user-friendly manner to stakeholders through appropriate channels and formats, such as data dashboards, to inform ongoing decision-making.
- Data could be used to create a linear programming tool for vaccine rollout to help analyze vaccine rollout subject to real world barriers such as population distribution and density, health care utilization barriers, knowledge of COVID-19, and implemented policy.

About the study team

- The co-principal investigators were Diana Bowser Donald S. Shepard from the Heller School for Social Policy, Brandeis University. They collaborated with Arturo Roa Harker from the School of Government at Universidad de Los Andes (Colombia lead). Study partners were the IQUARTIL team in Colombia, the United Nations Development Programme.
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Keywords

COVID-19, migrants, health systems, health care utilization, mobility data, policy response, Colombia

Articles and further reading

- [Strengthening the Humanitarian Response to COVID-19 in Colombia \(Briefing\)](#)
- [Elrha Project page: <https://www.elrha.org/project/strengthening-the-humanitarian-response-to-covid-19-in-colombia/>](#)



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<http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/>