

Prioritising migrant needs in health planning and policymaking in Colombia

Colombia's large population of Venezuelan migrants has for a while been entitled to basic state-funded medical care, but little evidence was available to understand whether and how migrants were accessing services. This study, led by Brandeis University in 2020 and 2021, sought to understand the impact of COVID-19 public health measures and other policies on Venezuelan migrants' access to health services.

The study findings provided valuable data and clear, actionable recommendations for the health protection of Venezuelan migrants in Colombia. National policymakers' knowledge and understanding of the needs of migrant populations have improved, and there is evidence that their priorities are now more positively in favour of the needs of migrants. Evidence was used to inform the vaccine roll-out and fed into the new ten-year national Public Health Plan, in line with a 2021 Colombian relaxation on migrant integration. Global and local partnerships have been strengthened to improve the evidence base for effective humanitarian response.

Title: Strengthening the Humanitarian Response to COVID-19 in Colombia

Location: Colombia

Study type: Mixed methods (desk review, surveys, key informant interviews, regression analysis)

IMPACTS

- Evidence and recommendations informed Colombian policymakers during COVID-19
- Contributed to the World Bank's body of evidence on forced migration
- Strengthened partnerships: continuing contributions to evidence base with new project

RESEARCH IMPACT LEARNING

- Maintaining engagement of policymakers is challenging – raise awareness early
- Learning from experience can be taken forward into new research

BACKGROUND



Colombia hosts 2.5 million Venezuelan migrants¹, the second highest number of displaced people in the world. By constitutional mandate, migrants are entitled to basic state-funded medical care (emergency care, general health promotion and disease prevention programs). Migrants are identified in key data systems, but analyses of their uptake are lacking – limiting the extent to which their needs are considered in policymaking.

This gap was especially notable during the COVID-19 pandemic, during which time the Colombian government implemented a series of 50 directives, restrictions and exemptions to control virus spread while allowing people to work, buy food, and visit medical facilities during the evolving pandemic. These affected both Colombians and Venezuelans.

THE STUDY



The study aimed to understand the effectiveness of COVID-19 public health policies on the whole population. It sought to establish the specific impact on Venezuelan migrants and identify barriers to access. Results were expected to inform future health services planning and decision-making in Colombia and feed into global policymaking relating to humanitarian populations.

Using administrative data from 60 municipalities across Colombia for 2019 and 2020, the study compared the rates of COVID-19 cases, deaths and health service use (hospitalisations and consultations) of Colombian nationals and Venezuelan migrants, before and after implementation of the COVID-19 public health policies. Telephone surveys of 5,159 migrants and 2,971 Colombian nationals provided empirical data at the municipal level on the lived experiences of migrants, including compliance to the COVID-19 measures and healthcare costs, and comparable data on Colombians. Public health measures studied included social distancing, mask wearing and hand hygiene, and barriers measured were lack of physical space, lack of knowledge about COVID-19, limitations of the services, and attitudes about COVID-19. Finally, anonymous cellular data (showing people's movements via their mobile phones), from the United Nations Development Programme's Grandata initiative, was included to provide insights into mobility.

FINDINGS



The study identified mask use and mobility restrictions as effective policy restrictions at limiting the spread of infection.

A key finding was that personal behaviours related to public health did not vary considerably between Venezuelan migrants and Colombian nationals. Access to health insurance proved to be the major determinant of utilisation of regular medical care. Access to health care services improved as Venezuelan migrants were enrolled into more complete health insurance schemes.

The study found a number of gaps between Colombian nationals and Venezuelan migrants. Venezuelan migrants had almost equal rates of hospitalisation compared to Colombians. But Venezuelans accessed routine healthcare services to a much lower extent than Colombian nationals. They had only one-seventh of the rate of consultations compared with Colombians in the same municipality. They had only one-tenth of the rate of reported COVID-19 cases compared with Colombian nationals in the same municipality, due largely to reduced access to testing and treatment for COVID-19. Venezuelans also reported lower rates of COVID-19 testing, and lower use of virtual visits during the pandemic. Finally, there was a striking difference between weekend and weekday mobility across municipalities. Weekday mobility, presumably associated with travel for work or buying necessities, carried relatively little COVID-19 risk. On the other hand, weekend mobility, more associated with social activities, had a higher COVID-19 incidence.



Public health advice posters, near the San Pedro Bridge, which crosses between Venezuela and Colombia near Cucuta, Colombia. Credit: Arturo Harker Roa.

COMMUNICATIONS AND ENGAGEMENT



The study was conducted by a global and local research partnership that included leading experts from different disciplines to achieve project goals and maximise uptake of the results. Brandeis University was the lead institution on this grant, the local university Universidad de Los Andes led the collection and analysis of public data, and a local company called IQuartil fielded the telephone survey. Knowledge of local geopolitics and policy was particularly invaluable in mapping government actors to target with the study information, and support from the World Bank enhanced study visibility on an international scale.

“We formed a very good partnership, and everyone had something to bring to the table, we were continuously learning.” – Dr Arturo Harker Roa, Study Team Lead, Universidad de Los Andes.

High-level dissemination and engagement with key government officials, through meetings and written updates, enhanced the study’s visibility, credibility and integration into national planning. Targeted outputs were produced, such as a policy brief and ‘research snapshot’ for busy policymakers, and peer-reviewed publications for the research community. These continue to be an important point of reference for policy, practice and further research.

This responsive project was integrated with a larger multi-country research effort led by the World Bank. As part of this engagement, the study team built an integrated COVID-19 consortium network, integrating and harmonising data across municipalities. The consortium’s monthly meetings with diverse representation, such as the United Nations High Commission for Refugees, proved to be valuable for engaging stakeholders and communicating and disseminating study findings.

Following these engagement activities, the study team was invited by the Colombian Ministry of Health to support roll-out of their ‘national health and migration observatory’, created to prioritise decision-making for migration populations in public health policy design, improving the security, dignity and human rights of all migrants.

UPTAKE AND IMPACT



The study provided valuable data and actionable recommendations for the health protection of both migrant populations and Colombian nationals – showing disparities between the two categories where they exist. It represents an important example of using and combining existing national and local datasets.

Colombian policymakers' knowledge and understanding of migrant populations has improved as a result of the study findings. There is also evidence that policymakers' priorities are now more positively in favour of the health status, rights and dignity of migrants, at least in part due to the study findings.

Data from the study prompted policymakers and decision-makers at the local health ministry, municipal level, central government and partners such as the World Bank, to consider the short, medium and long-term effects of government policies on migrant populations. It was used to directly inform COVID-19 vaccine roll-out specifically for Venezuelan migrants in Colombia, and it will continue to be used to inform national policy and planning, including mitigating the impact of future outbreaks among migrant populations.

“The Ministry of Health has scarce data, let alone granular stratified data on migrants, so this [research] is valuable. The Ministry also has limited resources to collect and analyse all the data it needs on its own... therefore support from studies like this and getting valuable, organised and quality data at a critical time means that we were leveraging external resources to drive the national agenda”

– Key Informant Interview, Colombian Ministry of Health and Social Protection

Study findings were shared with the team leading the design of the new ten-year national Public Health Plan, launched in 2021, providing information on access to healthcare services by Venezuelan migrants for the chapter on migrant populations.

According to inside sources, new government leadership (a new President and new leadership of the Ministry of Health and Social Protection) is keen to demonstrate alignment with a human rights approach, starting with Universal Health Coverage and in particular improving access to COVID-19 vaccination.

“...study findings helped the government to make a good epidemiological decision regardless of migration status... the evidence helped to put important health and migration information on the political agenda of Colombia”

– Key Informant Interview, Colombian Ministry of Health Migrant Policy Coalition Member.

At the global level, the study findings contributed to the World Bank agenda to create a body of evidence on forced migration, building on the project 'Big Questions in Forced Migration', examining the cost of healthcare services for migrant and refugee populations in four countries, including Colombia. Colombia emerged as the leader in integrating migrants into its national health system. As a result, the study findings have informed humanitarian policy, planning and decision-making to improve migrant health outcomes at a reasonable cost.

The study findings supported the strengthening of global and local partnerships to improve the evidence base for effective humanitarian response, and enabled organisations to lobby for additional resources for specific migrant-health programming.

RESEARCH IMPACT LEARNING



MAINTAINING ENGAGEMENT OF POLICYMAKERS IS CHALLENGING

Government engagement during COVID-19 was not always easy, but the relevance and unique nature of the datasets and analysis provided a clear added value for policymakers in Colombia. However, maintaining policy attention on such an issue is not easy, and achieving policy change through research takes a long time – raising awareness of the research to policymakers is probably the most important, critical first step that this study enabled

LEARNING CAN INFORM NEW RESEARCH

A new research project funded by R2HC is allowing the same partners to examine the implementation and impact of a 2021 Colombian government policy, Estatuto Temporal de Protección para Migrantes Venezolanos on maternal-child health. Building on the learning from this study, the team aims to develop more substantive engagement with policymakers from the outset, to ensure sustained use and application of study findings to national policymaking.

PARTNERS

Heller School for Social Policy and Management, Brandeis University; Universidad de Los Andes; IQuartil

¹ As of March 2023

ABOUT ELRHA

Elrha is a global organisation that finds solutions to complex humanitarian problems through research and innovation. This study was funded by Elrha's Research for Health in Humanitarian Crises (R2HC) Programme which aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises.

R2HC is funded by the UK Foreign Commonwealth and Development Office (FCDO), Wellcome, and the Department of Health and Social Care (DHSC) through the National Institute of Health Research (NIHR).

R2HC captures detailed case studies through a process that triangulates and validates evidence on uptake and impact. The case study methodology and full version of this summary case study including references are available on request.



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