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Welcome

Our session will begin shortly

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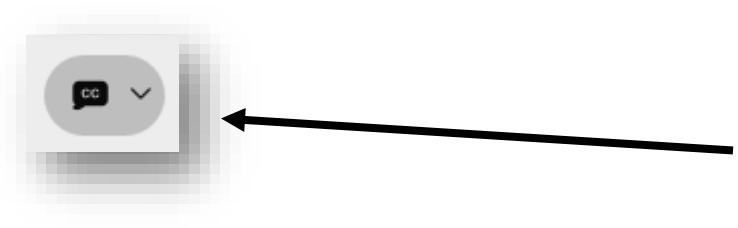
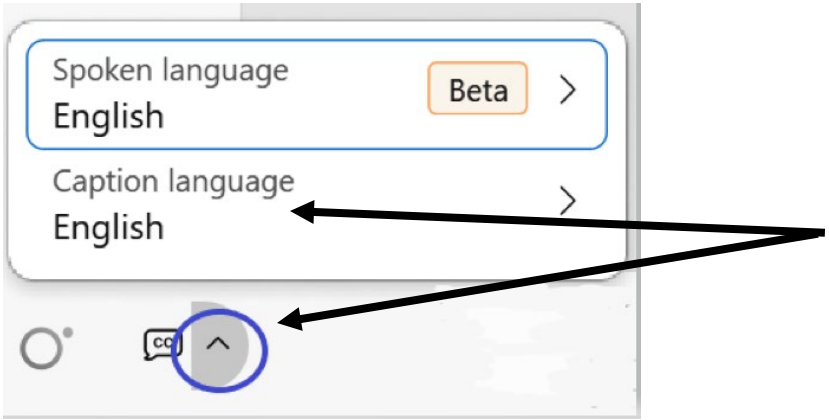
Meeting the Moment: Unique Health Needs of Mobile and Migrant Populations

Santino Severoni, Alejandro Díaz, Juan José Rey, Julian A Fernández Niño, Hailu Zelelew, Kelly Saldana, Sophie Faye

November 2, 2022

Webex Closed Captioning





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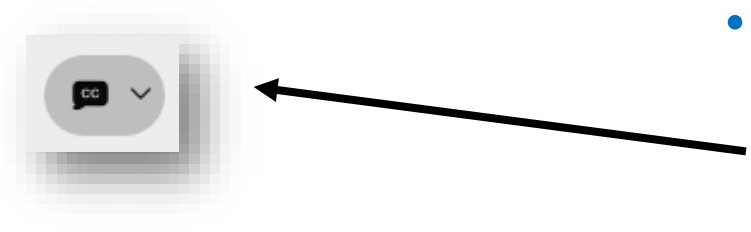

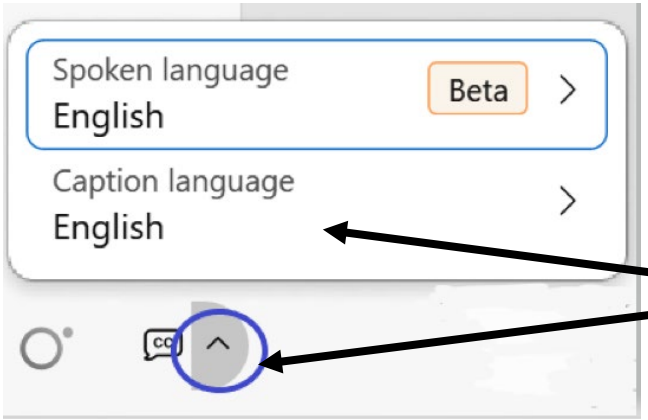

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Sophie Faye

Project Director

Abt Associates

Opening Remarks and Objectives

La Encuesta – Traducción Española

1. ¿Cómo calificaría su nivel de familiaridad con el tema de salud de la población migrante y móvil?
    a) Soy un profesional que trabaja mayormente en el tema (investigación o implementación o docencia)
    b) A veces encuentro el tema como parte de mi trabajo (investigación o implementación o enseñanza)
    c) Me interesa el tema y ya se mucho al respecto
    d) Solo me interesa el tema pero no he tenido la oportunidad de aprender mucho al respecto

2. ¿Cuáles diría que son las barreras más importantes para la salud de las poblaciones migrantes y móviles?
    a) Acceso a la atención
    b) Asequibilidad
    c) Falta de información
    d) Diferencias culturales (incluido el idioma)
    e) Restricciones regulatorias
    f) Otros (especificar)

3. ¿Desde la perspectiva del sistema de salud, ¿qué modelo de atención recomendaría para la población migrante y móvil?
    a) Plena integración al sistema país
    b) Sistema separado con servicios diseñados para satisfacer sus necesidades específicas de salud
    c) Alguna combinación de los dos

Session Panel

Kelly Saldana
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Systems Strengthening and Resilience
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Office of the Deputy-Director General
WHO Geneva

World Health Organization

WHO Global Initiatives in Migrant health and Mobile populations

Dr. Santino Severoni, Director, Health and Migration Programme, Office of the Deputy-Director General, WHO Headquarters

Global Displacement and Migration Patterns

281M International Migrants (2020)

36M Children (2020)

100M Forcibly displaced (May 2022)

Migration is a Multi-Sectoral Agenda

Ministry of Interior

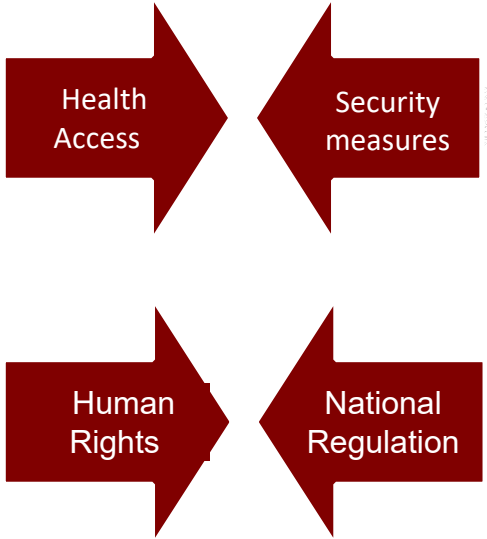
Ministry of Labor

Ministry of Social Affairs

Ministry of Foreign Affairs

Ministry of Health

Ministry of Education



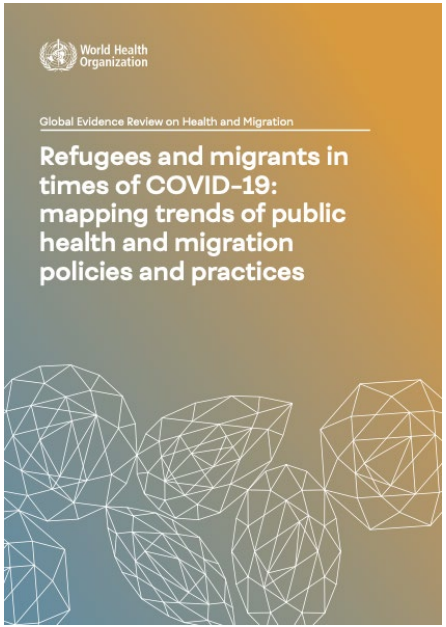
Trends in COVID-19 Global Response

Overview

- Responses varied widely across countries and over time

As of 26 October 2020

- **194 countries, territories and areas** have issued **96,202 travel-related measures**
- **27,800 entry restrictions** for passengers from certain countries, territories or areas
- **68,402 COVID-19 related** conditions for authorized entry - 64% were medical measures
- **681 exceptions** issued by 167 countries (entry bans subject to conditions)
- **156 states** implemented full or partial border closure *(as of September 2020)* breaching international refugee laws



Source: Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices. Geneva: World Health Organization; 2021

Degree of Access to Health Care

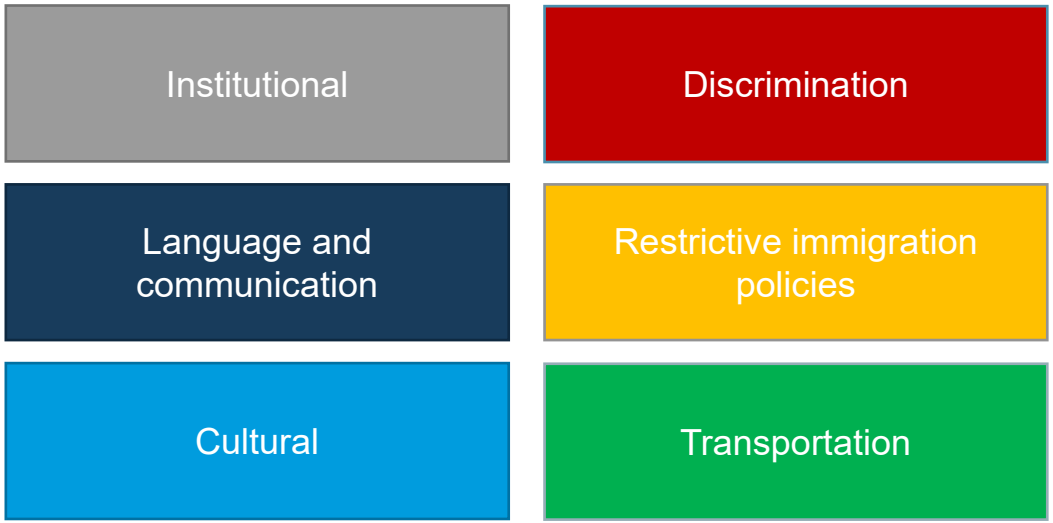
World Health Organization

Access only to emergency services

Greater access to some services or for some categories of undocumented migrants

Full access under specified conditions

Health System - Common Barriers



Inclusion of Refugees and Migrants in the National Deployment and Vaccination Plans (NDVPs)

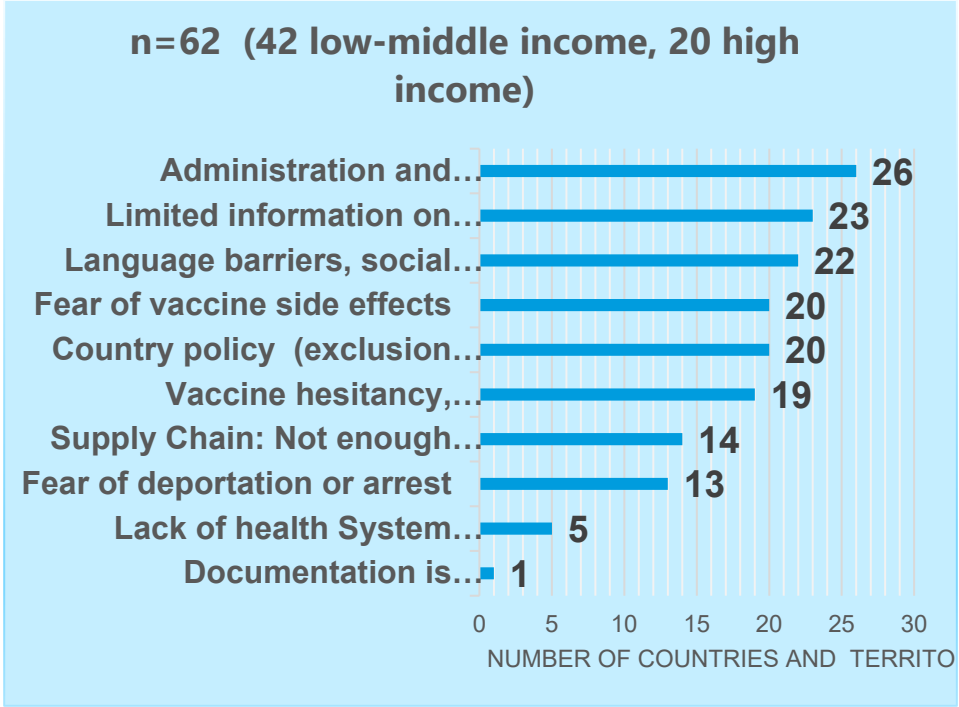
World Health Organization

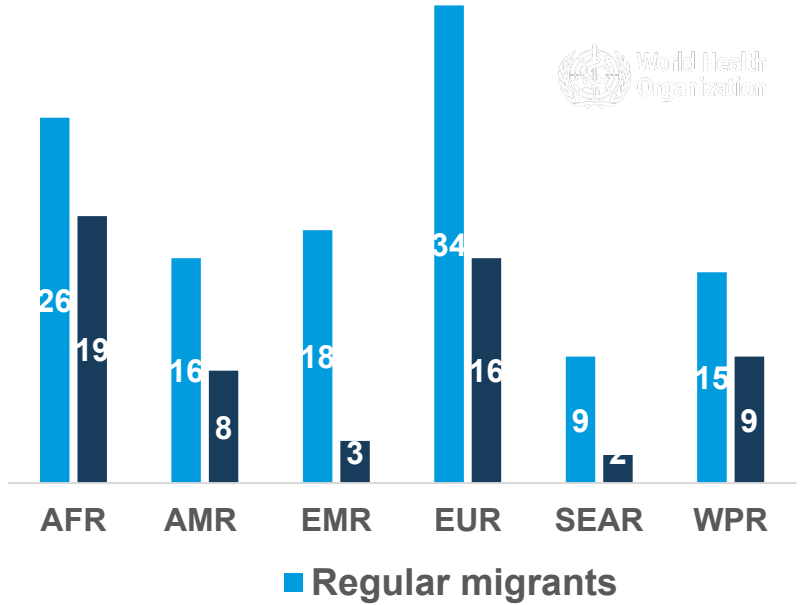
- From February to March 2021, PHM conducted a review of 104 NDVPs submitted to the COVAX Facility:
  - Just over half explicitly included refugees and asylum seekers (53%).
  - Only 28% explicitly included regular migrants.
  - Only 17% explicitly included migrants in irregular situations.
- Extensive global advocacy efforts for inclusion
  - Substantial improvement on inclusion **of refugees (75%)** and **regular migrants (84%)** of the countries that refugees and migrants started receiving vaccine
  - Problem remains with **migrants in irregular situations** - only **(47%)** countries started vaccinating them

Source: WHO/PHM data, UNHCR Dashboard, IOM, Migrant Inclusion in Covid-19 Vaccination Campaigns, 8 Dec 2021

COVID-19 Immunization in Refugees and Migrants

Focus on barriers for these populations in accessing vaccination services



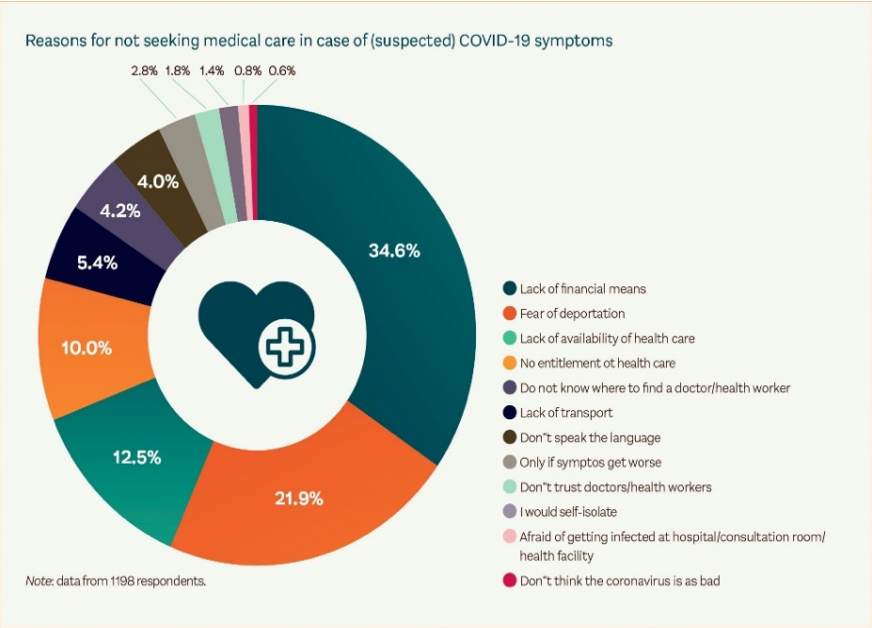


Source: Joint country monitoring by WHO, IOM, UNHCR, UNICEF and IFRC in 196 countries and territories to monitor vaccine rollout and identify barriers in accessing vaccines by migrants

ApartTogether Survey

Preliminary overview of refugees and migrants self-reported impact of COVID-19

- **Financial constraints (35%) and fear of deportation (22%)** main reasons for not seeking healthcare
- Significant impact of COVID-19 on their **mental health conditions**
- **About 50%** reported greater level of depression, worry, anxiety and loneliness
- **One in five** respondents reported increased use of drugs and alcohol as it can trigger past traumatic experiences



Source: ApartTogether survey: preliminary overview of refugees and migrants self-reported impact of COVID-19. Geneva: World Health Organization; 2020

Global Policy Landscape

Towards increased attention to refugee and migrant health

2016

UNGA Summit for Refugees and Migrants

193 Countries One Plan

2017

WHO Global Framework and Resolution 70.15

2018

WHO Alignment with Global Compact for Migration and Global Compact on Refugees

2019

Global Action Plan 2019-2023 «Promoting the health of refugees and migrants» aligned with WHO 13° General Programme of Work

Tracing Migrant Health in the SDGs

Migration Health in Selected Goals and Targets

3 GOOD HEALTH AND WELL-BEING

3.8 Universal health coverage

3.c Sufficient health workforce everywhere

3.d Increase capacity for early warning in global health risks

5 GENDER EQUALITY

5.2 No trafficking and violence against women

5.6 Universal access to sexual and reproductive rights

8 DECENT WORK AND ECONOMIC GROWTH

8.7 End forced labour and human trafficking

8.8 Protect labour rights of migrant workers and promote safe and secure working environments

10 REDUCED INEQUALITIES

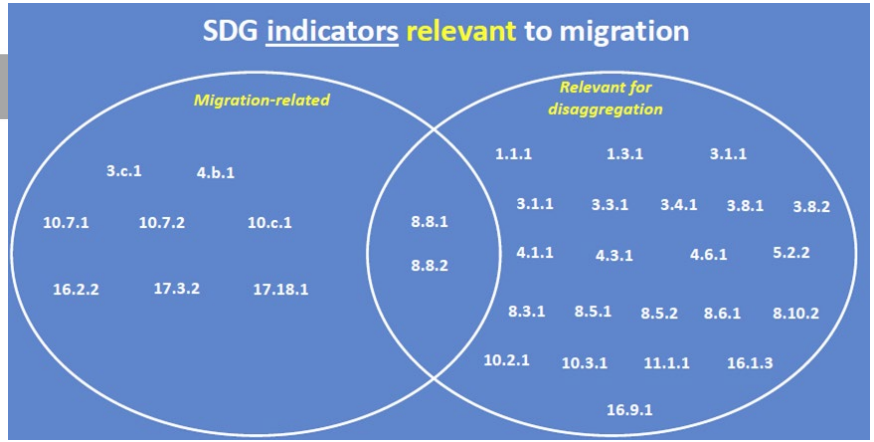
10.7 Well-planned and managed migration policies

17 PARTNERSHIPS FOR THE GOALS

17.16 Enhance global partnerships

17.18 Data disaggregated by migration status

SDG indicators relevant to migration



What Next?

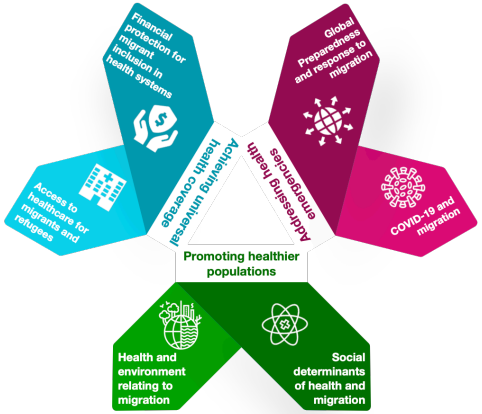
World Health Report on the health status of refugee and migrants

- Employed to **support regions** and countries with a platform to share experiences, challenges, opportunities and evidence.
- Analyzed **87.000 evidence signal**
- Release date **July 2022**

Global Data Initiative on Refugee and Migrant Health

- To enable evidence-based policies through migrant-sensitive health information and data systems.

Research Agenda Setting: ensuring evidence is translated effectively into practice. Through creation of a research network and global advisory committee on health and migration it will strengthen implementation research on migration health at country, regional and global level, and to inform PHM research and evidence activities.



PHM Global Research Agenda

Thank you

World Health Organization

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Migration and Health:

Lessons Learned from Low- and Middle-income countries

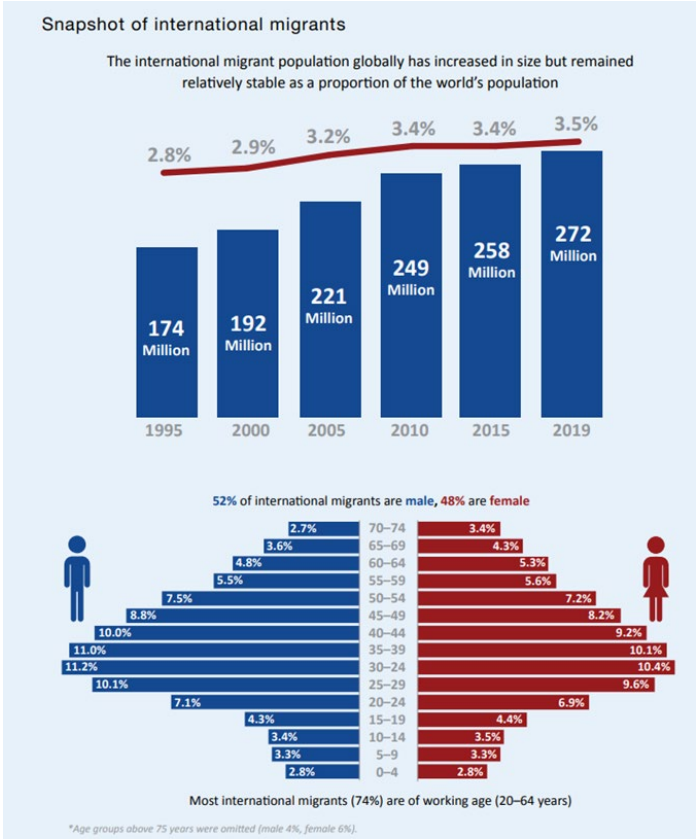
Presented by:

Dr. Julián Alfredo Fernández Niño

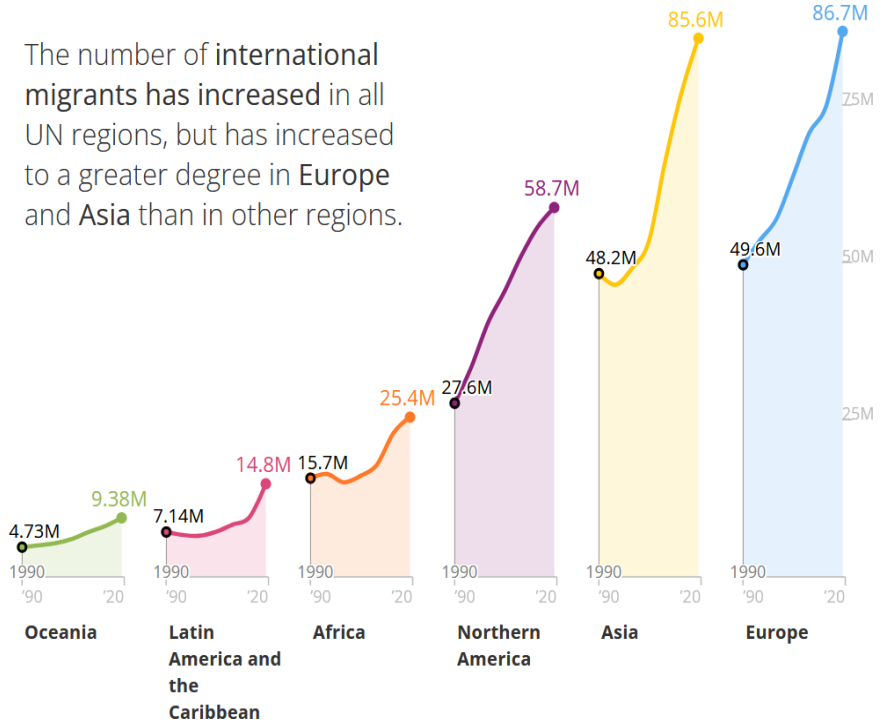
Assistant Scientist

Johns Hopkins Bloomberg School of Public Health

International Migration



The number of **international migrants has increased** in all UN regions, but has increased to a greater degree in **Europe** and **Asia** than in other regions.



This interactive uses the latest international migrant stock data, published by UN DESA in January 2021, whereas the World Migration Report 2020 draws upon the latest available data at the time of publication (November 2019).

Migration and Health: Key Ideas

- Migrants are a heterogeneous group. Therefore, their health needs are diverse.
- Protect the health of migrants is the most important challenge for any host country.
- Migration is NOT a cause of ill health. Migration conditions can affect health.
- Conditions for migrants change rapidly. These changes over time affect health.
- The origin-transit-destination model is insufficient.
- South-South migration has different challenges.
- There is a **feminization** of migration.

Migration and Health: Myths to Debunk

HIGH INCOME COUNTRIES ARE NOT BEING OVERWHELMED BY MIGRANTS

- In the past four decades, the percentage of the world's population that is considered an international migrant has changed very little – from 2.9% in 1990 to 3.4% in 2017 globally.
- Refugees make up a larger proportion of the total population in low income countries, than high income countries (0.7% vs 0.2%).

MIGRANTS ARE NOT A BURDEN ON HEALTH SERVICES

- Migrants constitute a substantial proportion of the health care workforce in many high income countries e.g. in the UK, 37% of doctors received their medical qualification in another country.
- International migrants in high-income countries have lower rates of mortality compared to general populations across the majority of disease categories.

MIGRANTS ARE NOT DAMAGING ECONOMIES

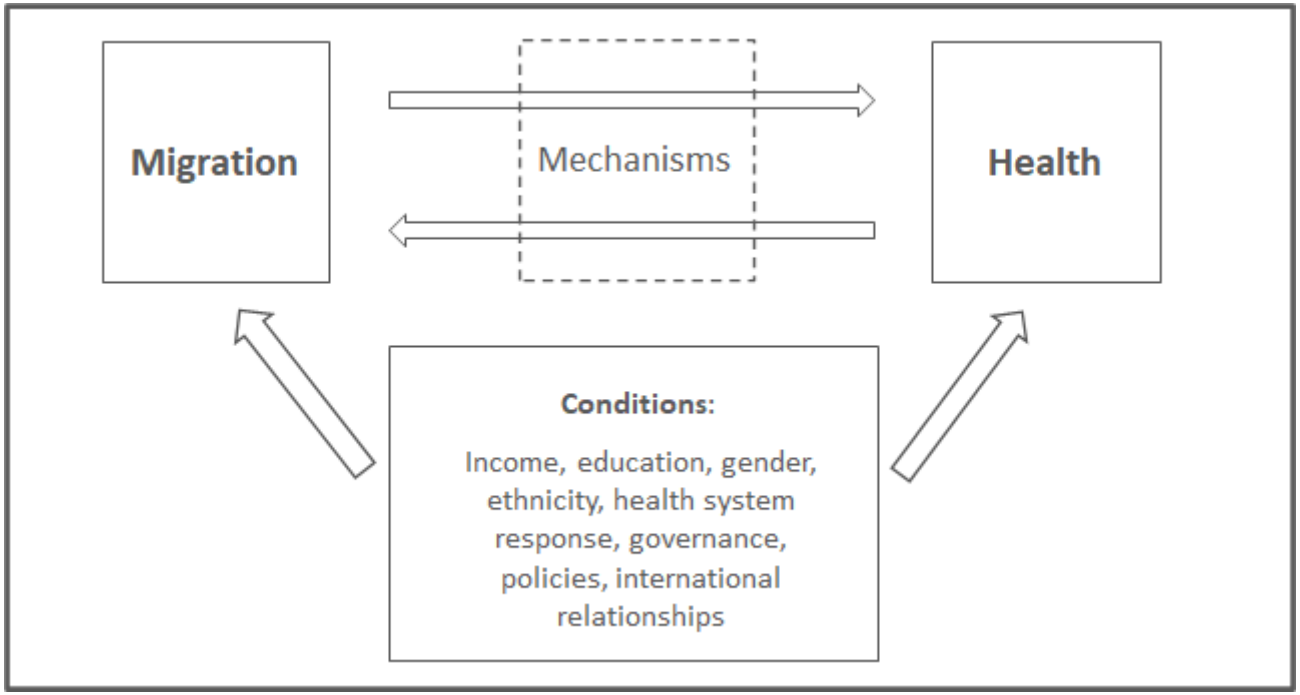
- An overwhelming consensus of evidence exists on the positive economic benefits of migration.
- In advanced economies, each 1% increase in migrants in the adult population increases the gross domestic product per person by up to 2%.
- An estimated US$613 billion in remittances was sent by migrants to their families at origin in 2017.

MIGRANTS ARE NOT DISEASE CARRIERS

- There is no systematic association between migration and importation of infectious diseases, and the evidence shows that the risk of transmission from migrating populations to host populations is generally low.
- Migrants may come from regions with higher disease burden, especially if they come from regions of conflict, with weak public health systems. But illness and infection can also be acquired during transit or due to poor living conditions.

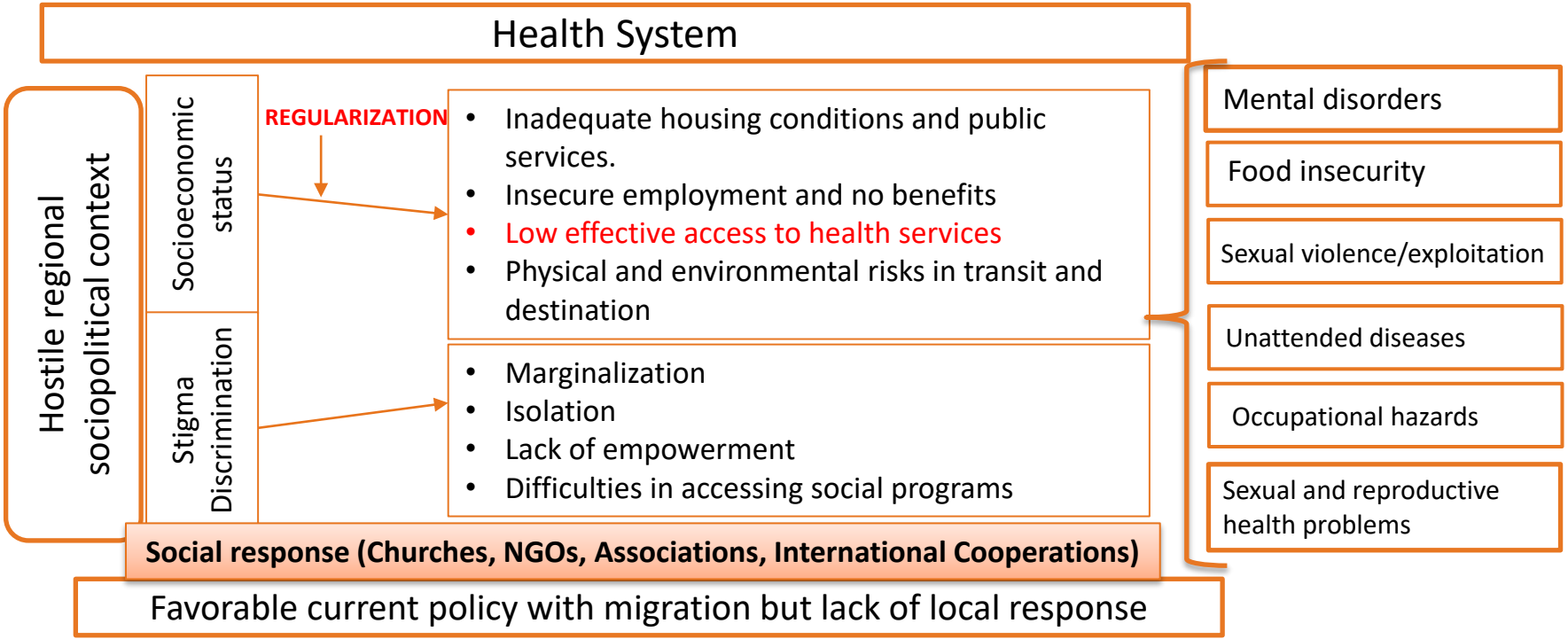
Source: Lancet Comission on Migration and Health, 2019.

Relationships Between Migration and Health

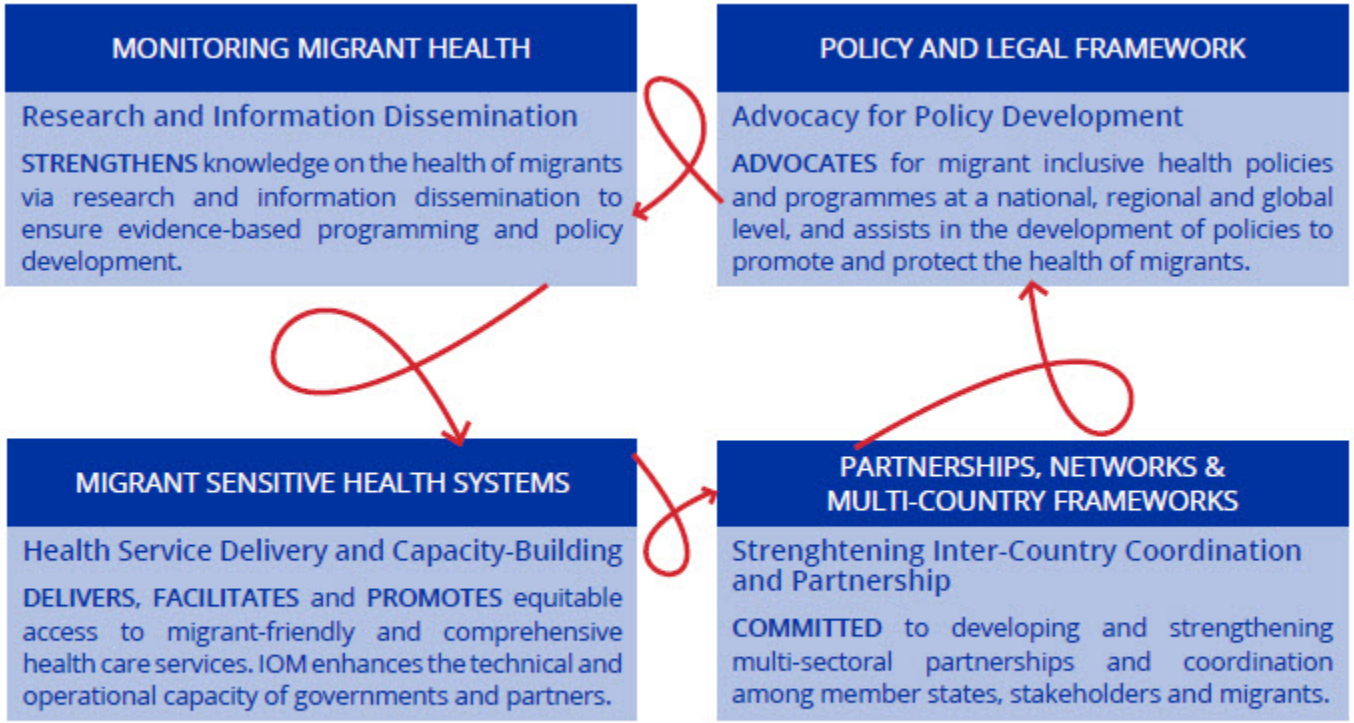


Bojorquez-Chapela, 2020.

Social Determinants of Health among Migrants



Migration and Health: Strategies



Action points from the IOM-WHO Global Consultation on the Health of Migrants (Madrid 2010)

IOM's approach to migration health

The Role of Academia: Examples

Health Policy OPEN 1 (2020) 100003

Contents lists available at ScienceDirect

Health Policy OPEN

journal homepage: https://www.journals.elsevier.com/health-policy-open/

Health policies for international migrants: A comparison between Mexico and Colombia

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ARTICLE INFO

Article history:
Received 21 June 2019
Received in revised form 10 January 2020
Accepted 12 January 2020
Available online 10 February 2020

Keywords:
Health policy
Migration
Mexico
Colombia

ABSTRACT

Objective: The aim of this study was to compare the health policies for international migrants in Mexico and Colombia.
Methods: A descriptive comparative study of the documents issued by the national-level government of the most recent past administrations in each country (2012–2018 for Mexico, 2013–2018 for Colombia) was conducted. We identified the documents' objectives, strategies, and evaluation of results, and the representation of international migrants and migrant health in the policy.
Results: Both countries situate health care policies for international migrants in a human rights framework. In both, migrants are entitled to health care, but access is limited by migration status. The main contrasts are the focus on different migrant populations (Mexican migrants in the Mexico-US migration circuit in Mexico; Venezuelan immigrants and Colombians returning from Venezuela in Colombia), and the discursive framing of policies as a response to the crisis in Colombia. As a result, while concrete actions are detailed in the Colombian policies, most documents in Mexico are limited to general strategies. These differences can be explained by the context in which each set of policies was issued: a relatively stable Mexico-US migration flow in Mexico, and the reception of hundreds of thousands of migrants from Venezuela in a very short time in Colombia.
Conclusions: Tradition in matters of migration, and the current migration context, influence health policies for migrant populations.

Rev Saude Publica. 2021;55:49 Original Article

RSP Revista de Saúde Pública

http://www.rsp.fsp.usp.br/

Prenatal care of Venezuelans in Colombia: migrants navigating the healthcare system

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ABSTRACT

OBJECTIVES: To explore the experiences of irregular (undocumented) Venezuelan migrants in accessing prenatal health services in Colombia and to examine the economic, social, and cultural resources mobilized by them to gain access to care.

METHODS: Data was retrieved from the qualitative component of a multi-method research conducted with pregnant immigrants in Barranquilla, Colombia, between 2018 and 2019, and triangulated with a review of regulations established by the Ministry of Health and Social Protection.

RESULTS: Having limited economic capital, participants use social capital from personal networks and migrant organizations. They obtain cultural health capital in the form of information on the health system and use their cultural competencies to interact with this system.

CONCLUSIONS FOR PRACTICE: Migrants exert their agency through the use of capitals, although with certain constraints. Policies aimed at this social group should consider the strengths of migrants.

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COVID-19 and Migration in LAC: A Litmus Test

Journal of Migration and Health

journal homepage: www.elsevier.com/locate/jmh

Vaccines for all? A rapid scoping review of COVID-19 vaccine access for Venezuelan migrants in Latin America

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ARTICLE INFO

Keywords:
Latin America
COVID-19 vaccine equity
Venezuela
Migrants
South-South migration
Health justice
Critical global health

ABSTRACT

Introduction: The entangled health and economic crises fueled by COVID-19 have exacerbated the challenges facing Venezuelan migrants. There are more than 5.6 million Venezuelan migrants globally and almost 80% reside throughout Latin America. Given the growing number of Venezuelan migrants and COVID-19 vulnerability, this rapid scoping review examined how Venezuelan migrants are considered in Latin American COVID-19 vaccination strategies.

Material and Methods: We conducted a three-phased rapid scoping review of documents published until June 18, 2021: Peer-reviewed literature search yielded 142 results and 13 articles included in analysis; Gray literature screen resulted in 68 publications for full-text review and 37 were included; and official Ministry of Health policies in Argentina, Brazil, Chile, Colombia, Ecuador, and Peru were reviewed. Guided by Latin American Social Medicine (LASM) approach, our analysis situates national COVID-19 vaccination policies within broader understandings of health and disease as affected by social and political conditions.

Results: Results revealed a heterogeneous and shifting policy landscape amid the COVID-19 pandemic which strongly juxtaposed calls to action evidenced in literature. Factors limiting COVID-19 vaccine access included: tensions around terminologies; ambiguous national and regional vaccine policies; and pervasive stigmatization of migrants.

Conclusions: Findings presented underscore the extreme complexity and associated variability of providing access to COVID-19 vaccines for Venezuelan migrants across Latin America. By querying the timely question of how migrants and specifically Venezuelan migrants access vaccinations findings contribute to efforts to both more equitably respond to COVID-19 and prepare for future pandemics in the context of displaced populations. These are intersectional and evolving crises and attention must also be drawn to the magnitude of Venezuelan mass migration and the devastating impact of COVID-19 in the region. Integration of Venezuelan migrants into Latin American vaccination strategies is not only a matter of social justice, but also a pragmatic public health strategy necessary to stop COVID-19.

Table 2
COVID-19 vaccination policies until June 2021 by top six countries hosting the majority of Venezuelan migrants.

	Argentina	Brazil	Chile	Colombia	Ecuador	Peru
Migrants named in the vaccination plan	✓	✗	✗	✓	✓	✓
Migrants with an irregular migration status named	✗	✗	✗	✓	✓	✗
Venezuelan migrants named	✗	✗	✗	✓	✓	✗
Specific documentation needed for vaccination	✗	✓	✓	✓	✗	✗

Lessons Learned from LMICs

- There must be a transition from a model based on emergency response to another based on institutional strengthening.
- It is not about creating different actions, but about including migrants in public health strategies.
- Social, economic, and cultural inclusion contributes to improving health.
- Insurance and provision is mediated by regularization, but public health cannot be.

Lessons Learned Contd.

- Mental health, security, gender-based violence, and sexual and reproductive health must be priorities.
- There is a complex relationship between life course and human mobility.
- A differential approach is required that considers the different types of migration, and the receiving community.
- A health emergency cannot be responded to without including migrants.

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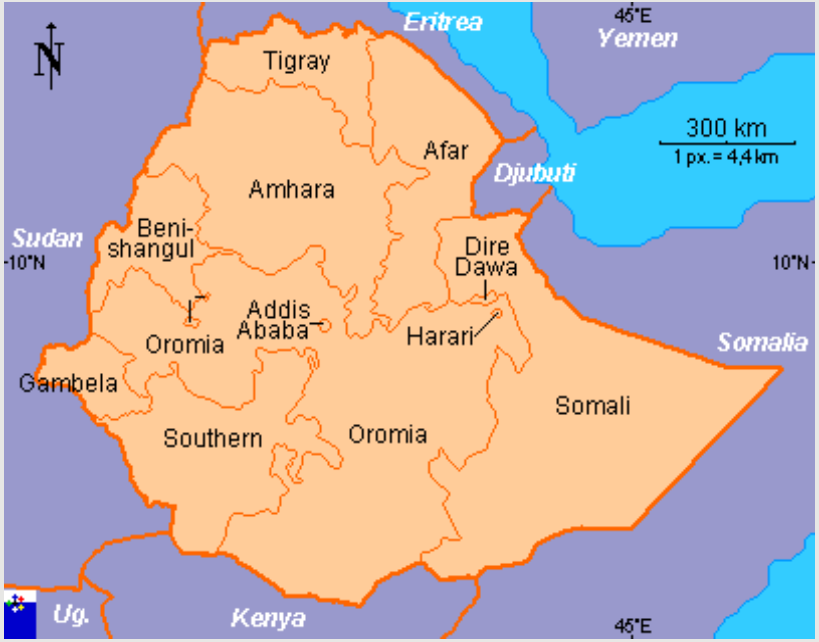
Abt Associates


USAID
FROM THE AMERICAN PEOPLE
Improving Access to Quality Healthcare for Pastoral and Internally Displaced Population Groups in Ethiopia
CREDIT AYENEW HAILESSASSIE, ABT ASSOCIATES

Background 1: Ethiopia



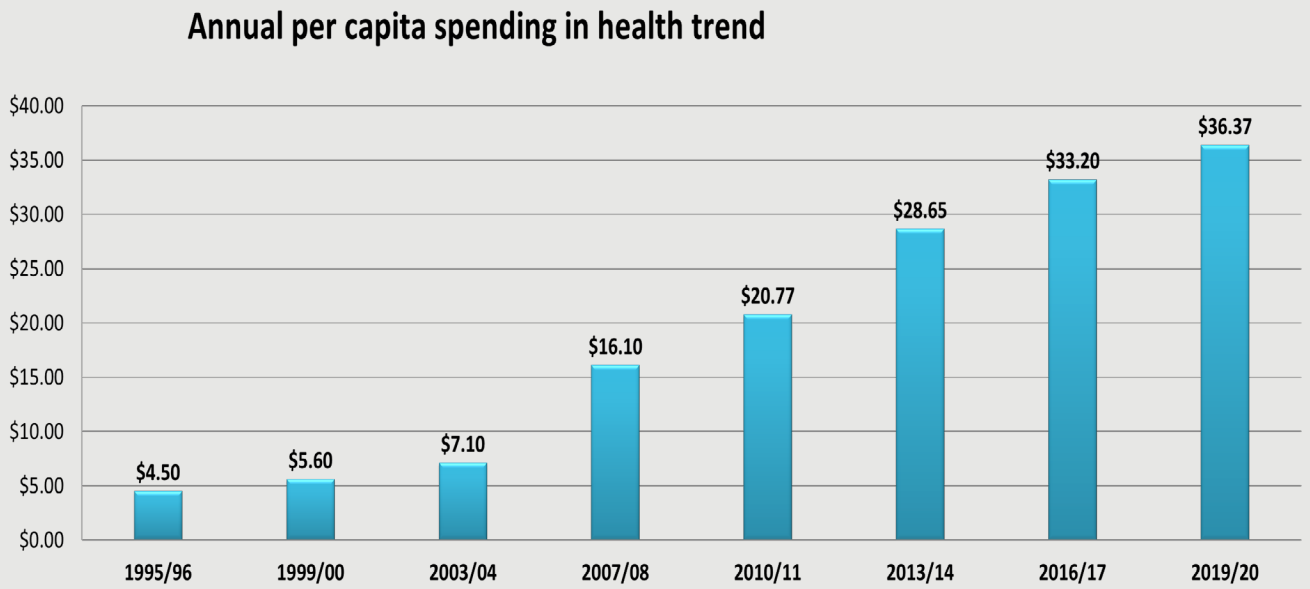
- Area: Over 1.1 million Sq. Kms.
- Population: 118 million (2022)
- Growth rate: 2.5% (2021)
- Young population (0-14): 44%
- Life expectancy: Average 67 Years (Male 65, and Female 69 years) (2020).
- Population below national poverty line 27% (2015)
- GDP per capita: $944

Source: World Bank, 2022

- Afar, Somali Regions, and parts of Oromia and Southern Region are pastoral
  - One-third of the landmass and around 12% of the population
- Conflict affected North and East Amhara, Northern Afar, and the entire Tigray region
- Additional conflicts and displacements also occurred in parts of Oromia and Benishangul-Gumuz

Background: Ethiopian Health Financing Context

- Health is under financed
- Per capita per year spending for health started from $4.50 in 1995/96
- It has been steadily increasing but reached only $36.37 in 2019/20
- High donor and HH OOP dependency financing:
  - In 2019/20: Donors 34%, Government 32%, HHs OOP 31% and others 3%



Health financing reforms components

Supply side reforms

- Revenue retention and use at health facility levels
  - Additive to government budget
  - Aimed at improving quality of health
- Strengthening governance and management
  - Health facility autonomy
  - Strengthening public financial management
- Systematizing fee waiver and exemption systems
- Hospital level reforms (Private wing and outsourcing of non-clinical services)

Demand side reforms (financial protection schemes):

- Health insurance programs (CBHI and SHI)

Health financing challenges in pastoral regions

Supply side

- Limited institutional and human resource capacity
- Limited physical access to health services providers, absence of services catered to pastoral system
- Overall low level of health services utilization
- Use of internal revenue to cover costs of exempted health services;
- High staff and leadership turnovers
- Competing tasks of governing board members;

Demand side related challenges

- Distance and low level of health service utilization ➔ Need to improve access to service including mobile services and special health extension services
- Mobility outside the catchment health facilities ➔ The need for multiple family CBHI ID cards and portability of benefits
- High level of poverty and need for more targeted subsidy

Implementation of Financing Reforms in Pastoral Regions

Supply side reforms

- Started implementation from 2003 onwards in Amhara, Oromia and Southern Regions
- Since 2008 expanded to Tigray and Harari Regions, and Addis Ababa and Dire Dawa City Administration, and gradually to Benishangul-Gumuz and Gambella Regions
- Reforms introduced to Afar and Somali after 2010, and more extensively since 2013

Demand side reforms

- Health insurance policy initiation started around 2005/06, strategy endorsed in 2008
- CBHI piloted in 13 districts in Amhara, Oromia, Southern and Tigray Regions, 2011-2013, expanded to other districts since 2015
- CBHI in Pastoral Regions started recently since 2019
- By 2021: 81% of 1,116 woredas established CBHI schemes, cover 40% of the population
  - 5 woredas in Afar (out of 40) and 4 in Somali (out of 99) implementing CBHI
  - In each woreda, 10% of the population enrolled in CBHI schemes through targeted subsidy
  - All 13 pastoral woredas in Borena (Oromia Region), and
  - 13 out of 14 in the South implement CBHI

Health Financing Reforms Implementation Status in 2021

National level

- In 2021, 94% (3841/4095) of HFs implement RRU
- 90% (3,704/4095) of HFs have active governing boards

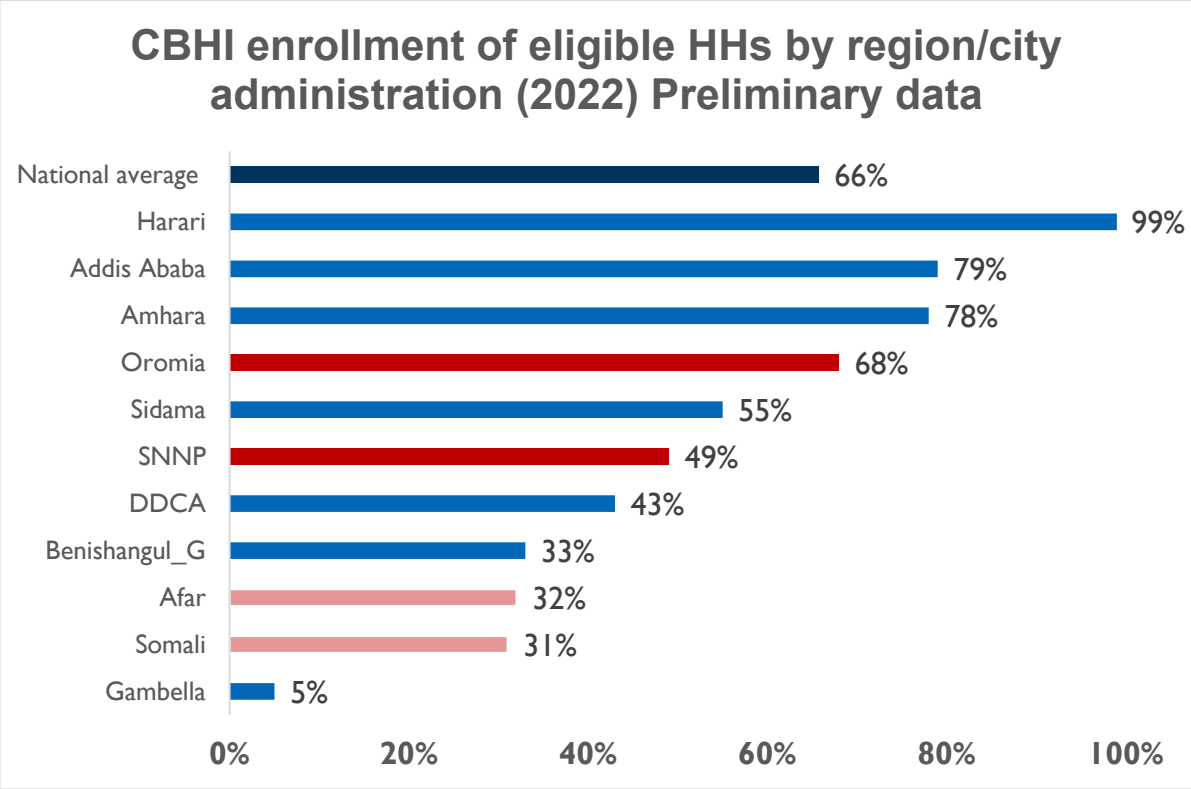
Pastoral regions

- 72 (73%) of HFs in Afar and 36 (16%) in Somali implementing RRU
- 52% HFs in Afar and 16% in Somali have active governing board
- Pastoral Zones in Oromia and South have better performance

Important gains as a result of supply side reforms

- Increased local accountability and responsiveness
- Allow community representation and voicing in health facility level decision making including on allocation of resources
- Improved availability of essential medicines, laboratory equipment/services
- Increase professional satisfaction of health workers

CBHI Performance: Enrollment by Region



CBHI outcomes:

- Increased health service utilization
- Provided financial risk protection of citizens in accessing health services
- Increased equity in accessing health services through targeted subsidy for the poor
- Enhanced women empowerment in accessing health services
- Promoted community engagement and participation in governance and management

The Effect of Shocks on CBHI program

- In the last three years large parts of the country affected by locust infestation and conflict, in addition to the COVID-19
- A rapid assessment showed that effects of COVID-19, locust infestation and minor incidences of conflict on CBHI membership renewal and new enrollments is insignificant.
  - CBHI is priority to HHs resilience building
  - Local authorities provide required leadership and support
- Conflicts caused internal displacement of people
- Full-fledged conflict such as in Tigray, CBHI program and the overall health system are dysfunctional:
  - Destruction of HFs
  - Displacement of health workers
  - Absence of funding and essential supplies
- In post conflict areas, such as in Amhara, rapid health system assessment and provision of support helps relocation and rehabilitation of internally displaced people

Lessons from Pastoral and Conflict Affected Regions

- Pastoral communities can benefit from both supply and demand side reforms
- Adjusting reforms and interventions to pastoral context matters
  - Portability of CBHI benefits with multiple family ID cards
  - Adjusting CBHI contribution payment schedule to pastoral contexts
  - Introducing mobile health service
- Longer term capacity building and TA is important
- Allocation of higher-level targeted subsidy to mobile and displaced communities compared to others
- Rapid post conflict assessment and comprehensive response matters to build resilience

THANK YOU

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Secretary of Health

Bucaramanga's Health and Environment Secretariat

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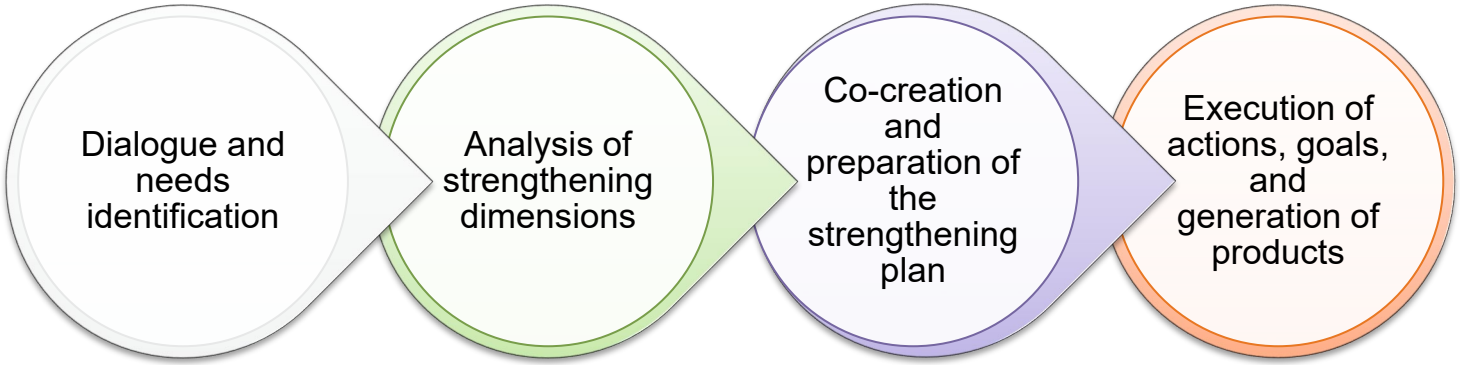
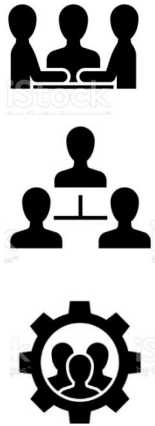
Progress in the Access to Health: The Venezuelan Migrant Population in Bucaramanga

Presented by:
Dr. Juan José Rey
Secretary of Health
Bucaramanga's Health and Environment Secretariat

Governance and Public Policies

Strengthening of organizational capacities





Analysis of the initial situation for the co-creation of the plan to strengthen organizational capacities for the inclusion of the migrant population into the health system

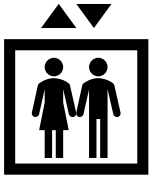
Governance and Public Policies

Progress and achievements from the governance and management of the health response to the migrant population

1. ***Migration and health technical board*** institutionalized through administrative proposal 032 issued on July 2022

2. ***Preparation of the response plan of the health sector*** to the migratory phenomenon as a planning instrument

3. ***Regulatory mechanisms*** Preparation of 4 circulars for the guidelines of circular SISPRO and the mapping of actors



4. ***Application of the gender and inclusion*** toolkit to strengthen public servants

5. ***Spaces for dialogue*** and articulation between community-based organizations and the Ministry of Health

6. ***Courses:*** Leadership for change management

Promote Sustainable Financing

Advances and achievements since the promotion of sustainable financing of health services for the migrant population and host communities

- Barrier's reduction
- Better access
- Better quality
- Population-centered services
- Social mobilization

- **Healthcare System Enrollment sessions** and institutional fairs participation
- **Access to priority Maternal Health care** and socialization of advertising pieces, Facebook live.
- Intersectoral, cross programmatic, community, and interagency **coordination**.

- Venezuelan migrant's enrollment into the healthcare system progress 2021-2022

Year	Subsidized regime	Contributive regime	Total
2021	4198	5980	101178
2022	6000	1563	7563
Total	10198	7543	17741

Adequate and Quality Health Services

Training cycle of community action:

(15 attendees), to prepare for the mobilization and act.

Institutional strengthening of the policy of social participation in health

Strengthen sustainable engagement between communities and health system stakeholders

Community vigilance committees

Implementation of the National Health Quality Plan

Open School Course

Maternal-perinatal collaborative (HUS and ISABU)

Training of a quality expert

Progress and achievements since the Strengthening of mechanisms to increase access to adequate and high-quality health services for the migrant population and host communities

Strengthen the Resilience of the Health System

Progress and achievements since strengthening the resilience of the Health System to respond to current and future crises, including the COVID-19 pandemic

Documents

- Standardization of the PRASS program in the Municipality of Bucaramanga.

Interventions

- Development of the information system.
- Capacity building for health personnel on the guidelines and for acute respiratory care-PRASS, Monkeypox prevention, and COVID-19 Vaccination.
- Events for detection and screening for COVID-19.
- Carrying out COVID-19 vaccination sessions.

Health information

- Preparation of epidemiological information bulletins
- More than 6,000 people in the community have been informed about good practices, safe vaccination, and biosafety.

National Vaccination Plan Progress

PAI total received doses

1,299,222

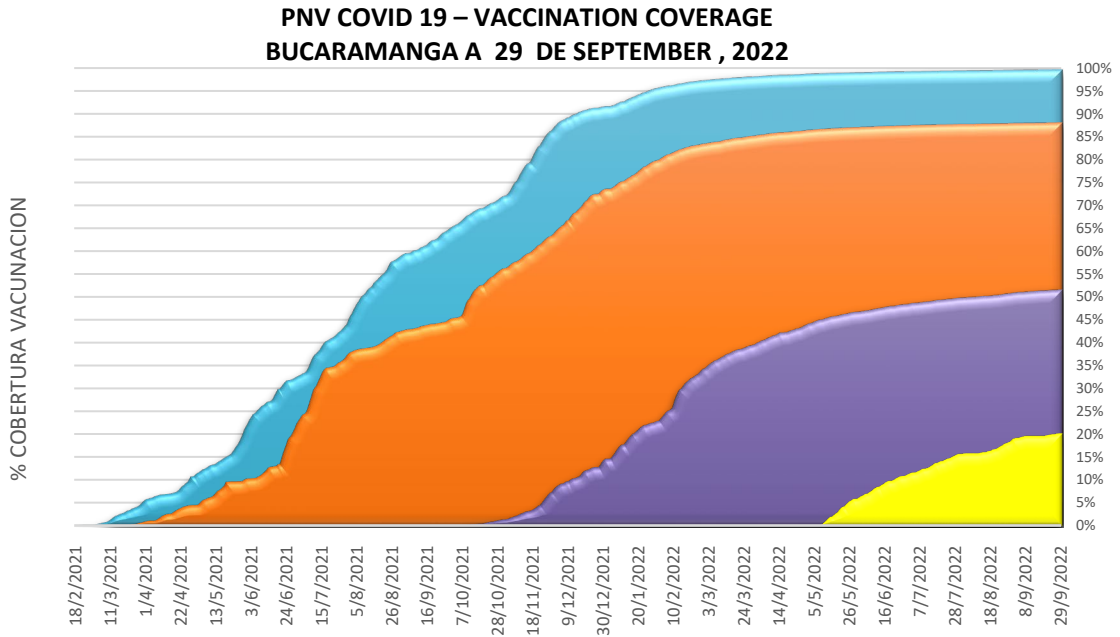
PAI total applied doses

1,290,321

99,3%

ANDI total applied doses

1,326,692



Source: Reporte rápido dosis aplicadas diarias ET –Equipo vacunación COVID-19 SSAB. *Incluida dosis aplicadas ANDI. Proyecciones población DANE 2021

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Thank you

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USAID
DEL PUEBLO DE LOS ESTADOS UNIDOS DE AMÉRICA

USAID Investments in Migrant Health, LAC Region

Alejandro Díaz
Project Management Specialist - Health
USAID / Colombia

Nov. 2, 2022 – Bogota, Colombia

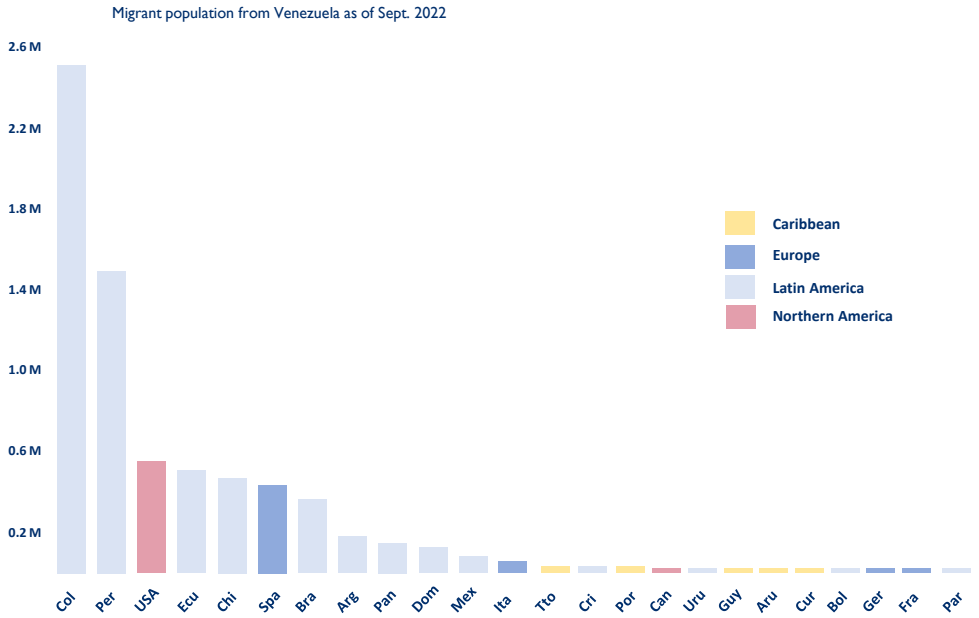
Health Systems under a State of Shock and Adaptation

Increased migration flows across the LAC region

Changes in local disease profiles and cross-border effects expanded by migration flows and Covid-19

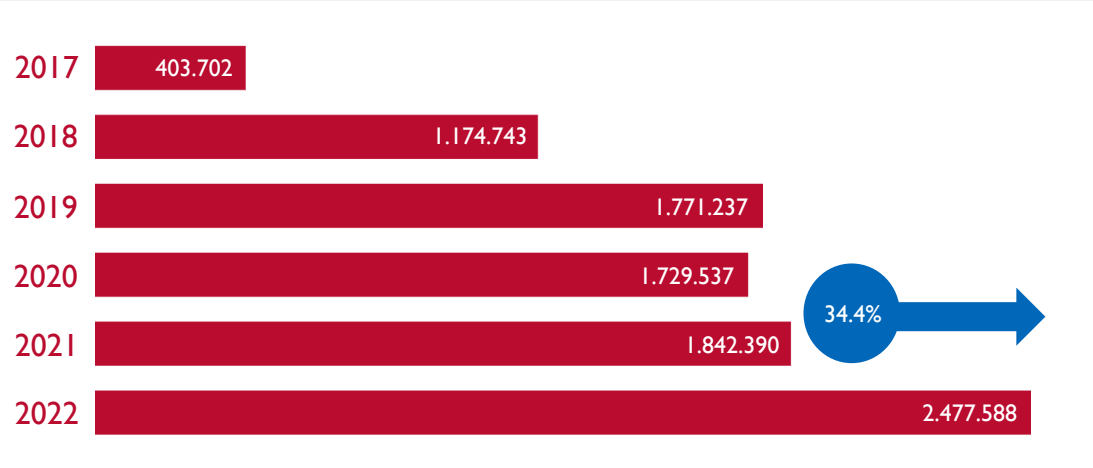
Capacity of local health systems to absorb and respond to sanitary shocks

Where Venezuelans Have Migrated To



System Shocks - Migration flows (Colombia)

Venezuelan Migrant Inflows - Colombia

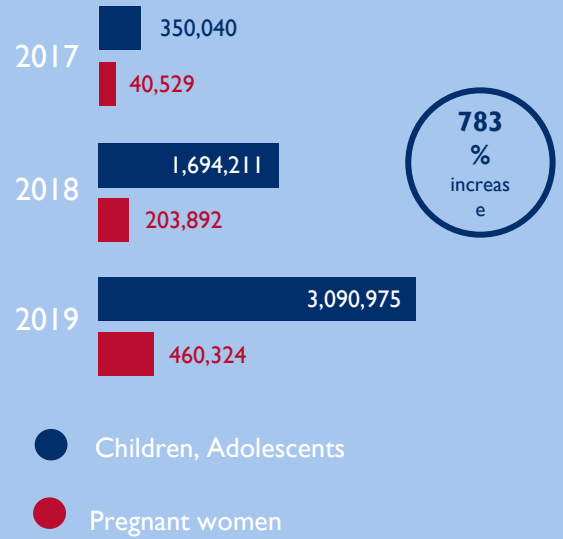


Source: Colombia Migration.

Covid-19 response and the strain effects on local health systems

- Critical care
- Contact tracing and vaccination

Provision of services to VM



LHSS in Latin America & the Caribbean

- March 2020-today
- $39.3 million obligated to date
- Health system strengthening approach
- Supports local partner capacity strengthening, transition, sustainability
- 4 Countries & 1 Regional Activity:
  - Colombia (*Comunidades Saludables*)
  - Jamaica
  - Dominican Republic
  - Peru
  - Latin America & Caribbean Bureau: Honduras, Regional

LHSS Objective

Support transition to sustainable, self-financed health systems to advance universal health coverage

Colombia

Strengthen the Colombian health system to **integrate Venezuelan migrants** and Colombian returnees to the health system and increase its resiliency to respond to current and future shocks, **including Covid-19**.

Peru

Strengthen access to HIV services for Venezuelan migrants including support networks for LGBTQI+ populations, and strengthen Peru's responses to COVID-19

Dominican Republic

Support the DR to expand **HIV service delivery** for priority populations and strengthen **government response to COVID-19**

Honduras

Strengthen social protection platforms to increase access and health service delivery to **migrant populations** and those at risk of migration with a focus on women.

Jamaica

Contribute to the Jamaica's national **COVID-19 response** by engaging the private health sector

USAID/LHSS – Country Support Strategy

Strengthen the health system's **resiliency to respond to current and future shocks**

Strengthen **governance** and management of the migrant health response

Health System Strengthening

Promote **sustainable financing** of health services for migrants and receptor communities

Increase **access to high quality**, appropriate **health care** services for migrants and receptor communities

USAID Results through LHSS Programming

Close to **97,000** Venezuelan migrants have been affiliated to the health system through **293 enrollment campaigns** led by the territorial entities and supported by **LHSS/CoI**, contributing to **28%** of the affiliations to the subsidized regime.

LHSS/Peru supported cross-border information sharing capabilities among countries along the migration route (Colombia, Ecuador, Peru and Chile), and in collaboration with their MOHs, UN agencies, and others, developed a **road map to facilitate cross-border continuity of HIV care for Venezuelan migrants**.

USAID Results through LHSS Programming (2)

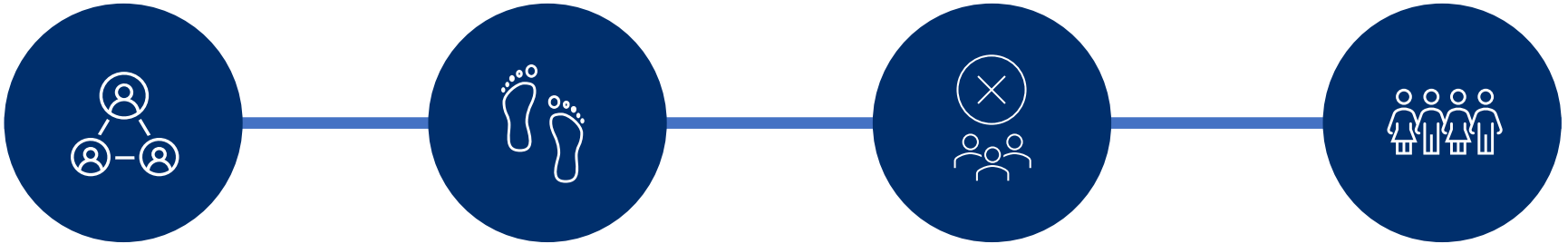
LHSS/Honduras facilitated the development of **a locally-owned roadmap** to strengthen Social Health Protection for migrants in transit, returning migrants, and women at risk of migration

LHSS/Jamaica supported the delivery of almost **14,500 vaccine doses** and trained providers on C19 case management. Also, it issued 9 capacity strengthening grants to private health organizations, including strengthening capacity of private provider network.

LHSS / Colombia has strengthened **14 Community-Based Organizations** that provide services to nearly 200,000 migrants and 11 local Health Entities have improved their organizational capacities to integrate migrant population into the health system

The government of the DR adopted an **LHSS/RD-supported** policy and implementation plans to **introduce HIV self-testing and family-based HIV services**

Challenges



Strengthening cross-border and regional governance to achieve higher HSS impacts.

Migration flows challenge local health systems to become more flexible and resilient and interconnected

Xenophobia and exclusion at all social and institutional levels weaken Health system performance and purpose

Health System strengthening efforts, to the extent they seek sustainability, must result in better health outcomes for the communities they serve

Closing Remarks

1. Health is a cross-cutting factor of migrant and returnee integration
2. More prepared and resilient health systems that sustain quality results
3. There is an opportunity: New resources mobilized
4. There is also a challenge: achieving **long-term health outcome improvements**

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Panel Opening Remarks

Kelly Saldana

Vice President - Systems Strengthening and Resilience

Abt Associates

Panel Discussion and Q&A

Sophie Faye

Project Director, LHSS Project
Abt Associates

Closing Remarks and Next Steps

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Thank you for joining us!

Please look out for a recording of the event and presentation slides which will be shared with registrants following the event.