Venezuelan Migration Impacts on Health

Ministry of Health and Social Protection

Bogotá – September 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

Source: Migración Colombia. Reporte Migratorio de Venezolanos en Colombia. Seguimiento Estadístico No. 111. 04 de junio de 2019
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.

Number of foreigners that received healthcare in Colombia

Payed vs billed health services provided to migrants in public hospital

Source: Sistema de Información para el Reporte de Extranjeros –SIRE- Circular 029 de 2017 del Ministerio de Salud y Protección Social MSPS

Projection as of June 2019

Source: Ministry of Health and Social Protection

* Projection as of June 2019
Healthcare services provided to migrants

July 2019
Strategies to meet the health needs of migrants

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

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

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

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

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

**Challenges**
- Inequalities in health and human capital outcomes
- Rapid increase in burden of non-communicable diseases
- Service delivery model and payment systems inadequate to manage and prevent growing burden of multiple chronic conditions
- Gaps in quality of care and access to care especially in remote and rural parts of the country
- Procurement and regulation of medicines and medical devices lead to inefficiencies and growing pressure on expenditures
- Rapid increase in judicial claims related to the health sector
- Pressure from influx of migrants on health sector sustainability
- Low levels of trust and confidence in the health sector
- Vulnerability to climate change with significant impacts on the health sector

**Quality of Care**
- Certification standards and regulations for healthcare facilities updated
- Increase in % of low complexity public hospitals accredited
- Increase in number of health care professionals trained in continuous quality improvement
- Mandatory Guarantee System for Quality of Care updated
- Interoperability standards developed and implemented so that relevant clinical information is shared in real time between healthcare providers
- Ex-post adjustment for capitation payments (UPC) introduced to incent better quality and efficiency
- Capacity building activities and sensitization of health workers in receiving areas to migrants issues implemented
- Increase in % of municipalities with an intersectoral protocol to respond to gender-based violence in place

**Efficiency**
- Risk Adjustment Methodology for capitation payments (UPC) updated to incorporate variation in risk prognosis
- New Methodology for price regulation of medicines published
- Pharmaceutical policies & regulations developed and implemented to achieve efficiency savings in the insurance system
- Methodology developed for introduction of high cost or high volume medicines in the market
- Prioritization mechanism to update the benefits plan developed
- Public hospital performance results published every trimester
- Pre-judicial agreements model developed and rolled out in priority health territories
- Incentives to improve performance of public hospitals piloted
- Increase in % of citizen consultations and claims submitted and solved on time
- Increase in % of staff from priority departments trained on protocols to ensure that qualifying migrants can exercise their healthcare coverage rights

**Expected outputs & intermediate results**

**Expected Outcomes**

**PDO 1**
- Percentage of women with breast cancer detected in early stages increased
- Performance index for public hospitals improved
- Savings of 200 Million USD in procurement of medicines
- Change over time in trend of general index price for medicines
- PDO level indicators

**PDO 2**
- 260,000 additional regular migrants affiliated to social health insurance system

**PDO 3**
- Quality of Care

**DLI 1**
- Efficiency

**DLI 2**
- Efficiency

**DLI 3**
- Efficiency

**DLI 4**
- Efficiency
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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