

Health of refugees and migrants

Practices in addressing the health
needs of refugees and migrants

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In response to a request, in World Health Assembly Resolution 70.15, the World Health Organization (WHO) issued a global call for information, including case studies, on current policies and practices and lessons learned in the promotion of refugee and migrant health. This document is based on information gathered from the contributions from Member States, IOM, UNHCR, ILO, other partners, and WHO regional and country offices in response to that global call, as well as literature searches and reports available in the public domain. They are therefore presented without any claim to completeness. Furthermore, unless otherwise stated, WHO has not independently verified the information from the contributions. It should be noted that this is a living document that will be updated periodically as new information becomes available.

BOLIVIA

CONTEXT

Bolivia has mainly been characterized as a country of origin of international migrants. The 2012 National Census on Population and Housing reported that 489,559 Bolivians were living abroad, most of them in Argentina and Spain.¹ The Census reported 105,896 persons came into Bolivia from 2007 to 2012, of which 30,095 were born abroad and the rest were born in the country but resided abroad and returned to the country during this period. The country has also been home to refugees and asylum seekers from neighboring countries (the majority from Peru, Colombia, and Chile).² In 2016, Bolivia was home to 778 refugees and two asylum seekers.³ That same year, the Bolivian government implemented a resolution to simplify procedures for the naturalization of refugees and stateless persons.⁴

Promoting and implementing refugee- and migrant-sensitive health policies, legal and social protection and interventions to provide equitable, affordable and acceptable access to essential health services for refugees and migrants

PRACTICE:

Program assisting Bolivian migrants in their return and reintegration: The Association for Bolivia-Spain Cooperation (ACOBES) in Spain, along with AMIBE-CODEM, its counterpart in Bolivia, assists Bolivian migrants in Spain interested in voluntarily returning home.⁵ The program helps migrants plan a safe trip back to Bolivia and provides mental health and psychosocial support, legal protection, and technical skills training for self-employment in the country.⁶ Once in Bolivia, the program pairs migrants with mentors who assist them with reintegration and the development of and financial support for a business plan to open a small business with the skills acquired.⁷

¹ <https://www.ine.gob.bo/index.php/notas-de-prensa-y-monitoreo/itemlist/tag/Migraci%C3%B3n>

² Information collected from an online questionnaire submitted in 2017 by designated ministries of Bolivia on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

³ <http://reporting.unhcr.org/sites/default/files/UNHCR%20Bolivia%20Factsheet%20-%20January%202017.pdf>

⁴ <http://reporting.unhcr.org/sites/default/files/UNHCR%20Bolivia%20Factsheet%20-%20January%202017.pdf>

⁵ http://acobe.org/index.php?option=com_content&view=article&id=210:retorno-voluntario-apoyo-profesional&catid=2:uncategorised&Itemid=279

⁶ http://acobe.org/index.php?option=com_content&view=article&id=210:retorno-voluntario-apoyo-profesional&catid=2:uncategorised&Itemid=279

⁷ http://acobe.org/index.php?option=com_content&view=article&id=210:retorno-voluntario-apoyo-profesional&catid=2:uncategorised&Itemid=279

BRAZIL

CONTEXT

Brazil has become the country receiving the most asylum requests in the Southern Cone region⁸, São Paulo being the state with the highest number as of 2016).⁹ Large numbers of Haitians began arriving in Brazil in February 2010 after a devastating earthquake in January of that year. In recent years, other disasters, wars, and crises around the world have been driving immigration to Brazil. In 2016, the UN refugee agency (UNHCR) reported 77,885 persons of concern in the country, 8,863 of them from Syria, Colombia, Angola, the Democratic Republic of Congo, and other countries.¹⁰ More recently, Brazil has been experiencing a wave of migrants from Venezuela that began to intensify in the second semester of 2016.¹¹ The vast majority of Venezuelans are arriving through the northern border of Roraima State.¹²

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PRACTICE:

São Paulo's Migrant Reference and Assistance Center (CRAI): CRAI opened as an initiative of São Paulo's Municipal Department for Human Rights and Citizenship, in partnership with the National Department of Justice and São Paulo's Municipal Department of Social Assistance and Development.¹³ The Center offers migrants in São Paulo free Portuguese classes, legal assistance, workshops on rights, training in technical skills, counseling, medical referrals, and accommodations, irrespective of their migration status.¹⁴ In addition, the São Paulo prefecture has produced a series of booklets and other print material in several languages, providing migrants with information on topics such as immunization schedules and programs, tuberculosis, and pregnancy.¹⁵

To access the website:

http://www.prefeitura.sp.gov.br/cidade/secretarias/direitos_humanos/migrantes/crai/

⁸ <http://reporting.unhcr.org/sites/default/files/UNHCR%20Brazil%20Factsheet%20-%20AUG16.pdf>

⁹ <http://www.acnur.org/portugues/noticias/noticia/seds-e-acnur-promovem-capitacao-para-atendimento-social-a-refugiados-e-migrantes/>

¹⁰ <http://reporting.unhcr.org/sites/default/files/UNHCR%20Brazil%20Factsheet%20-%20AUG16.pdf>

¹¹ Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of Brazil on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

¹² Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of Brazil on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

¹³ <http://caminhosdorefugio.com.br/tag/prefeitura-de-sao-paulo/>

¹⁴ <http://caminhosdorefugio.com.br/tag/prefeitura-de-sao-paulo/>

¹⁵ Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of Brazil on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

Improving communication and countering xenophobia to dispel fears and misperceptions among refugee, migrant and host populations on the health impacts of migration and displacement

PRACTICES:

Public awareness campaign to combat xenophobia against migrants: The Ministry of Justice launched a two-stage public awareness campaign through social media to combat xenophobia and intolerance against migrants living in the country.¹⁶ The slogan for the first stage was “For refugees, Brazil is an opportunity to live,” while the one for the second was “Brazil, immigration is in our blood”.¹⁷

“Migration and Refuge” training course: The São Paulo State Department of Social Development, in partnership with UNHCR, developed and promoted a training course for state and municipal public employees in the 645 municipalities of São Paulo and public employees in social protection networks.¹⁸ The course was held at São Paulo’s School of Social Development and included lectures on the challenges that migrants face, how to combat xenophobia against migrants, the services available for this population, and how they can exercise their rights.¹⁹

CHILE

CONTEXT

Chile has gradually become a destination country for migrants. According to the Department of Alien Status and Migration of the Ministry of the Interior (DEM), the number of migrants in the country increased by 328,000 between 1982 and 2014.²⁰ In 2014, international migrants accounted for 2.3% of the country’s total population.²¹ Most migrants are from neighboring countries, such as Peru (31.7%), Argentina (16.3%), and Bolivia (8.8%), and are between the ages of 20 and 35.²² This population is largely concentrated in the Metropolitan Region and regions in the extreme north of the country (Antofagasta, Arica, Calama, and Iquique).²³ In its 2017 Migration Report, the DEM reported a significant increase in migrants from Colombia, Haiti, and Venezuela since 2010, noting that between 2015 and 2016, 17.7% of visa applicants were from Colombia, 16% from Haiti, and 14.7% from Venezuela.²⁴ In 2016, Chile was home to 1,890 refugees and 1,780 asylum seekers.²⁵

¹⁶ <http://www.brasil.gov.br/cidadania-e-justica/2015/10/campanha-vai-combater-xenofobia-e-intolerancia-a-imigrantes-no-brasil>

¹⁷ <http://www.brasil.gov.br/cidadania-e-justica/2015/10/campanha-vai-combater-xenofobia-e-intolerancia-a-imigrantes-no-brasil>

¹⁸ <http://www.acnur.org/portugues/noticias/noticia/seds-e-acnur-promovem-capacitacao-para-atendimento-social-a-refugiados-e-migrantes/>

¹⁹ <http://www.acnur.org/portugues/noticias/noticia/seds-e-acnur-promovem-capacitacao-para-atendimento-social-a-refugiados-e-migrantes/>

²⁰ <http://www.extranjeria.gob.cl/media/2016/02/Anuario-Estad%C3%ADstico-Nacional-Migraci3n-en-Chile-2005-2014.pdf>

²¹ http://www.extranjeria.gob.cl/media/2017/01/Libro_La_migracion_internacional-39-49.pdf

²² <http://www.extranjeria.gob.cl/media/2016/02/Anuario-Estad%C3%ADstico-Nacional-Migraci3n-en-Chile-2005-2014.pdf>

²³ <http://www.extranjeria.gob.cl/media/2016/02/Anuario-Estad%C3%ADstico-Nacional-Migraci3n-en-Chile-2005-2014.pdf>

²⁴ http://www.extranjeria.gob.cl/media/2017/09/RM_PoblacionMigranteChile.pdf

²⁵ http://reporting.unhcr.org/sites/default/files/UNHCR%20Chile%20Factsheet%20-%20January%202017_0.pdf

Promoting and implementing refugee- and migrant-sensitive health policies, legal and social protection and interventions to provide equitable, affordable and acceptable access to essential health services for refugees and migrants

PRACTICE:

Health of migrants pilot project in Antofagasta, Arica, Iquique, Recoleta, and Santiago: Led by the Ministry of Health of Chile, the project is aimed at lowering health service access barriers for migrants, promoting the sensitization and training of health officials on migration with a human rights-based approach, and promoting information sharing and the monitoring of migrant health. The project focuses particularly on groups in situations of vulnerability, such as children and pregnant women.

Improving communication and countering xenophobia to dispel fears and misperceptions among refugee, migrant and host populations on the health impacts of migration and displacement

PRACTICE:

Support guide “I am a Migrant. I Have Rights”: This 256-page guide was prepared as a joint initiative of the Women’s Foundation Institute of Chile, the Consulate General of Peru in Chile, and the International Organization for Migration (IOM) to facilitate the integration of migrants in Chile and contribute to the protection and promotion of human rights.²⁶ It offers migrants detailed information on how to exercise their rights in health, education, work, housing, family, self-care, and justice.²⁷ It also provides the phone numbers and addresses of public services of interest to migrants.

To access the guide: <https://chile.iom.int/es/gu%C3%ADa-soy-migrante-tengo-derechos>

Promoting and mainstreaming the right to health, and mainstreaming refugee and migrant health in global, regional and national policies, planning and implementation

PRACTICES:

Chile’s Health Policy for International Migrants: The Ministry of Health created a Migrant Health Advisory Team, whose members included representatives of the Undersecretariat of Public Health, the Undersecretariat of Health Care Networks, FONASA, and the Superintendency of Health, along with technical assistance from IOM.²⁸ The main objective of the Advisory Team was to develop Chile’s Health Policy for International Migrants, which was finalized and presented in 2017. The health policy promotes

²⁶ <https://chile.iom.int/es/gu%C3%ADa-soy-migrante-tengo-derechos>

²⁷ <https://chile.iom.int/es/gu%C3%ADa-soy-migrante-tengo-derechos>

²⁸ https://issuu.com/sgonastorga/docs/cuaderno_n_8

the right to health for all persons in the nation's territory (including citizens and foreign nationals), a system that is migrant-sensitive, and the lowering of health service access barriers.²⁹

Migrant beneficiaries of the National Health Fund (FONASA): An agreement between the Ministry of the Interior and FONASA allows foreign nationals residing in Chile who have applied for a residency permit for the first time, for an extension, or for a temporary or permanent change in immigration status, and whose applications are being processed, to access benefits provided by FONASA until their application is adjudicated.³⁰ In addition, migrants who lack residency documents or permits and declare that they have insufficient economic resources may be considered FONASA beneficiaries under the same conditions as citizens.³¹ This was established in 2015 through Decree 67 of the Ministry of Health.

COLOMBIA

CONTEXT

Historically, Colombia has not been a preferred destination country for migrants.³² However, due to the intensifying political crisis in neighboring Venezuela, thousands of Venezuelans are crossing into Colombian territory. In 2017, 470,000 Venezuelans were reported in the country.³³ Moreover, as a result of the government's 52-year armed conflict with the Revolutionary Armed Forces of Colombia (FARC), millions of Colombians were internally displaced. In 2017, there were 7.3 million registered internally displaced persons in the country and 28,898 families affected by mass displacements in some regions.³⁴ That same year, there were 340,000 reported Colombian refugees living abroad.³⁵

Promoting and implementing refugee- and migrant-sensitive health policies, legal and social protection and interventions to provide equitable, affordable and acceptable access to essential health services for refugees and migrants

PRACTICE:

Administrative measures adopted by the Colombian government:³⁶ Through Decree 1770 of 2015, the Government of Colombia declared a State of Economic, Social, and Ecological Emergency in part of the

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https://www.yunbaogao.cn/report/index/report?reportId=5_25757

