

# INTERNATIONAL MIGRANTS' HEALTH

## HEALTH SYSTEMS: HEALTH POLICY AND FINANCING

### SCIENTIFIC LITERATURE REVIEW SUMMARY SHEET

#### What will you find on this summary sheet?

This document summarizes the scientific literature regarding Health Policy and Financing in the context of health care for international migrants within the Region of the Americas. The information provided here is based upon a broader scoping review of the published scientific literature regarding international migrants' health in the Region of the Americas between January 2016 and March 2023.

This summary sheet is a narrative and descriptive synthesis of main topics related to the field, with a focus on international migration and health in the Region. It does not fully represent the heterogeneity of information available internationally in terms of type of migrants, countries of origin, and study designs; however, it provides a description of general patterns often found in this literature. In this scoping review, 35 articles addressed Health Policy and Financing in the context of international migrants.

The results presented in the following scientific literature review summary sheet are based on selected articles from the review and is not intended to be an exhaustive review of all current literature. You can find all references in the interactive dashboard located within PAHO's Information Platform on Health and Migration.

[Access the PAHO Information Platform on Health and Migration](#)

#### Are there other similar scientific literature summary sheets on international migrants' health available?

The scoping review on international migrants' health included a total of 837 academic articles categorized within three broad themes: health outcomes, health systems and health determinants. All these articles are described and presented in an interactive dashboard along with 11 other similar summary sheets are available that touch upon more specific categories within these three major themes. If you want to learn more about Health Policy and Financing, you can find related information in the summary sheet on Health Care Systems.

# MAIN FINDINGS

## What can we learn from the scientific literature so far about International Migrants' Health Policy and Financing?

Studies retrieved from the published scientific literature suggest some of the following findings:

### INSURANCE COVERAGE

- Literature in Mexico, Colombia, and Chile highlights that these countries have fragmented health systems, divided between the public and private sector. Due to factors mostly related to migration status, employment, and lack of financial resources, international migrants remain insufficiently covered by the public sector without the opportunity to move onto private health coverage (1–4).
- Data from 2018 (5) showed that, among Venezuelan immigrants in Colombia, only 25.5% are affiliated to a healthcare provider, against 93% for the Colombian-born and that this trend was stronger among those who recently arrived to Colombia. Similarly, in Chile, in the context of achieving universal coverage for international migrants, a study conducted with data from 2017 found that 18% of immigrants report no healthcare coverage, a rate more than four times higher than for the Chilean-born population (6).
- In the United States of America (USA), in 2020, a cross-sectional study found that 47.1% of undocumented immigrants were uninsured, a rate that is three times the one for documented immigrants and eight times the one of the US-born population (7).

- According to a study, insurance coverage increased significantly for immigrant groups after the Patient Protection and Affordable Care Act. While Latino immigrants had the largest gain in insurance coverage, the proportion of Latino immigrants with insurance remained lowest (8).

### HEALTH EXPENDITURE

- With regards to expenditure, a systematic review carried out in 2018 found that immigrants represented less than 10% of overall medical spending and that recent immigrants represented less than 1% (9). Conversely, out-of-pocket costs were higher among the foreign-born. Additionally, the annual average for undocumented migrants was USD 1,629, against USD 6,088 for the US-born population (7).
- In Colombia, a study conducted with data from 2018-2019 focused on healthcare-related expenditures among immigrants and non-immigrants living with HIV in Colombia. The study found that the average per capita expenditure was lower for immigrants compared to non-migrants, USD 859 and USD 1,796 respectively. Expenditures for hospital and non-hospital care was also lower among immigrants (10).
- A study from the USA estimates that 2000-2011, unauthorized immigrants contributed USD 2.2 to USD 3.8 billion more than they withdrew annually (a total surplus of USD 35.1 billion) (11).

### HEALTH AND SOCIAL POLICY

- Some access barriers for migrants were found to be structural, responding to health policy and broader social policy. For instance, fear of deportation in the immigrant population acts as a barrier to seeking care. Immigrant policing directly impacts undocumented immigrants' health by producing a type of fear-based



governance that alters immigrants' health behaviors and sites for seeking health services (12).

- One example was Bill 1070 in the USA, that empowered police to detain those unable to prove citizenship. A study from the USA shows that, from frontline staff's perspective, fear of deportation and family separation impacted health care utilization and health-related behaviors of mixed-status families with an impact on chronic illness management and maternal health (13).
- Another study from the USA shows how parents observed behavioral changes in their children following the passage of anti-immigration legislation, such as fear/hypervigilance, sadness/crying, and depression. This has also been observed in Latino adults, whose health is impacted by statewide immigration policies through stress related to structural racism, restricting access to health care and related services (14).
- In Brazil, it has been documented that, while immigrants' healthcare access is guaranteed as a right, it is largely negated by difficulties in obtaining needed documentation to secure legal residency (15).
- Regarding responses that can be taken from health care services, there is evidence that indicates that these can implement active and reactive measures to tackle perceived risks regarding immigration, such as discretionary practices by front-line staff (13).

- Research also suggests that health policy should contemplate improving the work of the consulates in visiting detention centers in the USA to identify migrants with health conditions and get them proper treatment before they are repatriated (16).
- There is evidence of a series of legal measures that have been implemented in Chile, since 2003, to ensure undocumented migrants' access to healthcare, especially for the most vulnerable: pregnant women, children and adolescents, and victims of human trafficking. Great challenges remain, such as training and sensitizing health personnel to address the high level of discretion to which this regulation is subject, as well as establishing monitoring mechanisms for norm compliance and spreading information on guaranteed rights among undocumented migrants (17).



### “On edge all the time”: Mixed-status households navigating health care post Arizona's most stringent anti-immigrant law (13)

This study analyzed healthcare experiences of mixed-status households after Arizona's SB1070 (“Support Our Law Enforcement and Safe Neighborhoods Act”) was passed, which empowered police to detain individuals unable to prove citizenship upon request. The main interest of this study was how households navigate accessibility to care when members have varied immigration statuses, and therefore, varied healthcare availability. Researchers interviewed 43 households in Arizona, from which 81% had at least one undocumented member. Fifty-three percent of interviewees reported difficulties obtaining health coverage, and 57% listed complexity of application requirements (paperwork) as the main reason.

*“I recall at that time, they asked so many questions. And since we don't have legal status that is what is problematic, because they ask for paystubs to prove income to see if you qualify for discount care and all that. And that's where it's challenging because then I tell them, ‘My husband is self-employed, he isn't paid with checks.’ Then we had to take [verification] letters and they had to be notarized and to notarize them they ask you for a State ID”.*

Twenty six percent of interviewees reported discrimination and fear as obstacle to care:

*“No, I don't have anything! I know they'll ask me for names and I don't want that public.’ So they [son and husband] are clinging to that idea, like in hiding. I tell them ‘We can't continue to be like this.’ We are living in hysteria.”*

Other barriers were wait times (13%), cost of care, confusing health plans and other logistical barriers.

Facilitators to care were discount care programs and discretionary practices by front-line staff. Interviewees said that experiences with front-line staff and providers made a huge difference in access. Some shared that friends inform them about a location where staff were friendlier and reportedly did not discriminate against immigrant households.



### Regional migrants in Bahía Blanca, Argentina: Challenges in social rights access (18)

This article analyzed regional migrants' access to social rights that are recognized by Migration Law 25.871, identifying "key issues" regarding access and usefulness of health resources and services for migrants.

One key issue that limits access is lack of knowledge of the migrant population regarding how health institutions work and on their guaranteed rights, which is an essential condition for its enforceability.

*"Many don't know that they have health rights; they get sick and don't go to the hospital. If they don't have any money, they think they can't go to the Community Health Center. I had the case of a baby who needed an urgent tomography, but it wasn't done at the time because his mother didn't have any money, and it was delayed until she was able to pay for the study. We know that they have these rights and we fight for it, but they are not always properly informed" (Alicia, Community Health Center social worker, personal interview, November 10, 2017).*

Barriers to care also depend on the degree of complexity of the medical attention needed; the simpler the need the more immigrants can access healthcare. The biggest problems arise when more complex care is needed, such as specific treatments, surgeries, chronic diseases, or when certain medications or implants are required. Another difference lies in a hospital's administration, showing that immigrant's access also depends on an individual (and therefore arbitrary) decision by administrators in charge. Restrictions to access in hospital centers is also linked to migrants' administrative status, manifested in bureaucratic and administrative obstacles (requirement of an Argentine National Identity Card) for scheduled interventions.

Also, discriminatory speech or practices by health professionals or other Argentine nationals in health care settings directly or indirectly affect the guarantee of health-related rights, often causing the immigrant population to avoid the system:

*"Once I went to the Community Health Center and a woman told me "the best thing you can do is go back to your country because you guys don't get any help from your embassy - nothing... and you always come to the Community Health Center for help, and then you tell everyone that you get lots of help here; and so Bahía Blanca fills up with Bolivians"..." (Rubén, Bolivian, personal interview, November 22, 2017).*

Another barrier is intercultural situations that hinders quality of medical care, such as communication problems, cultural practices that affect treatment, different diets, hygiene practices, and clothing.

## References

1. Bojorquez-Chapela I, Flórez-García V, Calderón-Villarreal A, Fernández-Niño JA. Health policies for international migrants: A comparison between Mexico and Colombia. *Health Policy OPEN*. 2020;1:100003.
2. Concha NL, Mansilla MÁ. Pacientes ilegítimos: Acceso a la salud de los inmigrantes indocumentados en Chile. *Salud colectiva*. 2017;13(3):507–20.
3. Santacruz JSR, Georg RR, Cubillos AF, Valverde JR, Wiesner MLR, Rodríguez AYR. Realidades migratorias actuales: una mirada frente a la recepción de la población de venezolanos en el contexto colombiano y sus efectos en la salud. In: *América Latina en las dinámicas de la migración internacional: Perspectivas críticas*. Universidad Externado; 2019.
4. Ortega CMF, Galaz C, Melis RP. Políticas públicas y salud en materia de inmigración: Puntos críticos en la accesibilidad del sistema público chileno. *Acciones e investigaciones sociales*. 2017;(37):61–93.
5. Rodríguez Vargas JM, Vargas-Valle ED, López Jaramillo AM. La afiliación al sistema de salud de personas migrantes venezolanas en Colombia. *Revista Población y Salud en Mesoamérica*. 2021;18(2).
6. Cabieses B, Chepo M, Obach A, Espinoza M. Towards universal coverage for international migrants in Chile: accessibility and acceptability indicators from a multi-methods study. *Medical Research Archives*. 2019;7(1).
7. Wilson FA, Zallman L, Pagán JA, Ortega AN, Wang Y, Tatar M, et al. Comparison of Use of Health Care Services and Spending for Unauthorized Immigrants vs Authorized Immigrants or US Citizens Using a Machine Learning Model. *JAMA network open*. 2020;3(12):e2029230.
8. Chu J, Ortega AN, Park S, Vargas-Bustamante A, Roby DH. The Affordable Care Act and Health Care Access and Utilization Among White, Asian, and Latino Immigrants in California [Internet]. Vol. 59, *Medical Care*. 2021. Available from: [www.lww-medicalcare.com](http://www.lww-medicalcare.com).
9. Flavin L, Zallman L, McCormick D, Wesley Boyd J. Medical Expenditures on and by Immigrant Populations in the United States: A Systematic Review. *International Journal of Health Services: Planning, Administration, Evaluation*. 2018;48(4):601–21.
10. Castillo-Cañón JC, Bojorquez-Chapela I, Fernández-Niño J, Valbuena-García AM, Acuña-Merchan L. Healthcare-related expenditures among immigrants and non-immigrants living with HIV in Colombia. *Health & Social Care in the Community*. 2020;n/a(n/a).
11. Zallman L, Wilson FA, Stimpson JP, Barse A, Arsenault L, Dube B, et al. Unauthorized Immigrants Prolong the Life of Medicare's Trust Fund. *Journal of General Internal Medicine*. 2016 Jan 1;31(1):122–7.
12. Kline N. Pathogenic Policy: Immigrant Policing, Fear, and Parallel Medical Systems in the US South. *Medical Anthropology*. 2017;36(4):396–410.
13. Gómez S, O'Leary AO. "On edge all the time": Mixed-status households navigating health care post Arizona's most stringent anti-immigrant law. *Frontiers in Public Health*. 2019 Jan 15;6(JAN).
14. Rubio-Hernandez SP, Ayón C. Pobrecitos los Niños: The emotional impact of anti-immigration policies on Latino children. *Children and Youth Services Review*. 2016;60:20–6.
15. Aith FMA, Forsyth C, Shikanai-Yasuda MA. Chagas Disease and Healthcare Rights in the Bolivian Immigrant Community of São Paulo, Brazil. *Tropical Medicine and Infectious Disease*. 2020;5(2).
16. Rosales Martínez Y, Bojorquez Chapela I, Leyva Flores R, Infante Xibille C. Health Services Provision for Migrants Repatriated through Tijuana, Baja California: Inter-agency Cooperation and Response Capacity. *Frontera norte*. 2017;29(57):107–30.
17. Larenas-Rosa D, Cabieses B. Acceso a salud de la población migrante internacional en situación irregular: La respuesta del sector salud en Chile. *Cuad Méd Soc (Chile)*. 2018;58(4):97–108.
18. Nicolao J. Regional migrants in Bahía Blanca, Argentina: Challenges in social rights access. *Estudios fronterizos*. 2019;20.

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## HEALTH AND MIGRATION

MAPPING OF  
SCIENTIFIC LITERATURE

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