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## Access to Health Services for Central American Migrants in Transit through Mexico

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**Policy Brief** Series

HEALTH



# Access to health services for Central American migrants in transit through Mexico



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## SUMMARY

Respiratory and gastrointestinal infections, dehydration, and injuries resulting from accidents are just some of the most common health issues suffered by irregular Central American migrants in transit through Mexico, who are perceived as a health risk to society. In general, migrants tend to their health problems in the homes and shelters for migrants located near the railway tracks. As a means of solving the financial burden that comes with seeking medical attention, the Mexican government currently offers migrants temporary access to its *Seguro Popular* healthcare program, access which needs to be monitored for compliance.

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According to the concept of national security, irregular migrants are considered a risk factor for the national population of the countries where migrants arrive or are transiting, because they are thought to be carriers of infections and diseases.<sup>1,2</sup> This reason has been used to justify limiting, restricting or impeding the mobility, displacement and entry of migrants, triggering xenophobic reactions towards them. An example of this would be the AIDS epidemic.<sup>3</sup>

Central Americans passing through Mexico heading towards the United States are no exception. According to some media reports, the spread of HIV and other diseases such as dengue, malaria and chikungunya can be attributed to them. However, it must be said that the transmission of these diseases cannot be explained by the presence of migrants. To take just one example, when mapping cases of dengue and chikungunya in Mexico, these conditions depend more on factors linked to weather conditions, the endemic presence of a particular type of vector and levels of poverty.<sup>4</sup>

There is evidence to suggest that Central American migrants may be healthier than the local people, with greater capabilities to handle adverse situations.<sup>5</sup> In this vein, it has been documented that the conditions in which migrants find themselves when migrating rather than migration per se determines the health status of migrants.<sup>6,7</sup>

Negative attitudes towards migrants continue, although in recent years educational and training activities across different



sectors have been developed in the Mexican border states of Chiapas, Oaxaca and Tabasco involving the health sector, state human rights commissions, the personnel of the National Migration Institute and civil society organizations.

What is the health situation of irregular migrants in transit through Mexico from Central America? What health services do they have access to? To answer these questions, we present the results of two studies: one relating to population and the other relating to relevant documents. The first is based on data from 8,236 individuals at eight houses or shelters for migrants in transit, which are located in strategic points throughout the country (see Map 1), during 2009 and 2013. The data comes from information collected on Migration, Health and Human Rights, developed by the Research Unit of Migration and Health (UMyS) at the National Institute of Public Health (INSP). The second study reviews the main legal instruments that ensure the access of migrants in transit through Mexico to public health services, with special attention to those related to guaranteeing the right to health as set forth in Article 4° of the Mexican Constitution.

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## **A change of route: The Southern Border Plan**

To reach the U.S., Central American migrants travel more than 3,640 kilometers from their home countries to the northern border of Mexico. Until last summer, one of the most accessible ways to travel across the country was by freight train, which left from Arriaga (Chiapas) and other places near Guatemala such as Palenque (Chiapas) and Tenosique (Tabasco) (See Map 2). The average journey to reach some point on Mexico's northern border with the U.S. would take 95 days,<sup>6</sup> during which time migrants would be exposed to multiple risks and health problems.

In August 2014, this situation changed with the implementation of Southern Border Plan (Plan de la Frontera Sur), a Federal Government initiative which impedes, as a means of preventing accidents, the irregular use of the freight train as a means of transport. Consequently, according to a press release issued by the Inter-American Commission on Human Rights in 2015,<sup>8</sup> the number of migrants taking refuge in houses and shelters located in the vicinity of the railway declined. The consequences this has had on the health of migrants has not yet been documented in a systematic manner.<sup>9</sup>



Map 1:

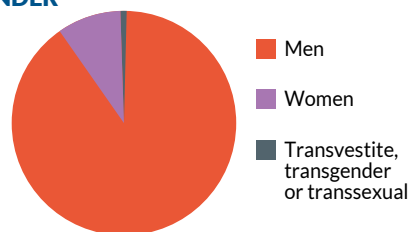


## Migrants in hostels

As shown in Chart 1., the demographic profile of migrants in transit who make use of the houses and shelters for migrants, show a clear predominance in terms of gender: 9 out of 10 are men, and less than 1% identified themselves as transvestite, transgendered or transsexual. The majority are young men with an average age of 28, are single, have children, with an educational background of 6.7 years of formal schooling. Of all the migrants, 9 out of 10 come from Honduras, Guatemala and El Salvador.

**Chart 1.**  
Socio-demographic  
characteristics of  
migrants

#### GENDER



**N=7,061**

Average age	<b>28 years old</b>
Have children	<b>60%</b>
Schooling (in years)	<b>6.7 years</b>

#### COUNTRY OF ORIGIN



Source: Leyva R., Infante C., Quintino F. "Multi-centric Project: International migration and rights in sexual and reproductive health of migrants from Central America and Mexico, 2010-2016", INSP, México.

## Major diseases and their causes

According to the 2012 National Health Survey, the frequency of health problems, illnesses or accidents reported by migrants in the two weeks prior to the survey was 31.6%. When comparing the data of migrants with that of the Mexican population, it can be noted that migrants are 2.1 times more likely to get sick.<sup>10</sup>

The most common health issues affecting migrants are: respiratory diseases (47.1%) gastrointestinal problems (8.7%), fungal infections (7.0%), dehydration (5.0%), injuries and accidents (2.9%) and other unspecified health problems (6.0%). Such problems are a result of the conditions experienced when transiting through Mexico; dietary changes; exposure to changes in climate; limited accesses to drinking water, traveling great distances and sleeping outdoors.

Cases of migrants with mental health problems such as post traumatic stress have also been registered, with symptoms such as

anxiety, distress, and depression.<sup>5,7,11</sup> This condition is related to so-called “migratory grief” as well as the conditions of physical, sexual and psychological violence that these people face in their transit through the country.

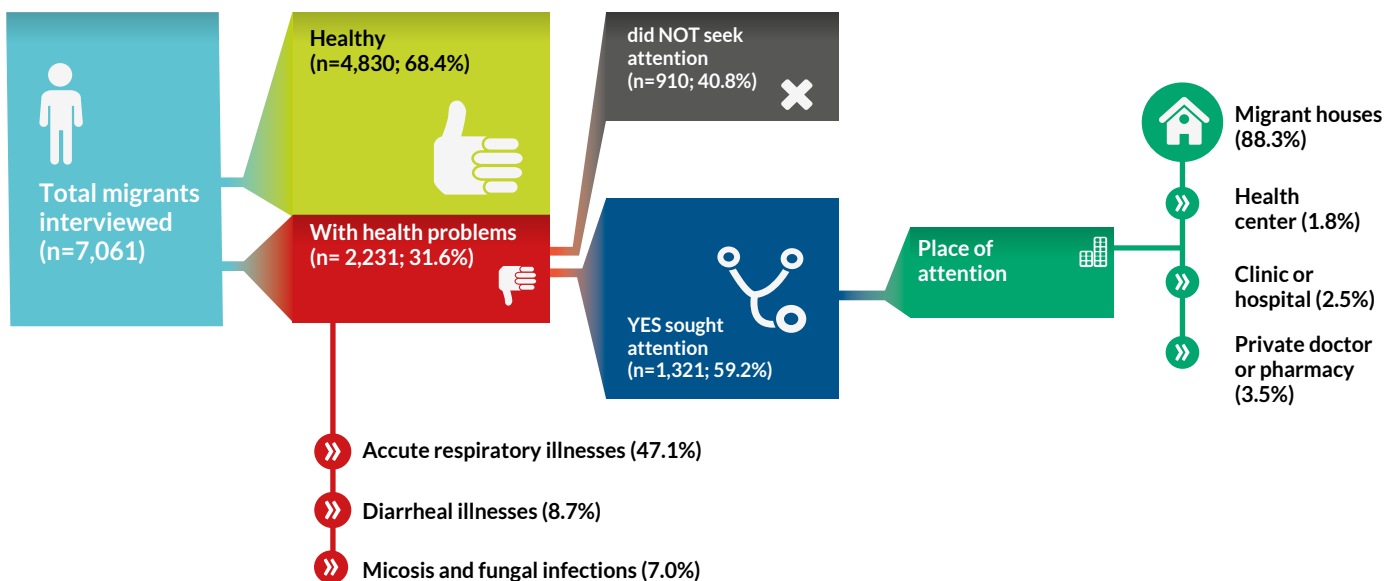
## Use of health services

Of all the migrants who had experienced health problems, illnesses or accidents (2,231 people), 6 out of 10 used a health service. Of these, 8 out of 10 were treated at the houses and shelters for migrants and very few used first level government health services (1.8%) or clinics and hospitals (2.5%).

Seeking care in private medical services was also low (3.5%), as well as seeking advice in pharmacies (1%). Attention given by alternative healers, herbalists, bone-setters or other forms of care corresponded to 3.7%.

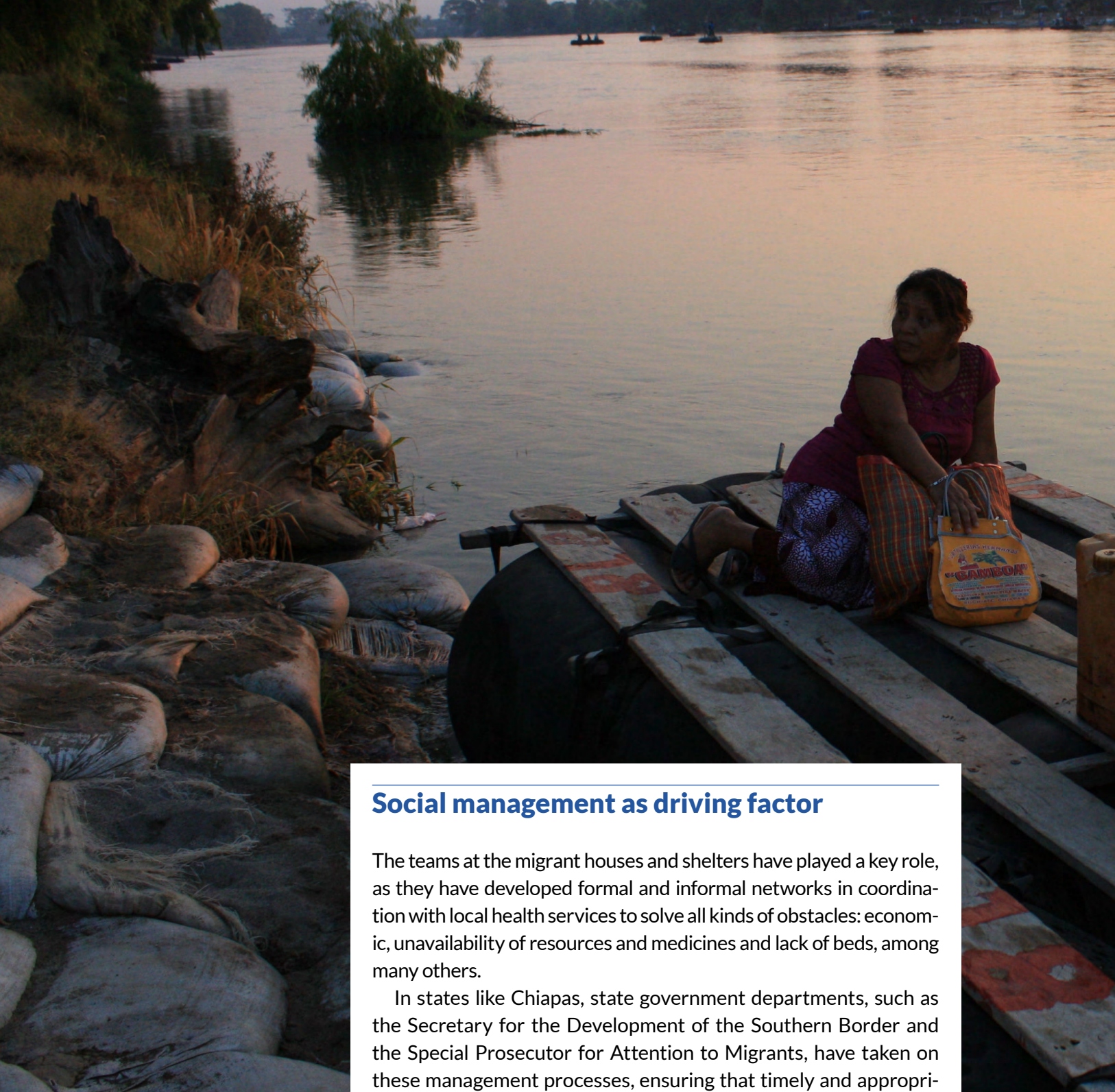
The high use of health services at the houses and shelters for migrants is explained by the distrust or fear that migrants have in approaching public services, as well as the lack of money. Therefore, the health services provided by the various *migrant houses* guarantee access to basic care and even the promotion of prevention strategies for sexual and reproductive health, HIV and sexual violence.

**Figure 1:** The route to healthcare for migrants in transit through Mexico



Source: Leyva R., Infante C., Quintino F. “Multi-centric Project: International migration and rights in sexual and reproductive health of migrants from Central America and Mexico, 2010-2016”, INSP, México.





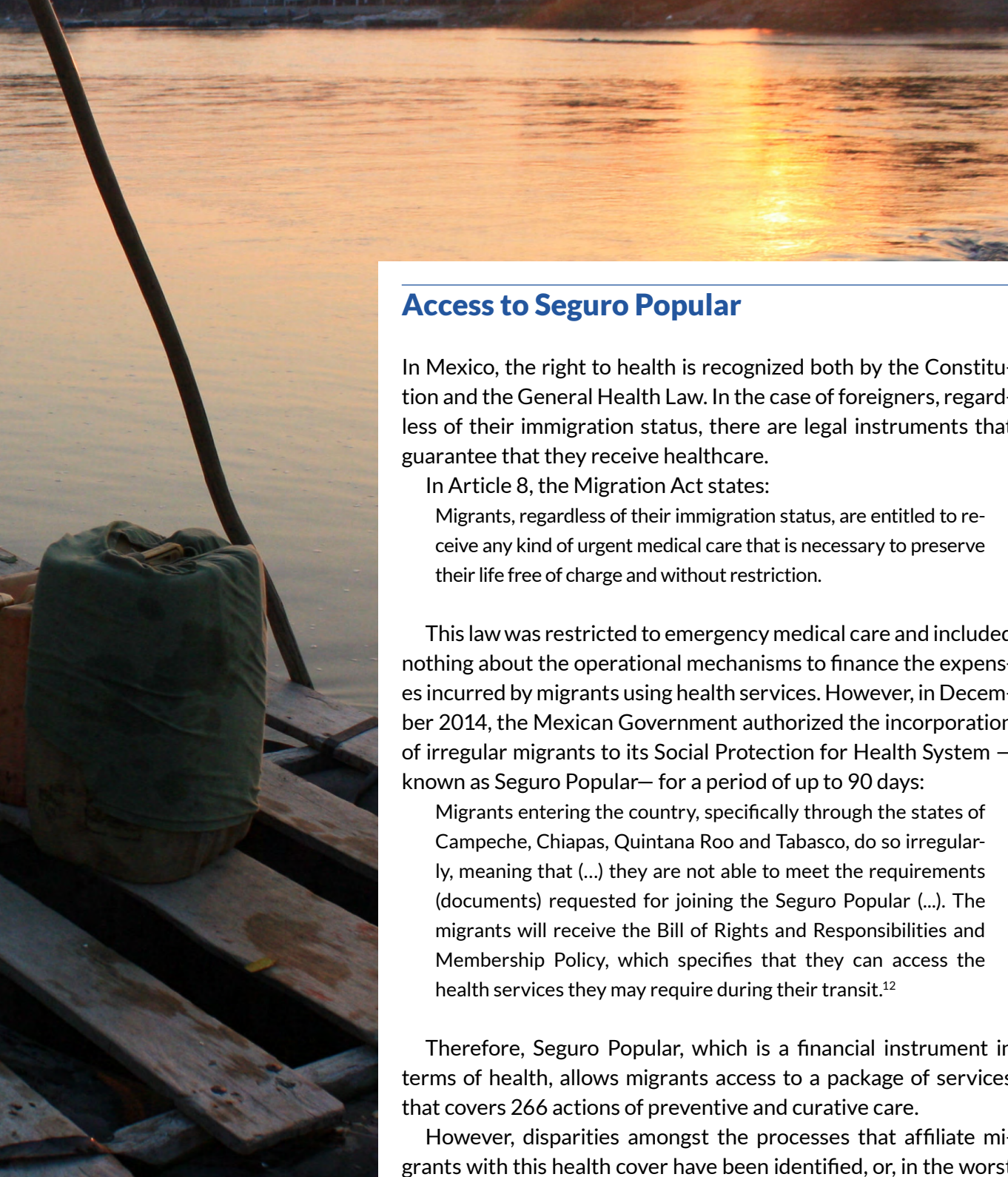
## Social management as driving factor

The teams at the migrant houses and shelters have played a key role, as they have developed formal and informal networks in coordination with local health services to solve all kinds of obstacles: economic, unavailability of resources and medicines and lack of beds, among many others.

In states like Chiapas, state government departments, such as the Secretary for the Development of the Southern Border and the Special Prosecutor for Attention to Migrants, have taken on these management processes, ensuring that timely and appropriate medical care is provided. In other states, like Oaxaca and San Luis Potosi, Saltillo and Tapachula, migrant houses are recognized by health authorities.

The importance of social management is clear, especially that involving the participation of actors of high social and political prestige — such as the migrant houses, civil and governmental organizations — who are able to mobilize and boost institutional practices for vulnerable groups such as the Central American migrants.





## Access to Seguro Popular

In Mexico, the right to health is recognized both by the Constitution and the General Health Law. In the case of foreigners, regardless of their immigration status, there are legal instruments that guarantee that they receive healthcare.

In Article 8, the Migration Act states:

Migrants, regardless of their immigration status, are entitled to receive any kind of urgent medical care that is necessary to preserve their life free of charge and without restriction.

This law was restricted to emergency medical care and included nothing about the operational mechanisms to finance the expenses incurred by migrants using health services. However, in December 2014, the Mexican Government authorized the incorporation of irregular migrants to its Social Protection for Health System – known as Seguro Popular– for a period of up to 90 days:

Migrants entering the country, specifically through the states of Campeche, Chiapas, Quintana Roo and Tabasco, do so irregularly, meaning that (...) they are not able to meet the requirements (documents) requested for joining the Seguro Popular (...). The migrants will receive the Bill of Rights and Responsibilities and Membership Policy, which specifies that they can access the health services they may require during their transit.<sup>12</sup>

Therefore, Seguro Popular, which is a financial instrument in terms of health, allows migrants access to a package of services that covers 266 actions of preventive and curative care.

However, disparities amongst the processes that affiliate migrants with this health cover have been identified, or, in the worst cases, practices that do not recognize migrants as entitled to this service. In recent field visits to the states of Oaxaca, Chiapas, San Luis Potosí, Coahuila and Baja California, it has been documented that there are no established guidelines for such membership.

Although it is undeniable that the Mexican Government has brought about a social protection scheme for undocumented migrants, it is necessary to check that in practice, Seguro Popular functions correctly.

**Box 1.** Juridical legal instruments that guarantee healthcare to people who were not born in Mexico.

JURIDICAL INSTRUMENT		
Political Constitution of the United Mexican States	Migration Law and the Migrant Law Regulations (2012)	National Commission for the Social Protection of Health - Seguro Popular (2014)
<p><b>Chapter I of <i>Los derechos humanos y sus garantías</i> [Human Rights and its Guarantees]</b></p> <p><b>Article 4.</b> Everyone has the right to health protection. The law will define the rules and forms for access to health services and establish the concurrence of the federation and the states in matters of public health, according to Fraction XVI of Article 73 of the Constitution (added by decree, published in the federation's <i>Diario oficial</i> [Official Gazette] on February 3, 1983)</p>	<p><b>Migration Law</b></p> <p><b>Article 8.</b> Migrants are entitled to receive any medical care provided by the public and private sectors, regardless of their immigration status, in accordance with legal and regulatory provisions. Migrants, regardless of their immigration status, are entitled to receive any kind of urgent medical care that is necessary to preserve their lives free of charge and without restriction</p> <p>In the provision of educational and medical services, no administrative act will set restrictions on foreigners that are greater than those established for Mexicans in general.</p> <p><b>Article 27.</b> With relation to the Ministry of Health:</p> <p><b>I.</b> Promote in coordination with the health authorities within the different levels of government that the provision of health services for foreigners is granted regardless of their immigration status, according to the applicable legal regulations.</p> <p><b>III.</b> Oversee the provision of health services in places where international traffic passes.</p> <p><b>IV.</b> Design and disseminate campaigns for the prevention and control of diseases in places where the international movement of people occurs.</p> <p><b>Migration Law Regulations</b></p> <p><b>Article 226.</b> Foreign persons who arrive to the migration centers have the following rights:</p> <p><b>III.</b> Medical and psychological care.</p> <p><b>Article 227.</b> The INM will provide by its own means or via other institutions, free medical care to those sheltered. In the event that a doctor determines that it is necessary to provide specialized medical care to the boarder, the relevant measures will be taken to refer him/her to the corresponding health institution.</p>	<p><b>Statement:</b> "In order to provide comprehensive care and health services to migrants crossing the country to the United States, the National Commission for Social Protection of Health (CNPSS) makes the temporary incorporation of undocumented migrants into the Social Protection of Health System (SPSS) possible.</p> <p>Migrants entering the country, specifically in the states of Campeche, Chiapas, Quintana Roo and Tabasco, do so irregularly, meaning that these people are unable to meet the requirements (documents) requested for incorporation to SPSS. Therefore, and for the purpose of granting them the services funded by Seguro Popular, the State Social Protection of Health Regimes (REPSS) were empowered to register this group of people provisionally for up to a ninety-day period.</p> <p>In this way, foreigners covered by Seguro Popular are able to access the benefits of the system, without providing any documents, on the understanding that this coverage is temporary. Thus, through the Directorate General for Membership and Operation, the CNPSS, in coordination with REPSS makes contact with migrants in the Border Transit Comprehensive Care Centers (CAITF) or, where appropriate, in the places migrants pass regularly, in order to promote migrants' entitlement to SPSS, informing them about the services they are entitled to during their transit through Mexico.</p> <p>Migrants receive the Bill of Rights and Responsibilities and a coverage policy, detailing that they can access the health services they may require during their journey; all of which is seen as humanitarian work on the part of CNPSS."</p>



## Conclusion

- The migrants in transit through Mexico are a young population, mostly male, whose migratory conditions expose them to a variety of health risks.
- The recent inclusion of these migrants within the Seguro Popular scheme, promoted by the Mexican government, not only represents one of the most relevant and weighty social policies in recent years, but can also contribute to reducing xenophobic attitudes and discriminatory practices that frequently foster the violation of migrants' human rights.
- However, the implementation of this policy needs to be disseminated and assimilated among those who operate programs locally. That is why the work of organizations and local social networks should not be underestimated, as it can help monitor compliance.





## Policy recommendations

- **Encourage promotion and prevention:** Health problems experienced by migrants in transit are linked to the conditions of the migration process. There is a lack of strategies for health promotion so that migrants receive timely healthcare. Strengthening the capacities of the shelters and migrant houses with activities related to health promotion and prevention is suggested so that these spaces are confirmed as “healthy spaces” with the capacity to identify cases that require hospitalization.
- **Strengthen social care networks.** Involve shelters and migrant houses with local, state and municipal health services. It is also important to identify other key actors who provide services to migrants, such as: National Migration Institute, the Mexican Social Security Institute, state human rights commissions, and specialized prosecutors. This would allow new forms of collaboration, referral procedures and counter-referrals to other levels of health-care, and protocols for cases requiring more complex or specialized care.
- **Strengthen the focus on mental, sexual and reproductive health.** These health problems or issues have a major impact on the living conditions of migrants. There are containment interventions for mental health implemented by the organization Doctors Without Borders in Oaxaca and Chiapas that have proven effective and can be replicated elsewhere. Actions related to preventing sexually transmitted infections that develop in the migrant homes and shelters have shown themselves to be successful and have enabled early detection of AIDS cases. Attention to sexual assaults and rape within 72 hours has also been achieved. All of the aforementioned points have been accomplished in collaboration with local health services, and lack sufficient supplies and investment.

- **Do not create healthcare systems exclusively for migrants.** Healthcare has been provided to migrants within the systems in place for the local population. In the health centers located in the border communities of Chiapas, it has been documented that less than 1% of migrants use the services and, in the majority of cases, require only basic aid.
- **Provide access to health services.** Although in December 2014, the Mexican Government granted Central American migrants access to Seguro Popular, its implementation requires a set of measures to facilitate compliance and to reduce the discretionary powers of the officials responsible for its implementation. We recommend raising awareness of the membership process both among providers and between civil society organizations and other government agencies that offer services to migrants.
- **Train and sensitize public officials.** There is a need to create continuous training programs about human rights and migration, as well as technical assistance in states with high population mobility, as discriminatory attitudes and actions towards migrants persist.
- **Promote citizen monitoring.** It is necessary to involve the local public in corroborating that migrants are effectively accessing Seguro Popular. Due to the role that migrant houses and shelters play as the main areas where healthcare is provided to migrants in transit through Mexico, we recommend strengthening their capacity to have instruments to promote and monitor the effective exercise of the health rights of migrants during their transit through the country.



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