

# Gaps in the Ecuadorian Health System's Response to Venezuelan Migrants: A Qualitative Study

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## Background



The crisis in Venezuela has displaced millions, with Ecuador hosting approximately 500,000 Venezuelan migrants (1).



Ecuador's 2008 Constitution (2) and the 2017 Organic Mobility Law (3) safeguard migrant rights, in alignment with international and regional agreements.



Ecuador's Constitution ensures access to healthcare for all, regardless of immigration status (2).

## Objective

To assess the Ecuadorian health system's response to distress migrants by conducting interviews with key stakeholders and analyzing a legal case of a refugee family denied public healthcare services.

## Methods



We applied the Peng and Li Ling (4) framework to examine the utilization of health services by migrants.



We conducted 28 key informant interviews with government officials, health care representatives, and members of international cooperation agencies and migrant organizations.



We examined Sentence 983-18-JP by the Constitutional Court of Ecuador (5) and five related documents outlining the responses of the Ministry of Health (MoH) and other public institutions toward Venezuelan migrants.



A thematic analysis, following Virginia Braun and Victoria Clarke's approach (6), was conducted using texts from transcribed interviews and documents related to Sentence No. 983-18-JP.

## Findings

### Characteristics of the population at risk



Venezuelan migrants arrive in Ecuador in poor health due to inadequate healthcare in their country and the hardships of a challenging migration journey.



Families migrating together with children and the elderly face heightened risks.

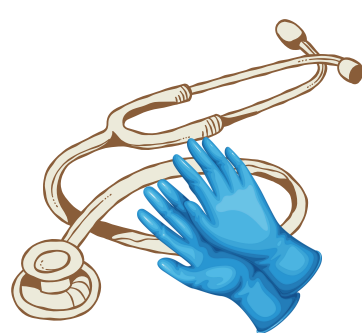


Health challenges among migrants include pregnancy complications, child malnutrition, untreated chronic illnesses in the elderly, substance abuse among youth, and mental health issues.

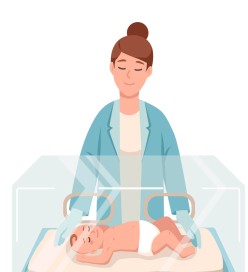
#### The case of Sentence 983-18-JP:

A baby from a Colombian refugee family died 12 hours after birth due to the Ecuadorian health system's failure to transfer the patient to higher-level care. In response to a *tutela* request, the Constitutional Court ordered the MoH to issue a public apology, compensate the family, and improve healthcare delivery for *all* migrants.

### Characteristics of the health delivery system



NGO workers and migrant leaders agree primary care is a guaranteed right and should be free. Limitations in resources implicate high out-of-pocket spending.



There are limitations in access to specialized care, such as from a gynecologist or pediatrician.



Migrants are requested to provide an identification document even though there is no legal obligation to do so.



There are instances of discrimination and xenophobia in health care provision.



Discriminatory behavior was formally addressed after Sentence 983-18-JP. One of the results was the creation of a "Training Plan for Health Personnel of the MoH in Border Provinces".

### Macro-structural and contextual factors



Targeted approaches are needed for LGBTQIA+ individuals, pregnant women, children, adolescents, and older migrants.



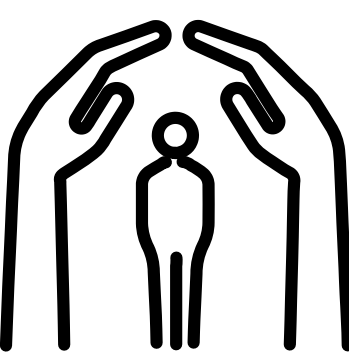
Migrants are unaware they can access free health services, highlighting the need for better information dissemination on legal guarantees.



Migrants are excluded from certain policies, such as disability certification, limiting their access to associated subsidies.

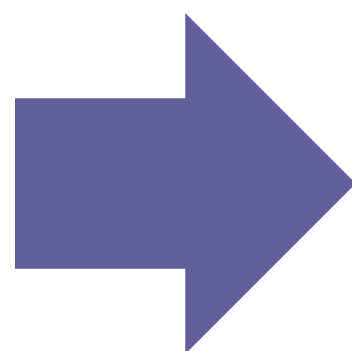


Some Ecuadorians view the focus on migrant populations by international organizations as discriminatory toward the host population.



The court ordered the MoH to establish a protocol ensuring migrants' lives are not placed at risk again and to issue a public apology for failing to respond to the needs of the refugee baby.

## Interpretation

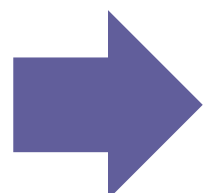


- Distress migrants are forced to flee structural inequalities and vulnerabilities that impede their right to health.
- Health care for distress migrants in Ecuador depends on a complex interplay of legal protections, delivery system challenges, and specific vulnerabilities.
- Ecuador's healthcare system is unprepared to meet the needs of migrant populations; migrants face significant limitations in accessing health services due to systemic gaps.

## Questions?

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