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PROMISING PRACTICES

LHSS Promising Practices Series

This series supports USAID's Vision for Health System Strengthening 2030 by documenting promising practices to address complex system health challenges. Defined as models, programs or activities holding potential, but not yet proven to be effective at scale, the promising practices explored in this series are grounded in first-hand experience. Further learning is needed to validate the enabling and inhibiting factors influencing the successful application of these promising practices in different contexts. This brief examines promising practices associated with delivering health care and social health protection to migrant populations through national health systems.

Integrating and including migrants in national health systems

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With increased migration around the world posing unique challenges and opportunities for health systems, efforts to better integrate and include migrants and host communities in national health systems are an integral part of the global health equity agenda. The growing effects of climate change, conflict, and other international crises suggest that the phenomenon of migration, and the need to achieve health equity for mobile populations, will only increase in importance in the coming years.

Equity is one of the desired intermediate outcomes in USAID's Vision for Health System Strengthening 2030 (USAID 2021), reflecting a recognition that achieving better health outcomes will require a focus on underserved, socially excluded, and historically marginalized populations.

This brief discusses promising practices identified by the USAID Local Health System Sustainability Project (LHSS) in its work with government and non-governmental stakeholders, including community-based organizations (CBOs), to strengthen systems for the integration and inclusion of international migrants in national health systems. Case studies from Colombia and Peru illustrate each country's experience implementing the promising practices.

While these practices were largely generated in Latin American countries where many Venezuelan migrants reside long-term or permanently, they have the potential to be relevant and adaptable in other high-migration settings.

Health system challenges of migration

Today there are more than 280.6 million international migrants (IOM 2022). Were all global migrants to make up a single country, it would rank as the fourth most populous nation in the world (World Population Review 2023).

International migrants are a highly diverse group. Some are fleeing violent conflict and persecution, political instability, or climate-related disasters. Others are in search of better economic opportunities. They include a range of ages, gender, nationalities, ethnicities, and other characteristics. Despite the complexities driving human mobility, international migrants face common barriers to accessing health care services, while the health systems serving them face common challenges in providing them with equitable access to quality, affordable health services.

Ensuring equitable health systems for migrants requires not only addressing the barriers particular to international migrants, but also any preexisting health inequities in host countries. Large-scale or rapid migration can overwhelm many aspects of a health system, particularly in already underserved areas and populations. While the influx of migrants may be viewed as a shock to the health system, it can also be leveraged as an opportunity. Supporting the adaptability and resilience of the system to manage the challenge of migration has the potential to strengthen the inclusiveness and sustainability of the health system as a whole, for migrants and nationals alike.

KEY DEFINITIONS

Integration v. Inclusion: What's the difference?*

LHSS defines integration as the process of providing some degree of access to the existing health care system, but with lower protection and access to care than country nationals. In contrast, inclusion involves removing barriers that migrants face in accessing financial protection and quality health care under the same conditions as country nationals. Many factors – including political will, which can vary dramatically between countries, or even within regions of a single nation – influence which is the near-term objective. While inclusion is ideal, integration or a combination of the two may be the most realistic goal depending on the local context.

**These LHSS definitions draw on integration and inclusion terminology used in the United Nations Convention on the Rights of Persons with Disabilities.*

Who is considered a migrant?

While global definitions vary, migrant is an umbrella term for a person who, by force or voluntarily, moves away from his or her place of usual residence, within their country or across an international border, temporarily or permanently, irrespective of the cause of the movement or person's legal status.

Source: International Organization for Migration (IOM)

Enablers and inhibitors of integration and inclusion of migrants

LHSS has identified several enabling and inhibiting factors associated with the integration and inclusion of migrants in national health systems, drawing from project experiences in Colombia, Peru, East Africa, the Dominican Republic, and Honduras. Broadly, these fall into six intersecting domains: service delivery, health information systems, networks and coordination, policy and regulation, agency and participation, and financing.

DOMAIN	ENABLING FACTORS	INHIBITING FACTORS
Service Delivery	Strong primary health care services and networks	» Pre-existing lack of access to health services in hard-to-reach areas or host communities » Movement of migrants from one health service area to another
Health Information Systems	Data and knowledge are available, of good quality, and used for decision-making	Lack of data, poor quality data, or fragmented data
Networks and Coordination	Strong coordination and alignment across government bodies with a role in addressing the health needs of migrants	Weak or fragmented health systems and poor coordination of actors involved in addressing the health needs of migrants
	Non-governmental cooperation (civil society, multilaterals, international partners) and strong migrant networks	
Policy and Regulation	Policies that provide legal entitlement for migrants to access health services	Legal exclusion and lack of political will or priority to address health inequities faced by migrants
Agency and Participation	Participation by migrants and vulnerable populations in policy development and programming	Stigma, aporophobia, and discrimination (related to migration status, gender, or other characteristics)
	Clear communication of legal entitlements to, availability of, and how to access health services	Misinformation or lack of access to information among migrants
Financing	» Budgeting and financing processes that account for the needs of migrants » Health financing mechanisms that enable access to services for all users while protecting against the financial risk of needing to pay for care	Budgeting and financing that do not account for the needs of migrants

Building on this framework and country experience, LHSS has identified three factors that are essential for moving beyond the identified inhibitors and making progress toward the integration and inclusion of migrants in national health systems in positive or neutral or less politically enabling environments:

- **Activation of stakeholder networks for collective advocacy**
- **Operationalization of national policy at the subnational level**
- **Elimination of individual biases and institutional discrimination**

The promising practices described below demonstrate how addressing these factors can enable both migrant populations and host communities to edge closer to achieving equitable access to quality health care services – whether the near-term goal is integration or full inclusion.

PROMISING PRACTICE

Build and grow partner networks starting from a shared understanding of the challenge and common goal.

Identify a concrete, actionable goal and work with the entities who already have the will, mandate, or interest to achieve it, through existing platforms wherever possible. Use consistent, transparent communication to build trust and agency and to attract other stakeholders to participate in the network, including those outside the public health sector, as it demonstrates progress.

A 2016 analysis on the effectiveness of global health networks (Shiffman et al. 2016) found that they are more likely to produce effects when their framing of the issue is compelling and based on a shared understanding of the problem and its solutions, and when members engage both politically and technically on that challenge. While the characteristics of a network and its members influence effectiveness, the policy environment is also a key driver.

In the context of health system strengthening for migrant integration and inclusion, initial composition of the national-level stakeholder network will vary, largely depending on the political context and set of priorities. For example, in a positive or neutral enabling environment, stakeholder networks may coalesce through the convening power of the government, or among public sector agencies, champions, and authorities. In less receptive environments, where fewer allies are available, it may be necessary to begin outside the public sector by strengthening connections or, ideally, existing networks and platforms, among the constellation of actors responding to the needs of migrants. This group may include international and local partners, as well as CBOs.

Where public sector engagement in a network is not immediately possible, there is still value in bringing in a set of non-governmental and private sector stakeholders to join the network's efforts. This can serve various purposes, such as sharing relevant data, coordinating responses, and laying the groundwork for policy change through collective advocacy. While a network comprised of diverse stakeholders and perspectives may require more attention to managing disagreements or conflict, it may also generate more creative solutions and attract more actors to the network (Shiffman et al. 2016). The representation of migrants and other groups most affected by health inequities is essential. It fosters equitable participation, supports the legitimacy of the network (Shiffman et al. 2016), and helps bridge the often-vast communication gap between health policy decision-makers and the communities they serve.

'Building as you go,' goal-oriented networks provide a dedicated space where new and existing partners can leverage each other's strengths and connections to achieve small wins and amplify the voices of migrants and host communities. Open communication about these wins attracts new actors and creates alliances, reach, and influence.

This promising practice also generates questions for further exploration, including how to sustain networks, build on early successes, identify new goals, and achieve those goals. Given the dynamic nature of changing political climates, relationships with key stakeholders, and migration patterns, it will also be critical to assess the positive (or negative) changes that result from these networks, particularly those that were not envisioned from the outset. This might include new partnerships between government and civil society organizations that build on the connections formed in the network, as a positive example, or political backlash to advocacy, as a potential negative effect that would require careful management (WHO 2023).

The Peru case study on page 5 describes how an initially small group of stakeholders conducted an analysis of the context and health system characteristics within which Venezuelan migrants living with HIV were seeking care. Findings led to the formation of a stakeholder network that advocated for legislation to expand their access to comprehensive HIV services.

Achieving policy change for migrant health in Peru

Peru hosts 1.5 million Venezuelan migrants (R4V 2023). In recent years, there has been a shift toward a less receptive environment for migrants, in terms of requirements for both migrating to Peru and obtaining the resident status needed for access to the public health insurance system (Dedios 2022).

Addressing the health inequities that affect migrants requires information on which to base policies, and capabilities within the system to operationalize those policies. It also requires analysis of the barriers and risks faced by migrant sub-populations, such as LGBTQ migrants and those living with HIV. While HIV diagnostics, care, and treatment are free for all people living with HIV in Peru, migrants can only access specialized HIV services through the public health insurance system if they have obtained a foreigner card. This restriction is a major barrier to care for the 97 percent of migrants in Peru living with HIV who do not have resident status.

Lima Pride Parade 2022 / *Photo: Ricardo Chuquimia Vidal*

Generating goal-oriented consensus

Networks of engaged stakeholders with a shared mandate can achieve great change. But this first requires a common understanding of the challenge and the features and roles within the system that can enable or hinder solutions. In Peru, an initially small group of partners and organizations drew on system mapping to identify a shared policy goal, expand their network around that goal, attract government champions, and make substantial progress toward achieving legislative change.

A 2021 study undertaken by LHSS found that nearly 8,400 Venezuelan migrants in Peru are living with HIV. (LHSS 2021a). About 55 percent had been diagnosed in Venezuela, 26 percent had had their antiretroviral treatment interrupted for six months or more, and 23 percent had progressed to AIDS. In both Venezuela and Peru, HIV is primarily sexually transmitted, with higher prevalence among transgender women, men who have sex with men, and sex workers. The assessment also found that Venezuelan migrants living with HIV had a 30-fold greater tuberculosis coinfection prevalence (15 percent) than Peruvians living with HIV in the same territory (LHSS 2021a).

LHSS convened a technical working group comprised of various Ministry of Health directorates, government agencies, and international partners (e.g., PAHO, UNAIDS, UNHCR, and USAID) to identify goals and map how HIV care and treatment services are delivered and accessed by Venezuelan migrants. Bringing partners to the table also provided a platform for stakeholders to establish relationships and build a common vision.

Beginning with the challenge of insufficient access to comprehensive HIV services for Venezuelan migrants, the group agreed on short- and long-term goals: 1) Integration: By 2023, migrants and refugees living with HIV have access to public health insurance and comprehensive health care in a free, timely, and quality manner, and 2) Inclusion: By 2026, migrants and refugees with HIV are integrated into the health system and social protection system, in

accordance with their vulnerability and socio-economic conditions like any resident in the territory, guaranteeing the full exercise of their rights.

The system mapping helped stakeholders understand the actors and their roles, critical gaps, and potential entry points, and enabled consensus on priorities for policy and system change. The mapping also brought into focus the sequence of actions required to achieve the stated goals. The Ministry of Health (MOH) used the mapping results to inform its capacity development plan. Other agencies used the mapping results to identify activities they could pursue to support the MOH.

Using network momentum to drive new legislation

Galvanized by the mapping process and findings, a network of partners (including several who were involved in the technical working group for the mapping) coalesced around a goal to draft and advocate for new legislation (Peru Legislation) allowing migrants with HIV or TB to access comprehensive health services through public health insurance, irrespective of their migratory status. The network became known as the "Bill Advocacy Group," with members from international donor and cooperating agencies, academia, NGOs, and civil society organizations (CSOs). Many of the CSOs were led by, or provided HIV and TB services to, migrants, members of the LGBTQ community, and people living with HIV, embodying the human rights principle "nothing about us, without us" used by many groups affected by inequalities.

Initially, the network worked outside the public sector, drawing on the convening power of multilaterals and raising the leadership profile of member CSOs. The group expanded as members leveraged their relationships and established new ones, including with government representatives. This was done through consistent advocacy, transparent communication, demonstration of progress, and knowledge sharing. Throughout 2022 and into 2023, the network grew and continued its advocacy. Despite political instability and turnover of key health authorities, the network was able to engage politicians willing to champion the proposed legislation and sponsor awareness raising events in Congress to explain its importance. As of December 2023, the bill had received a positive reception among lawmakers and was making its way toward Congressional approval.

Leveraging its members' positions and relationships, the network also supported a survey of cross-border information sharing needs and developed an information sharing roadmap to facilitate continuity of care for migrants along the principal migration routes in Colombia, Ecuador, and Peru. The roadmap has been endorsed by the national HIV programs of Ecuador, Peru, and Chile, and UNAIDS has committed to monitor its implementation.

Addressing bias and discrimination

LHSS also undertook an assessment of structural barriers that Venezuelan LGBTQ migrants faced in accessing services and exercising their rights (Silva-Santisteban 2023). Consistent with the assessment of how HIV services were accessed, the barriers study showed that discrimination related to gender identity and sexual orientation were pervasive. Further, accountability mechanisms or training to mitigate discrimination toward LGBTQ populations were nonexistent across the health system. Combined with bias against and negative stereotyping of Venezuelan nationals, these views can manifest in poor provider-client interactions, abuse of power, or outright denial of services (Silva-Santisteban 2023). Such experiences create mistrust toward institutions in migrant and host populations and perpetuate exclusion (Silva-Santisteban 2023).

To begin addressing some of these systemic issues, LHSS supported Promsex, a Peruvian NGO focused on sexual and reproductive health, in strengthening the capacity of local providers to improve care for Venezuelan migrants from the LGBTQ community. This work featured an online course addressing topics such as sexual diversity, gender-based violence, human rights, mental health, and tools to effectively serve LGTBQ populations.

Promsex subsequently supported eight community-based organizations (CBOs) in delivering care to people living with HIV in the coastal cities of Trujillo, Piura, and Lima. After assessing the capacity strengthening needs of these CBOs, Promsex created an educational guide titled "Building the Rainbow Network," a resource for providing health care and social protection to members of the LGBTQ community. The CBOs also established collaborative agreements with community mental health centers, applying their enhanced ability to identify mental health emergencies, refer clients in crisis, monitor mental health services, and support migrants in filing claims when their rights are not respected.

Looking ahead

The network has demonstrated that collaborative partnerships between public, private, NGO, and multilateral organizations are feasible and capable of producing meaningful results. Significant achievements notwithstanding, important work remains to ensure that migrants and Peruvian nationals have equitable access to comprehensive HIV services nationwide. Passage of the new legislation is a foremost priority to achieve this goal, while partners build on current efforts to address access barriers at the service delivery level.

PROMISING PRACTICE

Co-design capacity strengthening efforts to support local operationalization of national policy.

Ensure responsiveness to diverse local contexts and needs through co-design of capacity strengthening efforts by subnational government units and community-based organizations, fostering ownership of plans and implementation of national policies.

Typically, it is neither easy nor intuitive for national policy makers to develop tailored approaches for each locale. Such efforts can be time-consuming and politically charged, and challenges are usually best understood by those closest to them. Yet, as is the case with guidelines for clinical practice and public health (Wang et al. 2018), national policy is not operationalized in a vacuum, but rather in specific local environments, often requiring a tailored implementation strategy.

Subnational entities and CBOs have different baseline health system capacities. Host communities and local settings can also vary greatly in terms of economics, demography, and epidemiology, as well as in proximity to migration (e.g., near a border, along a route, or at a destination). Governments and local organizations working to achieve health equity for migrants and host communities therefore cannot rely on one-size-fits-all approaches. Rather, they must take these local differences into account, drawing not only on available quantitative data, but also qualitative input from stakeholders.

Governments that integrate contextual variation and recognize the potential of local engagement to foster innovation and sustainability (Halpaap et al. 2020) in their health system strengthening work can use co-design and co-implementation as powerful tools of public management and good governance (Riallant, 2017). Tools that help subnational governments engage in co-design with stakeholders, including civil society entities, can be institutionalized within government processes and planning cycles to set locally relevant priorities for capacity strengthening. This in turn facilitates the allocation of resources, time, and attention to areas most in need. Co-design also establishes a basis for collaboration with local non-governmental entities to implement the plans, which may contribute to the sustainability of these efforts beyond the life of an external project and through changes in political leadership.

> "Promoting access to health services for migrants in Latin America is not only the responsibility of a central, regional, or local government, civil society, or the private sector. We have evidence and data to demonstrate how strategic alliances and networks of all actors who sit together at the table is the effective pathway to helping people exercise and enjoy their rights."
>
> **– Lala Lovera**
> *Executive Director, Fundación Comparte Vida, Colombia*

The Colombia case study on page 9 describes how this promising practice was implemented by government and civil society actors. While data from Colombia suggests that this approach increased organizational capacity in selected domains, further work is needed to assess the longer-term system changes and outcomes related to this increased capacity.

PROMISING PRACTICE

Create pathways for migrants to participate in policy development and decision-making.

Bridge the gap between communities and government by strengthening pathways and mechanisms for international migrants and host communities facing health inequities to participate in policy and program development, planning, and decision-making.

The responsibility for building health equity among migrants and host communities cannot, and should not, rest solely with the public sector, especially in settings that are less welcoming of migrants. Enabling migrants, receptor communities, and the local organizations that serve them to engage directly with government enhances their influence and agency and facilitates inclusion. Genuine involvement, as opposed to cursory participation, of community members in the solutions-creation process allows national decision-makers to address grassroots priorities and draw on knowledge held by communities facing inequities. It can also alleviate the lack of trust that often exists between migrant communities, host communities, and government authorities by operationalizing the principle of "Nothing about us without us." Finally, involving local constituents, while not without its own challenges, can permit national governments and implementing partners to increase the efficiency and success of initiatives, and foster trust and accountability (Durrance-Bagale 2022, Turk 2021).

Civil society and non-governmental organizations providing services directly to migrants can play a strong role in expanding social health protection and access to health care, ultimately leading to inclusion of migrants and other groups facing inequities and increasing access to services (LHSS 2023b). Engaging civil society organizations that represent historically marginalized groups among migrants and nationals will help ensure equity concerns are identified and addressed, and solutions are feasible and responsive to the communities for which they are intended. Such cooperation and joint ownership can strengthen the social contract between civil society organizations and government agencies, who, in partnership, can operationalize national policies at the subnational level.

However, network organizers must bear in mind that broadening participation introduces complexity and diversity of perspectives. For this reason, engagement or participation does not necessarily mean true representation. Conveners must consider the most effective channels for achieving representation, namely, through organizations, individuals representing their communities, or many individuals representing only their own experience and perspectives (Pratt, 2019).

Cali, Colombia 2023 / *Photo: Fundación SIDOC*

To learn more about how the participation of migrants and host communities led to greater attention to gender and social inclusion in Colombia's new 10-year national health plan, see the Colombia case study on page 9.

CASE STUDY

Creating inclusive health care for migrants in Colombia

Riohacha, Colombia / *Photo: Karen González Abril*

Large-scale migration of Venezuelans and Colombian returnees to Colombia began in 2015 (LHSS 2023c). Responding to this mass migration, which today stands at 2.87 million, has presented two formidable health system challenges: adequately financing and providing accessible health care to this new resident population, and ensuring that host communities continue to benefit from social and economic development (LHSS 2023d).

Colombia generally features a positive enabling environment for the inclusion of migrants in the national health system. Emerging terminology such as "new bogotanos and new bogotanas," referring to Venezuelan migrants residing in the capital Bogotá, and the legal entitlements granting access to health services for migrants with regular status, reflect the country's constitutional commitment to everyone's right to health care. However, challenges remain on the path to realizing that commitment, as indicated by Venezuelan women accounting for almost 20 percent of maternal deaths in 2021 (Ávila, et al. 2022).

LHSS collaborates with the Colombian government to strengthen its inclusion of migrants in the national health system. This work includes technical assistance to develop national policies, strengthen territorial governments' capacity to implement and communicate about these policies, and help community-based organizations (CBOs) link government programs to migrant communities.

Direct and localized technical strengthening of territorial entities and CBOs has opened communication channels between local governments and civil society on issues related to migrant health. The efforts have also enhanced social and political capital among diverse migrant groups, which in turn is improving health governance in the territories (LHSS 2022b).

Localized solutions

Since 2020, LHSS has worked with local territorial stakeholders to introduce an organizational capacity strengthening process and lay the groundwork for its sustainability. The approach focuses on understanding the specific health needs and priorities of the Venezuelan migrants, Colombian returnees, and host populations in each territory. It centers on an iterative co-creation process.

LHSS selected 11 CBOs directly involved with migrant populations to participate in organizational capacity strengthening. Adapting its methodology for strengthening the organizational capacity of local governments, LHSS supported each CBO in prioritizing its capacity strengthening needs from among 11 health system domains[1] (LHSS 2022c), including stakeholder participation, organizational governance, and implementation capacity. The co-creation process was grounded in systems thinking tools to understand local landscapes and respond to context-specific priorities ranging from accessing health care in urban settings to serving large indigenous populations within migrant and host communities.

Several CBOs wanted to strengthen their capacities to participate in public policymaking and engage with decision makers. One such organization in Cali, Alianzas Solidarias, worked to enhance its capacities in governance, fundraising, stakeholder coordination, planning, leadership, and management. Work with this CBO facilitated a stronger relationship with the Cali Health Secretariat. Alianzas Solidarias was also able to create and carry out a communications strategy to encourage migrants to enroll in the national health insurance scheme and provide them with information on how to access and navigate health care services (LHSS 2022c).

Building on two years of collaboration and relationship building between the 11 CBOs, local governments and LHSS, these local organizations became project grantees and established agreements with territorial entities to promote health enrollment among the migrant population and host communities. In all, the CBOs helped reach over 200,000 migrants, returnees, and host community residents with information on how to access the Colombian health system. They supported local health secretariats in holding almost 375 events that contributed to the enrollment of nearly 108,000 migrants into Colombia's national health insurance scheme in 12 territorial entities, accounting for 11 percent of all migrants enrolled in the system as of December 2023 (LHSS 2023b).

The process of aligning capacity strengthening efforts to advance local priorities is instilling confidence and a growing sense of agency among migrants and the organizations serving them. These attributes, in combination with their improved advocacy capacity, are contributing to strengthening the relationship between local governments and the CBOs. For example, local governments in nine territories have spearheaded gatherings called 'Coffee and Tequeño', where CBO participants can share achievements and discuss challenges associated with including migrants and host communities in the health system. These transformative shifts are laying the groundwork for program continuity and sustained community involvement beyond LHSS's lifespan. Notably, institutional mechanisms such as migration forums, policies, and health care service delivery points along the migration routes have been put in place to ensure the continued well-being of migrants during local government transitions.

Participatory governance at the subnational level

In late 2022, the Ministry of Health began developing its second 10-year public health plan, as required by law. The process presented an opportunity for policymakers to explicitly include health equity for migrants, as well as broader gender and social inclusion considerations, in the national health agenda.

The Ministry initially expressed concerns about migrant and host community participation in the development process, citing the risk of generating false expectations. To allay these concerns, LHSS supported a structured participation approach that clarified the role of CBOs and the scope of their participation. The methodology was piloted in project territories with CBOs that had previously worked to strengthen their advocacy and participatory policymaking capacities.

The Colombia Ten-Year Public Health Plan 2022-2032 represents the first time that migrants and organizations serving them have had direct involvement in formulating this central framework. As a result, the plan explicitly includes migrants in a new chapter dedicated operationalizing health equity, gender, and social inclusion (Colombia 2022). Working with LHSS, the MOH has also prepared a roadmap that will guide territories in implementing their plans to include migrants in the health system.

Looking ahead

Colombia's work to include Venezuelan migrants and Colombian returnees in the national health system has contended with two waves of political change: the election of a new national government in 2022 and the upcoming transition of newly elected local government officials in January 2024. The challenge will be for CBOs to draw on their strengthened capacity to establish new relationships with local governments, and to continue making gains in migrant enrollment and the organizational capacity of the local actors serving them.

As migrant enrollment has significantly increased, and greater numbers of insured migrants are seeking care in primary health facilities, the government is registering a decrease in health expenditures for treating uninsured migrants in hospital emergency departments. In the northern port city of Barranquilla, for example, health officials are seeing a correlation between increased enrollment numbers and health expenditure savings (LHSS 2023b). However, further time and analysis will be needed to adequately assess the full picture of costs and savings related to greater enrollment.

> "The dialogue spaces created for the community-based organizations and the Venezuelan migrant population allowed us to identify barriers to accessing health care and create strategies to improve the quality of life for this population."
>
> **– Jorge Bernal Conde**
> *Health Secretariat of Santa Marta, Colombia*

The inclusion of migration, gender, and social inclusion in the 10-year national plan is a major step toward health equity for migrants, returnees, and host communities. However, building on this success will require more work to analyze and address the various mechanisms that drive health inequity in these populations. For example, local NGO Comparte una Vida Colombia has found that directly addressing xenophobia is a highly sensitive area that can foment discord and conflict. This NGO has learned that emphasizing shared barriers to access (e.g., stigma associated with poverty) and raising awareness about institutional racism can increase unity between migrants and host communities. This aligns with the findings of a 2022 analysis, which recommended that international cooperation projects be inclusive not only of migrants but also host communities, for equity and to reduce the potential for conflict (Hilarión et al. 2022). Changing discriminatory norms and attitudes, ensuring government accountability to deliver on its promise of social inclusion, and identifying progressive strategies to tackle these challenges is Colombia's work in the coming decade.

1 Health system strengthening domains: 1) Organizational mandate, 2) strategy and planning, 3) compliance, 4) implementation capacity, 5) technical capacity, 6) structure and personnel, 7) leadership and management, 8) Gender equality and social inclusion, 9) financial resource management, 10) coordination and participation of stakeholders, 11) organizational governance.

PROMISING PRACTICE

Challenge the assumption that bias may only be associated with migratory status.

Address the negative effects of individual bias through social and behavior change approaches and by strengthening competencies on the social determinants of health among health care providers, staff interfacing with migrants, policymakers, and decision-makers. Challenge the assumption that the discrimination experienced by international migrants is primarily associated with their migration status or xenophobia. Rather, it may be related to characteristics shared by international migrants and host communities alike.

No migrant is "just a migrant" and "the social determinants of migration are also the social determinants of health" (Pálsdóttir, Middleton, and Greene 2022). In society, and when seeking care, migrants commonly face stigma and discrimination not only because of their migrant status, but also because of other characteristics, such as their gender, ethnicity, disability status, or sexual orientation, among many others. Many international migrants and country nationals share these characteristics, as well as the barriers created through individual and institutional biases. Governments, partners, and CBOs, therefore, cannot fully address health equity for migrants without also addressing the roots of health inequity present in host communities. Far from being in tension with one another, well-designed approaches to achieve health equity for migrants have a symbiotic relationship with efforts to achieve health equity for country nationals. This finding is supported by learning from the World Health Organization (WHO) and other international organizations, according to an LHSS literature review (Insanally et al. 2021).

Poor treatment, stigma, and exclusion for migrants and minority groups in host communities can take place during any interaction in the health facility, not only during provider-client interactions. Addressing individual bias is an entry point to tackling the broader issue of institutional discrimination. Global literature and WHO's health provider competencies for those serving migrants and refugees highlight the need to "adapt practice to the needs of refugees and migrants in view of their individual characteristics, including the intersection of sex, gender identity, age, disability, sexual orientation and legal status, taking into account social determinants of health throughout migration and displacement transitions…" (WHO 2021).

This is echoed in LHSS's work on health workforce competencies related to the social determinants of health, which has noted the importance of stigma as a driver of morbidity and mortality. The work proposes ways to address stigma, such as engaging members of affected groups in delivering learning activities and strengthening providers' competencies around the social determinants of health to "foster empathy, humanize the stigmatized individual, and dismantle stereotypes" (Pálsdóttir, Middleton, and Greene 2022).

The Peru case study on page 5 provides an example of partnerships that bridge the gap between communities and health systems and lay some of the essential groundwork for providing equitable access to quality care. While community engagement, partnership with organizations led by people facing inequities, and strengthening of provider competencies all provide a platform for addressing the negative effects of individual and institutional bias, social and behavior change interventions are also needed to influence care provider behavior and the social norms that underpin it. Training is not sufficient on its own. Further learning, in context, will be necessary to determine the most effective social and behavior change strategies and approaches to tackle this complex issue, recognizing that such change is a long-term goal.

Santa Maria, Colombia / *Photo: Karen González Abril*

Looking Forward

Much can be achieved in positive and even neutral enabling environments toward the inclusion of migrants in national health systems. Together, civil society and governments are using local solutions to improve health equity for migrant and host communities, particularly for minority groups within both populations. The ability to build political will within the public sector, and the presence of actors able to operate in any environment, are key to this progress.

But what type of health system change can be achieved in political environments that are overtly hostile toward inclusion of migrants? What are the potential entry points and what is the most appropriate issue frame to address health equity in such settings? These questions require exploration.

The promising practices described in this brief are just that: promising. They are grounded in first-hand experience, but not yet proven. More learning and testing is needed, particularly about the conditions under which the practices can be successfully applied, and the specific enablers and barriers to their implementation in different contexts.

This brief has focused on learning from LHSS's experience in two middle-income countries in Latin America responding to migration resulting from the crisis in Venezuela. While it is likely that this learning will be relevant in other migration settings, there may be contextual factors in other countries, undiscussed in this brief, that influence the applicability or adaptability of the promising practices. For example, countries that are part of a migration corridor may prioritize a different systems challenge – for example, not long-term inclusion of migrants, but access to care along the migration journey. Still others may contend with how health systems are impacted by high out-migration.

This work illustrates both the diversity of global migration and the challenges and opportunities it poses for health systems and health equity. Dedicated resources and sustained commitment by those working to achieve health equity for migrants will be needed to progress from promising practices to proven approaches.

ADDITIONAL RESOURCES

Colombia Ministry of Health and Social Protection and USAID Local Health System Sustainability Project (LHSS). August 2022. *Multi Country Integration Strategy for the Design and Implementation of Health Observatories for International Human Mobility*. Rockville, MD: Abt Associates. https://bit.ly/3sUa70K

USAID Local Health System Sustainability Project (LHSS). November 2021. Insanally, S. Blog: *Humanitarian Assistance or System Strengthening? Both Are Needed for Migrant Health*. https://tinyurl.com/3re22jy4

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About LHSS

The Local Health System Sustainability Project (LHSS) under the United States Agency for International Development (USAID) Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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