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# Recommendations Report for the Design and Implementation of a National Observatory for Migrant Health Local Health System Sustainability Project

June 2022

## Local Health System Sustainability Project

The Local Health System Sustainability (LHSS) Project under USAID's Integrated Health Systems IDIQ (Indefinite Delivery - Indefinite Quantity) government contracting provides assistance to low- and middle-income countries in their transition to sustainable, self-financing 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, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their path to self-reliance and prosperity.

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## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBO	Community Based Organizations
CNDDHH	National Human Rights Coordinator
CONAMUSA	National Multisectoral Health Coordination
DGIESP	Directorate for General of Strategic Interventions in Public Health
DIRESA	Regional Health Directorate
DIRIS	Directorates of Integrated Health Networks
DPVIH	Directorate for Prevention and Control of HIV/AIDS, Sexually Transmitted Diseases and Hepatitis, Ministry of Health of Peru
ENPOVE	Survey of the Venezuelan population residing in the country.
FA	Foreign Affairs
GTRM	Working Group for Refugees and Migrants (R4V)
HAART	Highly active antiretroviral therapy
HF	Health Facility
HF ART	Health Facility Providing Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HR	Human Resources
HSPIs	Health Service Provider(s) Institution(s)
ILO	International Labor Organization
INEI	National Institute of Statistics and Informatics
LHSS	Local Health System Sustainability Project.
MCLCP	Round Table for the Fight Against Poverty
MIMP	Ministry of Women and Vulnerable Populations
MINSA	Ministry of Health of Peru
MINSALUD	Ministry of Health and Social Protection of Colombia
MR	Ministerial Resolution
MUM - DGIESP	Migrants Unit - DGIESP (MINSA)
NGO	Non-Governmental Organization
NHS	National Health System
OGTI	General Office of Information Technology
PAHO	Pan American Health Organization
PHD	Personal Health Data

PLWH	People Living with HIV
PLWH vm	People Living with HIV Venezuelan migrants
R4V	Interagency Coordination Platform for Refugees and Migrants from Venezuela
REUNIS	Single National Repository for Health Information
SIS	Comprehensive Health Insurance
SUSALUD	National Superintendence of Health
SW	Sex workers
TBC	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	UN Refugee Agency
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

## INTRODUCTION

The Local Health Systems Sustainability (LHSS) project, under the U.S. Agency for International Development's (USAID) Integrated Health Systems IDIQ, helps low- and middle-income countries transition to sustainable, self-financing health systems as a means to support universal health coverage. The project works with partner countries and local stakeholders with the objectives of reducing financial barriers to care and treatment, ensuring equitable access to essential health services for all people, and improving the quality of health services. The project builds local capacity to sustain high performance health systems. In doing so, it supports countries on their path to self-reliance and prosperity.

The LHSS activity in Peru, initiated in May 2021, aims to improve the availability of comprehensive and quality services for Venezuelan migrants living with HIV in the country. One of its first activities was to conduct an assessment of the health system focused on HIV services received by Venezuelan migrants.

The information on the health of migrants available in the country comes mainly from specific research and not from regularly reported data. This is despite the fact that the country's insurance and benefit reporting records already include the nationality variable. This lack of regular information makes it impossible to make visible the real health situation of migrants and, therefore, to make public policy decisions that facilitate access to the health services they need.

Given the importance of having timely and reliable data to plan and coordinate strategies to improve access to health services for the migrant population, LHSS Peru will work, together with the Ministry of Health, in the implementation of a National Migrant Health Observatory through the allocation of a grant to an executing entity, which will be the Peruvian University Cayetano Heredia. This observatory will collect, analyze and disseminate information on health indicators and social determinants of migrant populations in the country. Although it will focus on the Venezuelan population, it will not lose sight of other nationalities. The observatory will collect information from the Ministry of Health and other governmental sources (such as the Ministry of Women and Vulnerable People (MIMP), National Institute of Statistics (INEI), Migration Office, and others), as well as from academia, civil society and international cooperation agencies.

It is expected that this observatory will facilitate the identification of gaps in the health situation of migrants in order to contribute to the articulation of policies and strategies in the sectors involved; and will promote evidence-based advocacy by civil society for improved access to health services.

The Observatory will have an "Advisory Committee for the Observatory", which will be made up of representatives of the Ministry of Health, who will be from the Migrant Unit, the Directorate for Strategic Interventions in Public Health (DGIESP) and the Office of Information Technologies (OGTI), as well as cooperation agencies such as USAID, UNAIDS, UNHCR, PAHO and civil society institutions. This Consultative Committee will provide advice and opinion to the Observatory on the selection of the most relevant indicators, as well as on the products that will be generated, such as the matrix of stakeholders in the migrant health response, proposal of the architecture and design of the web page, newsletters, among others.

The National Migrant Health Observatory will have a web portal as its main means of dissemination. Among its dissemination and political incidence actions, it will develop dissemination and analysis events; motivate research and academic publications; issue newsletters; promote public awareness campaigns; and use social networks to disseminate relevant news and reports.

Subsequent to grant completion, it is planned that the continuity of the Observatory will be assumed by the University Directorate of Social Responsibility and Liaison of the Peruvian University Cayetano Heredia (Durvis - UPCH) with the support of the Cayetano Heredia Student Association (AECH). It is expected that, at the end of the funding period, UPCH students - recruited through Durvis and with the support of AECH- will voluntarily participate in the activities that the observatory requires for its operation.

This document is a report of recommendations for the design and implementation of the National Migrant Health Observatory, framed in Task 1.1.4 “Support the design of a national observatory to strengthen information for the health of migrants”. This seeks greater coordination and exchange of information among the main public, international cooperation and civil society actors or stakeholders that articulate the response to Venezuelan migration in the country. This document gathers recommendations received from different stakeholders of the humanitarian response interviewed by the project team, which will later be reviewed by the executing agency and the Consultative Committee to assess them and put them into practice, in order to initiate the implementation process of the observatory.

## **BACKGROUND**

In the last decade, Venezuela has experienced one of the greatest economic, humanitarian and health crises in its history, which has provoked a massive migration phenomenon. The population has left the country in search of job opportunities, protection and access to basic services. As of February 2022, it is estimated that more than 6 040 000 Venezuelans have left their country<sup>1</sup>. Peru is the second country of arrival of refugees and migrants from Venezuela. As of December 2021, an estimated 1 452 677 Venezuelans have entered through the country's borders, of which 1 320 000 have settled in the country at least temporarily, performing productive work<sup>2</sup>.

The Peruvian government's response to the influx of Venezuelan migrants has focused primarily on their legal status. Although the processing of asylum applications was suspended for most of 2020, the government developed a new “humanitarian residency” system, which should allow refugees to receive a foreigner's card, thus acquiring residency rights in the country. As for access to health care, most of it has to be paid for out of the migrants' own pockets. However, the country provides free care for diseases it considers a priority. This is the case of HIV, tuberculosis and malaria, which are public health problems whose prevention and reduction are crucial.

In recent years, different international cooperation agencies and NGOs have carried out exercises to collect information from the administrative records of health services and/or care for the Venezuelan migrant and refugee population in the country. This information on migrants, which should be issued on a daily basis by national sources, is not always available, since the nationality variable is not always included in care records, such as those on HIV. In addition, in cases where it is considered, the consolidation and/or analysis has not been included in the regular reports available on health.

With reference to specific studies or surveys, in 2019 the results of the first “Survey of the Venezuelan Population Residing in the Country” (ENPOVE 2018), carried out by the National Institute of Statistics and Informatics (INEI), were presented. This research gathered information

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<sup>1</sup> R4V (Interagency Coordination Platform for Refugees and Migrants from Venezuela)

<sup>2</sup> Working Group for Refugees and Migrants in Peru (GTRM Peru).

on the living conditions of the Venezuelan population living in the country, including demographic and social aspects, migration status, discrimination and violence, as well as housing characteristics and access to basic services and household equipment. The survey was conducted between November and December 2018. In the first semester of 2022, information is being collected for the II ENPOVE 2021-2022 whose results are expected for the beginning of the second semester of 2022. These studies are carried out within a framework of collaboration with the United Nations Refugee Agency (UNHCR), the United Nations Population Fund (UNFPA), the International Organization for Migration (IOM), the United Nations Children's Fund (UNICEF) and the World Bank (WB).

Currently, there is experience in the collection of some indicators for estimating the situation of the Venezuelan population in the country and in transit, through the Working Group for Refugees and Migrants (GTRM)<sup>3</sup>. This was created in 2018 and co-led by UNHCR and IOM in Peru. This platform articulates actions to address the protection, assistance and integration needs of refugees and migrants from Venezuela in Peru. It is made up of agencies of the United Nations System, embassies, national and international NGOs, civil society organizations and religious organizations, among others. The Observatory will request its incorporation in this working group to articulate, coordinate and disseminate its different activities and products in this space.

Among the other countries along the migratory route<sup>4</sup>, Colombia's National Observatory on Migration and Health is so far the most successful experience. It was set up by the Directorate of Epidemiology and Demography of the Vice-Ministry of Public Health and Service Provision (Ministry of Health and Social Protection of Colombia - MINSALUD). It should be noted that since 2014, guidelines were issued in Colombia to strengthen the observatories on health issues that had been operating in that country. Thus, the integration of health information generated by the Registries, Observatories and National Monitoring Systems (ROSS) to the observatories existing at that time was promoted, articulating them to the Health and Social Protection Information System (SISPRO) of MINSALUD. In recent years, also from the Ministry of Health and Social Protection, guidelines were issued to improve the information systems that allow an approximation of the health situation of the foreign population. These incorporate the nationality variable in the records of care, births, deaths, among others. On the other hand, in 2018, the Administrative Registry of Venezuelan Migration (RAMV) was created, which seeks to obtain information on the irregular migrant population. The RAMV aims to know their conditions and needs in order to be able to propose public policies at the national level.

At the end of 2020, with the support of USAID and the World Bank, among other cooperating partners, the Ministry of Health and Social Protection presented the National Observatory of Migration and Health, whose objective is to "configure a scenario of knowledge on migration and health in Colombia from systematic observation, analysis, research, knowledge transfer and inter-institutional collaboration, as input for the identification of needs and decision making in terms of public policy" (Report of the National Observatory on Migration and Health - MINSALUD - November 2020). The Observatory manages five thematic lines that allow understanding both the dynamics of migration and health, as well as their relationship with the national and international environment. These are: 1) Characterization of the population,

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<sup>3</sup> The GTRM works within the framework of the R4V Platform, which is the Interagency Coordination Platform for Refugees and Migrants (R4V), made up of almost 200 organizations, including specialized UN agencies, that coordinate their efforts under the Refugee and Migrant Response Plan for Venezuela (RMRP) in 17 countries in Latin America and the Caribbean.

<sup>4</sup> Colombia, Ecuador, Peru, Chile and Bolivia,



2) Access to health, 3) Health status, 4) Violence and injuries, 5) Public policies and regulations. This observatory has great potential because it is interconnected to different sources of information from governmental systems. This allows it to optimize this accumulation of information for decision-making by government authorities such as MINSALUD. It also provides spaces for analysis and research within civil society organizations such as academia, NGOs and multilateral technical assistance organizations.

In view of the above, and considering the different existing efforts in the country to obtain information on the real health situation of migrants and the experiences in other countries, it is considered that an observatory focused on the health situation of migrants will make it possible to concentrate the information produced by different governmental, academic, cooperation and other entities. Within this framework, this report gathers recommendations from the interviewees for the implementation of a National Migrant Health Observatory that would provide reliable and timely information on the health situation of Venezuelans and other migrants in the country.

## **WORK FRAMEWORK**

### **OBJECTIVES**

#### **GENERAL OBJECTIVE**

- To have recommendations from the different stakeholders for the implementation of a National Migrant Health Observatory.

#### **SPECIFIC OBJECTIVES**

- Consult with stakeholders about their interest in contributing to a National Migrant Health Observatory.
- Identify the information that stakeholders consider most relevant to be incorporated into the Migrant Health Observatory.

### **FRAME OF REFERENCE**

WHO defines the term “observatory” as the “function of monitoring health events and trends using objective and verifiable methods. Its purposes vary, but the main ones are: to monitor health situations and trends, including assessing progress towards agreed health goals; to produce and share evidence; and, to support the use of this for policy and decision making” (WHO, 2016).

In general terms, the functions of an observatory, according to the United Nations Development Program (2004), are related to the following areas of work:

- Data collection and database development.
- Methodologies for coding, classifying and categorizing data.
- Connecting people/organizations working in similar areas.
- Trend analysis.
- Dissemination of publications.

Mexico's National Institute of Public Administration (INAP), mentions that "an observatory is an organization created by a collective with the purpose of following the evolution of a phenomenon of general interest through the collection of information from a specific social sector, the diagnosis of its situation, the forecast of its evolution and the production of reports that support decision-making in the face of the respective demands" (INAP, 2014).

In the field of migration, the "Permanent Immigration Observatory" has been operating in Spain since 2004, under the Secretary of State for Migration of the Ministry of Inclusion, Social Security and Migration of the Spanish Government, which compiles a set of information on foreigners, immigration, international protection and nationality, It has information on the groups of resident foreigners, flow of residence permits, study permits, Spanish nationality grants, visas issued at consular offices, as well as demographic and population data such as population figures, live births, marriages, deaths and the national immigrant survey (with data on employment, education and asylum).

On the American continent, Chile has the "International Migrant Health Digital Observatory", which is part of the Chilean Network of Researchers in Health and Migration (RECHISAM), and has been working for years on research related to the health of migrants. This observatory is developed from the private sector, through the Program of Social Studies in Health of the Institute of Science and Innovation (ICIM) of the Universidad del Desarrollo. This observatory works from the perspective of the social determinants of health with different dimensions of analysis such as gender, interculturality, childhood, youth, vulnerability and social equity in health.

The Government of Mexico has implemented the International Migration Observatory (OMI), whose mission defines it as "...a permanent device for the follow-up and analysis of the magnitudes, trends and characteristics of the migratory phenomenon, and of the public policy related to international migration. It also serves as a promoter of institutional and academic collaboration networks in order to achieve a greater rapprochement between the knowledge of the migratory phenomenon and the policies devoted to its attention" (Observatory's web page). Although it is not an observatory created for health issues, the topic is present in the different works published by the OMI, and includes, among its international collaborating institutions, some dedicated to health such as the UCLA Center for Health Policy Research and the School of Public Health (University of California Berkeley).

It should be noted that the operation of an observatory is influenced by many factors, some of which depend directly on the observatory itself, such as the management team, technological strengths, information processing and analysis capacity, and others that depend on elements related to political will and the strengths of the information systems. Cortez, in an article of the World Bank (2012), mentions that the success in the fulfillment of the objectives and functions outlined by an Observatory in the area of health depends on:

- (i) Prioritization of public health and inequality issues on the country's health agenda
- (ii) The existence of a public health infrastructure at the national, regional and local levels.
- (iii) Health and demographic data that are routinely collected and made available.
- (iv) The identification of gaps in public health information and the commitment of the competent authorities to fill them.
- (v) Health systems that support standardization of data collection, tools and indicators.

Taking these aspects into account will facilitate the implementation of an observatory whose objectives and scope are clearly established. Health observatories can become a key instrument for health systems to produce an analysis of the profile of the population and the quality of health care. By making this information available to the different stakeholders in the system in a timely manner, the observatories become tools for the authorities to generate improvements in public policies, as well as to empower civil society in order to develop more effective and efficient health systems. All this activity is based on epidemiological fundamentals, health outcomes and the evaluation of the impact of interventions. Health observatories should be results-oriented and committed to a continuous process of improving access to and quality of information.

## **LIST OF STAKEHOLDERS INTERVIEWED**

For the collection of information, interviews and meetings were held with a group of stakeholders from different public institutions, international cooperation agencies, and some instances of civil society participation:

### **Governmental Agencies**

- General Directorate of Strategic Interventions in Public Health - DGIESP (MINSA)
- Migrants Unit - DGIESP (MINSA)
- National Institute of Statistics and Informatics - INEI

### **United Nations Agencies and International Cooperation**

- U.S. Agency for International Development - USAID
- United Nations Refugee Agency - UNHCR
- United Nations Children's Fund - UNICEF
- International Labor Organization - ILO
- Pan American Health Organization - PAHO
- Joint United Nations Programme on HIV/AIDS - UNAIDS

### **Multisectoral Participation Spaces**

- National Human Rights Coordination - CNDDHH
  - It is a coalition of civil society organizations working in the defense, promotion and education of human rights in Peru.
- National Multisectoral Coordinator in Health - CONAMUSA
  - It is a body chaired by the Ministry of Health, created to coordinate projects financed by the Global Fund to Fight Tuberculosis, AIDS and Malaria, composed of representatives of the government, international cooperation and civil society, including organizations of people directly affected by HIV/AIDS, tuberculosis and key populations,
- Round Table for the Fight Against Poverty - MCLCP
  - It is a public body that coordinates the efforts of the public sector and civil society in the fight against poverty, made up of public entities, non-governmental organizations, private entities, social organizations of the population, cooperating organizations, among others.

They were consulted about:

- Perception of the observatory implementation, its benefits and difficulties
- Relevant indicators that should be considered in the observatory
- The document repository functionality of the observatory
- Newsletters and other means of disseminating information alerts
- Interest in participating in the development and/or activities of the observatory.
- Additional suggestions

The interviewees were asked to outline or recommend what information should be included in the National Migrant Health Observatory, not only considering the information they handle in the scope of their interventions but also what they consider relevant for the observatory.

## **FINDINGS AND RECOMMENDATIONS FROM STAKEHOLDERS**

### **ON THE OBJECTIVES AND SCOPE OF THE OBSERVATORY**

There is consensus on the importance of having a Migrant Health Observatory that not only reports information, but also serves as a space that helps to align the interventions that are carried out around the care of migrants and/or refugees, based on the knowledge of the different services and projects that are being implemented by the State, donors and civil society organizations in the country to mitigate and/or prevent the damage of the humanitarian crisis in displaced populations, and that these interventions are not necessarily known by all stakeholders.

The Migrant Health Observatory will provide information on the real health situation of migrants in the country and will serve as a basis for making decisions in the political sphere that will facilitate their incorporation into the health services they need.

Thus, the following objectives are identified:

- Collect and analyze information on health indicators and social determinants of migrant populations in the country.
- Disseminate the analyzed information to the different stakeholders, by all available means.
- Promote research on migrant health issues.

All mentioned the need for the information to be provided by government counterparts as a way of ensuring the use of “official data”. Although this information is usually provided at the national level, it would also be desirable to have the information disaggregated by geographic area to facilitate analysis and presentation of the information.

It should be noted that migrants and refugees do not have stable characteristics between their entry and their incorporation into the life of the country. The precariousness they face may cause them to move from one region of the country to another, change their employment and/or housing conditions, or continue their journey to another country. For this reason, it is recommended that information be collected to allow, as far as possible, a deeper understanding of these changing realities during their stay in the country.

## ON THE IMPLEMENTATION OF THE OBSERVATORY

The operation of the Migrant Health Observatory will require the articulation with information sources and the standardization of indicators and reports so that they can be useful to the different stakeholders and decision makers.

The importance of having timely and, above all, reliable information must be emphasized. From the experiences of collecting information on the migrant and/or refugee population, these are concatenated problems that must be faced in order to access information from public sources:

- 1) In most of the State there are no robust information systems to guarantee quality and timely information.
- 2) Not all service and/or administrative care records include the variable of nationality or migrant status.
- 3) In the records containing the aforementioned variables, information related to migrants is not processed or presented in the regular reports.
- 4) Requests for information made to government institutions often go unanswered.
- 5) The indicators that can be obtained through these requests cannot be followed up periodically if the procedure of requesting information is not carried out each time, which generates gaps or outdated information that prevents the evaluation of the evolution of the problem.

Due to these problems, it is recommended to work jointly with the entities that collect, process and issue the information necessary to construct the indicators with which the Observatory will work, in order to facilitate access to this information or a timely response from public entities. The signing of an agreement between the executor of the National Migrant Health Observatory and the Ministry of Health, for example, could constitute an optimal framework to facilitate access to the required information from the national level and guarantee a joint and permanent work.

It is also necessary to manage information disaggregated by sex, age and region. These elements are vital in order to make population subgroups visible and characterize their health profile and behavior. Other migrant and/or refugee groups such as Colombians or Haitians, who are in the country and whose numbers are beginning to grow, especially in some parts of the country, should not be overlooked.

Although the Observatory is proposed from an HIV and Migration project, focusing on indicators that can describe these realities, it should not lose an integral view of people's health, incorporating other directly or indirectly associated components, such as tuberculosis comorbidity, sexual and reproductive health, as well as the "social determinants" that influence all health situations, especially in these populations. Issues such as gender violence, sex work and exploitation should also be addressed, if not by reporting official data, which may not be available, through the promotion of specific studies that provide more in-depth knowledge of the reality of these social problems that are part of the health of the migrant and refugee population.

There is widespread concern about the continuity of the flow of information from the health authorities, as it is reported that there is not much predisposition on the part of the authorities to deal with this issue in depth. It is desirable that the processes of collecting, analyzing and reporting information on migrants and refugees be incorporated into the daily processes of the different public institutions, such as MINSAs or MIMPs. Therefore, in our case, it is recommended that the Ministry of Health, which will not have an implementing role, assume a leading role (as

the main partner) in the observatory from the beginning of its implementation, working together with the UPCH implementing team, as part of its strategy to implement public health measures for the benefit of these populations.

## **INFORMATION AND INDICATORS TO BE COLLECTED**

Many of the indicators mentioned below are part of the sets of indicators that bilateral or multilateral cooperation agencies report or should report periodically by country for the annual reports prepared by the United Nations System agencies. There are also several that, although not included in official records, are considered in studies such as ENPOVE or in specific territorial areas in studies carried out by some NGOs.

When collecting indicators for these human groups, they should also be collected for the national population and/or host communities. In this way, it would be possible to have a reference on the degree of variation with respect to the country's data, and if this were significant, the corresponding analyses could be carried out.

The indicators suggested by the stakeholders have been grouped into the following components:

- Indicators of the country's response to HIV/STDs
- Sexual and Reproductive Health Indicators
- Tuberculosis and other Diseases Indicators
- Assurance and Access Indicators.
- Immunization and Nutrition indicators
- Mental Health and Violence Indicators
- Demographic Indicators
- Socioeconomic Indicators
- Other Indicators of Epidemiological Interest

As mentioned in the previous chapter, it is necessary to have information disaggregated at least by age and gender and, if possible, by geographic location. This would contribute decisively to determining the need for services to be implemented for migrants and/or refugees. The indicators presented here are desirable indicators, which should be validated and prioritized by the executor and the Advisory Committee, taking into account their feasibility and relevance.

Once the priority indicators have been defined, it will be necessary for the Observatory to identify the most appropriate and sustainable ways to collect and issue them, either in government information systems or through other sources, including existing competitive funds for health research that are willing to include the topic of migrants in their categories for financing.

- Indicators associated with STDs/HIV  
In this group of indicators, we have considered all those related to the HIV pandemic and the country's response in these populations, as well as some interventions as a whole. The project is based on work in this component, so there is a special interest in this line of work.

- Number and percentage of migrants and/or refugees living with HIV
- Number and percentage of migrants and/or refugees living with HIV who are aware of their serological status
- Number and percentage of migrants and/or refugees receiving antiretroviral therapy
- Number and percentage of migrants and/or refugees living with HIV, receiving antiretroviral therapy, and who have suppressed viral load for the reporting period
- Number and percentage of migrants and/or refugees who have died from AIDS-related causes
- Number and percentage of pregnant migrant and/or refugee women living with HIV
- Number and percentage of new cases of HIV infection among children through vertical transmission from migrant and/or refugee mothers.
- Number and percentage of migrants and/or refugees with STDs
- Number and percentage of migrants and/or refugees living with HIV and with active tuberculosis (TB)
- Indicators associated with Sexual and Reproductive Health:  
In this group of indicators, we have considered all those related to the topics that are worked on in Sexual and Reproductive Health in the interventions aimed at women of these human groups.
  - Number of migrant and/or refugee women accessing Sexual and Reproductive Health services
  - Number of migrant and/or refugee pregnant women
  - Number and percentage of pregnant migrant and/or refugee women who receive prenatal control
  - Number and percentage of migrant and/or refugee pregnant women screened for HIV
  - Number of migrant and/or refugee women who report having been victims of sexual violence
  - Number of migrant and/or refugee women who report having been victims of sexual violence and access the emergency kit
- Indicators associated with Tuberculosis and other conditions  
In this group of indicators, all those related to tuberculosis and some other chronic diseases and infections have been considered, including factors such as disability.
  - Number and percentage of migrants and/or refugees diagnosed with active tuberculosis (TB)
  - Number and percentage of migrants and/or refugees who have been diagnosed with active multidrug-resistant tuberculosis (MDR-TB)
  - Number and percentage of migrants and/or refugees diagnosed with active tuberculosis (TB) and receiving treatment
  - Number and percentage of migrants and/or refugees who have been diagnosed with active multidrug-resistant tuberculosis (MDR-TB) and are receiving treatment

- Number and percentage of hypertension among migrants and/or refugees
- Number and percentage of diabetes mellitus among migrants and/or refugees
- Prevalence of the most frequent cancers among migrants and/or refugees
- Number and percentage of migrants and/or refugees who have had COVID 19
- Number and percentages of migrants and/or refugees who have died due to COVID 19
- Number and percentages of migrants and/or refugees who have been vaccinated against COVID 19
- Indicators of Insurance and Access to Health Services:  
This group of indicators includes all those related to the incorporation of the migrant and refugee population into the insurance systems, as well as the care received during the reporting period.
  - Number and percentage of insured migrants and/or refugees, by type of health insurance (SIS, EsSalud, Sanidades or Private)
  - Number and percentage of migrants and/or refugees who have received care at a health facility in the last year
  - Number and percentage of migrants and/or refugees who have been hospitalized in the last year
- Indicators associated with Immunizations and Growth and Development:  
In this group of indicators, we have considered those that include care for children under 5 years of age, as well as the different interventions carried out in these populations.
  - Number of 1-year-old children with at least one healthy child check-up born to a migrant and/or refugee mother
  - Percentage of children under 36 months of age with all basic immunizations complete for their age
  - Percentage of anemia in children of migrant and/or refugee mothers
  - Percentage of malnutrition in children of migrant and/or refugee mothers
- Indicators associated with Mental Health and Violence:  
In this group of indicators, we have considered those that estimate mental health problems, and acts of violence and discrimination that migrant and/or refugee populations may experience in the country.
  - Number and percentage of migrants and/or refugees reporting physical and/or sexual violence in the last 12 months
  - Number and percentage of migrants and/or refugees who report having suffered stigma and discrimination in the general community in the last 12 months due to their origin or migratory status
  - Number and percentage of migrants and/or refugees living with HIV reporting stigma and discrimination in the general community in the past 12 months
  - Number and percentage of LGBTIQ+ migrants and/or refugees reporting stigma and discrimination in the general community in the last 12 months



- Number and percentage of migrants and/or refugees who report having suffered an act of physical violence in the general community in the last 12 months due to their origin or migratory status
- Percentage of mental disorders in migrant and/or refugee populations in the country
- **Demographic Indicators**  
This group of indicators includes those that describe or express aspects that show the dynamics of populations and serve to understand their behavior, dimensions, location and/or changes over a given period of time.
  - Number of migrants and/or refugees in the country, overall and by nationality
  - Number of migrants and/or refugees who have entered the country in the past year
  - Number of migrants and/or refugees who have left the country in the past year
  - Number of migrants and/or refugees who have a foreigner's card or other condition of formalization of migratory status
  - Number of migrants and/or refugees who have already started the administrative process to obtain a foreigner's card or another condition to formalize their migratory status
  - Number of shelters established in the country for migrants and/or refugees
  - Number of migrants and/or refugees accommodated in the shelters implemented
  - Number of migrants and/or refugees who have died in the past year
- **Socioeconomic Indicators**  
In this group of indicators, we have considered all those related to socioeconomic activities, as well as education in order to understand the context in which health indicators move.
  - Number and percentage of migrants and/or refugees in formal employment
  - Number and percentage of migrants and/or refugees working informally
  - Number of migrants and/or refugees in the state's social programs
  - Number of migrants and/or refugees in Cash Transfers programs
  - Number of migrants and/or refugees deprived of their freedom
  - Number and percentage of migrant and/or refugee schoolchildren in the country's schools
- **Other indicators of epidemiological interest**  
It will be important to monitor, through the observatory, outbreaks in countries along the migrant route, including Venezuela, that may have epidemiological implications in the country, such as outbreaks of immune preventable or vector-borne diseases.

## **DOCUMENT REPOSITORY**

One of the functionalities of the National Migrant Health Observatory is to be able to have a repository of the different research, reports, diagnoses, care guidelines or others that have been produced in the country or the region on migration and health issues.

Many studies have been and continue to be carried out in the country to characterize the groups of migrants and refugees that have entered the country, as well as the impact on the host communities. However, these documents are difficult to access, as they are scattered in many electronic portals and institutional repositories. This often results in the repetition of some information gathering or the insistence on activities that do not have the desired impact.

Concentrating the information generated in the country on migration provides the different stakeholders and the migrant and national population with access to information that would otherwise be very difficult to find, allowing it to be used to advocate for or support public policies, interventions and/or improvements in the services that migrants receive.

The stakeholders interviewed agreed with the proposal, but in some cases it has been difficult for them to access any type of study or documentation, due to the lack of dissemination that in some cases has been done, because due to the COVID pandemic, the technical meetings or presentation of results have been limited to virtual spaces, or because they are delivered to government counterparts who do not place them in publicly accessible spaces.

The interviewees expressed their commitment to facilitate the different studies or investigations of their institutions, partners and allies. Among them, the CNDDHH committed to support the compilation of documentation from all its partners for delivery to the Observatory.

One of the recommendations received was to include, in addition, links to the original location of the documents, in order to avoid losses due to situations that may arise as a result of problems in the operation of the repository.

Finally, it is recommended that the Observatory could carry out educational work to disseminate technical guidelines for conducting studies and/or research with migrant and/or refugee populations, including the ethical criteria that should be considered.

## **DISSEMINATION OF INFORMATION**

A National Migrant Health Observatory should use different means of disseminating the information collected and analyzed, such as the implementation of an IT platform (website), issuance of newsletters, intervention in social networks including the creation of profiles on social networks (Facebook, Twitter and Instagram), dissemination events, among others.

For the presentation of the information, it would be convenient to present comparative analyses with information on the Peruvian and/or regional population. In this way, gaps that may be associated with the condition of migrants and/or refugees, or with problems of the health system itself and/or that are consistent with the epidemiological profiles of the national population can be identified.

For the IT platform, it was recommended that bandwidth access throughout the country be taken into account, and that its access configuration be user-friendly so that the different stakeholders can access it without problems or delays in loading information. Periodic alerts should also be sent to the list of main users of the web platform on the presentation of new information on the subject.

For the issuance of bulletins or periodic reports, it is recommended that the bulletin should not be very long and above all that it should be issued without much delay after the collection of the information to avoid loss of validity, a key factor in the generation of the necessary political incidence for decision making based on the information generated.

Work should be done on communication pieces such as infographics and dissemination videos containing key information aimed at the general public, in order to disseminate the needs and gaps identified in the health of the migrant population to the public opinion and which require urgent actions on the part of the state.

Contacts and cooperation ties should also be established with the different Observatories related to migrants and health that exist in the region, such as those of Colombia or Chile, in order to exchange information, experience and join efforts for some collaborative studies.

## **FINAL CONCLUSIONS**

- There is consensus on the importance of having a National Migrant Health Observatory that not only reports information, but also contributes to better coordination of efforts among the different stakeholders working to improve the care of the migrant and/or refugee population in the country.
- The articulation of information flows and the standardization of reports and variables should be promoted in order to serve the different stakeholders and decision-makers.
- The signing of an inter-institutional cooperation agreement between the executor of the National Migrant Health Observatory and the Ministry of Health, and other public entities, would help to reduce the risks of not having access or timely response from public entities.
- It is important that the information to be collected be worked with the following characteristics:
  - a. Information disaggregated by sex, age and, if possible, by geographic region. These elements are vital to make population subgroups visible and to be able to characterize their health profile and behavior.
  - b. Time of entry into the country. Migrants and refugees do not have stable characteristics during the entire process of entry, settlement and subsequent incorporation into the life of the country.
  - c. By different nationalities. Although the majority of the migrant and refugee population is of Venezuelan nationality, other groups of migrants and/or refugees should not be overlooked.
  - d. Comparison with national indicators. When collecting information on the migrant, information should also be collected for the national population and/or host communities in order to identify gaps and carry out the corresponding analyses.
- Many of the indicators mentioned are part of the sets of indicators that bilateral or multilateral cooperating agencies report or should report periodically by country for global reporting; therefore, it is necessary to work with these agencies and government authorities to comply with these agreements.
- The observatory should include a repository of information, for which it should work with different government institutions, cooperation agencies and civil society institutions to compile technical documents and studies on migration, especially those that have been conducted to characterize the groups of migrants and refugees that have entered the country, as well as the impact on the host communities,
- In the implementation of the IT platform, it will be taken into account that its interrelation must be friendly with the different stakeholders that will have access to it.

- Likewise, a periodic bulletin should be published, as well as other communication pieces that should be disseminated as soon as possible after the collection of information, so that they do not lose validity or impact, and that help to generate political incidence in order to make the necessary changes.
- Finally, it is recommended that a National Migrant Health Observatory promote research on issues identified as priorities.