

International migration as a social determinant of health in Chile: evidence and recommendations for public policies

Cabieses B / Bernaldes M / McIntyre AM



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- Servicio Jesuita a Migrantes - SJM
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First Foreword (in Spanish)

El libro que hoy prologamos “La migración internacional como determinante social de la salud en Chile: evidencia y propuestas para políticas públicas”, realizado por la Facultad de Medicina de la Clínica Alemana – Universidad del Desarrollo (FM CAS-UDD), en el contexto de la literatura en salud y migración en Chile, es en definitiva, uno de los libros más destacados y apremiantes escritos en los últimos tiempos. En su intenso recorrido va hilvanando la mirada de los distintos actores institucionales que ponen de manifiesto a través de un análisis objetivo de cómo la migración se vincula con la salud y lejos de verse como un servicio, poco a poco se va convirtiendo en una especie de entramado social de políticas públicas.

El imperativo de generar conocimientos desde diferentes perspectivas de análisis, como también poner en el relieve de la discusión un tema de vital y necesaria importancia con un enfoque basado en los derechos humanos, aporta y contribuye a una forma de pensamiento y reflexión imprescindible para los tomadores de decisiones y permite que los usuarios, en este caso las personas migrantes, independientemente de su condición migratoria, puedan tener una garantía en el acceso a los servicios.

Que a la Organización Internacional para las Migraciones OIM, se le haya invitado a prologar este libro, reafirma nuestra convicción de la estrecha vinculación que existe entre migración y salud y dentro de una discusión mayor, de los nexos que se atribuyen entre migración y desarrollo. Asimismo, pone a las personas migrantes como elementos centrales en los programas nacionales, propósito ya expresado en la Declaración del Diálogo de Alto Nivel sobre la Migración Internacional y el Desarrollo, celebrado en Nueva York en 2013.

Actualmente, el debate sobre salud y migración en el plano nacional y regional es rectorado por el Ministerio de Salud, que con su liderazgo como generador de normativas y políticas permite cada vez más fortalecer un modelo de salud más incluyente. En el año 2014 este Ministerio crea el Equipo Asesor Sectorial de Inmigrantes y Refugiados, órgano asesor de la Ministra de Salud, que tiene la finalidad de revisar y fortalecer el enfoque de salud a personas migrantes y refugiadas, facilitar apoyo técnico dentro de este equipo asesor es tarea de la OIM. Posteriormente, en julio de 2015, la OIM avanza con la firma de un Acuerdo de Colaboración con este Ministerio, sentando las bases para una colaboración mutua, estrecha, coherente y permanente sobre salud y migración. El acuerdo, actualmente se encuentra en la fase operacional permitiendo a la OIM acompañar importantes procesos de sensibilización y capacitación, jornadas nacionales, estudios exploratorios en salud en municipios con migración transfronteriza y participar en mesas y diálogos nacionales y regionales en salud.

De esta forma y en concordancia con lo anterior, en el 2015 y 2016, el Ministerio de Salud avanzó en pasos importantes en materia de legislación, aprobando dos circulares para mejorar y ampliar las políticas en el acceso y derecho a la salud de las personas migrantes, principalmente mujeres embarazadas, niños y niñas y casos de urgencia clínica para personas con estatus migratorio irregular. Creemos que es un gran avance por el derecho a la salud de la población migrante en Chile y una buena práctica de un modelo y una política inclusiva de salud.

Dado este marco general, las distintas investigaciones y opiniones calificadas de autores y expertos que se plasman en este libro nos inspira pero también nos obliga a continuar generando discusión y acciones concretas para incorporar a la población migrante al sistema sanitario sin restricciones y en igualdad de condiciones. El resultado de esta discusión sin duda contribuirá a fortalecer el diseño de políticas públicas sectoriales y orientará el desarrollo local destacando las mejores prácticas desarrolladas hasta el momento, propiciando el intercambio de información y creación de conocimiento con los actores relevantes en los países de tránsito y destino. Sin estas opiniones es más difícil construir una sociedad inclusiva, igualitaria y justa y poderla entender desde un escenario global e integral de derechos humanos y de determinantes sociales.

Finalmente, todos los actores que abordan estas materias nos encontramos ante desafíos cada vez mayores. En primer término, el perseverar en difundir el enfoque de derechos humanos como eje central en el diseño de políticas públicas en salud; en segundo término el poder abogar por acciones tendientes a incluir a la población migrante en la convivencia diaria en los países y sociedades de acogida, respetando la diversidad y reconociendo el enfoque intercultural; y en tercer término el poder armonizar, en un marco de gobernanza, a todos los actores, tanto de niveles centrales como locales, en la búsqueda de nuevas estrategias que puedan disminuir las brechas existentes entre población nacida en un territorio y aquella que se incorpora por las razones que sea. El desarrollo de una sociedad inclusiva se hace con todos y para todos.

Norberto Girón
OIM – Jefe de Misión Chile

Durante las últimas décadas se ha producido un creciente reconocimiento de la necesidad de un análisis más detallado de la migración, poniendo de relieve la importancia de descomponer la categoría de "migrante" y teniendo en cuenta algunos marcadores de identidad como clase, raza, etnia, género, edad y etapa del ciclo de vida, que dan forma a la experiencia migratoria de los individuos. Estos factores con frecuencia configuran las opciones migratorias realizadas por individuos, determinando, por ejemplo, si son parte de los flujos migratorios globales de élite, totalmente documentados y capaces de moverse a sus anchas entre la "casa" y su destino; o se encuentran en las corrientes migratorias más ocultas, moviéndose sin documentación entre los países. Se le ha dado cada vez mayor atención académica a la comprensión de la naturaleza cambiante de la migración latinoamericana, trazando por ejemplo, la composición de género de la migración laboral en la región y en particular el crecimiento de la migración laboral femenina en América Latina y hacia Europa.

La complejidad de los diversos flujos migratorios en América Latina también plantea cuestiones importantes desde el punto de vista de la salud. En el contexto de crisis de salud, como la reciente propagación del virus Zika, surge la preocupación en la región en torno a la seguridad de la salud. Esto puede llevar a iniciar nuevos controles sobre determinados flujos migratorios en un intento de limitar la propagación de enfermedades infecciosas. Sin embargo, la necesidad de seguridad de la salud también apunta a la importancia de desarrollar una mejor comprensión de los complejos y múltiples vínculos entre la salud y la migración. Asimismo, se reconoce el papel vital de la evidencia científica para permitir a los responsables políticos responder con mayor eficacia a los retos de salud que plantea la migración, mientras se disputan supuestos y prejuicios hacia los migrantes como que representan un riesgo significativo para la salud. Por otra parte, en la era de la agenda de desarrollo sostenible de post 2016, los gobiernos deben también procurar llevar a cabo sus compromisos para cumplir con la meta y los objetivos englobados dentro de los objetivos del desarrollo sostenible, incluyendo la necesidad de garantizar una vida saludable y promover el bienestar para todos. Esto apunta a otra área del debate en curso en torno a qué distancia de la responsabilidad del Estado se extiende más allá de sus propios ciudadanos equilibrarse con el cumplimiento de los acuerdos internacionales de derechos humanos, que trascienden las fronteras nacionales.

Esta importante nueva colección editada por Báltica Cabieses, Margarita Bernal y Ana María McIntyre, por tanto, hace una contribución vital a debates más amplios en torno a la migración y la salud. Se da el caso chileno de que el país que ha transitado desde un país de emigrantes a un país receptor de migrantes. Mientras que la mayoría de los flujos migratorios son en su mayoría de otras partes de América Latina, también hay evidencia de nuevos flujos migratorios procedentes de África y Asia (1). Sin embargo, hasta ahora ha habido poca evidencia empírica sobre la salud de migrantes internacionales en Chile y las implicancias de estos cambios. En este oportuno libro, los editores apuntan a acortar esta brecha, y para ello reúne a una amplia gama de capítulos que ofrecen perspectivas multidisciplinares sobre la salud que arrojan nueva luz sobre la salud de migrantes internacionales.

Los capítulos de este libro destacan que la migración ha sido ampliamente reconocida como un determinante social de la salud y que es responsabilidad del Estado ofrecer respuestas más amplias a las necesidades de salud de esta población. Tomando un enfoque de derechos humanos con base a la provisión de salud, se refuerza la necesidad de asegurar que las necesidades de salud de los grupos de migrantes se incorporen adecuadamente en las políticas nacionales de salud y que las poblaciones migrantes se encuentren adecuadamente apoyadas mientras aprenden a navegar por el sistema de salud. Al mismo tiempo, cuerpos amplios de conocimiento de investigación han contribuido a reconocer que los migrantes no son individuos impotentes o incapaces de ejercer autonomía, sino más bien a permitirles un papel activo en la búsqueda de mantener su propia salud y bienestar de su familia. De hecho, en muchos casos los migrantes no prefieren los servicios de salud formales, sino que prefieren (i) volver a "casa" o país de origen para hacer uso de los servicios de atención médica o (ii) participar en servicios y conductas de salud más informales, tales como la compra de medicamentos directa de una farmacia o tomar remedios «alternativos». Todo esto refuerza la importancia de garantizar servicios básicos de salud y de desarrollar nuevas estrategias bien informadas para acoplarse con las poblaciones migrantes que a menudo permanecen al margen de una disposición formal desde los sistemas de salud oficiales.

La evidencia presentada en este libro ayuda a construir una imagen mucho más clara de las necesidades de salud de los migrantes y su comportamiento relacionado con la salud a lo largo de diferentes partes del país, destacando la diversidad de las poblaciones migrantes en todo Chile. Los estudios presentados aquí demostrarán ser una herramienta muy valiosa para los responsables políticos para garantizar un uso más eficaz de los recursos del sector de la salud. Con esta evidencia las respuestas de política pública pueden ser más focalizadas y dirigidas, para hacer frente a los problemas de salud más urgentes que enfrentan las poblaciones de migrantes internacionales a nivel nacional y en diferentes comunas del territorio continental. El análisis también pone de relieve los acontecimientos importantes a nivel central, donde los servicios de salud han hecho avances importantes hacia el trabajo para obtener mejores resultados de salud con las comunidades migrantes. El éxito de las políticas a nivel nacional en la obtención de mejores niveles de salud en las poblaciones migrantes también depende de la aplicación efectiva de estas políticas a los proveedores de salud locales, quienes deben trabajar para superar las múltiples restricciones con las que trabajan para excluir a las comunidades tengan acceso a los servicios. Esto incluye desafiar las normas de género y raciales profundamente arraigadas que se encuentran a menudo dentro de los sistemas de salud y en la sociedad en general, para garantizar el acceso universal a la salud realmente se aplique a toda la población chilena.

Referencia

1.) Reveco D, Mullan C. Migration Policy in Chile, *International Migration*, 2014; 52 (5): 1-14.

Second Foreword (in English)

There has been a growing recognition of the need for more nuanced analysis of migration, highlighting the importance of breaking down the category of 'migrant' and taking into account how identity markers such as class, race, ethnicity, gender, age and stage of life course shape the migratory experience of individuals. These factors frequently shape the migratory choices made by individuals, determining for example whether they are part of elite global migratory flows, fully documented and able to move at ease between 'home' and their destination, or are located in more hidden migratory flows, moving without documentation between countries. Growing scholarly attention has been given to understanding the changing nature of Latin American migration – charting for example the highly gendered composition of labour migration across the region and particularly the growth of female labour migration from Latin America to Europe.

The complexity of diverse migratory flows across Latin America also raises important questions from a health perspective. In the context of health crises such as the recent spread of the Zika virus in parts of the region concerns around health security can initiate new controls on particular migratory flows in an attempt to constrain the spread of infectious diseases. Yet the need for health security also points to the importance of developing a better understanding of the complex and multiple links between health and migration and the vital role of detailed evidence to enable policy makers to respond more effectively to the health challenges posed by migration while at the same time contesting often deeply embedded problematic assumptions that migrants pose a significant health risk. Moreover, in the era of the post 2016 sustainable development agenda, governments must also seek to undertake their commitments to fulfil the goal and targets encompassed within the Sustainable Development Goals, including the need to ensure healthy lives and promote well-being for all. This points to another area of on-going debate around how far state's responsibility extends beyond that of their own citizens balanced against fulfilment of international human rights agreements which arguably transcend national borders.

This important new collection edited by Báltica Cabieses, Margarita Bernales and Ana Maria McIntyre therefore makes a vital contribution to wider debates around migration and health. The Chilean case is significant given that the country that has recently undergone an important transition from a migrant-sending to a migrant-receiving country. While the majority of migrant flows are predominantly from other parts of Latin America, there is also evidence of new migrant flows from Africa and Asia (1). Yet until now there has been little empirical evidence examining the health-related implications of these shifts. In this timely volume the editors address this gap, bringing together a wide range of chapters offering multi-disciplinary perspectives on health that shed new light on these changes.

As the chapters highlight migration has been widely recognised as a social determinant of health and it is the responsibility of the state to ensure this is reflected in wider health system responses to meeting health needs. Taking a human rights based approach to health provisioning reinforces the need to ensure that the health needs of migrant groups are appropriately incorporated into national health policies and that migrant populations are adequately supported as they learn to navigate the health system. At the same time wider bodies of research have contributed to the need to recognise that migrants are not merely powerless individuals who are incapable of exercising agency but that frequently play an active role in seeking to maintain their own health and well-being and that of family members. Indeed in many cases migrants do not engage in formal health services, instead preferring to return 'home' for health care services or engaging in more informal health-seeking behaviour such as buying medication direct from a pharmacy or taking 'alternative' remedies. Yet this reinforces the importance of ensuring health services develop new, well-informed strategies for engaging with migrant populations who often remain marginalised from formal provision.

The data presented in this volume helps construct a much clearer picture of migrants' health needs and their health-related behaviour across different parts of the country, highlighting the diversity of migrant populations across Chile. The studies presented here will prove to be an invaluable tool for policy makers in ensuring more effective use of resources within the health sector as policy responses can be directed more specifically to address the most pressing health challenges facing different *comunas*. The analysis also highlights important developments at the local level where health services have made important inroads towards working for better health outcomes with migrant communities. The success of national level policies in securing improved levels of health across migrant populations is also dependent on the effective implementation of these policies at the local level and health providers must work to overcome the multiple constraints that work to exclude communities from accessing services. This includes challenging the deeply embedded gendered and racialized norms that are often found within health systems and working to ensure universal access to health really does apply to the entire Chilean population.

Reference

- 1) Reveco D, Mullan C. Migration Policy in Chile, *International Migration*, 2014; 52 (5): 1-14.

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Chapter 1

Introduction and key definitions

Báltica Cabieses, PhD

Profesora Titular, Encargada Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana Universidad del Desarrollo

Margarita Bernales, PhD

Docente Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana Universidad del Desarrollo

Ana María McIntyre, MSc

Docente Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana Universidad del Desarrollo

1. Summary Box

a) What is known about this topic?

- Migratory movements are as old as humanity itself.
- Various authors and international organizations have developed definitions of international migration, which reaffirms the complexity of the analysis of migration.
- Migration is a recognized social determinant of health in the world and in Chile.
- Information on the health of immigrants in Chile and Latin America is scarce.

b) What is the contribution of this chapter to current knowledge?

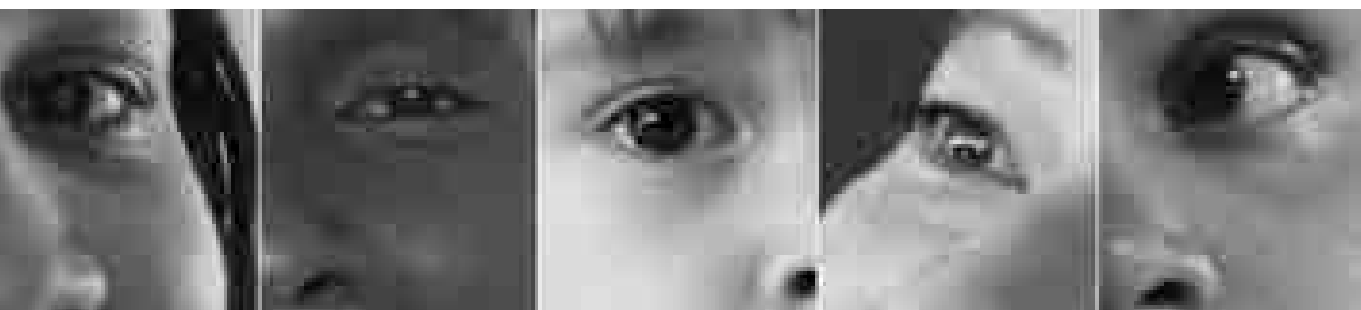
- This book aims to be a contribution to the knowledge available in our country today, and to co-construct, along with main actors in this topic, the urgent guidelines and recommendations to be installed in policies and practices in health in Chile.
- The book is organized into four sections. Sections II and III present unpublished quantitative and qualitative scientific evidence on the complex relationship between international migration and health, mainly - but not exclusively - from the Fondecyt project 11130042. Sections I and IV were drafted in alliance with the main bodies dedicated to the migratory issue in Chile

c) What challenges are still pending?

- There is a need today in Chile to define how to address the health of the international migrant population. That is, from which paradigm or perspective should we advance the issue of migration and health, a perspective that determines the way to make diagnoses, proposals for intervention, monitoring and monitoring, and even determines how the success or failure of the country in protection And continuous improvement of the health of the international migrant population in Chile.
- This book contributes to this debate through the delivery of unpublished evidence, theoretical reflection and development of proposals for recommendations for public policies in our country. These recommendations should be contrasted with other organized entities and civil society, in such a way as to build a society that aspires to be more inclusive, participatory and equitable.

d) Key words: International migration, social determination of health and equity in health, Chile, human rights, cultural competence in health, social inclusion and participation, identity and cultural diversity

Section I
Migration as a local and global phenomenon






CE SFAM
C. AGUIRRE

Section I, Chapter 2

Migration as a social determinant of health



Carlos Van der Laet, MD, MSc
Oficial Regional de Salud y Migración para las
Américas, Organización Internacional para las
Migraciones¹

¹ La Organización Internacional para las Migraciones es una organización inter gubernamental establecida en 1951, consagrada al principio de que la migración en forma ordenada y en condiciones humanas beneficia a las personas migrantes y a la sociedad. Por medio de la División de Salud y Migración, la OIM promueve y apoya programas de salud integrales, preventivos y curativos que sean inclusivos, accesibles y equitativos para las personas migrantes y poblaciones móviles en condiciones de vulnerabilidad. Encarando las necesidades de las personas migrantes y las de los Estados Miembro, se contribuye al bienestar físico, mental y social de quienes migran, permitiendo su inclusión en las comunidades de destino para mantener los beneficios sociales y desarrollo económico propio de la migración.

1. Summary Box

a) What is known about this topic?

- Migration is vital for the economic, social and cultural development of the region
- Migration is a social determinant of health
- Migrant populations are vulnerable to health inequity
- Migration itself is not a health risk, but the conditions on which migration occurs generates health vulnerability
- The profile of the migrant is young and healthy but it's the adverse environmental conditions which increase vulnerability and risk to health.
- The approach must be comprehensive, multisectoral and multinational

b) What is the contribution of this chapter to current knowledge?

- It creates a conceptual basis that allows the analysis of the migratory context from the holistic approach to social determinants of health
- It highlights the benefits of migration and the efforts that should be developed to ensure inclusive and comprehensive policies towards migrant populations
- It provides a profile of risks and vulnerabilities associated with the migration cycle

c) What challenges are still pending?

- Little coordination of efforts.
- Migration is seen as a risk, based on myths and stigmatization
- Limited access to services
- Population are still victims of high levels of stigma and discrimination

d) Keywords: Determinants of Health, Migration cycle, vulnerability associated with migration, inclusion and equity, multisectoral and multinational response.



Section I, Chapter 3
An immigration policy for a cohesive Chile



Rodrigo Sandoval Ducoing

Jefe Nacional Departamento de Extranjería y
Migración del Ministerio del Interior y Seguridad
Pública

1. Summary Box

a) What is known about this topic?

- Migration is a reality for all countries of the world and Chile is not an exception
- There is a slight feminization of the immigrant population; which is young population, concentrated between 20-35 years
- 16% of immigrants who come to Chile settle in the “great north” and 62% in the Metropolitan Region

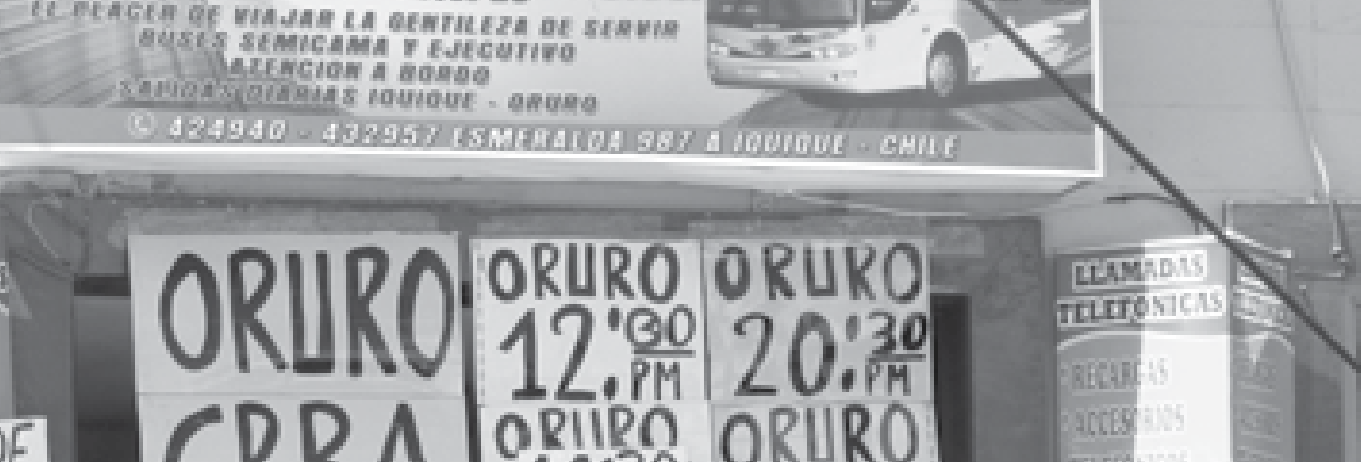
b) What is the contribution of this chapter to current knowledge?

- The department of Foreign Affairs and Migration from the Ministry of Interior and Public Security maintains the manifest desire to build a cohesive society that includes the migrant community.
- Social cohesion provides challenges for both migrants and native societies, the latter being responsible for building positive interaction spaces that will generate a sense of membership by immigrants.
- To the extent that immigrants feel part of the Chilean society, we will be progressing on social cohesion, and building a solidary society, which achieves being constituted under the perception of a “we”, where all are part of it.
- The Department of Foreign Affairs and Migration, together with various sectors involved in migration issues, including civil society, have been working on a draft law project that seeks to provide new immigration legislation to Chile

c) What challenges are still pending?

- The challenge of our country is to receive migratory flows in a responsible way, in an international context of human mobility, generating serious answers that promote the defence of migrant’s rights, strengthening an inclusive and participatory approach for Chile’s development, which is included in the desire of building a cohesive society.
- For this, the mission is for the entire society, and especially the State, who must continue working to make Chile a socially and culturally richer country, where values such as respect and recognition for diversity and multiculturalism meet and enrich each other

d) **Keywords:** migration, human rights, immigration legislation , social cohesion, integration



Section I, Chapter 4

Progress and challenges in the exercise of the right to health from the experience of the Jesuit Migrant Service (JSM)



Felipe Calderón, BSc

Responsable del Programa de Atención Social,
Servicio Jesuita a Migrantes

Florencia Saffirio, MSc(c)

Coordinadora Nacional del Área Social, Servicio
Jesuita a Migrantes

1. Summary Box

a) What is known about this topic?

- The topics of migration and health in Chile are presented as a major challenge to address from the perspective of the migrant population
- SJM is present in three cities of Chile: Arica, Antofagasta and Santiago
- The focus of SJM is social intervention as a basis of a promotion and protection speech of the migrant community
- SJM promotes migration regularization and the exercise of social rights

b) What is the contribution of this chapter to current knowledge?

- This chapter presents the work experience of the Jesuit Service for Migrants with migrants in the area of health, addressing access and exercise of the right.
- In both areas we identified the need to advance for the inclusion of these groups in the health services
- The reflection present in this chapter justifies the relevance of a holistic analysis about the migration phenomenon
- SJM addresses migration from the perspective of social exclusion understood as those dynamic and reversible processes of negation of the other, as a non-valid other, which lead to its isolation, rejection, non-participation and its decline under socially acceptable subsistence levels
- The right to health is one of the main concerns of migrants with whom we work in SJM, since in Chile there is no universal access to health care for migrants

c) What challenges are still pending?

- Among the main challenges that exist in Chile at this time is ensuring the implementation of the legal framework that ensures access to health for the migrant population, and not depending on personal wills of institutions and professionals
- It is very important to generate strategies to visualize the mental health problems present in the migrant population
- Include intercultural mediators in work teams that allow greater understanding of the particularities of each migrant community
- Generate awareness and migrants rights promotion campaigns

d) **Keywords:** migrants, right to health, social exclusion, access to health, cultural appropriateness

Section I, Chapter 5

Health and labour migration in Chile: history and understanding to improve public policies from challenges on current migration. A view from INCAMI

José Delio Cubides Franco, MSc

Asesor socio-jurídico en regularización en
Instituto Católico Chileno de Migración.

Katherine Constanza Vásquez Gallardo, MSc

Coordinadora Bolsa de Empleo Instituto Católico
Chileno de Migración.



ARICA	16
IQUIQUE	316
ANTOFAGASTA	717
SANTIAGO	2065

1. Summary Box

a) What is known about this topic?

- We know about the increase of migrants in Chile
- We know that immigration legislation in Chile is out-dated
- That there are circulars seeking to regulate Access to rights of migrants in Chile, but its specific content is unknown

b) What is the contribution of this chapter to current knowledge?

- The contribution of this chapter is to highlight a specific fact: although there are regulations that regulate access to health care for migrants, the information does not always reach the people who attend to the migrants in public health services
- Therefore, we seek to relieve the lack of health coverage for migrants until they obtain their visa
- This is a period that could range between two months and four months, violating the rights of migrants

c) What challenges are still pending?

- An automatic record of the migrant to access public health services independent of their immigration status.
- Training and updating of public health services officials.
- Inter-communication or inter-sectoriality of the Health, “interior” and Foreign Affairs ministries.

d) **Keywords:** migrant, visa, work contract, illegal income



Section I, Chapter 6

Management models for international migrant population in Chile

Claudia Silva, PhD

Jefa Sección de Estudios, Departamento de Extranjería y Migración del Ministerio del Interior y Seguridad Pública



1. Summary Box

a) What is known about this topic?

- Migrants are unevenly distributed throughout the national territory
- There are “counties” with more immigrants
- There are “counties” that even without having a large number of immigrants have had an important percentage increase in recent years
- There are municipalities with programs focused on migrants care.

b) What is the contribution of this chapter to current knowledge?

- The chapter shows how the percentage growth has been, since 2010, in the most important counties.
- The chapter shows settlement preferences of the different groups of migrants, in terms of county choices.
- The fact that there are many migrants or that there has been a significant percentage increase in a county, implies that local governments must ask themselves how to promote the integration of migrants at the community level
- Different types of community management can bring us towards integration in the best of scenarios and in the worst scenario, towards the marginalization of the migrant population
- It is proposed that municipalities adopt strategies for working with migrant population, which considers the national community to generate social integration processes
- The “Migrant Stamp” (or seal) created by the DEM is an initiative that helps municipalities to organize work aimed at the integration of foreigners

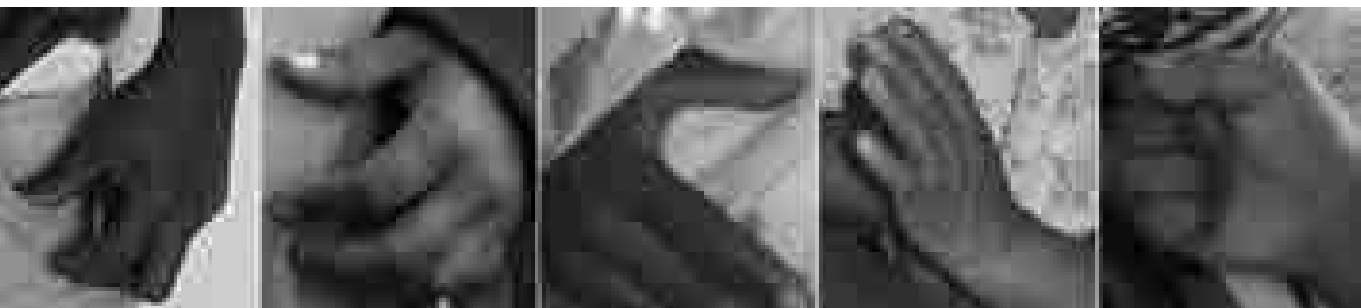
c) What challenges are still pending?

- There is a need that all municipalities perceive the need to work with the migrant population
- It is required that municipalities recognize integration as a work horizon and integrate the national community to achieve the objective
- Locally, greater systematization of experiences is needed

d) **Keywords:** migration, municipalities, integration

Section II

Migration in Chile according to available quantitative data



Section II, Chapter 7

Territorial vulnerability of international migrants in Chile: analysis of 1992-2012

Andrea Vásquez, MSc

Coordinadora de Investigación, Centro Nacional de Investigación para la Gestión Integrada de Desastres Naturales (CIGIDEN/ Fondap 15110017), Pontificia Universidad Católica de Chile

Báltica Cabieses, PhD

Profesora Titular, encargada Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Helena Tunstall, PhD

Investigadora Departamento de Geografía Humana, Universidad de Edimburgo



1. Summary Box

a) What is known about this topic?

- In Chile there are few studies on the territorial status of international migrants
- The research available today is based on small spatial scales, not considering the entire country
- The territorial representation at broader scales is a major challenge, in addition with the difficulty of maintaining the quality of this data over time
- The relationship between migration and social vulnerability in its spatial dimension has not been investigated in detail. This information would be useful to develop and strengthen social and health policies and strategies to protect the lives and welfare of migrant and local people experiencing spatially identifiable vulnerability

b) What is the contribution of this chapter to current knowledge?

- One of the few sources of information on national representation that are available in our country on migration is the census sources.
- According to this analysis, international migrants are concentrated in certain regions and municipalities over time; however, this pattern has been accentuated in the last two decades. While vulnerable international migrants are concentrated in some counties in northern and central Chile, these counties are not always the same that concentrate the highest ranks of vulnerability for the general population
- There is then, great variability in social spatial vulnerability in international migrant population in Chile
- Notwithstanding the above mentioned, vulnerable international migrants are concentrated in the counties which in turn have the highest concentration of immigrants nationwide, especially in counties of northern and central Chile

c) What challenges are still pending?

- In first place, since the data presented are based on self-reported immigration status, there is a risk of bias of underreporting of international migrants in an irregular situation. Knowing the aggregate level of individual, family and spatial life conditions individual, would provide necessary information for the development of social protection policies
- On the other hand, it is still necessary to incorporate a multidimensional view of their vulnerability, adding environmental (contextual) variables to know what is the impact of this spatial distribution in the territory and how international migrants interact with it (access to basic services such as health, education, food)

d) **Keywords:** international migrants, population and housing censuses, vulnerability, spatial analysis



Section II, Chapter 8

Socio-demographic profile of international migrants in Chile

Autores sección de análisis encuesta CASEN:

Victor Pedrero, MSc

Profesor Asistente, investigador Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Marcela Oyarte, MSc

Investigadora Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Báltica Cabieses, PhD

Profesora Titular, encargada Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Autores sección de estadísticas

Departamento Extranjería y Migración:

Verónica Arriagada Elzo, MSc

Sección de Estudios, Departamento de Extranjería y Migración, Ministerio del Interior de Chile

Claudia Silva Dittborn, PhD

Jefa Sección de Estudios, Departamento de Extranjería y Migración, Ministerio del Interior de Chile

1. Summary Box

a) What is known about this topic?

- There is increasing migration within the Latin American region characterized by the movement of people living in less developed countries to more developed countries within the region
- Chile is defined as a high-income country with better health levels than many other countries in Latin America and the Caribbean
- Immigration in Chile has increased in recent years, reaching a representation of 2.3% of the total population in 2014

b) What is the contribution of this chapter to current knowledge?

- This chapter attempts to build a demographic profile of the migrant population in Chile from existing data in the CASEN survey (2009-2013) and database of the Department of Foreign Affairs and Migration (Visas and Temporary Visa permits and Permanent Residence permits).
- While the international migrant population comes mostly from neighbouring countries, in recent years other groups such as Colombian, Venezuelan and Haitians have increased. This is reflected mainly in the records of temporary and permanent permits.
- Social inequality within the migrant population is much higher than in the Chilean population. About 50% of migrants are in the highest income quintile (IV and V). This is consistent with the educational level they have.
- Despite the above-mentioned, international migrants have a higher proportion of people in multidimensional poverty compared with Chileans.
- Regarding housing conditions, migrants have similar numbers with the Chilean population, nevertheless regarding overcrowding conditions, they overpass the national statistics.
- Migrant children need special attention. This group is removed from the school system before Chileans and have multidimensional poverty statistics that double those of the Chilean population

c) What challenges are still pending?

- There is a need for a multicultural approach to health that will allow including individual differences of the different migrant groups receiving health care.
- It is necessary to focus strategies for this population in regions where migration has grown sharply.
- Care provided to migrant children is still insufficient, and therefore they emerge as a particularly vulnerable group.

d) **Keywords:** socio demographic characteristics, inequality, poverty, international migrants



Section II, Chapter 9

Effective use of health services by international immigrants in Chile



Báltica Cabieses, PhD

Profesora Titular, encargada Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Marcela Oyarte, MSc(c)

Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Iris Delgado, PhD(c)

Profesora asociada, Centro de Epidemiología y Políticas de Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

1. Summary Box

a) What is known about this topic?

- The right to health was globally recognized in the treaty adopted by the United Nations General Assembly in 1966 and entered into force in 1976
- Access to health services turns out to be the final expression of the schemes implemented to ensure the financing and provision of services in a given context
- There is variable access and use of health services by international migrants in Chile, which currently depends -for certain services- on factors such as legal regularity, socioeconomic status, gender, country of origin and time of residence in our country

b) What is the contribution of this chapter to current knowledge?

- Access to health insurance system: :
 - o In 2013 8.5% of immigrants in the country claimed not to have health insurance, value 3.4 times greater than the Chileans in the same situation (2.5% of the total local population)
 - o Most immigrants without health insurance or other health insurance are men
 - o When analysing by age group, the group of immigrants from 0-14 years has the higher proportion of individuals without health insurance (12.3%)
- Use of services in the short-term (last 3 months):
 - o 23.7% of immigrants tried to book an appointment in the health system but did not get it (expressed but not satisfied health demand)
 - o Both in native Chileans and in immigrants, individuals without health insurance are those with lower rates of health care (59.7 x 100 immigrants v/s 79 x 100 born in Chile)
- Use of services in the long-term (last 12 months):
 - o 13.3% of immigrants declared to be undergoing treatment for any medical condition in the last 12 months preceding the survey (versus 24.4% of Chileans)
 - o Immigrants without insurance are those with the lowest proportion of coverage of treatments while Chileans with ISAPRE or other insurance are those with the lowest percentages of coverage

c) What challenges are still pending?

- There is a need to significantly improve national records on access and use of services by international migrants, both at primary and secondary levels, as in the public and private health sector.
- There is an urgent need to improve the strategy of inclusion of migrant population in the national survey CASEN, in order to achieve enough sample power and validity for more robust and accurate analysis of the living conditions and use of services by this group in our country.
- It is worth discussing as a country, the systematic incorporation of a "topic pack" on international migrant population in all surveys conducted today and administrative data such as vital statistics of mortality and live births, among others.

d) **Keywords:** social health protection, access to health, effective use of services, international migrants, Chile



Section II, Chapter 10

Hospital discharges in Chile: comparative analysis of international migrants and Chilean population

Marcela Oyarte, MSc(c)

Investigadora Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Báltica Cabieses, PhD

Profesora Titular, encargada Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Iris Delgado, PhD(c)

Profesora asociada, Centro de Epidemiología y Políticas de Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

1. Summary Box

a) What is known about this topic?

- As a source of information, hospital discharges, allow the analysis of both morbidity and use, supply, demand and quality of health services, according to the studied pathology
- In the international literature it is recorded that the secondary healthcare services are used by the immigrant population, in some cases without a previous use of the primary level. In addition services by NGOs or municipalities are relegated to circumstantial level and pharmacies appear as points of contact and significant consumption in this population
- In general the highest proportion of hospital discharges of a country is caused by obstetric causes, particularly pregnancy or childbirth

b) What is the contribution of this chapter to current knowledge?

- The analysis of hospital discharges in detail and by specific conditions (pathologies) in immigrant populations is the first document of its kind in the country and the region
- Makes visible some of the areas of vulnerability in the migrant population
- High percentages are found (compared to the local population) of hospital discharges of causes specific to the female gender, which supports the theory of the feminization of migration
- In hospital discharges of the migrant population the high proportion of these corresponding to subjects without health provision compared to the local population is highlighted

c) What challenges are still pending?

- Challenges associated with data collection
- Despite the database allowing us to extract information from both hospitable and sociodemographic characteristics, there are still variables of interest for the morbidity and use of services analysis that are not collected, especially in relation to immigration status. Among the latter: the distinction between immigration status, length of residency in the country, occupation and history of previous use of health services
- Challenges associated with the analysis of immigration status
- Generate more information on this issue both at the country and regional level, especially considering that the evidence in the international literature does not necessarily represent the migration of this region

d) Keywords: hospital discharges, hospital morbidity, use of health services, secondary care, international migrants, Chile



Section II, Chapter 11

**Pregnancy as a strategy for regularizing immigration status.
Speeches of primary care health workers**



María Elizabeth Guerra Zúñiga, MPH, PhD(c)
Profesora Auxiliar Departamento de Salud Pública,
Escuela de Medicina, Universidad de Valparaíso

Mauricio Ríos Hidalgo, MSc(c)
Docente Escuela Trabajo Social.
Universidad Santo Tomás

1. Summary Box

a) What is known about this topic?

- Increase in the proportion of migrant groups living in the country in recent decades.
- Recognition by the State of the national migration phenomenon
- Inclusive adaptations and recognition of social rights in health for migrant groups

b) What is the contribution of this chapter to current knowledge?

- To account for the elements that are at the basis of the disparity between the observed discourse of local stakeholders and migrant women in irregular migratory situation in the field of primary health care, in contrast to official data from the Department of Foreign Affairs and Immigration

c) What challenges are still pending?

- Migration is seen as a risk for non-migrant internal and external users of the system
- Immigration status which limits access to health services for women in irregular immigration status that confines them to maternity related benefits
- The challenge that means for the implementation of public courses of action in health, the existence of negative discourse towards collective migrants and the urgent need to address and permeate with consistent patterns from the state to local areas of maternal and child care, multiculturalism and cultural competency within the "relational" level between migrants and non-migrants within a therapeutic space
- Migrant women of Andean and Caribbean countries are still victims of high levels of stigma and discrimination

d) **Keywords:** pregnancy, irregular migration, symbolic boundaries, primary care



Section II, Chapter 12

Being born and raised in Chile: identifying gaps between international migrant children and Chilean children

Báltica Cabieses, PhD

Profesora Titular, encargada Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Marcela Oyarte, MSc

Investigadora Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Macarena Chepo, MSc(c)

Profesora Asistente, investigadora Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Patricia Bustos, MSc(c)

Asesora Departamento de Atención Primaria, Servicio de Salud Metropolitano Occidente, Región Metropolitana, Chile

María Eugenia Chadwick, MD, Esp.

Salud Pública Dirección de salud, Ilustre Municipalidad de Recoleta, Región Metropolitana, Chile

1. Summary Box

a) What is known about this topic?

- The foundations of almost all aspects of human development are established in infancy and childhood.
- Child health care and child welfare have been used as key indicators of overall progress, in human and economic development, equality and the protection of human rights of nations.

b) What is the contribution of this chapter to current knowledge?

- **About being born in Chile: evidence of prenatal care, five primary health centres, county of Recoleta:**
 - o Of the women who use the program “Chile Crece Contigo”, of all CESFAM in the county of Recoleta during 2012, 20.5% were international migrant women, the vast majority of which were from Peru.
 - o The average age is slightly higher in immigrant women than in Chilean women (26.9 years in immigrants vs. 25.8 years in Chilean). Immigrants have more school years than Chileans.
 - o In immigrants 30% of women are without health insurance (versus 99% coverage in Chilean pregnant women).
 - o 39% of pregnant immigrants (101 cases) were referred to COPAR, versus 43% (433 cases) in Chilean women. Immigrants had a higher proportion of Biopsychosocial risk compared to Chileans (62% immigrants vs. 50% Chilean).
 - o Immigrant women begin their pregnancy controls at a later point, on average 38 days later than local women.
- **About growing up in Chile: perceptions and experiences of immigrants, health workers and municipal authorities:**
 - o One of the main issues that international migrants initially describe when arriving in the country lies in the feelings of sadness at leaving their children in the country of origin
 - o Other problems identified are the economic vulnerability that surrounds pregnancy, childbirth and early parenting for immigrant women, especially those in an irregular situation
 - o Parents who are with their children in Chile describe experiences of discrimination and administrative barriers that prevent a legitimate incorporation into the country and consequently hinder the incorporation of their children to schools
 - o Another difficulty faced by children is the precarious living conditions in which they and their parents live in, linked to overcrowding
 - o There is a growing interest and commitment by health teams and authorities to improve the health and living conditions of international immigrants and their families, evidenced in various initiatives that materialize throughout the country

c) What challenges are still pending?

- Develop specific health strategies to shorten the gaps identified in access to health care by pregnant immigrant women, particularly those in irregular situation, with obstetrical or biopsychosocial risk and without health insurance
- There is an opportunity to incorporate from the beginning of a migration policy in Chile, the health approach of health in all policies. This is relevant to both a national but also international level

d) **Keywords:** health, international migrants, children, child population, health gaps, health equity, Chile.



INFORMACIONES

CESFAM

CENTRO SUR

Section II, Chapter 13

Central and local innovations for health assistance to international migrants in Chile

.I.R.S.

ATENCIÓN
VIERNES 10 DE DICIEMBRE
SECTOR SUR
SÓLO ATENCIÓN HASTA
LAS 13:00 HORAS

Báltica Cabieses, PhD

Profesora Titular, encargada Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Margarita Bernales, PhD

Profesora Asistente, investigadora Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Macarena Chepo, MSc(c)

Profesora Asistente, investigadora Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Dra. María Teresa Escobar, MSc(c)

Directora de Salud, Ilustre Municipalidad de Santiago

Paz Bersano, MSc

Coordinadora Programa Inmigrantes, Dirección de Salud Ilustre Municipalidad de Santiago

1. Summary Box

a) What is known about this topic?

- International migration in Chile has increased in recent years, reaching 2.7% of the total population in 2014
- With respect to the access and use of health services, international evidence indicates that behaviour and use by migrants in host countries vary according to their customs and beliefs
- In Chile according to the CASEN 2011 survey, 14% of all people born abroad, do not belong to any insurance system
- Regarding the access of the immigrant population to benefits AUGE / GES, the CASEN 2013 accounts for 8% less than those born in Chile
- To address these gaps, the National Health Strategy 2011-2020 incorporates improvement of access to health care for migrants as a goal of the decades objectives

b) What is the contribution of this chapter to current knowledge?

- Disclosed are two innovations in health care to international migrants in Chile
- The first innovation is at a central level, from the Ministry of Health (Pilot National Health Immigrant Plan)
- The second innovation is at a local level, in the municipality of Santiago (Initial Migrant Care Plan)
- While these innovations do not realize the vast efforts being made to protect and improve the living conditions and health of international migrants in our country, especially at the municipal and community levels, they certainly allow us to reflect on the direction and challenges pending from such initiatives

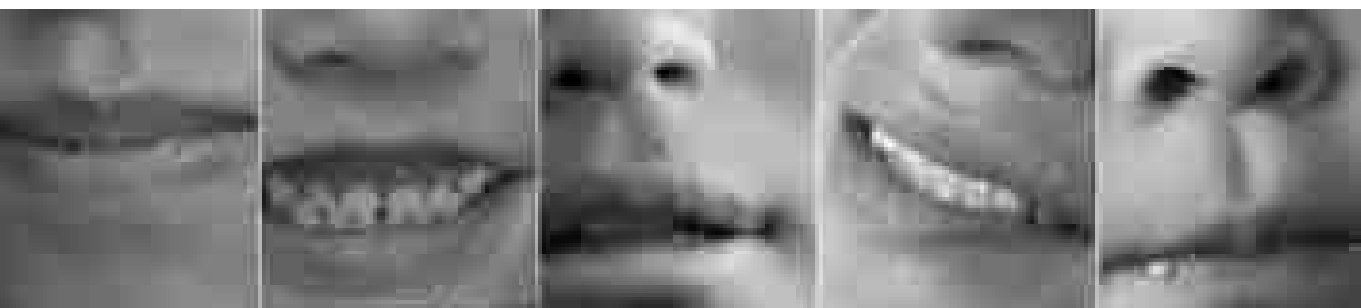
c) What challenges are still pending?


- Currently, there is the opportunity to develop health innovations in Chile that shorten the gaps of inequality between migrant and local populations in the short term.
- There is an urgent need to develop a national migrants health policy, ideally intersectoral, transversal and with a rigorous implementation and evaluation design

d) Keywords: health, international migrants, innovations in health, health technologies, knowledge translation

Section III

Migration in Chile in selected counties





Section III, Chapter 14
Case Study: Arica



Macarena Chepo, MSc(c)

Instructor Adjunto, Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Ana M McIntyre, MSc

Instructor Adjunto, Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

José Tomás Vicuña, BSc

Estudiante Jesuita, Director de la oficina de Arica del Servicio Jesuita a Migrantes desde Enero 2012 a diciembre 2014.

1. Summary Box

a) What is the county of Arica?

- It is a county that has been historically defined as “in transit”, mainly linked to commercial activities. There is a strong link with the city of Tacna, due to its legislative context within the framework of border agreements. The growing demand from Chileans for medical resoluteness in Tacna’s Hospital de la Solidaridad, is a fact to highlight.
- The city’s labour sources are mainly intended for trading and farming activities, which require a growing unskilled labour force, often accompanied by an in-transit migratory situation, which does not allow contract or enforceable working conditions.
- Health indicators collected by the authorities for sexually transmitted infections are disturbing, as well as for other infectious disease such as tuberculosis, which position Arica as a county that requires strong epidemiological surveillance.

b) How do immigrants live in this county?

- Arica has ancient and recent record of integration of people from other countries: a significant number of migrants are seen in the streets, in shops, in services, especially from Peruvian and Bolivian origin, observing Colombians and Haitians in the recent years
- Regarding the living conditions of migrants, the same problems faced by other communities in the country are repeated: barriers in access to health, poor living conditions, labour insecurity and abuse, slow immigration procedures
- Specifically in this county, such slowness regularization of residence, is often due to migrants themselves, whom living under special legislation do not initiate procedures to regularize their status
- There is social tension with the incorporation of migrant populations in health centres, apparently associated with prejudice and stigmatization of the migrant population. In addition to this, there are administrative and digital barriers related to the lack of registration of migrants, especially those in an irregular situation. This situation leads to lack of information about the major health problems and general statistics of these populations

c) What needs to be improved?

- Problems associated with lack of regularization of immigration and employment situation, viewing it as a barrier in access to benefits, whether labour, legal and / or sanitary
- The condition of vulnerability that the circle gives: irregular immigration status / social vulnerability / precarious work / lack of access to health care / poor (bad) physical and mental health / bad living conditions / psychosocial and family manifestations.
- Stigma towards migrants by the health staff, condition that could lead to scenarios of discrimination that hamper access to health
- Funding problems in primary care derived from “floating migrant population” (without RUT), a situation that generates permanent tension in health centres, given the absence of a budget to cover the health costs associated to people in irregular immigration status
- Lack of strategies that enable children in an irregular situation to continue their studies (phenomenon of the transient child).
- Diagnosis and effective treatment of infectious diseases, especially of those not enrolled in the health centres

d) **Keywords:** Arica, international migrants, Chile, health, social vulnerability, health centers



Section III, Chapter 15
Case study: Iquique



Alexandra Obach, PhD

Profesora Asociada, Facultad de Medicina
Clínica Alemana Universidad del Desarrollo

Javiera Flaño, MD

Instructor Adjunto, Investigadora, Programa de
Estudios Sociales en Salud, Facultad de Medicina
Clínica Alemana, Universidad del Desarrollo

Andrea Vásquez, MSc

Coordinadora de Investigación CIGIDEN, Facultad
de Ingeniería, Pontificia Universidad Católica de
Chile

1. Summary Box

a) What is the county of Iquique?

- In the county of Iquique, different realities live together. On the one hand, there is great wealth, product of mining. On the other hand, there is a significant percentage of the community living under conditions of poverty and social risk. There is also a sector of the society that is engaged in the commercial area (ZOFRI) and the professional area.
- The county of Iquique has a history that has marked it, in terms of natural disasters, wars and previous immigrations. Has integrated with the local population colonies, they have traditions, a history of multicultural port.
- Peruvian and Bolivian immigrants have always been present in the county; these populations are in constantly transit between their country and Chile. Ecuadorian and Colombian population, however, is new in the area and their presence has led to a series of prejudices and discrimination

b) How do immigrants live in this county?

- Generally, immigrants live in precarious conditions. Housing in the county is expensive and, therefore, there is severe overcrowding among the foreign population. They are mainly located in the old town of the city, in shared houses among several families.
- Overall, the immigrant population is linked to jobs that provide services to the mining, construction and services. In women, household and hospitality related services.
- Migrants declare to suffer discrimination, mainly Colombians, whom say they are stigmatized as criminals, drug dealers and prostitutes. There are numerous stories of skin colour discrimination

c) What needs to be improved?

- **Training:** to public officials in general, including customs officers in charge of border crossings; police officers; PDI officials. As well as them, train health officials and health teams in areas such as awareness and good treatment of foreign population, updating regulations and immigration laws and updating rights and duties of immigrants in the health system Promoting initiatives implemented in primary care and creating specific policies for secondary and tertiary health care. Enhance current initiatives in which the county of Iquique has successfully participated such as the health pilot plan for immigrant population from the Ministry of Health
- **Research:** about immigrant life situation, with emphasis on health topics. Generate instances for disseminating the results of local researches and knowledge transfer strategies
- **Community:** inform the immigrant community about their rights in health care. Generate community instances that promote the encounter and integration of the foreign population within the county
- **Intersectorality:** intersectional between different levels of health, so they can share information about the immigrant population and thus facilitate health care attentions. . Intersectional, promoting joint working between health and foreign affairs in order to advance in coordinated actions between health and management

d) **Keywords:** Iquique, international migrants, Chile, health, social vulnerability, health centers



Section III, Chapter 16
Case study: Antofagasta

Alexandra Obach, PhD

Profesora Asociada, Facultad de Medicina
Clínica Alemana Universidad del Desarrollo

Báltica Cabieses, PhD

Profesora Titular, encargada Programa de Estudios
Sociales en Salud, Facultad de Medicina Clínica
Alemana, Universidad del Desarrollo

Macarena Chepo, MSc(c)

Instructor Adjunto, Investigadora, Programa de
Estudios Sociales en Salud, Facultad de Medicina
Clínica Alemana, Universidad del Desarrollo

Ana M McIntyre, MSc

Instructor Adjunto, Investigadora, Programa de
Estudios Sociales en Salud, Facultad de Medicina
Clínica Alemana, Universidad del Desarrollo

Agradecimientos:

Padre Felipe Berrios, por su contribución a la
elaboración de este capítulo

1. Summary Box

a) What is the county of Antofagasta?

- The county of Antofagasta is one of the counties in the country with the highest economic development because of its mining sector
- In recent years the high level real estate projects construction sector has boomed, all of which positions the county as an attractive centre to people from various regions of Chile and abroad
- Despite the above there are significant gaps in the county with broad social sectors that are marginalized of the counties economic development


b) How do immigrants live in this county?

- To the presence of Peruvian and Bolivian population, in the recent years, people from other countries of the region have joined, especially from Colombia
- Generally speaking immigrants live in under more poverty conditions than the national population of the county, mainly those whom are illegally in the country. The high costs of living in this county has made to live on the most vulnerable sectors of the county, such as slums or transient camps
- The living conditions that are there revealed are characterized by lightweight material housing, overcrowding, lack of basic services, lack of urbanization and services, among others. Regarding labour, the immigrant population is concentrated in the area of support and services to the mining industry, construction and services such as housemaids and hairdressing

c) What needs to be improved?

- **Training:** for teams of primary health care in areas such as awareness and good treatment of foreign population, updating in regulations and immigration laws, and updating in rights and duties of immigrants
- **Public policies:** generate specific public policies in the area of migration and health, enhancing specific policies for the secondary and tertiary health level
- **Research:** Encourage research regarding the immigrant's situation in the county, with emphasis on health topics
- **Community:** familiarize the migrant community on how to efficiently use health care and their guaranteed coverage. Generate community instances that promote the encounter and integration of the foreign population within the county. Enhance intra and inter-sectorial work between the different levels of health (Intrasectorial). And intersectorally: enhancing joint and articulated work between health and other departments such as education and work, among others

d) Key words: Antofagasta, international migrants, Chile, health, social vulnerability, health centers



Section III, Chapter 17
Case study: Calama

Margarita Bernales, PhD

Docente Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana Universidad del Desarrollo

Ana M McIntyre, MSc

Instructor Adjunto, Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Moisés Morales, BSc

Matrón, CESFAM Alemania, Calama.

1. Summary Box

a) What is the county of Calama?

- Calama is an attractive county for the growing migrant population, near the border, perceived as a job and high-income opportunity.
- The distribution of economic resources of the county is quite unequal, with a favoured group linked to mining on one hand, and a group with many economic needs on the other hand.
- Among the main challenges of the county is strengthening the supply of public services to the county, given the increase of their population.

b) How do immigrants live in this county?

- The living conditions of migrant communities is marked by overcrowding and poor access to sanitation.
- There is a delay in regularizing the immigration status, due to various factors. This only contributes to worsening sanitary, educational and labour living conditions.
- Among the barriers observed for obtaining the residency, is the slowness and complexity of procedures and sometimes the closeness to the border interferes by slowing the regularization of the immigration documents, keeping them in-transit status.
- One of the biggest challenges for the migrant community is access to fair leases contracts, regulated by local authorities. Currently, access is limited and there is no protection in case of abuse by their tenants.
- Discrimination is present, mainly from people working in institutions and to a lesser extent from citizens or neighbours. There are signs suggesting greater discrimination against migrants from non-border countries among which Colombian are mentioned.

c) What needs to be improved?

- Speeding up immigration procedures from foreign affairs department and all the institutions involved with Migrants (Health, Educational, NGOs).
- Give better information to migrants in order to access regularization of permanent residence in Chile as well as the rights and benefits that can be obtained in health, education and work.
- Integration between different communities living in the same county, with particular emphasis on preventing discrimination.
- Improved supply of services to the community

d) **Keywords:** Calama, international migrants, Chile, health, social vulnerability, health centers



Section III, Chapter 18
Case study: Maipú



Ana M McIntyre, MSc

Instructor Adjunto, Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Margarita Bernales, PhD

Docente Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana Universidad del Desarrollo

Elizabeth Licanqueo, MSc

Referente de Participación Comunitaria en Política de No Discriminación y Pueblos Originarios. Hospital El Carmen de Maipú, Miembro Activo del Taller de Derechos Indígenas del Observatorio de Derechos Humanos. Universidad Academia de Humanismo Cristiano. Asesora Técnica en Equipo Técnico de Política de No Discriminación, Servicio Salud Metropolitano Central.

1. Summary Box

a) What is the county of Maipú?

- Maipú traditionally had a village identity in which all people knew each other and social networks operated as an important support. It had an agricultural tradition and increasingly: Industrial. It suffered of a greatly accelerated population increase which radically changed this identity in the late twentieth century
- As a way to adapt to the new identity of a massive and a faraway from the centre of the capital, the extension of the subway line appears
- It is a residential county, which at the same time has a large industrial and commercial development. It has a high complexity level Community Hospital and several public and private health centres, which some people use as an alternative paying a Fonasa co-payment

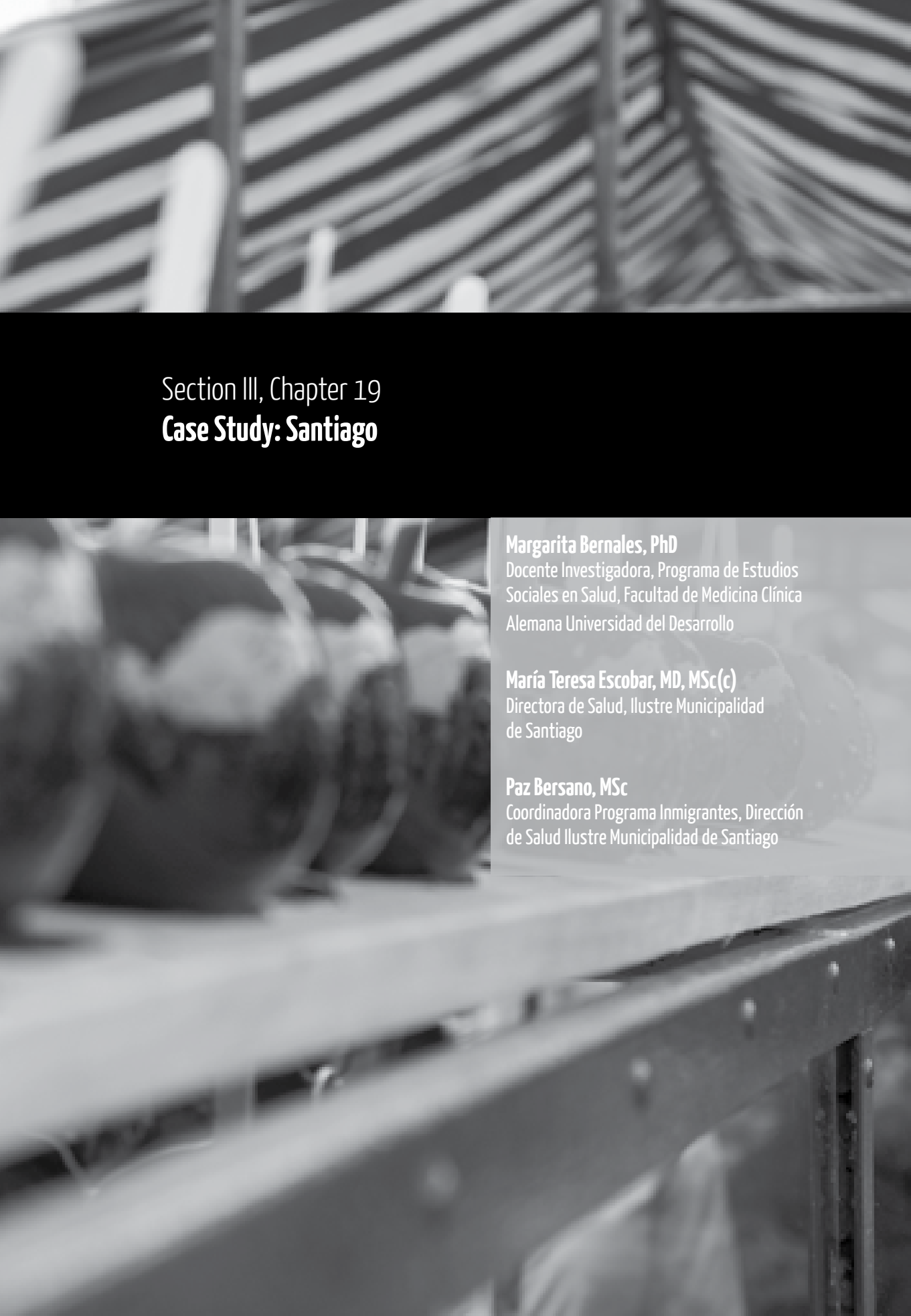
b) How do immigrants live in this county?

- It is a county in which migrants feel alone, get lost among so many people. They have lack of social networks and are spatially dispersed. The feeling of marginalization is important and hopelessness to address pathways of resolution are perceived
- Maipú gives some job opportunities for migrants at the local level. Mainly in the commercial and industrial area among others
- At least a quarter of migrants in Maipú have higher education, which opens other job opportunities inside the county as well as in other counties
- While there are migrants living under overcrowding and poverty conditions, in general the houses in which migrant families have settled, seem to be less precarious than in other counties, with a lower level of overcrowding
- A major problem in Maipú is the peaceful segregation and discrimination against migrants by Chileans, even reaching the level of ignoring basic rules of courtesy such as greeting the neighbours
- While some migrants say they have been considerably treated in CESFAMs, there is dissatisfaction with the lack of access to specialist's appointments

c) What needs to be improved?

- Generate and activate social networks among migrants within the county
- The peaceful but distant and locked coexistence between Chilean people of Maipú and migrants, generate instances of coexistence and physical encounter
- Promote integration between Chileans and migrants within Maipú, county organizations, support groups, collaborative committees between neighbours seeking improvements in the community, general social networks
- Improve incentives to regularize the immigration status as an access strategy to benefits both in labour and educational, as legal and sanitary terms
- Enhance access and funding of available community networks such as NGOs, which are viewed as one of the main elements where migrants can go for unified information in all areas of needs that arise when arriving in the country; housing, education, work, health, legal aspects of migration, social support and initial survival measures until settling in the country

d) **Keywords:** Maipú, international migrants, Chile, health, social vulnerability, health center



Section III, Chapter 19
Case Study: Santiago

Margarita Bernales, PhD

Docente Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana Universidad del Desarrollo

María Teresa Escobar, MD, MSc(c)

Directora de Salud, Ilustre Municipalidad de Santiago

Paz Bersano, MSc

Coordinadora Programa Inmigrantes, Dirección de Salud Ilustre Municipalidad de Santiago

1. Summary Box

a) What is the county of Santiago?

- The County of Santiago is the civic and cultural centre of the Metropolitan Region
- The county of Santiago has diversity of population, which culturally enriches it, considering the constant influx of foreign tourists and migrant population living in the county
- The county has historical and residential districts in which inhabit a large number of elderly people

b) How do immigrants live in this county?

- The presence of Peruvian and Bolivian population has been joined in recent years by people from other countries in the region, especially from Colombia and Venezuela
- Generally speaking immigrants live under more poverty conditions than the national population of the county, mainly those whom are illegally in the country. Usually, when arriving in the county, international immigrants live in small spaces and shared with many people
- In relation to labour, generally the immigrant population is concentrated in the services area. It is perceived that migrants are prepared to perform higher or more complex tasks, but the lack of integration at all levels make it impossible

c) What needs to be improved?

- Treatment and Coexistence: Coexistence between the local community and international migrants becomes a challenge today, because often the Chilean community feels threatened by foreigners in terms of losing their already acquired rights, for example that they must now wait longer in the health centre because of the high number of migrants. Additionally, the daily coexistence that is generated by sharing common spaces, often cause misunderstandings that sometimes lead to violence.
- Minimum regulations in terms of housing: it is necessary to ensure minimum living conditions of houses that inhabit some migrant families. The excessive cost of housing added to minimum sanitary condition, leave many migrants living in the county in a vulnerable situation.

d) Key words: Santiago, international migrants, Chile, health, social vulnerability, health centers



Section III, Chapter 20
Case Study: Independencia



Macarena Chepo, MSc(c)

Instructor Adjunto, Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Ana M McIntyre, MSc

Instructor Adjunto, Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo

Carlos Muñoz R.

Encargado de implementación de estrategias e integración social de personas migrantes de la comuna de Independencia.

1. Summary Box

a) What is the county of Independencia?

- The county of Independencia has a historical component of identity associated in some way to exclusion, where the Mapocho river would act as a natural border, keeping the county away from the rest of the province
- Its main productive source is commerce, coming mainly from the sector of warehousing of the "Vega Central Vega", which consists in the sale of fresh products. The development of small and medium industry, with an important textile (a fabrics neighbourhood) and metallurgic and mechanic industrial area is something to highlight
- Independence is currently going through a process of demographic change, secondary to the current real-estate boom, which places it as a centre of attraction for both Chilean and foreign population

b) How do immigrants live in this county??

- The habitability of the migrant population in Independence is primarily precarious. Critical overcrowding scenarios, lack of hygiene and health risks are described. This situation would impact directly on health indicators, especially in the transmission of infectious diseases such as tuberculosis and other respiratory diseases
- There is tension with the incorporation of migrant populations to the general population. Situations of stigma and prejudice are described, in particular with the Peruvian population, which is defined as demanding. The incorporation of migrant population, on the other hand, would result to the eyes of Chileans as a threat to the distribution of resources
- A concern described by the health team is the presence of risky sexual behaviours in some groups of migrants, added to the late entry of pregnancy, relieving the need to design strategies in this line

c) What needs to be improved?

- Control and constraints in the phenomenon of sublease and high lease acquisition costs for migrants
- The treatment, both in the general population and health centres is often described as discriminatory, which would determine the welfare of the migrant population
- The active investigation of infectious diseases, not only respiratory disease, but sexual risk behaviour

d) Keywords: Independencia, international migrants, Chile, health, social vulnerability, health centers



Section III, Chapter 21
Case Study: Recoleta



Javiera Flaño Olivos, MD, MSc

Docente e Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo. Coordinadora área gestión del conocimiento y asesora en salud, América Solidaria Internacional

1. Summary Box

a) What is the county of Recoleta?

- In the county of Recoleta different realities and immigrants of various nationalities coexist. There are mainly small and medium trade businesses
- The Palestinian Peruvian and Bolivian immigrants have been around for a long time in the community. These populations are more inserted and integrated into the local Chilean culture and the functioning of the community itself. In recent times, migrants from other places like Argentina, Colombia, Ecuador and Haiti among others, have been incorporated. Their presence has led to prejudice and discrimination
- It is an innovative and pioneering county, with local policies and programs not only in the health area but in all areas, for inclusion and integration of migrants in the county. These policies and programs are all based on the human rights approach

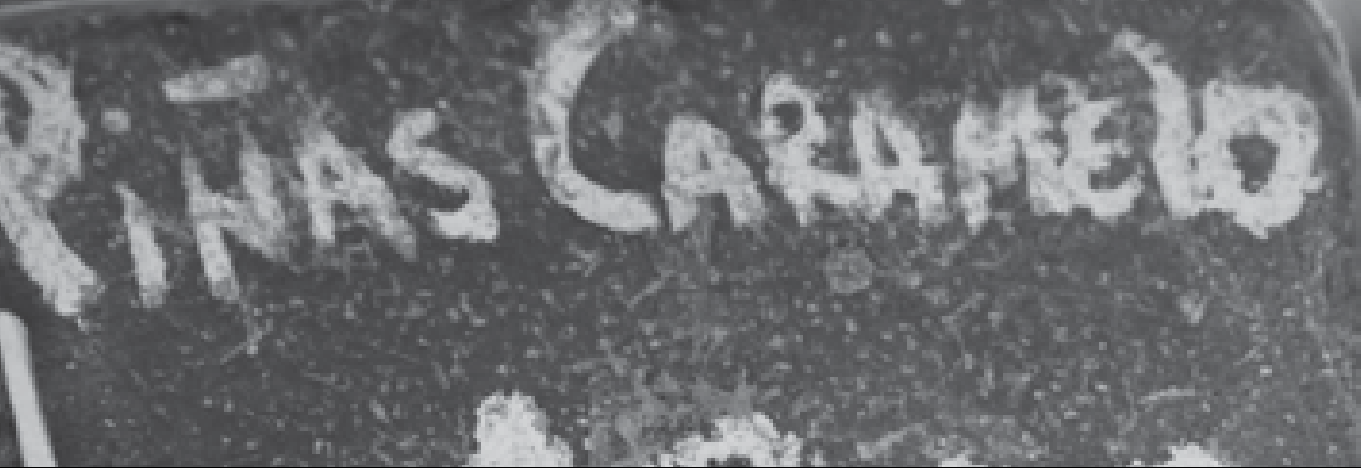
b) How do immigrants live in this county?

- Immigrants generally live in precarious conditions. Mostly, they live in shared houses leased within parts, highlighting the overcrowding, which in turn bring health problems and insecurity. The lease is expensive and spaces are small
- There are between 13,000 and 15,000 migrants in the county. Overall, it is estimated that approximately 20% of the migrant population does not have their visa processed (irregular or undocumented condition). The immigrant population has jobs related to trade and services, housemaids and independent jobs. Immigrants live clustered mainly in the older sectors, in the south of the county

c) What needs to be improved?

- **Training:** to public officials in general, including training health officials and health teams. Mainly in the areas of awareness and good treatment to foreigners. Also, training on issues of law, duties and rights of current immigrant population in all areas, including health
- **Public policies:** in the area of migration and health, promoting initiatives implemented in primary care and most importantly, creating policies in the secondary and tertiary health level. Enhance and strengthen the existing initiatives in which Recoleta has participated and initiated such as the pilot health plan for immigrant population from the Ministry of Health and the human rights approach in all areas, among others
- **Community:** to inform the immigrant community about their rights in health care and access to services and opportunities in other areas as well. Support the encounter and integration of the foreign population within the county, generating connections through activities and community spaces between the various foreign communities but also with the Chilean community
- **Intersector:** connection, communication and coordination between different levels of health care, so they can share information about the immigrant population and thus facilitate access and improve health care. Also work together with other areas and with the foreign affairs department in order to advance through coordinated actions in health and management not only locally but also regionally and nationally

d) **Keywords:** Recoleta, international migrants, Chile, health, social vulnerability, health centers



Section III, Chapter 22
Case Study: Quilicura



Yamile Cabrera Cuevas

Religiosa de la orden Terciarias Capuchinas, Orientadora Familiar con mención en Juventud, Diplomada en Derechos Humanos para la protección de Migrantes y Refugiados, Jefa del Dpto. de Innovación y Participación de la Ciudadanía de la Municipalidad de Quilicura.

Gonzalo Blanco Nuñez, MSc

Encargado de la Oficina Municipal de Migrantes y Refugiados de Quilicura.

Débora Ramos Barrios, BSc

Encargada Área Salud de la Oficina Municipal de Migrantes y Refugiados de Quilicura.



1. Summary Box

a) What is the county of Quilicura?

- Quilicura is a county with a great number of companies, which do not necessarily occupy the workforce of the county
- The community has different kinds of needs given their socioeconomic status; 16.8% of the population is under the poverty line
- It is a county that has historically had large presence of immigrant communities
- Recently the number of Haitians in the county has increased

b) How do immigrants live in this county?

- Quilicura is a welcoming county for the migrant population
- The migrant community living in the county is diverse in relation to its origin, prevailing Latin American and Haitian immigrants
- The immigrant population belongs mainly to an occupationally active age group
- Much of the immigrant population needs to send money to their countries of origin
- There are some strategies generated from the Municipality of Quilicura to solve the gaps present in the health care of migrants in the local public health system
- This county emphasized in using participatory strategies and intercultural facilitators to mediate the resolution of intercultural difficulties encountered in health care

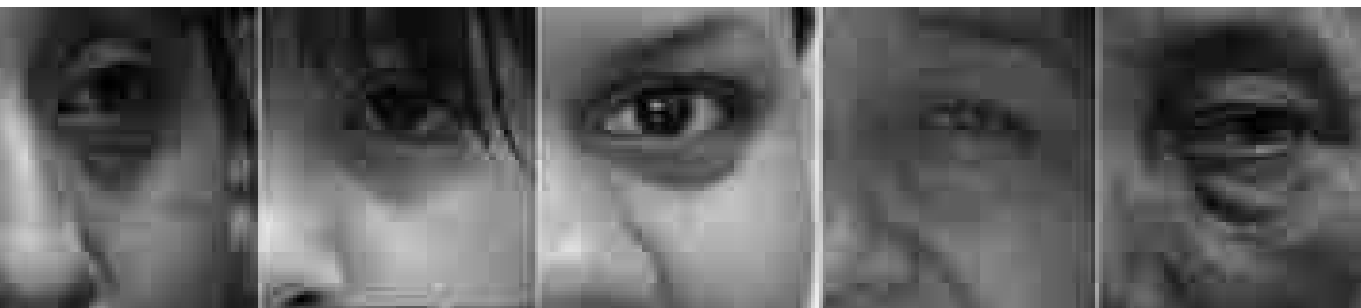
c) What needs to be improved?

- Search for strategies to address the language gap with the Haitian community
- Promote multicultural awareness and permanent meeting spaces and not just sporadic ones
- Have specific information regarding the mental health of the immigrant population

d) Keywords: Quilicura, international migrants, Chile, health, social vulnerability, health centers

Section IV

Discussion and Conclusions





Section IV, Chapter 23
Discussion and Conclusions



Báltica Cabieses, PhD

Profesora Titular, Encargada Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana Universidad del Desarrollo

Margarita Bernales, PhD

Docente Investigadora, Programa de Estudios Sociales en Salud, Facultad de Medicina Clínica Alemana Universidad del Desarrollo

1. Summary Box

a) What is already known?

- There is a need today in Chile to define how to address the health of the international migrant population
- This book is an account of the multiplicity of approaches needed to comprehensively address the health of the international migrant population in Chile
- Each author had the opportunity to contribute with his or her particular perspective, in the light of his own evidence and experience, about the approach to the migratory problem and its relationship with health in practice in our country

b) What does this chapter adds to current knowledge?

- This chapter gives an account of the particular contributions of this book to definitions of anchor concepts and their potential for the design, implementation and evaluation of programs and policies that comply with a view of human rights, equity, social determination of health, competence Cultural, diversity, inclusion and participation
- This chapter summarizes the original contribution of this book to the multiple and extensive scientific evidence, both quantitatively and qualitatively, of the complex relationship between international migration and health
- In addition, an original discussion of the contribution of this book is presented from the perspective of the main four social theories of international migration and its contribution to public health
- A detailed discussion on a public policy approach on migration and public health issues with a “health in all policies” approach is developed, with special attention to the urgent intersector work in this area

c) What challenges are still pending?

- Chile today, because of its current immigration policy and its general social approach to the migration process, misses the opportunity to build a future, inclusive, respectful and multicultural society. In practical terms, our country is wasting talent, creativity and human workforce by not generating integral and inclusive policies of international migrants
- This book provides critical and up-to-date evidence on the living and health conditions of international migrants in Chile, which can undoubtedly be improved by working in a democratic manner and with a focus on human rights, equity, social Health, cultural competence, diversity, inclusion and participation
- It is urgent to update the national migration policy. It is necessary to discuss in Chile the creation of a national service for migrants that is binding among sectors and has sufficient institutionalization to advocate for the well-being of every person residing in Chile, protecting and accompanying in particular international migrants who seek to grow and be useful to any society
- It is urgent to work in a cross-sectoral way. A phenomenon as complex as international migration requires informed measures in scientific evidence, culturally relevant, respectful of diversity and “made to measure” for each particular territorial context.
- It is urgent to design and improve current systems of registration and monitoring of migrant population in Chile

d) Keywords: international migration, health in all policies, public policies, social determination of health, intersector collaboration



Section IV, Chapter 24

Recommendations for public policies in Chile

Autores en Orden Alfabético

Alex Alarcón, PhD

Consultor Salud y Migración, OIM
Académico Escuela de Salud Pública, Programa
de Salud Global, Universidad de Chile

Jossette Iribarne, MSc(c)

Encargada Programa Migración y Salud,
DIPOL/Subsecretaría de Salud Pública, Ministerio de
Salud

Margarita Bernales, PhD

Docente Investigadora, Programa de Estudios
Sociales en Salud, Facultad de Medicina Clínica
Alemana Universidad del Desarrollo

Ana M McIntyre, MSc

Instructor Adjunto, Investigadora, Programa de
Estudios Sociales en Salud, Facultad de Medicina
Clínica Alemana, Universidad del Desarrollo

Báltica Cabieses, PhD

Profesora Titular, Encargada Programa de
Estudios Sociales en Salud, Facultad de
Medicina Clínica Alemana Universidad del
Desarrollo

Victor Pedrero, MSc

Profesor Asistente, investigador Programa de
Estudios Sociales en Salud

Florencia Saffirio, MSc(c)

Coordinadora Nacional del Área Social, Servicio
Jesuita a Migrantes

Dra. María Teresa Escobar, MSc(c)

Directora de Salud, Ilustre Municipalidad de
Santiago

Claudia Silva Dittborn, PhD

Jefa Sección de Estudios, Departamento de
Extranjería y Migración, Ministerio del Interior de
Chile

1. Summary Box

a) What is already known?

- International migration in Chile is an emerging and sustained issue that requires an intersectoral approach to the management of life and health challenges associated with this social phenomenon
- At present, there are different social actors and institutions concerned with improving the quality of life and well-being of the international migrant population
- Chile is in a situation of opportunity to implement and improve existing legal regulations, interventions and strategies that allow the migrant community to integrate into our society in full exercise of their rights

b) What does this chapter adds to current knowledge?

- This chapter represents the effort to generate dialogues and agreements between several organizations working on the look-out point, in order to make specific recommendations for the country in the framework of the continuous search for the well-being of this migrant community and the local population in Chile
- This chapter presents concrete recommendations for an intersectoral workshop that was convened for the closing of this book, in four specific areas: Health System, Community, Intersectoral Work and Research
- The chapter presents a reflection on the key concepts that should be the basis of any initiative focused on migrant population, such as: Human Rights, Social Determinants of Health, Identity and Multiculturalism, Cultural Competence, Inclusion and Participation

c) What challenges are still pending?

- It remains the pending challenge to transfer these recommendations to concrete actions that involve the participation of different social actors, their implementation and evaluation.
- An additional central challenge is to continue the cross-sectoral dialogue around the issue of migrants, by convening various actors and bringing these working groups into the hands of the migrant community itself

d) **Keywords:** Intersectoral Work, Human Rights, Cultural Relevance

