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Health for All: The Impact of Regularization on Access to Services for Venezuelan Migrant Women in Colombia



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Executive Summary

Executive Summary: Colombia hosts approximately 2.8 million Venezuelan migrants, of which, approximately 80% have obtained or are in the process of obtaining regularized status through a Colombian government policy implemented in 2021- *Estatuto Temporal de Protección para Migrantes Venezolanos* (ETPMV). Once regularized, migrants can access a range of public services, including enrolling in healthcare insurance through one of several public insurance schemes.

Limited research to date has quantified the impact of the ETPMV on health insurance enrollment and access to healthcare services for migrants eligible for regularization under the ETPMV. This policy brief summarizes the results of a research project that was conducted from January 2023 through December 2024 to assess the impact of the ETPMV on enrollment into the health system and access to health services among Venezuelan migrant women and children in Colombia and identify facilitators and barriers to addressing healthcare needs.

The Project, which was entitled, *Strengthening the Health System to Reduce Morbidity and Mortality of Venezuelan Migrant Women and Children in Colombia*, used both quantitative analysis of secondary administrative data and a telephone survey with 4,423 Venezuelan migrant women in 2020 and 2023, as well as qualitative interviews with Venezuelan migrant women across Colombia to examine healthcare access and utilization after the ETPMV.



- There was a substantial increase in the number of Venezuelan women in Colombia between 2017 and 2019, and again after the pandemic between 2021 and 2023.
- The ETPMV significantly increased health insurance enrollment for female Venezuelan migrants from 2020 to 2023.
- Having insurance after the ETPMV improved access to healthcare, including at both public and private services, compared to those without insurance, providing a protective effect against declining health utilization patterns nationwide. However, these impacts vary by municipality, with greater impacts of insurance in areas with lower levels of regularization and health insurance enrollment.
- While healthcare access for migrant women was facilitated by health brigades, NGO-supported healthcare services, utilization of emergency departments, and use of community networks; barriers to care, including legal and administrative barriers, financial constraints, lack of information, unstable living conditions, and experiences of discrimination prevented access to healthcare.

To improve healthcare access, we recommend that policymakers should:

- Strengthen regularization processes, such as extending eligibility for the ETPMV or another stable and inclusive regularization mechanism.
- Improve the ease of health insurance enrollment, particularly for vulnerable populations. This includes actions to eliminate and monitor barriers imposed by Health Management Organizations (EAPBs) to both enroll and release individuals and families.

- Promote equitable healthcare access through implementing training sessions for healthcare workers in pathways to healthcare for migrants and in non-discriminatory practices.
- Expand sexual and reproductive health services to ensure equitable care.

“Thanks to the Temporary Protection Statute, more Venezuelan migrants in Colombia—especially women—have been able to enroll in the health system and access medical services. However, significant barriers persist, such as legal and administrative obstacles, lack of information, economic hardship, and experiences of discrimination, which prevent full and equitable access to health care.”

Background

Colombia hosts approximately 2.8 million Venezuelan migrants (OIM, 2024). In response to the Venezuelan migrant crisis, the Colombian government introduced the ETPMV in February 2021, which one of the most comprehensive policies to provide legal status to Venezuelan migrants entering the country, allowing migrants to obtain a 10-year temporary permit, “Temporary Protection Permit” (PPT), for residence.

The PPT provides access to formal employment, education, and other public benefits. This Venezuelan migrant regularization policy stands out for its extended length of residency and the broad spectrum of social protection network benefits, including the ability to enroll in Colombia’s public health insurance through its Universal Health Coverage (UHC) system (Bowser et al., 2022).

Around 80% of Venezuelan migrants in Colombia have obtained or are in the process of obtaining the PPT, through the ETPMV (Migración Colombia, 2023). The PPT, by allowing enrollment in the health system, has great potential to improve access to health services, particularly for women, who generally have greater health needs than men, and who face additional vulnerabilities and barriers to care. In addition, many Venezuelan women in Colombia are caregivers for young children, adding to their needs for timely healthcare. However, there are several requirements and steps associated with obtaining a PPT, which results in varied enrollment rates and subsequently, affiliation with the healthcare system.

Methods

This study used both quantitative and qualitative analyses to examine the impact of the ETPMV on healthcare access for

Venezuelan migrant women and children in Colombia. Quantitative analysis consisted of an examination of secondary administrative data from several Colombian administrative databases to understand how health insurance enrollment and health service utilization have varied from 2017 to 2023, as well as analysis of two telephone surveys with 4,423 female Venezuelan migrants residing in Colombia in 2020 and 2023. To estimate the impact of the ETPMV on health insurance enrollment and

utilization for formal healthcare services at either public or private health facilities, we utilized a difference-in-differences (DiD) methodology. To further examine how impacts may vary across Colombian municipalities, we also estimated a triple-DiD model that accounted for differences in levels of migrant health system integration across municipalities measured by a Municipal Enrollment Index (MEI), derived from secondary data.

The MEI was constructed by averaging four municipality or department-level variables measuring migrant regularization and insurance affiliation from the latest available national, municipal, and department level secondary data (2023). These variables included: (1) the departmental regularization rate, which captured the number of Venezuelan migrants who had registered and obtained a PPT within the department (which included several municipalities); (2) the departmental insurance affiliation rate, capturing the percent of migrants affiliated with an insurance scheme within the department; (3) the municipal insurance affiliation rate which captured the percent of

migrants affiliated with an insurance scheme within the municipality; (4) and a measure of affiliation into insurance based on regularization status for each municipality—operationalized by multiplication of the department level regularization and municipal affiliation rates. MEI scores 2023 were expressed on a scale of 0 to 100, with a range of 26 to 81, and were divided into terciles (low, mid, and high MEI) for analysis in order to characterize varying levels of health system integration achieved across municipalities.

Finally, to further examine the facilitators and barriers to healthcare services for Venezuelan migrant women in Colombia, 54 qualitative key-informant interviews were conducted with women in the following Colombian municipalities: Barranquilla, Bogotá, Cúcuta, Malambo, Dosquebradas, Manizales, Ibagué, Jamundí, Piedecuesta and Soacha. Interviews gathered community-level perspectives of migrant women, both affiliated and non-affiliated individuals within the healthcare system, and covered topics including migration trajectories, healthcare access, and social networks.

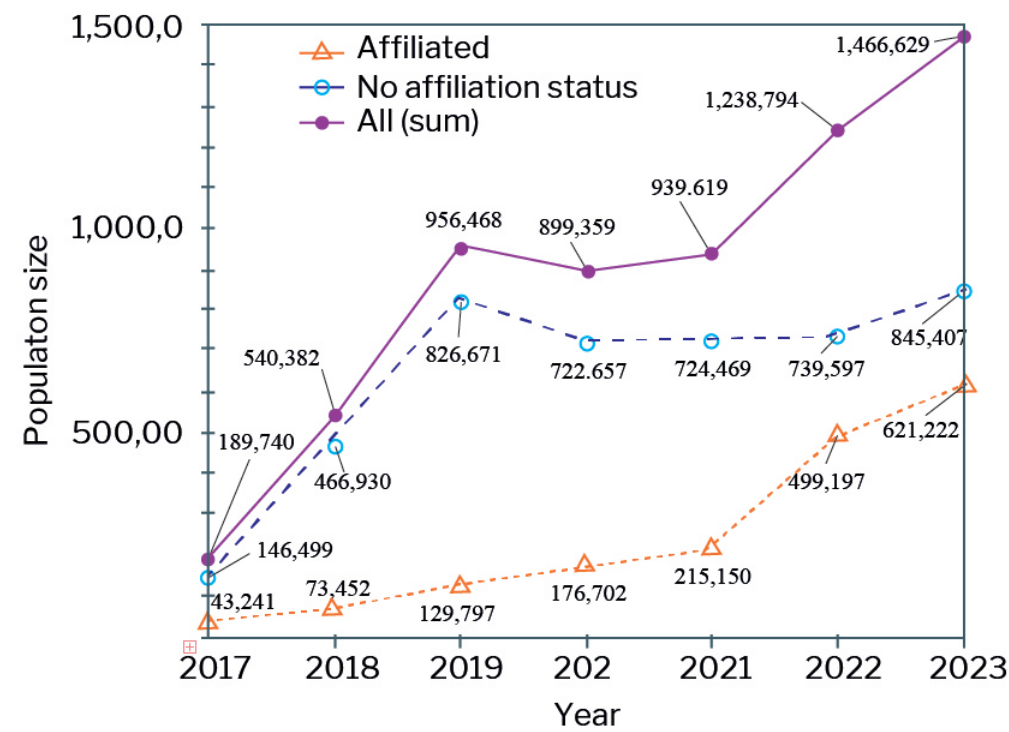


Research Findings

Finding 1:

: Secondary data show that the number Venezuelan women aged 15-44 grew substantially from 2017 through 2023 (Figure 1). While the percent of these women who obtained affiliation with a health insurance scheme grew modestly from 2017 to 2021, the rate of insurance grew sharply from 2021 to 2023. Similarly, the overall affiliation rate among Venezuelans increased from 15% in 2018 to 41% in 2023, with a significant rise following the introduction of the ETPMV (not shown).

Figure 1. Number of female Venezuelan migrants aged 15-44 years in Colombia by affiliation status



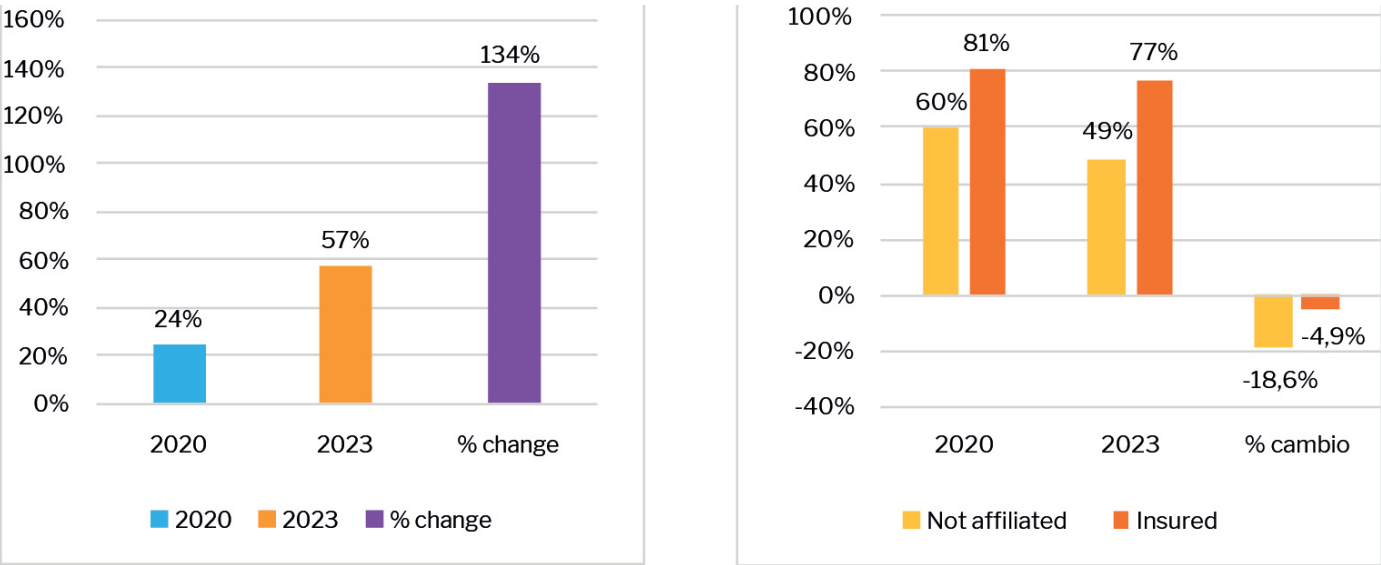
Note: “All” denotes the combination of all affiliation statuses. Its population size is the sum of the number of affiliated persons plus those with no affiliation status.

Finding 2:

Results from the telephone survey show that Venezuelan migrant women are significantly more likely to be enrolled in a health insurance regime after the implementation of the ETPMV. Compared to the period before the ETPMV, migrant women are now more likely to be enrolled in a scheme (subsidized or contributory) (Figure 2, A). Having insurance after the ETPMV was also found to improve access to health care, including at both public and private services, compared to

those without insurance, providing a protective effect against declining health utilization patterns nationwide (Figure 2, B). These results suggest that the ETPMV is achieving its goal of better integrating migrants into the health system and improving their access to health services.

Figure 2. Crude insurance rates before and after ETPMV (A) and probability of using formal health services for Venezuelan migrant women and members of their households in the last 30 days (B) (N=4,423)

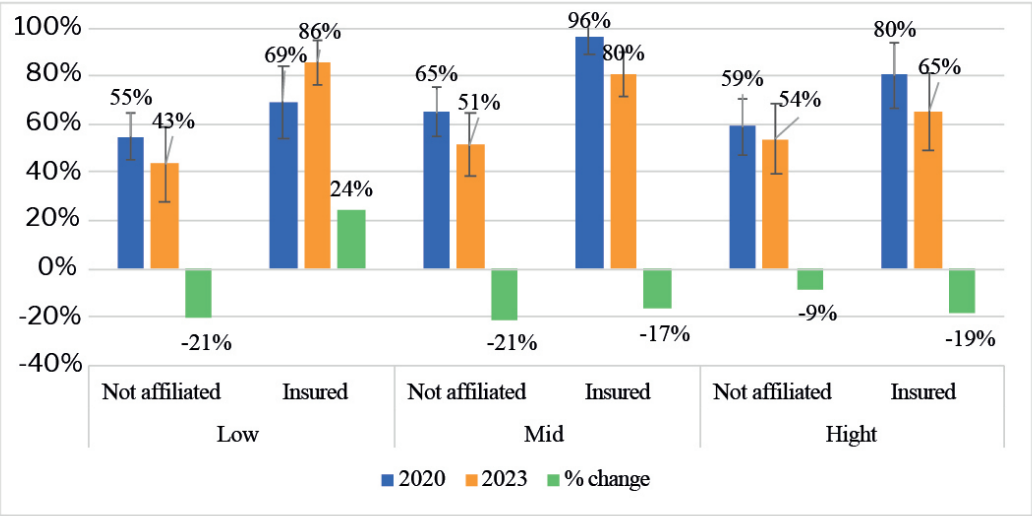


Note: Self-reported insurance rate from 2020 to 2023 (A) and predicted probabilities of utilizing formal healthcare services from 2020 to 2023, derived from difference-in-difference model (B)

Finding 3:

The impacts of having insurance on the utilization of healthcare services between 2020 and 2023 vary by levels of municipal health system integration of migrants, measuring using the Municipal Enrollment Index (MEI), described above. Insured female migrants residing in municipalities within the lowest MEI tercile experience a 24% increase in their likelihood to utilize formal healthcare services, compared with those in municipalities with higher rates of enrollment. On the other hand, uninsured individuals in these municipalities experience a 21% decline in the likelihood of utilizing healthcare services. Both insured and uninsured individuals who reside in municipalities within the middle or highest MEI tercile face declines in utilization between the two time periods, although a small protective effect of insurance is seen for migrants in mid MEI municipalities. As the contrast between changes for the insured and uninsured enrollees is greatest in municipalities with low rates of regularization and insurance enrollment, these enrollees experience the greatest benefits.

Figure 3. Predicted probability of utilization of formal healthcare services by insurance status and Municipal Enrollment Index



Note: Predicted probability of formal healthcare utilization by insurance status and MEI tercile from 2020 to 2023. Models includes the treatment (insurance), time after the ETPMV (2023), the interaction between these variables and an interaction term with the MEI tercile. Model covariates also include socio-economic strata, education level, employment at the time of the survey, informal work and age.

Finding 4:

Despite increased access to health insurance after the ETPMV, Venezuelan migrant women still face multiple barriers to accessing the formal healthcare system, resulting in reliance on private and informal providers for medical care. Legal and administrative challenges, such as lack of documents, gaps in coverage from policy transitions, and difficulties registering for health insurance and fulfilling SISBEN survey requirements, prevented access to care, especially for family planning services. Financial and structural barriers, including a lack of information on regularization and insurance enrollment processes, illegal fees for insurance enrollment, out-of-pocket costs for prenatal and postpartum care, lack of stable housing, reliance on inconsistent emergency services, and experiences of discrimination further restricted healthcare access. On the other hand, health brigades and NGO support helped migrant women enroll in the healthcare system and provided essential services, including contraceptive care and emergency aid, and many women sought care at emergency departments. Community networks of friends, neighbors, and humanitarian organizations also played a key role in navigating healthcare access and legal processes.

Policy Options

The Colombian government’s ETPMV policy has been effective in increasing Venezuelan migrant insurance enrollment; however, additional policies and strategies are needed to address the healthcare needs of this especially vulnerable population.

Recommendation 1: Extend eligibility for the ETPMV or enact similar permanent regularization policies to allow additional migrants, including those who are newly arriving, access to regularization and affiliation to Colombia’s social systems.

The findings demonstrate that the ETPMV is having its desired effect to better integrate the growing migrant population into the health system and improve access to healthcare. Extension of this policy would allow for continued migrant integration. In the short run, this will require some public investment to inform Venezuelan migrants better about accessing the Colombian health care system and funding those enrolling in the subsidized regime.

Pros:

- Creates a more consistent and predictable regularization process, reducing uncertainty for migrants, expanding legal status eligibility for access to healthcare, education, and employment, and strengthening family unity by enabling caregivers to obtain stable legal status.

Cons:

- Requires administrative adjustments and additional government resources and may face resistance due to concerns over long-term migration policies and their socio-economic impact.

Recommendation 2: Improve the ease of health insurance enrollment, particularly for vulnerable populations.

The findings highlight that health insurance is a major facilitator for accessing healthcare services. However, Venezuelan migrant women still experience barriers and delays in the health insurance enrollment process, such as difficulties accessing and staying up-to-date with the SISBEN survey, suggesting that access to more comprehensive information on insurance enrollment processes may be necessary to improve enrollment rates

Pros:

- Facilitates a more straightforward and informed health insurance enrollment process, reducing uncertainty for migrants, expanding access to healthcare services for additional and newly arriving migrants.

Cons:

- Requires administrative adjustments and additional government and/or non-governmental resources.

Recommendation 3: Promote equitable healthcare access through implementing training sessions for healthcare workers on pathways to healthcare for migrants and non-discriminatory practices and conduct awareness campaigns to educate migrants about their healthcare rights

The findings highlight that Venezuelan migrant women, particularly in municipalities with greater health system integration of migrants, experiences several barriers to healthcare beyond health insurance access and further report experiences of discrimination and unfamiliarity with the Colombian healthcare system, leading to delays in seeking or foregoing care.

Pros:

- Enhances healthcare equity and reduces barriers to care for migrant women at the health system level, which may reduce maternal and infant mortality rates among migrant populations in the long term.

Cons:

- Requires investment in healthcare infrastructure and outreach programs and sustained efforts to continue training programs and awareness campaigns.

Recommendation 4: Expand sexual and reproductive health services to ensure equitable care.

The findings highlight the need to strengthen sexual and reproductive healthcare for migrant women and youth by developing education programs, establishing clear referral pathways within the healthcare system, and ensuring access to family planning services and maternal care, including prenatal and postpartum services, regardless of migration status.

Pros:

- Enhances access to healthcare services and reduces barriers to key sexual and reproductive healthcare services, and in the longer term, may reduce maternal and infant mortality rates among migrant populations.

Cons:

- Requires investment in healthcare infrastructure and outreach programs, as well as sustained efforts to continue awareness campaigns.

Conclusions

The ETPMV has proven to be an effective tool for increasing the enrollment of Venezuelan migrant women in Colombia’s health system. Between 2020 and 2023, there was a significant increase in health insurance coverage, especially in municipalities with lower levels of regularization and prior enrollment. However, despite the increase in enrollment, the use of health services has decreased, indicating that while registration through the ETPMV facilitates utilization of healthcare services, there are additional investments and policy changes required.

Venezuelan migrant women continue to face significant barriers to accessing the formal health system, forcing them to rely on private or informal providers. Discrimination, lack of documentation, additional costs, and healthcare personnel’s lack of knowledge about migrant pathways to healthcare continue to limit their access. Furthermore, the decrease in support from NGOs that previously facilitated health services has left many in a vulnerable situation. In the face of these challenges, it is recommended to strengthen regularization mechanisms, improve the ease of health insurance enrollment for migrants, improve healthcare personnel training in migrant health rights and non-discriminatory practices and additional information to migrants to ensure comprehensive and equitable care, and expand sexual and reproductive health services for Venezuelan migrant women.

For more information about the project, visit the page

<https://imagina.uniandes.edu.co/especiales/rompiendo-barreras/>

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* The people (including children and teenagers) appearing in the images in this post were created using artificial intelligence (AI) tools and do not correspond to real people.



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