



Health care for the migrant population, barriers and challenges Can Ecuadorian politics make a difference?

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ABSTRACT

Background: Access to health is a fundamental right for everyone, including the migrant population in Ecuador. However, this group faces multiple challenges and barriers that limit their access to health services, especially in 2024 due to the significant increase in migration from neighboring countries.

Objective: To understand the challenges and obstacles that migrants in Ecuador face in accessing health services in 2024.

Methodology: A qualitative phenomenological approach was applied, focusing on analyzing the barriers and challenges faced by the migrant population in Quito-Ecuador in accessing health services in 2024. Various environments where migrants interact with the health system will be explored, with the aim of

understanding the social, cultural, and organizational dynamics that influence such access. The sample was obtained through a snowball process. A structured survey with 40 previously validated questions was applied. Graphs were made for better analysis of the results in the ATLAS.ti version 8.0.3 program.

Results: The survey collected 38 responses from migrants aged 16 to 56 years, mainly from Venezuela and Colombia. 65.8% of the participants did not report medical conditions, but some

chronic diseases such as asthma, diabetes, and hypertension were identified. Participants highlighted the importance of comprehensive health for physical, mental, and social well-being. The main health strategies include exercise, healthy eating, and adequate sleep. Many resort to home remedies for economic and traditional reasons. Regarding access to health services, while the majority can access them quickly, there are barriers such as high costs, long waiting times, and a partially satisfactory perception of medical care.

Conclusions and relevance: It is necessary to implement comprehensive and sustainable strategies to improve access to medical care for the migrant population in Ecuador. This requires strengthening health systems, eliminating barriers to access, and promoting health equity for all, regardless of their migration status.

Key words: Health Services Accessibility; Human Rights; Human Migration; Migrant Health; Health Systems.

Introduction

The right to health is a fundamental human right recognized in the United Nations Universal Declaration of Human Rights (United Nations, 1948). The World Health Organization (WHO) has stressed the importance of ensuring universal access to health care, without discrimination on the basis of nationality or migratory status (World Health Organization, 1978). However, migrants often face multiple barriers to accessing health services, making them a vulnerable population (Solis, 2019).

In Ecuador, according to Article 362 of the Constitution of the Republic of Ecuador of 2008, it indicates that "..... State public health services shall be universal and free at all levels of care and shall include the necessary diagnostic, treatment, medication and rehabilitation procedures" (Constitution of the Republic of Ecuador, Art. 362, 2008).

Migration is a global phenomenon that has experienced significant growth in recent decades. According to the International Organization for Migration (IOM), in 2020 there were around 281 million international migrants worldwide, representing approximately 3.6% of the global population (International Organization for Migration, 2020). The main drivers of migration include the search for better economic opportunities, flight from conflict and violence, as well as natural disasters and climate change (World Health Organization, 2019).

In the Americas, the situation becomes more complicated due to the presence of migrants at all stages of the migratory cycle (before departure, in transit, at the destination and upon return). This increases the challenge that countries face when trying to provide an adequate and efficient response to the health needs of different migrant population groups (Solis, 2019).

Migrants often experience precarious living conditions, exhausting working hours and episodes of violence and xenophobia, which have a direct impact on their health and violate their dignity as human beings. Therefore, it is essential to address these social determinants

and implement policies and programs that guarantee access to health and respect for the rights of this highly vulnerable population (IOM, 2016).

IOM studies in Sri Lanka and Central America show that migrants, especially those in an irregular situation, face multiple barriers to accessing health services and fully exercising their rights (IOM, 2017). Factors such as lack of documents, lack of knowledge of the system, fear of being deported, and negative attitudes of the local population mean that this population is exposed to greater risks to their physical and mental well-being (IOM, 2012).

Ecuador has experienced a significant increase in migration in recent years, mainly from neighboring countries such as Venezuela and Colombia (Ministry of Public Health of Ecuador, 2018). This phenomenon has tested the capacity of the Ecuadorian health system to meet the needs of this constantly growing population. Previous studies have documented various challenges faced by migrants, such as lack of documentation, language barriers, discrimination, and lack of knowledge of available services (Castillo-Laborde et al., 2017; Hacker et al., 2015).

There are several barriers and challenges for the population in a situation of human mobility, this is due to the fact that there is a generalized perception of discrimination and violence towards the migrant population in up to 40.96% due to their status as foreigners, while 23.46% consider that the migratory situation is the main reason for discrimination. (Luzes et al., 2023)

On the other hand, important gaps in knowledge about the migrant population in Ecuador are identified. Only 8.2% of people are informed about the number of migrants residing in the country, and 86.4% underestimate the percentage of migrants with higher education. In addition, migrants face various limitations and needs, such as lack of economic resources (40%), lack of documents (38.6%) and misinformation about regularization mechanisms (6%). These problems affect migrants' access to basic rights such as health, food, employment, and housing (Luzes et al., 2023).

According to data from the Migration Policy Institute in 2020 and 2023, immigrants from Venezuela and Colombia are the populations that migrate the most to Ecuador, at 78% of 871,000 people of all nationalities (Jokisch, 2023). In 2020, the migrant population from Colombia represented 23% of the total migrant population, with a number of 203,000 people, while in 2023, migrants from Venezuela represented 55% of the total migrant population, with a number of 475,000 people (Jokisch, 2023).

The influx of migrants has put considerable strain on Ecuador's health systems, which are already grappling with their own challenges. Migrants often arrive with health issues that require immediate attention, such as infectious diseases, chronic illnesses, and mental health issues (Luzes et al., 2023).

For the migrant population in Ecuador, this right is often compromised by a number of challenges and challenges, including lack of proper documentation, discrimination, lack of knowledge about available services (Luzes et al., 2023). Despite the Ecuadorian government's efforts to provide free health services to all, regardless of immigration status, migrants in Ecuador often face significant barriers to accessing health care (Luzes et al., 2023). In the year 2024, these challenges have intensified due to the increase in migration to Ecuador from neighboring countries such as Venezuela and Colombia (Jokisch, 2023).

All individuals, regardless of immigration status, have the right to enjoy the highest attainable standard of physical and mental health. Therefore, the problem that arises is how to improve access to health for the migrant population in Ecuador, this problem requires a multifaceted solution that includes strengthening health systems, removing barriers to access to health care, and promoting health equity for all regardless of their immigration status. It is crucial to address and guarantee health disparities between migrants and the general population, however, it is a complex problem that requires a comprehensive and sustainable solution (Luzes et al., 2023).

Some Non-Governmental Organizations (NGOs) in Ecuador organize and promote comprehensive health programs that are beneficial, accessible, and equitable for migrants, mobile populations, and their host communities, thus helping to meet the needs of both individuals and members of national health systems, promoting the physical, mental, and social well-being of migrants, and enabling the sustainable development of migrants and communities of origin. welcome. Thus seeking to reduce the gaps in access to health services of the migrant population by supporting the capacities of the national health system of Ecuador through the linking of human talent and the deployment of professionals in medicine, nursing and psychology in prioritized localities.

The health teams are operationally assigned to health facilities of the first level of care of the Ministry of Public Health (MSP) in those priority territories, according to the flow and concentration of migrants; and/or to specific care spaces for the population in a situation of mobility, such as Comprehensive Care Spaces, Binational Border Care Centers, Temporary Accommodation Centers, among others.

Health promotion, disease prevention, and health service delivery activities are carried out with community participation to generate evidence and analyze health information to inform decision-makers and other key actors, through programs to improve health services in the population that is in a situation of mobility.

Being able to understand an early diagnosis or prevention of a disease can significantly reduce the costs in Ecuador of people in a situation of mobility, such as the prevention and diagnosis of HIV and linking people living with HIV to the national health system, supporting the national response to HIV and the "Global AIDS Strategy 2021-2026: End inequalities", through a community model that facilitates access to prevention, diagnosis and linkage services to the national health system. Some studies suggest that for every dollar invested in HIV testing, \$3.50 to \$7.00 can be saved in future health care costs. Although there are specific data for Ecuador, it is reasonable to estimate that early diagnosis of HIV in people on the move could reduce treatment costs by at least 10% to 30%, in addition to avoiding complications and new infections in the medium and long term. (Migration and Health | IOM Ecuador, 2022)

Method.

The type of research is qualitative of a phenomenological type. This approach will make it possible to analyze the barriers and challenges faced by the migrant population in Ecuador to access health services in 2024.

The research will be carried out in Ecuador, specifically in the Quito region, in the "Golden Footprints" foundation, which is dedicated to providing accommodation, care and reception services for older adults and people in situations of human mobility. The different environments in which migrants interact with the health system, such as health centers, clinics, hospitals, and community-based organizations, will be explored. It will seek to understand the social, cultural, and organizational dynamics that influence access to health services.

A snowball sample of 38 participants, over 18 years of age, was selected, regardless of their nationality, gender, migratory status and experiences of access to health.

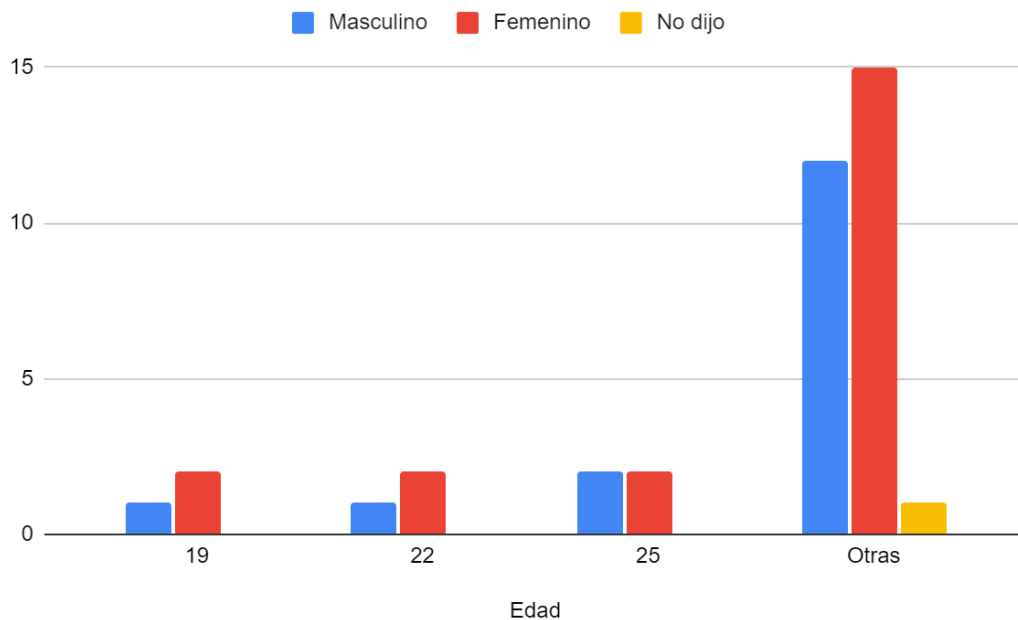
Participants will be given a structured survey with 40 questions that are previously validated in Adhikari's study (Adhikari M. et al., 2021), which consists of open, closed, and multiple-choice questions that allow them to explore in depth their experiences, perceptions, and meanings regarding access to health services. The questions are organized into families to be added to the ATLAS.ti version 8.0.3 program and to be able to make graphs for better analysis of the results.

Subsequently, a documentary analysis will be made of public policies, government reports and previous studies related to access to health for migrants in Ecuador.

Results

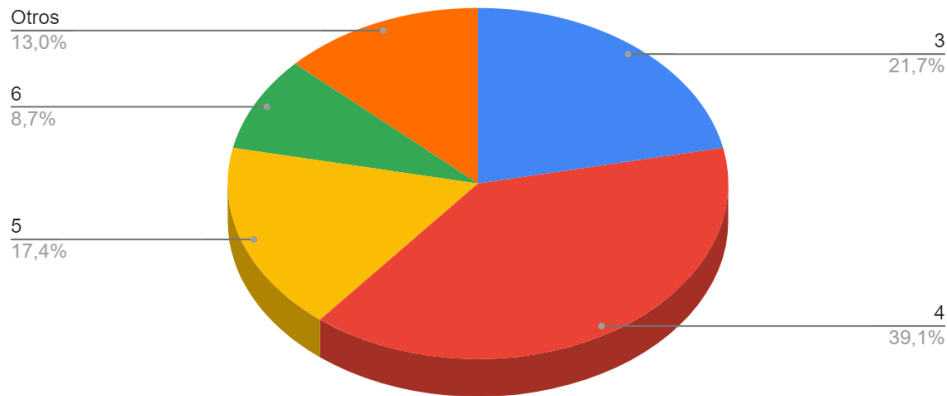
The survey conducted to assess access to health for migrants in Ecuador compiled a total of 38 surveys. The ages ranged from 16-56 years, with 4 participants (10.5%) aged 25, 3 participants (7.9%) aged 22, 3 participants (7.9%) aged 19 years, and the rest of the participants (73.3%) with 2 or fewer participants. Of all the participants, 16 were male (42.1%), while most people identified as female, 21 people (55.3%) and 1 participant (2.6%) preferred not to say so. **Graph 1**

Figure 1. Age and gender distribution of the surveyed migrant population, Quito- Ecuador 2024. In the original Spanish language



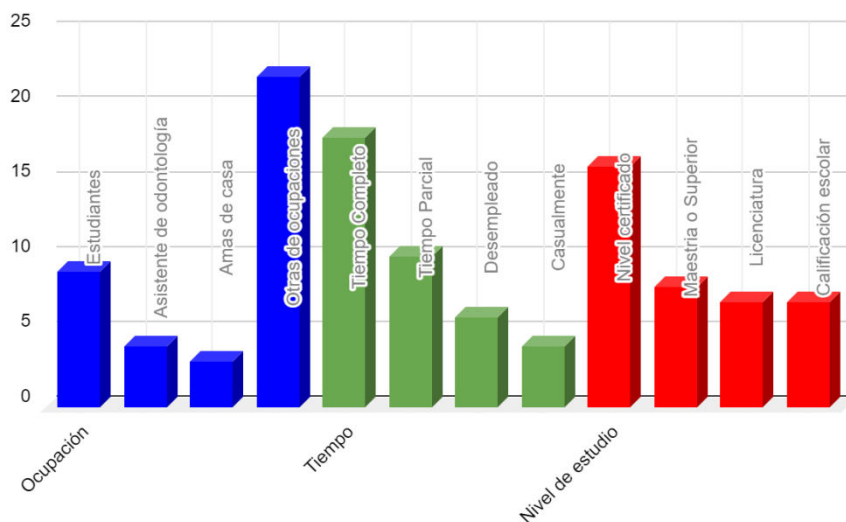
The size of the families reflects a varied distribution in terms of the size of the families within the sample studied. There is a predominance in 39.5% of families with 4 members, suggesting a common trend in the family structure observed, followed by 21.1% of families with 3 members. The presence of large families with 5 and 6 members was less frequent at 15.8% and 10.5% respectively. **Figure 2**

Figure 2. Number of people in the migrants' family. In the original Spanish language



The main occupation of the participants was 9 students, 4 are dental assistants and 3 are housewives, in terms of working time 47.4% indicate that they work full time, 26.3% work part-time, 15.8% are unemployed and 10.5% work casually. In addition, the data reveal that 43.2% have a certified level, 21.6% have a master's degree or higher, 18.9% have a bachelor's degree, and 16.2% have a school qualification. **Figure 3.**

Figure 3. Educational and labor characterization of the participants. In the original Spanish language

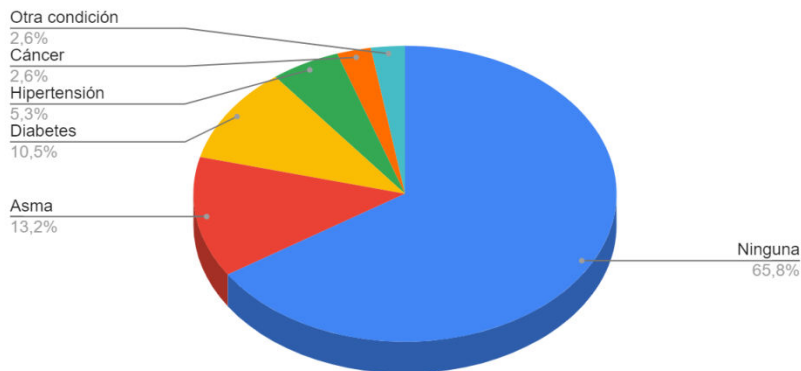


The majority of survey participants are Latin American migrants, with a significant representation of 18 participants from Venezuela and 14 from Colombia, in addition, 4

participants are from Peru and 2 from Cuba. All respondents reside in Ecuador, where the length of residence varies widely, from 1 year to 51 years, reflecting a diversity in the length of stay of the participants. All respondents have Spanish as their main language, which ensures consistency in communication and facilitates data collection.

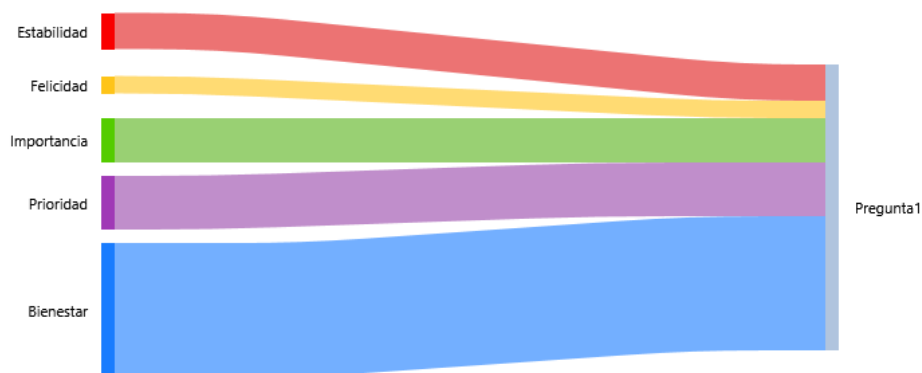
The majority of survey participants 65.8% (n=25) did not report having any medical conditions, suggesting an overall prevalence of good health among them, however, several chronic conditions were identified among respondents: 13.2% (n=5) mentioned having asthma, 10.5% (n=4) diabetes, 5.3% (n=2) hypertension, 2.6% (n=1) cancer, and 2.6% (n=1) indicated having another chronic condition. **Figure 4.**

Figure 4. Prevalence of medical conditions in survey participants. In the original Spanish language



Regarding the meaning of health, he highlights its importance as a basis for physical, mental and social well-being. Considered the most important thing and a priority, health allows the performance of daily activities and guarantees a full and dignified life. It is associated with happiness, tranquility, and vitality, reflecting its fundamental role in stability and quality of life. Taken together, the opinions underscore a holistic view of health, encompassing more than the mere absence of disease. **Figure 5**

Figure 5. The Integral Importance of Health: Foundation of Well-Being and Quality of Life. In the original Spanish language

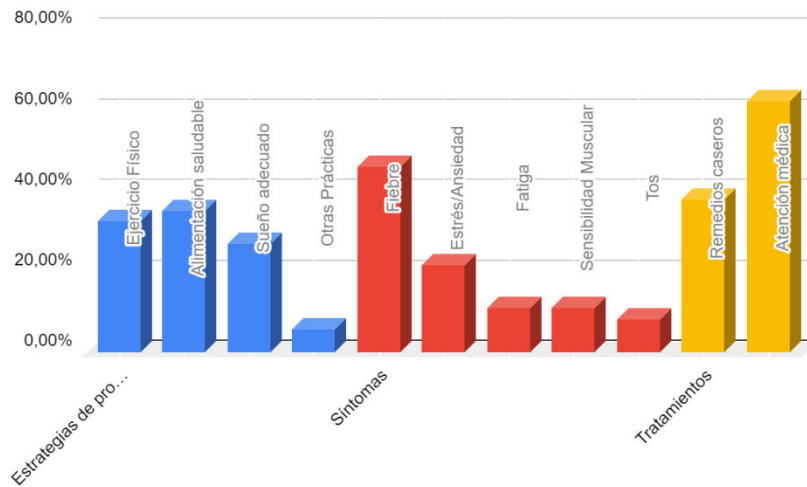


One-third of participants (32.4%) adopt physical exercise as the primary strategy for disease protection, while 35.1% prefer healthy eating and 27% emphasize adequate sleep.

A small percentage (5.5%) mention other unspecified health practices. In terms of symptoms, fever is predominant (45.9%), followed by stress/anxiety (21.6%), fatigue and muscle sensitivity (both 10.8%), and cough (8.1%). Regarding treatments, 37.8% resort to home remedies, indicating a marked preference for self-care and traditional methods, while a significant majority (62.2%) seek professional medical attention. **Figure 6.**

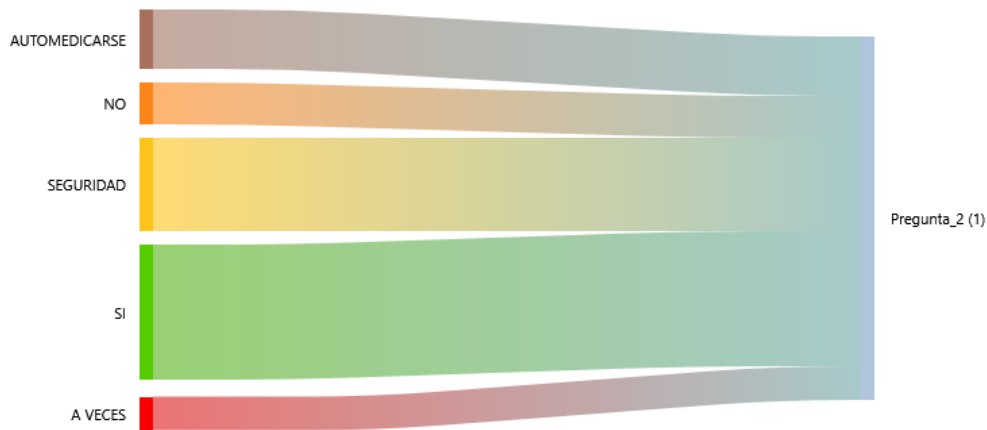
Figure 6. Analysis of Health Strategies and Treatment Preferences in Survey Participants.

In the original Spanish language



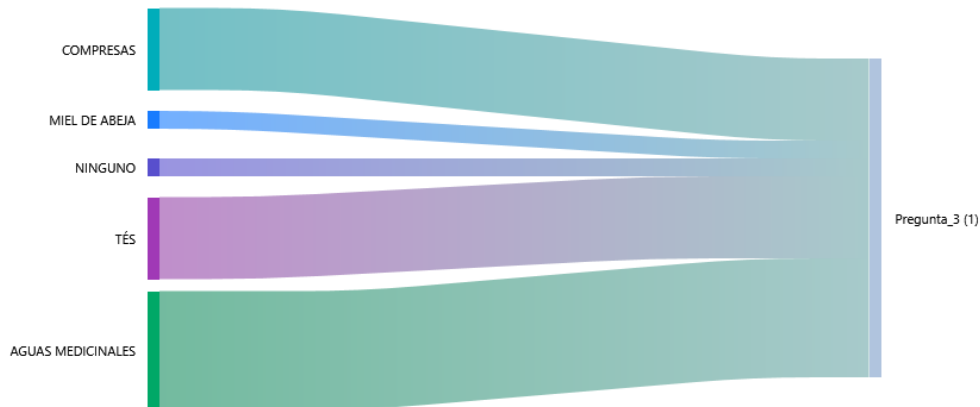
The majority of respondents visit the doctor or pharmacy when they feel unwell, indicating considerable reliance on formal health services for diagnosis and treatment. Some prefer to self-medicate, which may reflect limited accessibility or a preference for quick and inexpensive solutions. **Figure 7**

Figure 7. Trends in Access and Use of Health Services: Between Dependence and Self-Management. In the original Spanish language



The use of home remedies is very common among respondents, with a notable preference for teas and compresses. This may indicate a combination of cultural tradition and economic need. The use of natural ingredients such as ginger and honey also suggests a preference for treatments perceived as safer and less expensive. **Figure 8**

Figure 8. Preference for Home Remedies in Ecuador: Cultural Tradition and Economics in Domestic Health. In the original Spanish language

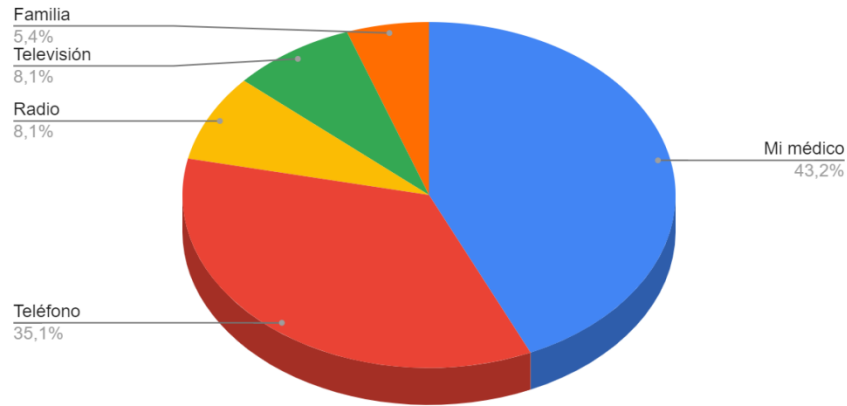


Reasons for using home remedies include economy, tradition, and perceived efficacy. Many respondents cite the influence of family and cultural tradition, highlighting the importance of legacy health practices. The perception that home remedies are less harmful and more natural is also a significant factor.

The survey results reveal diverse attitudes and behaviors toward tobacco and alcohol use among respondents and their families. A very small minority (5.4%) mentioned enjoying smoking alone, while a considerable percentage (35.1%) indicated that they preferred to drink only alcohol. In addition, a smaller group (16.2%) admitted to enjoying both smoking and drinking. On the other hand, the majority (43.2%) stated that they abstained from both habits. Regarding family members' habits, a small minority (8.1%) reported that other members of their family only smoke, while a fifth (21.6%) mentioned that they only drink alcohol. A considerable percentage (37.8%) reported that their family members have a preference for both smoking and drinking, while about a third (32.4%) indicated that no other member of their family has these habits. These data suggest a diversity of attitudes towards tobacco and alcohol within the surveyed sample, with varied implications for family health and behaviour.

The majority of participants (43.2%) trust their doctor as their primary source of health information, highlighting their confidence in the professional and personalized guidance they receive. In addition, a sizable 35.1% use the phone to access health information, including consultations with professionals and online resources. A small percentage (8.1%) use radio and television for this purpose, while only 5.4% mentioned the family as the main source, indicating the diversity of sources used to obtain health information. **Figure 9**

Figure 9. Sources of Health Information among participants. In the original Spanish language

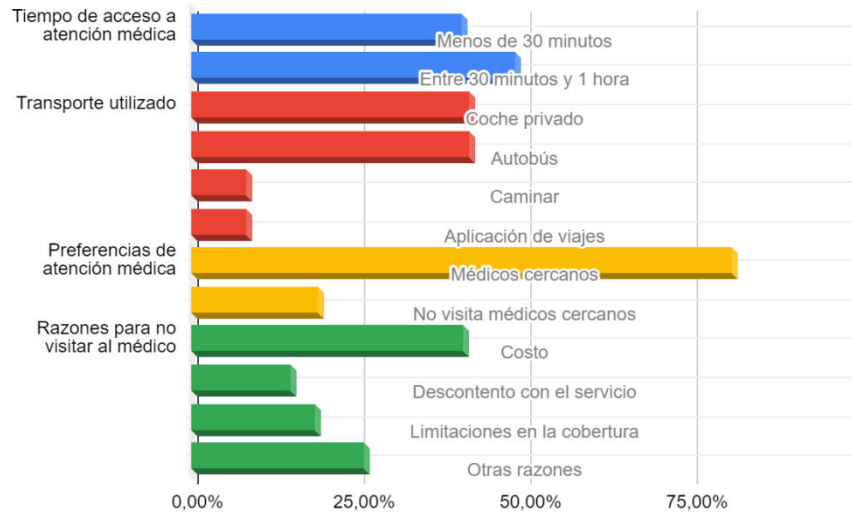


There is a broad and varied interest in health information, with a focus on the prevention and management of chronic diseases. The search for information about nutrition and healthy habits reflects a concern for preventive health and general well-being. The diversity of interests indicates the need for clear and accessible communication on relevant health issues.

Health information is valued primarily for its ability to provide reassurance and preparedness, prevent disease, and improve family health. This underscores the need for educational strategies that empower migrants with knowledge on how to maintain their health and prevent medical problems.

Survey data reveals that most participants can quickly access medical care, with 40.5% reporting times of less than 30 minutes and 48.6% between 30 minutes and 1 hour. The most used transportation includes private car (41.7%) and bus (41.7%), while a minority walk (8.3%) or use travel apps (8.3%). A high 81.1% prefer to visit nearby doctors when they are sick, but a significant 18.9% do not, citing mainly cost (40.7%), dissatisfaction with medical service (14.8%), limitations in insurance coverage (18.5%), and other unspecified reasons (25.9%). **Figure 10**

Figure 10. Access and Preferences in Health Care. In the original Spanish language

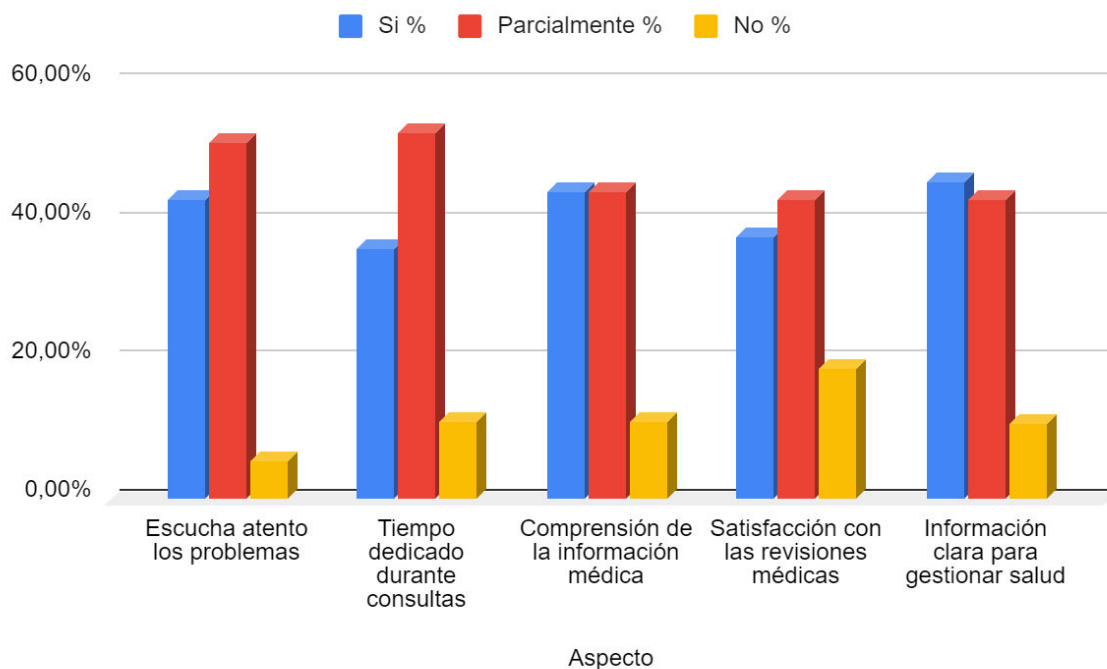


The majority of respondents (81.1%) indicated that they need to wait to get a medical appointment, suggesting a common waiting experience that may limit timely access to medical care. In contrast, 18.9% do not face this wait, possibly reflecting a better availability of medical services with shorter wait times. Reported times range from 10 minutes to two months, with an average wait of one month, highlighting diversity in accessibility and challenges in managing medical appointments.

Respondents show an equal distribution between the use of state insurance (33.3%) and private health insurance (32.4%) to cover medical expenses, along with 35.1% paying directly. The majority (83.3%) used health services in the last year, reflecting an active interaction with the health system, however, 16.7% did not, possibly due to good health or access limitations.

Economic and logistical barriers are the main impediments to receiving adequate medical care. High costs, unavailability of appointments, and lack of health insurance are common problems. The perception of inadequate care by the public and private health systems is also a significant concern.

There is a varied perception regarding the medical care received, 43.2% feel that health professionals listen carefully to their problems, while 51.4% experience partial listening. Regarding the time spent during consultations, 36.1% consider that enough time is dedicated to them, compared to 52.8% who report partial care and 11.1% who are not satisfied with the care received. Regarding the understanding of medical information, 44.4% considered it satisfactory, 44.4% perceived it as partially clear, and 11.1% expressed a lack of understanding. Regarding satisfaction with medical check-ups, 37.8% are satisfied, 43.2% are partially satisfied, and 18.9% show dissatisfaction. Finally, regarding the clarity of the information received to manage their health, 45.9% found it sufficiently clear, 43.2% considered it partially clear, and 10.8% indicated a lack of clarity. **Figure 11.**

Figure 11. Perception of Medical Care among Migrants in Ecuador. In the original Spanish language

Additional barriers mentioned include the saturation of public health services, lack of empathy and professionalism, and discrimination towards migrants. The high costs of private consultations and long waiting times at social security are also recurring problems. The solutions proposed by respondents include improving empathy and quality of care, reducing costs and waiting times, and strengthening the infrastructure and resources of health centers. It also suggests greater training of health personnel and the implementation of more efficient and equitable policies. Eliminating corruption is seen as a crucial step in improving the overall health system.

Discussion of Results

The demographic profile shows a predominance of young participants and moderately sized families, aligning with the trend observed in other studies, which highlight the increase and diversification of the origin of immigrants in Ecuador since the year 2000. This complex migration dynamic, with flows coming mainly from Venezuela and Colombia, reflects Ecuador's evolution from being a country of emigration to becoming a country of reception and transit of migrants (Jokisch, 2023).

Regarding health status and self-care practices, the results of the present study indicate an overall prevalence of good health among participants, with few cases of chronic diseases, unlike the PAHO study in 2023, which mapped scientific literature on health and migration, and focused on chronic non-communicable diseases, where it found that there is a high incidence and prevalence in mainly Hispanic American migrants who migrate to the United States. The diseases that occurred most in this group were cardiovascular diseases, diabetes, cancer, kidney diseases, overweight and obesity. This shows differences between the countries to which they migrate, mainly in the current health status of migrants, and

similarity in the barriers to access to health, since in both countries they present difficulty in accessing health due to their socioeconomic situation and some language barriers (Pan American Health Organization, 2023).

With regard to barriers to access and the perception of the quality of medical care, the findings of the current study highlight problems such as high costs, lack of availability of appointments, saturation of public services and discrimination towards migrants, these difficulties are aligned with the study by Luzes (Luzes et al., 2023), where it is mentioned that, although Ecuador has adopted policies in favor of the rights of migrants, through the approval of the 2008 Constitution and the adoption of constitutional principles in favor of free mobility and universal citizenship have allowed the increase and diversification of the immigrant population in Ecuador (Constitution of the Republic of Ecuador, Art. 362, 2008), however, challenges persist in the implementation and effective enforcement of these principles, such as xenophobia, waiting time to obtain medical attention, and poor care by doctors who failed to satisfy and clarify migrants' doubts. This underscores the importance of continuing to work on improving the health system and promoting equity and inclusion for the migrant population.

It can be identified that the results presented (Ramos-Tovar, E., & Acosta, F, 2021), on access to health for migrants in Ecuador, do not agree, since it found very different results from those mentioned, revealing that migrants in Ecuador face a high burden of chronic and mental diseases, specifically identifying that migrants had high rates of hypertension and mental health problems such as anxiety and depression. In addition, the study also found that migrants faced greater barriers to accessing health services, with problems such as lack of insurance coverage, discrimination and rejection by medical personnel. This differs from the more positive perception of reported medical care.

The solutions proposed by the respondents, such as reducing costs and waiting times, strengthening the infrastructure and resources of health centers, and training staff, coincide with the need to implement more efficient and equitable policies and programs. This shows the willingness and expectations of the migrant population to improve their access to and experience in the Ecuadorian health system (Luzes et al., 2023).

Conclusions:

Access to health care for the migrant population in Ecuador faces multiple barriers that limit their ability to receive adequate medical care, migrants experience a mixed perception of the quality of care, with problems such as lack of empathy from health personnel, long waiting times, and difficulties in understanding medical information.

These findings reflect the urgent need to strengthen the Ecuadorian health system to more effectively and equitably address the growing health needs of the migrant population, which has increased significantly in recent years. The implementation of comprehensive policies and programs that address the social determinants of migrants' health is crucial to guarantee their right to health, regardless of their migration status. To address these gaps, it is necessary to improve coordination between health institutions and community organizations, implement awareness and training programs for health personnel, simplify access requirements, develop effective communication strategies, and allocate greater resources to address the specific health needs of the migrant population. Only through a

comprehensive and sustainable approach can equitable access to health care and the well-being of this vulnerable population be guaranteed.

Coordination mechanisms between health institutions and community organizations should be strengthened to facilitate migrants' access to services, as well as implement awareness-raising and training programs for health personnel to reduce discrimination and improve care for the migrant population, simplifying the requirements and procedures for migrants to access medical care. regardless of their migratory status, developing effective communication strategies to inform migrants about available health services and how to access them should be evaluated by governments, allocate greater resources and efforts to address the specific health needs of the migrant population, such as infectious diseases, chronic diseases and mental health.

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