



Health services delivered for People on the Move:

**Exploring the available admin data as a new
statistical and georeferenced source**

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**In partnership with the Ministries of
*Gobernación y Salud - México***

UNSD. 9th Global Forum on Gender Statistics

Innovations to close gender data gaps

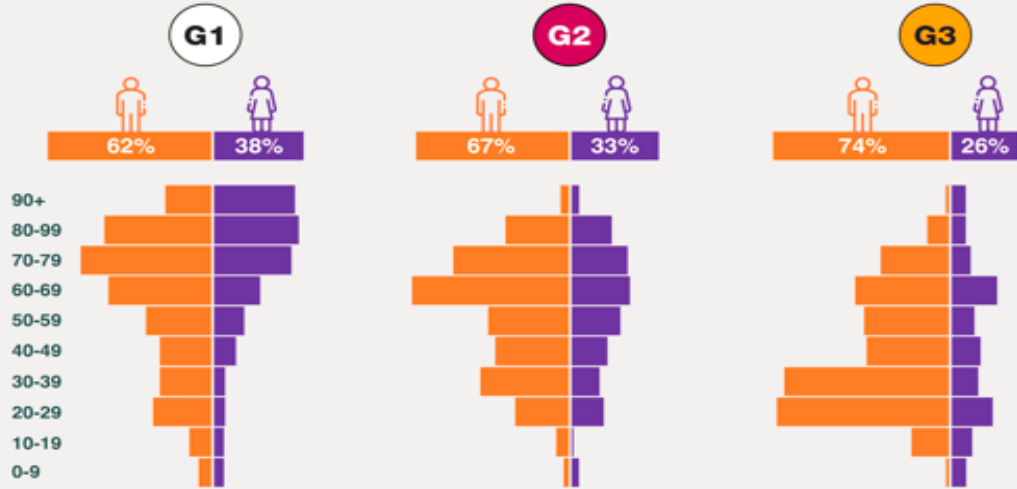


1. Health services for *People on the Move*

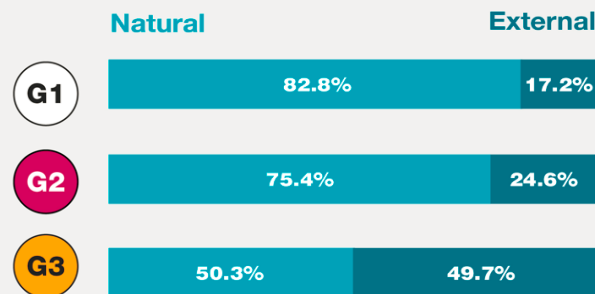
- Concentrated in **specific** geographical areas
 - Changing locations (south to north)
 - Health conditions: 
 - Without identity papers (medical follow-up)
 - Language differences / health literacy
 - Health services needs may include
 - Health services may be provided:  medical units (fixed or mobile)
- Medical and non-medical
 - Exposed to specific risks (communicable diseases / transport accidents / violence)
 - Previous access to health care services
 - Vaccination
 - Sexual and reproductive health
 - Maternal and child health
 - Communicable / Non-communicable diseases
 - Mental health
 - Occupational health

• Preliminary results: Characterizing three populations based on Vital Statistics Database

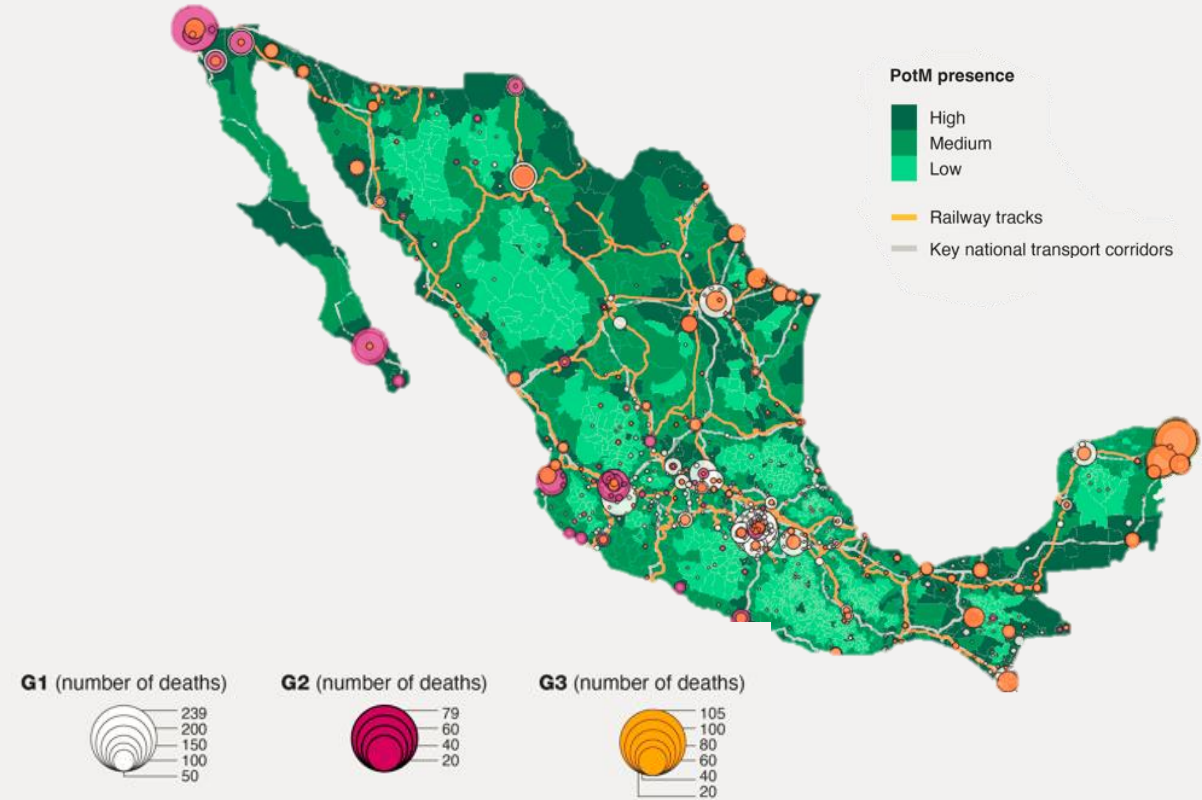
1. Sex and age



2. Causes of deaths



3. Occurrence of deaths



Input a. INEGI (2019). Vital Statistics database. Registered deaths and Unidad de Política Migratoria, Registro e Identidad de Personas, Secretaría de Gobernación (2019). Boletín mensual de estadísticas migratorias.

2. Objective



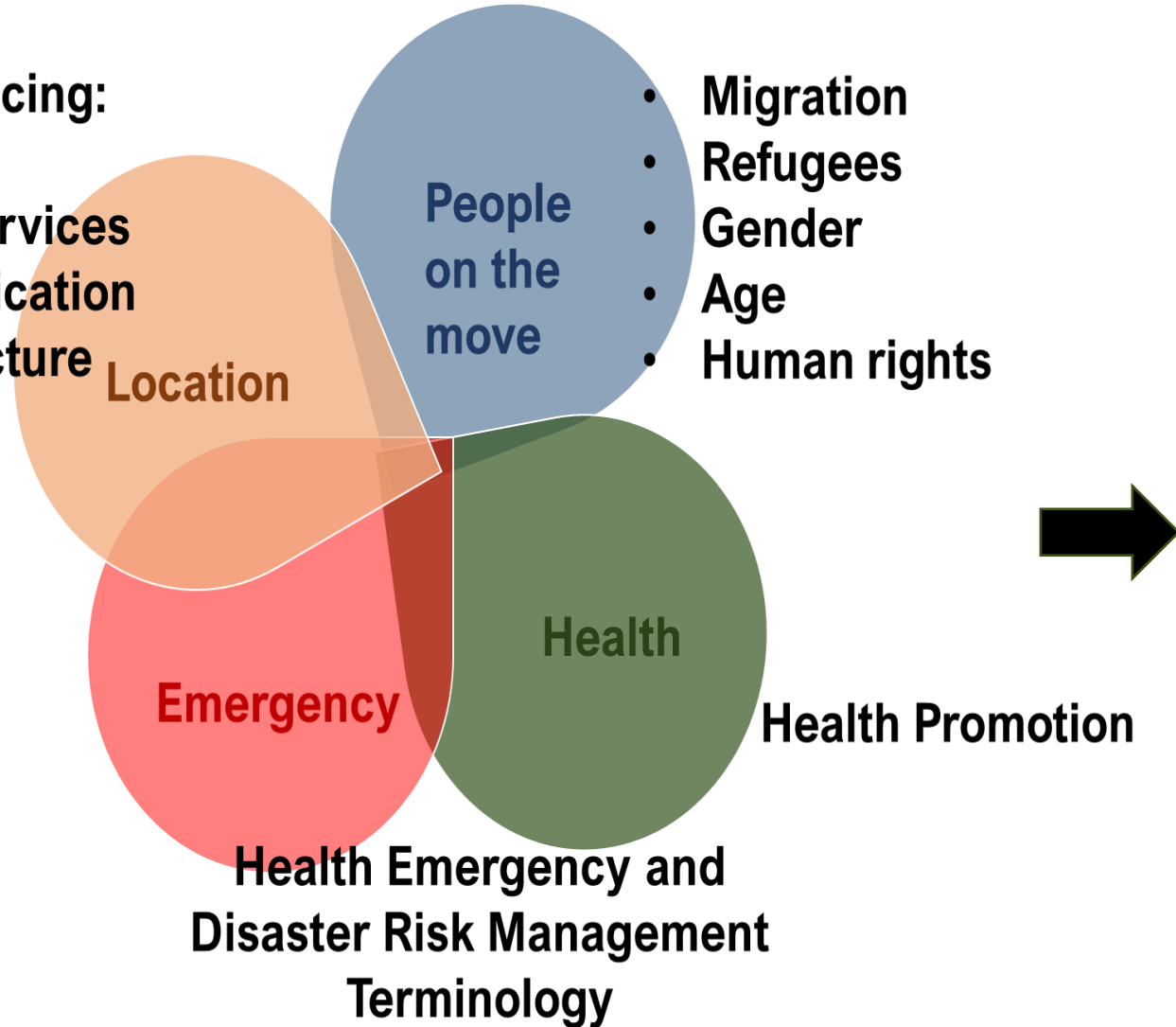
Provide a systematic, high-quality and consistent characterization of the **health care services delivered to People on the Move** in the **locations** they are being delivered:

- Based on **admin records** of the Health Ministry – “*Sistema de Información para Emergencias en Salud*” – (SIESA)
- Conceptually aligned with: Health-SDG’s (Global and the Latin American Regional frameworks), Health in emergencies contexts
- With a gender, age and human rights perspective
- Georeferencing the locations of the services delivered
- Preliminary assessment to implement the conceptual framework approved by the UNSC on migration

3. Integrating statistical and geospatial available tools

Georeferencing:

- People
- Health services
- Communication infrastructure



- Migration
- Refugees
- Gender
- Age
- Human rights

Health Promotion

Health Emergency and
Disaster Risk Management
Terminology



4. Analysis of the admin record

1. Health needs

2. Population in temporary shelters

3. Epidemiology surveillance

4. Lab samples

5. Environmental lab samples

6. Vector control (Communicable diseases)

7. Vaccination

8. Health promotion

9. Sanitary risks

10. Psychological care

11. Emergency context

12. Operational Center

5. Possible new statistics for a “difficult to reach population” in “transit routes”

Health needs				
Basic demographics	Location	Health Unit	Health needs	SDG related*
Sex (at birth)	Subnational (NUTS2)	By type and code	Pregnancy	3r.1
	Local (NUTS 3)	Location	Non-communicable diseases	3.4.1
Age groups	Sanitary zone	Lugar de atención	Communicable diseases	3.3.1; 3r.3.1
	Community (Localidad)	Reporter: Health Unit, Mobile Unit, Module		3.3.2
	Latitude / longitude		Vector transmitted disease (immediate sanitary notification)	3.3.4
			Health conditions related to hygiene and sanitation	3.3.3
			Trauma	3r.3.c
			Intoxications /Poisoning	3.9.2
				3.6.1
				3.9.3

*Global and Latin American and the Carribbean (regional) SDGs frameworks

Population in temporary shelters



Vaccination

Shelter

Name of the shelter

Basic demographics

Sex (at birth)

Age groups (<1; 1-4, 5-14, 15-24, 25-44, 45-64, 65+)

Health needs – specific conditions

Pregnancy status / births attended

Diabetes

Hipertension

Kidney chronic insufficiency

HIV

Tuberculosis

Vaccines (doses applied)

Vaccines catalogue

Vaccination cards provided

Sex (at birth)

Age groups (0-9, 10-19, 20-59, 60+)

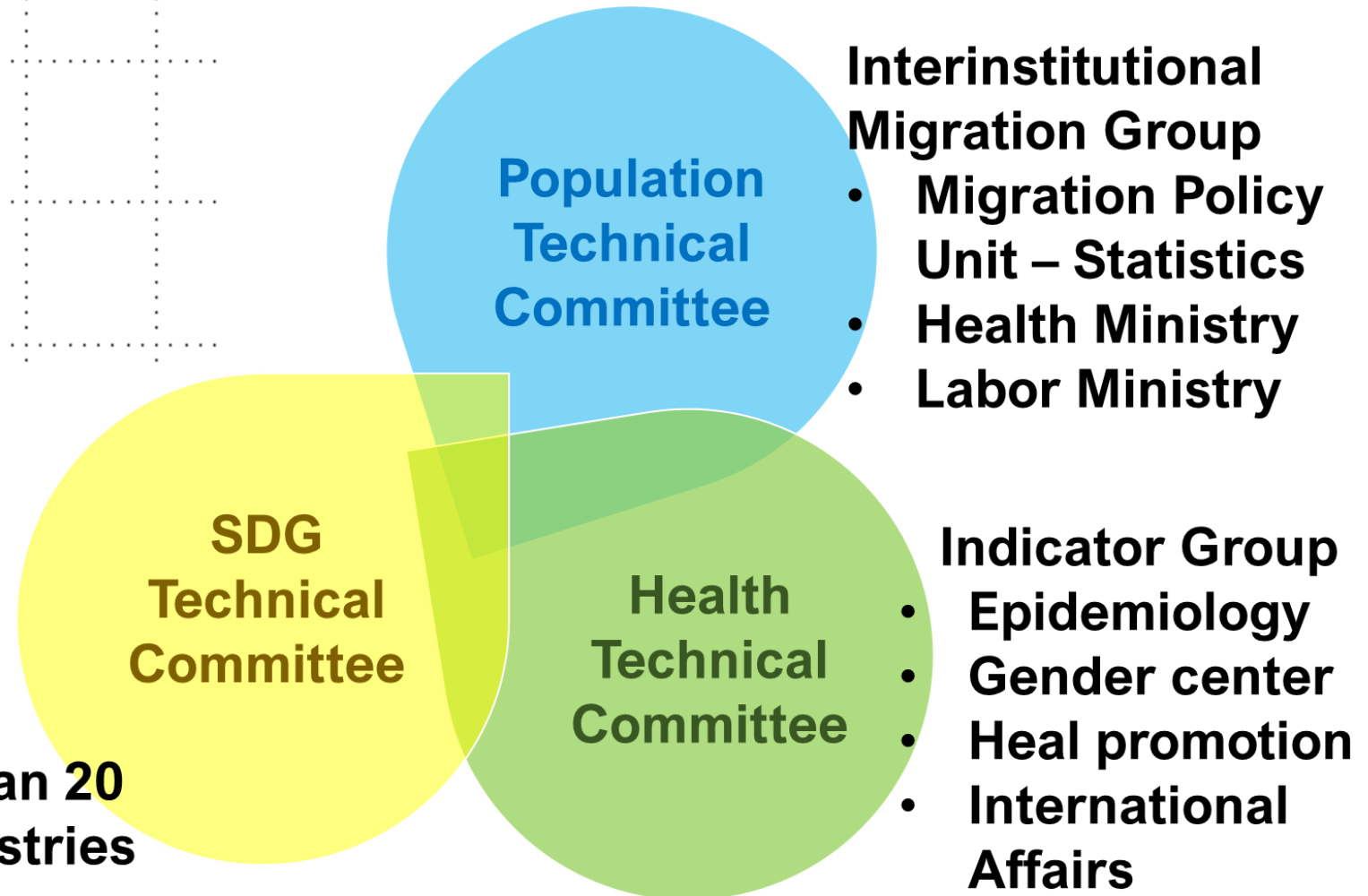
6. Opportunities to be analyzed:

- Collection of identity and extended sociodemographic characteristics
- Possibility to identify populations (country of birth, precedence or origin)
- Based on identity records, provide:
 - Indicators of people (not on events) with health care services provided
 - Longitudinal statistics or tracking health conditions are not possible at the moment

7. Institutional enabling framework



**More than 20
line ministries**



8. Lessons learned

- The use of these admin records may provide a systematic, low-cost source of information about a population difficult to measure through surveys
- The records (georeferenced) will allow to characterize People on the move in the places they are located
- Evidence provided can be used to:
 - develop targeted health interventions, epidemiological indicators-based systems
 - assess the medical surge provided in specific contexts and used as a reference for future needs
 - analyze seasonal and specific geographical patterns and match them with available or needed infrastructure