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Review

Exploring the impact of Ecuador's policies on the right to health of Venezuelan migrants during the COVID-19 pandemic: a scoping review

Claudia Serrano Córdova[1,*], Irene Torres[2] and Daniel López-Cevallos[3]

[1]Independent Researcher, Quito 170157, Ecuador
[2]Fundacion Octaedro, El Zurriago E8-28 y Shyris, Quito 170505, Ecuador
[3]Department of Health Promotion and Policy, School of Public Health and Health Sciences, University of Massachusetts Amherst, 715 N Pleasant St, Amherst, Massachusetts 01003, United States

*Corresponding author. Independent Researcher, Quito 170157, Ecuador. E-mail: claudiaserranocord@gmail.com

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Abstract

Venezuela's ongoing economic and political crisis has forced >6 million people to emigrate from the country since 2014. In the Andean region, Ecuador is one of the main host countries for Venezuelan migrants and refugees. During the coronavirus disease 2019 (COVID-19) pandemic, specific measures were implemented in the country to control the spread of the disease and its associated impacts. In this context, we conducted a scoping review to understand how policies implemented by the Ecuadorian government during the pandemic impacted Venezuelan migrants' right to health. The literature search focused on scientific and grey publications between 2018 and 2022 in electronic databases and institutional websites, complemented by snowball sampling and expert advice. Our thematic analysis revealed discrepancies between the rights granted to migrants in Ecuador's legal framework and their practical implementation during the pandemic, with several instances of policy and programmatic infringement. The disruption of services further complicated migrant's options for regularization. Some measures, like border closures, negatively impacted migrants' health, including increased exposure to abuse and violence. While migrants were included in the country's COVID-19 vaccination plan, they were excluded from other national aid programmes. There are indications of an increase in xenophobia and discrimination stigmatizing migrants as 'disease carriers' and 'resource takers', resulting in a prioritization of services for the Ecuadorian population. We found limited research on the emergent topic of migrants' vulnerability and related health system challenges. Future research should include working in border zones, consider socioeconomic factors and further explore the poor implementation of Ecuador's legal framework towards upholding migrants' right to health.

Keywords: Refugees, human rights, vulnerable populations, assessment, policy analysis, population movement

Key messages

- There are discrepancies between the rights of migrants legally guaranteed in Ecuador and their practical implementation during the pandemic, with several instances of discriminatory policies.
- COVID-19 measures negatively impacted migrants' health, with border closures exposing them to increased violence in unofficial land crossings and limits in mobility reducing access to healthcare.
- While Venezuelan migrants were included in the country's vaccination plan, they were largely excluded from other national aid programmes, including access to economic support through bonuses.
- The pandemic exacerbated migrants' vulnerability through employment and housing instability, food insecurity and discrimination, all of which could have important consequences for their physical and mental health.

Introduction

The coronavirus disease 2019 (COVID-19) pandemic has disproportionally affected disadvantaged communities throughout the world, particularly migrants. Migrants' marginalization, often characterized by a higher incidence of poverty, economic and labour instability, overcrowded living conditions and inaccessibility to certain services and information, has further exposed this community to COVID-19. Studies in several countries have found higher infection rates among immigrants compared with populations born in the country (Migration Data Portal, 2022; OECD, 2022). Cases of limited access to healthcare services and COVID-19 testing and treatment by migrants have also been reported (Balakrishnan, 2021; Guadagno, 2020). Furthermore, job opportunities are limited due to movement constraints, documentation issues and an ongoing economic recession. Hence, migrants are overrepresented in high-risk exposure jobs, such as 'essential services' (e.g. manufacturing, construction and food), further increasing the risk of infection (Doan *et al.*, 2021; Guadagno, 2020;

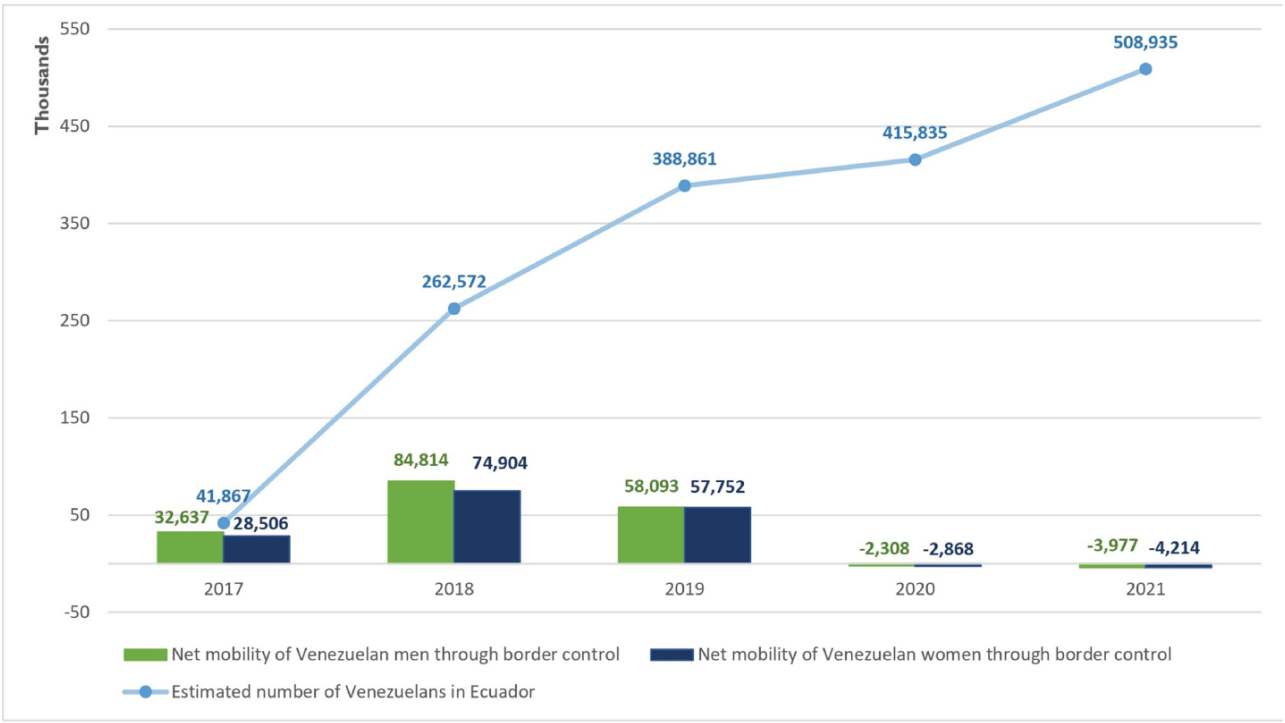

Figure 1. The number of displaced Venezuelans in Ecuador by sex (based on UNHCR, 2022a; INEC, 2023). The line corresponds to a cumulative balance and includes people who did not cross through official border controls

Migration Data Portal, 2022). A global decline in remittances suggests that migrants reached an economic standstill at the beginning of the pandemic (IOM, 2020) although the trend has since recovered (World Bank, 2022).

With the declaration of a 'global health emergency' due to the COVID-19 pandemic, the world faced mobility disruptions, with countries implementing measures, such as border closures and limits to internal mobility, to try to control the spread of the virus. When Ecuador became a COVID-19 hotspot, they focused much of their efforts in containing transmission. As both a destination and transit country, actions taken by the Ecuadorian government continue to have an important role in migration flows, impacting the country's migrant communities. For the past 25 years, Colombians have been the majority migrant group coming to Ecuador as they fled Colombia's civil war (1964–2016). More recently, Ecuador has become a primary destination for Venezuelan nationals as they flee their country's political and economic crisis, representing more than double the number of Colombians applying for asylum in 2019 (Pugh *et al.*, 2020). The crisis in Venezuela has led to one of the largest migration flows in the region's history, with >6 million Venezuelans leaving the country since 2014 (World Bank, 2019; UNHCR, 2021b). Latin American countries host ∼5 million Venezuelans. By 2022, it is estimated that 1.84 million Venezuelans live in Colombia, 1.29 million in Peru and 513 903 in Ecuador—see Figure 1 (R4V, 2022).

Ecuador and Venezuela are similar countries (e.g. in terms of religion, culture and language), as well as in close geographic proximity (Andean region of South America). According to the United Nations Refugee Agency [United Nations High Commissioner for Refugees (UNHCR)], Ecuador currently hosts one of the largest recognized refugee populations in the region (UNHCR, 2022a). Figure 1 depicts the estimated cumulative number of Venezuelans in the country and their net mobility through official border controls.

Ecuador's open immigration policy attracted many Venezuelans to settle in the country, particularly between 2016 and 2019 (Wolfe, 2021). These favourable entry residence policies were supported by Ecuador's 2008 Constitution, which introduced the concept of universal citizenship, referring to the freedom of movement for all people and eliminating the term 'foreigners', as a way of transforming the unequal relations between countries (Ecuadorian Government, 2008). However, with an increase in the influx of Venezuelans in 2018, Ecuador saw a shift in its migration policies. Different measures to control migration flows were implemented, including passport, visa and official criminal record requirements, which have been criticized for their cost and inaccessibility, resulting in many migrants opting to enter Ecuador through illegal routes (Mazza, 2020; Brumat and Finn, 2021; Machado *et al.*, 2021; Wolfe, 2021; Alarcon *et al.*, 2022). Figure 2 summarizes Ecuador's immigration regulations.

During the pandemic, Ecuador saw the enactment of additional measures including restriction of movement and pause or delay of certain administrative procedures, among others. Many of these policies impacted the migration phenomena. For example, the disruption of free movement involved specific limitations for migrants and refugees, with an increase in the use of illegal passages (Padrón, 2020; Zapata and Prieto Rosas, 2020; Torres *et al.*, 2022). Likewise, disruptions of administrative procedures placed additional obstacles in the transition of many migrants from irregular to regular status (Bengochea *et al.*, 2020; Padrón, 2020; Zapata and Prieto Rosas, 2020). Healthcare systems around the world

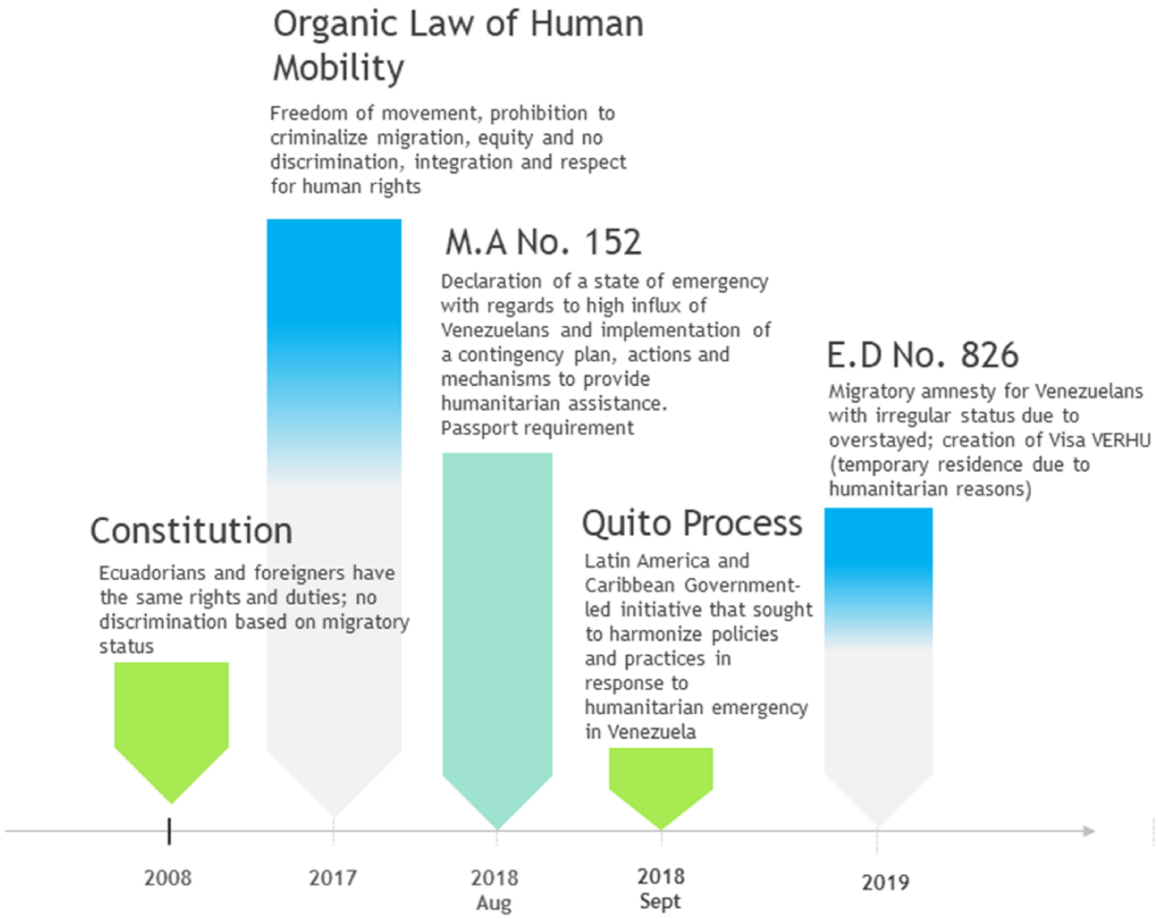

Figure 2. The main regulations implemented by the Ecuadorian government regarding migration (based on Torres *et al.*, 2022; Molina *et al.*, 2020; World Bank, 2020)

experienced overburden and limited capacity, and Ecuador's system was no exception (Lynch and Pusey-Murray, 2021). During the pandemic, access to health services was disrupted, such as the routine vaccination of children (UNICEF, 2021; WHO, 2021). Among migrants, the disruption of these services led to exacerbating pre-existing conditions and exposure to communicable diseases (De Genova, 2022; Grillet *et al.*, 2019; Rodríguez-Morales *et al.*, 2019b; WHO, 2022).

Even prior to the pandemic, migrant communities in Ecuador already faced vulnerability due to discriminatory practices and challenges related to safeguarding their rights (Goicolea *et al.*, 2008; Meili, 2017). With the pandemic having widespread economic, social and political effects, they endured additional hardships. In this context, the purpose of our study was to understand how policies implemented by the Ecuadorian government during the COVID-19 pandemic impacted Venezuelan migrants' right to health.

Methods

Setting and context

This scoping review focuses on Venezuelan migrants as they constitute the most recent and therefore less established immigrant community in Ecuador today. Venezuela has experienced political and economic turmoil since 2014, attributed to economic mismanagement, corruption, changes in oil prices and US sanctions. As a result, debt and hyperinflation in 2020 reached an estimate of more than US$150 billion and 1946%, respectively (Cheatham *et al.*, 2021). Venezuela's electoral results have been questioned internationally and categorized as authoritarian, with ~60 countries worldwide not recognizing the current government as legitimate and many other countries also levying economic sanctions (Naim and Toro, 2018; Abbott and McCarthy, 2019; Foreign & Commonwealth Office, 2019; Ramsey, 2020; Economist Intelligence, 2022; Ribando Seelke, 2022). Having the world's largest oil reserves and oil sales accounting for 25% of gross domestic product (Cheatham *et al.*, 2021), Venezuela is highly dependent and vulnerable to fluxes in oil prices, and declines in prices can further spiral the economy into turmoil (Cheatham *et al.*, 2021). As a result, today one out of four Venezuelans needs humanitarian assistance (UNHCR, 2022b).

It is no surprise then that the Venezuelan health sector has been severely impacted, with services deteriorating in quality and suffering disruptions, decaying infrastructure, frequent power cuts and medical supply shortages. Health indicators have worsened. Maternal mortality increased by 65%; 11.7% of the population suffers from severe malnutrition, compared with 5% in previous years; and 9 out of 10 Venezuelans requiring antiretroviral medicine lack access to it (HRW, 2019). Along with safety concerns and desperation for the country's situation, health is also one of the main reasons migrants leave Venezuela. Hence, Venezuela is in the

top 20 countries globally experiencing healthcare insecurity (Mazza, 2020).

Rationale

Scoping literature reviews are considered a 'valuable evidence synthesis methodology' (Khalil *et al.*, 2021, p. 1). They seek to map the available evidence relevant to a particular topic and how the research is conducted as well as identify and clarify common concepts, definitions and knowledge gaps (Munn *et al.*, 2018). Unlike systematic reviews, scoping reviews do neither critically appraise nor include the risk of bias assessment in literature but provide an overview of the evidence. This review aims to advance knowledge on the regulations implemented by the Ecuadorian government related to migrant communities and their practical application during the pandemic.

For this study, a human-rights-based perspective is applied to highlight the importance of acknowledging, promoting and protecting human rights, including the right to health. As described by the United Nations, human rights are the rights that all individuals are entitled to, without discrimination as to race, sex, nationality, ethnicity, language, religion or any other status. Basic human rights include the right to health, work and education and life and liberty (United Nations, 2022). Particularly in the case of migrants and refugees, policies and legislation considered to be 'human rights based' concentrate on the specific needs of migrants while also recognizing the relationship between migration and health. Given the context and focus of this literature review, special emphasis is given to the right to health, defined as 'the enjoyment of the highest attainable standard of physical and mental health' (OHCHR, 2008).

In addition, a social determinant of health (SDH) perspective is needed. According to the World Health Organization (WHO), SDHs are 'non-medical factors that influence health outcomes [including where] people are born, grown, work, live and age, and the wider set of forces and systems shaping the conditions of daily life' (WHO, 2022). The relationship between migration and health is a two-way relationship: migration can further exacerbate the impact of the SDH, while at the same time, social determinants can also influence the conditions in which migration occurs (Davies *et al.*, 2009).

Search strategy

The literature search was conducted between January and August 2022. Different methodologies were used to identify literature, including electronic database search, manual search, snowball sampling and expert advice. Scopus and PubMed were the primary electronic databases utilized. Various combinations of key search terms such as—'refugee*' OR 'migrant*' and 'health*' and 'border*' OR 'cross-border' and 'Ecuador' were applied. A manual search in Google Scholar was also conducted, using the same key terms, and screening the first seven pages of results, upon which data saturation was reached. Supplemental Table S1 provides more details on our search strategy. In addition, we searched for grey literature on websites of international organizations working on migration and health, such as the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM) and the World Bank. For example, we explored the R4V portal (https://www.r4v.info/), managed and supported by the regional Inter-Agency Coordination Platform for Refugees and Migrants of Venezuela (which in turn is jointly led by UNHCR and IOM). The snowball method was also applied to complement the limited number of documents appearing in databases, consisting of screening reference lists. Finally, migration experts representing the policymaking, civil society and academic and multilateral sectors in Ecuador were contacted for recommendations on additional documents. This research was part of a regional study on migration policies in Latin America during the COVID-19 pandemic. As such, team members had previously mapped relevant stakeholders from which these migration experts were selected.

Three inclusion criteria were defined: language, timeframe and geographic location. Documents written in English or Spanish, published between 2018 and 2022 and focused on Latin America were included. The preferred reporting items for systematic reviews and meta-analyses (PRISMA) diagram (Moher *et al.*, 2009) guided the selection process (Figure 3). Articles from 2018 and 2019 were included to consider the circumstances before the pandemic and for context. Furthermore, articles referring to the whole of Latin America were also included, considering the limited literature produced in Ecuador and that Venezuelan migration is regional, crossing multiple borders in different directions.

Following the initial search, duplicates were excluded. Then, a pragmatic approach similar to that of Lewis *et al.* (2019) was used, where we followed a two-stage reviewing approach with identified documents first screened by title and abstract, followed by a full-text review for eligibility and relevance. All literature irrelevant to migration and health was disregarded. The remaining documents were read in depth to populate a spreadsheet with data on author(s), date, database, journal, objective(s), methods, summary and key messages by paper. A thematic analysis (Braun and Clarke, 2006) was applied to identify common themes, topics and ideas. A colour-coded technique was used, highlighting similar text in the same colour. After colour coding the data, these were reorganized into four categories: border crossing and infectious diseases, COVID-19 policies, migrants' health and others. Each category was then analysed to further identify common topics regarding their impact on health.

Results

Our search strategy yielded 162 records. Documents were then screened by abstract and title in Scopus, PubMed and Google Scholar, and duplicates were excluded. A final set of 36 documents met all inclusion criteria. They included 12 grey literature, 22 peer-reviewed and 2 government documents [the Ecuadorian Constitution and the Organic Law of Human Mobility (LOMH)]. The geographic scope of the documents varied, with 2 global, 11 regional and 23 country-focused documents, respectively. The breakdown of the 23 country-focused documents is as follows: 3 on Venezuela, Colombia and Peru each; 1 on Ecuador and Peru; 3 on Ecuador, Peru and Colombia combined; and 10 on Ecuador. Supplemental Table S2 summarizes each document by geographic scope. Seventeen documents focused on the COVID-19 pandemic. Seven publications were situated in border regions, with one on the Ecuadorian/Colombian border, one on the Peruvian/Ecuadorian Amazon River basin border, one on the

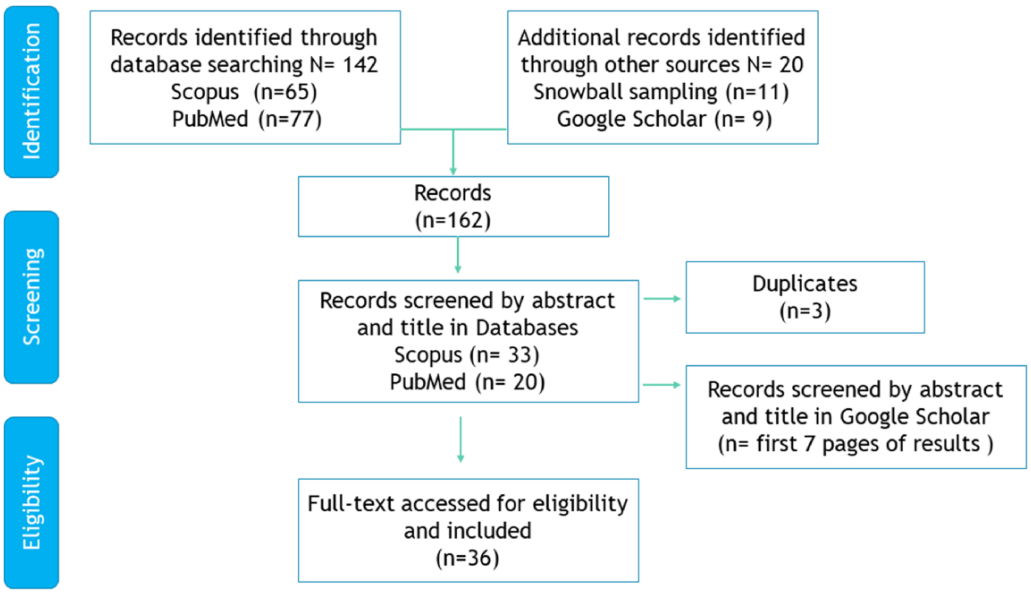

Figure 3. The PRISMA flow diagram for a review of eligible studies

Table 1. Categories, themes and topics of literature

Category	Theme (topics)	Publications
Border crossing and infectious diseases	1. Spillover 2. Stigma	Correa-Salazar and Amon, 2020; Gunderson *et al.*, 2020; Rodriguez-Morales *et al.*, 2019b; Rodríguez-Morales *et al.*, 2019a; Grillet *et al.*, 2019
COVID-19 policies	1. Limited mobility (border closure and return migration) 2. Social protection/socioeconomic measures 3. Delay/disruption of services (administrative processes and healthcare access)	Vera Espinoza *et al.*, 2021; Perez-Brumer *et al.*, 2021; McDonald, 2021; Brumat and Finn, 2021; De Genova, 2022; Zapata and Prieto Rosas, 2020; Padrón, 2020; Bengochea *et al.*, 2020; Riggirozzi *et al.*, 2020; Idler and Hochmüller, 2020; Standley *et al.*, 2020; Mazza, 2020; Machado *et al.*, 2021; CEPAL, 2020; Torres *et al.*, 2022; Vazquez-Rowe and Gandolfi, 2020
Migrants' health	1. Mental health 2. Xenophobia 3. Violence (intimate partner violence and violence associated with migration journey) 4. Health differences (maternal and child health)	Keating *et al.*, 2021; Weigel and Armijos, 2022; Irons, 2022; Carroll *et al.*, 2020; Dressel *et al.*, 2020; World Bank, 2020; Mantilla, 2020; Alarcon *et al.*, 2022; Herrera Mosquera and Martinez, 2021; Arellano *et al.*, 2020; Hawkins Rada, 2021
Others	1. Human Rights 2. Legal frameworks/migration policies	Molina *et al.*, 2020; Wolfe, 2021

border city of Tumbes, Peru, and four in Ecuadorian border cities, including Tulcán, Nueva Loja, Ibarra, Huaquillas and Lago Agrio. Nine documents included interviews, workshops or surveys with migrants or other relevant stakeholders (e.g. government officials, nongovernmental organizations). The interviews' sample size varied from 15 to 85 participants, with an average size of 44. Survey sample sizes were larger, ranging from 363 to 6425 individuals. Supplemental Table S3 details the methods and sample size for the nine documents.

Table 1 shows the main categories, themes and topics identified by the literature and respective documents. Findings were then grouped into three overarching topics: (1) drivers of policies, (2) implementation of policies and (3) impacts on health.

During the COVID-19 pandemic, Ecuador implemented several restrictive policies to control the spread of the virus, including lockdowns and quarantines and the closing and militarization of borders, among other measures (Cuellar *et al.*, 2021; Torres and López-Cevallos, 2021). Migrants have been affected by such actions, particularly due to restrictions on movement and disruptions to services. Two main drivers for the implementation of these policies are identified: (1) the sudden, dramatic increase in COVID-19 cases and deaths after patient zero is detected in Ecuador and (2) the correlation of mobility with the spread of infectious diseases. Ecuador was severely affected at the onset of the COVID-19 pandemic, suffering one of the world's highest rates of infections, with Guayaquil, its second largest city, considered the hotspot of COVID-19 in Latin America by mid-2020 (Hermann, 2020; World Bank, 2021). Although 35 942 deaths have been confirmed in Ecuador from January 2020 to February 2023 (WHO, 2023), this number is likely an undercount since the excess death rate reached 64% in 2020 alone (i.e. 42 085 more people died in 2020 compared with 2019) (Cuellar *et al.*, 2021). In response, strict measures were implemented to curb infections and deaths. Some measures directly targeted internal mobility via lockdowns and quarantines and incomers via the closing together with militarization of borders.

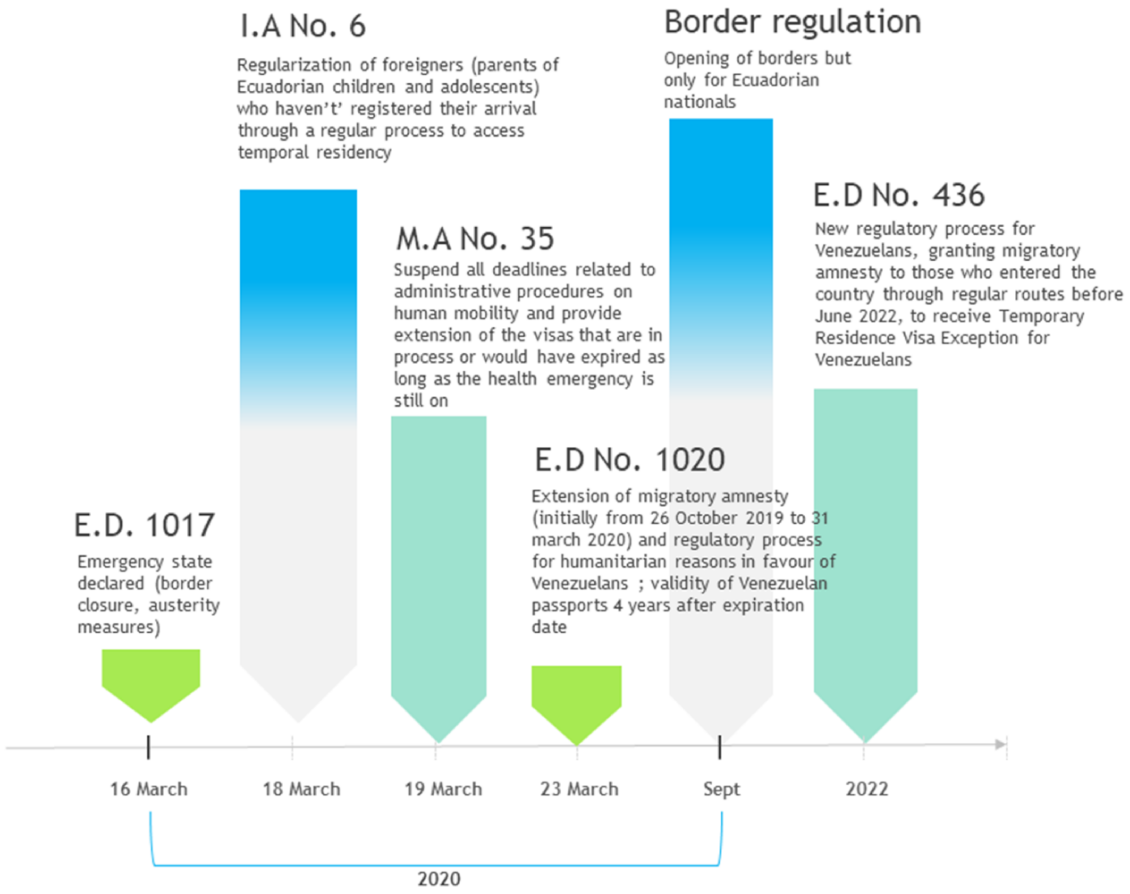

Figure 4. Regulations during COVID-19 in Ecuador (based on Torres *et al.*, 2022; Molina *et al.*, 2020; World Bank, 2020)

Concurrently, the government announced it would extend visa deadlines and allow for the extraordinary regularization of migrants already living in Ecuador (Figure 4). The disproportionate impact the pandemic was having on Ecuador influenced and shifted the country's priorities and efforts to try to reduce COVID-19-related deaths and infection rates.

Wider determinants of health, including socioeconomic, cultural and environmental conditions, influence migrants' right to health. While migration can have positive effects on health in some cases such as when people move away from a conflict-stricken area or to a better-paying job outside their area, it can also pose an additional level of complexity, with migrants in some instances experiencing adverse effects (WHO, 2022). For example, the interruption of healthcare, with migrants becoming unable to access routine vaccines or continue with an ongoing treatment, and limited access to food, water and sanitation have been found to exacerbate certain health conditions and non-communicable diseases, as well as see an increase in infectious diseases (Grillet *et al.*, 2019; Rodriguez-Morales *et al.*, 2019b; De Genova, 2022; WHO, 2022).

Around the world, the COVID-19 pandemic gave new life to the myth of immigrants as 'disease spreaders', leading to the implementation of targeted restrictive measures, such as denying entry to foreigners (Balakrishnan, 2021). Our review saw suggestions of a connection between Venezuelan migration and the re-emergence and spread of certain diseases, including malaria (McDonald, 2021; Correa-Salazar and Amon, 2020; Gunderson *et al.*, 2020; Rodriguez-Morales *et al.*, 2019b; Rodríguez-Morales *et al.*, 2019a; Grillet *et al.*, 2019; Standley *et al.*, 2020). Furthermore, in Ecuador and Peru, Venezuelans are often stigmatized as carriers of diseases like human immunodeficiency virus and other sexually transmitted diseases (Dressel *et al.*, 2020; Irons, 2022). In Ecuador, an association between migrants and infectious diseases was also displayed at the political level via certain authorities' demand for Venezuelan children to be vaccinated upon entering the country (Herrera Mosquera and Martinez, 2021), even multiple times for the same disease (Torres *et al.*, 2022).

Implementation of policies and their relation to Migrants' rights

Several treaties and agreements at the international level have been developed to ensure the protection of migrants and refugees and their human rights, including their right to health. For example, the United Nations Convention relating to the Status of Refugees 1951 (UN General Assembly, 1951) acts as the centrepiece of international refugee protection, defining the term refugee and delineating their fundamental rights. The Convention also demands the same treatment for refugees and nationals regarding public relief, which includes healthcare (UNICEF, 2017; ILO and UNHCR, 2020). At the regional level, the Cartagena Declaration provides a framework for refugees' protection and expands the definition to include the disturbance of the public as a reason to flee (Reed-Hurtado, 2017). Other legal frameworks, such as the

Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, also uphold migrants' rights and oblige states to respect these and prevent discriminatory practices (Riggirozzi *et al.*, 2020).

The literature highlights Ecuador's efforts to guarantee the rights of migrants, as proposed by international and regional agreements, through the country's legal framework, particularly the Constitution and the LOMH (in Spanish) (Arellano *et al.*, 2020; Machado *et al.*, 2021; Torres *et al.*, 2022). For example, the Ecuadorian Government (2008) is considered a pioneer in offering the same treatment to all individuals regardless of immigration status. In addition, Ecuador was the first Latin American country to include Cartagena Declaration's new expanded refugee definition into national legislation (Reed-Hurtado, 2017; Molina *et al.*, 2020). Relating specifically to the right to health, Ecuador's Constitution states that all individuals are entitled to primary healthcare regardless of immigration status (Ecuadorian Government, 2008). This includes emergency and ambulatory services and preventive and curative healthcare (World Bank, 2020; Machado *et al.*, 2021; Torres *et al.*, 2022). Furthermore, Ecuador's mobility law (LOMH), effective since 2017, also recognizes both the social and economic rights of migrants, regardless of immigration status. This law seeks to 'regulate the exercise of rights, obligations, institutionality, and mechanisms linked to people in mobility' (Ecuadorian Ministry of Foreign Relations and Human Mobility, 2017, p. 3). Nine provisions were identified in the literature reviewed: two related to the definition of refugee, three on the right to no discrimination for refugees and migrants and four on the right to health. Table 2 synthesizes the provisions related to migrants and healthcare in treaties ratified by Ecuador.

Although migrants have explicit rights in Ecuador's legal framework (Constitution and LOMH), there are several obstacles in the application, protection and promotion of such rights at the practical level. There are instances where the protection and rights of migrants have been only partially covered, with other policies/initiatives overriding the legal framework (Dressel *et al.*, 2020; Mantilla, 2020; Mazza, 2020; Molina *et al.*, 2020; Padrón, 2020; Zapata and Prieto Rosas, 2020; Vera Espinoza *et al.*, 2021). For example, during the pandemic, immigration status defined whether people could access emergency humanitarian aid in the form of bonuses, despite Ecuador's legal framework demanding equal treatment regardless of migration status and place of birth. Similar to Vera Espinoza *et al.* (2021), while the Constitution explicitly protects the rights of migrants and refugees, its implementation remains limited and ambiguous, effectively excluding migrants and refugees from government programmes they should have a right to access.

Border closures are commonly cited as one of the main policies that countries implemented in response to the COVID-19 pandemic, with important implications for migrants. In the case of Ecuador, Decree No. 1017 declared the closure of land borders and suspension of air travel on 16 March 2020, with land borders remaining closed until March 2022. The army was mobilized to the borders with Colombia and Peru as a measure to uphold the Decree. Countries like Peru, Chile and Brazil similarly militarized their land borders to contain the mobility of Venezuelan migrants. This decision has been criticized around the world. Padrón (2020) and Zapata and Prieto Rosas (2020) describe the militarization and closing of borders, particularly to non-citizens, as an infringement of human rights (namely the right to freedom of movement). Torres *et al.* (2022) also noted that the extension of border closures and the decision to deny the establishment of humanitarian corridors were associated with a fear of mass mobilization by migrants and possibly more risk of spreading the virus (alluding again to the myth of migrants as disease carriers). The restriction of movement is clearly at odds with migrants' rights and can also have important effects on their health.

In response to the pandemic, the Ecuadorian government signed several decrees and agreements to facilitate or extend the stay of migrants in the country. For example, on 18 and 19 March 2020, Ministerial Agreement No. 35 and Inter-ministerial Agreement No. 6 were implemented, respectively. They extended the expiration dates of foreign residents' temporary permits and expedited permanent residence permits of non-nationals who had not registered entry into Ecuador through official border controls. Likewise, Executive Decree 1020, introduced on 23 March 2020, extended the immigration amnesty and regularization period for migrants to access a humanitarian visa and recognized Venezuelan passports as valid documents even 4 years after their expiration date (Molina *et al.*, 2020; World Bank, 2020; Brumat and Finn, 2021). The government also introduced an online application system and cancelled the fine charged for an expired legal stay during the national state of emergency.

In the literature, there are examples of the challenges for migrants to take advantage of these policies and programmes. On the one hand, the decrees avoided the deportation of some migrants by extending their permitted stay in Ecuador. On the other hand, the delay and disruption in reopening several services meant migrants faced an additional obstacle when trying to secure proper documentation. Likewise, the use of online processes and platforms excluded individuals who were unable to access the Internet or able to afford additional costs. Asylum procedures, regularization processes and visa and residence permits saw significant delays and disruptions, negatively impacting the transition of many migrants from irregular to regular status (Bengochea *et al.*, 2020; Padrón, 2020; Zapata and Prieto Rosas, 2020).

In Ecuador, being undocumented often leads to exclusion from health programmes and social protection schemes, which contradicts Ecuador's pledge of no discrimination due to immigration status. These findings are similar to the WHO's global report on the health of refugees and migrants (WHO, 2022), which states that immigration status often influences migrants' income and social status, particularly due to a lack of resources, and leads to exclusion from social protection schemes.

As stated earlier, Ecuador's legal framework specifies that everyone has the right to healthcare access, regardless of immigration status. Nonetheless, the literature describes several obstacles to accessing these services, with instances of migrants getting rejected due to their legal status even during the pandemic (Torres *et al.*, 2022). Furthermore, the right to health was also affected in other ways. For example, Weigel and Armijos (2023) stated that 'austerity measures adopted in

Table 2. Provisions related to Health and Migrations in International Treaties and Ecuador's Legal Framework

International treaty/framework	Ecuador	Notes/sources
Definition of refugee		
UN Refugee Convention 1951 and Protocol 1967 (UNRC)—'Art. 1: Any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of particular social group, or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country'	Constitution—'Art. 41: The rights to asylum and sanctuary are recognized, in accordance, with law and international human rights instruments' LOMH—Same definition of refugee in Art. 98	Ratified in 1955 Decree No. 3239 in 1987 and Decree No. 3001, 1992 introduced and reiterated the use of such definition. Sources: UNHCR, 2015; Decree No. 3239, Decree No. 3001; OHCHR, 1951; Ecuadorian Government, 2008
Cartagena Declaration 1984: Extended definition of refugee—'Conclusion 3: persons who have fled their country because their lives, safety or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of human rights or other circumstances which have seriously disturbed public order'	LOMH—Same definition of refugee in Art. 98	In 2012, Executive Decree 1182 in Ecuador removed the Cartagena Declaration of a refugee. However, this was reinstated in 2015. Sources: UNCHR, 1984; Decree No. 1182; UNHCR, n.d.
Rights of refugees and migrants—no discrimination		
No discrimination based on characteristics including race, religion, country of origin, colour, birth or other status UNRC—'Art. 3: (…) shall apply the provisions of this Convention to refugees without discrimination (…)' International Covenant on Economic, Social and Cultural Rights 1966 (ICESCR)—'Art. 2: (…) rights enunciated in the present Covenant will be exercised without discrimination of any kind (…)' Universal Declaration of Human Rights 1948 (UDHR)—'Art. 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration without distinction of any kind (…)'	Constitution—'Art. 9: Foreign persons in Ecuadorian territory shall have the same rights and duties as those of Ecuadorians, in accordance with the Constitution' 'Art. 11: No one shall be discriminated against for reasons of ethnic belonging, place of birth, age, sex, gender identity, cultural identity, civil status, language, religion, ideology, political affiliation, legal record, socioeconomic conditions, immigration status (…)'	ICESCR was adopted in 1969. Ecuador provides periodic reports on its implementation with the last report presented on 14 November 2019 UDHR ratified in 1948. Sources: OHCHR, 2014; UNGA, 1948; Ecuadorian Government, 2008; United Nations, 1948; OHCHR, 1951; OHCHR, 1966
Rights of refugees and migrants—rights to health		
ICESCR—'Art. 12: (…) recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health' 'General Comment 14: the right to health requires States to, inter alia, refrain from denying or limiting equal access for all persons, including (…) asylum seekers and illegal migrants, to preventive, curative and palliative health services (…)' International Convention on the Protection of the Rights of All Migrants Workers and Members of Their Families 1990 (ICRMW)—'Art. 28: Migrant workers and their families such have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals (…)' UNRC—'Art. 23: (…) shall accord to refugees lawfully staying in their territory the same treatment with respect to public relief and assistance as is accorded to their nationals'	LOMH—'Art. 52: The right to health. Foreign nationals residing in Ecuador are entitled to access to health systems in accordance with law and international instruments ratified by the Ecuadorian state. Public or private institutions that provide health services may not, in any case, refuse to provide emergency care because of a person's nationality or immigration status' Constitution—'Art. 41: Persons who have been displaced shall have the right to receive protection and emergency humanitarian aid from the authorities, ensuring access to food, shelter, housing and medical health services'	ICRMW was adopted in 2002. Ecuador provides periodic reports on the implementation of such treaty, with the last report presented on 5 October 2017 Public relief in UNRC Art. 23 includes healthcare services. Sources: OHCHR, 2014; Ecuadorian Government, 2008; OHCHR, 1966; OHCHR, 1951; Ministry of Foreign Relations and Human Mobility, 2017; OHCHR, 1990

the pandemic itself are reported to have negatively impacted healthcare services including population access to maternal care in Ecuador'. Likewise, a decrease in seeking and accessing medical attention was reported among migrant populations (Torres *et al.*, 2022; Weigel and Armijos, 2022). Moreover, shortage of personnel and medicines, lack of personal protective equipment, including masks, and disruption of medical check-ups, including routine vaccinations for children, were frequent during the pandemic, affecting both nationals and non-nationals in the country.

Regarding COVID-19 vaccination, Ecuador and Colombia were the only countries in Latin America to explicitly include Venezuelan migrants and refugees in their planning, respecting their right to health (Perez-Brumer *et al.*, 2021). Under Ecuador's vaccination plan, migrants were first included in Phases 3 and 4. Undocumented migrants had the possibility of registering with the UNHCR to receive their vaccine. Nonetheless, by July 2020, the government had restructured the vaccination plan to become more inclusive: vaccine delivery was structured along age ranges (from older to younger groups), which meant that some migrants could access vaccines earlier than originally planned. Likewise, recognizing the importance of marginalized populations, the Vice-Minister of Governance and Health Surveillance also demanded the setting up of vaccination clinics around the country to ensure the inclusion of Venezuelan migrants with chronic conditions and living in vulnerable situations in the vaccination plan. Furthermore, booths offering vaccination services and basic health attention were established along the country's border regions. Accessing these services did not require presenting documentation, which meant that migrants could access them regardless of their immigration status (Herrera Mosquera and Martinez, 2021; Torres *et al.*, 2022).

In Latin America, existing research identifies limited instances of social protection measures specifically targeting migrants during the pandemic (CEPAL, 2020). While several socioeconomic measures were put in place by the Ecuadorian government to reduce the impact of COVID-19 on vulnerable populations, the literature often cites the exclusion of migrant groups from this additional aid. Since Decree 804 in 2019, non-Ecuadorian nationals have been excluded from accessing cash transfer programmes (Vera Espinoza *et al.*, 2021), a provision that remained the same during the pandemic. For example, only Ecuadorian nationals are eligible for the Human Development Bonus, a cash transfer programme for low-income families. According to the literature and interviews with government officials, the Family Protection Bonus for Emergencies, created in April 2020 in response to the health emergency, despite not clearly stating the exclusion of non-nationals, followed this criterion in practice (Bengochea *et al.*, 2020; Vera Espinoza *et al.*, 2021). To access the bonus, people were required to present a national ID and proof of health insurance, requirements that migrants, and more so those with irregular status, cannot comply with (Bengochea *et al.*, 2020; Brumat and Finn, 2021). The literature shows that discrimination and exclusion from services, including healthcare, are common obstacles for migrants in host countries, with migrants with an irregular status and asylum seekers particularly vulnerable and often excluded from national programmes (David *et al.*, 2019; WHO, 2022). According to Mazza (2020), Brazil was the only country in Latin America that extended cash transfer programmes and other social protection schemes to all people, regardless of immigration status.

The lack of a safe environment, including housing and access to clean water and sanitation, can have important health effects. During the pandemic, the Ecuadorian government and most Latin American countries extended the suspension of eviction from accommodations due to delays in rent payments (Government of Ecuador, 2020). This measure sought to help the most vulnerable, including migrants, by alleviating some of their economic burdens while also ensuring they have shelter. Nonetheless, the literature finds a discrepancy between what the law states and its implementation, with Barcena (2020) and Mazza (2020) mentioning the occurrence of evictions during the pandemic.

The literature further shows how the exclusion of migrants from the state's response marks the discrepancies between the rights of migrants as stated by Ecuador's legal framework and reality on the ground (Brumat and Finn, 2021). Publications emphasize the inadequate role of the central government in assisting migrants and refugees during the pandemic, with authors arguing that most efforts in assisting migrants came from local governments and NGOs, which worked without consideration of immigration status (Bengochea *et al.*, 2020). Together with the private sector, the Municipality of Quito provided humanitarian aid to migrants during the pandemic, including the delivery of food donations (Molina *et al.*, 2020; Brumat and Finn, 2021; Vera Espinoza *et al.*, 2021). Vera Espinoza *et al.* (2021) argued that the existence of an 'absent state', characterized by a lack of coordination by the central government, led to the exclusion of migrants and refugees from nationwide responses in Ecuador, with other actors filling the gaps. In that line, Torres *et al.* (2022) refer to R4V, a regional inter-agency platform for coordinating assistance for Venezuelan refugees and migrants in Ecuador since its creation in 2018.

Health impacts

Ecuador's response to the pandemic affected migrants' health by exacerbating the impact of different determinants of health, such as access to affordable and quality health services, structural conflict and economic insecurity. The literature highlights how the pandemic, and the measures implemented by the different host countries in the region, including Ecuador, led to the phenomenon of return migration, with migrants choosing to go back to Venezuela (Bengochea *et al.*, 2020; Padrón, 2020; Riggirozzi *et al.*, 2020; Wolfe, 2021). Reasons for return migration include loss of livelihood due to economic downturn and joblessness in host countries, lack of health and social protection due to exclusion from state policies and irregular migrants being expelled by host countries. By August 2020, >100 000 Venezuelan migrants had decided to return to Venezuela due to COVID-19 measures and lockdowns (Wolfe, 2021). Torres *et al.* (2022) also found return migration to be an important phenomenon during the pandemic in Ecuador, with interviewees mainly emphasizing a lack of economic means for food and housing as the reason to return.

According to UNHCR, 74% of refugees worldwide met half or less of their essential needs during the pandemic (2021a). Thus, returning to one's country of origin may be seen as an option to secure better supports. Nonetheless, this reversal in migration flows has important implications, such as extending the time individuals are 'en-route,' potentially exposed to dangerous conditions with limited access to health and other support services (Riggirozzi *et al.*, 2020). Furthermore, returning to Venezuela in crisis may not lead to the desired outcomes. For instance, hospitals in Venezuela have reported experiencing medicine shortages and supplies, with an estimate of only 8 beds per 10 000 people, deteriorating infrastructure and hyperinflation (Wolfe, 2021). Thus, in many cases, return migration involves having to endure again

many of the hardships they were trying to escape from in the first place.

Studies regarding migrants' health in Ecuador before the pandemic found migrants frequently experienced emotional abuse, intimate partner violence and sexual violence (Molina *et al.*, 2020; Keating *et al.*, 2021; Torres *et al.*, 2022). Migrants with irregular status and unaccompanied minors are more vulnerable to these situations (Herrera Mosquera and Martinez, 2021). Leading causes for this violence are social exclusion from services, limited support networks from families and financial stress caused by a lack of inclusion into the labour force, which often result in migrants, usually female, depending on their partners for livelihood. While there is limited information on domestic/gender-based violence and migrants in the context of the pandemic, a study conducted by Plan International from March to July 2021 found that 72% of interviewees believed that Venezuelan female migrants have endured some type of gender violence, with an increase seen during the pandemic due to more time spent with the aggressor during lockdown (Plan International, 2021). Similarly, Barcena (2020) found an increase in domestic violence cases due to lockdown and quarantine measures.

The existing body of research also suggests worsening violence in countries like Ecuador and Colombia with a long history of neglect and violence in the borderlands. Idler and Hochmüller (2020) described border closures in Colombia as 'backfiring', with border porosity incentivizing people to engage in illicit economic activities. Armed and criminal groups have been accused of taking advantage of the neglect in border areas to establish more dominance. During the pandemic, Nariño, the border region between Ecuador and Colombia, saw the United Guerrillas of the Pacific, an armed group, further establishing its presence by regulating people's entry into the municipality, ordering shops to close and issuing a curfew, with pamphlets being distributed with the following message '[the virus] has hit the world and even more so our peoples of the Pacific that are forgotten by the Colombian State' (Idler and Hochmüller, 2020, p. 283). The presence of these groups makes migration journeys even more dangerous. Interviews with Venezuelan migrants in Tulcán, a border city in Ecuador, described life at the borders as 'suspending peoples' lives, keeping them in a sort of limbo' (Herrera Mosquera and Martinez, 2021).

Furthermore, border closures did not necessarily have the intended result of decreasing migrant flows. Instead, migrants were pushed to cross into Ecuador through illegal routes (Idler and Hochmüller, 2020; Brumat and Finn, 2021; Wolfe, 2021), exposing migrants to additional burdens due to precarious conditions and violence along the way. For instance, De Genova (2022) described border regimes further exposed migrants and refugees to a higher risk of infection, with many finding themselves in confined spaces and without adequate healthcare for prolonged periods. These impacts on migrants' health are clear indications that many of the policies implemented during the pandemic did not envision a human rights-based perspective.

The literature also identified mental health as a concern for migrants, who are vulnerable to experiences that result in higher risks of poor mental health in the form of anxiety, depression and post-traumatic stress disorder compared with host populations (Carroll *et al.*, 2020; Dressel *et al.*, 2020; Torres *et al.*, 2022). Nonetheless, this literature is not specific to the pandemic impact in Ecuador, focusing on the general situation of migrants. However, a joint-needs assessment conducted in 2021 and 2022 by the Working Group of Refugees and Migrants (GRTM in Spanish) with 9004 and 8555 people surveyed, respectively, found that 3% of participants mentioned mental health assistance/services as the top three needs (GTRM, 2021; 2022). A recent report found that 80% of Venezuelan and Colombian migrants reported experiencing anxiety (Naciones Unidas Ecuador, 2020). Overall, global evidence does suggest a worsening in the mental health of migrants and refugees worldwide during COVID-19. For example, in a survey recently conducted by the WHO, 50% of migrants reported experiencing higher symptoms of depression, worry, anxiety and loneliness during the COVID-19 pandemic. The survey also found increased consumption of alcohol and drugs, with 20% of participants engaging more often in these behaviours (WHO, 2022).

Furthermore, certain events have been indicated as leading to the scapegoating of migrants, resulting in increased xenophobia and discrimination (Guerra, 2021). In the case of both COVID-19 and malaria, migrants were viewed as carriers of these infectious diseases. Such beliefs increase stigmatization, resulting in additional discrimination and exclusion (Dressel *et al.*, 2020; Mantilla, 2020; Padrón, 2020; Riggirozzi *et al.*, 2020; Herrera Mosquera and Martinez, 2021; McDonald, 2021; Irons, 2022; WHO, 2022). During the pandemic, discrimination towards migrants in Ecuador was exacerbated by the belief that resources targeting migrants meant fewer resources for nationals (Dressel *et al.*, 2020; Molina *et al.*, 2020). Interviews with healthcare professionals found that while there is disposition to help migrants and an understanding that they have a right to health, there is the common concern that treating one Venezuelan could implicate not treating an Ecuadorian, resulting in limited willingness to help migrants (Dressel *et al.*, 2020). Host countries across Latin America are facing constraints regarding migrant integration. The COVID-19 pandemic further exacerbated this phenomenon, putting migrants at further risk of being turned down from accessing services, thus infringing on their right to health (Standley *et al.*, 2020; Wolfe, 2021).

There is growing evidence that pandemic measures impacted the health of migrants. For example, Weigel and Armijos (2022) found a decrease in the prevalence of adequate prenatal care from 2018 to 2022, with the largest decline (31%) among Venezuelan migrants (Weigel and Armijos, 2022). Plausible reasons include social distancing measures, lockdown restrictions, shortage of health personnel and a shift in resources to tackle emerging necessities as dictated by the evolution of the pandemic. The literature also discussed differences in health outcomes between Venezuelan migrants and Ecuadorian nationals. For example, Venezuelan women have less favourable birth outcomes than Ecuadorians, with higher odds of low birth weight (Weigel and Armijos, 2022). While no proximate risk factors associated with low birth weight have been identified, the literature suggests that stress, violence, untreated pre-existing conditions, lack of formal employment, inadequate housing and exclusion/discrimination can all be possible causes. Differences in sexual and reproductive health outcomes are not uncommon for newly arrived refugees and migrants, who frequently experience pregnancy and delivery-related complications and difficulty

accessing sexual and gender-based health services and social protection (WHO, 2021).

The pandemic has also impacted access to food for Venezuelan migrants. For example, a recent study showed that 50% of Venezuelans require aid to buy food (Standley *et al.*, 2020). The Food and Agriculture Organization (FAO) of the UN estimated that >2.1 million Venezuelan migrants are experiencing food insecurity, with ∼63–73% of migrants living in Ecuador reporting being moderately/severely food insecure (Stompanato, 2021). Furthermore, an estimated 60% of Venezuelan migrants in Ecuador work in the informal sector and the travel and hospitality industries, among the hardest hit by COVID-19-related measures (Molina *et al.*, 2020; Wolfe, 2021). Nine out of 10 Venezuelans in Colombia, Chile, Ecuador and Peru lost their income due to the pandemic (Standley *et al.*, 2020).

Strengths and limitations

There are several strengths and limitations in the current study. First, a scoping literature review was conducted, which included several sources such as grey and scientific literature and official government documents. This allowed for using different data, including Ecuador's legal framework in relation to the inclusion of migrants in the healthcare system and beyond. Furthermore, local expertise on Ecuador allowed for a better understanding of the health and legal system and the country and regional context. Prior knowledge facilitated the understanding of the issue's extent and some social dynamics, such as xenophobia against migrants.

Nonetheless, important limitations should be noted. First, studies on the topic would be conducted in a somewhat challenging context (i.e. during the pandemic and involving a highly mobile population). The relatively limited number of documents available on the topic may run the risk of misrepresenting the issue's extent. Similarly, limited data were available for border zones that are known for being most vulnerable (David *et al.*, 2019). Possible reasons include safety concerns and limited accessibility to border zones. More research on border zones should be conducted to develop a more comprehensive mapping of the needs, available services and initiatives in these regions, which in turn could better inform regional, national and local efforts.

Furthermore, the literature did not differentiate between the different types of migrants but categorized them into regular and irregular status. Acknowledging differences among migrants' situations would help better understand COVID-19 policies' impacts on groups with varying characteristics, including documentation and socioeconomic status.

Conclusion

The present scoping review is the first, to our knowledge, to explore how policies implemented by the Ecuadorian government during the pandemic impacted Venezuelan migrants' right to health. We found that there was a marked discrepancy between Ecuadorian legal documents (e.g. as written in the country's Constitution) vs the implementation of such commitments. Venezuelan migrants in Ecuador faced additional obstacles posed by the national government's response to the pandemic, with some measures directly affecting the rights granted to migrants by the country's legal framework. Migrants' rights, including the right to health, are included in the Ecuadorian Constitution and the LOMH. Both documents also allude to the guarantees offered by international treaties such as the UN Refugee Convention, which has granted Ecuador international recognition for protecting migrants and refugees. Nonetheless, several pandemic measures infringed on migrants' right to health and well-being.

Measures such as extended border closures, the delay or halting of administrative procedures (e.g. regularization and visa approvals), discriminatory practices within the healthcare system and the exclusion of migrants from receiving economic aid granted to vulnerable Ecuadorians further affected Venezuelan migrants. Border closures increased the use of illegal crossings and thus exposure to further violence in border regions. Lockdowns and exclusion from national emergency programmes, including aid, further exacerbated the economic vulnerability of migrants, with many choosing to return to Venezuela. A nationalist approach to prioritizing Ecuadorians resulted in instances of discrimination with migrants rejected from accessing health services and increased xenophobia linked to an association of migrants with spreading disease.

Nonetheless, Ecuador's inclusion of migrants into the vaccination plan should be recognized, being one of the few countries that explicitly included migrants and ensured access to vaccines regardless of immigration status. Thus, Ecuador has the potential to protect and ensure the rights of migrants based on its legal framework but still has much to do to improve the implementation of such commitments.

Future research should also consider adding additional economic data, as this could help better understand the impacts of the pandemic on migrants' health. For example, studies could investigate government spending on migration programmes during and before the pandemic to understand how priorities shifted during the pandemic and in relation to available funding. Finally, upcoming studies should address why, despite the Ecuadorian legal framework guaranteeing the rights of migrants, this protection is not consistently implemented. This analysis will help identify possible areas for intervention.

Supplementary data

Supplementary data are available at *Health Policy and Planning* online.

Data availability

All sources for the literature review were identified using publicly accessible search engines, including Scopus, PubMed, and Google Scholar. Further details can be found in the Methods section.

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Author contributions

All authors have contributed to the conception or design of the work, the critical revision of the article and the final approval of the version to be submitted.

C.S.C. has contributed to the drafting of the article.

Reflexivity statement

The authors include two women and one man and span different levels of seniority. Two authors have expertise on inequalities in health systems and health policy, and one author has experience on global and environmental health. Two authors are based in Ecuador and all have experience conducting studies in Ecuador.

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References

Abbott J, McCarthy M. 2019. Grassroots participation in defense of dictatorship: Venezuela's communal councils and the future of participatory democracy in Latin America. *Fletcher Forum of World Affairs* **43**: 95.

Alarcon RD, Ordoñez-Mancheno J, Velásquez E *et al.* 2022. A scoping review of the Venezuelan migration in three South American countries: sociocultural and mental health perspectives. *World Social Psychiatry* **4**: 13–23.

Arellano AF, Montero Medina DC, Calvo Rodríguez RW *et al.* 2020. Attitudes toward migration on the Ecuadorian border. *Opción: Revista de Ciencias Humanas Y Sociales* **93**: 63–78.

Balakrishnan VS. 2021. Impact of Covid-19 on migrants and refugees. *The Lancet Infectious Diseases* **21**: 1076–7.

Barcena A. 2020. Latin America and the Caribbean and the COVID-19 pandemic: economic and social effects and the impact on women's lives. Santiago de Chile: Economic Commission for Latin America and the Caribbean (ECLAC). latin_america_and_the_caribbean_and_the_COVID-19_pandemic_economic_and_social_effects_andthe_impact_on_womens_lives_0.pdf (cepal.org).

Bengochea J, Cabezas G, Gandini L *et al.* 2020. COVID-19 y Migración: COVID-19 y Población Migrante y Refugiada. Análisis de las respuestas político-institucionales en ciudades receptoras de seis países en América Latina. In: Vera F, Adler V, Toro F (eds). *Inmigrando: Comprender Ciudades En Transición*. Washington, DC: Inter-American Development Bank, 748–83.

Braun V, Clarke V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* **3**: 77–101.

Brumat L, Finn V. 2021.Mobility and citizenship during pandemics: the multilevel political responses in South America. *Partecipazione E Conflitto* **14**: 321–40.

Carroll H, Luzes M, Freier LF *et al.* 2020. The migration journey and mental health: evidence from Venezuelan forced migration. *SSM - Population Health* **10**: 100551.

CEPAL. 2020. *Los efectos del COVID 19: una oportunidad para reafirmar la centralidad de los derechos humanos de las personas migrantes en el desarrollo sostenible*. CEPAL. https://www.cepal.org/es/publicaciones/46353-efectos-COVID-19-oportunidad-reafirmar-la-centralidad-derechos-humanos-personas, accessed 17 March 2023.

Cheatham A, Labrador RC, Roy D. 2021. *Venezuela: The Rise and Fall of a Petrostate*. Council on Foreign Relations. https://www.cfr.org/backgrounder/venezuela-crisis, accessed 2 February 2023.

Correa-Salazar C, Amon JJ. 2020. Cross-border COVID-19 spread amidst malaria re-emergence in Venezuela: a human rights analysis. *Globalisation and Health* **16**: 1–8.

Cuellar L, Torres I, Romero-Severson E *et al.* 2021. Excess deaths reveal unequal impact of COVID-19 in Ecuador. *BMJ Global Health* **6**: e006446.

David F, Bryant K, Joudo-Larsen J. 2019. Migrants and Vulnerability. *International Organization for Migration*. https://publications.iom.int/system/files/pdf/migrants_and_their_vulnerability.pdf.

Davies AA, Basten A, Frattini C. 2009. Migration: A Social Determinant of the Health of Migrants. IOM. https://migrationhealthresearch.iom.int/migration-social-determinant-health-migrants.

De Genova N. 2022. Viral borders: migration, deceleration, and the re-bordering of mobility during the COVID-19 pandemic. *Communication, Culture and Critique* **15**: 139–56.

Doan LN, Chong SK, Misra S *et al.* 2021. Immigrant communities and COVID-19: strengthening the public health response. *American Journal of Public Health* **111.S3**: S224–31.

Dressel A, Falconí E, Luft H *et al.* 2020. Attitudes among working professionals toward immigrants and refugees living in Ecuador: impacts on health and well-being. *Public Health Nursing* **37**: 517–24.

Economist Intelligence. 2022. Democracy index 2021: the China challenge. The Economist Intelligence Unit. Available at: Democracy Index 2021 – Economist Intelligence Unit (eiu.com). https://www.eiu.com/n/campaigns/democracy-index-2021/.

Ecuadorian Government. 2008. *Constitución de la República del Ecuador 2008*. https://www.gob.ec/sites/default/files/regulations/2020-06/CONSTITUCION%202008.pdf, accessed 2 February 2023.

Ecuadorian Ministry of Foreign Relations and Human Mobility. 2017. *Ley Orgánica de Movilidad Humana [Organic Law of Human Mobility]*. https://www.cancilleria.gob.ec/wp-content/uploads/2014/03/ley_de_movilidad_humana_oficial.pdf, accessed 2 February 2023.

Foreign & Commonwealth Office. 2019. *UK sanctions on Venezuela*. GOV.UK. https://www.gov.uk/government/collections/uk-sanctions-on-venezuela, accessed 10 January 2023.

Goicolea I, Sebastian MS, Wulff M. 2008. Women's Reproductive Rights in the Amazon Basin of Ecuador: Challenges for Transforming Policy into Practice. *Health and Human Rights* **10**: 91–103.

Government of Ecuador. 2020. *Ley Orgánica de Apoyo Humanitario*. [Organic Law for Humanitarian Support]. https://www.emov.gob.ec/sites/default/files/transparencia_2020/a2_41.pdf.

Grillet ME, Hernández-Villena JV, Llewellyn MS *et al.* 2019. Venezuela's humanitarian crisis, resurgence of vector-borne diseases, and implications for spillover in the region. *The Lancet Infectious Diseases* **19**: e149–61.

GTRM. 2021. Evaluación conjunta de necesidades: Informe de resultados 2021. *Grupo de Trabajo para Refugiados y Migrantes – R4V*.

GTRM. 2022. Evaluación conjunta de necesidades: Informe de resultados 2022. *Grupo de Trabajo para Refugiados y Migrantes – R4V*.

Guadagno L. 2020. Migrants and the COVID-19 pandemic: an initial analysis. IOM Migration Research Series. Geneva: IOM. Available at: mrs-60.pdf (iom.int).

Guerra S. 2021. *A "Growing Concern": The Public's Xenophobia Toward and Discrimination Against Venezuelan Migrants in Ecuador*. The Yale Review of International Studies. http://yris.yira.org/essays/4911, accessed 9 April 2023.

Gunderson AK, Kumar RE, Recalde-Coronel C *et al.* 2020. Malaria transmission and spillover across the Peru–Ecuador border: a

spatiotemporal analysis. *International Journal of Environmental Research and Public Health* **17**: 7434.

Hawkins Rada CP. 2021. Forced migration and reproductive rights: Pregnant women fleeing Venezuela. *ACDI-Anuario Colombiano de Derecho Internacional* **15**.

Hermann LJ 2020. *When bodies piled up: Inside Ecuador's first coronavirus hotspot*. Al Jaazera. https://www.aljazeera.com/features/2020/6/17/when-bodies-piled-up-inside-ecuadors-first-coronavirus-hotspot#:~:text=Guayaquil%20was%20one%20of%20the%20first%2C%20and%20hardest, accessed 15 January 2023.

Herrera Mosquera G, Martinez LP. 2021. Venezuelan children on the move in Ecuador: fragile lives of risk and hope. In: Vergara del Solar A, Llobet V, Nascimento ML (eds). *South American Childhoods*. Palgrave Macmillan: Studies in Childhood and Youth, 231–49.

HRW. 2019. *Venezuela's Humanitarian Emergency: Large-Scale UN Response Needed to Address Health and Food Crises*. Human Rights Watch (online).

Idler A, Hochmüller M. 2020. COVID-19 in Colombia's borderlands and the Western Hemisphere: adding instability to a double crisis. *Journal of Latin American Geography* **19**: 280–8.

ILO and UNHCR. 2020. Manual sobre la protección social de la salud para los refugiados. Geneva: Organización del Trabajo y Alto Comisionado de las Naciones Unidas para los Refugiados.

INEC. 2023. Entrada y Salidas Internacionales. https://www.ecuadorencifras.gob.ec/entradas-y-salidas-internacionales/.

IOM. 2020. Migration-related socioeconoic impacts of COVID-19 on developing countries. Geneva: International Organization for Migration. 05112020_lhd_COVID_issue_brief_0.pdf (iom.int).

Irons R. 2022. 'Aquí viene una Veneca más': Venezuelan migrants and 'the sexual question' in Peru. *Anthropology & Medicine* **29**: 323–37.

Keating C, Treves-Kagan S, Buller AM. 2021. Intimate partner violence against women on the Colombia Ecuador border: a mixed-methods analysis of the liminal migrant experience. *Conflict and Health* **15**: 1–7.

Khalil H, McInerney P, Pollock D *et al.* 2021. Practical guide to undertaking scoping reviews for pharmacy clinicians, researchers and policymakers. *Journal of Clinical Pharmacy and Therapeutics* **47**: 129–134.

Lewis R, Hendry M, Din N *et al.* 2019. Pragmatic methods for reviewing exceptionally large bodies of evidence: a systematic mapping review and overview of systematic review using lung cancer survival as an exemplar. *Systematic Reviews* **8**: 17.

Lynch MA, Pusey-Murray A. 2021. The Effects of Covid-19 in the Healthcare System. *Public Health Research* **11**: 15–8.

Machado AC, Palomo N, Rubio M *et al.* 2021. *Social protection and Venezuelan migration in Latin America and the Caribbean in the context of COVID-19*. Econstor.eu. [online] 58. http://hdl.handle.net/10419/234899, accessed 11 March 2023.

Mantilla J. 2020. Xenophobia and class conflicts among Venezuelan migrants: an ethnographic study in the city of Ibarra, Ecuador. *Journal of Advanced Research in Social Sciences* **3**: 1–11.

Mazza J. 2020. *Venezuelan Migrants Under COVID-19: Managing South America's Pandemic Amid a Migration Crisis*. Wilson Center. https://www.wilsoncenter.org. https://www.wilsoncenter.org/publication/venezuelan-migrants-under-COVID-19-managing-south-americas-pandemic-amid-migration, accessed 7 April 2023.

McDonald RM. 2021. Control migratorio y salud pública: restricciones a la movilidad humana por razones médicas o sanitarias en tiempos del COVID-19. *Revista de Derecho (Valdivia)* **34**: 203–23.

Meili S. 2017. The Human Rights of Non-Citizen: Constitutionalized Treaty Law in Ecuador. *Georgetown Immigration Law Journal* **347**.

Migration Data Portal. 2022. Migration data relevant for the COVID-19 pandemic. *Migration Data Portal*. Available at: Migration data relevant for the COVID-19 pandemic (migrationdataportal.org).

Moher D, Liberati A, Tetzlaff J, Altman DG. 2009. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Medicine* **6**: e1000097.

Molina VS, Aguirre DC, Zambrano PM 2020. *Análisis: Situación de Derechos Humanos de Migrantes de Venezuela en Ecuador*. CARE Ecuador. https://www.care.org.ec/project/analisis-situacion-de-derechos-humanos-de-migrantes-de-venezuela-en-ecuador/, accessed 31 August 2022.

Munn Z, Peters MDJ, Stern C *et al.* 2018. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology* **18**: 1–7.

Naciones Unidas Ecuador. 2020. Ecuador: Evaluación rápida de necesidades ante el COVID-19. *R4V*.

Naim M, Toro F. 2018. Venezuela's suicide: lessons from a failed state. Foreign Affairs. https://carnegieendowment.org/2018/10/16/venezuela-s-suicide-lessons-from-failed-state-pub-77510.

OECD. 2022. The unequal impact of COVID-19: A spotlight on frontline workers, migrants and racial/ethnic minorities. *OECD Policy Responses*. Available at: The unequal impact of COVID-19: A spotlight on frontline workers, migrants and racial/ethnic minorities (oecd.org).

OHCHR. 1951. Convention relating to the Status of Refugees. Human Rights Instruments. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-relating-status-refugees.

OHCHR. 1966. *International Covenant on Economic, Social and Cultural Rights*. https://www.ohchr.org/sites/default/files/cescr.pdf, accessed 15 January 2023.

OHCHR. 1990. *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families*. OHCHR. https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-protection-rights-all-migrant-workers, accessed 15 January 2023.

OHCHR. 2008. The Right to Health – Fact Sheet No. 31. https://www.ohchr.org/en/publications/fact-sheets/fact-sheet-no-31-right-health.

OHCHR. 2014. Ratification of 18 International Human Rights Treaties. Status of Ratification Interactive Dashboard. https://indicators.ohchr.org/.

Padrón MC. 2020. Migrantes y COVID-19: Qué tienen en común Perú, Colombia y Ecuador? Similitudes en la respuesta institucional y lecciones aprendidas para el escenario postpandemia. *Equilibrium CenDe*. https://equilibriumcende.com/migrantes-y-covid-19-que-tienen-en-comun-peru-colombia-y-ecuador/.

Perez-Brumer A, Hill D, Andrade-Romo Z *et al.* 2021. Vaccines for all? A rapid scoping review of COVID-19 vaccine access for Venezuelan migrants in Latin America. *Journal of Migration and Health* **4**: 100072.

Plan International. 2021. Estudio sobre violence basada en género hacia las mujeres migrantes y/o refugiadas en los países receptores de Perú y Ecuador. Plan International. https://plan-international.org/uploads/sites/56/2022/05/Estudio_VBG_Peru_-_Ecuador-1.pdf.

Pugh JD, Jimenez LF, Latuff B. 2020. *Welcome Wears Thin for Colombians in Ecuador as Venezuelans Become More Visible*. Migration Policy. https://www.migrationpolicy.org/article/welcome-wears-thin-for-colombians-ecuador, accessed 3 April 2023.

R4V. 2022. *R4V Latin America and the Caribbean, Venezuelan Refugees and Migrants in the Region – May 2022*. *R4V*. https://www.r4v.info/en/document/r4v-latin-america-and-caribbean-venezuelan-refugees-and-migrants-region-may-2022, accessed 20 March 2023.

Ramsey G. 2020. *Interactive Map: Degrees of Diplomatic Recognition of Guaidó and Maduro*. Venezuelan Politics and Human Rights. https://www.venezuelablog.org/interactive-map-degrees-of-diplomatic-recognition-of-guaido-and-maduro/, accessed 2 February 2023.

Reed-Hurtado M. 2017. The Cartagena Declaration on Refugees and the Protection of People Fleeing Armed Conflict and Other Situations of Violence in Latin America. In: *Flight from Conflict and Violence*. United Kingdom: Cambridge University Press, 141–80.

Ribando Seelke C. 2022. Venezuela: Overview of U.S Sanctions. Congressional Research Service. https://crsreports.congress.gov/product/pdf/IF/IF10715.

Riggirozzi P, Grugel J, Cintra N. 2020. Protecting migrants or reversing migration? COVID-19 and the risks of a protracted crisis in Latin America. Situational brief: perspective on migrants' right to health in Latin America during COVID-19. https://www.southampton.ac.uk/~assets/doc/politics/protecting-migrants-or-reversing-migration.pdf.

Rodríguez-Morales AJ, Bonilla-Aldana DK, Morales M *et al.* 2019a. Migration crisis in Venezuela and its impact on HIV in other countries: the case of Colombia. *Annals of Clinical Microbiology and Antimicrobials* **18**: 1–5.

Rodríguez-Morales AJ, Suárez JA, Risquez A *et al.* 2019b. In the eye of the storm: Infectious disease challenges for border countries receiving Venezuelan migrants. *Travel Medicine and Infectious Disease* **30**: 4–6.

Standley CJ, Chu E, Kathawala E *et al.* 2020. Data and cooperation required for Venezuela's refugee crisis during COVID-19. *Globalisation and Health* **16**: 1–7.

Stompanato F. 2021. Migrantes y refugiados venezolanos en Colombia, Perú y Ecuador. *World Food Programe – R4V*.

Torres I, López-Cevallos D. 2021. In the name of COVID-19: legitimizing the exclusion of community participation in Ecuador's health policy: special call: health promotion perspectives on the COVID-19 Pandemic. *Health Promotion International* **36**: 1324–33.

Torres I, Lopez-Cevallos D, Cañizares B, Hui Wong Y. 2022. La Respuesta Sanitaria de Ecuador ante la Migración Venezolana. In: Arroyo Laguna J, Portes A, Cabieses B, Torres I, Cubillos A (eds). *La Migración Venezolana En Los Andes: La Respuesta Sanitaria de Perú, Chile, Colombia Y Ecuador*. Fondo Editorial: Pontificia Universidad Católica de Perú, 322–401.

UN General Assembly. 1951. *Convention Relating to the Status of Refugees*. United Nations, Treaty Series, Vol. 189, p. 137. https://www.refworld.org/docid/3be01b964.html, accessed 9 January 2023.

UNHCR. 2015. *States Parties to the 1951 Convention and its 1967 Protocol*. https://www.unhcr.org/ie/media/states-parties-1951-convention-and-its-1967-protocol.

UNHCR. 2021a. *COVID-19*. UNHCR Canada. https://www.unhcr.ca/our-work/emergencies/COVID-19/, accessed 10 January 2023.

UNHCR. 2021b. *Global Report 2021 – Venezuela situation*. Global Focus. https://reporting.unhcr.org/venezuelasituation, accessed 14 August 2023.

UNHCR. 2022a. *Ecuador*. Global Focus. https://reporting.unhcr.org/ecuador?year=2022#toc-populations, accessed 12 February 2023.

UNHCR. 2022b. *Venezuela – Fact Sheet*. Global Focus. https://reporting.unhcr.org/document/2473.

UNICEF. 2017. Is Healthcare Accesible? Refugee and Migrant Crisis in Europe. https://www.unicef.org/eca/sites/unicef.org.eca/files/UNICEF%20Advocacy%20Brief%20Health.pdf.

UNICEF. 2021. La vacunación de rutina de los niños debe ser una prioridad para el Estado, no hacerlo podría desencadenar un retroceso sin precedentes. *UNICEF Ecuador*. Available at: (https://unicef.org).

United Nations. 1948. *Universal Declaration of Human Rights*. https://www.un.org/en/about-us/universal-declaration-of-human-rights, accessed 9 January 2023.

United Nations. 2022. *International Convenant on Economic, Social and Cultural Rights*. UNTC. treaties.un.org. https://treaties.un.org/Pages/showDetails.aspx?objid=080000028002b6ed.

United Nations High Commissioner for Refugees (UNHCR). 1984. Cartagena Declaration on Refugees, Colloquium on the International Protection of Refugees in Central America, Mexico and Panama. https://humanrightscommission.house.gov/sites/humanrightscommission.house.gov/files/documents/1984_Cartagena_Declaration_on_Refugees.pdf, accessed on 9 January 2023.

Vazquez-Rowe I, Gandolfi A. 2020. Peruvian efforts to contain COVID-19 fail to protect vulnerable populations groups. *Public Health in Practice*.

Vera Espinoza M, Prieto Rosas V, Zapata GP *et al.* 2021. Towards a typology of social protection for migrants and refugees in Latin America during the COVID-19 pandemic. *Comparative Migration Studies* **9**: 1–28.

Weigel MM, Armijos RX. 2023. Maternal care and pregnancy outcomes of Venezuelan and Colombian refugees. *Journal of Immigrant and Minority Health* **25**: 86–95.

WHO. 2021. *Migration and Health: Key Issues*. World Health Organization. https://www.euro.who.int/__data/assets/pdf_file/0005/293270/Migration-Health-Key-Issues-.pdf, accessed 20 March 2023.

WHO. 2022. World report on the health of refugees and migrants. World Health Organization. https://www.who.int/publications-detail-redirect/9789240054462.

WHO. 2023. WHO Coronavirus (COVID-19) Dashboard: Ecuador. *WHO*. Available at: Ecuador: WHO Coronavirus Disease (COVID-19) Dashboard With Vaccination Data, WHO Coronavirus (COVID-19) Dashboard With Vaccination Data.

Wolfe G. 2021. *Where Are Venezuelan Migrants and Refugees Going? An Analysis of Legal and Social Contexts in Receiving Countries*. Center for Migration Studies. https://www.cmsny.org/wp-content/uploads/2021/01/Where-Are-Venezuelan-Migrants-and-Refugees-Going.pdf, accessed 3 April 2023.

World Bank. 2019. *Venezuelan Migration: The 4,500-Kilometer Gap Between Desperation and Opportunity*. World Bank. https://www.worldbank.org/en/news/feature/2019/11/26/migracion-venezolana-4500-kilometros-entre-el-abandono-y-la-oportunidad#:~:text=Venezuelan%20migration%20is%20the%20largest%20human%20mobilization%20in, accessed 31 August 2022.

World Bank. 2020. Retos y oportunidades de la migración venezolana en Ecuador. *Grupo Banco Mundial - State and Peacebuilding Fund*.

World Bank. 2021. *Ecuador, the Country that Vanquished the Nightmare Pandemic in 100 Days*. World Bank. https://www.worldbank.org/en/news/feature/2021/10/18/ecuador-the-country-that-vanquished-the-nightmare-pandemic-in-100-days, accessed 2 February 2023.

World Bank. 2022. Remittances grow 5% in 2022, despite global headwinds. World Bank. https://www.worldbank.org/en/news/press-release/2022/11/30/remittances-grow-5-percent-2022.

Zapata GP, Prieto Rosas V. 2020. Structural and Contingent Inequalities: The Impact ofCOVID-19 on Migrant and Refugee Populations in South America. *Bulletin of Latin American Research* **39**: 16–22.