

Migrants and Access to Health Care in Costa Rica

Key points

- In many host countries, integration of migrants into social services is often controversial and politicized, with concerns about its effects on the sustainability of the welfare state.
- In Latin America, Costa Rica has one of the most inclusive social policy regimes and the highest immigration rate, particularly of Nicaraguans.
- Using quantitative data, this research examined the validity of two common conflicting views in Costa Rica, firstly that (Nicaraguan) migrants disproportionately use public health services, and secondly that Nicaraguan migrants are discriminated based on nationality and have limited access to health services.
- The research found support for neither view. Migrant use of health care is proportionally lower than their share in the population. Meanwhile there is no evidence that Nicaraguan migrants are discriminated against in accessing health care based on their nationality. Instead, migratory status is determinant for access to health insurance, public health care services and medicine.
- Findings underline the need for more informed migration debates.

Keywords

migration – access to health care – Costa Rica - Nicaragua – social policy – South-South migration – welfare chauvinism

Introduction

In almost all host countries, integration of immigrants in social services is highly controversial and subjected to heated politicized debates about the effects of migration on the welfare state. Costa Rica is no exception. It has one of the strongest social policy regimes in the South and the highest number of migrants in Latin America. Migrants form about 9% of the total population, with the majority from Nicaragua. Nicaraguan migrants constitute 75% of the migrant population and 7% of the national population.

Over the last decades, the country has seen a deterioration of its public services, particularly in healthcare. In the public opinion, the financial difficulties of the *Caja Costarricense del Seguro Social*

(Costa Rican Social Security Fund, or CCSS) - the public institution in charge of social security and the provision of public health care - is often blamed on Nicaraguan migrants. However, there no empirical evidence to confirm this.

This research assesses two common opposing views in Costa Rica. On the one hand, the persistent view held by about three quarters of the Costa Rican population that Nicaraguans make disproportionate use of public health services and threaten the country's welfare system. On the other hand, the view held by amongst others NGOs and academics that Nicaraguans are discriminated against based on nationality and have limited access to health services.

Context: Costa Rica

- **Inclusive social policy** | Costa Rica is an interesting case to explore the incorporation of migrants in social services in the global South. Since the 1980s the country has had one of the most inclusive social policy regimes in the continent. A migration law effective since March 2010 commits the state to social inclusion of immigrants.
- **Single-payer social security system** | The country has a single-payer system financed by employers, employees and the state and provides subsidies for the poor. CCSS covers approximately 87% of the Costa Rican population through its health insurance. Independent workers and informal sector workers also have access and can be voluntarily insured. Independent of the type of insurance offered by the CCSS, access to high quality healthcare provision for the insured is the same.
- **Lower health insurance coverage for Nicaraguan migrants** | About 64% of Nicaraguan migrants in Costa Rica are insured. Migrants experience a legal catch-22 situation. The law stipulates that in order to start the regularization process migrants need to be affiliated to Costa Rica's social security system.

However, in order to obtain health insurance migrants need to have regular migratory status. Partially due to this, the proportion of Nicaraguan migrants with health insurance coverage is far lower compared to Costa Rican nationals.

Insurance rate per category	Costa Ricans	Nicaraguans
Salaried workers*	19%	18.8%
Independent & voluntary*	11.2%	10.9%
Family insurance*	32.2%	24.1%
Pensioners*	13.2%	2.3%
No insurance	13%	36%

Based on MISOC. See table 2 in the article. Categories marked with * require legal migratory status.

Research at a glance

Research questions

The research explored the following questions to examine the validity of two common and conflicting views in Costa Rica:

1 Healthcare use by (Nicaraguan) migrants

Do Nicaraguan migrants make disproportionate use of public health services?

2 Limited access to healthcare for (Nicaraguan) migrants

Are Nicaraguan migrants denied access to healthcare services and do they face discrimination based on nationality?

Methodology

The study used quantitative data to answer the two research questions.

1. Healthcare use by (Nicaraguan) migrants

Administrative data
Obtained from the CCSS on healthcare usage (hospitalizations, consultations and emergency attention) and data from various editions of statistical yearbooks over the period 2000-2011.

Simple incidence analysis
Assessing the share of health service use by nationals versus foreigners as compared to their share in the total population.

2. Limited access to health care for (Nicaraguan) migrants

Tailor-made primary survey data
This Social Policy Database (MISOC) had a representative sample of 795 respondents, comprising 394 Nicaraguan migrants and 401 native Costa Ricans with similar socio-economic traits (included for the purposes of comparison). Data was collected August-December 2013.

Regression analysis
Focusing on 3 indicators to identify effect of being a migrant on access to Costa Rica's health care. These are whether a respondent: i) has health insurance, ii) would seek health care when in need, and iii) would seek medicine when in need.

* The sampling method as well as a comparison of census data and the MISOC survey suggest that the MISOC data are representative.

Novel features

Novel features of this research include that it: focuses on South-South migration (whereas the majority of existing research looks at South-North migration); extends beyond

formal entitlements (to analyze actual access) and uses quantitative data (instead of qualitative and anecdotal evidence used in many existing research papers).

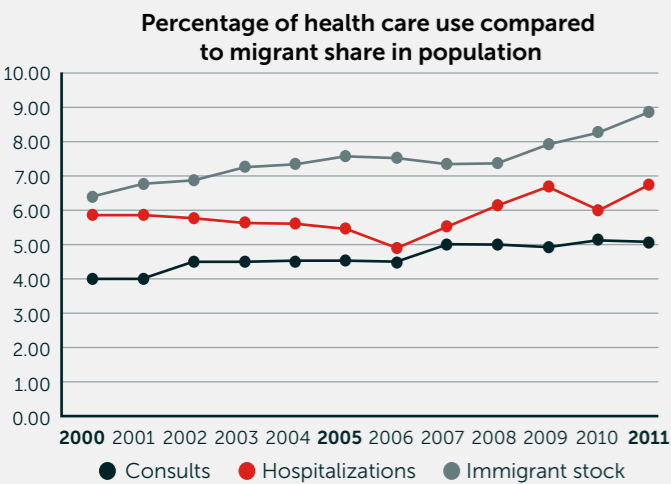
Findings

The study found no empirical support for either view. The share of migrant health care use is lower than their share in the population. Despite qualitative evidence that suggests discrimination, no quantitative evidence was found of discrimination in health care access for migrants based on their nationality.

1 Health care use by (Nicaraguan) migrants

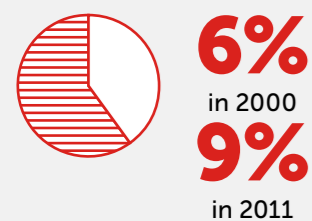
There is no empirical evidence that migrants disproportionately use Costa Rican health services. For all years between 2001-2011, migrant use of health care services was below their share in the population.

- Healthcare used by migrants is lower than their share of population | Migrants constituted 6% of the total population in 2000 and 9% of the total population in 2011. The study found that migrants accounted for 5.8% of total hospitalizations in 2000 and 6.7% in 2011. For out-patient consultations, migrants accounted for 4-5% of total consultations each year.



- Healthcare use by Nicaraguan migrants specifically is lower than their share of the population | Use of healthcare by Nicaraguan migrants specifically could only be assessed for 2006 due to data availability. The study found that while Nicaraguan migrants constituted 5.5% of the total population that year, their share of patient visits in emergency medical care amounted to 5.11%.
- For 8 of 12 types of emergency services, Nicaraguans accounted for a smaller share.
- For 4 of 12 types of emergency services, Nicaraguans do appear to use more healthcare than their share in the population. This is particularly for emergency services related to pregnancy and birth, largely explained by the (re)productive ages of the migrant population.

- 5.5% Share of Nicaraguan migrants in population (2006)
- 5.11% Use of health care services by Nicaraguan migrants (for total emergency medical care)
- 3.9% Use of health care services by Nicaraguan migrants (for emergency medical care for respiratory disease)
- 3.3% Use of health care services by Nicaraguan migrants (for infectious and parasitic disease)



Share of migrants in population (2000-2011)

Share of hospitalization by migrants (2000-2011)
5.8% in 2000
6.7% in 2011



4%-5% 2000-2011

Share of out-patient consultations by migrants (2000-2011)

2 Limited access to health care for (Nicaraguan) migrants

There is no quantitative evidence that Nicaraguans are discriminated against based on their nationality when it comes to access to health care. Instead, migratory status is determinant for access to health insurance, public health care services and medicine.

Nicaraguans with permanent or temporary residence status are able to access health insurance and use health services. Nicaraguans on tourist visas or with irregular status have difficulty accessing health insurance and have significantly less access to public health care.

- Nicaraguan-born individuals are less likely to be insured than Costa Ricans | Overall, Nicaraguan-born individuals are almost 28% less likely to be insured. However, in relation to migratory status, individuals who have lived in Costa Rica for a longer time are more

likely to have insurance. However, there are barriers for migrants to access a regular migratory status.

- There does not appear to be discrimination in terms of access to health insurance for Nicaraguans with migratory status | Nationalized Nicaraguans and Nicaraguans with a residence permit are 15% and 5% more likely to have health insurance than Costa Ricans, respectively. However, Nicaraguan-born individuals who are irregular immigrants or have a tourist visa are 55% and 63% less likely to be insured when compared to nationals.
- Nicaraguan migrants with a regular status are as likely as Costa Ricans to use health services | Nicaraguans who are nationalized or have a residence status are as likely as Costa Rican nationals to use health services. In general, however, Nicaraguans are 25.6% less likely to seek health care, compared to Costa Ricans. Nicaraguans who are irregular or have a tourist visa are 43-48% less likely to do so.

28% 15% 5% 25.6% =

Nicaraguans are 28% less likely to be insured than Costa Ricans

Nationalized Nicaraguans and Nicaraguans are 15% more likely to have health insurance than Costa Ricans.

Nicaraguans with a residence permit are 5% more likely to have health insurance than Costa Ricans.

Overall, Nicaraguans are 25.6% less likely to seek health care than Costa Ricans.

Nicaraguan migrants with a regular status are as likely as Costa Ricans to use health services.

Welfare-magnet claim

Is there empirical support for the welfare-magnet claim? Top 3 reasons, according to the study, why Nicaraguan migrants chose Costa Rica as their destination:

- Proximity (43.9%)
- Contacts (36.3%)
- Paid employment (16.5%)

" Share of migrant health care use is lower than their share in the population. No quantitative evidence was found of discrimination in health care access for migrants based on nationality. "

Conclusion

- Empirical evidence does not support either one of the two common yet conflicting views in Costa Rica. Migrant use of health care is proportionally lower than their share in the population. Meanwhile there is no quantitative evidence that Nicaraguan migrants are discriminated against in accessing health care based on their nationality. Instead, migratory status is determinant.
- The findings from this study are relevant for other countries hosting migrants and highlight the need for more informed public policy debates based on empirical findings.
- The discrepancy between subjective opinions and perceptions compared to empirical findings is not unusual nor surprising. However, an interesting question is why it is difficult to change generally negative perceptions of the disproportionate use of social services by migrants while empirical evidence suggests the opposite.

More information



This research brief summarizes key findings from K. Voorend, A. Bedi and R Sura-Fonseca, "Migrants and Access to Health Care in Costa Rica", *World Development Volume 144 (August 2021)*, <https://doi.org/10.1016/j.worlddev.2021.105481>.

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Acknowledgement

Financial support was received from the Political Ecology and the Development Economics Research Group of the International Institute of Social Studies, Erasmus University Rotterdam.

This Research Brief was produced by Adinda Ceelen.

Cover photo by: Pablo Franceschi

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