III. Paz, Seguridad y Conflicto

A Grey Area of Rights and Knowledge: Displacement in Colombia, South-South Migration and Health Equity

Luz Cristina Barajas S.*
Françoise Barten**

Abstract

Globalization and liberalization of the economies have produced among others drastic effects on the human mobility, generating confusion, enhancing discrimination and a lack of respect to the rights of several migrant collectives. In this article we analyse several challenges for the study of these phenomena, based on the case of the neglected health rights of Colombian women, who have been forced to displace by the country's internal conflict, and are thus pushed to cross the border to Ecuador.

* Luz Cristina Barajas Sandoval. Anthropologist, MSc. Rural Development. Researcher Universidad Central, Facultad Ciencias Sociales Humanidades y Arte, Bogotá. PhD candidate Radboud University, The Netherlands. cbarajass@ucentral.edu.co
** Dr. Françoise Barten M.D. MSc. M.PH, PhD. Senior researcher and coordinator Nijmegen Urban Health Group at Radboud University Nijmegen Medical Centre, UMCN, Institute for International Health, Dep. Primary and Community Care, Nijmegen, The Netherlands. f.barten@elg.umn.nl

The article identifies several knowledge gaps that could allow and advance a better understanding of these critical subjects.

The paper – a think piece –is based upon a general review of documents and studies on the relation between migration and health. The supporting theory on the research comes from international organisations such as the WHO and IOM, NGOs, grass-roots organisations and academic research.
This paper shows the need for focusing on the reality of supra states which globalization has generated, and the urgency of securing the access to essential health preconditions to migrant populations. These issues can no longer be neglected and should be included on agendas at international level, widening the approach of programs to the displaced/immigrant population by taking into account the need to ensure the essential health preconditions (equity), prevention, and protection. Further, it is clear that women and children require a better protection with enhanced prevention and responding measures to sexual abuse, stigmatisation, violence and the respect of their rights.

Key words: *health equity/rights, displacement, south-south migration, knowledge gaps, health policy, Colombia-Ecuador.*

La zona gris de los derechos y el conocimiento: desplazamiento en Colombia, Migración Sur-Sur y equidad en la salud

Resumen

La globalización y la liberalización de las economías han producido, entre otros drásticos efectos en la movilidad humana, confusión, discriminación y falta de respeto a los derechos de muchos migrantes. En este artículo se exponen varios retos para el estudio de estos fenómenos a propósito de los derechos de salud de mujeres colombianas que han sido desplazadas de sus regiones de origen por el conflicto armado y que se han visto forzadas a cruzar la frontera con Ecuador. El artículo propone varios vacíos en la investigación, que podrían representar un avance en la temática.

Lo aquí planteado se ha elaborado con base en una revisión general de documentos y estudios que relacionan salud y migración. El soporte teórico para dicha revisión se ha hecho con base en los postulados de organizaciones internacionales como la Organización Mundial de la Salud, la Organización Mundial de Migraciones, diversas ONG, organizaciones de base e investigaciones académicas.

El artículo muestra la necesidad de analizar la realidad de formas supra-estatales que la globalización ha generado y enfatiza en la urgencia de asegurar el acceso a salud de las poblaciones migrantes. Para ello aspectos encontrados aquí deberían ser parte de las agendas a nivel internacional, ampliando la atención de programas a las poblaciones desplazadas/migrantes teniendo en cuenta precondiciones de salud, prevención, equidad y protección en salud. Adicionalmente deja claro que mujeres, niños y niñas requieren de una mejor protección y del mejoramiento de las formas de prevención y respuesta frente a abuso sexual, estigmatización, violencia e irrespeto de sus derechos.

Palabras clave: *salud, derechos/equidad, desplazamiento, migración sur-sur, políticas en salud, Colombia-Ecuador.*

A zona cinza dos direitos e o conhecimento: deslocamento na Colômbia, Migração Sul-Sul e equidade na saúde

Resumo

A globalização e a liberalização das economias têm produzido, entre outros drásticos efeitos na mobilidade humana, confusão, discriminação e falta de respeito aos direitos de muitos migrantes. Neste artigo expõem-se vários desafios para o estudo destes fenômenos respeito aos direitos de saúde de mulheres colombianas que têm sido deslocadas de suas regiões de origem pelo conflito armado e que têm sido forçadas a cruzar a fronteira com Equador. O artigo propõe vários vazios na pesquisa, que poderiam representar um avanço na temática.

O que aqui se apresenta tem-se elaborado com base em uma revisão geral de documentos e estudos que relacionam saúde e migração. O suporte teórico para

dita revisão se tem feito com base nos postulados de organizações internacionais como a Organização Mundial da Saúde, a Organização Mundial de Migrações, diversas ONG, organizações de base e pesquisas acadêmicas.

O artigo mostra a necessidade de analisar a realidade de formas supra-estatais que a globalização tem gerado e enfatiza na urgência de segurar o acesso a saúde das populações migrantes. Para isso, aspectos encontrados aqui deveriam ser parte das agendas no contexto internacional, ampliando a atenção de programas às populações deslocadas/migrantes tendo em conta precondições de saúde, prevenção, equidade e proteção em saúde. Adicionalmente, deixa claro que mulheres e crianças requerem de uma melhor proteção e do melhoramento das formas de prevenção e resposta frente ao abuso sexual, estigmatização, violência e desrespeito de seus direitos.

Palavras chave: *saúde, direitos/equidade, deslocamento, migração sul-sul, políticas em saúde, Colômbia–Equador.*

Introduction

The social reconfiguration brought by both globalization and the liberalization of economies has produced, among other things, drastic effects on the human mobility. Until the end of the 20th century, the legal and political parameters based on the notion of state-nation had been useful to regulate such movements. However, those parameters have become obsolete, generating confusion, discrimination, and even lack of respect to the rights of moving population groups. The field of the health rights of migrants who cross the borders, being forced by particular conditions of political conflict provides clear evidence of such challenges. These people have no possibilities of being protected under the current legal frameworks.

This article examines some of the challenges that the study of these phenomena encompasses, based on the case of health rights of forcefully displaced Colombian women who have been pushed by the internal conflict of their country to cross the border to Ecuador. Firstly, this paper provides a general view of some current perspectives on migration studies based on a non-exhaustive, yet systematic, revision of available literature —including grey literature— and, in particular, the relation between migration and health. Secondly, the paper examines this migration-health linkage, specifically in the case of internally displaced women in Colombia, and refers to their health rights upon their arrival to Ecuador, where they fall into the so-called *grey zone of rights*. Finally, the article intends to identify some gaps in current research to possibly attain a more thorough knowledge on these issues.

Migration Studies

So far, most studies on international migration have primarily monitored the flows of populations in movement, their remittances patterns, and the possibilities of insertion, integration, assimilation or adaptation to the receiving societies (Garay and Medina, 2008; CEMLA/BID/Famin 2005; Cárdenas and Mejías, 2006; Barajas and Truong, 2006; Kraft, 2007; González, 2006). In addition, internal migration phenomena, following the same line, remain confined within the national arena. The degree and depth of analysis tend to be

limited to the policies and, in the best of cases, the rights of migrant populations (Ibáñez and Moya, 2007).On the other hand, refuge as a phenomenon has produced a particular category of study, through the analysis of displaced populations that, once within a state, are forced to cross borders and become international migrants. At least in the Colombian case, the analysis of the impact on their health conditions and the possibilities to ensure health during the move is a knowledge gap that this paper attempts to highlight.

Based on evidence provided by current available studies, particularly focusing on the case of the Colombo Ecuadorian border, this paper then analyses yet unsolved, but critical questions in this field.

Trans-nationalism is one of the most researched fields of migra-tion. It seeks to deconstruct the duality of the concepts *national/ international* and *local/global*, which has dominated, until not long ago, migration studies (Levitt and Shiller, 2004; Guarnizo and Díaz, 1999). This focus on trans-nationalism makes the existing linkages of interdependence and relations among localities explicit. This occurs on various geographical levels: villages, cities, regions, and nations, forged by migrants and those who remain at their place of origin and/or those who move to other destinations. These studies have allowed the establishment of useful niches of research: practices among transnational families, as well as the shaping of social spaces and structures which give meaning to collective actions. This is given, for example, through the formations of migrant associations and organizations and even considering the possibility of continuing be-ing political actors through vote and the representation, at a distance from their countries of origin.

The studies with this focus have produced some methods of analysis, which allow a better understanding of how rights, security, and the different survival ways are produced, recreated, and reproduced in multi-situated conditions (Smith and Guarnizo, 1998). However, in particular the impact on health, people-centred security and the chal-lenge of equity is neglected and under-researched by this perspective.

Although the focus on trans-nationalism contributes to overcome the national and international dichotomy, it does not acknowledge the existence of phenomena such as the one that concerns us. Internal forced displacement becomes international migration, contributing to a grey zone difficult to classify. Before the transition from migrant to refugee takes place, the migrants' situation falls into another field of analysis that has not yet been explored. For example, in Colombia, members of groups forced to move through different regions of the country (e.g. from the northern Caribbean coast to Nariño, in the south), while looking for a place to stay, often do not manage to settle themselves, and have no other alternative than leaving the country through the southern border. This kind of movement appears to indicate a new nomadic life. Such *transhumance* leads to a very difficult feeling of belonging and identity and health impact, neglected so far. The context of the actual policies of the state-nation and their territorial controls tend to deepen even more the difficulties of a possible formal identity of the moving citizens. In certain contexts, it seems that the management of the migratory phenomena under the state-nation perspective has allowed and even strengthened various ways of domination, discrimination, and abuse of human beings. Indeed, research by Duwell (2003) provides evidence that the fact that restrictions on the people's freedom of movement persist, proves the attempts to maintain the dominant power structures, and in their respective places.

Migration and Health

Our revision of the literature on the relation between migration and health (equity) evidenced that specific subjects are addressed, while other have been neglected. The rights of migrants and/or displaced populations appeared particularly based on the WHO declarations in which a call for health respect, as a part of the fundamental human rights and the binding agreements (Economic, Social and Cultural Rights, ref),is made on the different states. Similar studies have been conducted by the International Organization for Migration and some experts like Mac Pherson (2004) and Carballo (2007). Those studies, of course, have also taken place in working papers and declarations of

several NGOs that work, above all, for the rights of undocumented migrants, like PICUM at the European Union.

In some cases, the issue of the health rights of migrants has focused on the specific rights of a particular group; as studies with a gender perspective (Donato 2003) do. However, these studies tend to refer only to the access to medical care, without examining the essential health pre-conditions, the socio-environmental determining possibilities (imperative too?) of including aspects such as health prevention and protection. In this sense, it is worth mentioning studies on some recent implementation experiences of Comprehensive Primary Health Care with the active participation of civil society. These experiences include, at least in Latin America, the abovementioned aspects with a clear purpose not to ignore the principles of Alma Ata (Rovere, Barten, Espinoza 2009).

Additionally, the migration of health care services has acquired relevance, in the sense of new ways of medical services, by inducing the migration of health workers, through the organ trafficking, or health tourism.. These phenomena, which have increasingly grown in the last decade, illustrate the impact of the neoliberal policies of the globalized world. The WHO has published at least two reports (WHO 2006, 2008) on migration of health workers, there is also a wide bibliography and analysis of the trends of the so called *brain drain* that examine the impact on the health systems within the countries where professionals, particularly the paramedic personnel, come from (Buchman 2008). Nevertheless, the analysis so far has been restricted to the impact on health services provision/health care and very few studies have analysed the relationship between migration on human resources and population health, and the challenge of equity. Considering health tourism, there is also a wide bibliography (Gonzáles 2001, Chande 2002, Henderson 2003); organ trafficking is object of growing analysis (WHO 2004, SchepereHuges, 2004, Bos 2007, Kishore 2005) as well.

On the other hand, some specific illnesses have been identified as related to migratory processes, either due to the fact that the precon-

ditions for these health problems are enhanced during the migration process, or because migrant populations are considered vectors of these diseases. The World Health Organization has issued several warnings and illnesses as TBC, AIDS,(WHO 2007, Spiegel 2004) and diabetes (Carballo 2006), and most recently the avian influenza and N1H1 have been analysed. However, these studies have not yet used these diseases as a lens to examine the structural and underlying determinants of migration processes.

Even though the WHO has recognized in several opportunities the importance and the urgency of securing health access to the migrant populations, this interest has not been reflected in important policy documents as the Report of the Commission of the Social Determinants of Health, nor in the Health Agenda for the Americas 2008 – 2017. Only recently, in March 2010, the WHO has created a coordinated action with the IOM aiming at establishing the main criteria on the subject. In this last event, for example, a timid reference is made of the need for "harmonization of the policies amongst countries" (IOM, WHO 2010, p. 16). The responsibility is pointed once again at governments and states or mostly at regional economic communities (such as the CAN, for its initials in Spanish –Comunidad Andina de Naciones, Community of Andean Nations) or at regional consulting processes, without daring to propose further innovative frameworks which would effectively consider the reality of supra-states, generated by globalization

Additionally, when the migratory phenomenon is mentioned in these documents, it is done only in a tangential way, while recommendations are often made only to national governments (70% in the case of the document of the Social Determinants of Health) under the criteria of nation-state. This is indeed the greatest failure of the documents and developments that this key entity on world health is addressing. It is clear that the social determinants of health are increasingly becoming more global every day (even to the point that the term *global health* has appeared to replace the concept of *international health,* as stated by Obregón (2008), further beyond the power of the state - nation). On the other hand, and as a basic premise, the WHO does

not seem to acknowledge that currently transnational enterprises are responsible for the massive movement of human beings as well as for their living and working conditions, and, ultimately, their health.

It is imperative to address these knowledge gaps and to study the emergency of new supra-national political alliances and networks involving new actors such as NGOs, the private sector, philanthropic organizations, grass-roots organizations, and transnational movements before new challenges threaten to thwart some global health objectives such as the universal access to health, and diminishing poverty, AIDS, N1H1 etc.

III- Health and Internal Forced Migration or Displacement: The Case of Colombia

Internal and international migration of individuals of Colombian origin during the last decade, is framed in a context with elements, that can be interpreted as the underlying and structural causes: 1) neoliberal globalization; 2) the strengthening of drug trafficking; 3) the internal political conflict (Garay 2008, Guarnizo 2006, Cruz 2008, Gonzáles 2007, Ardila 2007); and 4) precarious conditions to guarantee citizens' rights in Colombia (Gonzáles 2007, CODHES, 2009 and UNHCR, 2009).

The causal relationship of the neoliberal policies regarding the phenomenon of worldwide migration has been recognized by several studies. Vega and Gil, for example, (2003) state that "the implementation of the neoliberal policies in countries in Africa, Asia and Latin America, and the application of the Structural Adjustment Policies in the beginning of the eighties, have contributed to the privatisation of public services, to the reduction of social expenses and of labour rights; as well as to the fall of small and medium-sized enterprises, to the employment uncertainty and flexibility; the increase of unemployment, sub-employment and poverty because of the increase of the external debt; a greater economic concentration; and the deepening of inequalities, transforming the different ways of informal and illegal labour and emigration as the most important options in order to ensure subsistence". (pp. 16–17).

The so-called coffee-growing zone (*Eje Cafetero*) in Colombia is, after Bogota, the region with the highest rate of migrant expulsion. In particular, the case illustrates the mechanism of economic and social deterioration produced by the population expulsion. . This paper will briefly analyse that process as an example. Several experts (Garay 2005, ICF 2007) have underlined that migration, in its great majority composed by women, is pushed by the need of guaranteeing survival for themselves, their children and relatives, as a reaction to the deterioration of their living conditions, especially since the increase of the coffee prices in the 90's. This area, located in the western–central region of the country, until the end of the 80's was characterized by its high economic development. In fact, the area was considered one of the regions with the highest Gross Domestic Product in Colombia. The standard of life of the rural middle class, who worked on the coffee exploitation, was notoriously superior to other regions of the country (Garay 2005) In 1989 the rupture of the International Coffee Agreement led to price reductions due to the growing product expansion of Vietnam and Brazil. The economic crisis of the Colombian coffee producers was notorious by the end of the nineties: unemployment allowed the informal economy to expand rapidly. Additionally, the impoverishment accelerated by the population; the Human Development Index between 1994 and 2000 reached a rate beneath the national average (Garay 2005).

On the other hand, these socio-economic changes caused other related changes in land ownership, for example. The area turned to be owned by drug-traffickers in order to facilitate money laundry and to acquire increasing territorial control. By the year 2003, the illicit crops in the area represented 2.3% of the total cultivated area of the country. The presence of these illegal activities in the area that replaced the coffee activity, brought along a high increase in the mortality index, which surpassed the national average (Garay 2005). The general situation of deterioration of the population's living conditions was worsened by an earthquake in the centre of the coffee-growing region, which severely damaged great part of the infrastructure of the region. Such social and economic impact at a national level had no precedents: in January 1999, the earthquake took the lives of

1,185 victims, affected directly 560,000 persons and produced damages equivalent to 35% of the region's PIB, and around 2% of the national total PIB of the preceding year, according to the PNUD Human Development Report 2004.

In this historical context, it is understandable that within this region, certain problems would become evident, such as the growth of the informal economy, high violence and criminality indexes, a tendency to prostitution and trafficking in persons, as well as the massive displacement as an effect of the Colombian armed conflict and/or the economic situation, towards and from the region, spreading to other regions of the country and overseas (Garay 2005).

Additionally, the Colombian armed conflict, which has been going on for six decades by now, has weakened the country at all levels. The conflict has been worsened by the presence of drug-traffickers and the relationships among them. These factors have produced the displacement of millions of Colombians both inside the country, and to other countries. Regarding the phenomenon of displacement, the figures presented by the government do not meet with those of the specialized NGOs. In any event, it can be suggested that around 3 million people have been victims of the internal forced displacement, the trans-frontier migrations show the tragedy of these populations. The migration to the neighbouring countries has been taking place in a more direct way due to the pressure of the armed conflict on the displaced population (forced internal migration) generating its situation of humanitarian crisis.

Regarding the health impact of forced displacement, the Pan-American Health Organization, declared in 1998 that the health situation of the displaced populations in Colombia is a *complex emergency*. The scope and seriousness of the problem have been recognized locally, regionally, and worldwide. For example, the national NGO Consultancy on Human Rights and Displacement – CODHES – registered 380,863 internally displaced during 2008. This number is not only similar to the one registered in 2002, but it is also the highest peak registered the last decade. In addition, the United Nations' High

Commissioner for Refugees, UNHCR, qualified Colombia as the country with the highest number of people internally displaced by violence in the world.

The relationship between health and conflict has been reported and analysed by different international institutions and by academics since the beginning of the present decade (OMS 2002ª, 2002b, Murray 2002, Franco and Forero 2002, among others).

An important effort has been directed towards establishing health policies and enhancing access to health services for those populations. Very few studies refer to the need for comprehensive approaches to intervene not only in the ultimate health effects, but also in the causal driving forces of the problem, which are rooted in social and environmental factors. The response provided by the state is based on the action of the Sistema Nacional de Atención Integral a la Población Desplazada por la Violencia, SNAIPDV (National System of Integral Attention to the Population Displaced by Violence), in accordance with the international human rights and refugees legislation, as well as with the Sistema General de Seguridad Social en Salud, SGSSS(General System of Social Security on Health). In order to reach the aim of these policies, the analysis of rights and their implementation, a critical research process has been conducted (Franco and Forero 2002, Vega et al 2002ª, 2002b; MSF 2002, Comisión de Seguimiento al SNAIPDV 2008, among others). Sometimes, this critique has emphasized the Primary Health Care (Hernández and Vega 2002) in other instances, it has analysed concrete collective cases —such as the health care implications for displaced women and their families (Díez 1997, Ospina 2002),or established their epidemiological profile (MSF 2002, Ministerio de Salud 2001). Bogotá has already proposed a concrete implementation of Primary Health Care for forcefully displaced populations, in line with the already implemented scheme of "Health at Home in Bogota". This program applies integral primary health as a strategy in order to integrate individual and collective services (Hernández and Vega, 2008).

Even though it is true, it is impossible to predict the effects of migration and displacement on the long term (Portes, 2008), (identity lost, rights, transhumance) the strong impact on health (risks/health determining factors) and inequity increase, deserve immediate attention.

Repercussions on Health Services

In spite of those efforts, serious problems in health coverage for the displaced population have been detected. The Colombian Constitutional Court has recently evaluated the coverage of health programs for the forced displaced populations. As a result, the Court found that those programs only managed to reach about 35% to 40% of the total displaced population included in the official records. The identification of this knowledge-into-action gap led the Sentence T-025 of 2004 that regards health care policies for the population displaced by violence. Additionally, several follow-up reports have ratified the rights to the internally displaced population. A coherent policy has been demanded from the national government to recognize these rights, adopting as a reference internationally recognized standards.

Nevertheless, several sources show that the policy guarantees neither the non- discriminatory principle of equity, nor the preferential treatment, which assists forcefully displaced people in their condition of victims of serious human rights violations. The policy falls short to ensure health as a basic right, including direct access to medical care and treatment —psychological attention, emergency health care and prevention of particular risks with epidemic and endemic illnesses. The policy does not recognize the particular needs of forcefully displaced populations and other groups in need of special protection. Furthermore, the policy fails to promote health, as it cannot ensure drinking water, proper nurturance, good housing conditions, and environmental clean conditions (Vega, 2008).

Several authors and organizations specify, that the mandatory and subsidized health plan that covers great part of the population, does not sufficiently acknowledge the need to ensure the provision of specific services, in order to confront particular risks and problems in the areas of mental, sexual and reproductive health; sexually trans-

mittable diseases such as AIDS, and domestic and sexual violence. In particular, the situation of women in areas of the armed conflict is highly vulnerable, as shown by Amnesty International in its 2004 report "Colombia: Marked bodies, silenced crimes." This report gathers the horrors many women have suffered in the context of the Colombian conflict.

In the afore-mentioned relation between migration and health, the subjects that have been studied so far are focused on particular phenomena (AIDS, tourism etc.). In fact, a holistic concept or a comprehensive approach to health and its social determinants is rather rare. The new international strategies on health demand a far stronger emphasis on the social causes of health problems and on the strengthening and ownership of processes that promote national development, moving beyond only external interventions to specific illnesses (Barten et al. 2009). Nevertheless, the right to health and the access to medical services (universal coverage) are still considered to be one and the same way to react to illness. In addition, when prevention is taken in account, it is often done only on an individual basis (e.g. focus on behaviour, life style) without taking in account people's life- context. This vision disregards the possibilities of institutional inter-sectorial action to address the upstream determinants of health. The definition of Alma Ata is indeed often mentioned, but afterward, when it is necessary to translate the principles into policies and practice, its essence is very often lost. Thus, health is once again mainly understood as the *absence of disease*, omitting the wider analysis of the social and emotional context of the individuals, the living and working conditions of their families, communities and social organizations to which they belong. Research must dig into these aspects as well.

Even though the WHO has made an important effort in order to clarify and propose the Social Determinants of Health as relevant to the conceptualization of health, (Barten et al. 2009),this vision —as before mentioned— is still not reflected, translated or made explicit in policies and programs. This implies that social exclusion, working conditions, the power to intervene in decision-making processes, as well as the participation and governability to promote health equity

(sustainable development with equity), for example, are still not measured or considered as real options.

With respect to migration, several studies and quantitative data analyse the phenomena; however, rather few qualitative approaches have been applied. The exceptions are in the fields of gender analysis and women studies because, traditionally, in the Colombian case, migration presents a high feminine index (Garay 2005, Bonelli et al, Villegas 2008, ICBF 2007). Nevertheless, this focus has emphasized the causes of migration and the decision-making process at the individual, family, and domestic levels. This means that the underlying and structural causes lose importance and are then considered to depend merely on the governmental policies, which affect them. However, as Soerensen (2005) states, no one discusses how state policies or programs influence gender policies and rights on a familiar scale and in a political economy of emotions. Additionally, this conceptual framework impedes not only to identify how migration and labour market policies are producing the separation of families on different sides of the border, or even in different continents, but also the real situation of women and their children under these circumstances. The manner in which a problem is framed also determines the response to it and, in this sense there are few possibilities to listen to the voice of the migrants. It has to be heard in order to understand several processes: how they migrate, survive, recreate, and how they negotiate their roles within their group; e.g., how they exert their womanhood as mothers, daughters, or companions. Their own narratives of their life experiences reveal their amazing potential of creativity in order to adapt to new conditions and risks of all kinds. These challenges arise when leaving their place of origin and their beloved ones, especially when the migration takes place under the conditions of forced displacement.

So far, the linkages between neoliberal policies-well-being-malaise or health inequity have not been related to people moving in and between countries; i.e., the real impact of these policies on displaced human groups, as well as the capability (Sen, 2004) of social movements and organizations of developing proposals, giving answers, and taking

actions in specific migratory environments have not been thoroughly measured. In this field there is still a wide research agenda.

Within this global context, the state of physical, emotional, and social wellbeing or malaise generated by migratory displacements must be documented and analysed under the perspective of the migrating individuals who belong to social groups in which the conditions and perceptions on health and wellbeing have been constructed by the community. Thus, the relation between sexual and reproductive health rights and migration, for example, needs to be analysed at three different moments of the migratory process: at the place of origin, while in transit, and at the place of arrival of the women who are crossing borders.

Ecuador as Destination and as Transit Place for the Population Displaced by the Colombian Internal Armed Conflict

For a long time, Ecuador has shown solidarity towards the conditions of Colombian citizens who have been forced to migrate due to the political and social conditions in their country. Thus, Ecuador has served as a transit country to refuge seekers.

Colombian migration to Ecuador is related to two specific factors: the armed conflict and economic aspects. The border at the Colombian side corresponds to the departments of Putumayo and Nariño, which have been two of the departments most affected by the internal armed conflict; a scenario of confrontation between the armed actors and where the Plan Colombia has taken place, with indiscriminate fumigations for the eradication of illicit crops, which have affected the survival and the health of the local inhabitants, specially the indigenous and farming population (Ceballos, 2008). Additionally, the dollarization of the neighbour country has become a factor of great attraction to Colombian citizens due to the economic reactivation it has generated.

The population and housing census in Ecuador in the year 2001 confirmed the presence of 51,556 people with Colombian nationality,

24,305 men and 27,251 women. Records of migratory movement established that, between the year 2000 and 2006, 1,406,169 people were registered when moving into the country while only 835,948 left again, thus producing a migratory balance of 570,221. This number represents 49% of the general migratory balance of the country (Shadow Report 2007, p. 71). The DNM (Dirección Nacional de Migraciones) considers that this balance is 721,557 (Chavez and Betancourt, 2007).

The years of greater migratory balance were 2000, 2002 and 2003. This responds to the dynamics of the internal Colombian conflict, the beginning of the implementation of the Plan Colombia, and the establishment of the demilitarized zone of El Caguán. Later on, with the *Plan Patriota*, the military actions were sharpened in the departments of Guaviare, Meta, Caquetá and Putumayo, on the border with Ecuador. Since 2004 and afterward, the balance of the Ecuadorian government on its official data fell abruptly, notoriously including police records, labour control, the threat of making a visa compulsory, detentions and indiscriminate deportations of Colombian citizens. Between January 2000 and December 2006, 16,623 deportations to foreigners took place. 93.5% of the deportations took place between 2003 and 2006, after the control and restriction policy was induced on the migration flow of foreigners, especially on the Colombian and Peruvian population. (Coalición por las Migraciones y el Refugio. 2008).In 2006, 37% of the deportations were of Colombian citizens (Chavez and Betancourt, 2007).

We can refer to both kinds of forced migration, which allows the protection of conditions of a great part of the migrants as refugees, on the one hand, and on the other, to economic migration. It is very difficult to differentiate one of the other because of the plethora of specific causes and motivations of migrants.

Specialized organizations have established that rejected applicants and potential refugees who have no access to the system and remain in the country in an irregular situation have managed to build a "grey zone" or an undetermined strip of immigrants. It is not yet clear, whether

their "only" reason to migrate is of economic nature, or if it is "just" fleeing as consequence of the armed conflict. Their mere existence questions the frames of national and international protection. In the practice, they do not have any access either to the protection system of the Convention of 1952 neither, technically speaking, nor to the Convention of Migrant Workers (Coalición por las Migraciones y el Refugio. 2008).

The decision whether to accept or not refugee status influences the possibility to access the "reparation" system that Colombia offers to its population displaced by the internal armed conflict. Displaced people remain irregular until they receive the refugee status. According to UNHCR, between 2000 and 2006, 44,385 refugee requests were received and the status was only given to 30.5% of applicants. Refugee seekers, however, represent only 5.4% of all immigrants. This is a clear expression of the protection limitations. These circumstances have generated an undefined number of people who remain in an "irregular" situation. (Coalición por las Migraciones y el Refugio, 2008). Among these people there are those who were denied to receive the refugee status, potential refugee seekers, mostly peasants or people with low incomes of different urban areas in Colombia. Out of fear of the Ecuadorian authorities, fear of revenge by the armed groups, or by lack of knowledge about the system of recognition, these people choose to be invisible, or refrain from trying to achieve the refugee status.

The existence and magnitude of this group has been recognized by UNCHR. It has declared that, in Ecuador, 250,000 people would need protection and be under their mandate. Only 14.7% of them have been able to access the protection system and 85.3% (213,335) have not had access to that right by 2006, due to fear or lack of knowledge. Thus, they remain invisible in the country, confused with economic migrants, and in an irregular situation (UNHRC 2006). By 2009, it was estimated that approximately 130,000 to 140,000 Colombian citizens lived in Ecuador, that they needed refugee status for humanitarian reasons, and they were in need of international protection.

Ecuador registers the greatest refugee population in Latin America and 96% of this population holds the Colombian nationality according to the General Refugee Direction (Ecuadorian Ministry of Foreign Affairs, Commerce and Integration). Because of this, in 2010 the Ecuadorian government, with the support of UNCHR, has been forced to push a Widened Register (*Registro Ampliado*) in order to identify the Colombian migrants all over the country, especially in the border area. This mechanism has managed 21,267 people in need of international protection to be recognized as refugees, increasing the total number of them to approximately 31,603 (UNCHR, 2009).

The Situation of Women

The Colombian displaced migrants in Ecuador have been object of persecution, abuse, and stereotypes, especially women. Several studies provide evidence of discrimination and even sexual abuse by the Ecuadorian authorities against Colombian women. These studies clearly evidence the violation of the fundamental, sexual and reproductive rights, as well as the human rights (Bonelli et al., Camacho 2005). As mentioned before, this phenomenon is not limited to Ecuador; in Colombia, internally displaced women are particularly vulnerable to violence. Recent studies report that 52.3% of internally displaced women have been victims of domestic violence, compared to 41.1% of non-displaced women. Nevertheless, according to other official figures, one out of three women has suffered sexual violence connected to the armed conflict (UNHCR). Gender discrimination is widely illustrated in Camacho's study *Mujeres al borde* (Women on the edge), with evidence of multiple discrimination ways and violations of the rights of Colombian displaced women; i.e., migrants in their physical and sexual integrity, at their place of origin, but also when crossing the border (Camacho, 2005).The fear of being denounced and the forthcoming deportation sums up to the difficulties already known when denouncing those crimes, favouring impunity and the propagation of such events. This fact is even more accentuated among displaced women, for returning to their country implies putting at risk their personal integrity, their lives, and those of their families. Additionally, there is evidence of stigmatization and sexist perceptions against Colombian women in particular (SJR, 2006).

The specific legislation on migration, which was effective until the 2008 Constitution in Ecuador, increased the vulnerability and defencelessness of migrants in general, and the grey zone in particular. The former migratory legislation was incompatible with the constitutional and the international laws for human rights. It reproduced notions of national security, sovereignty, selectivity and defence of the national market that generated violations to human rights (Coalición por las Migraciones y el Refugio 2008 p. 157). Policies of exclusion, for example, considered several discriminatory reasons to ban entrance to foreigners. Some of these regulations attempted against groups of vulnerable populations that actually deserve protection. Handicapped people, persons with chronic and contagious illnesses, or individuals suffering from psychosis are reported as excluded (art. 9VII – 9VIII). These are causes of exclusion and deportation. They limit not only the entrance to Ecuador, but also the possibility to remain in the country (Art. 19II). These laws promote deportations of undocumented people, and/or of those who are found working with having only the *Tarjeta Andina* (Andean Card, Tourism Visa, adopted for the Andean Nations Community, which allows the entrance of Community nationals, by only showing the corresponding identity card: they are allowed to stay maximum 180 days, with this Card, working is explicitly forbidden).

According to the *Informe Sombra* (Shadow Report), (Coalición por las Migraciones y el Refugio 2008) the main problem of exclusion is based upon the discretional character granted by law to the police authorities. The exclusion of the population within the so called grey zone is also promoted by their lacking of opposition mechanisms, which facilitate disrespect of many of the victims' rights. Several studies have provided the following evidence on the disregard of fundamental rights:

- Discrimination and difficulty to access a job due to this status irregularity (42%) and because of the Colombian background of migrants (Coalición por las Migraciones y el Refugio 2008).
- In most of the reported cases, employed migrants work more hours a day than nationals, receiving lower incomes than the latter (Chavez and Betancourt, 2007).

- Untimely dismissals, denial of sick leaves, and mistreatment have been reported (INREDH, 2006)
- Difficulty to access health services and education because of the irregular situation, due to the care costs and the discrimination against the Colombian nationals.
- Even though in 59% of cases access to housing is addressed through social networks, 90% of the migrants pay rent and 3% receives housing as payment. Mobility is very high. The lack of financial resources and the difficulties to access housing, or guarantee payment are particularly related to the Colombian nationality.
- Different studies have shown that female refugees suffer under much more exploitation ways when trying to access housing solutions. (Chavez and Betancourt, 2007).

The effective legislation (until the expedition of the new Constitution in Ecuador and the way in which it is applied) has increased the migrants' vulnerability and has left many of them without any protection. Reportedly, the implementation of this legislation has produced worse conditions than those they left when crossing the border. As a matter of fact, 60% of the Colombian population in Ecuador considers that their living conditions have worsened since they crossed the border (Chavez and Betancourt, 2007).

As Portes states, change is not always better than stability and (…) population movements can have both positive and negative consequences (Portes 2008, 31). Therefore, what does this change of place of residence mean in terms of life conditions for these Colombian women?

UNCHR recently selected Ecuador among other countries for a pilot analysis of the needs of the refugee population. The report identified the following elements as priority: 1) food security and nutrition; 2) health; 3) access to drinking water;4) sanitary services, building and rehabilitation of latrines; 5) distribution of essential, non-alimentary goods; and 6) access to education: subsidies for students, school utensils, new schools and classrooms, more teachers. The report emphasizes additionally "women and children require a

better protection with improved prevention and actions to respond effectively to health hazards such as sexual abuse and violence, as well as consolidated programs for child protection" (UNHCR web).

Some Gaps

Even though commissions and international institutions (WHO, IOM, UN, WB etc.) have been appropriate until now to produce and regulate ways of action in wider spaces than just the national level, the present circumstances have not generated frameworks nor systemic approaches required in the age of globalization. For instance, some countries like South Africa have a constitution that provides protection to the socio-economic rights of citizens (Sunstein, 2001), but such a protection is limited to the national level. This fact holds true at least for those countries that remain in the periphery of power spheres, and even more for the excluded populations such as the migrants who are forced to cross the border. The current frameworks, policies, and regulations do not seem to offer, even if only in the medium-term, a path toward global (health) governance, which could to some extent enhance social justice and health perspectives for all. Therefore, it is a critical imperative to produce new knowledge to better understand the processes in the social interfaces, in the margins of knowledge and in the borders between nations. It seems that in those spaces, civil society is producing new dynamics and other ways to regulate processes, it is also making those rights effective, that neither the state-nation nor the multinational institutions have respected so far. It seems that in those spaces, new resistance ways and manifestations of capability for social change are emerging. The present situation demands long-term political compromises and strategies, which will depend not only on governments, but rather on the participation of the civil society and the innovated multilateral institutions. This research field is still incipient and would be useful as a context or background for the subject we are concerned with. Additionally, and as a result of these, there are several knowledge gaps to be filled, such as the following:

Transhumance strongly hinders achieving a sense of belonging and of identity. The current policies of the state-nation and its territo-

rial control seem to further deepen the difficulties to attain a formal identity of migrating citizens. An in-depth analysis is critical to understand which social space remains to these moving populations for *the construction of a sense of belonging so they can be able to demand their rights,* as well as the *possibilities of balance in the power relationships* between different actors and institutions.

More attention and research are mandatory to understand how the different ways of distribution of power enhance or obstruct, not only access to protection and social services, but also processes related to the construction of health equity, while the moving population groups are in transit, groups like the one we are focused on: displaced women that become international migrants.

Due to the complex and unfair conditions in which the great majority of women live, displaced by the internal armed conflict in Colombia, and specifically due to all kinds of rights violations they have gone through, the perspectives of victims are critical both for the formulation of policies. For a better comprehension of their realities and for the possibilities for action, it is mandatory to create knowledge that facilitates a better understanding of the ways their identities are being constructed as multi-layered processes. Additionally, this will provide evidence on the multiple *ways of struggle and resistance/resilience at individual and collective levels.* These processes are immersed in inequalities that become apparent as a result of the legal status, gender, nationality, citizenship, and ethnical background of the victims.

Furthermore, the understanding of this movement of internal forced displacement – International migration, under a gender perspective— requires a deep analysis of how social power structures derived from both institutions and the civil society act in the daily life of these women, and how such structures intersect and hinder or promote the fulfilment of their rights.

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