The effect of mass migration on malaria incidence: Evidence from the Venezuelan refugee crisis

Alicia V. Barriga

Ph.D. Candidate – University of Connecticut, Agricultural and Resource Economics Department



ABSTRACT

This paper explores the effect of the recent Venezuelan exodus on malaria outbreaks in the Amazon Rainforest. In the last years, migration skyrocketed due to recurrent economic and political crises.

Migrants heading to Brazil commonly travel by land, crossing the Brazil – Venezuela Border in

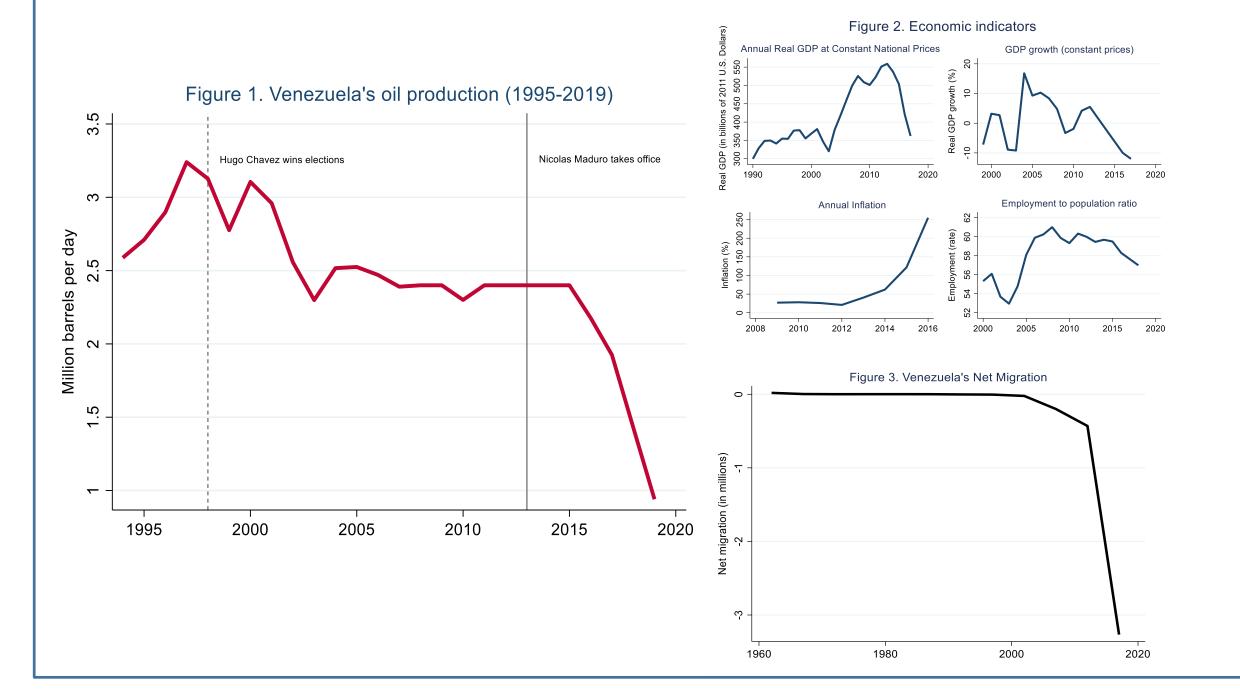
Pacaraima - Roraima. The border is in the Amazon region, a malaria endemic place, home of numerous species of malaria mosquitoes. By exploiting mass migration in 2015 as a quasi-experiment, I find that incidence was 18.59% higher in the nearest municipality to the Venezuelan border after the crisis.



BACKGROUND

The Era of Human Mobility

- Conflict refugees: Syrians, Myanmar Rohingyans, Somali, The "boat" people
- Climate change refugees: Mozambicans and Pacific Islanders
- Economic refugees: Central Americans migrating to the US Venezuelans escaping the economic and political crisis



METHODS AND DATA

Identification strategy: Exploit the Venezuelan economic crash as exogenous variation to estimate the incidence of migration on malaria incidence under a difference-in-difference approach

$$malaria_{mt} = \alpha_0 + \delta_1 Postcrisis_{mt} + \beta X_{mt} + \gamma_m + \lambda_t + \theta_{mt} + \epsilon_{mt}$$
 (1)

 $malaria_{mt}$ is malaria in rates

 $Postcrisis_{mt}$ is a dummy variable equivalent to 1 for the years after the crash in municipalities with high migration concentration

 X_{mt} is a vector of controls

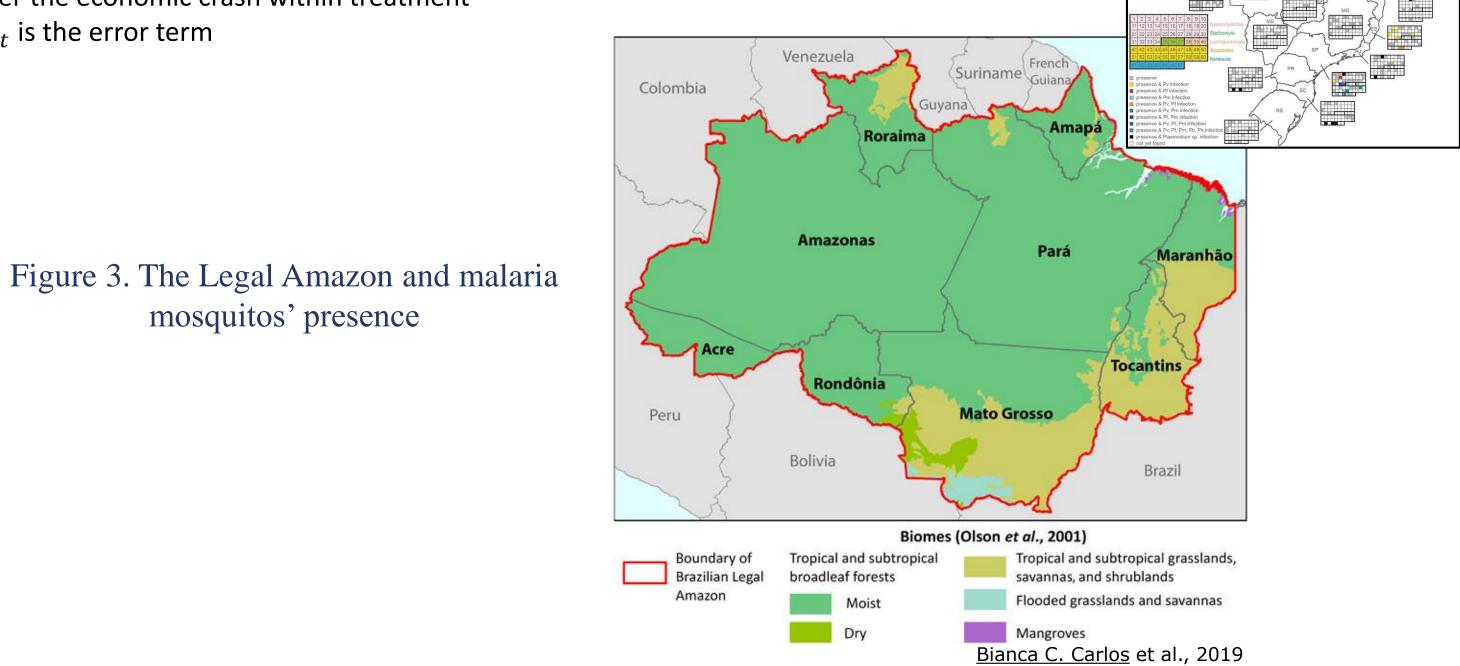
mosquitos' presence

 γ_m , λ_t and θ_{mt} are the fixed effects, time invariant unobserved Characteristics, year fixed effects, and location time specific effects

 δ_1 is the coefficient of interest and measures the change in malaria rates

after the economic crash within treatment

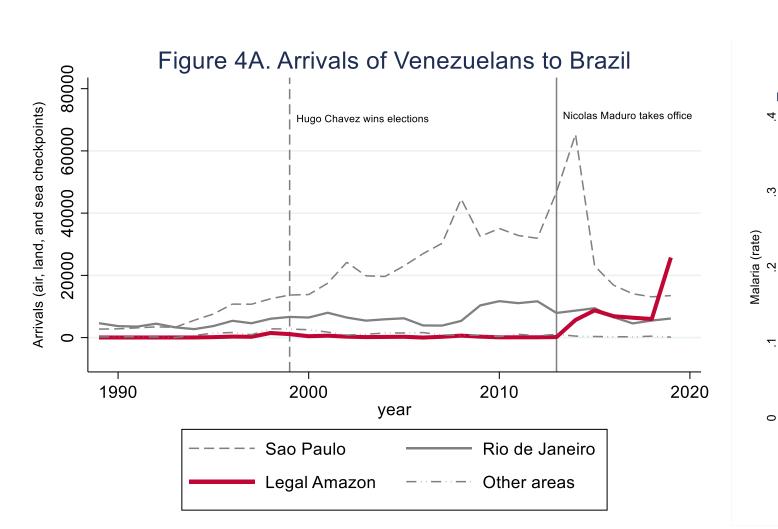
 ϵ_{mt} is the error term

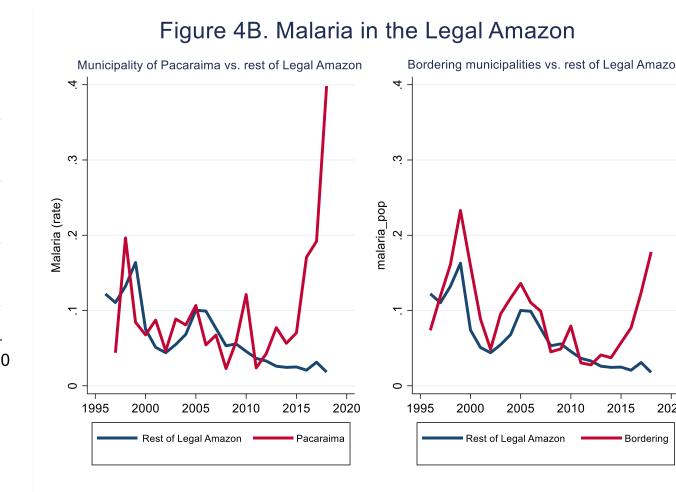


Panel data consists of 583 municipalities observed over 22 years (1996-2018)

- 1. Reported cases of malaria SIVEP, Brazilian Ministry of Health
- 2. Venezuelan arrivals to Brazil Brazilian Federal Police
- 3. Sociodemographic covariates Brazilian Ministry of Geography
- 4. Weather variables Brazilian National Weather Agency

To what extent is this causal? Is transmission of malaria within the refugee population or is it among the locals?





RESULTS

a) Effect of migration: Malaria rates increase significantly

Table 1. Main results for Municipality of Pacaraima						
	Rates		Level			
Post crisis	0.1859**	0.1394**	2489.767***	2351.769*		
	(0.0630)	(0.0745)	(679.8487)	(1462.45)		
Towns	583					
Baseline controls	No	Yes	No	Yes		
Municipality FE	Yes	Yes	Yes	Yes		
Time FE	Yes	Yes	Yes	Yes		
Municipality specific time FE	No	Yes	No	Yes		

b) Disease transmission occurs within groups instead of across groups

$$y_{imt} = \alpha_i y_{imt-1} + \gamma_i y_{jmt-1} + \varepsilon_{imt} (2)$$

$$y_{jmt} = \alpha_i y_{jmt-1} + \gamma_i y_{imt-1} + \varepsilon_{jmt}$$
(3)

i and j: Group, m: Municipality

t: Year, y: Infection

 y_{imt} : Rate of infection in municipality m at year t

Table 2. Bond-Arell	ano regressio	n for dise	ase transmission		
Rate sick Brazilians		Rate sid	Rate sick Venezuelans		
sick Brazilians		sick Vei	sick Venezuelans		
t-1	0.1758***	t-1	0.0897***		
	(0.0414)		(0.0101)		
sick Venezuelans	sick Brazilians				
t-1	0.2908	t-1	-0.00030		
	(0.7154)		(0.0003)		
Towns		583			
Dasalina controls	Voc		Voc		

CONCLUSIONS

Migration after the Venezuelan economic crash increases significantly the cases of malaria

• The impact on malaria is not driven by a "border effect"

The Bond-Arellano regressions show that disease transmission occurs within populations rather than across populations

If trends continue, changes in the geography of malaria are anticipated: low endemic places can promptly become epidemic places

A cost – efficient governmental policy would potentially be to support better conditions in refugee camps

- Less cases of malaria, thus less costs associated with prevention and intervention and investment
- Healthy migrants able to work and study and fully integrate to society





Questions/Comments/Suggestions

alicia.barriga@uconn.edu