

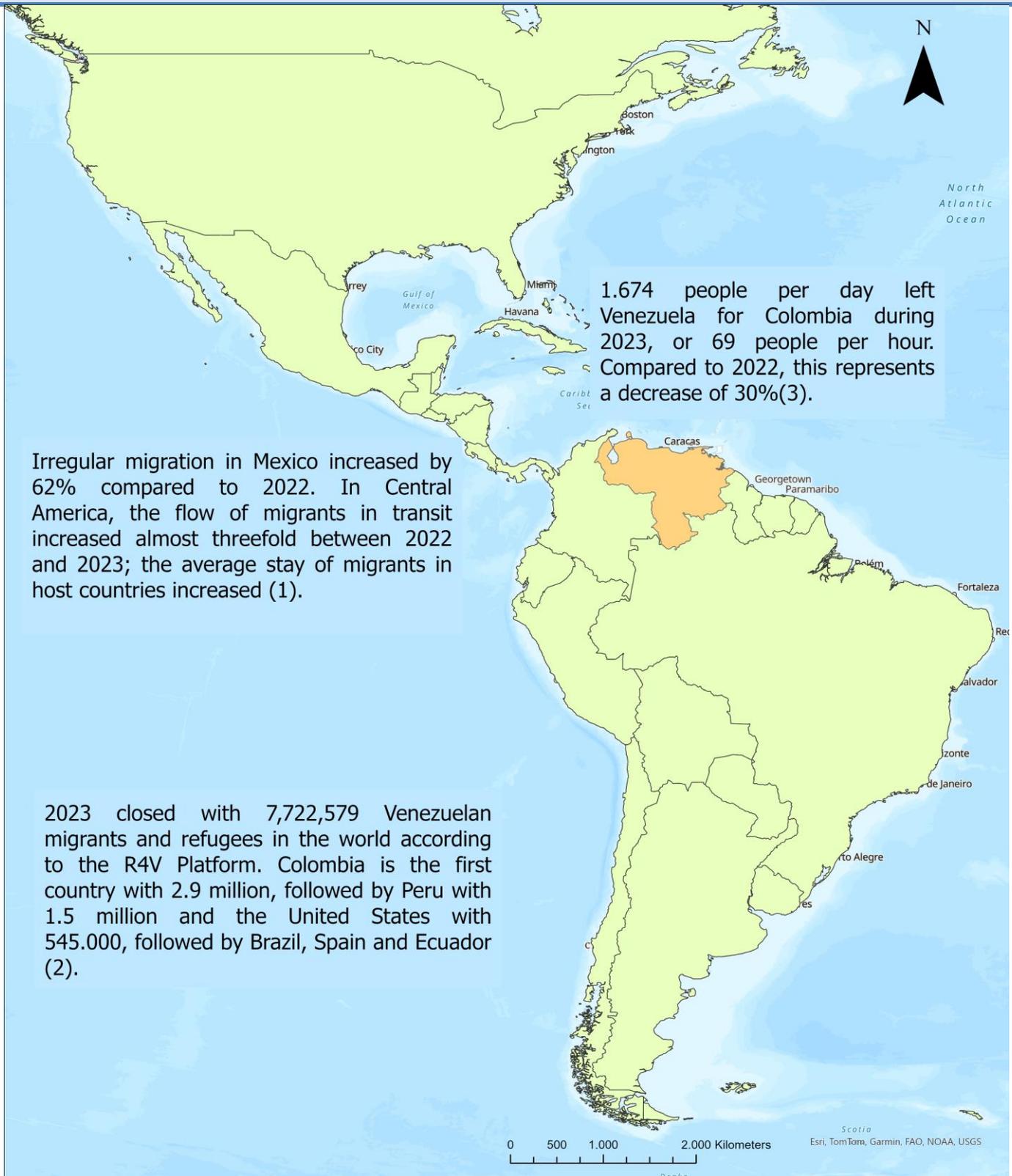
# HEALTH AND MIGRATION IN THE REGION OF THE AMERICAS

# PAHO



Central and South American Subregions  
As of 31 Decembre 2023

## KEY UPDATES



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### Honduras:

Between January 1 and December 17, 2023, 527.792 migrants entered Honduras, of which 224.504 were from Venezuela, 81.791 from Cuba, 80,988 from Haiti, 44.759 from Ecuador, 12.596 from Colombia, 11.402 from China, 11.323 from Guinea, 8.487 from Senegal, 5.813 from Mauritania, among others (4).

### Darien Colombia - Panama:

According to data from Migration Panama, as of December 20, 513.782 migrants crossed the Darien. Of these 326.589 were Venezuelans, 56.328 Ecuadorians and 45.628 Haitians; 120.000 were children and adolescents, 50% of them under five years of age (5).

### Peru:

Between November 11 and December 31, 2023, 25,895 people voluntarily left Peru through the northern border due to the lack of regularization of their migratory situation (6).

### Chile:

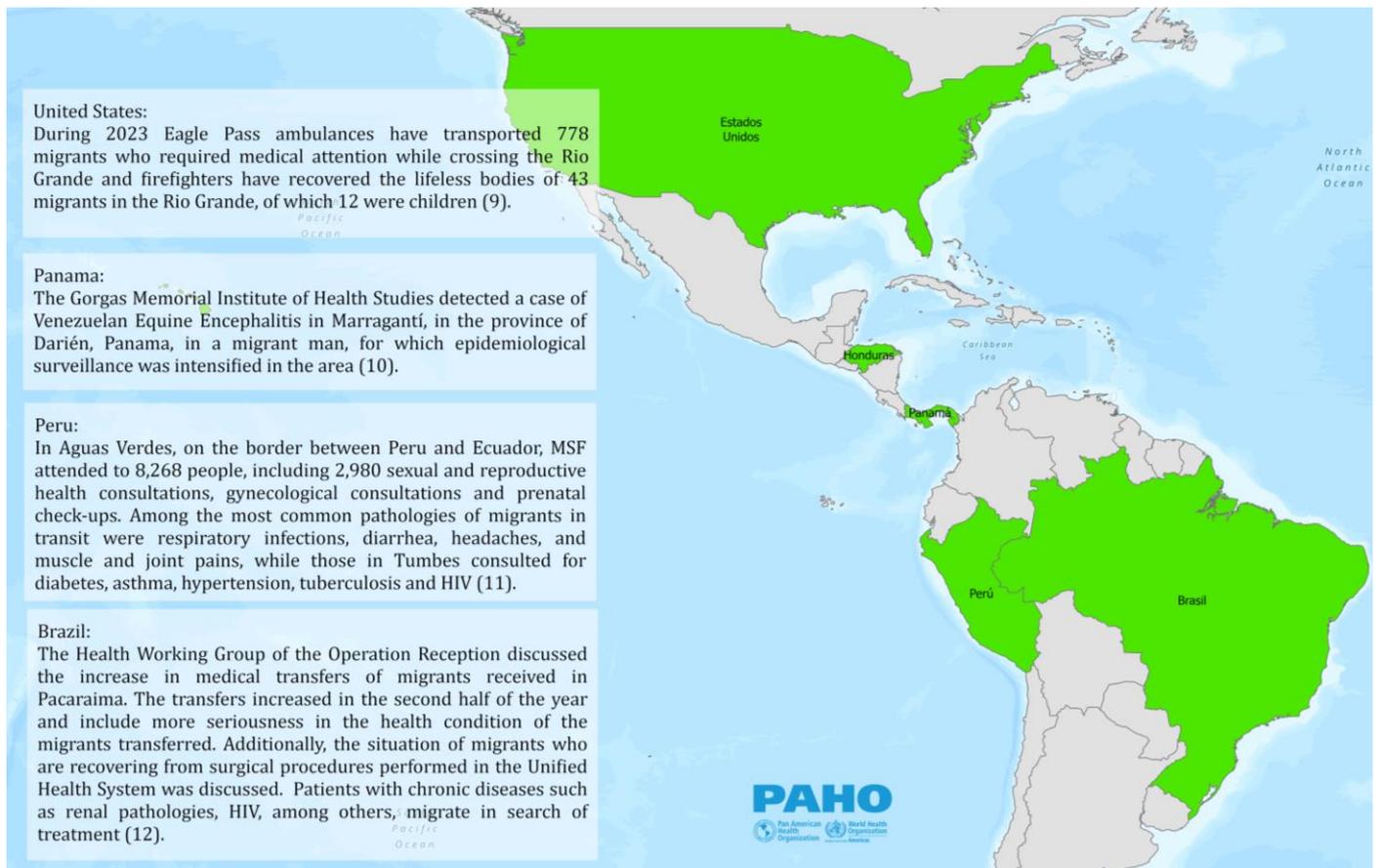
The migrant population in Chile is 1,625,074 people, an increase of 3.9% over 2021. Most are in the Metropolitan, Valparaíso and Ñuble regions.

Children and adolescents represent 13 %. A decrease of 2.6 % is observed in the region of Arica and Parinacota. Nationally, Venezuelans make up 32.8 %, followed by Peruvians (15.4 %) and Colombians (11.7 %). Between 2018 and 2022, the Venezuelan population grew by 55.6 % (7).



## HEALTH EMERGENCIES

**Regional:** In 2023, according to IOM's Missing Migrants Project, 1,104 migrants have died or disappeared on transit routes in the Americas. The main causes of death include drowning (370), vehicular accidents (282), environmental conditions and lack of basic resources (148), acts of violence (77), accidental deaths (76), illness or lack of access to health (34), and unknown reasons (117). The most affected regions are the border between Mexico and the United States (533), the route from Cuba to the United States (75), the Darien (42), and between the Dominican Republic and Puerto Rico (41) (8).



## HEALTH ISSUES

### Maternal, Sexual and Reproductive Health:

**Brazil:** According to a report by the International Observatory on Migration (OBMigra), between 2013 and 2021, immigrants in Brazil had a total of 130,000 children. The state of Sao Paulo leads with 47.6% of births, followed by Parana (13.4%) and Roraima (7.8%). Venezuelan refugee women, especially in the last three years 2019, 2020 and 2021, led the number of births (13).

### Mental health:

**Regional:** Nearly 70% of the mental health consultations carried out by MSF in the region are linked to experiences of violence, separation, and loss. Sexual violence has led to more than 397 cases treated in Panama, 76 cases in Honduras, 61 in Guatemala and 500 in Mexico (14).

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### Children's health:

**Brazil:** Operation Acogida administered 26,116 doses of vaccines to 7,867 migrants hosted in Pacaraima and Boa Vista during the month of November. Vaccination is offered to migrants upon entry to Operation Acolhida and follows the Brazilian Ministry of Health's National Immunization Program schedule.

### Communicable diseases:

**Mexico:** Health authorities in Oaxaca report 44 cases of malaria in the state, of which 41 are in migrants, one in a resident of another state and two autochthonous. Epidemiological surveillance, active community search and vector control activities are being intensified in the affected areas (15).

**Brazil:** According to a report by the General Coordination of Health Surveillance of the State Secretariat of Health in Roraima, about 727 Venezuelans with HIV have crossed the border into Brazil in the last five years. This figure represents 28% of the total number of cases registered in Roraima in that period (16).

### Access to health services:

**Regional:** According to the Final Implementation Report of the Brazil Plan of Action: 2014-2024 (Cartagena+40 Process), in terms of access to health, numerous countries included or continued to include foreigners in public health on equal terms with nationals; they also continued to guarantee free universal access to the public health system (as occurred in Argentina, Brazil, Chile, Colombia, Cuba, Costa Rica, Guatemala, Mexico, Venezuela and Uruguay), which was maintained in times of the COVID-19 pandemic (17).

**United States:** As of January 1, 2024, California residents between the ages of 26 and 46, regardless of their immigration status, will be able to access comprehensive health insurance. The new law includes dental, vision, specialists, mental health, and substance abuse treatment. More than 700,000 migrants living in California are now expected to be eligible for comprehensive health care (18).

**Costa Rica:** The migrant refugee and asylum-seeking population in Costa Rica now have access to medical care services from the Costa Rican Social Security Fund (CCSS), thanks to an agreement financed by the Spanish Agency for International Development Cooperation (AECID). The agreement, which began in September and will end in August 2024, involves AECID, the University of Costa Rica Foundation, the Ministry of Planning and Economic Policy, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the CCSS. To date, 2,018 people have already been insured under this agreement. The eligible population includes refugee claimants with a provisional ID card and those with refugee status without income and without other insurance (19).

**Chile:** According to information from the National Migration Service (Sermig) in Chile, 20% of migrant children and adolescents face obstacles in accessing migration regularization because their parents or caregivers do not have the documentation required by the National Migration Service. Despite these challenges, actions are being implemented to guarantee universal access to health care in the country. Through targeted initiatives, the aim is to overcome the barriers that affect this group, recognizing health as a right for everyone in Chile, regardless of the migratory status of individuals. According to CASEN 2022, 21.7% of migrant children and adolescents and 3.6% of children and adolescents born in Chile experience barriers to health care. These results underscore the importance of continuing to advance in measures that improve access and health care for all children and adolescents in the country, promoting equality and inclusion (20).

**Guatemala:** The Tapachula General Hospital has provided more than 3,000 medical and surgical consultations and 4,650 general emergency consultations to the migrant population from different countries in 2023; in the gynecological-obstetric service, 503 births have been attended, 30% of which were by cesarean section (21).



## NEEDS / GAPS IN MIGRANTS HEALTHCARE

The main health needs for the care of the migrant population are associated with the lack of information regarding the existence of health services in transit and host countries, lack of adequate medication in health services, among others.

### Migrants in transit

- Unrestricted access to health services for emergency care (external injuries), childbirth and newborn care, comprehensive care to cases of gender-based violence and acute events of non-communicable diseases such as treatment for chronic diseases (hypertension, diabetes, asthma, among others). Access to mental health and psychosocial support services.
- Accurate and timely information on health services available during entry and transit routes within countries.
- Sexual and reproductive health strategies for migrants in transit to improve their well-being and safety, including the provision of gynecological examinations, laboratory tests and prenatal care.
- Strengthen epidemiological surveillance systems in migrant reception centers and transit sites.

### Migrants in countries of destination

- Monitoring and care of pregnant women during labor and puerperium, including newborn care.
- Sexual and reproductive health including care for sexually transmitted infections.
- Child health with access to vaccination (according to the country's calendar), growth control and other programs.
- Access to timely diagnosis and sustained treatment of non-communicable diseases such as asthma, diabetes, hypertension, HIV/AIDS, among others.
- Affiliation to the health insurance system available in the country.



## ACTIVITIES CARRIED OUT BY WHO and PAHO

### Migration and health projects:

- **Colombia:** In the context of the CCHD project, a first responder workshop was held in the municipality of Necoclí, Antioquia. This workshop focused on providing skills for initial physical and mental health care and fostering leadership among the migrant and refugee population. In addition, first responder kits were distributed among the participants to improve their emergency response capacity.

### Coordination:

- **Colombia:** The PAHO Office in Colombia participated in a binational meeting between Colombia and Ecuador, focused on the activation of a regional roundtable to coordinate responses to the challenges associated with migration. During the meeting, representatives from both countries discussed strategies to address inter-institutional collaboration in the management of health challenges associated with migration, contributing to the well-being of affected populations, and strengthening the relationship between the two countries.

In addition, the Health Cluster shared the experience of the health roundtables with the G4 Alliance group, with the objective of coordinating and carrying out surgeries for patients not affiliated to the health system in two departments that present the greatest challenges in the response. This meeting sought effective coordination between the two entities.

- **Brazil:** The PAHO country office in Brazil held a technical meeting with the Municipal Health Secretariat of Boa Vista. The objective was to discuss the epidemiological panorama of arbovirolosis, evaluate the update of preparedness measures to address the arbovirolosis season and drought-related conditions in the region. Special attention was given to the situation of migrants hosted by Operation Acogida and the homeless population, focusing on the update of arbovirolosis and drought response protocols. These protocols will be implemented in primary care and hospital services in the capital of the state of Roraima.

In addition, the Roraima State Secretariat of Health and PAHO/BRA conducted a joint mission to the health units and structures for detection and shelter of migrants of Operation Acogida in the city of Pacaraima. Aspects of access to primary care services, issuance of the SUS Card, vaccination, and demand for specialties for migrants with disabilities monitored by Operation Acogida were addressed.

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