

KEY UPDATES

Regional:

In October, 49,256 migrants entered through the Darien for a total of 459,180 in all of 2023, most of them Venezuelans (295,076), followed by Ecuadorians (51,254), Haitians (41,552) and Colombians (15,938) (1).

The flow of families and children crossing El Darien has increased during 2023; as of October, Unicef reports more than 70,000 thousand children and adolescents of which 50% are under 5 years of age (2).

According to the Customs and Border Protection report, fiscal year 2023 recorded more than 3.2 million apprehensions at the U.S.-Mexico border (3).

Mexico:

Irregular migration of children under 18 years of age in transit through Mexico increased 61.9% from January to August 2023 (4).

Guatemala:

From January 1 to October 31, 363 flights with more than 42,000 Guatemalan returnees entered the country, of which 175 were unaccompanied minors. At the Returnee Reception Center, two clinics offer primary health care to those who require it, as well as psychosocial care (5).

Nicaragua and El Salvador:

The International Organization for Migration (IOM) has identified an increase in the number of Africans choosing air routes to Central America to avoid crossing the Darien Gap as part of their transit route to the United States. 4,100 migrants from Africa have crossed the Darien between January and July 2023, a decrease of 65% compared to the same period in 2022 according to IOM (6).

Darién Colombia-Panama:

Migrants are stranded in Colombia for lack of money to cross the Darien jungle, the situation not only affects Necocli, but also nearby towns such as Turbo and Mutatá (7).

In the last two months, Panama's National Border Service (Senafront in Spanish) has rescued 499 migrants abandoned in the Darien jungle (8).

Colombia:

On average, 500 migrants, mostly Venezuelans, cross the Pan-American Highway through the Rumichaca international bridge in the department of Nariño every day (9).





HEALTH EMERGENCIES

Mexico:

In view of the migratory crisis in Mexico, health care provided by civil organizations has increased by 200%; in Tapachula, an average of 2,500 people with dehydration, heat stroke, fainting, fever and gastrointestinal illnesses were treated in one week(10).

Migrants stranded on Mexico's northern border face the cold season without access to basic health services, which has deteriorated their physical condition and threatens to worsen the humanitarian crisis in the region(11).

Honduras:

Tuberculosis, malaria, acute diarrhea and malnutrition have been some of the diseases detected in migrants transiting through Honduras. According to records, only half of them are attended at the country's border points (12).

The surveillance unit of the Ministry of Health issued an epidemiological alert for the next three months in the eastern part of the country due to the presence of malaria cases along a migrant transit route (13).

Costa Rica:

The Costa Rican Social Security Fund activated the protocols for the strengthening of health services in view of the declaration of a national state of emergency. According to official data, more than 4,500 migrants have required medical attention. Specifically in hospitals in the southern zone, emergency care has increased by 20%. The main consultations are diarrhea, flu, fever and respiratory viruses (14).



HEALTH EMERGENCIES

Maternal, Sexual and Reproductive Health:

Colombia: An investigation carried out by several organizations identified an increase in syphilis cases on the Colombia-Venezuela border. The study found that the main causes associated with the risk of contracting sexually transmitted infections (STIs) are related to the regulatory status of migrants, low education level and lack of access to comprehensive sex education (15).

México: Network of Midwives Helping Migrants is formed by 22 professional and traditional midwives from Oaxaca. According to the midwives, the pregnant women arrive with signs of weakness, anemic, without access to vitamins, with urinary infections, and all of them have received care (16).

Panamá: A dozen refugee women, mostly mothers, received orientation on the services offered by the Sexual and Reproductive Health Program (PSSR) of the Ministry of Health, in Chiriqui region (17).

Communicable diseases:

Honduras: The surveillance unit of the Secretary of Health has issued an alert in Honduras for 3 months due to the increase in imported malaria cases in migrants in the El Paraiso Department. Up to epidemiological week 38, 19 cases of malaria have been reported in migrants in this area (18).

México: The authorities of the Oaxaca Health Services report 20 cases of malaria detected among migrants in Juchitan, Oaxaca; cases correspond to vivax malaria (19).

Regional: Mass migration in Latin America poses challenges for infrastructure and public health, particularly in relation to diseases such as tuberculosis, which remains one of the leading causes of mortality in the world. Migration conditions, such as overcrowding and lack of access to health services, increase the risk of transmission (20).

Access to health services:

Honduras The continued influx of migrants crossing Honduras has generated unprecedented pressure on the humanitarian aid, despite the efforts of international and national organizations. More than 368,000 migrants, representing 113 nationalities have pass through Honduras from January to October 2023(21).



NEEDS / GAPS IN MIGRANTS HEALTHCARE

The main health needs 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), delivery 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.
- Information on health services available at entry points in the borders and transit routes within countries.
- Sexual and reproductive health services 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 newborns.
- Sexual 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 treatment of non-communicable diseases such as asthma and hypertension, among others.
- Enrollment in health insurance systems that are available in the country.
- Affiliation to the health insurance available in the country.



ACTIVITIES CARRIED OUT BY PAHO

Field missions:

- **Peru:** PAHO/WHO made a visit to the northern border together with the Ministry of Health as part of the preparations for the El Niño phenomenon to analyze the current situation of migrants in transit in some health facilities, which included coordination with the health and nutrition subgroup in Tumbes.
- **Dominican Republic:** PAHO/WHO participates in the IBC Human Mobility working group bringing technical cooperation to the United Nations Coordination Team in the country to develop a strategic framework to respond to the Haitian migration on the island of Hispaniola.

Migration and health projects:

- **Colombia – Panama:** PAHO/WHO facilitated the coordination between the governments of Colombia and Panama in the Darien area, in which countries shared an analysis of the situation of the migrant population in transit, exchanged experiences and agreed on the activation of the regional roundtable for health response and monitoring of the main events of public health interest.

Coordination:

- Within the framework of the Regional Collaborative Platform (RCP) of the United Nations agencies, PAHO-WHO participates in the Regional Coalition on Human Mobility (IBC-Human Mobility), thus contributing to ensure that products and specialized technical cooperation include information on the health needs of migrants in transit as well as in host communities.

Training:

- PAHO/WHO with the support of the International Organization for Migration (IOM) and sponsored by the United Nations Trust Fund for Human Security (UNTFHS), launched the virtual course on Human Security, Health and Migration in the Americas.

The course is designed for public officials, decision makers, members of civil society and other professionals in health and migration related sectors. Its main objective is to improve the understanding of the human security approach to address health and migration issues in the Region in a comprehensive and sustainable manner. (22).

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