

# HEALTH AND MIGRATION IN THE REGION OF THE AMERICAS

# PAHO



Central and South American Subregions  
As of 30 November 2023

## KEY UPDATES

### Regional:

As of the last week of November 2023 more than 501,297 migrants have crossed the Darien jungle, with Venezuelans being the predominant nationality with 320,465 arrivals, followed by Ecuadorians with 54,757. This figure significantly exceeds the 248,000 migrants that transited in 2022 and 133,000 in 2021, with a daily average of more than 1,000 arrivals (1).



### Mexico:

The International Organization for Migration (IOM) reported that irregular migration in Mexico increased 62% in the first eight months of the year compared to the same period in 2022. The flow of migrants in an irregular situation rose to 402,234 compared to 238,735 in the same period of 2022. As for children and adolescents in an irregular migratory situation in Mexico, the number increased 59% from 39,640 in January-August 2022 to 62,921 in 2023 (2).

### Honduras:

In 2023, Honduras faces an unprecedented migration crisis, with more than 500,000 irregular migrants entering the country by the end of November, doubling the number recorded in 2022. As of October, 442,619 migrants had crossed the borders; projections suggest that November could exceed 100,000 people. It is estimated that the current year will close with a total of between 600,000 and 700,000 migrants entering the country (3).

### Panama:

More than 8,000 migrants or refugees were affected by demonstrations in Panama; of these, more than 5,000 were in the Temporary Migrant Reception Stations of Lajas Blancas and San Vicente, as well as in the indigenous communities of Canaan Membrillo and Bajo Chiquito, and another 3,000 migrants in transit to the Temporary Attention Center for Migrants (CATEM) in Costa Rica (4).

### Colombia:

Migration Colombia reported in a statement that the number of Venezuelan migrants in Colombia "went from 2,888,505 in June 2023 to 2,875,743 in August 2023, representing a decrease of 0.4%" (5).

### Ecuador:

Since 2022, more than 80,000 Ecuadorians have crossed the Darien jungle, making them one of the three main nationalities that travel through this route, along with Venezuelans and Haitians (6).

## KEY UPDATES

### Peru - Ecuador:

6,780 Venezuelan nationals have left Peru voluntarily (7). In response to the expulsion announced by the Government of Peru, approximately 4,000 Venezuelans have arrived in Ecuador in recent weeks (8).

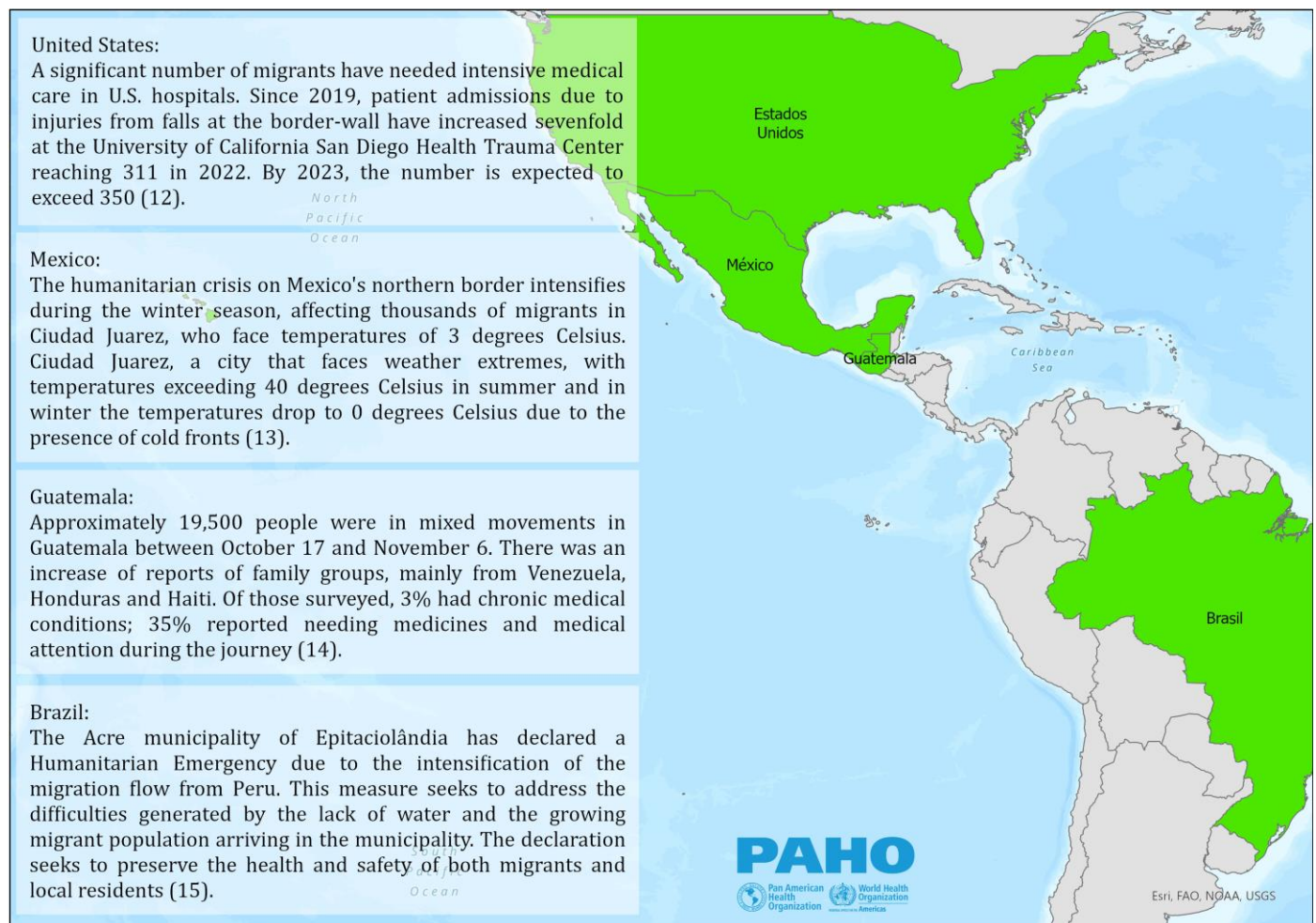
### Brazil:

In the first semester of 2023, the flow of Venezuelan migrants to Brazil has surpassed the historical figures of the previous year. Most of the Venezuelan indigenous population that has migrated to Brazil belongs to the Warao people of Delta Amacuro state, according to reports from Brazilian authorities; it is estimated that more than 1,000 people of this ethnicity are currently in Brazil (9).



## HEALTH EMERGENCIES

**Regional:** So far in 2023, Médecins Sans Frontières (MSF) has provided 1,132 consultations for sexual violence to migrants in Latin America, 44.16% in Mexico, 35% in Panama and 6% in Honduras (10). The organization has provided 51,500 medical consultations, 2,400 mental health consultations and treated 17,400 wounds so far in 2023 (11).





### Maternal, Sexual and Reproductive Health:

**Colombia:** Between January and July 2023, 15,853 pregnant women and adolescents have been assisted under the response plan for Venezuelan refugees and migrants. Of this group, 13% (2,036) were girls and adolescents aged 17 years or younger. In the same period, 24 cases of Extreme Maternal Mortality were reported in foreign girls and adolescents aged 10 to 14 years and 460 cases in adolescents aged 15 to 19 years. Additionally, there were 5 cases of Maternal Mortality in girls and adolescents aged 10 to 14 years, and 18 cases in adolescents aged 15 to 19 years (16).

### Mental health:

**Mexico:** Save the Children's study, "Reversing Risk and Sadness: a glimpse into the reality of Haitian people in Mexico", points out that Haitian migrants face the impact of forced displacement in conditions of poverty, and even a second or third expulsion from countries. The attempt to flee violence in Haiti has also confronted them with intra-family aggression and negative effects on their mental and psychosocial health, which manifests itself in sadness, stress, lack of appetite and difficulty sleeping (17).

### Children's health:

**Colombia:** According to the study "Characterization of the Venezuelan refugee and migrant school population with disabilities", of the total number of Venezuelan students (2022) attending the Colombian educational system, 1% (4,571) have some type of disability. Of this population, 38% have cognitive disabilities, 15% have autism spectrum disorders, 11% have psychosocial disabilities, 9% have physical limitations and 4% have vision impairment (18).

### Communicable diseases:

**United States:** Authorities in Denver, Colorado activated a health protocol after confirming an outbreak of chickenpox among recently arrived immigrants, mostly Venezuelans, housed in local shelters. The Office of Immigration and Refugee Affairs reported that several families are quarantined (19).

**Colombia:** The Government has declared the drug dolutegravir, used in the treatment of HIV patients, to be of public interest. According to the Ministry of Health, the population that will benefit most from this measure are migrants and refugees, especially around 20,000 Venezuelans in Colombia living with the virus (20).

**Mexico:** Given the increased migratory flow in Chiapas, the Ministry of Health has implemented strategies to care for migrants and prevent health risks in the country. About 200 migrants receive medical attention for HIV, including access to retroviral therapy. This service is free of charge and is managed through the state information system called "Salvar", which provides access to 2,500 HIV care centers<sup>21</sup> (21).

**Peru:** According to the results of the Bio-behavioral Survey on the epidemic of HIV and other STIs among Venezuelan migrants in Peru: HIV prevalence in the population was 1%, the proportion in men was 2.1% and 0.5% in women. The reported prevalence of syphilis was 4%, the proportion in men was 5.6% and 3.2% in women. The results show that the HIV infection rate in this population (1%) is higher than that reported for the general population in Peru (0.3 - 0.4%) (22).

### Access to health services:

**Mexico:** Staff from the Mexican Red Cross and Civil Protection in Huixtla, Chiapas State, maintain humanitarian aid to foreigners who are part of the migrant caravan. Red Cross personnel provided the migrants with serums, water chlorination tablets, and medicines during their transit. Other civil society groups provided charging services for mobile devices and medical attention for muscle aches and diseases in children, likewise, the health sector of the state government has personnel offering influenza vaccine and medical services (23).

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**Colombia:** The Ministry of Health and Social Protection of Colombia, in collaboration with the United Nations High Commissioner for Refugees and the International Organization for Migration, organized the event "Experiences, Advances and Challenges in Integral Health of the Refugee and Migrant Population" with the objective of strengthening the capacities of health secretariats and improving access to health services for the refugee and migrant population in Colombia (24).

**Peru:** The International Rescue Committee (IRC), in partnership with Lutheran World Relief (LWR) and Encuentros Servicio Jesuita para Migrantes, re-launched the "VenInformado- InfoPa'lante Peru service", which provides online orientation to migrants and refugees, allowing access to information on migration issues, health, employment in Peru, services for women, food, shelter, and information on cross-border routes (25).

**Guatemala:** The Ministry of Public Health and Social Assistance of Guatemala approved the technical guidelines for the provision of health care for people moving through the national territory in the migrant caravan, which include the activities to be carried out in terms of health care in the main routes of entry, transit and exit of migrants (26).

**Guatemala:** Guatemalan migrants and their families will be able to access health benefits in Guatemala. Migrants will be eligible for monthly life-long pensions for retired people, pensions for beneficiaries in the event of death, and mortuary fees for funeral expenses. In addition, the migrant's family nucleus residing in Guatemala will have access to health benefits, including medical care, hospitalization, pediatric care, and other additional services (27).

### Health insurance enrollment

**Colombia:** The country has received more than 2.84 million Venezuelan migrants; currently around 1.3 million of them are health insured. Although strategies have been implemented to address the debt of more than 407 billion pesos for emergency care in 2021, effective access to the health system remains a challenge for most of the migrant population in the country (28).



## 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.
- 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

### WHO Global Actions:

The World Health Organization (WHO) called for the development of research to address the health needs of refugees, migrants, and victims of forced displacement. WHO published an agenda that will serve as a guide for the development of policies and good practices worldwide. "It is essential to develop evidence-based policies that ensure that no one is left behind. However, WHO highlights the need to generate comprehensive knowledge on what works to best support the health of people on the move.

### Migration and health projects:

- **Colombia - Panama:** PAHO/WHO Colombia held a training workshop for outbreak response in Necoclí as part of the Cooperation among Countries for Health Development (CCHD) project, in coordination with the Antioquia Sectional Health Secretariat and with the participation of the health secretariats and laboratories of the municipalities of the Urabá/Darién sub-region: Chigorodó, Carepa, Apartadó, Turbo, Necoclí and Acandí.
- **Panama:** Due to road closures caused by nationwide social protests, migrants face difficulties in transiting the country, resulting in overcrowded shelters in San Vicente and Lajas Blancas. The main needs include health care, sanitation, access to food and information. In Darien, migrant health consultations address physical injuries, diseases with epidemic potential, lack of control of chronic diseases and mental disorders (PAHO/WHO Panama Report, November 2023). In 2023, PAHO/WHO has carried out technical cooperation actions in support of the Ministry of Health in the Darien region focused on:
  - Diagnosis of migrants' access to essential health services such as vaccinations, as well as coordination of actors involved in the migrant health response in this border area with the objective of improving an integrated response in the provision of health services.
  - Monitor the epidemiological and mental health situation of the migrant population in the Darien region.

### Coordination:

- **Colombia:** The health Cluster, the Ministry of Health and PAHO/WHO have launched a case management tool to provide comprehensive care to the migrant population and other vulnerable groups. This tool compiles demographic, medical and health needs information, as well as actions carried out by different actors. It facilitates follow-up, monitoring, and reporting, allowing for a coordinated and articulated response to effectively address the health needs of the migrant population in the territories (30).
- **Subregional:** PAHO/WHO contributed to the Andean Migrants Committee for the review of the progress of the Andean Health Plan for migrants of the Andean Health Organization - Hipolito Unanue Agreement (ORAS-CONHU). In addition, it will support the Andean Migrant Committee in the preparation of the Andean Health Plan for Migrants 2024-2030. ORAS-CONHU, the International Organization for Migration (IOM) and the PAHO/WHO Subregional Program for South America led the II International Congress on Mental Health. PAHO/WHO participated in the panel on Mental Health of migrant population highlighting the contributions of cooperation agencies to the mental health needs of migrants (31).
- **Panama:** PAHO/WHO in Panama met with the regional health director of the Darien region to discuss future actions in the medical care of irregular migrants crossing the Darien jungle. PAHO/WHO will strengthen data collection through training for personnel and human resources as well as providing a database, as part of the actions to improve health care provision for migrants crossing the Darien

jungle. The Ministry of Health reaffirmed its commitment to provide medical care for the migrant population in transit.

- **Chile:** The Ministry of Health of Chile, in collaboration with PAHO/WHO, held a day of discussion to present to the United Nations agencies in the country the strategies and actions planned and implemented in the area of Migration and Health. The activity included the presentation of the draft of the National Plan for Migration and Health with a Plan of Action for the three-year period 2024-2026, as well as the discussion of possible collaborations and actions for its implementation.

### Quito Process:

In November, the IX Plenary Meeting of the Quito Process was held under the pro-tempore presidency of Chile. During the side event entitled "Health Response in a Changing Human Mobility Scenario," the Chilean Ministry of Health presented current actions and strategies in the health sector, highlighting the update of the Migration and Health Policy and Plan of Action 2024- 2026. Chile's particular interest in intra- regional migration was highlighted, and data on migration flows was provided. Participation in this event closes Chile's pro- tempore presidency, opening opportunities for future regional collaborations on migration and health in the Americas.

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