

## KEY UPDATES



**Darien Colombia-Panama:** Panama's Ministry of Public Security reported that between January 1 and March 31, 2024, 109,069 migrants have crossed the Darien. Among the nationalities with the highest number of entries are Venezuelans with 69,568, followed by Ecuadorians with 8,912, Haitians with 7,253 and Colombians with 7,030 (1).

**Honduras:** The National Migration Institute reports that 87,852 migrants have crossed Honduras between January and February 2024, 125.6% more than the same period in 2023. Forty-eight percent (42,044) are Venezuelans, 13.6% (11,975) Cubans, 7.2% (6,357) Haitians and 7.1% (6,220) Ecuadorians. The remaining 24.1% come from Afghanistan, Angola, Argentina, Brazil, Bolivia, Cameroon, Colombia, Costa Rica, Chile, China, Egypt, India, Guinea, Morocco, Nepal, Panama, Peru, Senegal, Somalia, and Vietnam (2).

**Colombia:** 52% of Venezuelan migrants in Colombia are women (1,484,413), most of them in productive age (748,708), (18 to 39 years old), 62.3% have the Temporary Protection Permit (PPT) allowing them to have access to identification, health, education, and justice (3).

**Cuba:** Between January and March 2024, 276 Cubans have been returned to the island in 22 operations from various countries in the region. In 2023, Cuba received back a total of 5,253 nationals, mostly from the United States, but also from other countries such as Mexico, Bahamas, Belize, Cayman Islands and Dominican Republic (4).

**Ecuador:** According to the U.S. State Department, 400 Ecuadorians cross its border irregularly every day, reaching 17,000 per month. Between October 2023 and January 2024, 51,074 Ecuadorians entered the U.S., with 80% of them facing deportation due to their irregular entry (5).



## HEALTH EMERGENCIES

**Regional:** In 2023, 1,275 deaths or disappearances of migrants and refugees were recorded along migration routes in the Americas region, (636) of these cases were recorded on the U.S.-Mexico border, followed by the route between the Caribbean and the United States by sea (111 deaths) and passage through the Darien in Panama (48). The main causes of death were drowning, traffic accidents and extreme survival conditions due to lack of food, water, or adequate shelter (6).

**United States:** Transfers to hospitals and deaths among migrants continue at the border of Tijuana and San Diego, to date 18 people have required emergency medical attention after falling from the wall in their attempt to reach the United States. Doctors at the UC San Diego Health hospital attributed the increase in injuries among migrants to the increased height of the border fence, adding that patients at the trauma center who suffered injuries from falling off the fence increased from 311 cases in 2022 to 440 cases in 2023 (7).

**Colombia:** Two companies in Necoclí and six in Turbo decided not to sell tickets to migrants due to fear of being arrested after an operation by the National Navy and Migration Colombia. This generated a humanitarian crisis with more than 3,000 migrants unable to continue their journey, facing economic difficulties, health problems and violence. The municipality of Necoclí goes on alert every time the migratory flow increases or for some reason migrants are dammed, which causes its health system, access to public services and its capacity to house them to collapse (8).



## HEALTH ISSUES

### Maternal, sexual, and reproductive health:

**Mexico:** An NGO in Tapachula, Chiapas detected a high rate of syphilis among migrants on the southern border of Mexico, according to tests conducted in the area three out of every ten migrants with access to diagnostic tests have syphilis or other Sexually Transmitted Infections (STIs) (9).

**Venezuela:** The National Survey of Living Conditions (Encovi) 2023 revealed that Venezuelan women face gender gaps in economic activity, domestic responsibilities, and salaries, as well as difficulties in access to health and contraceptives; fertility persists at an early peak, 28% is concentrated in the 20-24 age group and 45% in the 15-24 age bracket, 72% of women are mothers before the age of 24. Although 75% of adolescents between 15 and 19 years of age are aware of a contraceptive method, only 43% use it (10).

### Communicable diseases:

**United States:** The Chicago Department of Public Health declared a health alert due to the report of more than 15 cases of measles in a migrant population housed in one of the city's largest shelters. Health authorities have investigated possible cases and contacts and vaccinated 900 people (11). In addition, outbreaks of other communicable diseases such as chickenpox have been reported in the migrant population residing in shelters in Boston, Massachusetts (12).

**Mexico:** Two cases of malaria have been detected among migrants. In Los Chiles, the Ministry of Health found a 31-year-old man. In Piedras Negras, Coahuila, the first case was confirmed in a 22-year-old pregnant Venezuelan migrant woman. Both are receiving medical attention and epidemiological measures have been implemented. Although it has not yet been determined where the case was infected in Coahuila, her travel history includes countries with malaria cases (13).



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### Chronic non-communicable diseases:

**Brazil:** Lack of access to medicines is the main reason for migration to Brazil of elderly Waraos, who find it difficult to obtain treatment in Tucupita, Delta Amacuro, due to the scarcity and high cost of drugs, especially for pathologies such as hypertension, diabetes, and chronic diseases, which leads them to seek medical attention in Brazil, where medicines are more accessible (14).

### Food insecurity:

**Colombia:** The results of a John Hopkins University study report that the causes and conditions of displacement increase the vulnerability of Venezuelan migrant and refugee populations to food insecurity in Colombia, along with other material difficulties, especially for irregular migrants in urban areas (15).

**Mexico:** A study published in the journal *Salud Pública de México* reveals that nine out of ten migrants suffer from food insecurity during their transit through Mexico, eight out of ten experience thirst, but do not drink water due to lack of access. Women face greater health problems, with respiratory and gastrointestinal infections being the most common, mostly treated by migrant homes and social organizations (16).

### Access to health services:

**Colombia:** The Ministry of Health will allocate funds to co-finance medical care for migrants not affiliated with the health system in different areas of the country; the District Public Health Secretariat will seek additional resources to strengthen the health system's response capacity (17).

**Guatemala:** Implementation of the country's migration policy began, focusing on the coordination of state institutions to guarantee comprehensive care for all migrants. The agreement established the general guidelines to orient migration management in the country (18).

**Panama:** Panama's Ministry of Health presented a strategy to improve care for migrants and refugees in the province of Darien. This strategy includes strengthening health services, promoting awareness in host communities and addressing environmental determinants. In addition, the ministry has reinforced the points of care with health personnel in this province by hiring 5 more doctors, technicians, and nurses for the points of care in Bajo Chiquito and Lajas Blancas (19).

### Health insurance enrollment:

**Colombia:** According to the report of the "Cali como vamos" program, 43.3% of migrants are not affiliated to the social security health system, either to the contributory or subsidized regime, therefore, they cannot access the comprehensive health benefits plan. The percentage of the Venezuelan population that is not affiliated is more than 10 times higher than that of the rest of the Cali population, which is 3.5% (20).



## 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:

- Access to health services without any type of restriction for emergency care including childbirth and newborn care, care in cases of sexual violence and gender-based violence, as well as acute events of non-communicable diseases such as treatment of chronic diseases (hypertension, diabetes, asthma, among others).
- Access to mental health and psychosocial support services.
- Prenatal and postnatal care, including follow-up and care of pregnant women during delivery and puerperium, as well as newborns.
- Information on health services available during entry and transit in the countries.
- Access to sexual and reproductive health services including diagnosis and treatment of sexually transmitted diseases, HIV/AIDS and preventive interventions: vaccination for human papillomavirus, condom distribution, etc.
- Access to vaccination services throughout the life course, integrated with other essential health programs such as deworming and vitamin A supplementation, at strategic points along the migratory route.
- Risk communication and community engagement programs for migrants and host population on the prevention of infectious and vector-borne diseases.
- Strengthen epidemiological surveillance systems in migrant reception and transit sites.

### Migrants in countries of destination:

- Control and care of pregnant women during childbirth and puerperium, including comprehensive care programs for newborns.
- 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, among others.
- Affiliation to the health insurance available in the country.



## ACTIVITIES CARRIED OUT BY WHO and PAHO

### Regional PAHO actions:

- Dr. Jarbas Barbosa, Director of PAHO/WHO, met with the Director of the new Office of Global Health Security and Diplomacy of the U.S. Department of State. During the meeting, they discussed the barriers and challenges faced by migrants in accessing health services along the migratory route and in the localities of destination, as well as the priority lines of intervention to strengthen health services at the local level to ensure that they have the necessary resources and capacities to meet the health needs of both the migrant population and the local populations.
- During the visit of the Director of the WHO Department of Health and Migration to PAHO headquarters in Washington DC, the priority health needs of migrants in the Americas region were addressed and the progress made by member states in this area was recognized. They also discussed the strategic lines of collaboration between the global and regional levels to strengthen health systems and services at the national and local levels, thus guaranteeing adequate and timely health care.

### Migration and health projects:

- **Chile:** PAHO/WHO is providing technical cooperation for the recovery phase of the fire emergency in the Valparaiso region. Technical support includes assessing the needs of health services at the local level, with the objective of ensuring health care for vulnerable populations, including migrants.

- **Panama:** Within the framework of the project Cooperation among Countries for Health Development, which seeks to coordinate and articulate efforts between the State, Cooperation and Civil Society to address the gaps identified in the health needs of the migrant population and host communities, PAHO has provided technical assistance to strengthen the coordination mechanisms of the humanitarian health response to the situation of human mobility of people in transit in the Darien. This has improved the integration of collective public health actions, including epidemiological surveillance, and has strengthened community capacities in preventive health and early detection of important public health events.
- **Honduras:** The health cluster, through PAHO/WHO, is implementing the CERF Project "Response to the main unmet health needs that are increasing due to high human mobility and the impact of climate change". This project is being carried out simultaneously in the departments of Ocotepeque, Cortés, and El Paraíso, where the health needs of migrants and the local population are critically addressed. Among the activities implemented with the greatest impact are the health brigades, which offer services such as general medical care, dentistry, psychology, and health promotion. These brigades not only provide access to comprehensive health services, but also promote the strengthening of community ties and collaboration between sectors to improve health and well-being. In addition, technical training has been provided in mental health, vector control and HIV, as well as the distribution of portable personal hygiene kits. Sexual and reproductive health has also been strengthened through the installation of surveillance and response committees for maternal mortality and sexual violence. Finally, improvements have been made in epidemiological surveillance, including the equipment of microbiological laboratories in municipalities that are difficult to access.



- **Peru:** PAHO/WHO and the Korea International Cooperation Agency (KOICA), in coordination with the Ministry of Health, launched the project "Improving social inclusion and access to health for migrants and refugees in Peru". The initiative proposes to address some of the main barriers faced by migrants in the country through three main objectives: to identify health risk factors faced by migrant populations to design and implement effective interventions; to improve migrants' and refugees' access to essential health services; and to reduce xenophobia, stigma, and discrimination. The project will last two years; intervention activities will be carried out in the departments of Tumbes, Tacna, La Libertad, Lima, and Callao (21).



### Coordination:

- **Ecuador:** From the PAHO/WHO Representation in the country, several actions have been carried out in Health and Migration, which include:
  - Participation in the meetings of the Migration Response Technical Group (MRTG).
  - Review of health-related questions for the 2024 National Progress Report (NAR).
  - Organization of meetings with the co-leaders of the Health and Nutrition Working Group (WG) (UNFPA, KIMIRINA, UNICEF, UNHCR), in addition to the convening of an expanded meeting with the 23 actors involved in health actions for populations in mobility, scheduled for April 30, 2024, with the purpose of strengthening coordination at the national and local levels.
  - Review of mobility flows in Ecuador.
- **Colombia:** The Ministry of Health and Social Protection (MSPS), as part of the Health Sector Response Plan to the migration phenomenon, has requested the technical support of the Health Cluster, which is co-led by the PAHO/WHO Office with the objective of developing a chapter that clearly establishes the institutional routes that integrate the cooperation offer and the institutional structure that guarantees a timely and quality response to the health needs of the migrant population. In turn, at the territorial level, PAHO/WHO Colombia and the MSPS are promoting the establishment of the Territorial Health Roundtables, as scenarios for dialogue, coordination and agreement between local

authorities, cooperating partners, academia, donors, and the community, for the health response to gaps and shortcomings identified in emergency situations, including migration.

- **Colombia:** During the visit of the director of the Department of Migration and Health of the World Health Organization (WHO), the Fifth WHO Global School on Health and Migration was launched, which will be hosted by Colombia; this hybrid event shares the latest experiences and practices on health and migration with a broad community. Each edition of the school attracts around 5,000 subscribers, and the material produced is used monthly by around 3,000 students who consult the WHO website.

Within the framework of the mission to the country, Dr. Severoni, experts from the PAHO/WHO regional office and the country office examined the migration situation in Colombia and discussed lessons learned, gaps and challenges in the health response. An institutional dialogue was held with the Ministry of Health and Social Protection, the National Institute of Health and various health cluster partners including academia, the Public Ministry, and donors (22).



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