

KEY UPDATES



Darien Colombia-Panama: In 2024, more than 130,835 migrants have entered Panama through the Darien according to the National Migration Service (1). Based on the results of the March 2024 round of border protection monitoring, the Office of the High Commissioner for Refugees (UNHCR) reports that seven out of every ten refugees and migrants interviewed were from Venezuela. Twenty-five percent were traveling alone or with unrelated companions. Those traveling with children had an average of 2 children, 40% of whom were under 5 years of age. Two births were recorded in the jungle (2).

Honduras: It is estimated that between 500 and 700 people leave the country daily due to lack of opportunities and unfavorable conditions. More than 230,000 people from Honduras have entered the United States, including 30,000 minors (3). On the other hand, approximately two thousand migrants enter Honduras daily through the department of El Paraíso, specifically in the municipalities of Trojes and Las Manos. Since the last week of April, an increase in irregular entry has been reported, which represents a logistical and humanitarian challenge for local authorities and affected communities (4).

Haiti: In 2023, forced returns of Haitian migrants increased by 46% and in March 2024, 13,000 people were returned to Haiti from neighboring countries according to data from the International Organization for Migration. The IOM psychosocial team warns that "suicidal tendencies" are increasingly found among internally displaced persons (6).

Chile: Every day more than 200 migrants irregularly enter Chile through Pisiga, on the border with Bolivia, exposing themselves to dangerous weather conditions. Most of the migrants are Venezuelan, although there are also Bolivians (7).

Cuba: The refugee application system in Uruguay closed 2023 with 24,193 applications pending resolution, which has led to a collapse of the system and an average wait time of two years for interviews with applicants. As a result, at least 5,000 Cubans are in immigration limbo, unable to regularize their status (5).



HEALTH EMERGENCIES

Mexico: Nearly 30 migrant children in camps on the banks of the Rio Bravo in Ciudad Juarez have fallen ill with symptoms such as fever, vomiting and diarrhea, possibly related to extreme temperatures, lack of drinking water, lack of adequate shelter and medicines (8).



HEALTH ISSUES

Maternal, sexual, and reproductive health:

Colombia: According to a study conducted by the Mesa por la Vida y la Salud de las Mujeres, Fundación Oriéntame and Médicos del Mundo the main barriers to access to Voluntary Interruption of Pregnancy (IVE) in the migrant population are lack of affiliation to the Colombian health system, lack of knowledge of the legality of abortion in Colombia, lack of availability of the service, request for additional requirements, lack of knowledge of abortion as an emergency, restrictive interpretation of the grounds for abortion, violence, mistreatment and discrimination against women, and administrative failures in the provision of the service, among others (9).

According to the Interagency Group on Mixed Migratory Flows (GIFMM), of the more than 2.8 million citizens from Venezuela residing in Colombia, 51% are unable to access sexual and reproductive health services, such as gynecology (66%), contraceptive services (37%), care for pregnant women (43%) and services for the prevention and treatment of sexually transmitted infections (41%) (10).

Mental health:

Regional: Médecins Sans Frontières (MSF) reported that, of nearly 3,800 consultations in Honduras, Guatemala, and Mexico performed in 2023, 48% were diagnosed primarily with acute stress, followed by cases of depression (12%), anxiety (11%) and post-traumatic stress disorder (11%) (11).

Children's health:

Mexico: State health authorities in Tijuana provide attention and care to migrant children through the Childhood and Adolescence program; health personnel visit shelters such as "Santuario Migrante" and "Centro Integrador del Migrante Carmen Serdan", as well as civil society institutions, to offer medical and preventive care. Health education talks are given on respiratory and diarrheal diseases, proper food handling and drinking water consumption. In addition, topics such as pediculosis are addressed, deworming and informative pamphlets are handed out to reinforce prevention through graphics and drawings (12).

Communicable diseases:

United States: The Department of Public Health of Chicago, Illinois has detected cases of tuberculosis among migrants staying in shelters. The number of cases and the shelters affected have not been specified; health authorities will investigate to determine the origin of the cases detected (13).

Chronic non-communicable diseases:

Regional: Médecins Sans Frontières (MSF) denounced the lack of medicines for migrants with chronic diseases such as diabetes or HIV during their journey to the United States. The organization reported that patients suffering from these diseases face difficulties in receiving care, follow-up, and treatment during their transit through Central America and Mexico. The lack of access to medication is particularly worrying, as many patients do not present symptoms of their illnesses and may abandon treatment or have difficulty continuing with it. The situation is aggravated by the confiscation or loss of medications by authorities during border crossings (14).

Access to health services:

Brazil: The Brazilian Ministry of Health launched a technical note to guide managers and professionals of the Unified Health System (SUS) for the care of migrants, refugees, and stateless persons. This guide aims to ensure that everyone, regardless of their migratory status, receives adequate medical care. The technical note focuses on primary care, the main gateway to the health system, and provides information on national and international legislation related to health and migration (15).

Trinidad and Tobago: The NGO Centro Cultural Hispano La Casita in a statement noted that Trinidad and Tobago lack a comprehensive national policy to ensure equitable access to health care for migrants. La Casita identified several specific challenges, including vaccination requirements, language barriers, stigma, and discrimination, among others. They urged the development of comprehensive health policies to ensure equitable access to health care for all migrants and reaffirmed the collective responsibility to ensure that they have access to necessary medical care (16).

Health insurance enrollment:

Colombia: The office of Migration Colombia confirmed that it will continue to issue the Temporary Protection Status for Venezuelan Migrants (ETPV), a mechanism aimed at protecting those in an irregular situation. The entity is committed to implement strategies to facilitate the integration of refugees, providing access to public and private services (17).



NEEDS / GAPS IN MIGRANTS' HEALTHCARE

The main health care needs of the migrant population are associated with the lack of information regarding the existence of health services in transit and host countries, limited access due to administrative, legal, economic and language barriers, as well as the lack of adequate medication in health services.

The following is a list of key health priorities for migrants and host populations identified along the migratory route and in border areas.

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 services and psychosocial support for conditions such as trauma, anxiety, depression, and other mental health problems, available to adults, children, and adolescents, with special attention to women.
- 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.
- Access to timely diagnosis and sustained treatment of diseases such as asthma, diabetes, hypertension, HIV/AIDS, among others.
- 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

Migration and health projects:

- **Dominican Republic:** The Pan American Health Organization/World Health Organization (PAHO/WHO) and the Korea International Cooperation Agency (KOICA) have signed a collaboration agreement with the aim of improving the health and well-being of women, adolescents, and children in vulnerable situations in the Dominican Republic, including the migrant population. The three-year project will be carried out in the provinces of Dajabón and Elías Piña, on the border with Haiti, covering 64 primary and secondary health care facilities. It seeks to improve access to comprehensive health services, promote healthy practices and prevent diseases, with the goal of reducing maternal and neonatal mortality, in a context of inequalities and health challenges in the region. This collaboration, aligned with the Sustainable Development Goals, reflects a joint commitment to address the critical needs of the most vulnerable communities on the Dominican-Haitian border and contribute to the sustainable development of the country.



- **Brazil:** The Amazon Resilient Borderlands project, the result of a partnership between IOM and PAHO/WHO Brazil and supported by the Migration Multi-Partner Trust Fund (MMPTF), promoted agendas with health authorities in the states of Rondônia and Amapá with the aim of involving key actors in the construction of health agendas in the Amazon border region. In Amapá, the importance of ongoing actions in the border region with French Guiana was reinforced, with special attention to the flow of people in the region and the epidemiological situation of malaria and dengue. In Rondônia, the cooperation activities between Bolivia and Brazil that are being developed between the health authorities of both countries in the border region were highlighted.
- **Peru:** Continuing the implementation of the project "Improving Social Inclusion and Access to Health for Migrants and Refugees in Peru," a collaboration between PAHO/WHO and the Peruvian government, officials from various health and migration institutions met with the PAHO/WHO project team on April 25th. In this space, the project was presented to the technical and managerial staff of 12 directorates of the Ministry of Health, as well as the National Institute of Health, National Superintendence of Health, and Comprehensive Health Insurance, to establish mechanisms to coordinate the implementation of activities. As next steps, it was agreed to hold bilateral meetings to deepen the specific technical aspects of the project, as well as to share periodic reports detailing progress and challenges. In this way, PAHO reaffirms its commitment to Peru to guarantee the health of migrant populations, including the contribution to the reduction of inequities in the host populations, leaving no one behind.



- **Brazil-Paraguay:** The PAHO/WHO Paraguay and Brazil offices coordinated the second strategic planning workshop of the Health Working Group of the Itaipu Binational Consortium, held in Ciudad del Este, with the participation of health authorities from Argentina, Brazil, and Paraguay. The second planning stage consolidated the contributions made in the first workshop and proposed the definition of priority work areas such as mental health, climate change and access to health services. The next step will be to present the proposal to the Executive Committee of the Health Working Group at its May meeting, so that it can be incorporated into the actions for 2025 to 2030.

Coordination:

- **Ecuador:** In April, the first meeting of the 2024 Health and Nutrition Working Group was held, with the participation of 20 organizations, including PAHO/WHO. During the meeting, the mapping of health stakeholders was updated and activities for the year were planned. In addition, human mobility flows in Ecuador were analyzed.

In response to a Yellow Fever alert on the northern border due to the identification of a positive case in a Colombian citizen, PAHO/WHO conducted a mission to observe and analyze the activities implemented, issuing recommendations that included: the activation of epizootic surveillance, active search for cases, monitoring of vaccination, strengthening of communication on vaccination, reduction of aedic indices, articulation with the Private Health Network, and strengthening of epidemiological surveillance in border corridors, as well as the activation of coordination mechanisms at the local and inter-border levels.

- **Brazil:** PAHO/WHO Brazil collaborated with the Ministry of Human Rights and Citizenship to discuss strategies to expand access to health care for migrants and refugees in Brazil, seeking to overcome existing barriers. Also, in partnership with the Ministry of Justice, PAHO joined the Implementation Committee of the National Conference on Migration as an observer, supporting the technical discussion on health. In addition, the Roraima State Conference on Migration, in preparation for the COMIGRAR (National Conference on Migration), was held in Boa Vista, with the participation of various stakeholders involved in migration and health issues.

In addition, the PAHO Brazil office participated in the mission of the Federal Subcommittee on Housing and Interiorization, coordinated by the Ministry of Social Development, holding meetings with the military authorities in charge of health actions in Operation Reception, and technical support was provided to improve vaccination activities at the Vaccination House in Pacaraima.

- **Chile:** A coordination meeting was held with the participation of authorities and technical staff from the Ministry of Health of Chile, the PAHO Country Office, PAHO Headquarters in Washington DC and the WHO Director of the Department of Health and Migration, Dr. Santino Severoni, to update and implement the Health and Migration Policy and Action Plan 2024 - 2026. During this meeting, technical cooperation was agreed as part of the support to Chile, including the use of the WHO health systems assessment tool for refugees and migrants and the coordination of actions with UN agencies in the country.
- **Colombia-Panama:** The offices of the Pan American Health Organization/World Health Organization (PAHO/WHO) in Panama and Colombia continue to provide technical cooperation to strengthen the coordination mechanisms of the humanitarian health response to the situation of human mobility of people in transit. On April 4, under the framework of the Cooperation among Countries for Health Development (CCHD) project, the first cross-border health roundtable was opened with the participation of the Ministries of Health of Colombia and Panama, the National Institute of Health in Colombia and more than 20 cooperation organizations, including civil society organizations and United Nations agencies that are implementing activities at this border. The objective of this cross-border table of health is to strengthen coordination and articulation between the State, international agencies and civil society to respond to gaps identified in the health needs of the migrant population and host communities.

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