

SITUATION REPORT HEALTH AND MIGRATION IN THE REGION OF THE AMERICAS

AS OF AUGUST 2024



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REGIONAL

The epicenter of migration is shifting away from Central America, with fewer migrants from the Northern Triangle countries and more from Venezuela and Ecuador.

<https://www.nbcnews.com/investigations/number-migrants-border-towns-big-us-cities-has-plunged-rcna165829>

UNITED STATES OF AMERICA

There was a notable decline in the number of migrants in border towns and major U.S. cities during the month of August. This drop, attributed to President Biden's executive action limiting asylum claims and Mexico's increased efforts to intercept U.S.-bound migrants. Some shelters reported up to a 60% decrease in migrants seeking refuge.

<https://www.nbcnews.com/investigations/number-migrants-border-towns-big-us-cities-has-plunged-rcna165829>

Despite the decrease in numbers, migrants continue to face significant health challenges. Many are denied protection and are bottlenecked along migration routes, often falling prey to criminal groups.

<https://www.wola.org/analysis/fewer-migrants-greater-effect-2024s-migration-crackdowns/>

MEXICO

Mexican authorities intensified their search on migrants transiting through the country, significantly reducing the number of migrants reaching the U.S. border.

<https://www.bbc.com/news/world-us-canada-69016671>



NEEDS/ GAPS IN MIGRANTS' HEALTHCARE

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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 chronic diseases (hypertension, diabetes, asthma, among others).

- Access to mental health services and psychosocial support for conditions such as trauma, feelings of anxiety, depression, and other mental health problems, available for adults, children, and adolescents, with special attention to women.
- Prenatal and postnatal care, including follow-up and care for pregnant women during delivery and the puerperium, as well as for 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 (HPV), distribution of condoms, etc.
- Access to vaccination services throughout the life course at strategic points along the migratory route, integrated with other essential health programs such as deworming and vitamin supplementation.

- Access to timely diagnosis and sustained treatment of non-communicable diseases (NCDs) such as asthma, diabetes, hypertension, HIV/AIDS, among others.
- Risk communication and community participation programs for migrants and host populations about the prevention of infectious and vector-borne diseases.
- Strengthening of epidemiological surveillance systems in migrant reception and transit sites.

MIGRANTS IN COUNTRIES OF DESTINATION

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



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Contributing to strengthening communication, increasing the availability of medical services, and enhancing health personnel competencies for better health care for the migrant, refugee, and host populations on both borders.

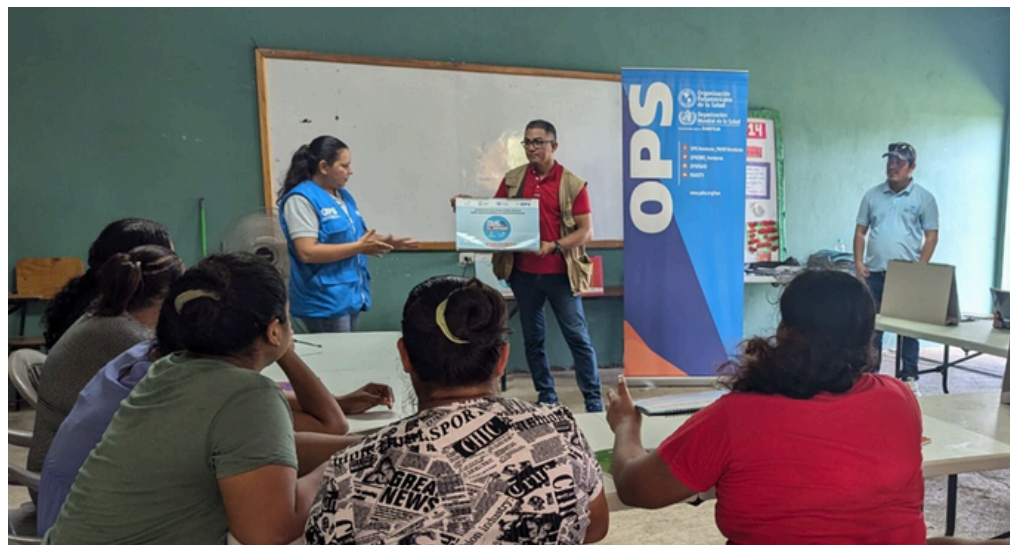
Third Binational Health Meeting between PAHO/WHO and the Ministries of Health of Colombia and Panama to address the health crisis faced by migrants in Darién.

The Pan American Health Organization (PAHO/WHO) and the Ministries of Health of Colombia and Panama held the third Binational Health Meeting to address the health crisis faced by migrants in the Darién. This initiative, part of the Country Cooperation for Health Development (CCHD) project, aims to improve access to health services in this region.

During the meeting, each government contextualized the health situation, analyzed, and identified gaps in health access for the migrant and host populations, which include the lack of health infrastructure, the shortage of trained medical personnel, and the limited availability of medications. Additionally, living conditions in the jungle favor the spread of diarrheal diseases, malaria, and dengue.

The Binational Health Meeting established an action plan to improve health collaboration between Colombia and Panama. This plan seeks to strengthen communication, increase the availability of medical services, train health personnel, address specific cases in a timely manner, and reinforce epidemiological surveillance systems. These actions aim to ensure better health care for the migrant, refugee, and host populations on both borders.

HONDURAS



Supporting host and migrant communities with health promotion campaigns focused on dengue prevention, sexual and reproductive health, mental health, and other topics.

Medical campaigns supported by PAHO, Honduras.

Under the framework of the migrant health project funded by the Central Emergency Response Fund (CERF), PAHO/WHO carried out several medical campaigns focused on promoting self-care, dengue prevention, and canine and feline vaccination. Additionally, a medical brigade with a focus on sexual and reproductive health was implemented, and support was provided to the mental health fair with the aim of promoting mental well-being in the community, including the migrant population.

ECUADOR

From the PAHO/WHO Representation in Ecuador, the following actions have been carried out in the field of Health and Migration in the month of August:

- Review of migration flows that occurred during the month.
- Participation in meetings convened by the migration working group.
- Review of indicators with co-leaders of the health working group.
- Participation in the meeting on the response to mixed movements in Latin America.

COLOMBIA



PAHO/WHO is collaborating on a response plan to reduce morbidity and mortality among migrants and host communities with an ethnic approach, considering limited capacities and additional challenges such as armed conflict and natural disasters.

Extra-mural brigades were deployed in Norte de Santander, Vichada, Guainía, Arauca and Urabá to respond to emergencies affecting border communities and the migrant population with the support of PAHO/WHO.

In August, PAHO/WHO supported a health cluster session with the Ministry of Health to adjust the guidelines for response to migratory dynamics, with the participation of indigenous organizations, which gave their contributions for the construction of a chapter within the guidelines with an ethnic approach.

The third binational health roundtable between Colombia and Panama was held, where challenges were discussed and a work plan with four key objectives was drawn up:

- 1) Improve access to health services for both migrant and local populations;
- 2) Improve communication and information exchange to combat xenophobia, stigma and discrimination;
- 3) Strengthen health surveillance, information management and monitoring;
- 4) Strengthen partnerships, networks and multi-country frameworks to better understand the status of migrants and promote and protect their health.

COLOMBIA (CONT.)

In the border areas with Venezuela, a meeting was organized to define a contingency plan. PAHO/WHO is collaborating on a response plan to reduce morbidity and mortality among migrants and host communities, considering limited capacities and additional challenges such as armed conflict and natural disasters.

PAHO/WHO launched the “Migration in Transit” application to provide information on health and available services. Indigenous organizations warned about the increase in sexually transmitted infections and HIV, related to risks such as sexual exploitation and illegal mining. In response, PAHO and the United Nations Population Fund developed a work plan to mitigate these risks and provide a coordinated response with the active participation of indigenous authorities.

Finally, extra-mural brigades were deployed in Norte de Santander, Vichada, Guainía, Arauca and Urabá to respond to emergencies affecting border communities and the migrant population; facilitate access to health services, including the promotion of vaccination for the migrant and refugee population in remote areas; and the organization of days for documentation, regularization and health affiliation, addressing one of the main barriers they face in accessing these services.

BRASIL

The Ministry of Justice has resumed the organization of the National Conference on Migration (CONMIGRAR), scheduled to be held in Brasilia from November 8 to 10. The mobilization for CONMIGRAR fostered debates on migration and public policies in Brazil. These preparatory conferences elected around 300 delegates who will participate in the national stage in November. The PAHO/WHO office in Brazil is collaborating in the preparation, joining efforts with other UN agencies to organize and technically support the agenda of discussions.

PAHO has also closely followed the agenda of the Shelter and Internalization Subcommittee of Operation Shelter, participating in meetings and visits to the migrant reception premises of the humanitarian operation in Pacaraima and Boa Vista. In August, a notable increase in the influx of Venezuelans was observed, associated with the post-electoral context in Venezuela. The arrival of unaccompanied elderly people with special needs has been a major concern for national authorities and protection agents.