

SITUATION REPORT

# HEALTH AND MIGRATION IN THE AMERICAS

SEPTEMBER 2024



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**PAHO**



**Regional:** The Venezuelan migratory flow to the United States decreased 90% between May and August 2024 (1). As of the first week of September, out of 1,476,705 encounters at the U.S.-Mexico border, 62% corresponded to single adults, 27% to persons traveling with family and 11% to unaccompanied minors (2).

**Cuba:** More than 850,000 Cubans have migrated to the United States in the last three years (3). So far in 2024 more than 1,069 people have been returned to the island, with 70 return operations mainly from the United States (4).



**Honduras:** So far in 2024, the National Migration Institute has registered the transit of 290,902 migrants through Honduran territory, most of them coming from Nicaragua (5).

**Darien Colombia-Panama:** 244,243 migrants have crossed through the Darien so far in 2024, which represents a decrease of 110,056 people (31%) compared to the same period in 2023 (6). At least 50,155 minors have migrated along this route (7), of which approximately 2,000 made the journey alone or separated from their families (8). An increase in the number of Asian migrants has been detected, mainly from Nepal and China (1,300 and 12,000 in 2024, respectively) (9).

**Colombia:** On average 2,800 Venezuelan migrants cross the border between Táchira and Norte de Santander daily (10). Procuradora warns of worsening migratory crisis in San Andres; the National Navy has rescued 1,347 persons of which 272 are children and adolescents (11).

**Brazil:** Migratory flows at the Venezuela-Brazil border have increased; during August 12,325 Venezuelans entered through Pacaraima, representing an increase of 25% over July (12).





## Health emergencies:

**Regional:** Between January and September, IOM has recorded 497 migrants dead or missing in the Americas region (13) and at least 291 in maritime transit through the Caribbean, representing an 18% increase compared to 2023. Of the 291 at least 142 have died or gone missing in the Florida Straits crossing (14).

**Panama:** About 150 migrants from Nepal, India and China have been stranded for more than 21 days in the communities of Guayabito, Cocalito and Jaqué. These people are sick and without access to medical attention. According to the report, the people are facing a serious lack of basic resources such as food, drinking water and medicines (15).

## Maternal, sexual and reproductive health:

**Brazil:** 8.5 % of migrant women from Venezuela arrive in Brazil pregnant. Only 47% use contraceptive methods, compared to 80% of Brazilian women. Sixty-three percent of sexually active migrants did not use a male condom in the last year. Lack of access to contraceptive methods is a barrier for Venezuelan migrant women in Brazil, despite the availability of public health services (16).

**Colombia:** AID FOR AIDS Colombia's Pre-Exposure Prophylaxis (PrEP) program has been successfully implemented for more than a year. So far in 2024, more than 600 men, 400 women and cis women and 50 trans people have begun to use PrEP daily to prevent the risk of HIV infection (17).

**Chile:** The Antofagasta Region has experienced a steady increase in births to migrant mothers, outnumbering those to Chilean mothers. In 2023, 4,418 births were registered, of which 2,642 (55.7%) were to foreign mothers. This trend is also observed in the most populated communes: 57 % in Antofagasta, 59 % in Calama and 54 % in Tocopilla (18).

**Dominican Republic:** More than 37% of births in public maternity hospitals in the Dominican Republic are to Haitian women in an irregular migratory situation. It is estimated that more than 25 billion pesos of the annual State budget are allocated to cover health expenses of Haitian migrants (19).

## Mental health:

**Panama:** In August 2024, the Pan American Development Foundation (PADF) provided emergency emotional support to 3,028 people, including 3,598 victims of gender-based violence, 103 from the LGBTQ+ community, and 67 survivors of sexual violence. In a sample of migrants assessed through the LSB-50 test in Lajas Blancas, 75% suffered from anxiety, 65% had sleep disturbances, and 60% showed psychoreactivity and hypersensitivity (20).

**Mexico:** Citizen associations have warned of a growing increase in cases of post-traumatic stress syndrome among migrants on the northern border of Mexico, due to the kidnappings, abuse and exploitation they face when crossing this country (21).

**Chile:** According to the online report of the Department of Health Statistics and Information of the Chilean Ministry of Health, as of September 11, 2024, a total of 7,048 migrants have entered the mental health program. In the migrant population the main diagnoses are other anxiety disorders (36.5 %), moderate depression (15.5 %) followed by behavioral and emotional disorders in childhood (10.8 %) and victims of violence (8.9 %) among others (22).

## Child health:

**Colombia:** according to the report of the National Institute of Health as of September 23, 2024, 137 cases of moderate and severe acute malnutrition have been identified in children under five years of age of foreign nationality; of these 127 were Venezuelan minors (23). Additionally, 22 deaths have been reported in Venezuelan children under five years of age: eight due to acute respiratory infection, 11 due to acute malnutrition and three due to acute diarrheal disease (24).

## Communicable diseases:

**Panama:** The Migrants in Transit through Panama study found that 32 % of participants had two doses of COVID-19 vaccine. Seventy-five percent of people with symptoms tested positive for COVID-19; 1 in 4 adults tested positive for dengue. 1.5 % of adults tested had malaria, 5.7 % of men reported STI symptoms, and 40 % of women reported abnormal vaginal discharge. The study highlights the lack of preventive services, prenatal and postnatal care, and the absence of gender-segregated toilets, which increases the vulnerability of women and girls to sexual exploitation and violence (25).

## Chronic non-communicable diseases:

**Colombia Panama:** The main causes of consultation of the migrant population in transit in the Darien vary between Colombia and Panama. In Colombia, the main cause of consultation is oral health, followed by risks during pregnancy, diabetes and hypertension. In Panama, consultations are related to trauma, skin infections, gastroenteritis and rhinopharyngitis (26).

**Ecuador:** According to the JNA 2024, 9% of Venezuelan household members self-identify themselves as having some chronic disease such as arterial hypertension, diabetes, cardiovascular diseases, arthritis or cancer (27).

**Peru:** Venezuelans with chronic and communicable diseases face challenges in accessing health services; 26% reported having a chronic disease and 72% indicated that they are not receiving treatment (28).

## Access to health services:

**Regional:** According to the Joint Needs Assessments (JNA), 14 % of migrants and refugees surveyed reported that they were unable to access health services in their destination countries when needed. In Aruba, 41.2%, followed by 26.5% in Peru, 22.2% in Trinidad and Tobago, 15.2% in Bolivia, and 12.6% in Paraguay. Other countries such as Chile recorded 3.1%, Curaçao 8.4%, Colombia 12.3%, Panama 9.3%, Dominican Republic 1.0%, Brazil 5.6% and Ecuador 7.2% (29).

**Colombia:** The Ministry of Health and Social Protection allocated more than \$326,000 million to cover the accumulated costs of emergency care for the migrant population in an irregular situation. These funds seek to guarantee equitable and quality health services for all inhabitants, regardless of their migratory status. This seeks to alleviate financial pressure and guarantee the operability of health services in the most affected regions (30).

**Panama:** Spain sent an emergency medical hospital to the Darien region of Panama to treat migrants and the local population. Eight health professionals and logisticians have been deployed to prepare the facilities, in collaboration with the Panamanian Ministry of Health. The START team, specialized in humanitarian emergencies, will be in the area for two months, with six staff rotations until November (31).

## Health insurance affiliation:

**Colombia:** According to data from the migration authority, 71.2% of Venezuelan migrants in Colombia have been regularized through the Temporary Protection Permit (PPT). To date, 2,026,011 PPTs have been approved, of which 1,945,132 have already been delivered, which represents an outstanding achievement globally and the most significant in the region. However, in terms of affiliation to the general health social security system, only 1,510,129 (53%) are affiliated.

**Peru:** Despite the Peruvian government's efforts to implement regularization processes in recent years, the country continues to face high rates of migrant population with irregular status. By June 2024, 364,099 Venezuelans (21.9%) had regularized their status, including 27,148 asylum seekers with Humanitarian Migratory Status (CMH). In the same period, only 27% of the Venezuelan migrant population in Peru had some type of health insurance. Of this insured population, 20.0 % (287,547 people) were affiliated to the Comprehensive Health Insurance (SIS), 5.4 % to EsSalud, and 1.6 % had private insurance (32).

**Panamá:**



*The main health needs of the migrant population include lack of information on services available in transit and host countries, limited access due to administrative, legal, economic and language barriers, and shortage of adequate medication in health services.*

*Photo: Karen González OPS*

### Migrants in transit:

- Access to emergency health services including care in cases of sexual and gender-based violence.
- Access to mental health services and psychosocial support.
- Prenatal and postnatal care, including follow-up and care for pregnant women during delivery and 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.
- 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 sustained treatment for diseases such as asthma, diabetes, hypertension, among others.
- Risk communication and community participation 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 destination countries:

- 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.

## WHO

**Global School on Refugee and Migrant Health:** WHO announces the opening of registration for the Fifth Global School on Refugee and Migrant Health, to be held December 2-6, 2024, in Bogota, Colombia, with live streaming for virtual participants. This event is organized by the World Health Organization (WHO) in collaboration with the Pan American Health Organization (PAHO) and the Ministry of Health and Social Protection of Colombia. Under this year's theme, "Advancing Universal Health Coverage for Refugees and Migrants: From Evidence to Action," the event will bring together global health leaders, policymakers and practitioners to explore innovative strategies to improve equitable access to health for refugees and migrants (33).



**Online course:** "Global competency standards for the provision of health services to refugees and migrants: WHO launches in September 2024 a new online course, "Global Competency Standards for the Delivery of Health Services to Refugees and Migrants," aimed at improving the skills of health professionals in culturally sensitive care for these populations. The course consists of six modules addressing key topics such as cultural competence, effective communication, and evidence-based practices, offering a practical and flexible 6-hour (34) approach.

## PAHO

PAHO/WHO presents a technical note with interventions for malaria prevention, care, and surveillance in migrant populations and host communities in Central America, in response to increased mobility in the region. The proposals, aligned with PAHO's Universal Access and Coverage strategy, include strengthening surveillance, promoting timely diagnosis and free treatment, and implementing early detection and chemoprevention actions. Intra- and intersectoral coordination and cross-border cooperation are key to containing malaria transmission in transit territories and host communities (35).



## Honduras:



Photo: PAHO/WHO

*Choluteca, September 20, 2024 (PAHO/WHO). Children represent the future of our society; their well-being is fundamental for the development of a more equitable and prosperous world. For this reason, in commemoration of National Children's Day, we joined efforts to celebrate their day with them by visiting the Caritas Migrant Care Center in Choluteca. Another similar activity took place in Machuca, Ocotepeque.*

PAHO, in collaboration with strategic partners such as the Honduran Red Cross, UNHCR and Caritas, celebrated National Children's Day in migrant care centers in Choluteca and Ocotepeque, focusing on the physical and mental health of children on the move. Through the CERF project, they provided medical attention and recreational activities, such as an educational planetarium, drawing sessions and dynamics on hygiene, reinforcing their wellbeing. PAHO stresses the importance of mental health and comprehensive care for children in border and high mobility areas in Honduras (36).

## Peru:

Within the framework of the KOICA project (Improving social inclusion and access to health for migrants and refugees in Peru), two workshops were held during September, in Callao and central Lima, to identify opportunities for improvement in the surveillance processes for diseases with high epidemic risk, with emphasis on migrant and refugee populations. The workshops were preceded by visits to health facilities in these areas to collect information that served as basic input. On the other hand, studies continue to identify barriers to access and facilitating factors in health care for the migrant and refugee population; and the perception of xenophobia, stigma and discrimination when this population demands health services.

In addition, support was provided to MINSa for the development of normative documents on issues of relevance to the migrant and refugee population, starting with the updating of the Technical Sanitary Standard for the Prevention of Mother-to-Child Transmission of HIV, HVB, HTLV, Syphilis and Chagas disease; and the updating of the methodological guide for the preparation of health situation analyses in the regions was continued. The acquisition of comprehensive care and hygiene kits for distribution to the migrant and refugee population in Tumbes, Tacna, Trujillo, Callao and central Lima also began, in coordination with the health authorities in these areas.

Finally, we continued to participate in the meetings of the Intersectoral Roundtable for Migration Management (state space) and as part of the Working Group for Refugees and Migrants (WGRM) of the United Nations system; in the latter case, the PAHO/WHO team has participated in the preparation of the Response Plan (RMRP) 2025-2026.

## Honduras:



*The Honduran Ministry of Health, the heads of health regions and municipalities (health authorities and personnel, migration, education and community leaders), the Expanded Program on Immunization team at all levels - with technical and financial support from the PAHO/WHO Country Office - are implementing the emergency project “Ensuring early detection and timely response to acute health problems in border areas and areas of high human mobility”.*

*Photo: Meeting of the Health Region Office in Danlí El Paraíso, July 31, 2024. Elaboration of work plan and definition of agreements and commitments.*

The project is being implemented in the health regions with border crossing points for migrants:

- Paraíso Sanitary Region (Municipalities of El Paraíso, Trojes and Danlí).
- Ocotepeque Health Region (Municipalities of Ocotepeque and Santa Fe).
- Gracias a Dios Health Region (Puerto Lempira and Villeda Morales).

The actions developed are aimed at strengthening vaccination operations, specifically:

- Vaccination of children under 5 years of age was updated with all the vaccines of the national schedule, and of girls from 11 to 15 years of age with the HPV vaccine. In other age groups, vaccines such as COVID-19, yellow fever, measles, rubella, mumps, polio, influenza, diphtheria and tetanus were prioritized.
- Vaccination coverage in border municipalities and areas with a migrant population was evaluated to decide on the implementation of intensification operations and/or vaccination campaigns.
- Technical support was provided for safe vaccination, surveillance of events suspected to be attributable to vaccination or immunization (ESAVI) and cold chain management.
- Improvements in the equipment of vaccination clinics were financed.
- The information system for registering vaccinated persons was strengthened.
- Vaccination data was broken down according to migratory status.
- Training workshops were scheduled for health personnel, including NGOs working with migrants.
- Laboratories in border municipalities were strengthened for the implementation of the surveillance system for vaccine-preventable diseases and for public health emergency response operations.
- A communication campaign was developed in social networks, TV, radio and distribution of material in ports, airports and borders in several languages.
- Promoted the coordination of vaccination activities with bordering countries.



## Panama:



*The Pan American Health Organization (PAHO) and the Ministries of Health of Colombia and Panama joined together in a Bifronteriza Health Roundtable to address the health crisis faced by migrants in Darien.*

*Photo: RM Laja Blanca, registration of migrants before leaving ERM for the other border of Panama.*

During September, training workshops were held to identify opportunities for improvement in the epidemiological surveillance of diseases with high epidemic risk, with emphasis on migrant and refugee populations, with the aim of improving the coordination of the response. PAHO Panama continues to provide technical assistance to strengthen the coordination mechanisms of the humanitarian health response to the situation of human mobility of people in transit.

In September, several meetings were held to support and assist the arrival of medical tours by Médico sin Fronteras (MSF), the emergency and post-conflict department of the humanitarian action office of the Spanish Agency for International Development Cooperation (AECID) to support the health response in the community of Bajo Chiquito and the Laja Blanca migrant receiving station.

The Panamanian Ministry of Health and the Expanded Program on Immunization team at all levels - with technical and financial support from the PAHO/WHO Country Office - are implementing multiple operations to support vaccination in mobile populations. Among them are:

- Support is being provided for the digitization of data on the migrant population in the Health Statistics Information System (SIES) of the Ministry of Health.
- The Darien and Chiriqui regions are being equipped with cold chain equipment (purchase of thermo-transporters, cold boxes and refrigerators to guarantee the proper transport and storage of vaccines) to ensure the correct handling of vaccines.
- We are improving the skills of health personnel working with the migrant population and promoting the benefits of vaccination. This includes strengthening the EPI Training Room to facilitate training and communication activities.
- Awareness-raising activities are being implemented to generate demand for vaccination services, including reconnaissance and follow-up visits, in both regions. A new mission to Darien is scheduled for late October, focusing on surveillance and immunization of the migrant population.

## Colombia:



*In Vichada, Arauca, Norte de Santander and the municipalities of Urabá in Antioquia, the territorial health roundtables have facilitated extramural deployments.*

Thanks to the technical and financial support of the PAHO/WHO Country Office, Colombian health authorities were able to plan the development of multiple operations to support the national immunization program in the territories of Norte de Santander, Arauca, Vichada and Urabá. The following objectives were defined:

- Consolidate response protocols for health access coordinated between the State and the Cooperation.
- Design communication strategies to promote access to vaccination for the migrant population.
- To report the gaps identified in the access to health for the migrant population, including vaccination.
- Promote access to health including vaccination for the migrant population through the deployment of extramural strategies.

*Photo: Extramural deployment, Colombia, October 2024.*

The interventions were grouped under two main strategic lines: a) Health risk communication; and b) Access to health services. The work on risk communication was aimed at designing communication strategies to promote access to vaccination by the migrant population.

Workshops were held with the communities and migrant population to develop key messages for the design of the communication strategy. The strategic area of access to health services promoted the deployment of extra-mural strategies to provide vaccination services to populations in a situation of human mobility and host communities.

These initiatives have made it possible to carry out health brigades offering primary health care, health promotion and vaccination services to migrant and refugee populations, including host communities. Within the framework of these deployments, documentation and health affiliation days have been carried out, with a special focus on the indigenous communities of the Colombian-Venezuelan border.

## Colombia (continuation):



Photo: PAHO/WHO

Additionally, the development of health response protocols for the migrant population has begun, disaggregated by migratory profile (in transit, with intent to stay, and cross-border commuters).

This work is carried out in collaboration with cooperation partners and the Ministry of Health and Social Protection, based on the Colombian regulatory framework and established public policy precedents in the country.

The analysis phase of the research on cross-border movement dynamics in the territories is concluding; among the preliminary findings, it stands out that over 72% of the population, especially women, are forced to interrupt their studies to travel to Colombia in search of health services. Most of the population, particularly indigenous communities with healthcare needs, are compelled to live in informal settlements characterized by overcrowding and lack of access to basic services such as drinking water, electricity, and sewage, as well as inadequate waste management.

## Ecuador:

In September, the PAHO/WHO Representation in Ecuador carried out various actions in the field of Health and Migration. These included reviewing monthly migratory flows, participating in GTRM meetings, a meeting with the co-leads of the Health Working Group, attending the meeting on the response to mixed movements in Latin America, and reviewing the indicators of the Health Working Group.



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