

# HEALTH AND MIGRATION IN THE REGION OF THE AMERICAS

Central and South American Subregions  
As of 31 January 2023

# PAHO



## KEY UPDATES



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**Mexico:** The number of migrants at the Tamaulipas border has increased significantly. In Matamoros, more than 3,000 people are being served. The shelters are accommodating between 1,500 to 1,700 people, with extended stays of up to 6 months (4).

**Honduras:** 20,502 migrants have transited through Honduras as of January 2024, of which 6,296 are Venezuelans, 3,663 are Cubans and 2,132 are Haitians. A total of 976 migrants enters daily (5).

**Costa Rica:** Between the northern and southern borders of Costa Rica, between 1,500 and 2,500 migrants are registered daily, so UNICEF and partners installed sanitation facilities and expanded the capacity of wastewater treatment plants (6).

**Haiti:** In 2023, half a million Haitians were repatriated from the Dominican Republic. Of the 251,011 Haitians returned, 174,602 were deported and 76,409 repatriated. In addition, 246,678 returned voluntarily to their country (7).

**Cuba:** U.S. Customs and Border Protection reported that in 2023 it recorded more than 153,000 irregular entries of Cubans. Another 67,000 entered through the Parole program. In two years, at least 533,000 Cubans arrived in the United States, a figure equivalent to 4.8% of the Cuban population (8).

**Brazil:** It is estimated that around 400 to 450 Venezuelans arrive daily in Brazil. Arrivals have a more vulnerable profile and are putting significant pressure on the humanitarian response in the north of the country (9).

**Argentina:** According to the Institute of Statistics (Indec), Venezuelans are the third largest migrant community in Argentina, with 161,495 Venezuelans living in the southern nation. According to the details of the 2022 population census (10).



## HEALTH EMERGENCIES

**Honduras:** The National Commissioner for Human Rights (Conadeh) of Honduras warns that, if preventive measures are not taken in time, the country's institutional framework could collapse by the end of the first quarter of 2024 due to an increase in the irregular flow of migrants. It urges the activation of the response groups of national institutions, such as the National Risk Management System (Sinager) before a new increase in the flow of migrants occurs (11).

**Costa Rica:** In a bus accident in Costa Rica, 20 Venezuelan migrants were injured out of a total of 55 who were traveling from the border with Panama to Nicaragua. The Red Cross reported that 20 injured were transferred to medical centers, two in critical condition, 17 in urgent condition and one in stable condition (12).



## HEALTH ISSUES

### Maternal, sexual, and reproductive health:

**Panama:** Authorities of the Ministry of Health (MINSa) together with representatives of the United Nations Population Fund (UNFPA) inaugurated the Metetí Maternity Home, which will benefit Darien, Emberá indigenous and migrant pregnant women. The maternal home aims to ensure safe childbirth in a health facility. Its mission is to contribute to reducing maternal and infant mortality (13).

### Mental health:

**Chile:** At a seminar on mental health and migrant children, the Government of Santiago and the Jesuit Migrant Service presented the results of a study that analyzes the effects of mental health on the inclusion processes of migrant children, adolescents, and their caregivers in the Metropolitan Region of Chile. Among the conclusions, it was found that the perception of integration in the sociocultural context, especially in the school environment, is related to better emotional well-being and health in migrant children. The importance of developing preventive measures for mental health care was also noted, given that many participants showed levels close to presenting diagnosable symptoms of stress, depression and/or anxiety (14).

### Children's health:

**Colombia:** According to data from the National Institute of Health (INS). In January 2024, four deaths have been reported in children under five years of age from Venezuela, three of them due to acute respiratory infection and one due to acute diarrheal disease (15).

### Communicable diseases:

**Costa Rica:** Two migrants were treated for malaria at the hospital in San Carlos, Costa Rica, according to the Costa Rican Social Security Fund (CCSS). These cases were reported in a family of four, bringing to three the total number of malaria cases treated at the medical center over the course of the year (16).

**United States:** Denver Health has treated more than 8,000 migrants without legal documentation in the last year, totaling about 20,000 consultations. Most of these patients come from Venezuela and arrive needing treatment for chronic and communicable diseases. In 2020, the health system had approximately \$60 million in uncompensated care costs (17).

**Brazil:** Afghan refugees at Guarulhos airport are facing recurrent cases of scabies, with two of them recently diagnosed according to the local health secretariat. This is the second incidence of the disease in just over 6 months. Given the hygienic conditions to which the refugees are subjected, the spread of the disease is

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facilitated. Currently, 130 Afghans are living at the airport, including 45 children (18).

### Access to health services:

**Mexico:** The Tijuana Health Services Jurisdiction (JSST) guarantees the right to health of people in the context of migration, both nationals and foreigners. In 2023, the Tijuana Health Center alone provided 5,270 general medical consultations, 1,879 dental consultations, 2,450 vaccinations, 545 HIV-AIDS, Syphilis and Hepatitis "C" tests, 800 laboratory studies, 150 prenatal consultations and care, 95 neonatal screening tests and 426 contraceptive method applications. Most of the consultations were for the common cold, acute tonsillitis, routine child health control, essential hypertension, cough, diarrhea, and gastroenteritis of infectious origin, among the most common cases, and patients requiring specialized care were referred to the General Hospital of Tijuana (19).

As of January 8, the Health Secretariat of Ciudad Juarez treated 4,385 migrants in hospitals in the state, generating a cost of 10.6 million pesos. The most common health problems were respiratory diseases, oral problems, stomach problems, diarrheal diseases, anxiety disorders, allergic reactions, and fractures. The Hospital Infantil de Especialidades has treated 12 migrant children with an average expense of 100 thousand pesos from November to January (20).

**Panama:** The health team located at the Migratory Reception Station in San Vicente has a medical staff that attends to the families that are welcomed once they enter Darien. Migrants arriving at this station receive medical attention such as: evaluation and medical care, vaccinations, medicines, and the most urgent cases are taken to the Metetí Health Center with the coordination of the National Migration Service and the National Border Service (SENAFRONT). The most common affections presented by migrants are gastrointestinal, dermatological, and respiratory affections and added that MINSA takes samples for Dengue, Malaria and Covid-19, and if positive, provides the indicated treatments. This health post has attended 26,908 migrant women from February 2023 to January 2024, who receive mental health services and family planning counseling (21).

### Health insurance enrollment:

**Colombia:** Between January 2022 and September 2023, 897,185 health care services were provided to the Venezuelan migrant population. In addition, 29,164 Venezuelan migrants were affiliated to the General Social Security Health System in 54 insurance campaigns between October 2021 and December 2023. 104 pregnant women were trained in healthy practices during pregnancy, and 4,096 boxes with medicines and medical supplies were delivered to integrated health sub-networks in various regions (22).



## 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.
- 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) will conduct a series of webinars every two months, addressing the relationship between climate change, international migration and health in Latin America and the Caribbean. The direct and indirect impacts of climate change on the health and well-being of migrant children and adolescents will be explored. The series seeks to analyze this dynamic and complex relationship, with the participation of academics, professionals, and community organizations (23).

### Migration and health projects:

- **Brazil:** The Pan American Health Organization office in Brazil began the implementation of a joint project with the International Organization for Migration - IOM in the border region of the Brazilian Amazon. The project seeks to develop actions to strengthen the capacities of the municipalities of the Brazilian Amazon border in addressing health in the context of migration and extreme weather events associated with climate change. The agenda for the start of the work was developed with the participation of the UN representation, national and subnational government authorities in the areas of health, environment, and indigenous peoples.
- **Honduras:** Within the framework of the CERF project, the PAHO/WHO office has provided support with tents, scales, medicines, supplies and Personal Protective Equipment (PPE) to health services that serve migrants, as well as training for health personnel. A comprehensive approach to risk communication and social mobilization is planned, incorporating flip charts. Currently, an immunization campaign is being carried out for humanitarian personnel who work with migrants.

### Coordination:

- **Honduras:** The response capacity of health services along the entire migratory route is being strengthened by setting up facilities and establishing a telemedicine pilot program at some points of high migratory flow. Epidemiological surveillance capabilities have been developed and there are plans to work with family health teams, also strengthening some laboratories to improve diagnostic capacity. The goal for this year is to strengthen coordination among all health sector actors at the different levels of care.
- **Colombia:** Within the framework of strategic line 5, aimed at adapting policies, programs, and legal frameworks to promote and safeguard the health and well-being of migrants, progress was made in the consultation process with national and local health authorities to jointly develop the cluster's work plan and the territorial health roundtables.
  - Among the highlights of this effort are the following:
  - Establishment of a migration focal point designated by the Ministry of Health.
  - Successful activation of the district health board in the municipality of Turbo.
  - Definition of specific workshops for regularization, affiliation and sisbenización in communities facing the greatest challenges.
  - Incorporation of new partners to the Health Cluster and their participation in cooperation actions.

- **Brazil:** A working agenda was held between the Ministry of Health and the PAHO/WHO office to discuss the migration scenario in Brazil and establish strategic agendas linked to technical cooperation to address migration and health. On this occasion, strategies were discussed to coordinate health actions in the Operation Reception for Venezuelan migrants in Roraima, the construction of a national health policy for migrants and refugees and the development of new national partnerships to carry out strategic actions to address the health of migrants and refugees.
- The Health Secretariat of the State of São Paulo and the PAHO/WHO office in Brazil held a strategic agenda to discuss the situation of Afghan migration and health actions in the context of state health surveillance. Among the points of attention were the existing protocols for the approach of epidemiological and health surveillance, reception, and shelter flows from the airport to the arrival at the established destinations. Throughout 2024, the PAHO/WHO office will support the management of the state of São Paulo in the process of developing health surveillance actions aimed at migrants arriving in the state, coming from more than 10 different countries that maintain a regular migratory flow to Brazil.

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