

KEY UPDATES

Regional: While a decrease in relevant migration-related numbers has been reported throughout the Region of the Americas, the numbers remain high and health issues, along with other challenges for both migrants and host communities, persist. To date, migration levels have dropped at the Darien crossing since July 2023, however, migration remains close to 2023 levels, when more than 500,000 people undertook the risky journey. Also, June 2024 has seen the lowest number of Cuban migrants entering the United States in the U.S. fiscal year, however, the monthly average of 20,202 persons remains significant. [\(1\)](#)

Darien Colombia-Panama: According to the National Border Service (SENAFRONT), 11,363 people crossed Panama's border with Colombia since July 1, 2024, nearly 9,000 fewer than in the same period last year. The border authority attributes this to the installation of approximately 4.8 kilometers of fencing along five paths intended to direct migrants to a humanitarian corridor. So far in 2024, more than 212,000 people have entered Panama through the Darien. [\(2\)](#)



July, 2024. Delivery of kit and First Responder training Vereda Clarineterio municipality of Arauca in strategic alliance with the municipal health secretary, UAESA, HIAS, Firefighters and PAHO/WHO.

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Cuba: Since the U.S. fiscal year began in October 2023, June 2024 has been the month with the fewest arrivals of Cubans. A total of 180,925 Cubans arrived in the U.S. between October 2023 and June 2024, representing a monthly average of 20,102. The overall count of Cuban migrants arriving in the U.S. during the current migration crisis is 593,112. This crisis began in December 2021 when Nicaragua suspended the visa requirement at the end of November of the same year. ⁽³⁾

Honduras: 28,360 refugees and migrants entered, registered and transited through Honduras in June 2024 according to the National Institute of Migration (INM). An increase of 6% compared to the same month in 2023.

However, not all individuals are registered. The INM, the UN Refugee Agency (UNHCR), and its partners present at the border estimate that the number of migrants who entered the country exceeds 40,000. ⁽⁴⁾

Mexico: During Fiscal Year 2024, Border Patrol agents have encountered an average of 69 unaccompanied migrant children and adolescents in the El Paso Sector each day.

According to official U.S. Customs and Border Protection statistics, from October 2023 to June 2024 Border Patrol documented the encounter of a total of 12,576 unaccompanied minors, 32.85 percent fewer than the 18,729 encountered in the same period of the previous fiscal year. ⁽⁵⁾





HEALTH EMERGENCIES

Colombia: Ten migrants drowned on the Colombia-Panama border. On July 24, Panama's border police (SENAFRONT) issued a statement confirming the death of ten migrants near a river in an isolated area of Panama close to the Colombian Caribbean coast and the national border. The main cause of death is believed to be a large water current. According to SENAFRONT, the people who help migrants cross use paths prohibited by the authorities of each country due to the risks they pose to human life. [\(6\)](#)

Mexico: An alert was issued regarding the increased dangers of heat stroke to migrants in the desert areas of Mexico, especially during the summer season. The high temperatures in these regions heighten the risk for those attempting to cross irregularly into the U.S., according to the National Institute of Migration. In Baja California, there have been four migrant deaths due to heat stroke so far this season. [\(7\)](#)

Panama: More than 30 migrants have died to date in 2024 trying to cross the Darien jungle. Panamanian authorities have recorded the week of July 22-26 as the deadliest for migrants crossing the Darien Gap in their attempt to reach Central America and, subsequently, the United States. In just 72 hours a total of 16 people died trying to cross the jungle that divides Colombia and Panama. [\(8\)](#)



HEALTH ISSUES

Maternal, sexual and reproductive health:

Colombia: Authorities of the NGO Aid for Aids, based in Villa del Rosario in Norte de Santander, have announced the creation of an HIV prevention program. This program provides Venezuelan migrants with free access to Pre-Exposure Prophylaxis (PrEP) treatment. To access the program, it is only necessary to present an identification document such as a passport or identity card, and no immigration status is required. The supply of PrEP started in Colombia in 2022 through the Health Promoting Entities (EPS), for those citizens who are affiliated to them. An average of 16 people enter the program every two weeks. [\(9\)](#)

Mental health:

Panama: Darienites and migrants face increased vulnerability to mental health crises due to the challenges of remoteness from health centers, insecurity, and lack of economic opportunities. [\(10\)](#) According to statistics from the World Health Organization (WHO), “30% to 40% of refugees suffer from mental health problems, a situation that contrasts markedly with the 10% observed in the general population. Psychiatrist Justo Pinzón Espinoza revealed that, during the study period in the Darién jungle, approximately 10% of the migrants entered with a mental health problem and that 72% met all the criteria for a mental disorder when they left. [\(11\)](#) In addition, the growing problem of irregular migration can also impact the mental health of the host community.

Children’s Health:

Chile: The Provincial Office of Osorno, Chile, inaugurated a conference entitled “Migration and Health: Migrant Children”. This activity aims to provide tools to health teams for the care of migrant populations with cultural relevance. [\(12\)](#)

Communicable diseases:

United States: Two cases of measles have been diagnosed at an immigrant reception center in Brooklyn. According to the city's health agency and hospitals, about 200 people were exposed and placed in initial quarantine. The quarantine has been lifted for most of those who were exposed, due to immunity verified by prior documented vaccinations or blood tests. About 40 people remain in quarantine. [\(13\)](#)

Access to health services:

Mexico: The Autonomous University of Tamaulipas (UAT) will provide medical and psychological care to migrants at the border of Tamaulipas. The UAT signed an agreement to offer medical and psychological care to individuals who approach its offices. Hundreds of people arrive daily at this foundation seeking assistance, including advice on documents, medical care, support for stress management or depression and even to request a pair of shoes since some of them are left barefoot on the way. The office receives support from other altruistic organizations such as Mexico sin Fronteras, which offers consultations. [\(14\)](#)



NEEDS/ GAPS IN MIGRANTS' HEALTHCARE

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 the care of 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 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 A 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 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 control and other programs.
- Access to timely diagnosis and sustained treatment of NCDs such as asthma, diabetes, hypertension, HIV/AIDS, among others.
- Affiliation to the health insurance available in the country.



ACTIVITIES CARRIED OUT BY WHO and PAHO

Migration and Health Projects:

Peru: In July, the Pan American Health Organization (PAHO/WHO) office in the country supported the definition of a list of 10 normative documents for the prevention and control of public health problems that significantly affect the migrant and refugee population. These technical guidance documents are produced as part of the technical cooperation provided to the Ministry of Health under the framework of the migration and health project.

The methodological guide for the Regional Health Situation Analysis is currently being updated, with focus on the migrant and refugee population. In addition, in coordination with the National Health Institute and the beneficiary regions, the necessary equipment and technical specifications have been defined to strengthen molecular diagnostic capacity in the regional reference laboratories in Tumbes, La Libertad and Callao. Technical specifications have also been established to equip the health situation rooms in Tumbes, La Libertad, Callao and Central Lima, in order to improve the analysis of public health events and coordination with the National Liaison Center.

Finally, PAHO Peru has continued its participation and coordination in health workspaces for the migrant and refugee population for both, the State (Intersectoral Roundtable for Migration Management) and the United Nations system (GTRM and UN Network on Migration).

Panama: Measures implemented by the country in the Darien have led to a decrease in the number of migrants. The National Migration Service reported that 212,426 people have crossed the Darien jungle so far this year. In July, 11,363 people were reported to have crossed the Darien by the 17th of that month. PAHO/WHO 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 and is also preparing for the third crossborder roundtable (Panama-Colombia) to be held in August. PAHO Panama will continue to provide support in the delivery of supplies and rapid detection tests for malaria and dengue due to the increase in cases of these diseases in the Darien region.

Ecuador: The PAHO/WHO Ecuador Country Office carried out the following actions related to Health and Migration during July:

- Review of migratory flows during the month.
- Participation in meetings convened by the Migration Working Group.
- Meeting with co-leaders of the Health Working Group
- Elaboration of the Joint Needs Assessment (JNA) health narrative.
- Participation in the meeting on the response to mixed movements in Latin America.

Colombia: In the face of a possible new wave of migration to Colombia, the health sector in border areas have increased its preparedness activities. Likewise, PAHO/WHO staff in the field are monitoring the humanitarian situation. Additionally, in response to this situation, as part of the health cluster and along with the territorial health roundtables and international cooperation, PAHO is collaborating in the development of a comprehensive contingency plan which aims to anticipate the possible risks to physical and mental health derived from this increase in migration and its impact on border contexts.



July, 2024. Colombia - Meeting of the La Guajira Technical Health Board, articulating actions to respond to high migratory flows, armed conflict and climate change.

On the other hand, within the framework of the humanitarian programming cycle, an exhaustive calculation of people in need is being carried out, as well as the definition of the health chapter for the refugees and migrants' platform. By combining official sources in the country with data from the Interagency Group on Mixed Migratory Flows (GIFMM) needs survey, it has been identified that 77% of migrants and refugees transiting through Colombia, 57% of people making pendular movements at the border, and 79% of migrants and refugees of nationalities other than Venezuelan present unmet health needs.

As part of the health cluster's capacity-building plan, the guidelines for including policies, plans and projects in response to migratory dynamics were socialized with partners at the national and territorial levels. In addition, guidelines were provided on access to royalty resources and key aspects to consider in the formulation of projects.

PAHO Colombia continues to prepare for the Fifth Global School on Migration and Health to be held in Colombia in December 2024, with a focus on "Moving towards Universal Health Coverage for migrants and refugees, from evidence to action".

As part of the progress of the projects in the Departments of Arauca, Norte de Santander, La Guajira, Vichada and Antioquia, the following actions are reported:

1. Health roundtables: Monthly sessions in border departments, led by health authorities and PAHO/WHO, to coordinate responses to emergencies caused by migration, armed conflict, and climate events.
2. Medical mission training: In 2024, 723 people were trained in respect and care of the medical mission.
3. Community Based Surveillance: Implemented in collaboration with the National Institute of Health to improve health in Colombia and Venezuela.
4. Training in Gender-Based Violence: In July, 97 professionals were certified and replicated their training to 1,823 people in municipalities with high rates of violence.
5. Capacity building in La Guajira: Implementation of resilient hospital tools in 10 municipalities.
6. First responder in Arauca: Practical exercise in first aid and evacuation of the injured with 18 participants.

7. Pendularity research: Led by PAHO/WHO in several departments with the support of other cooperation agencies.
8. Health needs assessment: Coordination of workshops and needs assessment in several departments.
9. Election risk assessment in Venezuela: Mapping of capacities to respond to possible increases in migratory flows.
10. Exchange of experiences in community surveillance: Participation of delegates from Ecuador and Paraguay in Guainía and Nariño.
11. Strategic alliances with academia: Capacity building and research on migration flows.



July 31, 2024. La Guajira, Colombia - Technical Cooperation to CRUE to strengthen the Medical Mission.

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