

SITUATION REPORT

HEALTH AND MIGRATION IN THE AMERICAS

OCTOBER 2024



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PAHO



Regional: The exodus of migrants in Latin America has increased by 225% since 2021, 47% of the transit population are women and 21% are minors (1).



Mexico: People from China, India, Egypt, Afghanistan, Bangladesh and Uzbekistan have increased their entry into Mexico through the southern border. People from China increased from 1458 to 11366 in 2024, as well as migrants from Afghanistan, which grew 1,746.8% compared to 2023 (2).

Honduras: So far in 2024, the INM has registered the entry of 318,00 migrants in transit; Cubans are the second nationality that is using this migratory route the most (50,806) followed by Ecuadorians (16,889) among these 6,114 were under 18 years of age. Also registers the transit of migrants from Africa and Asia, mainly from China (9427), India (5724), Mauritania (3732), Jordan (2956), Guinea (2804), Egypt (2024), Bangladesh (2006), Nepal (1884), Chad (1663), Angola (1608), among others (3).

Darien Colombia-Panama: According to figures from the National Border Service more than 281,000 migrants crossed the Darien in 2024, of which 196,813 are Venezuelans, Colombians with 16,000 crossings, followed by Ecuadorians (15,000), Chinese (12,000) and Haitians (11,000). In October, 21,542 migrants were registered at reception stations in Darien province (4).

Brazil: In 2023, the indigenous immigrant population in Brazil totaled 9,474. This population is composed of Warao (67%), Pémon (28%), E'ñepá (2%), Kariña (2%) and Wayúu (1%). The Warao population, including that of the traditional territories in Venezuela, amounts to around 50,000 of which around 6,000 currently live in Brazil (5).



Health emergencies:

Regional: Regional: According to the Missing Migrants Project of the International Organization for Migration (IOM), so far this year at least 170 migrants have died or disappeared while crossing the Darien, mostly due to drowning (92), followed by acts of violence (35), and 19 due to accidents, disease, extreme environmental conditions or lack of water and food (6).

Mexico: In the last two years, the number of migrants killed in New Mexico has increased tenfold compared to five years ago. During the first eight months of 2024, the remains of 108 migrants, mainly from Mexico and Central America, were found. This compares to 113 migrants found in 2023 and 9 and 10 recorded in 2020 and 2019, respectively. Experts attribute this increase to the increasing harshness of smugglers, who are driving migrants along more dangerous routes (7).

Mexico: Around 32 migrants were intoxicated in a temporary shelter. Those affected, from Venezuela, Bolivia, El Salvador, Ecuador, Honduras and Mexico, were assisted by paramedics after showing symptoms of intoxication, presumably due to the consumption of spoiled chicken (8).

Maternal, sexual and reproductive health:

Peru: Between January and October 2024, 112,310 health care services were provided to foreign nationals, of which 2,958 were related to maternal care for other complications mainly related to pregnancy. In addition, there were 1,426 care related to maternal care for known or suspected abnormalities of the genital organs, 1,342 care for other maternal diseases classifiable elsewhere that complicate pregnancy, childbirth or puerperium, and 176 cases of diabetes mellitus in pregnancy (9).

Mental health:

Venezuela: A psychological study conducted by the NGO Habilitarte in the state of Zulia, Venezuela, revealed that 6 out of 10 young people suffer from anxiety, social anxiety and depression. The study, applied to 500 young people in the municipalities of San Francisco, Mara, Maracaibo, Machiques, Colón and Cabimas between July and September 2024, highlighted San Francisco as the most affected municipality, with 77.7% of young people showing these symptoms, followed by Machiques (68%) and Maracaibo (66.7%) (10).

Communicable diseases:

Mexico: In the state of Veracruz, more than 38 cases of malaria have been diagnosed, all imported, mainly in the southern zone and along migratory routes (11).

Dominican Republic: The Haitian population represents 27.9% of HIV cases in the country, with 21,470 people diagnosed. However, only 27% of Haitian migrants who know their HIV status receive treatment, even though more than 40% of this community knows their diagnosis. Meanwhile, the Venezuelan population has approximately 12,000 cases of HIV, facing significant challenges in accessing health services and treatment (12).

Panama: Reported the youngest recorded case of screwworm myiasis (*Cochliomyia hominivorax*) in a 3-year-old migrant girl, who suffered a head trauma during her passage through the Darien jungle. Diagnosed in Ciudad Neily, the child required hospital management at the National Children's Hospital where she received treatment (13).

Peru: The Peruvian Congress approved a law that allows migrants diagnosed with HIV and tuberculosis temporary access to Comprehensive Health Insurance (SIS), eliminating the need for residency documentation. This legislative advance, the result of more than two years of work led by UNAIDS and a coalition of partners, ensures timely medical care, reduces the risk of transmission and lowers costs associated with advanced complications. The measure also addresses the discrimination that affects 70% of migrants with HIV, aligning with the Sustainable Development Goals and setting a precedent for more inclusive policies in the region (14).

Chronic non-communicable diseases:

Panama: Between January and October 2024, 112,310 health care services were provided to foreign nationals, of which 1,235 were related to essential hypertension, 1,703 to lipoprotein metabolism disorders and other lipidemias, 466 to non-insulin-dependent diabetes mellitus and 258 to hypothyroidism (15).

Food insecurity:

Ecuador: The World Food Program (WFP) reported that 60% of migrants in Ecuador do not have access to a daily hot meal. Although 130,000 migrants receive food assistance in shelters, the provinces of Guayas and Pichincha account for 25% of the migrant population, followed by El Oro with 11%. One third of these migrants come from Venezuela and Colombia, with pregnant women (24% at nutritional risk) and infants (19%) being the most vulnerable groups (16).

Access to health services:

Colombia: The Ministry of Health and Social Protection is implementing the PAISS project, called "Strengthening the capacity of the health sector and migrants' access to health services in the context of COVID-19" This initiative seeks to provide a comprehensive response to the health needs of both the migrant population and the host communities in the country. The objective is to strengthen access to health care for migrants and to strengthen institutional and community capacities in the health sector (17).

Colombia: Due to the shortage of vaccines in Venezuela and the high costs in the private sector, Venezuelan mothers, especially in Táchira, cross the border to Colombia to immunize their children. In the town of La Parada, 50 meters from the Simón Bolívar international bridge, a vaccination center run by the Jorge Cristo Sahium Hospital serves between 20 and 30 people from Venezuela daily. The program offers a complete vaccination schedule for children and young people, highlighting cross-border cooperation (18).

Peru: The Cayetano Heredia National Hospital has provided 1,005 support services to vulnerable migrant patients during the first three quarters of 2024, according to the Ministry of Health. These attentions include 712 cases in the first semester and 293 between July and September, reflecting the hospital's commitment to the Peruvian population (19).

Health insurance affiliation:

Colombia: According to DANE's 'Pulse of Migration' survey (April-June 2024), 1 out of every 3 Venezuelans living in Colombia is not affiliated to the health system, with lack of documents being the main barrier (61.3%). Other factors include negligence in completing the process (10.6%), pending processes with the Sisbén (6.8%), lack of knowledge of the process (5.5%), and lack of formal employment (4%) (20).



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.

PAHO

The report "Challenges in Access to Health Care for Migrants in Transit through the Darien Region," released by PAHO, highlights the serious health problems faced by migrants crossing the Darien jungle, including lack of emergency medical care, extreme conditions, violence, and exposure to infectious diseases.

The report also highlights an increase in the vulnerability of populations in transit, particularly among pregnant women, unaccompanied children and people with disabilities. In addition, poor sanitation, hygiene and food conditions have increased problems such as respiratory infections and food-borne diseases, especially affecting children under five years of age.

To address these challenges, PAHO proposes strengthening coordination between countries, improving access to health services, strengthening health surveillance, and developing specific policies and programs for migrant health. It also supports health promotion and anti-xenophobia campaigns. PAHO continues to work with the countries of the Americas to improve the health response to migrants and host communities.



Photo: Karen González OPS

Ecuador:

In October, the PAHO/WHO Representation in Ecuador carried out various actions around Health and Migration. The main activities included the review of migration flows during the month and the preparation of the narrative of the RMRP 2025 of the Health and Nutrition Working Group. In addition, we led the activities of this group in the framework of human mobility and actively participated in face-to-face and virtual meetings convened by the GTRM. Also noteworthy was the presentation of the results of the Health and Nutrition Working Group's JNA at an event organized by the GTRM at the Universidad San Francisco de Quito.

Peru:



Photo: PAHO/WHO

Within the framework of the project Improving social inclusion and access to health care for migrants and refugees in Peru, several strategic activities have been carried out during October, with the aim of strengthening institutional capacities, improving the quality of care for the migrant and refugee population, and promoting a coordinated and inclusive response in the health system.

Within the framework of the project Improving social inclusion and access to health care for migrants and refugees in Peru, the following activities were carried out in October:

Start of the course on computer tools for data analysis: More than 100 officials belonging to the Regional Health Managements and Directorates of Tumbes, La Libertad, Lima, Callao and Tacna are being trained in the use of Excel (intermediate and advanced) and Power BI.

The course, which will be given until December 2024, will strengthen capacities to make appropriate use of the data available in the various health sector information systems for evidence-based decision making.

Start of support for the formulation and updating of guidelines for the management of relevant health problems for the migrant and refugee population: In coordination with the Mental Health Directorate and the Tuberculosis Prevention and Control Directorate of MINSA, workshops were held to develop proposals to support the formulation of policy documents for addressing suicidal behavior and tuberculosis in educational institutions. Professionals from national programs of the Ministry of Health, as well as from hospitals, institutes, primary care centers and academia participated in these workshops.

Coordination with the Local Intersectoral Working Groups for Migration Management (MTIGM): A round of meetings has been initiated with the MTIGMs in the regions covered by the project. This contact will make it possible to establish intersectoral action to reduce xenophobia, discrimination and stigma in favor of the migrant and refugee population requiring access to public health services.

Strengthening of epidemiological surveillance: Systematization of the analysis of opportunities for improvement of surveillance processes for diseases with high epidemic risk, with emphasis on migrant and refugee populations in Tumbes, Tacna, La Libertad, Callao and Central Lima. The delivery of equipment to strengthen the molecular diagnostic capacity of the regional reference laboratories in Tumbes, La Libertad and Callao also began.

In addition, IICA continued to prepare and manage the approval of the protocols and instruments for collecting information for the studies on barriers to access to health services for migrants and refugees and on the perception of xenophobia, stigma and discrimination in health care. Finally, we continued to participate in the preparation of the 2025-2026 Plan of the Inter-agency Coordination Platform for Refugees and Migrants in Venezuela (R4V).

Panama:

The Pan American Health Organization (PAHO), the Panamanian Ministry of Health and organizations that provide health services in the Darien region joined together in a Health Roundtable to address the health situation faced by migrants in Darien.

The objective of the meeting was to strengthen health coordination spaces and improve the epidemiological surveillance system in the response to migration and host communities in Darien, Panama.

At the meeting MINSA raised some limitations such as:

- Access to medicines
- Shortage of human resources
- Weak transportation for mobilization of personnel and supplies.
- Lack of regulations for the management and care of migrants
- Lack of coding of care activities provided to migrants
- Weakness in calculating the cost of providing services to the migrant population.
- Weakness in competencies for the care of the migrant population.
- Non-integrated and non-digitized information systems.

At this meeting, health personnel from the participating organizations were trained on syndromic events. In addition, the vaccination situation of migrants was discussed. In this regard, the vaccination schedule for migrants was presented, which includes tetanus toxoid, MMR, MR, yellow fever and influenza. For children under 1 year of age and pregnant women, the national scheme is applied. Afterwards, each organization presented a summary of their work actions, work teams and places where they provide their services. Participants: AECID, Doctors of the World, AIDS Helathcare Foundation (AHF), Global Bigades/UNICEF, Doctors Without Borders, Panamanian Red Cross, IOM.

In addition, PAHO visited the Comprehensive Management Center of the Expanded Program on Immunization (EPI) of the Darien Health Region. During the meeting, information was exchanged about the vaccination situation in the region about the availability of vaccines, the cold chain, staff training, the information system and data flow and the vaccination of the migrant population, to identify opportunities to provide cooperation to strengthen the actions of the EPI.

Challenges requiring priority attention were identified in:

- Data logging.
- Human resources.
- Training for nursing personnel.

Rapid diagnostic tests for dengue and malaria were delivered.

A visit was made to the Lajas Blancas Migrant Reception Station (ERM), which included a reconnaissance of the area where migrants enter through the river, a tour of the facilities of the organizations that provide health services at the ERM, and a dialogue with the authorities during the visit.

Colombia:



Photo: Karen Gonzalez PAHO .

The health cluster in Colombia has led important advances in health care for the migrant population, such as the formulation of guidelines and response protocols adapted to the territories, integrating them into national public policy.

The health cluster in Colombia has played a key role in the development of guidelines for the health care of the migrant population, which will be formalized through a resolution issued by the government. This initiative will guide the implementation of local responses in the territories. In this context, the guidelines included a specific chapter covering the health cluster, the territorial health roundtables and the bifronterizo health roundtables. This comprehensive approach not only promotes the sustainability of the process, but is also integrated into the country's public policy, strengthening the commitment to coordinate the health response aimed at reducing preventable morbidity and mortality.

The specific realities of the territories of Vichada and Norte de Santander were also considered. This exchange of ideas was fundamental to identify strategic points that will be integrated into the work plan of the health cluster for the coming year, ensuring that the health needs of the migrant population and the affected communities are addressed in a comprehensive and effective manner.

Health response protocols for the refugee and migrant population were developed in collaboration with a strategic group of the Health Cluster. In this process, the various migratory profiles were considered and the minimum standards established in the Sphere manual were used as a reference. These protocols are currently being reviewed by the national government, and their approval is expected to facilitate the implementation of a pedagogical strategy to ensure their adequate territorialization.

The preparation and preparation process continues for the Global School on Migration and Health, which will be held from December 2 to 6 and whose theme this year is Advancing towards universal health coverage for migrants and refugees. From evidence to action.

1. Available in: <https://www.diariodigital.com.do/2024/10/17/crece-225-la-migracion-en-america-latina-desde-2021.html/>
2. Available in: <https://canal44.com/2024/10/05/incrementa-migracion-de-china-india-y-afghanistan-a-mexico/>
3. Available in: <https://confidencial.digital/migrantes/mas-de-318-000-migrantes-irregulares-han-cruzado-a-honduras-por-frontera-con-nicaragua/>
4. Available in: <https://www.france24.com/es/am%C3%A9rica-latina/20241101-panam%C3%A1-multar%C3%A1-a-migrantes-por-transitar-el-dari%C3%A9n-casi-200-000-venezolanos-han-cruzado-en-2024>
5. Available in: <https://reliefweb.int/report/world/fellows-brief-epidemicpandemic-preparedness-brazil-amongst-transnational-migrants>
6. Available in: <https://newsroompanama.com/2024/10/25/death-in-the-darien-jungle-injuries-lack-of-water-and-shortage-of-food/>
7. Available in: <https://mb.com.ph/2024/10/15/migrant-deaths-in-new-mexico-have-increased-tenfold>
8. Available in: <https://netnoticias.mx/juarez/juarez-se-intoxican-con-pollo-contaminado-32-migrantes-de-albergue>
9. Available in: https://www.minsa.gob.pe/reunis/data/morbilidad_HIS.asp
10. Available in: <https://800noticias.com/seis-de-cada-10-jovenes-zulianos-padecen-ansiedad-y-depresion-segun-estudio-de-habilitarte>
11. Available in: <https://xeu.mx/estado-de-veracruz/1346167/en-veracruz-diagnostican-mas-de-38-casos-de-paludismo>
12. Available in: https://www.youtube.com/watch?v=5d_P4Cl8mu8
13. Available in: <https://www.crhoy.com/nacionales/nina-que-se-infesto-de-gusano-barrenador-en-el-darien-sigue-hospitalizada/>
14. Available in: <https://reliefweb.int/report/peru/peru-approves-groundbreaking-law-extend-health-coverage-migrants-hiv-and-tb>
15. Available in: https://www.minsa.gob.pe/reunis/data/morbilidad_HIS.asp
16. Available in: <https://www.infobae.com/america/agencias/2024/10/17/el-60-de-migrantes-en-ecuador-no-accede-a-comida-caliente-programa-mundial-de-alimentos/>
17. Available in: <https://consultorsalud.com/paiss-estrategia-salud-migrantes-en-colombia/>
18. Available in: <https://www.facebook.com/photo/?fbid=1171051834795837>
19. Available in: <https://www.radionacional.gob.pe/noticias/locales/hospital-cayetano-heredia-supero-las-1000-atenciones-a-migrantes-vulnerables-este-ano>
20. Available in: <https://www.elnacional.com/mundo/colombia-1-de-cada-3-venezolanos-no-están-en-sistema-de-salud/>
21. Available in: <https://www.who.int/publications/m/item/who-investment-case-deep-dive-health-and-migration>