

## Main migration information and trends in the region

### Mexico

U.S.-Mexico border crossings  
**decreased by 85%** in January  
2025<sup>1</sup>.

### Honduras

Between January and February  
2025, **6,989 Honduran returnees**  
were registered. Fifteen percent  
were women and 19% were  
children and adolescents<sup>2</sup>.

### Panama

In 2024, 302,203 migrants crossed the  
Darien (69% Venezuelan)<sup>3</sup>.  
Irregular transit to Darien in January  
**fell by 93%**, 2,229 Venezuelans (50%)<sup>3</sup>.

### Colombia

Migration from Panama to Colombia  
increases. **1880 migrants in reverse  
migration flow**, mostly Venezuelans (**84**  
daily) between January and February  
2025<sup>4</sup>.

### Brazil:

**9,000 indigenous Venezuelans** have  
migrated in the last 10 years, with the  
Warao (71%) and the Taurepang being  
the most numerous <sup>5</sup>.

1. U.S. Customs and Border Protection. (n.d.). <https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters>
2. National Institute of Migration of Honduras. <https://inm.gob.hn/retornados.html>
3. National Immigration Service of Panama (2025). Statistics. <https://www.migracion.gob.pa/estadisticas/>
4. Ombudsman's Office of Colombia. <https://www.defensoria.gov.co/web/guest/-/migracion-inversa-en-colombia-defensoria-del-pueblo-entrega-recomendaciones-para-enfrentar-nuevo-flujo-migratorio>
5. UNHCR Brazil. População indígena - publicações. <https://www.acnur.org/br/publicacoes/populacao-indigena>

## Health risks

### Mexico:

During 2024, at least **522** migrants died in route to the northern border from various causes.



### Panama:

At least **174** migrants died crossing the Darien in all of 2024 and **180** children were abandoned along the route<sup>6</sup>.

## Communicable diseases

### Panama:

**34** confirmed cases of Oropuche (Dec. 2024 - Jan. 2025); it represents a risk for transient migrants and arbovirus co-infections<sup>7</sup>.



### Colombia:

Between January and February 2025, **300** cases of HIV have been reported in the migrant population, of which **281** correspond to Venezuelan nationals<sup>8</sup>.



## Chronic non-communicable diseases



**Regional:** Between **62%** and **78%** of Venezuelan migrants aged 60 years or older suffer from chronic diseases such as hypertension and diabetes. However, only **22%** to **39%** receive consistent treatment (study published in 2024, data 2021-2023)<sup>9</sup>.

## Sexual and Reproductive Health

**México:** In February 2025, there is a **20%** increase in sex work among migrant women in Tapachula.<sup>10</sup>



**Colombia:** Between January and February 2025, **425** cases of extreme maternal morbidity, 1 case of maternal mortality and **72** cases of perinatal and late neonatal mortality among migrants have been reported<sup>12</sup>.



## Mental health

**Darien:** Venezuelan migrants, especially children, suffer psychological consequences after crossing Darién (report "After the Darien")<sup>11</sup>.



**Colombia:** During 2024, **1069** cases of attempted suicide in the Venezuelan migrant population were reported<sup>13</sup>.



6. International Organization for Migration (2025). Missing Migrants Project - Americas. [https://missingmigrants.iom.int/region/americas?region\\_incident=All&route=3876&year%5B%5D=13651](https://missingmigrants.iom.int/region/americas?region_incident=All&route=3876&year%5B%5D=13651).
7. Ministry of Health of Panama (2024). Ministry of Health confirms cases of Oropuche in the province of Darien. <https://www.minsa.gob.pa/noticia/ministerio-de-salud-confirma-casos-de-oropuche-en-la-provincia-de-darien>.
8. National Institute of Health. (2025). Informe de Evento VIH, Periodo Epidemiológico II - 2025. <https://www.ins.gov.co/buscadoreventos/Informesdeevento/VIH%20PE%20II%202025.pdf>
9. International Federation of Red Cross and Red Crescent Societies <https://www.ifrc.org/es/press-release/hasta-siete-cada-diez-migrantes-en-america-necesitan-atencion-integral-en-health>
10. Brigada Callejera de Apoyo a la Mujer "Elisa Martínez". Honduras: Health alert due to increase of malaria cases in Honduras <http://brigadaac.mayfirst.org/node/2801>
11. Rangel, C., & Brandt, K. S. (2025). Chapter I: Boarding the Bus. After the Darien. <https://darien.tiempocompany.com/chapter-i-after-the-darien/es/>
12. National Institute of Health. PortalSivigila2019. <https://portalsivigila.ins.gov.co/Paginas/datos.aspx?cod=127>. <https://portalsivigila.ins.gov.co/Paginas/datos.aspx?cod=127>
13. National Institute of Health. Bulletin 93, notification of public health events in population coming from abroad December 2024.

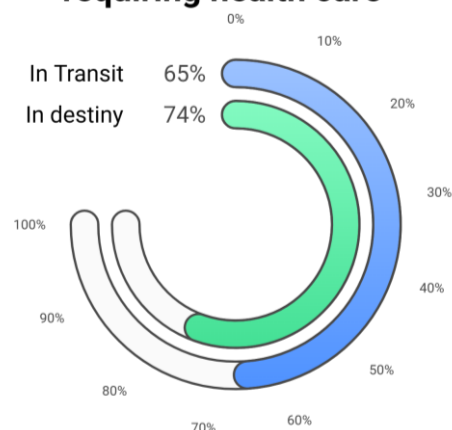
## Access to Health Services

**Regional:** Between **60%** and **70%** of migrants in transit in the region require medical care, according to a study covering the entire American continent, including the Caribbean. This range reflects differences between countries<sup>9</sup>.

In destination countries, up to **74%** need **specific services**, such as maternal and childcare, treatment of chronic diseases, mental health and support for people with disabilities<sup>9</sup>.

**Chile:** Only **65.6%** of migrants have access to AUGES treatment compared to 78% of the national population)<sup>14</sup>.

### Proportion of migrants requiring health care



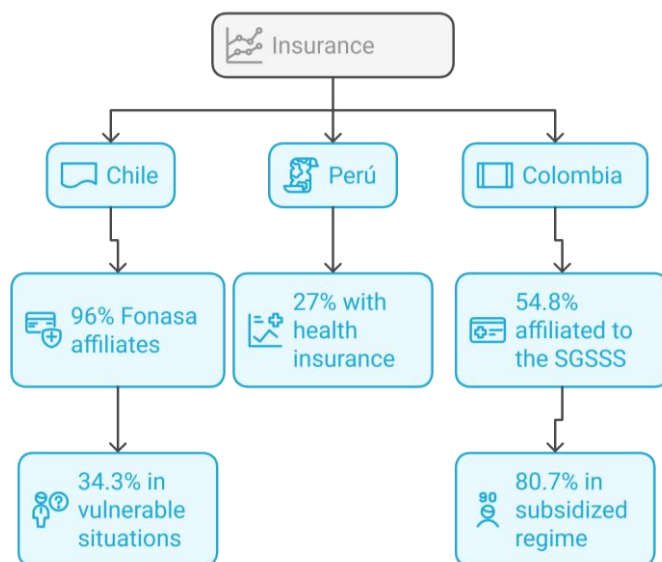
**Brasil:** Closure of health facilities for migrants in Roraima<sup>15</sup>.

## Health insurance enrollment

**Chile:** **96%** of migrants affiliated to the National Health Fund (FONASA), but **34.3%** in vulnerable situations without contributions<sup>14</sup>.

**Peru:** Only **27%** of the Venezuelan migrant population has some type of health insurance<sup>16</sup>.

**Colombia:** **54.8%** of the Venezuelan migrant population is affiliated to the General Social Security Health System (SGSSS). **Most (80.7%)** are affiliated to the **subsidized system**<sup>17</sup>



14. Center for Migration Policy and Public Space. <https://espaciopublico.cl/wp-content/uploads/2024/04/Migracion-y-Desarrollo-Salud-y-Cuidados.pdf>

15. Cáritas Brasileira. <https://g1.globo.com/rr/roraima/noticia/2025/01/27/instalacoes-sanitarias-que-atendem-migrantes-em-rr-sao-fechadas-apos-governo-trump-suspender-ajuda-humanitaria.ghtml>

16. Pan American Health Organization. MINSA and PAHO organized the forum 'Right to Health of the Migrant and Refugee Population'. <https://www.paho.org/es/noticias/18-12-2024-minsa-ops-organizaron-foro-derecho-salud-poblacion-migrante-refugiada>

17. Ministry of Health and Social Protection. National Observatory on Migration and Health. <https://www.sispro.gov.co/observatorios/onmigracionysalud/Paginas/Observatorio-Nacional-de-Migracion-y-Salud.aspx>

# Health Response and Cooperation: Interventions

## PAHO Strategic

### Guatemala



*The Ministry of Public Health and Social Assistance of Guatemala, in collaboration with the Pan American Health Organization/World Health Organization (PAHO/WHO), implemented a pilot to calibrate the Early Warning and Response Tool (EWARS in a box) in to strengthen epidemiological surveillance at points of high concentration of migrant population.*

This pilot, coordinated by the Health Emergencies Information and Risk Assessment (HIM) unit of the Pan American Health Organization's Department of Emergencies, aimed to optimize the early detection, diagnosis and treatment of malaria cases in vulnerable communities in the context of human mobility in the country. Since its implementation, the EWARS in a box tool has proven to be relevant to the Guatemalan context. Some of the main results include:

- 32 active and trained users.
- Nearly 500 epidemiological data records.
- 7 positive malaria cases were reported to the official surveillance system, ensuring timely diagnosis and treatment.

The implementation of the EWARS in a box tool has strengthened Guatemala's capacity to rapidly detect and respond to imported malaria cases that pose a challenge to conventional surveillance. The tool allows real-time data collection even in areas with limited access to internet or electricity, improving the efficiency and coverage of surveillance activities.

#### Recommendations for the Future

To maximize the impact of the EWARS in a box system, the following actions are proposed:

- Implement ongoing training programs to ensure that epidemiology, risk management and malaria subprogram teams at both the national and departmental levels maintain up-to-date skills in the use of the system.
- Monitoring and evaluation of the tool to identify areas for improvement and to ensure its effectiveness during emergencies.
- Expansion of the use of the tool to other regions, prioritizing those with high vulnerability to disasters and health emergencies to achieve comprehensive and effective coverage.
- Engage community leaders and local power to promote awareness of the importance of the system and its contribution to early detection and real-time data reporting.

The experience of implementing the EWARS in a box tool in Guatemala represents a significant advance; this system not only improves early detection, diagnosis of imported malaria, treatment and timely response to cases, but also strengthens the public health response capacity to emergencies and disasters.



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### Panama



The Ministry of Health of Panama (Minsa), with the support the Pan American Health Organization (PAHO/WHO), organized in December 2024 an update event to strengthen knowledge in epidemiological and laboratory surveillance and vaccination against measles, rubella and respiratory viruses.

With the participation of 100 representatives from eight regions, efforts were reinforced to improve the quality and integration of health information, including the digitalization of records in the Health Statistics Information System (SIES).

During the training, the country's commitment to the elimination of measles and rubella was reaffirmed, intensifying actions to close gaps of coverage vaccination in host and border areas.

As part of the cooperation plans for the first quarter of 2025, it is planned to install refrigerators for the cold chain in Darien and Chiriqui, replicate the training in the remaining regions and support communication activities to promote vaccination.

### Brazil

The Government of the State of Amapá, the Regional Health Agency of French Guiana and PAHO Brazil held the Border Health Week, highlighting the importance of vaccination for both migrants and residents, promoting strategies for equitable access to health services.

At the same time, PAHO and the Ministry of Health made progress in formulating the National Comprehensive Health Policy for Migrant, Refugee and Stateless Populations, prioritizing improvements in care in border areas.

In addition, PAHO Brazil worked with CONARE to integrate health as a strategic axis in protection actions.



In addition, together with the IOM and Casa ONU Brazil, the Amazon Border Resilience was launched. This project seeks to strengthen the response capacities of border municipalities to health emergencies, incorporating the participation of Indigenous Peoples.

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## Peru



*In the framework of Universal Health Day and International Migrants Day, the Ministry of Health (MINSA) and the Pan American Health Organization (PAHO/WHO) held the forum: "Right to health of the migrant and refugee population" with the aim of highlighting the challenges and progress in access to health for this population.*

The forum included high-level panels with the participation of several key departments of MINSA, the Comprehensive Health Insurance, the National Superintendence of Health and other agencies of the United Nations System. The panelists also included the participation of Venezuelan organizations that made very relevant contributions regarding the health care of the migrant and refugee population in the country. At the end of the forum, there was a joint expression of will for the continuity of efforts in favor of the right to health of the migrant and refugee population.

During the month of December, workshops continued to validate the opportunities for improvement identified for the inclusion of migrant and refugee populations in the epidemiological surveillance systems for notifiable diseases or events with epidemic potential in La Libertad, Tacna and El Callao.

Thanks to PAHO's leadership, civil society actors and the State met in Tacna to form the Migration and Health Roundtable with emphasis on tuberculosis and HIV/AIDS. In this space, barriers and opportunities for the health care of the refugee and migrant population with TB and/or HIV in this region were identified. A roadmap was also developed, which includes the definition of the roles of each actor to improve access to health care for this population.