

# HEALTH AND MIGRATION IN THE REGION OF THE AMERICAS

# PAHO



Central and South American Subregions  
As of 29 February 2024

## KEY UPDATES

**Regional:** More than 68,400 migrants have crossed the Darien in 2024, approximately 22,673 more than the same period last year (1); 20% are children and adolescents, and there has been a considerable increase in the number of newborns and infants under six months of age who have crossed the jungle (2).



**Darien Colombia-Panama:** Panamanian authorities estimate that the number of migrants passing through the Darien jungle will increase by 20% this year, after registering a new record of more than 520,000 in 2023 (3).

**Mexico:** In the last three months, approximately 1,000 African migrants have transited through Baja California Sur; in the last three weeks, the flow of migrants from Senegal, Mauritania and Ghana has increased, 90% of whom are men, entering Mexico from Guatemala (4).

**Honduras:** More than 57,000 refugees and migrants have transited through Honduras so far in 2024. Thirty-eight percent reported having suffered some type of mistreatment or abuse during the journey from their country of origin (5).

**Cuba:** Some 22,946 Cubans arrived in the United States in January 2024. The average number of Cuban migrants arriving on U.S. soil in January was 740 each day (6).

**Brazil:** In January 2024, the population of Venezuelan refugees and migrants outside Operation Acogida shelters in Pacaraima increased by 8%. A total of 1,725 people were identified in public spaces and roads as well as in leased buildings; 21 were adolescents and pregnant women, 81 infants and 87 elderly adults; 31 people had some type of intellectual, physical, or sensory impairment. The main health problems were flu (43%), diarrhea and vomiting (30%) and respiratory diseases (28%) (7).



## HEALTH EMERGENCIES

**Regional:** According to Doctors Without Borders data, during the first week of February 2024, 113 survivors of sexual violence were treated among migrants crossing the Darien jungle, 9 of these were minors. This figure would be the highest recorded in a single week since 2021 (8). Additionally, the organization warns of a 70% increase in cases of sexual violence against migrants in the last quarter in Reynosa and Matamoros, the main crossing points in northeastern Mexico, where they also documented 395 victims of widespread violence (9).

**Brazil:** Venezuelans are crossing to Boa Vista in search of emergency services due to the health crisis in Santa Elena de Uairén, Bolívar state. The main complaints are trauma, chronic anemia, leukemia, tuberculosis, and pediatric dehydration, aggravated by the lack of medical equipment in the Gran Sabana municipality. The situation worsens with the spread of diseases such as malaria and dengue. Despite limited resources, transfers are being managed, and family members praise the quality of care received at the Roraima General Hospital (10).



## HEALTH ISSUES

### Maternal, sexual, and reproductive health:

**Colombia:** Bogota (21%), Antioquia (12%), Norte de Santander (11%), La Guajira (9%) and Valle del Cauca (5%) concentrate more than 55% of health care related to pregnancy, childbirth, postpartum and conditions of the perinatal period in Venezuelan migrant population. Late perinatal and neonatal mortality decreased by 22% between 2021 and 2022 and extreme maternal morbimortality by 40% in the same period among Venezuelans. Cases of gestational syphilis in this population are 2.6 times more frequent than congenital syphilis (11).

**Chile:** A study conducted in the Tarapacá region of Chile reveals that young migrants face significant challenges in accessing sexual and reproductive health care. Legal, administrative, and organizational barriers were identified, as well as limitations in the health system approach, stigma, and discrimination. The study recommends the implementation of systemic changes in the health system to address these challenges and barriers and promote the sexual and reproductive rights of young migrants (12).

### Children's health:

**Mexico:** Doctors Without Borders on the southern border have found that migrant children are stalled in their emotional and intellectual development, failing to learn basic skills or express their feelings, many children fail to outgrow diapers, do not develop reading and writing skills, and even at age 4 some still do not speak. Some of the migrant families underestimate the length of the trip, believing that it will be one month when it may extend for one or two years, which prevents children from attending school. This generates a stagnation in their development, as they do not have the opportunity to grow and overcome the different stages of their childhood. Physical manifestations in migrant children, such as headaches or stomachaches, are often related to emotional stress and sadness of leaving loved ones behind and facing unfamiliar situations (13).

### Communicable diseases:

**Colombia:** Bogota (24%), Antioquia (17%), Norte de Santander (9%) and La Guajira (7%) are the regions that concentrate 57% of infectious disease care services in the migrant and refugee population, mainly of respiratory and intestinal origin. A critical point in public health is the notification of malaria in this population, which is six times more frequent than cases of dengue in the population from Venezuela. Pulmonary tuberculosis also represents a challenge, being frequently reported to the national surveillance system (14).

### Access to health services:

**United States:** Denver hospitals face the risk of collapse due to the immigration crisis, with the UHealth system providing \$17 million in uncompensated care in just three months, according to official reports. Physicians observe that these patients, without Social Security numbers, are mostly, if not entirely, immigrants (15).



## NEEDS / GAPS IN MIGRANTS' HEALTHCARE

The unprecedented increase of migratory flows in the Americas region has put additional pressure on health systems and services. This pressure is especially noticeable along the migratory route, where resources are limited to meet all the health needs of these mobile populations as well as host residents, where children, pregnant women, women, and the elderly stand out as the most vulnerable groups. Migrants face difficulties in accessing health services and public health programs during entry and transit between countries, as well as during their stay in host communities. These difficulties are due to a variety of barriers, including legal, administrative, cultural, social, and economic ones.

### Migrants in transit

- Unrestricted access to health services for emergency care (injuries due to external causes) including complications of childbirth and newborns, among others.
- Access to mental health services and psychosocial support.
- Information on health services available during entry and transit in the countries.
- Sexual and reproductive health, including care for victims of sexual violence and sexually transmitted infections.
- Maternal and Child health strategies including the provision of gynecological examinations, laboratory tests, prenatal care, monitoring and care of pregnant women during labor and puerperium, vaccination (according to the country's calendar), growth control and other childcare programs.
- Strengthen epidemiological surveillance systems in migrant reception and transit sites.
- Care and prevention of communicable diseases such as malaria, tuberculosis, HIV/AIDS, etc.
- Timely and continuous access to treatment for chronic non-communicable diseases such as diabetes and hypertension.

### Migrants in countries of destination

- Maternal and child health for the control and care of pregnant women as well as childbirth and puerperium, including comprehensive care programs for newborns.
- Sexual and reproductive health, including care for victims of sexual violence and 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.



## ACTIVITIES CARRIED OUT BY WHO and PAHO

### Migration and health projects:

- **Honduras:** In Machuca, department of Ocotepeque, PAHO/WHO led a health and wellness workshop in collaboration with the Adventist Development and Relief Agency (ADRA), focused on creating safe spaces for the population in human mobility. Migrants, especially children, are at risk of communicable diseases and mental health problems due to long and exhausting journeys with little access to basic services. The demand for health services in Machuca focuses on general consultations, vaccination, and psychological counseling, with a diverse migrant population, mainly from Venezuela, Ecuador, Colombia, and Haiti (16).

## Coordination:

- **Costa Rica:** The UN presented the Preparedness and Response Plan for People in Transit 2024 to support Costa Rica and vulnerable migrants and refugees. This plan, developed in collaboration with the Costa Rican government, seeks to strengthen the comprehensive assistance and humanitarian approach to this population. It involves various agencies, such as UNHCR, UNICEF, UNFPA, IOM, UN Women and PAHO/WHO, which will work together to meet the plan's common objectives. Actions will be carried out in coordination with state institutions and civil society organizations to ensure the well-being of people affected by migration and forced displacement (17).
- **Brazil:** As part of the “Reception Operation (in Spanish Operacion de Acogida)”, the Brazilian Government promoted visits to migrant shelters in Boa Vista and Pacaraima, promoting dialogue between government representatives and international agencies including PAHO/WHO with migrants and refugee leaders. Issues such as the implementation of improvements in the shelters and concerns about the management of chickenpox outbreaks in the shelters were addressed, which required the redefinition of screening flows, active search, isolation, vaccination and clinical management, following the protocols recommended by the Ministry of Health with direct coordination of subnational levels and direct support from PAHO/WHO Brazil. The Health Working Group of the Reception Operation, coordinated by the Ministry of Health and with the participation of PAHO/WHO, highlighted the importance of improving vaccination strategies in Venezuelan migrant groups, with the issuance of the SUS National Vaccination Card and the offer of all vaccines provided by the National Immunization Program.
- The Itaipu Binational Consortium began the construction of the Strategic Health Agenda 2025 to 2030 with the participation of the PAHO/WHO Paraguay and Brazil offices, which directly support the coordination of the Itaipu Health working group. Among the points discussed were global, regional, and local health scenarios related to the migratory flows that occur in the triple border Argentina-Brazil-Paraguay.

## Other agencies:

- **Brazil:** In 2023, the UN distributed humanitarian aid to 2.7 million Venezuelans, representing 52% of the target population. This aid reached 315 out of 335 municipalities in all states of the country. The main areas of assistance were health, food security and livelihoods, and water, sanitation, and hygiene, benefiting 2.1 million, 900,000 and 773,000 people respectively. In addition, interventions focused on the repair and rehabilitation of water, sanitation, and hygiene systems in health facilities, benefiting 361,000 people. Finally, 73,000 people participated in mental health care and psychosocial support activities.
- **Colombia:** USAID's Healthy Communities Program presented the results achieved between 2020 and 2024, focused on improving the conditions of the Venezuelan migrant population, Colombian returnees, and host communities in Colombia. This project, in collaboration with the Colombian government, supports the effective integration of the migrant population into the General Social Security Health System. In addition, during the Covid-19 pandemic, the program strengthened public health surveillance, supported more than 900 IPS in emergency response and contributed to vaccination against Covid-19. In addition, more than 29,000 migrants were enrolled in the health system and training in healthy practices was provided to pregnant women (18).

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