KEY UPDATES

**Regional:**
The U.S. Department of Homeland Security spokesman admitted that in recent months there has been an increase in the flow of irregular migrants from Central America, especially from Guatemala and Honduras to the United States (1).

**Darien:**
From January 1 to August 28, 2023, 320,098 irregular migrants have passed through the Darien jungle. Of these, 190,889 Venezuelans, 42,414 Ecuadorians and 35,495 Haitians (2).

**Panama:**
Unicef: More than 60,000 children have crossed the Darien jungle in the first eight months of 2023 and half of them are under 5 years old (6).
KEY UPDATES

**Honduras:**
Venezuelan migrants are stranded in the city of Danlí, El Paraíso, due to lack of economic resources (8). Some 4,000 migrants enter the eastern part of the country every weekend, causing humanitarian assistance institutions and shelters to collapse (9). 41% percent of irregular migrants transiting through Honduras are women and children (10).

**Costa Rica:**
Some 2,500 people per day request to enter the country through the border area with Panama, so the Government reinforced the police presence at the border in Paso Canos and increased the number of buses transporting migrants from that sector to Nicaragua (11).

**Panama:**
In August, the Bajo community experienced the arrival of between 2,000 and 3,000 migrants daily, representing 4 to 6 times the size of the local population. Between August 1 and 29, more than 55,000 people have crossed this region (3).

**Colombia:**
Departures to Acandi continue to increase, from 300 and 320 people to 400 and 500 people per day (4); more than 1,000 migrants continue to arrive in Turbo and Necocli per day. The capacities of these municipalities are insufficient; the majority of migrants sleep on the beaches or are in street conditions due to a lack of resources to continue their journey (5).

**Brazil:**
Around 200 indigenous Venezuelans of the Warao ethnic group live in a vulnerable situation in Cuiabá; they face challenges such as hunger, insecurity, unemployment, and xenophobia (7).
HEALTH EMERGENCIES

Mexico:
Temperatures above 40 degrees Celsius at the northern border, environmental exposure, animal-related incidents, homicides, suicides, and drownings are among the main causes of death of migrants.

Heat exposure has been recorded as the leading cause of death (12).

Panama:
Between January and July 2023, MSF provided 35,912 medical and nursing consultations, 673 prenatal care services to pregnant women, 206 survivors of sexual violence; 1,611 mental health consultations and 6,952 medical cures. Consultations for children under 5 years of age accounted for 20% of the total number of consultations (13). According to IOM, at least 20 migrants disappeared this year in the region (14).

Cuba:
At least 71 migrants have lost their lives or disappeared on the migration route to the United States, 69 of whom drowned (15).

HEALTH ISSUES

Maternal, Sexual and Reproductive Health:
Colombia: according to the report of the National Institute of Health, between January and August 2023, 2,331 cases of extreme maternal morbidity have been reported in women of foreign nationality; of these 2,290 correspond to women of Venezuelan nationality (16).

Non-communicable Diseases:
Colombia: according to data from the Ministry of Health and Social Protection and the Health Cluster between 2017 and 2023, in Colombia the most frequently chronic and high-cost disease reported in migrant population was HIV with 14,616 cases; 21.1% of these people not affiliated to the health system (17).

Child Health
Mexico: Migrant minors suffer from skin, gastrointestinal, flu, cough, and high fever due to exposure to the sun, dust and rains that occur in Tapachula due the dry-summer season. There are an average of 100 migrant children and adolescents who sleep and play among garbage and waste (18).
Venezuela: Only 26% of children with HIV in Venezuela are receiving treatment, according to ONUSIDA. Many children do not know they are infected, and it is estimated that more than 3,000 have HIV, but only 1,016 receive treatment (19).

Communicable diseases:
Mexico: four cases of malaria reported in migrants in Pijijiapan. Local health authorities have established a sanitary fence to prevent the spread of the disease (20).

Access to health services:
Mexico: migrants in need of health care will be attended to and given free medication. The Secretary of Health of Chiapas stated that all persons on the move who need medical attention should go to health centers or the General Hospital of Tapachula to be examined and determined their health needs (21).

Brazil: the most vulnerable groups, such as Afro-descendants, female heads of household, indigenous people and the LGTBIQ+ community, are the most affected by limitations in access to healthcare (22).

Affiliation to health services:
Costa Rica: according to data from the Costa Rican Social Security Fund in 2022, 7.93% of hospital discharges reported by the integrated network of services “Huetar Norte” corresponded to foreigners not affiliated to the health system (23).

NEEDS / GAPS IN MIGRANTS’ HEALTHCARE

HEALTH NEEDS:
The main health needs 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), delivery and newborn care, comprehensive care to cases of gender-based violence and acute events of non-communicable diseases.
- Access to mental health and psychosocial support services.
- Information on health services available at entry points in the borders and transit routes within countries.
- Sexual and reproductive health services to improve their well-being and safety, including the provision of gynecological examinations, laboratory tests and prenatal care.

Migrants in countries of destination:
- Monitoring and care of pregnant women during labor and puerperium, including newborns.
- Sexual 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 treatment of non-communicable diseases such as asthma and hypertension, among others.
- Enrollment in health insurance systems that are available in the country.

ACTIVITIES CARRIED OUT BY PAHO

On 9 and 10 August, a technical meeting was held in Bogotá, Colombia to discuss and analyze the management of health information in events of human mobility in humanitarian contexts with the participation of health sector authorities from Panama, Honduras and Guatemala, including Colombia.