KEY UPDATES

**Darién**: Most of the people arriving on the Panamanian side are injured, dehydrated, with severe allergic reactions and complications from pregnancy or chronic diseases, many have been victims of abuse and violence (7). In the first three months of 2023. Doctors Without Borders has made 12,000 consultations, mainly due to musculoskeletal complaints, followed by diarrhea and skin diseases (8).

**Costa Rica**: 63% of migrants reported foot injuries, 48% suffered skin injuries such as burns, irritations and mosquito bites, and 7% experienced violence and/or accidents (9).
HEALTH ISSUES

Maternal, sexual and reproductive health
Brazil: 29% of Venezuelan women of reproductive age in Brazil require contraceptives, and 5% require medical care to treat sexually transmitted infections (10).
In Peru, Chile and Ecuador, according to hospital discharge records, the main reasons for care among migrant women are delivery or pregnancy care, urinary tract infections and routine child health check-ups, among others (11-13).

Child Health
Brazil (Roraima): Highest infant mortality rate in the country. In the first four months of 2022, 99 deaths of children under five years of age were recorded in Boa Vista, of which 12 were Venezuelan (14).
In Peru, Chile and Ecuador, according to hospital discharge records, the main reasons for care among migrants include routine child health check-ups (11-13).

Non-Communicable Diseases
Peru: 13.6% of the population from Venezuela have been diagnosed to have a non-communicable disease, mainly asthma and hypertension, with a higher incidence in men and women, respectively (ENPOVE 2022) (15).

Access to Health Services
Brazil: The indigenous migrant population has difficulties in accessing health services due to lack of enrollment in the public health system (31%), discrimination for being foreigners (16%) or indigenous (12%) (16).
Bolivia: (Desaguadero), 41.2% of migrants in transit surveyed identified barriers to accessing health services, 19% in Colombia, 15.9% in Ecuador and 29% in Brazil. The largest proportion of the population in transit in these countries does not have identification documents, which constitutes a barrier to accessing services (17-21).

Affiliation to Health Services
Colombia: 37.3% of migrants are affiliated with the General Social Security Health System (SGSSS) (22).
Peru: 27% of Venezuelan migrants have some type of health insurance and 73% do not have any type of insurance (23).
Chile: 94% of the Venezuelan migrant population has some type of health insurance (24).
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.

Unrestricted access to health services for emergency care (injuries due to external causes).

Newborn and delivery care.

Comprehensive care to cases of gender-based violence and acute events of non-communicable diseases.

Information on available health services at entry points in the borders and transit routes within countries.

Monitoring and care of pregnant women during labor and puerperium, including to the 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.

Sustained treatment of non-communicable diseases, such as asthma and hypertension, among others.

Enrollment in health insurance systems that are available in the country.