MIGRATION AND HEALTH IN THE AMERICAS

Central and South America Subregions



As of 30 September 2023

KEY UPDATES

The number of Venezuelan migrants in the world increased to 7.71 million. Of these, 6.53 million are in Latin America and the Caribbean (1).

More than 320,098 people have crossed the Darien Gap from January to September 2023. Twenty-five percent are minors. The majority are South Americans (324,000), led by Venezuelans (252,000), Ecuadorians (47,724) and Colombians (13,404) (3).

In addition to the number of people crossing the Darien Gap, there are about 1,500 Central Americans every day, as well as Cubans and Asians arriving by plane to countries in the isthmus. Organizations and institutions providing care for migrants are overstretched (4).

From Venezuela, groups of 60 to 100 people per day arrive at the Colombian border to make their way to the Darién Gap (5).

UNICEF reports that twenty-five percent of migrants in the region are minors. Children under 11 years of age account for 91% of the total number of children and adolescents, often unaccompanied (2).



KEY UPDATES

Mexico:

An estimated 90,000 to 100,000 migrants are stranded at the southern border. Changes in the climate and U.S. policy are said to be the factors that influenced the recent increase of migrants in Ciudad Juarez, which in the last three months reached 8,000 people (11).

Honduras:

In September, a massive influx of migrants was reported at the border with Nicaragua; 92% of the people entered through Danlí and Trojes. An average of five thousand migrants enter daily, exceeding the institutional capacity to respond; in Danlí there is only one shelter for 70 people (6.7).

Costa Rica:

National emergency declared following the passage of more than 320,110 migrants in 2023. The decree promotes more agile procedures to guarantee safe transit including the installation of a mobile assistance post for migrants (9).

Peru:

The Madre de Dios border has become a transit point for Asian, Afghan and Nepalese migrants; the route begins in Sao Paulo, Brazil, and then enters Rio Blanco by land (8).



HEALTH EMERGENCIES



Mexico:

With symptoms of heat stroke. dehydrated, severely blistered and exhausted, hundreds of migrants arrive in Piedras Negras; they receive first aid by members of the Red Cross (13).

Honduras:

From January to August 2023, MSF and the Honduran Red Cross have provided medical care to more than 15,478 and 23,000 migrants respectively. The main conditions are acute bloody and non-bloody diarrhea, upper respiratory tract infections, skin and soft tissue conditions, wounds, and emotional damage due to loss of family members (15,16).

Regional:

According to the International Organization for Migration, 808 migrants have disappeared or died in 2023 in the region, 350 on the U.S.-Mexico border, 71 in transit between Cuba and the United States, 41 between the Dominican Republic and Puerto Rico and 37 in transit through the Darien. 243 cases are related to vehicle accidents (12).



Colombia:

Migrants in Urabá Antioqueño ask for humanitarian aid; they report that children have diarrhea, no drinking water or adequate shelter; almost 4,000 migrants in need for basic services (14).



Maternal, sexual and reproductive health:

Venezuela - Colombia: The lack of specialists has meant that adequate pregnancy protection and monitoring programs are not currently in place and consequently women are at risk in Venezuela's public health care centers. In some cases, check-ups begin only after 12 weeks of pregnancy; patients should bring an echosonogram and a prenatal profile (17). This situation causes pregnant women to seek care in health centers in **Colombia**. According to specialists at the Erasmo Meo Hospital in Cúcuta, one of the major constants is that pregnant women from Venezuela arrive without prenatal check-ups. In some cases, they arrive with malnutrition, pre-eclampsia, gestational diabetes, urinary tract infections, hepatitis B or gestational syphilis (18).

Non-communicable Diseases:

Costa Rica: 72% of Venezuelan refugees and migrants at destination required medical attention, mainly to treat chronic diseases such as diabetes and hypertension.

In Colombia, 20% of refugees and migrants suffering from one or more chronic diseases had no access to treatment.



In **Peru**, 28% of refugees and migrants reported suffering from a chronic illness and 51% of them do not have access to treatment.

In **Brazil**, 7% of migrants report having some type of disability, whether physical, visual, hearing or autism (19).

Child health:

Colombia: there are significant information gaps identified in migrants in transit who begin the route through the Darien; there is no information on the nutritional status of children and adolescents, nor of pregnant women. This is an information gap that prevents the delivery of effective and targeted humanitarian response for this population (20).

Communicable diseases:

Mexico: The most demanded care by migrants is general medical consultation and psychological care due to stress, while the most common diagnoses are diarrheal and respiratory diseases (21). In places such as Coahuila, prevention plans have been implemented, including the installation of water filters at the entrances and exits of the state's borders, where general medical check-ups and vaccinations, mainly against COVID-19, are carried out; with the arrival of winter, influenza vaccination will begin to be applied to migrants (22).

Access to health services:

Regional: The main barriers identified for migrants to access health services were fear of rejection, lack of valid documentation, insufficient information on access to health systems, administrative barriers, and xenophobia and discrimination according to the Refugee and Migrant Needs Analysis for 2023 (21).

Affiliation to health services:

Colombia: Although more than 40% of the Venezuelan migrant population is already affiliated to the national health system, the main barrier to affiliation is the lack of valid documents. This particularly affects people who are at high health risk such as those with mental health problems or with chronic diseases that require specialized controls (24).

Peru: According to the 2022 ENPOVE, in Peru 62% of Venezuelan migrant children between 0 and 5 years of age have health insurance; however, only 1 in 10 Venezuelan children between 6 and 11 years of age has health insurance (25).



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

PAHO's regional office deployed an officer to Costa Rica to provide technical cooperation regarding the human mobility humanitarian situation in the country in order to contribute, improve and strengthen the health response for this population.

Under the coordination of the representation of the Pan American Health Organization in Costa Rica and in collaboration with the Ministry of Health:

- Field visits to strategic points in the transit route of the migrant population in the northern and southern borders were carried out: Liberia, Upala and Los Chiles on the northern border and Paso Canoas and Ciudad Neily on the southern border.
- Technical support was provided for the analysis of the health situation of the migrant population in transit.
- Working sessions were held with the Regional Health Directorates and Steering Areas.

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