KEY UPDATES

Regional:
During the first months of 2024, movements of refugees and migrants in Latin America and the Caribbean reflected similar trends to those observed in 2023. There was a notable increase in departures from Venezuela northward through the Darien in Panama. In contrast, return to Venezuela showed slight stability, with increases in departures from Colombia and Brazil to that country (1).

Darien Colombia-Panama:
In 2024, 800,000 migrants are projected to cross the Darien Jungle between Colombia and Panama, of which 160,000 would be children or adolescents, an increase of 40% compared to 2023. Between January and April 2024, 30,000 minors have crossed this region, of which 2,000 were traveling unaccompanied by family members, tripling the previous year’s figure (2). Panama’s National Migration Service reported that from January through May 22, 2024, 158,747 migrants crossed the Darien jungle. Of these, 101,935 were Venezuelans, 11,600 Ecuadorians, 9,605 Haitians, 10,105 Colombians, 1,402 Indians and 366 Cubans. In May 2024 alone, 19,480 migrants were registered (3).
## KEY UPDATES

**Mexico**: The Migration Policy Unit of the Government of Mexico reported 89,718 Venezuelan migrants from January to March 2024, more than four times what was reported in the same period of the previous year. Venezuela is the main country of origin of irregular migrants in Mexico; they represent 24.94% of the 359,697 detected in the first quarter of the year (4). In the same period, the National Migration Institute intercepted 16,859 irregular migrants from Asia, an increase of 99.4% compared to the same period last year. One third of these migrants are from China (5,114), representing an increase of 132.98%. As for migration from Africa, 22,722 migrants were registered between January and March, an increase of 115.58%. Migrants from Asia and Africa total 39,581, representing 11% of irregular migration in Mexico (5).

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**Honduras**: On average 1,400 migrants enter Honduras daily, according to the National Migration Institute, mainly through Las Manos, on the border with Nicaragua. Most come from Venezuela, Haiti, Ecuador and Colombia, and are between 21 and 30 years of age. To date, 201,024 migrants have entered the country. In the last two months, the flow of migrants has remained constant (6).

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**Colombia**: The coordinator of the Coalition for Human Rights and Democracy in the state of Táchira, reported an increase in the number of citizens leaving Venezuela through the border with Norte de Santander; in the last few days a slight upturn was recorded with approximately 250 people crossing the border daily (7).

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**Brazil**: The mayor of Assis, Brazil, reported that the flow of Venezuelan migrants has increased again in the municipality of Acre, which has forced the municipality to open a second, larger and more ventilated migrant support center, with a place for single people and another for families (8).

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**Ecuador**: The number of Ecuadorians detained, expelled and deported from the U.S. border has increased by more than 200% in 2024. According to the U.S. Department of Border Protection, 15,951 Ecuadorians were reported in March 2024, a figure that increased to 16,023 in April (9).
HEALTH EMERGENCIES

Regional: In the first five months of 2024, 463 people were reported missing along the migrant across North America, Central America, the Caribbean and South America. Tragically, 280 deaths among migrants occurred, mainly by drowning along maritime routes in the Caribbean, highlighting the persistent risks and difficulties of that migrants faces through their travel (10).

United States: Three migrant women from Colombia and Ecuador received medical attention after falling from the U.S. side of the border fence while attempting to climb the more than 9 meters high wall. The fall of migrants attempting to cross the fence has been frequent, with serious incidents, including the death of a Mexican migrant in February 2024 (11).

Mexico: In less than a month, Mexico's Civil Protection Secretariat has attended to at least five cases of migrants affected by heat stroke, including one death, caused by high temperatures of up to 40 degrees Celsius and severe dehydration (12).

Brazil: Floods in the state of Rio Grande do Sul, Brazil, have affected more than 43,000 refugees and migrants, mainly Venezuelans and Haitians, according to the UN Refugee Agency (UNHCR) (13).

HEALTH ISSUES

Maternal, sexual, and reproductive health:

Puerto Rico: New regulations approved in National Authorities will allow pregnant migrants to access a variety of medical services, including gynecologist visits, ambulance transportation, childbirth or cesarean section, and postpartum care for up to 60 days. This regulation, approved almost four years after its enabling law, provides comprehensive coverage for pregnant women who meet the economic criteria of the government health plan and reside in Puerto Rico. The measure will allow for the early detection and care of any complications during pregnancy in migrant women, who are at increased risk for complications related to pregnancy and childbirth (14).

Colombia: In 2024, in the municipality of Necoclí, Colombia, there were 6 cases of abortions attended in emergency rooms among migrant women, in addition to requests for voluntary interruption of pregnancy. Among migrants who accessed the Colombian health system, 6.9% (129 women) received care related to sexual and reproductive health, mainly gestational monitoring followed by counseling on contraceptive methods. Among men, 2 cases of sexually transmitted infections were reported, an HIV positive case and one syphilis (15).

Communicable diseases:

United States: Between February 26 and May 13, the Chicago Department of Public Health confirmed 57 cases of measles associated with a migrant shelter in Chicago, including 52 residents, three staff members, and two community members. The median age of those affected was 3 years, and most were Venezuelans who had arrived in the U.S. a median of 124 days before developing the rash. Among migrants, seventy-two percent had no documentation of measles vaccination. A mass vaccination campaign and active case-finding and isolation of suspected or confirmed cases were implemented; 51 persons were hospitalized for isolation or complications of measles. No deaths were reported, and genetic sequencing confirmed that all cases belonged to measles genotype D8 (16).

Since the beginning of 2023, an increase in malaria cases has been observed at Los Angeles General Medical Center, especially among migrants from China entering through the southern border of the U.S. Of the 10 cases diagnosed recently, 9 were Chinese migrants arriving by land through South and Central America. The U.S. Border Patrol reported a 1000% increase in the number of Chinese immigrants at the southern border in 2023 (17).
In October 2022, the New York Department of Health and Mental Hygiene identified an outbreak of varicella among persons who had recently migrated from or through Central and South America and were living in shelters or residential facilities in the city. Most cases (53%) occurred in persons aged 4 to 18 years; 92% had no documentation of varicella vaccination. The most common sources of transmission included New York shelters and residential facilities (41.3 %), possible importations (39.4 %), and schools (1.2 %). To date, 873 cases associated with the outbreak have been reported, with 28 hospitalizations with no confirmed deaths (18).

**Food insecurity:**

**Colombia:** According to the Global Food Crisis Report 2024, presented by the Global Food Crisis Network and the Food and Agriculture Organization of the United Nations, in Colombia, 1.6 million people (3 % of the population) face severe or acute levels of food insecurity. The migration crisis, especially the arrival of Venezuelans, has increased the risk of food insecurity in the country, affecting both local residents and 2.9 million migrants (19).

**Access to health services:**

**Brazil:** Brazil's Federal Public Prosecutor's Office, in collaboration with the Rio de Janeiro State Intersectoral Committee on Policies for the Care of Refugees and Migrants and the Rio de Janeiro Health Secretariat, has launched an information brochure on the prevention of dengue fever, aimed at migrants, refugees and stateless persons. Translated into English, Spanish, French and Haitian Creole, the brochure seeks to promote measures to prevent the proliferation of mosquitoes, as well as the timely seeking of medical care. This initiative, developed by the State Technical Committee for Integral Health of the Immigrant and Refugee Population of Rio de Janeiro, is part of an ongoing health education effort that includes the participation of immigrants in the translations (20).

**Health insurance enrollment:**

**Colombia:** Less than half of the migrants in Medellin are affiliated with the health system. Between 2020 and 2024, more than 109,000 migrants were affiliated with the Colombian health system and more than 40,000 accessed health services through promotion and prevention strategies. As of April 2024, there were 393,392 migrants in Antioquia, of which 240,678 resided in Medellin. In total, 109,545 migrants were affiliated to the health system in Medellin: 68,049 to the subsidized regime and 41,546 to the contributory regime. From January 2022 to February 2024, 431,745 health care services were provided to the Venezuelan migrant population living in Medellín (21).

**NEEDS / GAPS IN MIGRANTS’ HEALTHCARE**

The main health care needs of the migrant population are associated with the lack of information regarding the existence of health services in transit and host countries, limited access due to administrative, legal, economic and language barriers, as well as the lack of adequate medication in health services. The following is a list of key health priorities for migrants and host populations identified along the migratory route and in border areas.

**Migrants in transit:**

- Access to health services without any type of restriction for emergency care including childbirth and newborn care, care in cases of sexual violence and gender-based violence, as well as acute events of non-communicable diseases such as treatment of chronic diseases (hypertension, diabetes, asthma, among others).
- Access to mental health services and psychosocial support for conditions such as trauma, anxiety, depression, and other mental health problems, available to adults, children, and adolescents, with special attention to women.
- Prenatal and postnatal care, including follow-up and care of pregnant women during delivery and puerperium, as well as newborns.
- Information on health services available during entry and transit in the countries.

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- Access to sexual and reproductive health services including diagnosis and treatment of sexually transmitted diseases, HIV/AIDS, and preventive interventions: vaccination for human papillomavirus, condom distribution, etc.
- Access to vaccination services throughout the life course, integrated with other essential health programs such as deworming and vitamin A supplementation, at strategic points along the migratory route.
- Access to timely diagnosis and sustained treatment of diseases such as asthma, diabetes, hypertension, HIV/AIDS, among others.
- Risk communication and community engagement programs for migrants and host population on the prevention of infectious and vector-borne diseases.
- Strengthen epidemiological surveillance systems in migrant reception and transit sites.

**Migrants in countries of destination:**

- Control and care of pregnant women during childbirth and puerperium, including comprehensive care programs for newborns.
- Sexual and reproductive 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 sustained treatment of non-communicable diseases such as asthma, diabetes, hypertension, among others.
- Affiliation to the health insurance available in the country.

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**ACTIVITIES CARRIED OUT BY WHO and PAHO**

**WHO:**

- The World Health Organization (WHO) presented the Report on the Third Global Consultation on the Health of Refugees and Migrants, Rabat, Morocco, 13-15 June 2023. The Third Global Consultation aimed to strengthen high-level political commitment to improve, protect and preserve the health and well-being of refugees, migrants and host communities. This report captures the summary of the key points of this event, including the need for political commitment and consideration of equity, inclusion, integration and accountability. Emphasis was placed on the meaningful participation of refugees and migrants, effective and equitable access to health care, addressing the social determinants of health, and the importance of adopting evidence-based approaches (22).

**PAHO Regional Actions:**

- The PAHO/WHO Regional Office participated in the seminar "National and Global Policies on Migration, Refuge and Health", organized by the Center for International Health Relations (CRIS) at Fiocruz Institute within the framework of the Advanced Seminars. Cris/Fiocruz brought together a team of experts to discuss the impact of these phenomena on health, addressing the issue at national, regional and global levels. The Pan American Health Organization presented the theme "Health and Migration in the Americas" to provide a regional perspective on the crisis (23).

On May 17, representatives from the United States Agency for International Development (USAID) met with PAHO/WHO representatives at the PAHO regional headquarters in Washington DC to discuss the health challenges and needs of migrants in the Americas region. During the sessions, updated data and information were presented on the challenges and obstacles that migrants face in accessing health services in a timely and unrestricted manner, as well as the main interventions supporting the countries' ministries of health.
Migration and Health Projects:

- **Panama:** The Pan American Health Organization/World Health Organization (PAHO/WHO Panama) continues to provide technical assistance to strengthen coordination mechanisms in the humanitarian health response to human mobility. On May 22, 2024, a meeting convened by Global Affairs Canada and members of the PAHO/WHO office in Panama and PAHO/WHO Washington DC (WDC) was held to delve into the complexities of migration in the Americas, focusing on Central America and the Darien Gap. The meeting provided an overview of the migration phenomenon, seeking to foster collaborative solutions and address the factors that influence migration and its implications for health. PAHO/WHO emphasized the need to increase cooperation and adopt evidence-based approaches to protect the health and well-being of migrant populations as well as host communities. In addition, PAHO Panama will continue to promote the coordination and analysis of information and is coordinating a field visit with Global Affairs Canada and PAHO WDC to monitor the progress of the CCHD project and identify the health needs of migrants in the Darien Region.

Coordination:

- **Ecuador:** The PAHO/WHO Representation in Ecuador carried out several actions in Health and Migration during the month of May. PAHO staff participated in intersectoral meetings of the Working Group on Refugees and Migrants and coordinated with partners and humanitarian actors to develop and implement health actions at the borders and along the migration route. In addition, PAHO led the Health and Nutrition Working Group, together with UNFPA, KIMIRINA, UNICEF and UNHCR, to prepare the terms of reference and the work plan for 2024. The migration flows in the country for the month of May were also analyzed.

- **Guatemala:** With support from PAHO/WHO, a multidisciplinary workshop "Human security approach for a comprehensive response to health and migration" in Esquipulas, Chiquimula was held. This event focused on addressing the specific needs of health services in Esquipulas, one of the main entry and transit points for migrants in the country. The workshop was attended by more than 60 health professionals and addressed topics such as psychological first aid, reproductive health in emergencies and management of diseases such as malaria and dengue. In addition, an online course on human security, health and migration was presented. This workshop is part of the strengthening of the health response to migration, promoting the protection and empowerment of migrants (24).
• **Mexico - Guatemala:** On April 23, 2024, in Ciudad Hidalgo, Suchiate, Chiapas, the Protocol Act of Simultaneous Border Vaccination between Mexico and Guatemala was held as part of the Vaccination Week in the Americas. This event seeks to protect public health and prevent the spread of infectious diseases in areas of high migration flows. The event underscores the importance of vaccination in border areas and among migrant populations, as these communities are often exposed to precarious conditions and limited access to health services, which makes them more vulnerable to infectious diseases. The event was a milestone in the strategic collaboration between the two countries; it was attended by health authorities from both countries and PAHO/WHO officials, demonstrating the commitment of Mexico and Guatemala to protect the health of all people regardless of their place of origin or migratory status and to prevent outbreaks at the regional level (25).

• **Honduras:** In Machuca, Ocotepeque, the area has become a crucial point for thousands of people crossing the Agua Caliente border. Here, various organizations including PAHO/WHO come together to aid the migrant population, including the provision of health services. The Ocotepeque Health Region has assigned a medical team to provide quality services to both the local population and migrants. Dr. Alejandra Velásquez of the Central Emergency Response Fund (CERF) project emphasizes the importance of providing comprehensive medical care to migrants, including emotional care and mental health, through collaboration with institutions such as the Adventist Development and Relief Agency (ADRA) and the Honduran Red Cross (26).

In the health region of the Department of El Paraíso, PAHO/WHO and the Undersecretary of Health organized the training of new Family Health Teams (ESFAM in Spanish) that will work to strengthen Primary Health Care services, as part of the prioritization in the context of health and migration that seeks to build integrated, sustainable and people-centered responses. The work carried out by the ESFAMs plays a fundamental role in bringing health services closer to the population and creating better conditions for migrants in their journey, allowing the entire population in the region to exercise their right to health (27).
- Colombia: the PAHO/WHO country office co-chaired the health cluster in conjunction with Migration Colombia to analyze the main migration dynamics in the country and identify the main gaps in the response to the migrant population affected by other emergencies in Colombia, including armed conflict, social and natural threats to public health. PAHO Colombia participated in the second symposium on public policy and advocacy in the provision of health services as a tool for border development, held in Ecuador. This event, organized by G4 Alliance, Operation Smile and the Latin American Health Corporation, involved national health authorities from several countries, border communities, including the indigenous population, and academia. In this scenario, PAHO presented the Territorial Health Boards and the case management tool as positive experiences for a coordinated health response to migration dynamics.

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