

KEY UPDATES

Regional: In South America, migration waves persist, primarily involving Venezuelans, Colombians, and Ecuadorians heading to Chile. These migrants require increased humanitarian assistance as stated by Bolivia, Perú and Chile. The Jesuit Migrant Service reports weekly variations in the number of migrants assisted, with figures ranging between 30 and 100 people per day (1). In 2024, the mobility of Venezuelan migrants surpassed 20% compared to previous years. This figure already accounts for the Venezuelan population residing in other countries, such as Peru or Ecuador. Venezuelans continue to leave their homeland in pursuit of employment opportunities, prosperity, and family reunification (2). According to the Flow Monitoring Surveys conducted in Panama by the International Organization for Migration (IOM) during the first five months of 2024, more than half of the 113,244 Venezuelans who crossed the Darien in that period were new migrants who had left directly from Venezuela (3).

Darien Colombia-Panama: As of June 28, 2024, Panama's National Migration Service has reported that 197,389 people have crossed the perilous Darien jungle. In June alone, 27,375 individuals managed to cross the Darien (4). One out of every five migrants in transit through the Darién is a minor, and nearly half of these are under the age of five. According to a survey by the UN Refugee Agency (UNHCR), adults traveling with children carry an average of two children, 43% of whom are under five years of age. Ten percent of respondents reported traveling with pregnant or breastfeeding women, and four births have been recorded in the jungle this year. Additionally, fifteen percent of respondents indicated that children are accompanied by only one parent, while one percent travel with unaccompanied children or adolescents (5).



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Mexico: Approximately 1.39 million migrants from 177 countries passed through Mexican territory between January and May of this year with the aim of reaching the border with the United States, informed the National Migration Institute (INM). According to the data, 738,270 were adult men traveling alone and 362,979 adult women in the same situation. In addition, there were 154,291 adults traveling in families accompanied by 135,151 minors (6).



Honduras: In 2024, the National Migration Institute has recorded the entry of 234,648 migrants in transit through Honduran territory with the departments of El Paraíso, Cortés, Francisco Morazán and Gracias a Dios as the main routes. Thirty-six percent are from Venezuela, 24% from Cuba, 13% from Haiti and 7.8% from Ecuador; 66% are between 21 and 40 years old and 54% of this group are men (7).

Curaçao: Curaçao authorities report, according to their latest national census, that Venezuelans officially became the third largest immigrant minority on the island. In total, 4,261 Venezuelans reside on the Caribbean Island. "A significant increase is observed among Venezuelan-born individuals, which rose from 1.2% to 2.7% in 2023," the official dispatch indicates. According to this count Venezuelan emigrants settled in Curaçao increased by 152% between 2011 and 2023 (8).

Brazil: According to the UN Refugee Agency (UNHCR), more than 7,500 indigenous Warao have migrated to Brazil, of which 4,253 live in Roraima. The Warao, originally from the Orinoco Delta, have faced rejection and discrimination from the local population in Roraima, which has fostered prejudice and xenophobia (9)

Ecuador: The passage of Chinese migrants through Ecuador doubled in 2023. In the first six months of 2024, 17,808 Chinese citizens entered the country, mainly men between 18 and 55 years old. Although 75% reported tourist trips, 44% did not register their departure. Due to these figures, the Ecuadorian government decided to withdraw the visa-free entry benefit as of July 1, 2024, arguing that Ecuador was being used as a departure point for migrants to other destinations (10).



HEALTH EMERGENCIES

Mexico: The United States has warned about the risks of crossing the southwest border during the hot season, highlighting an increase in deaths and medical emergencies due to high temperatures (11,12). In Mexico, extreme weather conditions have led to a significant increase in migrant deaths, with six recent deaths from dehydration and heat stroke in Chihuahua and Sonora (13). Temperatures in border areas such as Ciudad Juarez reach up to 44 degrees Celsius, with associated serious health risks. Mexican authorities have recorded 155 heat-related deaths since March, with 30 new deaths in June (14). Migrants are at high risk of health effects from the combination of extreme heat and insecurity along migration routes (15).

Heavy rains in Suchiate, Mexico, have led to an increase in illnesses among migrants in the municipality. They are suffering from common rainy season ailments such as acute respiratory infections, mycosis, and diarrhea. The Chiapas Ministry of Health is providing medical attention, including care for pregnant women and fever cases. Additionally, they are implementing basic sanitation measures in the shelters to maintain epidemiological surveillance along the southern border with Guatemala. (16).

Panama: Recent heavy rains have led to a reduction in the flow of migrants through the Darien jungle, according to the director of the National Migration Service. The number of people arriving in the country has decreased by up to 20% due to the adverse weather conditions. However, the heavy rains have also resulted in an increase in migrant deaths, with reports of people found in rivers due to flash floods (17).

Brazil: The Operation Welcome Health Task Force, that provides health services to migrants, has noted a significant increase in the number of unaccompanied older adults requiring emergency medical attention. In addition, the Military Health Task Force has highlighted the worrying situation of malnourished migrant children in Boa Vista.



HEALTH ISSUES

Maternal, sexual and reproductive health:

Colombia: The TelePrEP project is being implemented to improve access to pre-exposure prophylaxis (PrEP) among Venezuelan migrants at risk of contracting HIV. Through telehealth services in three cities in the country, this hybrid model combines face-to-face and remote consultations to overcome barriers such as time availability, work permits, distances to health centers and associated stigma (18).

Costa Rica: Médecins Sans Frontières is facilitating access to medical and psychological care services for migrant survivors of sexual violence who have crossed the Darien jungle. The project is scheduled to last two months, after which an evaluation will be conducted to define the next steps (19).

Colombia: The Health, Opportunity and Inclusion initiative, developed by the International Organization for Migration (IOM) and MSD Colombia under the global MSD for Mothers initiative, has significantly benefited pregnant migrant women in Valledupar. During the last year, the project provided 6,640 comprehensive maternal and perinatal health services to 1,276 refugee, migrant and local community women. In addition, 10,278 people were reached with health promotion information through communication campaigns, resulting in a 70% reduction in maternal mortality among program participants (20).

Mental health:

Venezuela: Migration has increased suicidal thoughts among older adults in Venezuela, who face not only an economic burden and responsibilities such as caring for their grandchildren, but also feelings of loneliness according to mental health specialists (21).

Children's health:

Mexico: In the town of Suchiate, on Mexico's southern border, dozens of migrant children, accompanied by their families, live in a temporary camp near the Suchiate River in subhuman conditions. They are exposed to contamination and suffer from inclement weather, which has resulted in an increase in illnesses such as flu and gastrointestinal infections (22).

Communicable diseases:

Dominican Republic: According to epidemiological bulletin 23 of the National Directorate of Epidemiology, malaria cases have tripled to 440 cumulative cases in 2024 compared to 120 the previous year. The 266.6% increase is mainly attributed to two localized outbreaks in the southern provinces of San Juan and Azua linked to migrant workers from Haiti employed in those areas (23).

Colombia: As of June 2024, Norte de Santander has reported 345 cases of tuberculosis, of which 10% (32 cases) have been in the Venezuelan population (24).

Costa Rica: Between March and May 2024, over 5,000 migrants in transit received medical attention from doctors and nurses at the South Migration Station (EMISUR). Among them, 122 women were pregnant, and more than 50% were children and adolescents. The primary health concerns included diarrhea, gastrointestinal issues (accounting for 70% of cases), respiratory infections, dermatological problems, and dehydration among migrant children and adolescents in transit. (25).

Chronic non-communicable diseases:

Colombia: Between May 2021 and January 2024, Migración Colombia conducted a characterization survey of 2,395,918 Venezuelan migrants with a vocation to stay. The results indicate that among the surveyed Venezuelan migrant population, hypertension (3.47%) was the most prevalent chronic disease, followed by high cholesterol (1.45%), cardiovascular diseases (1.11%), pulmonary diseases (1.19%) and diabetes (0.96%). Of the people surveyed, 128,060 reported requiring some type of treatment; however, only 36.44% of those who require treatment on a permanent basis reported having access to health services with the required frequency (26).

Food insecurity:

Venezuela: In the Perijá sub-region of Zulia state, Venezuela, the complex humanitarian crisis has exacerbated child malnutrition and failures in basic services, according to reports by Codhez and Caritas Venezuela. According to the report, 10% of children and adolescents suffer from moderate malnutrition, while 14% face chronic malnutrition. These conditions have led to an increase in migration, with significant groups migrating weekly in search of crossing the Darien jungle, leaving the most vulnerable behind (27).

Colombia: At the Maicao Nutritional Recovery Center, a collaborative initiative between the Instituto Colombiano de Bienestar Familiar (Icbf) and the Hospital San José in La Guajira, comprehensive nutritional care is currently being provided to 12 children, including 6 migrants. Since the center opening three months ago, a total of 564 children have received care and are making progress in their recovery process (28).

Access to health services:

Brazil: The Unified Health System (SUS) in Brazil performed a kidney transplant on a 60-year-old migrant. In Brazil, all migrants are entitled to be on the SUS waiting list for transplants, which finances about 88% of these procedures in the country, which has the largest public organ transplant program in the world (29).

Ecuador: The Integrated Municipal Citizens' Center has been inaugurated at the Guayaquil land terminal. This facility provides primary care services for citizens in mobility conditions, including migrants, refugees, Ecuadorians who have returned, internally displaced persons, and those in vulnerable situations. Users have access to a psychology department, a dentistry area, a breastfeeding room, a doctor's office, accessible bathrooms for people with reduced mobility, a children's play area to stimulate children aged 0 to 5, and a safe water point. The center aims to serve 1,600 people per year. (30).

Honduras: The Migrant Attention Center in Danlí, El Paraíso was inaugurated with the goal of addressing irregular migration from a human rights perspective. It provides medical and psychological care, as well as a safe haven for individuals of other nationalities who use Honduras as a transit country. The facility has the capacity to serve 800 people for immigration control and can house 400 individuals simultaneously (31).

Brazil: During the month of June, Operation Shelter recorded the daily entry of 295 Venezuelans through the Roraima border with Venezuela, totaling 7,084 entries and 5,108 requests for refuge. Currently, the accommodation capacity in the 7 Operation Reception shelters remains below its maximum limit. Additionally, 8 vaccination campaigns were carried out in the Boa Vista shelters, focused on updating the vaccination schedules against diphtheria, chickenpox and pneumococcus.



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.
- 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.



ACTIVITIES CARRIED OUT BY WHO and PAHO

Migration and Health Projects:

- **Peru:** Technical meetings were convened with the Ministry of Health in Peru to standardize and enhance epidemiological surveillance processes. The focus was on updating the methodology for analyzing health situations, with particular attention to the migrant and refugee population. Additionally, a call for research proposals was issued to study barriers to healthcare access and facilitating factors for migrants and refugees. The project has actively engaged with the Intersectoral Working Group for Migration Management (MTIGM) and the Working Group for Refugees and Migrants (GTRM). These collaborations aim to advocate for and foster alliances that combat xenophobia, stigma, and discrimination. Furthermore, four missions were conducted in project regions to coordinate activities, assess equipment needs for situation rooms and regional reference laboratories, conduct workshops and training sessions, and actively participate in local-level MTIGM and GTRM meetings.



Coordination:

- **Ecuador:** In June, PAHO/WHO made significant efforts in the field of health and migration. The monthly meeting of co-leaders from the Health and Nutrition Working Group took place, with participation from UNFPA, KIMIRINA, UNICEF, and UNHCR. Additionally, a quarterly meeting was held with various agencies and organizations associated with the Working Group for Refugees and Migrants. During this meeting, stakeholders reviewed the stakeholder mapping matrix and shared insights from local working groups in Huaquillas and Carchi. Furthermore, the preliminary results of the Joint Needs Analysis 2024 were presented.

- **Mexico:** The State Secretary of Health and the National Public Health Service in Chiapas, with support from PAHO/WHO, led the first working session of the Permanent Roundtable on Health and Human Mobility, which brought together national and state health authorities to define strategies and coordinate actions to address the health challenges in Chiapas. In this space, the situation of human mobility in Tapachula was analyzed, highlighting the urgency of guaranteeing dignified health services for migrants, as well as the follow-up of a comprehensive health care strategy. The integration of variables in information systems, harmonization of clinical records, improvement in crisis response, mental health, unification of information, strengthening of services and training to avoid xenophobia and discrimination were discussed (32).
- **Panama:** PAHO/WHO conducted a field visit with the Global Affairs Canada office to monitor and identify the needs of health posts that serve migrants and the host population in the Darien Region. PAHO Panama continues to provide technical assistance to strengthen the coordination of the humanitarian health response to human mobility. This visit provided a better understanding of the migratory phenomenon and fostered collaborative solutions with local and regional health authorities.



- **Brazil:** The PAHO/WHO representation in Brazil met with representatives of the Yanomami Indigenous Health Special District to discuss the elaboration of the Strategic Agenda for Health on the Borders, in the state of Roraima. This agenda will focus on including specific aspects of the indigenous populations in the border region with Venezuela.

Among the actions planned for the Yanomami region is support for the organization of information generated by the Indigenous Health Subsystem, the management of malaria and other diseases in the process of elimination, as well as the migratory flows of indigenous people and miners between the Brazilian and Venezuelan borders. Interest was expressed in promoting joint health actions with health authorities in Venezuela. In addition, the need to improve the capacity to monitor the health situation in the most remote indigenous communities was underscored.

In another instance, the growing number of elderly unaccompanied migrants with health needs was emphasized during discussions among health managers, agencies, and implementing partners. This led to coordination with representatives at both subnational and national levels to define strategies aimed at healthcare and social assistance.

Furthermore, within the Health Working Group of Operation Acogida, the concerning situation of malnourished children housed in Boa Vista was addressed by the Military Health Task Force.

Finally, the topic of health at the borders and migration was a point of discussion between the Pan American Health Organization (PAHO) and the Ministry of Health. The aim was to promote synergistic actions to be implemented by Brazil's Unified Health System (Sistema Único de Saúde) in the Amazonian region.

- **Colombia:** The PAHO/WHO country office co-chaired the sixth session of the Health Cluster, with the participation of more than 60 partners, including U.S. government officials, with whom they discussed the main challenges in access to health care for the migrant population in the country.

During the meeting, round tables were organized to address crucial issues such as mental health, sexual and reproductive health, chronic diseases, primary care and child health. Among the most important points were:

- The need for a regional vision that addresses the main gaps in access to health care for the migrant population.
- Reduced funding at a time when health needs have intensified.
- Although affiliation exists, it does not always guarantee access in areas with limited capacity and great geographic dispersion.
- The dynamics of the armed conflict have exacerbated health needs and barriers to accessing services.
- It is crucial to manage migration and seek contextual solutions in collaboration with the receiving communities.

In addition, PAHO Colombia, together with the Ministry of Health and cluster partners, prepared a document on gaps in access to health care by migratory profile and the Ministry of Health's guidelines for the response to migration in the coming years.



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