

SITUATION REPORT

# HEALTH AND MIGRATION IN THE AMERICAS

NOVEMBER 2024



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**PAHO**



Pan American  
Health  
Organization



World Health  
Organization

Americas Region

**United States - Mexico:** Irregular migration flows at the U.S.-Mexico border decreased by 76% compared to the historical peak recorded in December 2023 (1).



**Mexico:** By 2024, at least 110,000 migrant children had crossed illegally into the United States, according to the Border Patrol. Twenty-five percent of these minors crossed through the Rio Grande Valley sector of Texas, an area with a significant increase in unaccompanied minors (2).

**Colombia:** Restrictions on passage through the Darien imposed by Panama have led Colombian migrants to seek alternative routes, such as the maritime route from Chocó to Costa Rica, despite the associated high costs and risks (3).

**Peru:** According to figures from the National At the Concordia Line, border between Peru and Chile, 120 migrants are reported stranded, including children, elderly and pregnant women, without access to water and food (4).

**Chile:** The Municipality of Colchane, Chile, reported that dozens of migrants, mainly Venezuelans and Colombians, are stranded at the border with Bolivia after entering through unauthorized crossings. The migrants lack the necessary documentation to leave the country or move to the city of Iquique. The situation has worsened due to the elimination of the Colchane shelter for improvement works, leaving the migrants without shelter options. Among those affected are children and adolescents facing extreme temperatures, with nights below zero and days above 30 degrees Celsius (5).



## Health emergencies:

**Mexico:** So far in 2024, more than 100 migrants have died on the border between Eagle Pass, Texas, and Piedras Negras, Coahuila. Of these deaths, 57 occurred on the Rio Bravo, 34 were Mexicans (25 men and 9 women). On the Mexican side, the Coahuila Prosecutor's Office recovered 34 bodies. The numbers could increase in the last months of the year, according to the authorities (6).

**Mexico:** Médecins Sans Frontières (MSF) reinforced its mobile clinics in southern Mexico due to the increase in migrant caravans, treating some 5,000 people in eight caravans between September 24 and November 8, 2024. During this period, they provided 855 medical consultations in Chiapas, Oaxaca and Veracruz, treating mainly respiratory, musculoskeletal, skin and gastrointestinal diseases related to the extreme conditions of the journey, in addition to cases of hypertension, asthma and diabetes (7).

**Darien Colombia - Panama:** In 2024, 172 migrant deaths were reported in the Darien Gap, surpassing the annual average number of deaths in previous years, which was around 50 people. According to IOM data, drowning continues to be the leading cause of death among migrants crossing this jungle (8).

**Chile:** On the northern border of Chile, 11 deaths have already occurred so far in 2024 in the commune of Colchane in 2024. Authorities have begun to conduct the corresponding expert reports to determine the causes of death (9).

## Maternal health:

**Dominican Republic:** Haitian women account for 35.1% of deliveries attended in public hospitals, outnumbering Dominican women in 63 of the 172 hospitals, with the highest incidence in the province of La Altagracia. So far in 2024, medical care provided to Haitians in the public network has included 501,199 outpatient consultations (8.19%), 401,370 emergencies (9.42%), 1,932,948 laboratory tests (8.91%), 20,755 diagnostic images (8.44%), 40,296 hospitalizations (13.22%), 32,085 surgeries (8.24%) and 25,908 deliveries (35%) (10).

## Gender-based violence:

**Guyana:** In a hearing before the Inter-American Commission on Human Rights (IACHR), Ayodele Dalgety-Dean, founder of Blossom Inc. highlighted a significant increase in gender-based and sexual violence against Venezuelan women in Guyana over the past five years. Since 2020, her organization has reported 307 cases, with Region Seven being a critical focus with 174 reports, attributable to exploitation, trafficking and limited law enforcement presence. Migrant women face physical violence and exploitation, compounded by fear of deportation and hostility from local authorities and communities (11).

## Communicable diseases

**Honduras:** So far in 2024, two migrants have been diagnosed with malaria in Choluteca. These cases are in addition to six reported in Honduran citizens. To mitigate the risk, a response team has been established on the border with Nicaragua, testing migrants from countries with a high incidence of the disease for malaria (12).

**Mexico:** In Oaxaca, a significant increase in malaria cases among migrants was reported, reaching 120 cases in people coming from Venezuela, Colombia and Nicaragua. The Ministry of Health implemented a sanitary cordon and deployed 200 brigades to control and treat cases. Up to the 43rd epidemiological week of 2024, 116 total cases were registered in the state, of which 108 are imported. Most of those affected are men (87), compared to 29 women, reflecting migration patterns and exposure to risks (13).

## Access to health services:

**Colombia:** The Paiss project of the Ministry of Health and Social Protection seeks to guarantee the right to health of the migrant and host population by offering free health services even to those who are not affiliated with the Colombian health system. This project, supported by the European Union, the Spanish Cooperation (Aecid) and the Inter-American Development Bank, provides access to basic services such as family planning and obstetric care with an inclusive approach (14).

**Brazil:** The Secretariat of Health of the Federal District (SES-DF) launched the Guide for Welcoming Migrants, Refugees and Stateless Persons during the II National Conference on Migration (Comigrar). This document aims to orient these populations about their rights in the Unified Health System (SUS) and facilitate their access to public health services. It includes key information on how to obtain the National Health Card (CNS), vaccination, prevention and wellness activities in several languages: French, English, Haitian Creole and Spanish (15).

**Bolivia:** Thanks to the intervention of the Ombudsman's Office in collaboration with the Ministry of Health and CONARE, it was possible for asylum seekers to be included in the Unified Health System (SUS) and receive medical care throughout the country. This agreement establishes that persons in human mobility, especially children, adolescents, pregnant women and the elderly, will have access to health services after completing the Refugee Applicant Card issued by CONARE (16).

## Health insurance affiliation:

**Colombia:** In Colombia, 70% of migrants affiliated to the health system are women, mainly over 55 years of age. Although 7 out of 10 migrants aged 15-54 accessed medical services, the lack of documents affects 61% of those not affiliated. In pensions, 89% of migrant women and 82% of men have no savings, reflecting the need to improve access to health and pensions for this population (17). Additionally, in Colombia, 30% of the Venezuelan migrant population are minors, but only 32% of them are affiliated to the health system, due to barriers such as the lack of necessary documents (18).



*The main health needs of the migrant population include lack of information on services available in transit and host countries, limited access due to administrative, legal, economic and language barriers, and shortage of adequate medication in health services.*

*Photo: Karen González OPS*

### Migrants in transit:

- Access to emergency health services including care in cases of sexual and gender-based violence.
- Access to mental health services and psychosocial support.
- Prenatal and postnatal care, including follow-up and care for pregnant women during delivery and puerperium, as well as for 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.
- 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 sustained treatment for diseases such as asthma, diabetes, hypertension, among others.
- Risk communication and community participation 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 destination countries:

- 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.

## Mexico:

*PAHO/WHO promotes inter-institutional cooperation in health and human mobility in Chiapas.*

On November 27, 2024, in Tuxtla Gutiérrez, Chiapas, the fourth session of the Permanent Roundtable on Health and Human Mobility was held, led by PAHO/WHO in Mexico, together with the federal Ministry of Health, the Ministry of Health of Chiapas and other institutions. This space seeks to guarantee the right to health of people in a situation of mobility. The meeting brought together representatives from various levels of government, NGOs and international organizations to continue strengthening actions in favor of the health of people in mobility in Chiapas.

## Honduras:



Photo: PAHO/WHO/Carlos Florián

In Danlí, department of El Paraíso, Honduras, a training workshop was organized by the Expanded Program on Immunization (EPI) of the Ministry of Health (SESAL) with support from PAHO/WHO. The objective was to strengthen vaccination in a region that is a transit point for more than 312,000 migrants of 116 nationalities. The workshop, aimed at health personnel from 17 municipalities and NGOs, addressed topics such as information systems, data quality, vaccination coverage, surveillance of Vaccine-Preventable Diseases (VDPs), and cold chain management. Thirty-four health professionals participated.

Honduras is one of the Central American countries where thousands of people travel daily to the United States in search of the American dream. This is the case of Danlí, department of El Paraíso, (border with Nicaragua), which has become, like many other departments, a crossing point for people in mixed migratory movements.

Priority was given to the surveillance of diseases such as polio, measles, rubella, neonatal tetanus, diphtheria and whooping cough, in addition to strengthening vaccination coverage for both the local and migrant population.

This effort, in coordination with the CERF project, reinforces the health region's commitment to a comprehensive approach to health, immunizations and epidemiological surveillance, improving key indicators in the region.



## Peru:



*Within the framework of the project Improving social inclusion and access to health care for migrants and refugees in Peru, various strategic activities have been carried out with the aim of strengthening institutional capacities, improving the quality of care for the migrant and refugee population, and promoting a coordinated and inclusive response in the health system.*

Photo: PAHO/WHO

**Workshops to support the updating and formulation of normative documents:** Trees of problems, goals and means were drawn up to support the need to update the technical document of the Guidelines for Citizen Participation in Health and the Technical Health Standard for the mainstreaming of human rights, gender equity and intercultural approaches in health. With the presence of MINSAs personnel, public sector actors linked to health issues, specialized universities and United Nations agencies, it was possible to determine the public problem that shows the need to update the normative document in question. In addition, workshops were completed for the development of the problem, goals and means trees that support the formulation of the normative documents for addressing anxiety disorders in adults, for addressing suicidal behavior and for addressing tuberculosis in educational institutions.

**Identification of opportunities for PAHO technical support in the implementation of the public insurance law for migrants and refugees with TB/HIV:** The Peruvian State approved a law that extends the temporary coverage of the Comprehensive Health Insurance (SIS) for migrants and refugees diagnosed with HIV and TB. For this reason, in November, PAHO organized a technical meeting with high-level officials from the Comprehensive Health Insurance (SIS), the National Tuberculosis and HIV Prevention and Control Programs of the Ministry of Health (MINSAs), to exchange information on the progress and challenges in the care of the migrant and refugee population and the prospects for effective implementation of the law. A roadmap has been established and PAHO will continue to support the SIS and MINSAs in this important effort.

## Peru (Continuation):

**Workshop to return the results of the analysis of the epidemiological surveillance system in the Tumbes region:** To validate the opportunities for improvement identified for the inclusion of migrant and refugee populations in the epidemiological surveillance systems of diseases or events of mandatory notification with epidemic potential, PAHO conducted a workshop to return results to the team of the Regional Health Directorate of the Tumbes Region. The workshop validated the challenges for the detection, registration and notification processes, as well as for the follow-up and investigation through the epidemiology units of the region.

Participation in state and UN system bodies for migration management in Peru.

We participated in the plenary sessions and the health and nutrition subgroup of the Intersectoral Working Group for Migration Management (MTIGM) at the national level and in the Tumbes region. At the national level, we are participating in the updating of the National Migration Policy 2025-2030. In the case of Tumbes, in the last session of the year, we participated in the 2024 evaluation workshop and formally requested the incorporation of PAHO as a full member of this body. We also continued to participate in the sessions of the coordinators and the health subgroup of the Working Group on Response to Migration (WGRM) of the UN System in Peru. IICA participated in the preparation of the 2025-2026 Biennial Plan.

## Colombia:

The health cluster in Colombia held a space for dialogue among the various actors of the health cluster, with the participation of Dr. Jarbas Barbosa, with the aim of analyzing the humanitarian context in the country, with special emphasis on the dynamics of migration. In this meeting, the projections on migration and health in Colombia and in the region were recognized, highlighting the need for joint and coordinated strategies. Representatives of the Ministry of Health and Social Protection, the National Institute of Health, Migration Colombia and the Unit for Attention and Reparation to Victims, together with the humanitarian architectures in place in Colombia (OCHA and GIFMM), as well as international and national partners, expressed their perspectives on the situation.

The specific realities of the territories of Vichada and Norte de Santander were also considered. This exchange of ideas was fundamental to identify strategic points that will be integrated into the health cluster's work plan for the coming year, ensuring that the health needs of the migrant population and affected communities are addressed in a comprehensive and effective manner.



## Panama:



*The Pan American Health Organization (PAHO) visited the Lajas Blancas Migratory Reception Station (ERM) to begin an analysis for the execution of a future project called (Prevent, detect and link HIV, syphilis, viral hepatitis and tuberculosis in mobile populations in Central America*

Through this mission it was possible to observe the exchange of experiences of different organizations that provide health services specifically on HIV, syphilis, tuberculosis and viral hepatitis.

In addition, the PAHO project was socialized, and collaborative actions were established among the organizations focused on populations in a situation of mobility in the Central American region with a focus on HIV, syphilis, viral hepatitis and tuberculosis.

The activity took place at the Lajas Blancas migrant receiving station and consisted of the following:

- Visit to the Laja Blanca MRE
- Tour of the migrant entry river.
- Visit to the organizations that provide health services in the ERM (Panamanian Red Cross, Doctors without Borders, Aids for Aids, Global Brigades, PADF, IOM, UNICEF, HIAS).
- Presentation of the project to the organizations by Monica Alonso (head of the HIV, Hepatitis, TB, STI unit, PAHO Washington).
- Dialogue with authorities and organizations during the tour.

The Pan American Health Organization (PAHO Panama) continues to provide technical assistance to strengthen the coordination mechanisms of the humanitarian health response to the situation of human mobility of people in transit.

1. Available in: <https://latin-american.news/irregular-migration-on-the-border-with-the-us-fell-by-76-de-la-fuente/>
2. Available in: <https://tvaztecaguante.com/nacionales/2024/11/13/mas-de-110-mil-ninos-migrantes-cruzaron-solos-hacia-ee-uu-en-2024/>
3. Available in: <https://www.colombia.com/colombianos/estados-unidos/colombianos-migrantes-y-de-otras-nacionalidades-usan-nueva-ruta-para-llegar-a-eeuu-493155>
4. Available in: <https://www.facebook.com/490447589778312/posts/1015340257289040>
5. Available in: <https://www.radiogenesis.cl/2024/11/15/municipalidad-de-colchane-denuncia-que-decenas-de-inmigrantes-estan-varados-en-la-frontera-de-chile-con-bolivia/>
6. Available in: [https://eltiempomx.com/noticia/2024/muertes-de-migrantes-y-violencia-en-la-frontera-coahuila-texas.html#google\\_vignette](https://eltiempomx.com/noticia/2024/muertes-de-migrantes-y-violencia-en-la-frontera-coahuila-texas.html#google_vignette)
7. Available in: <https://reliefweb.int/report/mexico/reforzamos-nuestras-clinicas-moviles-tras-el-aumento-de-caravanas-de-personas-migrantes>
8. Available in: [https://www.prensa.com/sociedad/tragedia-en-el-tapon-del-darien-172-migrantes-muertos-y-desaparecidos-en-2024/#google\\_vignette](https://www.prensa.com/sociedad/tragedia-en-el-tapon-del-darien-172-migrantes-muertos-y-desaparecidos-en-2024/#google_vignette)
9. Available in: <https://www.elnacional.com/mundo/venezolana-murio-al-intentar-cruzar-la-frontera-de-chile/>
10. Available in: <https://acento.com.do/actualidad/en-63-hospitales-de-la-red-publica-las-parturientas-haitianas-superaron-a-las-dominicanas-9422623.html>
11. Available in: <https://www.kaieteurnewsonline.com/2024/11/20/sharp-increase-in-sexual-violence-against-venezuelan-women-in-guyana/>
12. Available in: <https://www.elpais.hn/alertan-sobre-dos-migrantes-con-malaria-durante-su-paso-por-honduras/>
13. Available in: <https://promedmail.org/>
14. Available in: <https://qhubomedellin.com/migracion-unidos-sin-fronteras/garantizar-derecho-a-la-salud-de-la-poblacion-migrante-y-de-acogida-OO25818431>
15. Available in: <https://www.saude.df.gov.br/web/guest/w/secretaria-de-sa%C3%BAde-lan%C3%A7a-guia-de-acolhimento-aos-migrantes-refugiados-e-ap%C3%A1tridas>
16. Available in: <https://www.defensoria.gob.bo/noticias/migrantes-podran-acceder-a-atencion-en-salud-por-intervencion-de-la-defensoria-del-pueblo>
17. Available in: <https://qhubomedellin.com/migracion-unidos-sin-fronteras/mas-mujeres-que-hombres-asi-es-la-afiliacion-de-los-migrantes-al-sistema-de-salud-colombiano-CL25840543>
18. Available in: <https://qhubomedellin.com/migracion-unidos-sin-fronteras/solo-32-de-los-migrantes-menores-de-edad-estan-afiliados-a-salud-en-colombia-DG25895125>