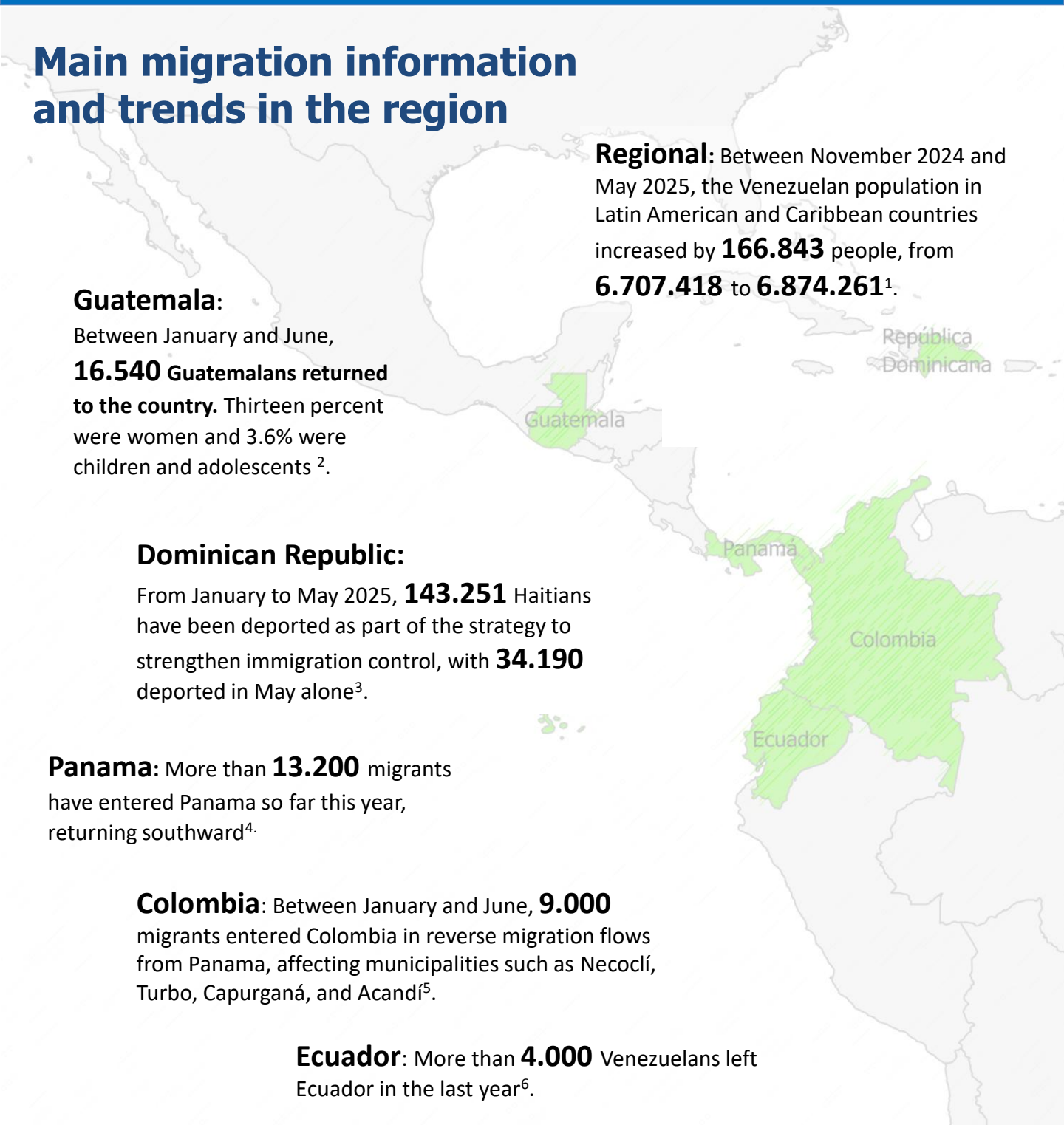
Main migration information and trends in the region

Regional: Between November 2024 and May 2025, the Venezuelan population in Latin American and Caribbean countries increased by **166.843** people, from **6.707.418** to **6.874.261**[1].

Guatemala:
Between January and June, **16.540 Guatemalans returned to the country.** Thirteen percent were women and 3.6% were children and adolescents [2].



Dominican Republic:

From January to May 2025, **143.251** Haitians have been deported as part of the strategy to strengthen immigration control, with **34.190** deported in May alone[3].

Panama: More than **13.200** migrants have entered Panama so far this year, returning southward[4].

Colombia: Between January and June, **9.000** migrants entered Colombia in reverse migration flows from Panama, affecting municipalities such as Necoclí, Turbo, Capurganá, and Acandí[5].

Ecuador: More than **4.000** Venezuelans left Ecuador in the last year[6].

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3. General Directorate of Migration: https://migracion.gob.do/transparencia/wp-content/uploads/2025/06/02-06-La-DGM-deporta-34190-haitianos-ilegales-en-mayo-cifras-marcan-trayectoria-en-crecimiento-sostenido.pdf
4. National Immigration Service of Panama. (2025). Statistics. https://www.migracion.gob.pa/wp-content/uploads/IRREGULARES-2025.pdf
5. Office of the Attorney General. https://www.procuraduria.gov.co/Pages/procuraduria-alerta-crisis-humanitaria-migrantes-regresan-centroamerica.aspx
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Pan American Health Organization World Health Organization Americas Region

Health risks

Regional: In the first six months of 2025, **252** migrants lost their lives on the routes from South America to Mexico's northern border (an average of more than one migrant per day).

The main causes of death were mixed or unknown causes (80), drowning (74), and extreme environmental conditions (49), followed by traffic accidents, violence, and lack of medical care[7].

Mental Health

Mexico: In the first quarter of 2025, MSF conducted **485** mental health consultations at the CAI in Mexico City, an increase of 36% over the previous quarter. The main diagnoses were post-traumatic stress disorder (48%), depression (39%), acute stress (7%), grief, and anxiety[8].

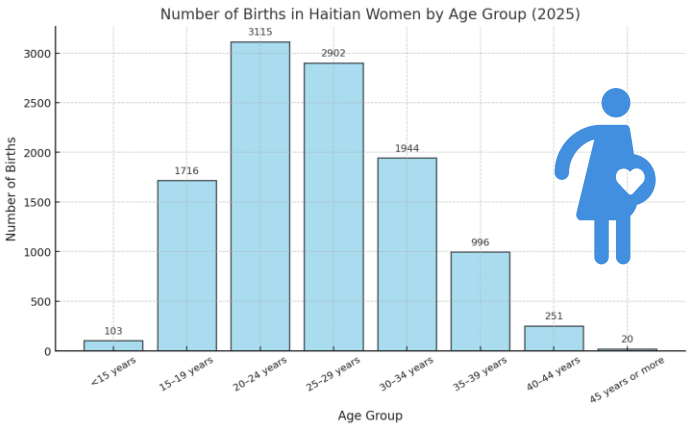
Brazil: He carried out a cross-cultural adaptation of the Refugee Health Screener - 15 (RHS-15) into Brazilian Portuguese, maintaining a bilingual Portuguese-Spanish format to facilitate its use among Spanish speakers for the psychological assessment of refugees.
The methodological process included translation, back-translation, and expert validation, achieving concordance (kappa = 0.87) and good acceptance[9].

Maternal, sexual, and reproductive health

Colombia: Between January and June 2025, **1.501** cases of extreme maternal morbidity were reported in women of Venezuelan nationality. Bogotá has the highest number of cases with 398, followed by Antioquia (155), Cundinamarca (109), and Norte de Santander (109)[10].

Dominican Republic – Haiti:
In 2025, of the total **36.217** births registered in the Dominican Republic, 30.5% were to Haitian women (**11.047** births), with a high concentration in the 20-34 age group (73.9% of all Haitian births).

The predominant mode of delivery was vaginal, with more than 60% in all age groups. Unlike Dominican women, Haitian women had a lower use of cesarean sections, especially in younger age groups[11].



7. International Organization for Migration. (2025). Missing Migrants Project – Americas. https://missingmigrants.iom.int/region/americas?region_incident=All&route=3876&year%5B%5D=13651Doctors Without Borders.
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11. Health Services Information and Statistics Repository. https://repositorio.sns.gob.do/tableros-dinamicos/produccion-de-servicios/

Access to Health Services

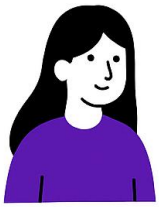
Regional:

Within the framework of the Forum "Towards Regional Governance and Migration Schemes," progress was reviewed in the implementation of **the Andean Migration Statute** (Decision 878 of 2021), which regulates the movement and residence of Andean citizens and their families.

One of the central points was the health of migrants. Among the most notable achievements is **the completion of the Andean Health Plan for Migrants 2025–2030**, which will be presented for approval at the Meeting of Health Ministers of the Andean Area. This plan seeks to guarantee comprehensive and equitable care for the migrant population in the Andean region[12].

Colombia[13]

From November 2017 to March 2025, **1.178.169** Venezuelan migrants from **616.187** households have registered with Sisbén IV.



Women represent **56,6%** of the total **(666.268).**

In the first few months of 2025 alone, there were **23.149** new registrations (**58,9%** women).

Among women over 70, **9.26%** consider it "impossible" to access healthcare, especially in remote regions.

Argentina

New reform to immigration laws[14]

- Immediate expulsion of irregular migrants or those with criminal records.
- Imposition of fees for access to public health and education services.
- Implementation of stricter requirements for obtaining citizenship.
- Presentation of medical insurance and no criminal record to enter the country.

12. Andean Health Organization-Hipólito Unanue Agreement. https://orasconhu.org/es/reunion-del-comite-andino-de-salud-del-migrante-y-del-comite-tecnico-de-coordinacion
13. National Planning Department. https://colaboracion.dnp.gov.co/CDT/Gobierno_DDHH_Paz/Gob_Asuntos_Internacionales/Observatorio_Migracion_Venezuela/Estudios/ONM_VF_Todas_somos_dignas_2025.pdf
14. Presidency of the Argentine Republic. https://www.boletinoficial.gob.ar/detalleAviso/primera/326096/20250529

Health Response and Cooperation: Interventions PAHO Strategic

Chile

With the aim of strengthening a comprehensive approach to the health of migrants and refugees, the World Health Organization (WHO), with the support of the Pan American Health Organization (PAHO), launched its first technical mission in Latin America, with Chile as the host country. These meetings analyzed the country's main challenges and achievements in health and migration, highlighting the need for policies based on scientific evidence and a comprehensive approach, with health recognized as a universal human right, regardless of immigration status.

The mission also visited various primary care centers in Lo Espejo, Melipilla, and El Carmen Hospital in Maipú, as well as health facilities and authorities in the Tarapacá Region. In the municipality of Colchane, the mission evaluated the functioning of health services in border contexts, which are essential for equitable and timely access for this population.

At the end of the mission, the preliminary results were presented to Minister Aguilera. These findings will support improvements to the Chilean health system for the benefit of migrants and refugees, facilitating fairer, more effective, and more humane interventions.

Panama

PAHO visited communities in Colón, Panama—Miramar, Palenque, and Nombre de Dios—to assess the situation of reverse migration and the capacity of the local health system. After identifying challenges in accessing services, the Ministry of Health (MINSA) and agencies such as HIAS, IOM, PADF, CRP, UNICEF, and MSF, with technical support from PAHO, implemented priority measures focused on primary care, epidemiological surveillance, and communicable diseases.

Notable actions in the Colón health region include medical care at points of arrival (respiratory infections, diarrheal and skin diseases), psychosocial support for migrants with symptoms of anxiety and depression, strengthening of public health event reporting, fumigation for vector control, and improvement in the supply of medical supplies.

PAHO will support MINSA-Colón by strengthening inter-institutional coordination, developing a crisis preparedness plan, and improving the information system, including the hiring of a medical registrar.

Health Response and Cooperation: Interventions PAHO Strategic

Peru

As part of the project “Improving social inclusion and access to health care for migrants and refugees in Peru,” the Pan American Health Organization (PAHO/WHO), with financial support from the Korea International Cooperation Agency (KOICA), has provided support to the regional health directorates (DIRESAS) of Tumbes, and El Callao in equipping and implementing their health situation rooms. Likewise, the DIRESAS and the Regional Health Management Office (GERESA) of La Libertad received the necessary equipment to strengthen the diagnostic capacity of their regional reference public health laboratories.

In conjunction with the National Center for Epidemiology, Prevention, and Disease Control of the Ministry of Health (CDC-MINSA), regional workshops were organized and implemented to strengthen skills in geocoding, developing health situation rooms, and monitoring climate and environmental variables.
The workshops were held in person and were aimed at personnel in charge of epidemiological surveillance and health situation analysis in five priority regions: Central Lima, Callao, Tumbes, La Libertad, and Tacna. The main objective of this initiative was to strengthen institutional capacities to respond in a timely manner to health risks, especially those associated with climate change, using geospatial tools, vulnerability indicators, and evidence-based monitoring strategies.

Colombia

During May and June, a collaborative space was established with partners from the health cluster to further analyze cross-border migration dynamics and their impact on public health. As part of this effort, the study on commuting and health was shared, contributing to a more comprehensive understanding of migration flows and their implications for healthcare in border areas.
Progress was also made in the design and implementation of a national strategy with an urban focus, aimed at strengthening the health response and access to social services for the migrant population in Colombia's major cities. This strategy seeks to coordinate multisectoral actions, promote social integration, and strengthen the resilience of urban communities in the face of migratory challenges.
In the area of academic cooperation, an alliance was consolidated between institutions in Haiti, Canada, and Colombia to share the main lessons learned in responding to the health needs of migrants. This collaboration promotes the exchange of good practices and the development of innovative and sustainable approaches to migration management in complex contexts.
Finally, the binational health roundtable between Colombia and Panama was strengthened, incorporating the participation of Costa Rica to comprehensively address reverse migration flows. This initiative promotes stronger regional collaboration, facilitates the exchange of information, and promotes coordinated responses focused on the health protection of migrant populations in transit or returning home.