

Main migration information and trends in the region

Regional: Between May and November 2025, the Venezuelan population in Latin American and Caribbean countries increased by **37,496** people, from **6,874,261** to **6,911,757**¹.

Guatemala:

In 2025, **55,181** Guatemalans returned to the country. 12.4% were women and 3.5% were children and adolescents².

Dominican Republic:

During 2025, **379,553** Haitians with irregular migration status were deported, an increase of **84%** compared to the period 2021–2024³.

Panama: More than **3 million** migrants entered Panama between January and November, **48%** of whom were women⁴.

Colombia: There was a **61.8%** decrease in irregular migrants in transit in 2025 compared to 2024, with **152,858** migrants in the last year: 40.2% were women and **21.2%** were minors⁵.

Ecuador: As of November 2025, there were **440,450** Venezuelan refugees and migrants in Ecuador⁶.

1. Interagency Coordination Platform for Refugees and Migrants (R4V). <https://www.r4v.info/es/document/r4v-america-latina-y-el-caribe-refugiados-y-migrantes-venezolanos-en-la-region-noviembre-4>
2. Guatemalan Migration Institute. <https://app.powerbi.com/view?r=eyJrIjoizWQyZDVkZjAtMmEyYi00NWRLTg0MTUzZDRlNWExZjZmM0liwidCI6ImVlOTYyNjQxLTcwNGEtNDhmOC1iZnk3LWVzYjU4ODU4NGYxZCJ9>
3. General Directorate of Migration: <https://migracion.gob.do/dgm-deporto-379553-extranjeros-irregulares-en-2025-y-proceso-20-4-millones-de-documentos-de-viajeros/>
4. Panama National Immigration Service. (2025). Statistics. <https://www.migracion.gob.pa/wp-content/uploads/MOVIMIENTO-MIGRATORIO-2025-AL-MES-DE-NOVIEMBRE.pdf>
5. Ministry of Foreign Affairs, Migration. https://unidad-administrativa-especial-migracion-colombia.micolombiadigital.gov.co/sites/unidad-administrativa-especial-migracion-colombia/content/files/002411/120515_reporte-svemsifm-15-dic-2025-v2.pdf
6. Interagency Coordination Platform for Refugees and Migrants (R4V). <https://www.r4v.info/es/document/r4v-america-latina-y-el-caribe-refugiados-y-migrantes-venezolanos-en-la-region-noviembre-4>

Health risks



Regional: In 2025, **400** migrants lost their lives or disappeared while traveling from South America to Mexico's northern border, a **69%** decrease from 2024.

The main causes of death were mixed or unknown causes (139), drowning (117), and extreme environmental conditions (61), followed by traffic accidents, violence, and lack of medical care.⁷

Maternal, sexual, and reproductive health

Colombia: In 2025, **2,906** cases of extreme maternal morbidity were reported in foreign women, **97.4%** of whom were Venezuelan nationals (**2,830**). Of these, 19.3% did not have prenatal checkups and 68.3% suffered from hypertensive disorders.¹⁰



Dominican Republic – Haiti:

In 2025, of the total **74,784** births registered in the Dominican Republic, 24.6% were to Haitian women (**18,434** births), with a high concentration in the 20-34 age group (70.4% of total Haitian births). The predominant mode of delivery was vaginal, with more than 60% in women under 40 years of age. Unlike Dominican women, Haitian women had a lower use of cesarean sections, especially in younger age groups¹¹.

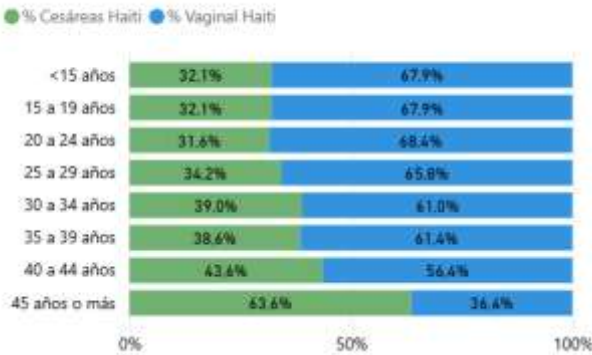
Mental Health



Peru: The Health and Migration Roundtable was developed in the Tumbes region with a focus on mental health, an inter-institutional space for dialogue and planning aimed at strengthening the local response to the challenges faced by migrants, refugees, and host communities⁸.

South America: between 2024 and 2025, **50%** of migrant women in transit received medical assistance and only **19%** of them received mental health care with psychological support. **Fifteen percent** of women traveled alone, facing situations of physical, sexual, and psychological violence. In addition to health care, they implemented individual strategies for self-care of their mental health, such as faith and meditation⁹.

Partos haitianas por grupos etarios, según vía de parto.



7. International Organization for Migration. (2025). Missing Migrants Project – Americas. https://missingmigrants.iom.int/region/americas?region_incident=All&route=All&incident_date%5Bmin%5D=&incident_date%5Bmax%5D=

8. Regional Health Directorate. <https://www.diresatumbes.gob.pe/>

9. Mixed Migration Center <https://www.onlinelibrary.iihl.org/wp-content/uploads/2025/10/2025-MMC-Mujeres-en-el-transito-migratorio-a-traves-de-America-del-Sur.pdf>

10. National Institute of Health. <https://app.powerbi.com/view?r=eyJrjoiNTNmMGlyNzEtOTJlMS00YTBlWI3NzItY2JlMmE1NTgyOTJlIiwidCI6ImE2MmQyZydlTmNTktNDQ0S0S0MzU5LTM1MzcxNDc1OTRlYiIsImMiOiR9>

11. Health Services Information and Statistics Repository. <https://repositorio.sns.gob.do/tableros-dinamicos/produccion-de-servicios/>

Access to Health Services



Regional:

The 38th Extraordinary Meeting of Ministers of Health of the Andean Area was held with the aim of strengthening regional governance in health and consolidating a common health agenda. The priority issues were: chronic child malnutrition, cancer, health inequalities, maternal health, border health, stigma and discrimination against people with HIV, health of older persons, and digital health¹².

The **Andean Border Health Plan 2025-2030** was published, which seeks to promote health and well-being in border territories. It consists of four strategic areas, one of which is universal access to health services, especially for migrant populations¹³.

Colombia¹⁴



In 2025, **1,277,704** health services were provided to **180,204** Venezuelan migrants

38.2% were adults between the ages of 29 and 59, and **8.3%** were children under the age of five. **63.7%** were women



21,581 emergency care services were provided to **18,084** Venezuelan migrants



There were **17,156** hospitalizations for **13,901** Venezuelan migrants

Brazil

Adoption of a national policy for the protection of rights.¹⁵



Inclusion of essential services such as medical care, education, employment, housing, and social assistance.



Promoting decent work and equal opportunities.



Regulating the reception of people affected by humanitarian crises.



Ensuring the participation of refugees, migrants, and stateless persons in decision-making.

12. Andean Health Organization-Hipólito Unanue Agreement. <https://orasconhu.org/index.php/es/en-la-reunion-de-ministros-se-destaco-la-labor-del-oras-conhu-como-referente-en-salud-y-se>
13. Andean Health Organization-Hipólito Unanue Agreement. <https://www.orasconhu.org/sites/default/files/file/webfiles/doc/Plan%20andino%20de%20salud%20en%20fronteras%202025-2030.pdf>
14. National Observatory on Migration and Health. <https://www.sispro.gov.co/observatorios/onmigracionysalud/indicadores/Paginas/Acceso-a-salud.aspx>
15. United Nations High Commissioner for Refugees. https://www.acnur.org/noticias/comunicados-de-prensa/acnur-celebra-la-nueva-politica-nacional-de-brasil-sobre-personas-refugiadas-migrantes-y-apatridas?gad_source=1&gad_campaignid=22375232861&gbraid=0AAAAA-tzzihN0fgJBell-M1ktqvrztud&gclid=CjwKCAIAj8LLBhAkEiwAJjbY72esGCK0KenyGcy5UDzY6grDFnNV2CbLDQdqjGuC9wtuuBA1esxdRoCFSEQAvD_BwE

Health Response and Cooperation: Interventions PAHO Strategic

Mexico



With the support of the Pan American Health Organization/World Health Organization (PAHO/WHO), the Mexican Ministry of Health and the Ministry of the Interior presented the National Strategy for Health Care for People in the Context of Human Mobility, within the framework of International Migrants Day, which is commemorated on December 18.

The strategy presented is an exercise in institutional responsibility that allows for comprehensive care for the health of migrants and ensures their access to quality medical services and humane treatment. The lack of social security, the absence of immigration documentation, and institutional disengagement continue to be barriers that limit timely access to health care.

Thanks to this joint effort, in 2025, approximately 145,537 compatriots have been received and provided with thousands of medical services, achieving dignified reintegration with access to basic and health services.

The architecture of this strategy seeks to translate the vision into concrete actions in six clear areas: guaranteeing access to services; strengthening education and prevention; improving sexual and reproductive health; caring for mental health; and monitoring the health of the migrant population.

The PAHO/WHO representative in Mexico acknowledged that the strategy presented "is a fundamental step, a roadmap, a framework for action that establishes guidelines to guarantee the right to health for all people, without distinction."

Uruguay

Within the framework of the Cooperation Project between Countries for the Health Development of MERCOSUR Borders, financed by the Pan American Health Organization (PAHO), four workshops were held with authorities and technical health teams from Argentina, Brazil, Paraguay, and Uruguay to advance the development of a Binational Contingency Plan that will enable a timely and coordinated response to health emergencies at the MERCOSUR borders. This project seeks to strengthen surveillance, prevention, and response capacities for public health emergencies at points of entry, with special attention to the realities and challenges of border cities. Technical visits were also made to hospitals, customs offices, and other strategic points to assess installed capacities and strengthen operational coordination. These actions will harmonize protocols between both countries and improve communication and response flows.

For PAHO, these actions strengthen local and national capacities and improve preparedness.

Health Response and Cooperation: Interventions PAHO Strategic

Peru



As part of the project "Improving social inclusion and access to health for the migrant and refugee population in Peru," the Pan American Health Organization (PAHO/WHO), with financial support from the Korea International Cooperation Agency (KOICA), and in coordination with regional health directorates (DIRESA), regional health management offices (GERESA), and the Peruvian Ministry of Health (MINSA), distributed and delivered 29,000 basic care kits to migrants, refugees, and host communities in five priority regions: Tumbes, La Libertad, Metropolitan Lima, Callao, and Tacna.

The delivery of these kits is part of the project's efforts to improve effective access to basic health and protection services for migrants and refugees. This intervention is expected to reduce material barriers, promote self-care, and ensure timely and dignified care for those who need it most, both among the migrant population and the host Peruvian population.

The delivery actions are carried out in accordance with the principles of dignity, confidentiality, and protection against exploitation and abuse. This joint effort between PAHO, KOICA, and MINSA reaffirms the commitment to the health and well-being of all people in Peru, leaving no one behind.

Colombia

A meeting of Latin American cities was held to discuss gender, migration, and health in the region. The health cluster shared the case management tool and presented the main findings on the challenges for the response to gender, migration, and health that it has documented through multiple research projects carried out over the last five years.

Similarly, in conjunction with the National Institute of Health, the public health surveillance strategy for the population coming from abroad was shared, defining the parameters for the construction of the border response protocol.

The calculation of people with humanitarian needs was defined, both in relation to migration dynamics and those affected by other internal emergencies in Colombia, as well as the sectoral chapters in each of the humanitarian plans issued by Colombia at the regional and global levels, showing an increase in the number of people in need.

The main health needs of the border departments were identified, finding mainly the need to address maternal health, mental health, and comprehensive care for chronic diseases due to high mortality and morbidity in these territories among the migrant population without regular immigration status, articulating the needs with the strategy being designed by the main donors in the country.

Finally, the strategy of the territorial health roundtables has been selected to represent the region in the framework of the sixth global school on migration and health in Geneva. |