Challenges in access to health for migrants transiting the Darien region

Health service needs and gaps on the border between Colombia and Panama

September 2024

CLUSTER SALUD COLOMBIA

PAHO
Pan American Health Organization
World Health Organization
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PAHO/DD/24-0001

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Contents

Acknowledgments

The Pan American Health Organization (PAHO) expresses sincere thanks to the Ministry of Health and Social Protection of Colombia and to the Ministry's National Institute of Health, to the Ministry of Health of Panama, as well as to the institutions, cooperation organizations, migrants, and refugees who made the preparation of this report possible, within the framework of cooperation between countries for health development.

Thank you to the PAHO representatives in Colombia and Panama – Dr. Gina Tambini and Dr. Ana Rivière, respectively – as well as Dr. Mauricio Cerpa, Advisor on International Health Emergencies, for their leadership and ongoing support, which were essential in carrying out this study.

Thanks also to Laura Osorio and Juan Quintero, from the technical areas of the PAHO country offices in Colombia and Panama, and to other experts who contributed their time, knowledge, and invaluable experience to the collection, analysis, and preparation of the data presented in this report, and the drafting of its conclusions.

PAHO extends its appreciation to the local communities, community leaders, cooperating organizations, and all those who generously shared experiences and perspectives that are fundamental to better understanding the challenges and opportunities facing migration and health in the Darien region.

Thanks also to the administrative and technical support team that helped to develop this project and prepare this study. Their dedication and collaboration have been essential to the success of this work. It is hoped that the recommendations presented in this report will contribute significantly to improving migration and health policies and practices in the region.

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Introduction

The Darien region, a vast jungle territory that straddles the border between Colombia and Panama, has historically been one of the most difficult areas in Latin America to traverse. Characterized by rugged terrain and dense vegetation, it represents a challenge for the migrant population trying to cross from South America to Central America and, eventually, to North America.

People come from all continents. However, in recent years migration dynamics have shown a continued increase, especially following the COVID-19 pandemic. In the first three months of 2024, more than 135 000 people were recorded as having transited this area. This continues the upward trend in the number of entries into Panama: as of the end of February 2024, some 73 417 people had crossed the border, compared to 49 291 who had crossed in the same period in 2023.

These figures correspond to an average daily transit of as many as 1200 people, mainly from Colombia, Ecuador, Haiti, Peru, and the Bolivarian Republic of Venezuela, 22% of them children. There is also a considerable number of migrants from Afghanistan, Angola, Bangladesh, Brazil, Chile, China, and India. In March 2024, people from Namibia and Niger were identified for the first time in the region.

Migrants traveling through the Darien region face a series of difficulties and circumstances that exacerbate their situation of vulnerability, increasing the demand for health services on both sides of the border. Thus, it is important to highlight the differences in the provision of health services in the two countries. Panama's Constitution grants the entire population within its territory access to the health system,

regardless of their immigration status or nationality. Colombia, on the other hand, only grants irregular migrants access to life-saving emergency care.

With regard to the provision of health services, Panama has some points of care where basic and emergency medical services are provided to the migrant and refugee populations, as well as the host population. Colombia has fewer points of care, due to the lack of infrastructure that characterizes the remote areas of the Darien region.

In Colombia and Panama, migrants often must travel long distances to access the medical care offered. Both countries face challenges related to patient referral and counter-referral, follow-up, and methods of transporting those who require second- or third-level care. It is also necessary to strengthen infrastructure and to increase the availability of supplies and medicines.

Migration dynamics cannot be analyzed independently from other emergencies occurring in these two countries. For example, the La Niña phenomenon is expected to have direct repercussions, since during the rainy season the number of accidents, injuries, and drownings increases, along with other situations that can increase the demand for health services.

In Panama, the number of migrants traveling between the Darien region and Panama City has increased. This is a very long journey with no support, and most of those in transit are families with children. There has also been an increase in the number of people remaining in the country for a longer period of time, or intending to stay there; and although most of them are in transit, some are forced to stay due to a lack of resources. The same is happening in the Darien region of Colombia, where many people are forced to live on beaches while they obtain the resources to continue their journey. In addition to the above challenges, the President of Panama recently announced that the border would be closed.

Since 2021, the level of vulnerability of people in transit has been increasing. This includes people with disabilities, women traveling alone, pregnant women, nursing mothers, and women with children under 1 year of age, as well as unaccompanied children and adolescents, and people with chronic or high-cost illnesses. There has also been an increase in the number of people traveling without resources or who are victims of robbery during the journey, circumstances that pose an added risk en route; in addition, xenophobia and aporophobia in the host communities have grown.

The health of the migrant population in the Darien region is an issue of great importance and concern. Long travel times, lack of access to adequate medical services, and adverse environmental conditions can lead to a variety of physical and mental health problems, including injuries, infectious diseases, and malnutrition. In addition, migrants face the risk of violence and exploitation throughout their journey.

The objective of this document is to analyze the relationship between migration and health in the Darien region, and to highlight the main challenges and opportunities in this context. Through a comprehensive review of recent data, inputs from the governments of Colombia and Panama, host communities, and cooperation partners involved in these issues, the intention of this publication is to provide guidance and bring attention to some of the health needs of the region's migrant and host populations, and to propose recommendations for increasing their access to health services.

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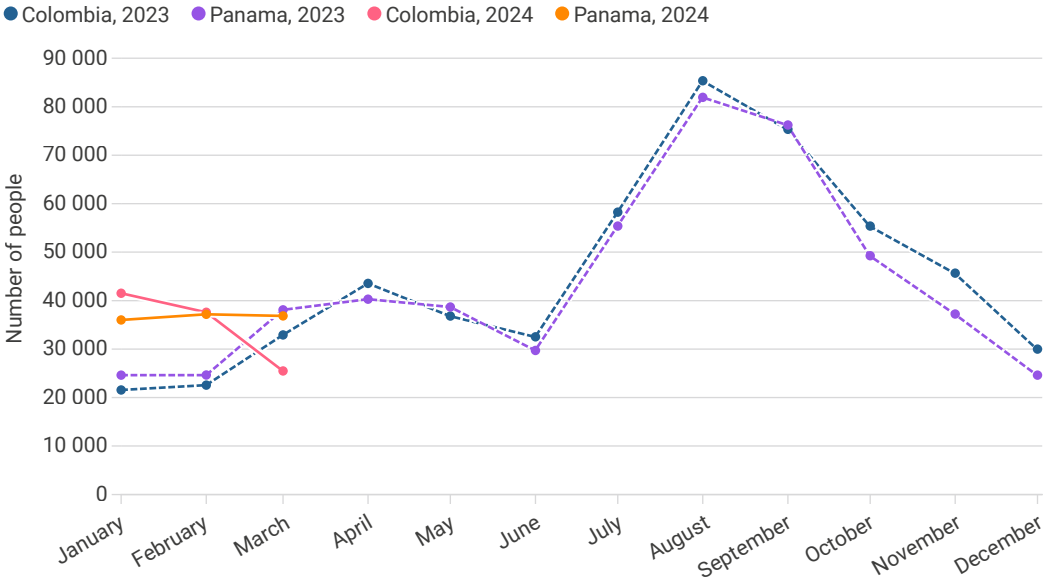
1. Migratory dynamics

Number of people in irregular transit through the Darien region

The main observable difference between the data recorded by Colombia and Panama is that the Panamanian government has established control and registration points at strategic locations, such as the border entry point, to manage and document the migrant population entering its territory. This allows for better monitoring and control of irregular migration, although the country continues to face challenges due to the large number of migrants in transit.

In Colombia, registration varies by month (Figure 1). It is believed that some people remain in Colombia while in transit; a comparative analysis could be carried out. Although the Darien border region is an exit point for many migrants, geographic conditions and lack of infrastructure hinder effective control and registration in the area. In addition, Colombia has limited ability to manage migration in these remote territories. This leads to less supervision and documentation of the migrant population traveling through the region.

Figure 1.
Flow panel showing the number of migrants in transit through the Darien region in Colombia and Panama, 2023–2024



Sources: Government of Colombia. Migración Colombia, January-February 2024. Bogotá: Government of Colombia; 2024 [cited 24 May 2024]. Available from: https://www.migracioncolombia.gov.co/ and National Migration Service of the Republic of Panama. Statistics, January-February 2024. Panama City: Government of Panama [cited 24 May 2024]. Available from: https://www.migracion.gob.pa/estadisticas/.

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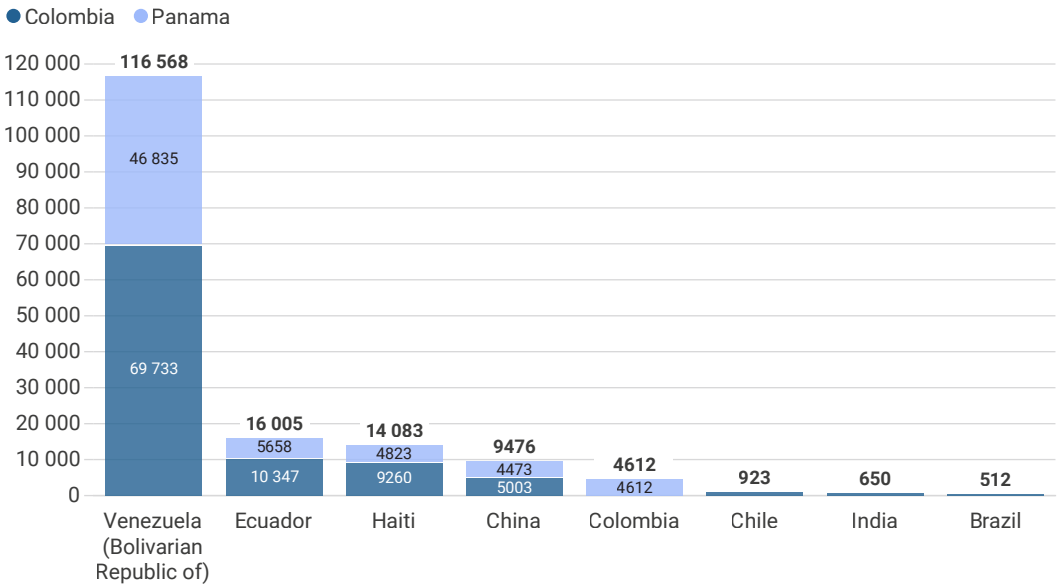
Although Colombian authorities have taken steps to improve migration management, the region's characteristics and logistical challenges make migrant registration more complicated than in Panama. These contrasts between Colombian and Panamanian recordkeeping reflect the different migration management and control capacities of the two countries. As migration flows continue to increase, it is essential that they work together to improve coordination and management of migration movements in the region.

Main nationalities in transit through the Darien region of Colombia and Panama

People of Venezuelan nationality represent the highest number of individuals in transit in the region (Figure 2). Not all migrants traveling through the region come from the Bolivarian Republic of Venezuela; rather, many began their journey in other countries, where they found it difficult to integrate. This reality highlights the complexity of the migration phenomenon and the need to address the integration challenges faced by the migrant population in host countries.

Some Ecuadorian nationals come from rural areas and have little knowledge of the journey and the risks en route. Hence the need for countries to

Figure 2.
Distribution of the seven nationalities that most frequently transited the Darien region of Colombia and Panama, by number of people, January–February 2024



Source: National Immigration Service of the Republic of Panama. Statistics, January-February 2024. Panama City: Government of Panama; 2024 [cited 24 May 2024]. Available from: https://www.migracion.gob.pa/estadisticas/.

coordinate increased dissemination of information to reduce the risks to people during their journey.

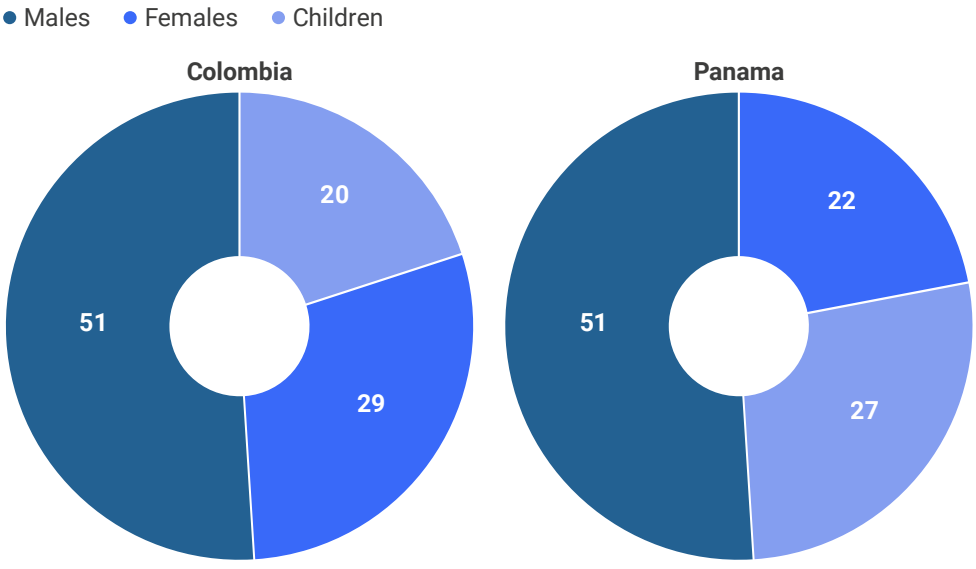
It is also important to note that not all people who travel through the Darien region are Spanish-speaking. Consequently, there are language barriers to accessing health services, creating communication problems that make it difficult to obtain accurate medical information and explain symptoms and treatments. There is also a shortage of materials in different languages with medical information on health promotion and disease prevention. There is therefore a need for translators, especially for the Chinese and Haitian populations, two of the five main nationalities crossing the Darien.

Analysis of travel through the Darien region in 2024

Figure 3 shows the breakdown of migrants and refugees in transit through the region in January and February 2024.

There is a notable difference in the number of women traveling through Colombia and the lower number of women entering Panama.

Figure 3.
Number of migrants and refugees (in percentage) in transit through the Darien region in Colombia and Panama, by sex and age, January and February 2024



Sources: Government of Colombia. Migración Colombia, January-February 2024. Bogotá: Government of Colombia; 2024 [cited 24 May 2024]. Available from: https://www.migracioncolombia.gov.co/ and National Migration Service of the Republic of Panama. Statistics January-February 2024. Panama City: Government of Panama [cited 24 May 2024]. Available from: https://www.migracion.gob.pa/estadisticas/.

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2. Health and migration during transit through the Darien region

The migrant population in transit through the Darien region faces various difficulties and circumstances that exacerbate their vulnerability and increase the demand for health services on both sides of the border. Therefore, it is important to highlight the differences in the provision of health services. Panama's Constitution grants the entire population in its territory access to the health system, regardless of immigration status or nationality. Colombia, on the other hand, only grants irregular migrants access to life-saving emergency care.

Panama has established some points of care to provide basic and emergency medical services to the migrant and refugee populations, as well as the host population. In Colombia, the number of points of care is more limited, due to the lack of infrastructure in the remote areas of the Darien region. Migrants often have to travel long distances to access publicly provided health care.

Both Colombia and Panama have difficulties with referral and counter-referral of patients, follow-up, and transportation for those who require second- or third-level care. Both countries need to strengthen their infrastructure and increase the availability of human resources, supplies, and medicines to facilitate access to care.

Cooperating organizations are providing important support in responding to the health care needs of the migrant population in both countries. In Colombia, more of the services are provided by these organizations, while in Panama, the government plays an active part in the coordination of health and protection services. However, many health needs are unmet, given the dimensions of the migratory crisis, limited capacities in both countries, the epidemiological situation, the environment conditions that migrants face en route, and preexisting vulnerabilities.

Initiatives are needed for a more coordinated response, as well as support for the formulation and implementation of public policies. It is also necessary to promote actions to mitigate the negative impacts of migratory dynamics on the health of host communities.

There are different needs in Colombia and in Panama due to the dynamics of transit through this region, the resources available for the journey, preexisting vulnerabilities, the multiplicity of actors, social determinants of health, and the ability to access essential services.

In Colombia, most services are provided by cooperation organizations that provide first-level care, in addition to: case management, especially for people with injuries or who have suffered accidents on the road; patients with chronic diseases who are not receiving treatment; people with communicable diseases; untreated psychiatric patients without a support network; children under 5 years of age suffering from malnutrition, acute diarrheal disease, and respiratory infection, as well as pediculosis and skin problems; pregnant women; and HIV patients, among others.

Upon arrival in Panamanian territory, more migrants have complex pathologies as a result of crossing the Darien jungle, given the nature of the route. Health care in Bajo Chiquito and Canaán Membrillo, for example, focuses on the migrant population in need of emergency care as a result of sexual violence, skin wounds, broken bones, gastrointestinal diseases, dehydration, malnutrition, mental health problems, childbirth, and abortion-related risks, among others.

Colombia and Panama are clearly willing to establish a structured and lasting form of cooperation to speed the exchange of information and ensure the continuity of services for patients who require care in the region.

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Health care of migrants, disaggregated by sex and age

Figure 4 summarizes the number of outpatient services provided by Colombia and Panama to migrants in transit in the Darien region. In Colombia, care was provided in Apartadó, Arboletes, Carepa, Chigorodó, Murindó, Mutatá, Necoclí, San Juan De Urabá, San Pedro De Urabá, Turbo, Acandí, Bahía Solano, Carmen Del Darién, Juradó, Nuquí, Riosucio, Unguía, and Montería; and in Panama, in Bajo Chiquito, Canaán Membrillo, and Laja Blanca.

In January 2024, there were 2013 outpatient consultations for migrants in Colombia; most of the outpatient care was provided to women between 19 and 20 years of age. In Panama, 1644 consultations were carried out; in this case, the care provided was mainly to women between 20 and 49 years of age. Notably, the number of consultations for children between 0 and 4 years of age has increased. This is associated with the vulnerability of this age group during transit, in both Colombia and Panama, due to the conditions they are exposed to during the journey.

As of February 2024, a total of 945 consultations for migrants had been recorded in Colombia, and 1535 in Panama. However, there were more consultations in February than in January with children between 0 and 5 years of age – the group with the highest demand for consultations – followed by women between 20 and 49 years of age. However, unlike Panama, between January and February, Colombia recorded a significant increase in the number of consultations with adolescents between 15 and 19 years of age.

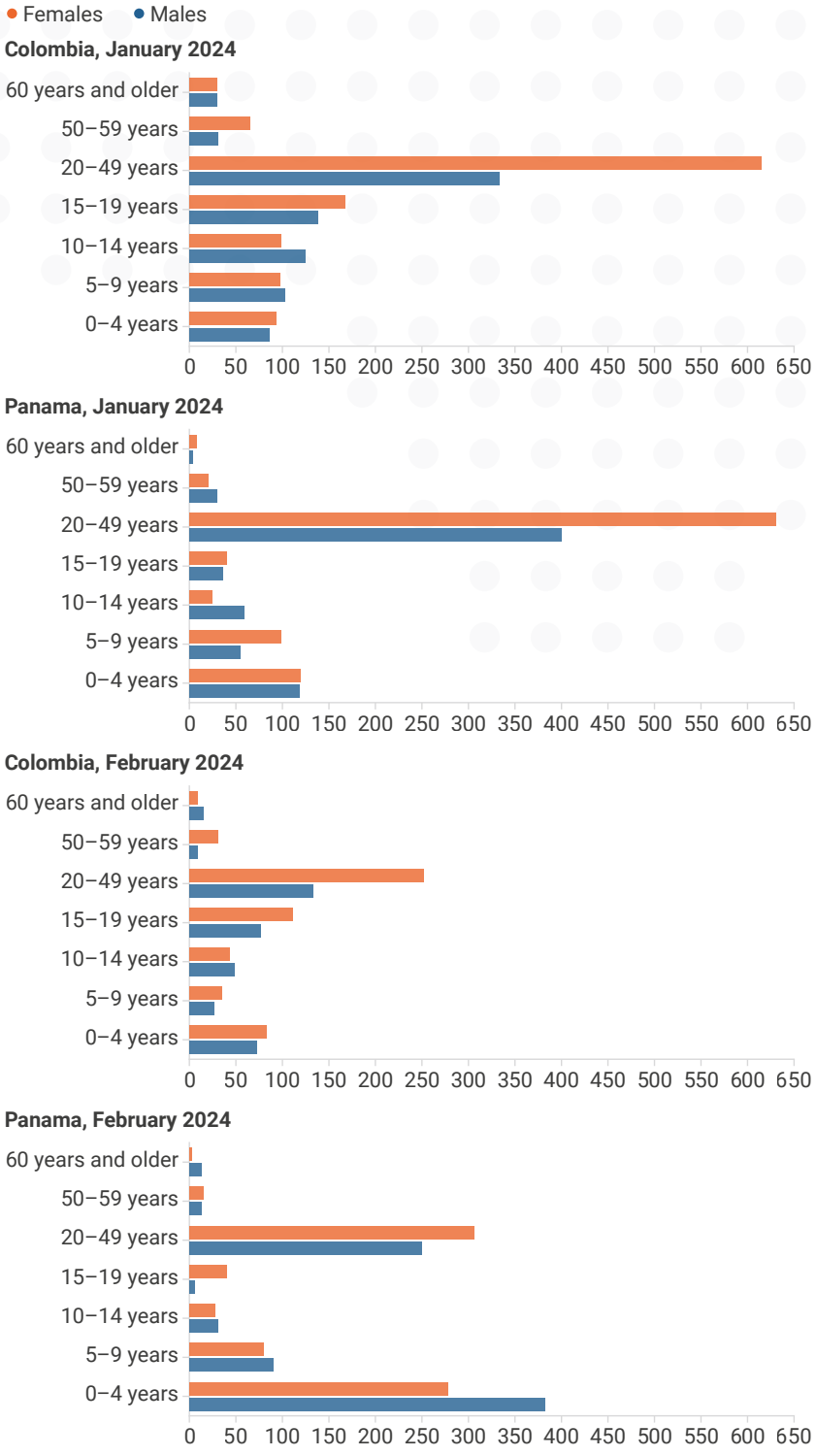
It should be noted that the situation in the Darien region is an important factor in the significantly greater number of consultations in Panama than in Colombia. This is related to the availability of health services provided by the State at these border points.

Health care for migrants in transit, by geographic location

In Colombia, 44% of care was provided in the municipality of Apartadó, which receives the largest migrant population in the Urabá region and the ninth largest at the departmental level (Figure 5). The geography of this municipality is considered strategic for migrants aiming to reach Panama through the Darien border jungle, then continuing on their way to Central America and North America. According to the population projections of the National Administrative Department of Statistics, Apartadó has 127 744 inhabitants. This municipality has been described as a territory with high rates of armed conflict, in which the main victimizing factor has been forced displacement.

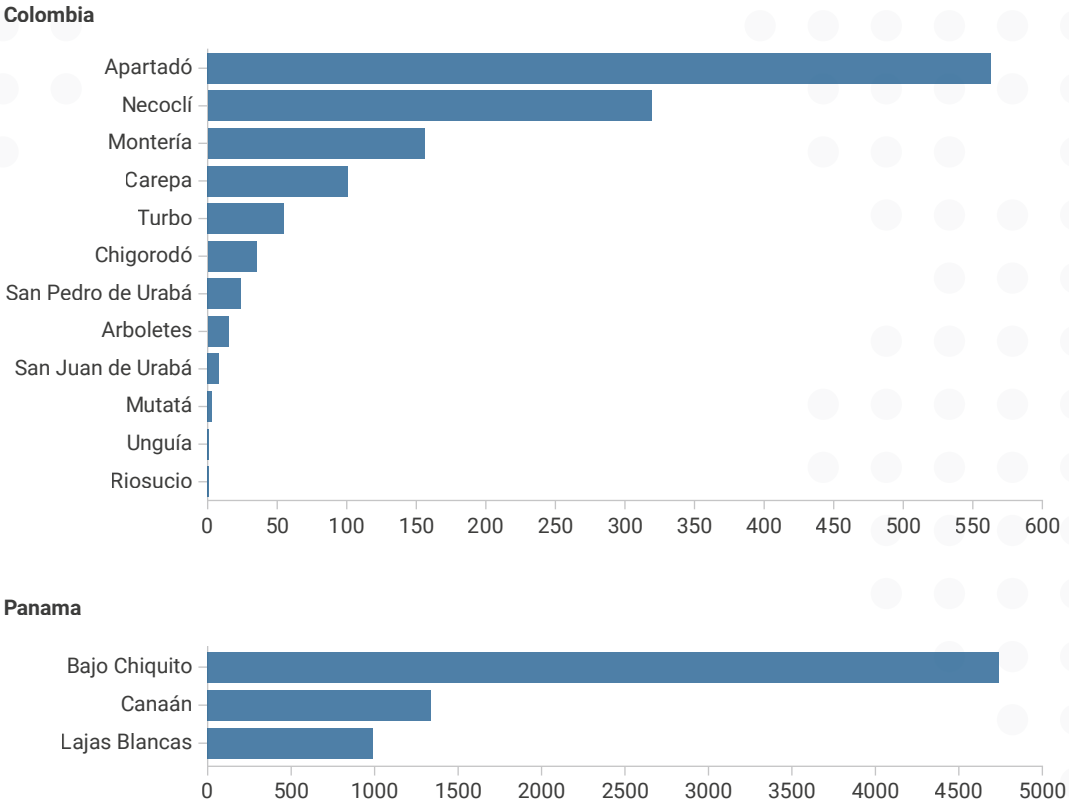
In Panama, 67% of care is provided in Bajo Chiquito. This is the first town where the migrants arrive, with a population of approximately 450 people. In Bajo Chiquito there is a health post that the Ministry of Health has staffed with medical personnel and supplies to assist all migrants who need emergency medical attention or a regular consultation.

Figure 4.
Number of migrants and refugees in transit who received care in outpatient clinics in the health systems of Colombia and Panama, by sex and age, January and February 2024



Sources: Ministry of Health of Colombia-Cubo SISPRO. Registros Individuales de Prestación de Servicios-RIPS (0.29), January-February 2024. Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024], and Ministry of Health of the Republic of Panama (MINSA). Statistics on Care: information gathered from migrants in January and February 2024. Panama City: MINSA; 2024.

Figure 5.
Number of people served, by geographic location in Colombia and Panama, by main points of care, January and February 2024

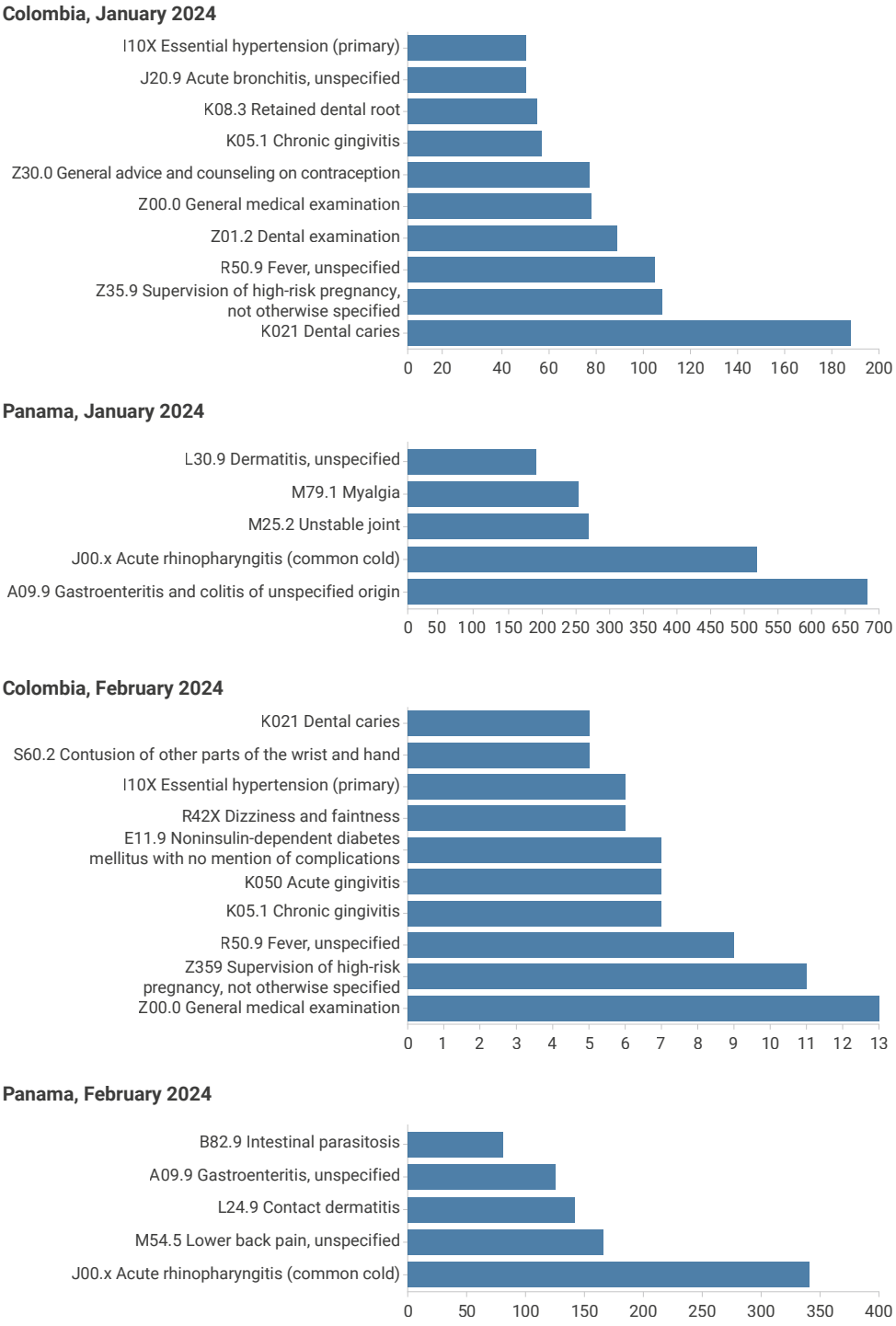


Sources: Ministry of Health of Colombia-Cubo SISPRO. Registros Individuales de Prestación de Servicios-RIPS (0,29), January-February 2024. Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024], and Ministry of Health of the Republic of Panama. Statistics on Care: information gathered from migrants in January and February 2024. Panama City: MINSA; 2024.

Main reasons for general or outpatient consultations in the migrant population in transit in Colombia and Panama

The main reasons for medical consultations with migrants traveling through the Darien region are different in Colombia and Panama, given the different characteristics of the territory that migrants travel through (Figure 6). In Colombia, the main reason for consultations is oral health problems, followed by consultations about risks during pregnancy, diabetes, and hypertension. In Panama, the main reasons for consultations originate while crossing through the Darien jungle: trauma, skin infections, gastroenteritis, and rhinopharyngitis.

Figure 6.
Main reasons for outpatient visits by migrants in transit in the Darien region in Colombia and Panama, January and February 2024

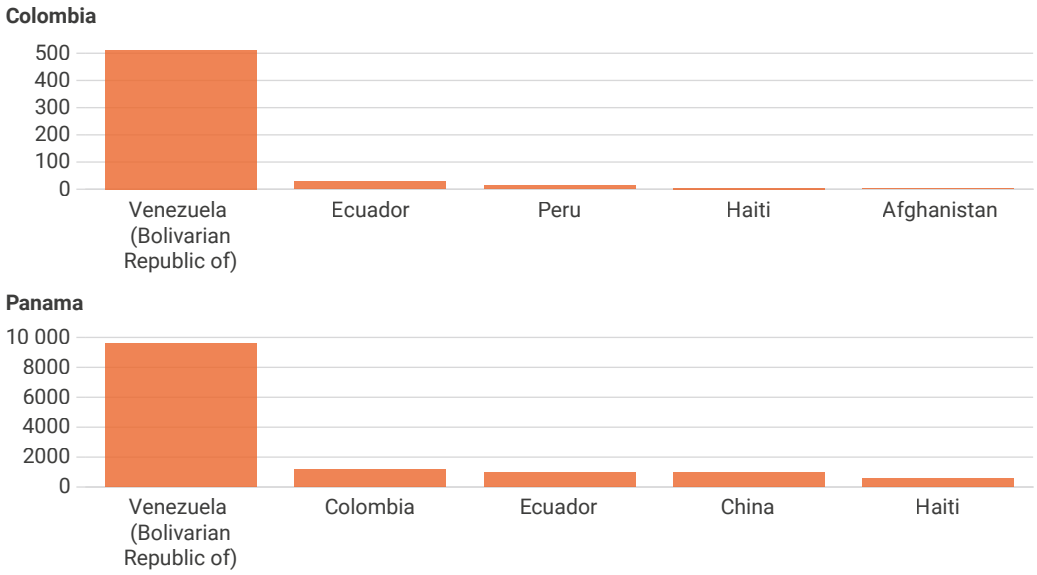


Sources: Ministry of Health of Colombia-Cubo SISPRO. Registros Individuales de Prestación de Servicios-RIPS (0,29), January and February 2024. Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024], and Ministry of Health of the Republic of Panama. Statistics on Care: information gathered from migrants in January and February 2024. Panama City: MINSA; 2024.

Main nationalities of migrants in transit who received consultations or sought health care

Of all migrants and refugees in transit, the highest number of health care visits in Colombia and Panama were by Venezuelan nationals, followed by Ecuadorians, Chinese, Haitians, and Afghanis (Figure 7); in Panama, however, Colombians are the group with the second highest number of health visits.

Figure 7.
Main nationalities among all migrants in transit treated in the health systems of Colombia and Panama, January and February 2024

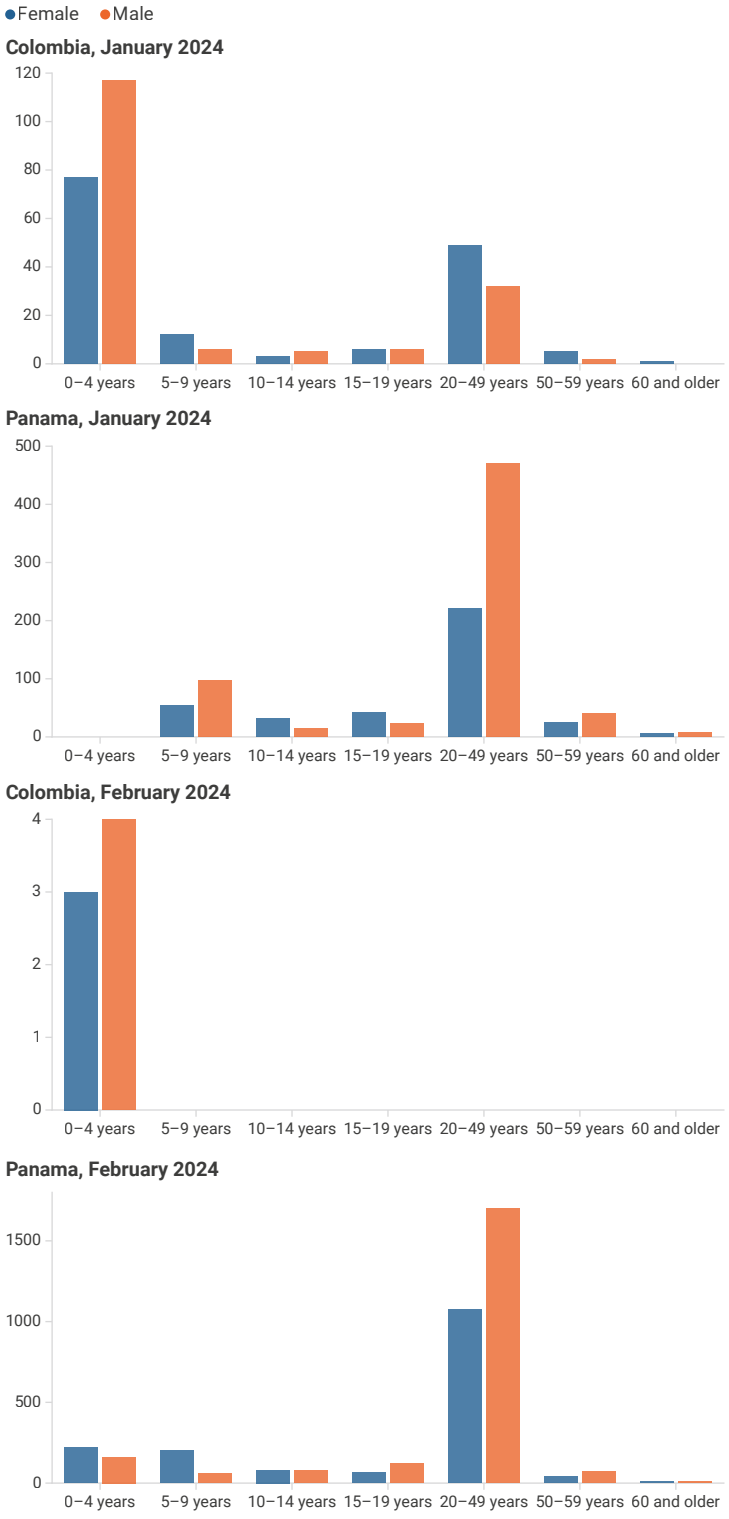


Sources: Ministry of Health of Colombia-Cubo SISPRO. Registros Individuales de Prestación de Servicios-RIPS (0,29), January-February 2024. Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024], and Ministry of Health of the Republic of Panama. Statistics on Care: information gathered from migrants in January and February 2024. Panama City: MINSA; 2024.

Emergency consultations for migrants in transit in the Darien region

In Panama, the age group with the highest demand for care was individuals between 20 and 49 years of age. In contrast to the situation in Panama, in Colombia there is significant variation in the number of consultations with children between 0 and 4 years of age, with an increase in the demand for health services in this age group; later, the figures for this age range were similar to those of Panama (Figure 8).

Figure 8.
Number of migrants in transit receiving emergency care in Colombia and Panama, by sex and age, January and February 2024



Sources: Ministry of Health of Colombia-Cubo SISPRO. Registros Individuales de Prestación de Servicios-RIPS (0.29), January-February 2024. Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024], and Ministry of Health of the Republic of Panama. Statistics on Care: information gathered from migrants in January and February 2024. Panama City: MINSA; 2024.

With regard to the main reasons for consultations in the Darien region (Figure 9), the difference between Colombia and Panama is due to the characteristics of the territory through which migrants travel. In Colombia in the month of January, for example, these causes are related to dyspepsia and fever, while in Panama, consultations are related to transit across the Darien jungle, involving myalgia, gastroenteritis, and rhinopharyngitis, among others.

The age ranges for hospitalizations vary between Panama and Colombia (Figure 10). In Panama, the highest number of hospitalizations is in the 0 to 5 years age group. In Colombia, the highest number of hospitalizations was among those between 25 and 59 years of age, and was mainly related to the lack of availability of services along access routes. The humidity and climatic changes in the jungle may explain the hospitalization of children in Panama. The main causes of hospital admission in this age group are respiratory infections and gastrointestinal problems (Figure 11). On the other hand, the main causes of admission in Colombia are related mainly to chronic diseases, oral diseases, hand injuries, and health risks during pregnancy.

Figure 9.
Main reasons for emergency consultations of migrants in Colombia and Panama, January and February 2024

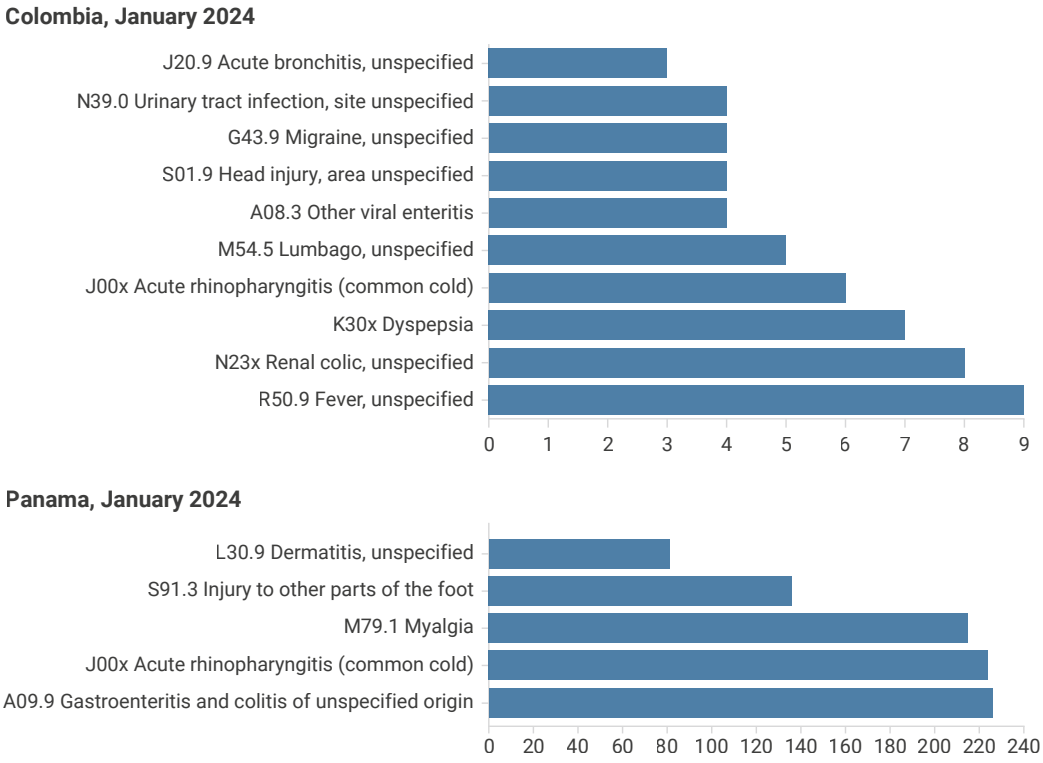
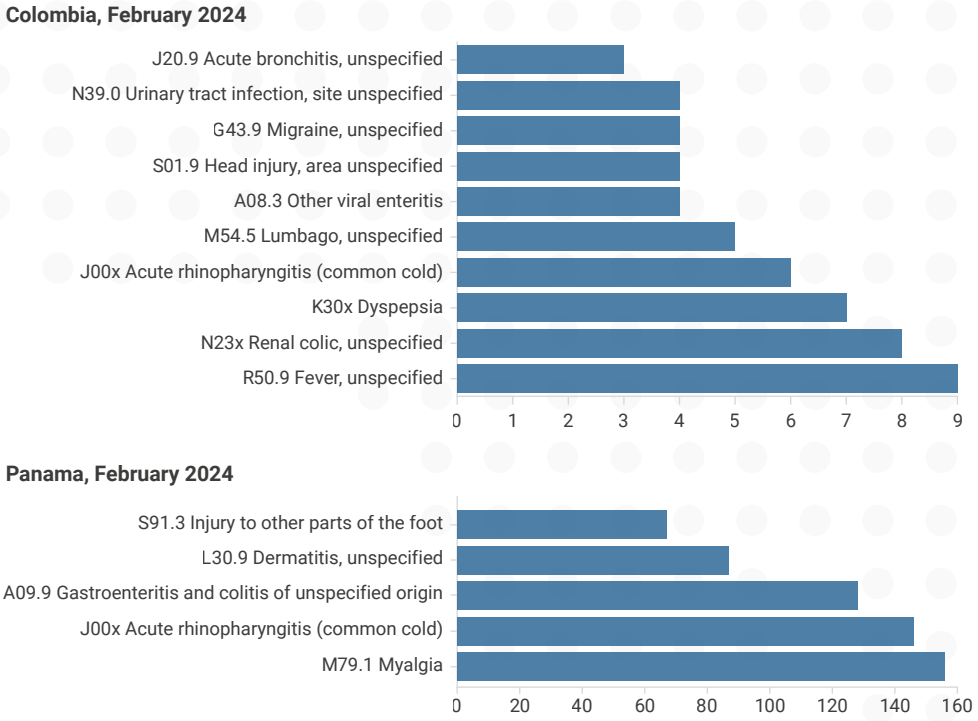


Figure 9. (*continued*)
Main reasons for emergency consultations of migrants in Colombia and Panama, January and February 2024



Sources: Ministry of Health of Colombia-Cubo SISPRO. Individual Service Provision Records-RIPS (0.29). Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024], and Ministry of Health of the Republic of Panama. Statistics on Care: information gathered from migrants in January and February 2024. Panama City: MINSA; 2024.

Figure 10.
Number of migrants hospitalized in Colombia and Panama, by sex and age, January and February 2024

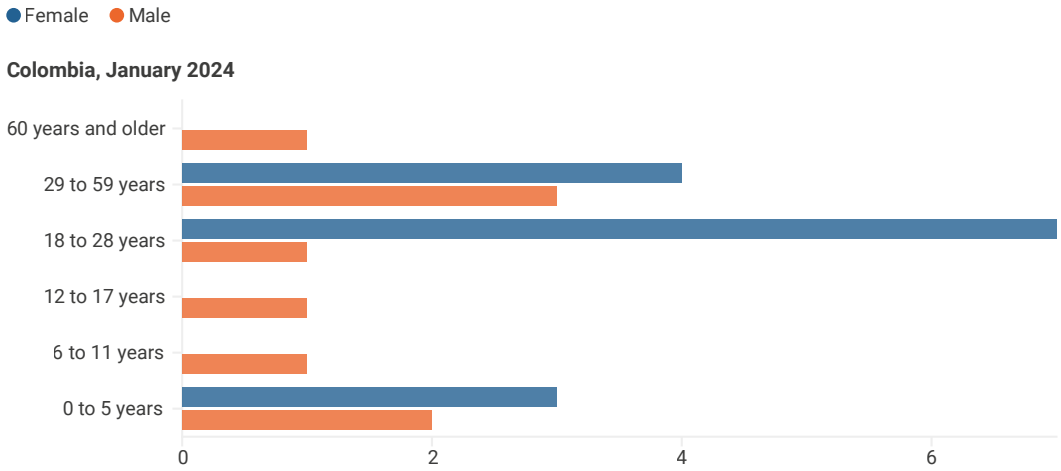
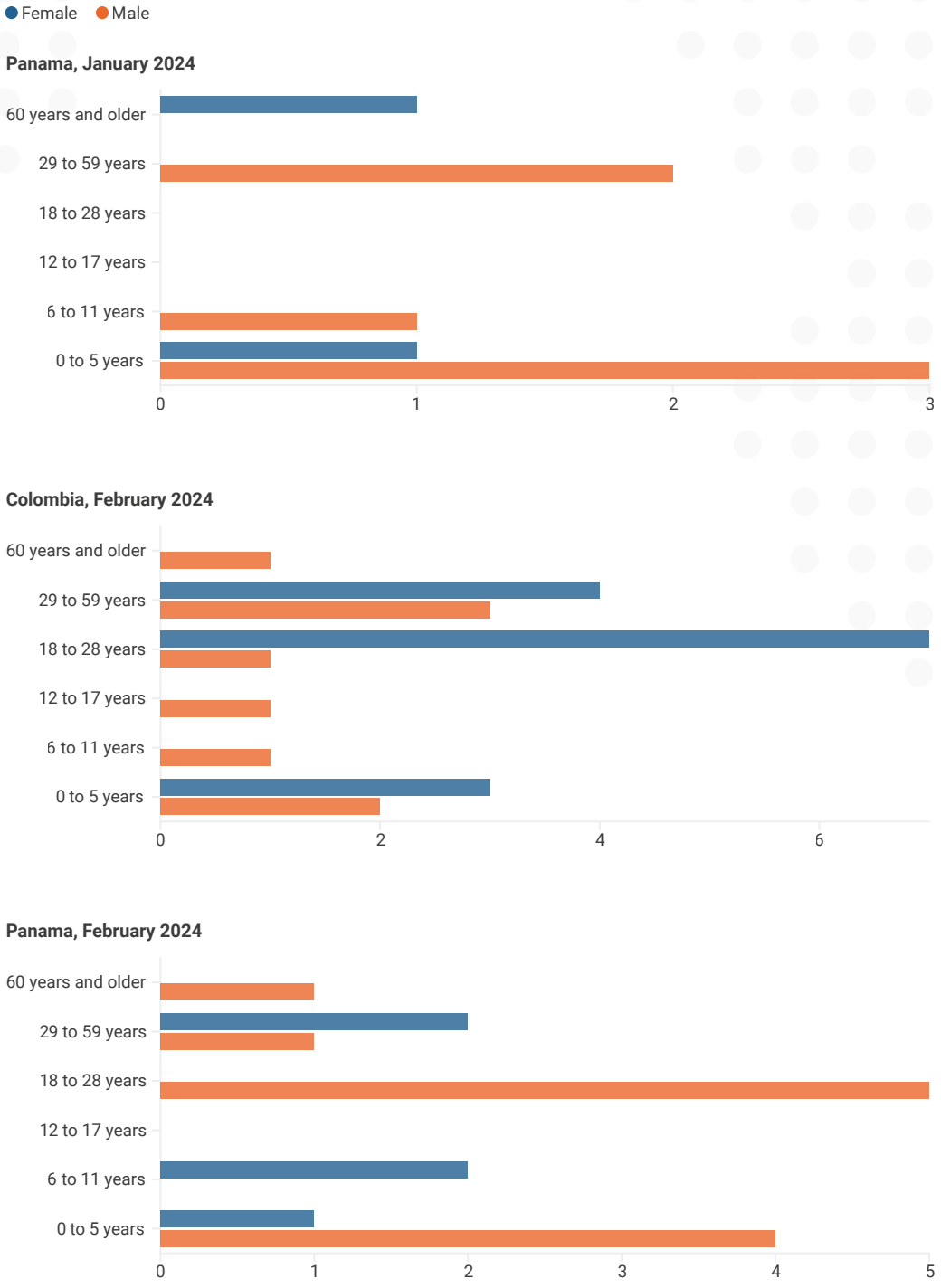
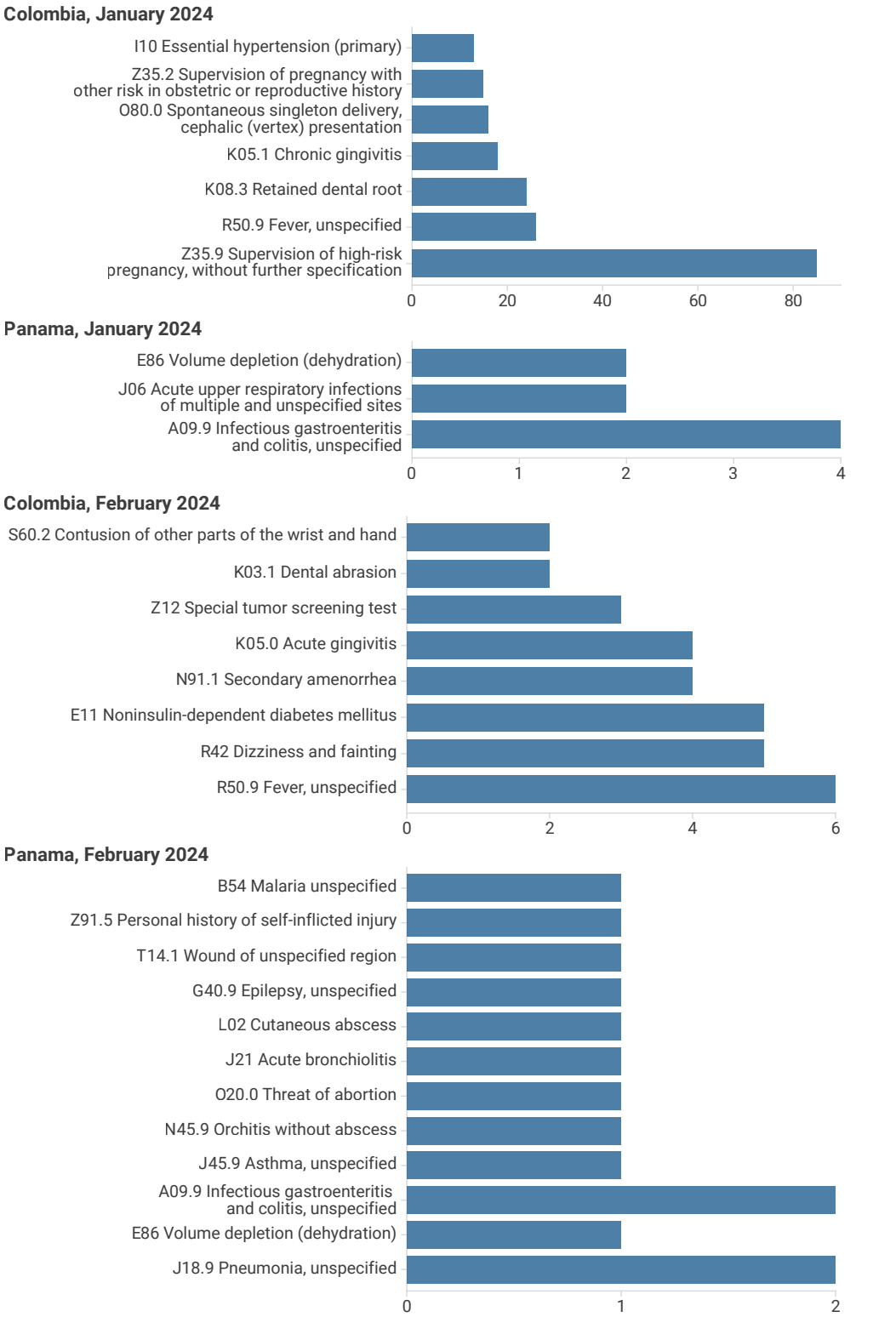


Figure 10. (*continued*)
Number of migrants hospitalized in Colombia and Panama, by sex and age, January and February 2024



Sources: Ministry of Health of Colombia-Cubo SISPRO. Registros Individuales de Prestación de Servicios-RIPS (0,29), January-February 2024. Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024], and Ministry of Health of the Republic of Panama. Statistics on Care: information gathered from migrants in January and February 2024. Panama City: MINSA; 2024.

Figure 11.
Main causes of hospitalization of migrants in Colombia and Panama, January and February 2024



Sources: Ministry of Health of Colombia-Cubo SISPRO. Registros Individuales de Prestación de Servicios-RIPS (0,29), January-February 2024. Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024], and Ministry of Health of the Republic of Panama. Statistics on Care: information gathered from migrants in January and February 2024. Panama City: MINSA; 2024.

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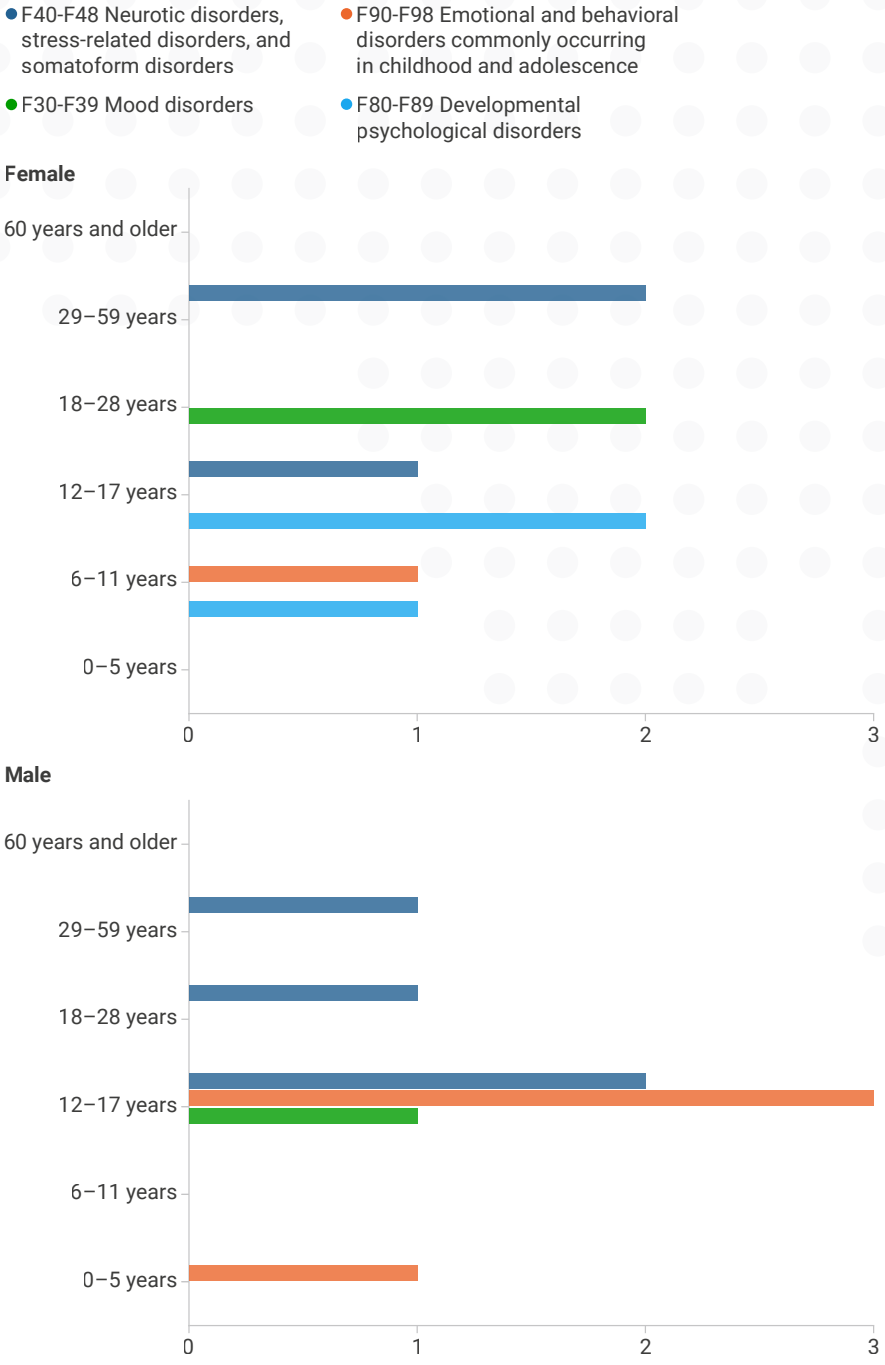
3. Analysis of gaps and failures in response

Mental health

The migrant population in the Darien must cope with a high degree of stress and anxiety, as well as trauma caused by the risks and challenges of travel. These effects should be analyzed differentially by sex and age, since it is essential to have differentiated strategies for different groups within the population (Figure 12). Community interventions and joint work by the countries of the Americas through which migrants and refugees travel, and by humanitarian organizations, are essential to improve timely access to mental health care and psychosocial support.

Migrants face multiple hazards, including travel through difficult terrain, extreme weather conditions, the threat of wild animals, and the risk of violence, as well as uncertainty. All of these factors cause a high degree of stress and anxiety.

Figure 12.
Main causes of morbidity in mental health-related events in Colombia, by sex and life course



Source: Ministry of Health of Colombia-Cubo SISPRO. Registros Individuales de Prestación de Servicios-RIPS (0.29), January-February 2024. Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024].

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Many people are also exposed to traumatic events such as losing loved ones or becoming victims of violence, or being exploited or abused while traveling. These experiences can have lasting effects on their mental health. In addition, some people face separation from family and friends while traveling, or communication with them may be interrupted, which can lead to feelings of loneliness, depression, and emotional distress. In addition, some people encounter language and cultural barriers that make it difficult to seek health services in a timely manner.

It is important to emphasize the limited access to mental health services, given the lack of infrastructure and limited personnel and resources available to address these issues. Moreover, it is necessary to provide care spaces for those who respond to the emergency.

Services offered by cooperation organizations in Colombia

Individual psychosocial care

- HIAS, the Colombian Red Cross, the International Organization for Migration (IOM), and Mercy Corps with its implementing partner IPS Polo Salud.
- World Vision International's point of care and counseling service has a protective space where psychosocial support is provided to migrant children.
- Heartland Alliance International oversees self-care efforts in mental health.
- The Office of the United Nations High Commissioner for Refugees with its implementing partner, HIAS.

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Specialized services

- Telemedicine services, through an agreement between the Psychiatric Hospital of Medellin-HOMO and IOM.
- Mercy Corps.
- Colombian Red Cross.
- IOM.
- HIAS.

Services offered by cooperation organizations in Panama

Ministry of Health

The Ministry of Health does not provide mental health care to the migrant population in transit, as it does not have the necessary human resources to do so: it has only one psychologist and one social worker. In the entire region there are no physicians specializing in psychiatry.

International Organization for Migration

According to IOM's monthly operational reports, one of the areas of work concerning the migrant population in Panama is migration and health. Actions provided by IOM focus on the following topics:

- Training in psychosocial issues for migrants in transit and members of host communities.
- Psychosocial assistance to migrants residing in the country and host communities, from January to April 2024, through the services of a psychologist.
- Training for governmental partners, civil society, and the private sector, in a comprehensive approach to gender-based violence.

HIAS

HIAS has a presence in the two migrant receiving stations of San Vicente and Lajas Blancas, as well as in the community of Bajo Chiquito. Previously they offered their services in the community of Canaán Membrillo, but due to changes in migratory flows they have given priority to operating in other communities.

The mental health programs developed in the field focus on support networks and community spaces, as well as on nonspecialized targeted care. To this end, a team of people is distributed among the sites where care is provided. The team is made up of two psychologists who are in charge of individualized care, and

two health promoters with a community background, who are in charge of psychoeducational group actions.

Mental health cases requiring specialized care are usually referred to other organizations such as Doctors Without Borders. These cases involve diagnosing schizophrenia, anxiety, depression, and bipolar disorder. They also currently have a cross-border protocol for the care and follow-up of migrants in transit with mental disorders, involving HIAS personnel from Colombia, Costa Rica, Honduras, and Panama. The use of internal records allows for follow-up, and for pharmacological and psychosocial management of these cases.

Pan American Development Foundation and the Panamanian Red Cross

These two organizations provide mental health support to both adult and child migrants.

Needs, gaps, and failures in mental health response

This study has identified several significant gaps and needs that affect the mental health of the migrant and refugee population in transit. These findings are the result of constructive and collaborative dialogues with the cooperation partners of the Colombia–Panama cross-border round table, the health authorities in each country, and local case management and assistance provided by PAHO in the territory. This process offered a detailed and contextualized view of the challenges faced by the migrant population, in terms of access to adequate and timely mental health services and psychosocial support:

- There is insufficient time to follow up with patients and provide continuity of treatment; only one opportunity for care can be offered.
- Following up with patients is difficult because they often change their telephone numbers and stay in one place for only a short time.
- There are no support networks or clinical histories to facilitate patient follow-up and monitoring.
- There are no specialized services for children's mental health.
- There is a lack of specialized human talent to provide services to both the migrant population in transit and the host population.
- The cost of psychiatric evaluation is very high. Patients drop out before they are provided with an answer, due to the red tape involved and other barriers to access.
- Inadequate care facilities.
- Lack of psychiatrists for face-to-face care. Telemedicine works provided that a health professional accompanies the patient in person.
- There is a lack of resources for care and for the delivery of medicines, taking into account the continuity of the agreements with the cooperation organizations.
- Caregivers lack spaces for humanizing the delivery of health care services.
- Doctors providing health services in Darien lack decent housing conditions, access to safe drinking water, and electricity. These conditions affect the provision of services and contribute to the physical and emotional exhaustion of human talent.

Sexual and reproductive health

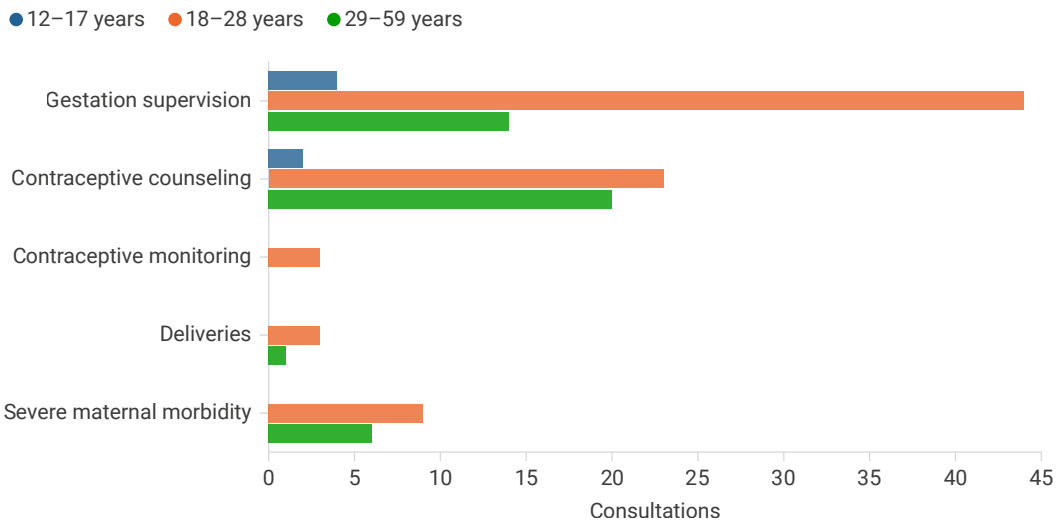
Access to sexual and reproductive health services is essential for migrants and refugees in transit. To provide this care, it is necessary to consider the various problems involved in order to provide an adequate and comprehensive response that addresses the dynamics of mobility, the risk factors associated with the situation, and the availability of services.

The main sexual and reproductive health needs of the migrant population in transit include access to contraceptives, and prevention and treatment of sexually transmitted infections. The migrant population is at increased risk due to overcrowded conditions and the lack of information and resources to prevent these conditions, as well as the multiple forms of violence they face along the way. It is also important to support host communities, given the risk they face as the result of preexisting vulnerabilities, and the need for prenatal and postnatal care, and for comprehensive care in cases of sexual and gender-based violence.

Meeting these needs is essential to protecting and improving the health and well-being of the migrant population in transit. Figure 13 shows the main events related to sexual and reproductive health in the migrant population.

Of the 1861 migrants who accessed the Colombian health system, 6.9% (129 women) sought care for an event related to sexual and reproductive health. The most frequent consultations were for gestational monitoring during the different trimesters of pregnancy (18 to 28 years being the most common age), followed by contraceptive counseling. In the case of men, there were two cases of sexually transmitted infections (HIV and syphilis).

Figure 13.
Main causes of morbidity related to sexual and reproductive health in the migrant population in transit in Colombia, January and February 2024



Source: Ministry of Health of Colombia-Cubo SISPRO. Registros Individuales de Prestación de Servicios-RIPS (0.29), January-February 2024. Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024].

In January and February 2024, six miscarriages requiring emergency admission were recorded at the San Sebastián de Urabá Hospital in the municipality of Necoclí, Colombia. There was also a request for a voluntary interruption of pregnancy, in which it was necessary to review with the Ministry of Health the reasons for the lack of care at the State Social Agencies (ESE) and refer the patient to the municipality of Apartadó.

Sexual and reproductive health care services offered in Colombia

Care for pregnant women

- Colombian Red Cross.
- Mercy Corps, through IPS Polo Salud.
- IOM.
- Medical Teams, through ESE Hospital San Sebastián de Urabá.
- Action Against Hunger.
- Doctors of the World.

HIV, hepatitis B, and syphilis screening and testing

- Aid for AIDS.
- Colombian Red Cross.
- Mercy Corps, through IPS Polo Salud.
- IOM.
- Medical Teams, through ESE Hospital Francisco.
- Anchor Foundation.

Family planning counseling, insertion and removal of subdermal implants, placement of intrauterine devices, workshops and lectures on sexual and reproductive health, sexual and reproductive rights, menstrual health, the right to eroticism and pleasure, and risk prevention in the use of social networks

- Mercy Corps, through IPS Polo Salud.

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- IOM.
- Aid for AIDS.

Sexual and reproductive health care services offered in Panama

United Nations Population Fund

Provides essential supplies and services in the province of Darien for obstetric and neonatal care. Also offers counseling sessions on contraception and other health issues.

Ministry of Health of the Republic of Panama

Provides care to pregnant women and addresses sexual violence with a clinical approach.

Needs, gaps, and failures in responding to sexual and reproductive health needs

- The migrant population has little perception of the risk of contracting sexually transmitted infections.
- More rapid screening tests for sexually transmitted infections, verification of test quality, and technical support for professionals are needed. Availability of medical advice and support is scarce, given migrants' short length of stay.
- Long-term family planning methods require specific care, and migrants reject this, since they think it would make them unable to continue their journey, which is their main objective.
- This makes it harder to access contraception and make informed decisions. The methods that women, girls, and adolescents have access to do not meet their needs, and present various risks to their physical health, such as hemorrhage, migraine, or gynecological problems.
- Some women travel to Colombia in order to gain access to permanent contraception methods. However, they sometimes encounter obstacles to obtaining medical services, either due to the lack of availability of the procedure or administrative red tape.
- Promotion of condom use and dual protection is greatly lacking.
- Obstacles to exercising the right to voluntarily terminate pregnancy have been identified; this includes the requirement that a woman wishing to have an abortion must assume the cost of the medication; in addition, there is a lack of trained medical personnel to perform the procedure. This situation has created risks for pregnant women, who have sometimes been urged to move to other municipalities to receive care, thus increasing their vulnerability, since migrants and refugees have scant economic resources. In contrast, there have also been cases in which medical personnel have pressured migrant women to voluntarily terminate their pregnancy, thereby violating their right to make free reproductive decisions without coercion, discrimination, or violence.
- Given the conditions when in transit, it is impossible to continue receiving prenatal check-ups; information needs to be provided on risk factors and where to go in the event of an emergency during the journey.
- Migrant pregnant women in transit have reported difficulties accessing prenatal care services that would allow them to monitor their health during pregnancy. In some cases, women suffer discrimination and difficulties in accessing ultrasound scans in hospitals, forcing them to turn to humanitarian organizations for the necessary care.
- Dissemination of the Protocol for the Comprehensive Health Care of Victims of Sexual Violence (Resolution no. 459 of 2012 of the Colombian Ministry of Health and Social Protection) and of the Pathway to Care in Cases of Gender-Based Violence, including sexual violence, is highly imperfect, given that this information is

not present in hospitals or points of care where it can be seen by survivors of sexual violence; this increases stigma, taboos, and obstacles to accessing medical and psychological services in such cases. Similarly, the pathways to care in situations of gender-based violence are neither clear nor visible to the migrant and refugee population, a situation that exposes them to increased risks.

- There are gaps in providing care with a gender perspective and survivor-centered approach, with evidence of frequent comments and actions that re-victimize people and limit access to care.
- Sexually transmitted infections have been reported in girls under 14 years of age in the host population where migrants are in transit. It is necessary, therefore, to help communities and institutions to develop prevention and promotion efforts in communities with the largest flows of migrants.

Communicable diseases

Due to its geographic characteristics and the transit of migrants from Africa, Ecuador, Haiti, and the Bolivarian Republic of Venezuela, the subregion of Urabá (both Antioquia and Chocó) has seen increased circulation of vector-borne diseases. This is confirmed by reports of a significant number of cases of malaria and dengue, with no readily available supply of services to diagnose and treat these diseases.

As of 4 April 2024, 104 events of public health concern among the irregular migrant population had been reported to the National Health Surveillance System (Sivigila) in Colombia. The localities of Apartadó, Carepa, Montería, and Necoclí had the highest number of reports related to the migrant population (Table 1).

The municipality of Necoclí provides screening for malaria and dengue fever in the boarding area of one of its maritime transportation docks. The University of Wisconsin's One Health project performs screening there, using rapid tests; in case of a positive result, and with the patient's consent, a blood sample is obtained for a laboratory test (polymerase chain reaction – PCR).

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Table 1.
Main events of public health interest reported in the irregular migrant population in Colombia

Apartadó	**8**
Acute malnutrition in children under 5 years of age	1
Leptospirosis	3
Gestational syphilis	1
Public health surveillance of gender-based and domestic violence	2
HIV/AIDS and deaths from AIDS	1
Arboletes	**2**
Attacks by potentially rabies-transmitting animals	2
Carepa	**10**
Snakebite envenoming	1
Attacks by potentially rabies-transmitting animals	5
Dengue	1
Tuberculosis	1
Public health surveillance of gender-based and domestic violence	2
Chigorodo	**6**
Attacks by potentially rabies-transmitting animals	1
Acute malnutrition in children under 5 years of age	1
Poisonings	2
Plasmodium vivax malaria	1
Parotitis	1
Montería	**53**
Attacks by potentially rabies-transmitting animals	9
Cancer in children under 18 years of age	2
Dengue	10
Hepatitis B, C, and hepatitis B / delta coinfection	1
Surgical site infections associated with a medical-surgical procedure	1
Attempted suicide	2
Poisonings	3
Plasmodium falciparum malaria	1
Plasmodium vivax malaria	5
Severe maternal morbidity	2

Montería *(continued)*	
Maternal mortality (basic data)	1
Late perinatal and neonatal mortality	3
Gestational syphilis	1
Tuberculosis	1
Varicella (chickenpox), individual	4
Public health surveillance of gender-based and domestic violence	7
Necoclí	**10**
Snakebite envenoming	1
Attacks by potentially rabies-transmitting animals	1
Dengue	3
Gestational syphilis	1
Varicella (chickenpox), individual	3
HIV/AIDS and deaths from AIDS	1
San Pedro	**5**
Attacks by potentially rabies-transmitting animals	1
Hepatitis A	1
Poisonings	1
Public health surveillance of gender-based and domestic violence	2
Turbo	**9**
Attacks by potentially rabies-transmitting animals	1
Poisonings	2
Plasmodium vivax malaria	2
Tuberculosis	2
Public health surveillance of gender-based and domestic violence	2
Unguía	**1**
Plasmodium vivax malaria	1
Total	**104**

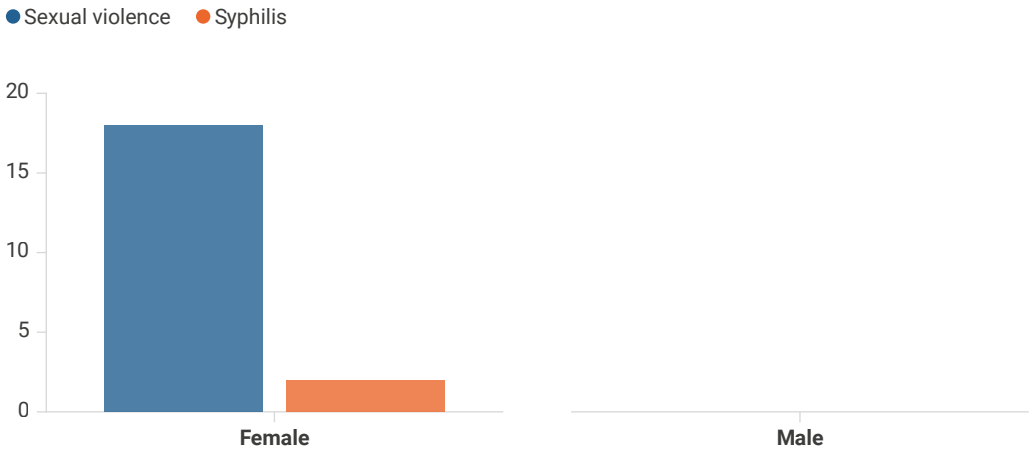
The lack of access to health services, sanitation, basic hygiene, and safe drinking water, along with the consumption of street food and nights spent sleeping outside, have increased the occurrence of skin lesions, respiratory infections, and foodborne diseases in the under-5-year-old population – the main cause of death in this age group in both countries, especially in the host communities that migrants pass through.

In the province of Darien (Panama) there is a notable lack of mandatory reporting of public health events. According to reports by the authorities, this is due to the shortage of human resources and high patient demand. Currently, the service is being strengthened with human resources for health, and training is being coordinated to train personnel to report these events. The most commonly reported event in 2024 is sexual violence inflicted on women between the ages of 18 and 30 (Figure 14), which is of great concern to the Government.

Services offered by cooperation organizations in Colombia

- One Health performs rapid tests for malaria, dengue, COVID-19, and influenza.

Figure 14.
Main events of public health interest reported in the Darien region of Panama, January and February 2024



Source: Ministry of Health of the Republic of Panama. Statistics on Care: information gathered from migrants in January and February 2024. Panama City: MINSA; 2024.

Needs, gaps, and failures in the response to communicable diseases

- Difficulty in accessing health services exacerbates the vulnerability of both the migrant population in transit and the host population.
- One of the main challenges involves actively searching for and detecting communicable diseases among migrants in transit.
- The migrant population in transit has little perception of the risk of infection.
- Hygiene and sanitation are poor, and there is insufficient access to safe water, including drinking water.
- Vaccination coverage among transiting migrants is low, especially among Venezuelan migrants. This is compounded by the situation in Panama, which does not have vaccines available for this population.
- There is no graphic information on communicable diseases and self-care measures.
- Given the limited availability of resources, some people travel with footwear that is not their size, thus increasing various risks en route.
- Food sold on the street or in inappropriate establishments increases the risk of foodborne illness.
- There is nowhere to isolate people with communicable diseases.
- There is a lack of diagnostic and treatment facilities for malaria and dengue fever.

Noncommunicable diseases and chronic diseases

Chronic diseases represent a significant health burden for the migrant population in transit. This burden is exacerbated by difficult travel conditions and the lack of access to adequate medical care. This is due to the lack of necessary medical infrastructure in the Darien region, as well as the absence of specialists, supplies, and medicines to treat these ailments.

Other risks also significantly degrade the health of the migrant population: lack of ongoing access to medicines, timely diagnosis, and adequate food, as well as the physical exhaustion of travel. Interruptions in case management can worsen chronic diseases and increase the risk of serious complications and avoidable disabilities. Finally, the stress associated with migration and the difficult living conditions in the Darien region can exacerbate the symptoms of chronic diseases and negatively affect the mental health of the migrant population.

Of the 1861 individuals who sought care in Colombia, 5.4% (101 persons) presented a condition related to a chronic disease (only the leading causes are shown, Figure 15). The most common reason for consultation was hypertensive disease; women between 29 and 59 years of age were the group requesting the most services for chronic noncommunicable diseases.

Figure 15.
Main causes of morbidity among the migrant population in transit for events related to chronic diseases in Colombia, by sex and life course

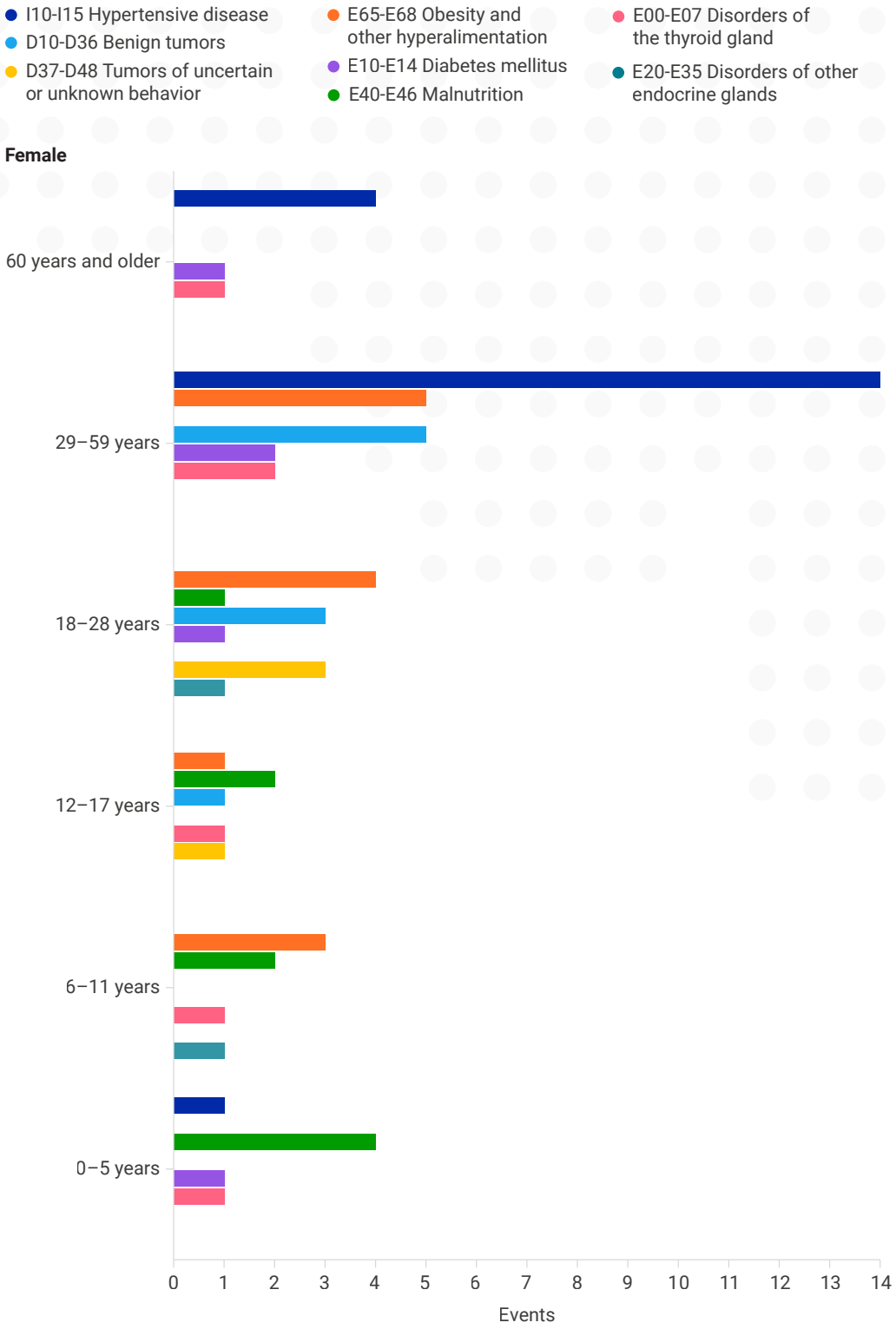
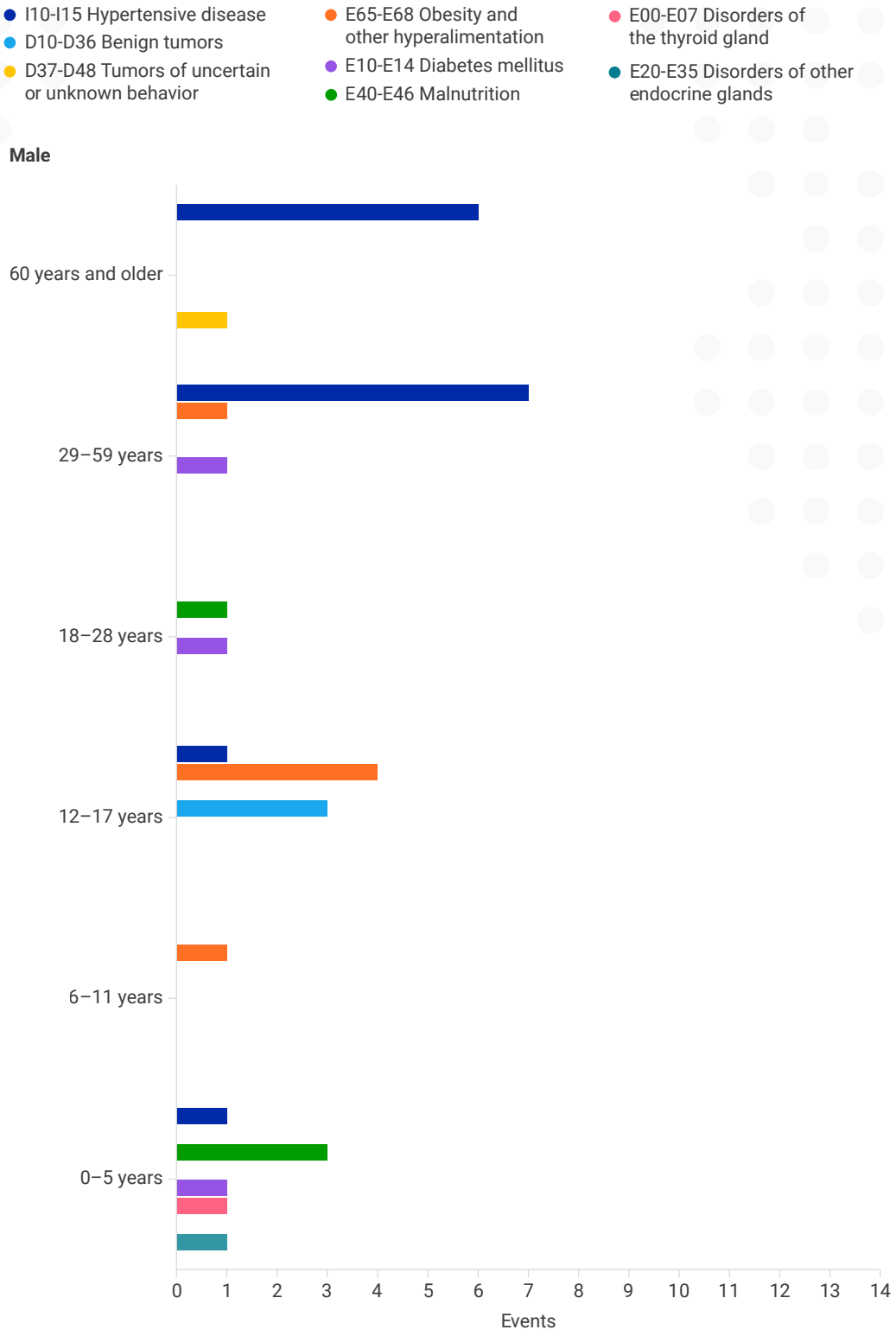


Figure 15. (*continued*)
Main causes of morbidity among the migrant population in transit for events related to chronic diseases in Colombia, by sex and life course



Source: Ministry of Health of Colombia-Cubo SISPRO. Registros Individuales de Prestación de Servicios-RIPS (0,29), January-February 2024. Bogotá: Ministry of Health-Cubo SISPRO; 2024 [cited 24 May 2024].

Services offered by cooperation organizations

Health care and pharmacological treatment for hypertension

- IOM.
- Mercy Corps.
- Medical Teams.
- Colombian Red Cross.
- Medical Teams offers pharmacological treatment for diabetes.

Diagnosis of HIV

- Aid for AIDS.
- Anchor Foundation.
- Mercy Corps.

Pharmacological treatment for HIV

- Aid for AIDS.

Needs, gaps, and failures in caring for chronic diseases

- Migrants in transit who have diabetes or hypertension, or who need medications to treat psychiatric disorders, antiretroviral drugs, etc., lack access to medicines to control their conditions, especially high-cost medicines.
- Migrants stay for too short a time to be provided appropriate diagnosis and timely counseling.
- There are deficiencies in the procedures to control chronic diseases such as hypertension and diabetes; this is attributable to the lack of resources for performing rapid laboratory tests to verify the status of patients and their disease.
- Only a minimum period of continuous treatment can be guaranteed, since there is a limited ability to provide extensive treatment.
- Difficulties include accessing insulin (cold chain issues) and patients' housing conditions.
- In Colombia, since the migrant population is in transit and does not have health insurance, the care pathway cannot be activated; patients continue their journey without medicines and sometimes without information about their health condition.
- There is a lack of emergency services for dental care (no exodontia services for non-members).

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Children and health: analysis of migration and host communities

igration in the Darien region has a significant impact on the health of children, who face considerable physical, emotional, and social risks. It is crucial to put in place effective measures to protect and ensure the well-being of this vulnerable population; this includes access to adequate health services, psychosocial support, and protection from exploitation and abuse.

Migrant children are exposed to extreme conditions during the journey through the Darien region. This includes travel through rugged terrain, exposure to adverse weather conditions, and lack of access to food and clean water, all of which increases the risk of malnutrition, dehydration, and injury. In addition, the lack of proper hygiene and the poor sanitary conditions in makeshift camps along the route can increase exposure to infectious diseases such as dengue fever, malaria, and other waterborne diseases, posing a serious health risk to children.

Moreover, forced migration and associated traumatic experiences, such as family separation, violence, and uncertainty, can have a significant impact on the mental and emotional health of migrant children, increasing the risk of disorders such as anxiety, depression, and post-traumatic stress disorder. Added to this is the transition to a new and unfamiliar environment, which can be a source of added stress for migrant children, especially in terms of adapting to new cultures, languages, and support systems.

Access to safe drinking water is limited in the region; four municipalities in the Urabá subregion (Arboletes, Carepa, Necoclí, and Turbo) declared a public emergency due to a severe water shortage caused by the El Niño phenomenon in January 2024. By the last week of February, several children had been treated for diarrheal disease, skin rashes, respiratory infections, and underweight.

Services offered by cooperation organizations

Nutritional care

- Action Against Hunger provides itinerant services in the municipalities of Acandí, Necoclí, and Turbo.
- The Colombian Red Cross offered nutrition and dietetic services during January and February.
- The Colombian Family Welfare Institute distributed liquid Bienestarina.
- MedGlobal and Cadena distributed instant soup packets and energy bars.

Pediatrics

- IOM.
- Mercy Corps.
- Protección.
- Cadena gives out dolls for company, with self-care messages.
- UNICEF and World Vision are carrying out protection-related actions.

Needs, gaps, and failures in responding to nutritional health issues

- Comprehensive, complementary, and definitive health assessments of children under 5 years of age are needed.
- Complete vaccination schedules should be expanded for minors (many of whom do not have vaccination cards and do not remember which vaccinations they have received).
- When in transit, adults accompanied by children are focused primarily on continuing on the route, regardless of the children's health; for this reason, in some cases coordination is needed between the health sector and the child/adolescent protection sector.
- Children should frequently be provided with nutritional care and supplements.
- Migrant children and adolescents in transit who sleep outdoors lack protection and are exposed to risks; psychoactive substances are frequently consumed in close proximity to them and in their presence.

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4. Recommendations

Based on the experience acquired through implementing actions within the framework of the intercountry cooperation project for health development, and based on the results detailed in this report on health and migration in the Darien region, a series of recommendations have been developed, together with the cross-border health round table. These recommendations are fundamental to strengthening the health response in this region. They are designed to comprehensively address the challenges identified, with a focus on improving equitable access to health services, strengthening local capacities, and promoting inclusive policies that safeguard the health and rights of the migrant population.

This report presents a detailed analysis and recommended strategies aimed at contributing to a coordinated and effective approach that addresses the urgent and emerging needs related to migration in the Darien region. They include the following:

- Strengthen intercountry coordination and partnerships to achieve a coordinated and timely response to specific health situations that arise in the migrant population in transit.
- Improve access to health services for the migrant population in transit, as well as for the host population in the territories that migrants pass through. Such services should be offered with a gender, life course,

disability, ethnicity, and human rights approach.
- Strengthen health surveillance and information management in accordance with the International Health Regulations.
- Strengthen both institutional and community-based capacities, in coordination with development efforts, in order to prevent avoidable morbidity and mortality.
- Support countries in formulating and strengthening policies, programs, and legal frameworks that promote efforts to address the health issues of different migratory profiles (in transit, long-term, returning, and pendular).
- Help to create plans with participating stakeholders (governments, cooperation agencies, civil society, and academia) that promote preparedness, response, and recovery in the face of migratory crises.

The Darien region, a vast jungle territory that straddles the border between Colombia and Panama, has historically been one of the most difficult areas in Latin America to traverse. Characterized by rugged terrain and dense vegetation, it represents a challenge for the migrant population trying to cross from South America to Central America and, eventually, to North America. The health of the migrant population in the Darien region is an issue of great importance and concern. Long travel times, lack of access to adequate medical services, and adverse environmental conditions can lead to a variety of physical and mental health problems, including injuries, infectious diseases, and malnutrition. In addition, migrants face the risk of violence and exploitation throughout their journey.

The objective of this document is to analyze the relationship between migration and health in the Darien region, and to highlight the main challenges and opportunities in this context. Through a comprehensive review of recent data, inputs from the governments of Colombia and Panama, host communities, and cooperation partners involved in these issues, the intention of this publication is to provide guidance and bring attention to some of the health needs of the region's migrant and host populations, and to propose recommendations for increasing their access to health services.

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