

# Health of refugees and migrants

Practices in addressing the health  
needs of refugees and migrants

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*In response to a request, in World Health Assembly Resolution 70.15, the World Health Organization (WHO) issued a global call for information, including case studies, on current policies and practices and lessons learned in the promotion of refugee and migrant health. This document is based on information gathered from the contributions from Member States, IOM, UNHCR, ILO, other partners, and WHO regional and country offices in response to that global call, as well as literature searches and reports available in the public domain. They are therefore presented without any claim to completeness. Furthermore, unless otherwise stated, WHO has not independently verified the information from the contributions. It should be noted that this is a living document that will be updated periodically as new information becomes available.*

# BOLIVIA

## CONTEXT

Bolivia has mainly been characterized as a country of origin of international migrants. The 2012 National Census on Population and Housing reported that 489,559 Bolivians were living abroad, most of them in Argentina and Spain.<sup>1</sup> The Census reported 105,896 persons came into Bolivia from 2007 to 2012, of which 30,095 were born abroad and the rest were born in the country but resided abroad and returned to the country during this period. The country has also been home to refugees and asylum seekers from neighboring countries (the majority from Peru, Colombia, and Chile).<sup>2</sup> In 2016, Bolivia was home to 778 refugees and two asylum seekers.<sup>3</sup> That same year, the Bolivian government implemented a resolution to simplify procedures for the naturalization of refugees and stateless persons.<sup>4</sup>

Promoting and implementing refugee- and migrant-sensitive health policies, legal and social protection and interventions to provide equitable, affordable and acceptable access to essential health services for refugees and migrants

## PRACTICE:

**Program assisting Bolivian migrants in their return and reintegration:** The Association for Bolivia-Spain Cooperation (ACOBÉ) in Spain, along with AMIBE-CODEM, its counterpart in Bolivia, assists Bolivian migrants in Spain interested in voluntarily returning home.<sup>5</sup> The program helps migrants plan a safe trip back to Bolivia and provides mental health and psychosocial support, legal protection, and technical skills training for self-employment in the country.<sup>6</sup> Once in Bolivia, the program pairs migrants with mentors who assist them with reintegration and the development of and financial support for a business plan to open a small business with the skills acquired.<sup>7</sup>

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<sup>1</sup> <https://www.ine.gob.bo/index.php/notas-de-prensa-y-monitoreo/itemlist/tag/Migraci%C3%B3n>

<sup>2</sup> Information collected from an online questionnaire submitted in 2017 by designated ministries of Bolivia on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>3</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Bolivia%20Factsheet%20-%20January%202017.pdf>

<sup>4</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Bolivia%20Factsheet%20-%20January%202017.pdf>

<sup>5</sup> [http://acobe.org/index.php?option=com\\_content&view=article&id=210:retorno-voluntario-apoyo-profesional&catid=2:uncategorised&Itemid=279](http://acobe.org/index.php?option=com_content&view=article&id=210:retorno-voluntario-apoyo-profesional&catid=2:uncategorised&Itemid=279)

<sup>6</sup> [http://acobe.org/index.php?option=com\\_content&view=article&id=210:retorno-voluntario-apoyo-profesional&catid=2:uncategorised&Itemid=279](http://acobe.org/index.php?option=com_content&view=article&id=210:retorno-voluntario-apoyo-profesional&catid=2:uncategorised&Itemid=279)

<sup>7</sup> [http://acobe.org/index.php?option=com\\_content&view=article&id=210:retorno-voluntario-apoyo-profesional&catid=2:uncategorised&Itemid=279](http://acobe.org/index.php?option=com_content&view=article&id=210:retorno-voluntario-apoyo-profesional&catid=2:uncategorised&Itemid=279)

## BRAZIL

### CONTEXT

Brazil has become the country receiving the most asylum requests in the Southern Cone region<sup>8</sup>, São Paulo being the state with the highest number as of 2016).<sup>9</sup> Large numbers of Haitians began arriving in Brazil in February 2010 after a devastating earthquake in January of that year. In recent years, other disasters, wars, and crises around the world have been driving immigration to Brazil. In 2016, the UN refugee agency (UNHCR) reported 77,885 persons of concern in the country, 8,863 of them from Syria, Colombia, Angola, the Democratic Republic of Congo, and other countries.<sup>10</sup> More recently, Brazil has been experiencing a wave of migrants from Venezuela that began to intensify in the second semester of 2016.<sup>11</sup> The vast majority of Venezuelans are arriving through the northern border of Roraima State.<sup>12</sup>

Promoting and implementing refugee- and migrant-sensitive health policies, legal and social protection and interventions to provide equitable, affordable and acceptable access to essential health services for refugees and migrants

### PRACTICE:

**São Paulo's Migrant Reference and Assistance Center (CRAI):** CRAI opened as an initiative of São Paulo's Municipal Department for Human Rights and Citizenship, in partnership with the National Department of Justice and São Paulo's Municipal Department of Social Assistance and Development.<sup>13</sup> The Center offers migrants in São Paulo free Portuguese classes, legal assistance, workshops on rights, training in technical skills, counseling, medical referrals, and accommodations, irrespective of their migration status.<sup>14</sup> In addition, the São Paulo prefecture has produced a series of booklets and other print material in several languages, providing migrants with information on topics such as immunization schedules and programs, tuberculosis, and pregnancy.<sup>15</sup>

To access the website:

[http://www.prefeitura.sp.gov.br/cidade/secretarias/direitos\\_humanos/migrantes/crai/](http://www.prefeitura.sp.gov.br/cidade/secretarias/direitos_humanos/migrantes/crai/)

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<sup>8</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Brazil%20Factsheet%20-%20AUG16.pdf>

<sup>9</sup> <http://www.acnur.org/portugues/noticias/noticia/seds-e-acnur-promovem-capacitacao-para-atendimento-social-a-refugiados-e-migrantes/>

<sup>10</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Brazil%20Factsheet%20-%20AUG16.pdf>

<sup>11</sup> Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of Brazil on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>12</sup> Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of Brazil on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>13</sup> <http://caminhosdorefugio.com.br/tag/prefeitura-de-sao-paulo/>

<sup>14</sup> <http://caminhosdorefugio.com.br/tag/prefeitura-de-sao-paulo/>

<sup>15</sup> Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of Brazil on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

Improving communication and countering xenophobia to dispel fears and misperceptions among refugee, migrant and host populations on the health impacts of migration and displacement

#### PRACTICES:

**Public awareness campaign to combat xenophobia against migrants:** The Ministry of Justice launched a two-stage public awareness campaign through social media to combat xenophobia and intolerance against migrants living in the country.<sup>16</sup> The slogan for the first stage was “For refugees, Brazil is an opportunity to live,” while the one for the second was “Brazil, immigration is in our blood”.<sup>17</sup>

**“Migration and Refuge” training course:** The São Paulo State Department of Social Development, in partnership with UNHCR, developed and promoted a training course for state and municipal public employees in the 645 municipalities of São Paulo and public employees in social protection networks.<sup>18</sup> The course was held at São Paulo’s School of Social Development and included lectures on the challenges that migrants face, how to combat xenophobia against migrants, the services available for this population, and how they can exercise their rights.<sup>19</sup>

## CHILE

### CONTEXT

Chile has gradually become a destination country for migrants. According to the Department of Alien Status and Migration of the Ministry of the Interior (DEM), the number of migrants in the country increased by 328,000 between 1982 and 2014.<sup>20</sup> In 2014, international migrants accounted for 2.3% of the country’s total population.<sup>21</sup> Most migrants are from neighboring countries, such as Peru (31.7%), Argentina (16.3%), and Bolivia (8.8%), and are between the ages of 20 and 35.<sup>22</sup> This population is largely concentrated in the Metropolitan Region and regions in the extreme north of the country (Antofagasta, Arica, Calama, and Iquique).<sup>23</sup> In its 2017 Migration Report, the DEM reported a significant increase in migrants from Colombia, Haiti, and Venezuela since 2010, noting that between 2015 and 2016, 17.7% of visa applicants were from Colombia, 16% from Haiti, and 14.7% from Venezuela.<sup>24</sup> In 2016, Chile was home to 1,890 refugees and 1,780 asylum seekers.<sup>25</sup>

<sup>16</sup> <http://www.brasil.gov.br/cidadania-e-justica/2015/10/campanha-vai-combater-xenofobia-e-intolerancia-a-imigrantes-no-brasil>

<sup>17</sup> <http://www.brasil.gov.br/cidadania-e-justica/2015/10/campanha-vai-combater-xenofobia-e-intolerancia-a-imigrantes-no-brasil>

<sup>18</sup> <http://www.acnur.org/portugues/noticias/noticia/seds-e-acnur-promovem-capacitacao-para-atendimento-social-a-refugiados-e-migrantes/>

<sup>19</sup> <http://www.acnur.org/portugues/noticias/noticia/seds-e-acnur-promovem-capacitacao-para-atendimento-social-a-refugiados-e-migrantes/>

<sup>20</sup> <http://www.extranjeria.gob.cl/media/2016/02/Anuario-Estad%C3%ADstico-Nacional-Migraci3n-en-Chile-2005-2014.pdf>

<sup>21</sup> [http://www.extranjeria.gob.cl/media/2017/01/Libro\\_La\\_migracion\\_internacional-39-49.pdf](http://www.extranjeria.gob.cl/media/2017/01/Libro_La_migracion_internacional-39-49.pdf)

<sup>22</sup> <http://www.extranjeria.gob.cl/media/2016/02/Anuario-Estad%C3%ADstico-Nacional-Migraci3n-en-Chile-2005-2014.pdf>

<sup>23</sup> <http://www.extranjeria.gob.cl/media/2016/02/Anuario-Estad%C3%ADstico-Nacional-Migraci3n-en-Chile-2005-2014.pdf>

<sup>24</sup> [http://www.extranjeria.gob.cl/media/2017/09/RM\\_PoblacionMigranteChile.pdf](http://www.extranjeria.gob.cl/media/2017/09/RM_PoblacionMigranteChile.pdf)

<sup>25</sup> [http://reporting.unhcr.org/sites/default/files/UNHCR%20Chile%20Factsheet%20-%20January%202017\\_0.pdf](http://reporting.unhcr.org/sites/default/files/UNHCR%20Chile%20Factsheet%20-%20January%202017_0.pdf)

Promoting and implementing refugee- and migrant-sensitive health policies, legal and social protection and interventions to provide equitable, affordable and acceptable access to essential health services for refugees and migrants

**PRACTICE:**

**Health of migrants pilot project in Antofagasta, Arica, Iquique, Recoleta, and Santiago:** Led by the Ministry of Health of Chile, the project is aimed at lowering health service access barriers for migrants, promoting the sensitization and training of health officials on migration with a human rights-based approach, and promoting information sharing and the monitoring of migrant health. The project focuses particularly on groups in situations of vulnerability, such as children and pregnant women.

Improving communication and countering xenophobia to dispel fears and misperceptions among refugee, migrant and host populations on the health impacts of migration and displacement

**PRACTICE:**

**Support guide “I am a Migrant. I Have Rights”:** This 256-page guide was prepared as a joint initiative of the Women’s Foundation Institute of Chile, the Consulate General of Peru in Chile, and the International Organization for Migration (IOM) to facilitate the integration of migrants in Chile and contribute to the protection and promotion of human rights.<sup>26</sup> It offers migrants detailed information on how to exercise their rights in health, education, work, housing, family, self-care, and justice.<sup>27</sup> It also provides the phone numbers and addresses of public services of interest to migrants.

To access the guide: <https://chile.iom.int/es/gu%C3%ADa-soy-migrante-tengo-derechos>

Promoting and mainstreaming the right to health, and mainstreaming refugee and migrant health in global, regional and national policies, planning and implementation

**PRACTICES:**

**Chile’s Health Policy for International Migrants:** The Ministry of Health created a Migrant Health Advisory Team, whose members included representatives of the Undersecretariat of Public Health, the Undersecretariat of Health Care Networks, FONASA, and the Superintendency of Health, along with technical assistance from IOM.<sup>28</sup> The main objective of the Advisory Team was to develop Chile’s Health Policy for International Migrants, which was finalized and presented in 2017. The health policy promotes

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<sup>26</sup> <https://chile.iom.int/es/gu%C3%ADa-soy-migrante-tengo-derechos>

<sup>27</sup> <https://chile.iom.int/es/gu%C3%ADa-soy-migrante-tengo-derechos>

<sup>28</sup> [https://issuu.com/sgonastorga/docs/cuaderno\\_n\\_8](https://issuu.com/sgonastorga/docs/cuaderno_n_8)

the right to health for all persons in the nation's territory (including citizens and foreign nationals), a system that is migrant-sensitive, and the lowering of health service access barriers.<sup>29</sup>

**Migrant beneficiaries of the National Health Fund (FONASA):** An agreement between the Ministry of the Interior and FONASA allows foreign nationals residing in Chile who have applied for a residency permit for the first time, for an extension, or for a temporary or permanent change in immigration status, and whose applications are being processed, to access benefits provided by FONASA until their application is adjudicated.<sup>30</sup> In addition, migrants who lack residency documents or permits and declare that they have insufficient economic resources may be considered FONASA beneficiaries under the same conditions as citizens.<sup>31</sup> This was established in 2015 through Decree 67 of the Ministry of Health.

## COLOMBIA

### CONTEXT

Historically, Colombia has not been a preferred destination country for migrants.<sup>32</sup> However, due to the intensifying political crisis in neighboring Venezuela, thousands of Venezuelans are crossing into Colombian territory. In 2017, 470,000 Venezuelans were reported in the country.<sup>33</sup> Moreover, as a result of the government's 52-year armed conflict with the Revolutionary Armed Forces of Colombia (FARC), millions of Colombians were internally displaced. In 2017, there were 7.3 million registered internally displaced persons in the country and 28,898 families affected by mass displacements in some regions.<sup>34</sup> That same year, there were 340,000 reported Colombian refugees living abroad.<sup>35</sup>

Promoting and implementing refugee- and migrant-sensitive health policies, legal and social protection and interventions to provide equitable, affordable and acceptable access to essential health services for refugees and migrants

### PRACTICE:

**Administrative measures adopted by the Colombian government:**<sup>36</sup> Through Decree 1770 of 2015, the Government of Colombia declared a State of Economic, Social, and Ecological Emergency in part of the nation's territory. Consequently, Decree 1978 establishing Health Promoting Companies of the Subsidized Health Regime in border municipalities was issued that same year as a measure to ensure coverage of the migrant population under the subsidized regime and guarantee its health care. Decrees 1768 and 1495 of 2016 (both temporary), also issued in response to the State of Emergency, designated

<sup>29</sup> <http://www.minsal.cl/wp-content/uploads/2015/09/2018.01.22.POLITICA-DE-SALUD-DE-MIGRANTES.pdf>

<sup>30</sup> [http://www.extranjeria.gob.cl/media/2017/01/Libro\\_La\\_migracion\\_internacional-39-49.pdf](http://www.extranjeria.gob.cl/media/2017/01/Libro_La_migracion_internacional-39-49.pdf)

<sup>31</sup> In 2015, Ministry of Health Decree 67 amended Decree 110 of 2004. For more information, visit: <http://www.simchile.org/wp-content/uploads/2017/10/circular-salud-no4-13-06-16-1.pdf>

<sup>32</sup> <http://www.coha.org/the-consequences-of-massive-immigration-in-colombia/>

<sup>33</sup> <http://www.migracioncolombia.gov.co/index.php/es/prensa/comunicados/comunicados-2017/octubre-2017/5751-migracion-colombia-entrega-ultimo-balance-de-venezolanos-en-colombia>

<sup>34</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Colombia%20Factsheet%20-%20February%202017.pdf>

<sup>35</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Colombia%20Factsheet%20-%20February%202017.pdf>

<sup>36</sup> Information received from PAHO/WHO Country Office in Colombia.



the Colombian migrant population that has been repatriated, has voluntarily returned to the country, or has been deported from Venezuela as a priority population covered by the Subsidized Regime of the General Social Security System through the census lists of the municipalities or districts in which they are located. In addition, pursuant to 2017 Resolution 5797 of the Ministry of Foreign Affairs establishing the Special Permit to Stay (PEP), the Ministry of Health issued 2017 Resolution 3015 to include the PEP as a valid form of identification in the information systems of the Social Protection System. Moreover, to ensure initial emergency care for migrants, a pool of national resources was established through Decree 866 of 2017 to complement efforts to finance the care offered in Colombia to persons from bordering countries, provided that the necessary conditions are met. For registering and reporting migrant access to health services, Circular 012 of 2017 (modified by Circular 029 issued later that year) requests all health institutions on national territory to report health services received by migrants. In addition, to strengthen the management of national entities receiving migrants coming from Venezuela, Circular 025 of 2017 was issued.

## DOMINICAN REPUBLIC

### CONTEXT

The Dominican Republic currently hosts the largest number of migrants in the Caribbean countries.<sup>37</sup> According to its National Immigrant Survey, the total migrant population in 2012 numbered 524,632, with 458,233 born in Haiti (87.3% of the immigrant population).<sup>38</sup> Due to the ongoing political crisis in Venezuela, thousands of Venezuelans have arrived in the country in recent years, fleeing the unrest and violence in their country.<sup>39</sup> In 2016, 1,341 refugees and asylum seekers were reported in the Dominican Republic.<sup>40</sup> In addition to being a destination country, the Dominican Republic has been a major transit country for migrants heading to the United States and certain countries in the Caribbean.<sup>41</sup>

Promoting continuity and quality of care for refugees and migrants, in particular, for persons with disabilities, people living with HIV/AIDS, tuberculosis, malaria, mental health and other chronic health conditions as well as those with physical trauma and injury

### PRACTICE:

**HIV/AIDS prevention and control among migrant communities:** The National Council for HIV and AIDS in the Dominican Republic (CONAVIHSIDA), in close collaboration with the Ministry of Health and NGOs, has been developing and implementing interventions under the National Strategic Plan for the Prevention and Control of STDs and HIV/AIDS that prioritize the migrant population, especially targeting

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<sup>37</sup> <https://www.iom.int/countries/dominican-republic>

<sup>38</sup> Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of the Dominican Republic on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>39</sup> Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of the Dominican Republic on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>40</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Dominican%20Republic%20Factsheet%20-%20March%202017.pdf>

<sup>41</sup> <https://www.iom.int/countries/dominican-republic>

Haitian migrants (3.49% HIV prevalence in 2013).<sup>42</sup> <sup>43</sup> <sup>44</sup> Interventions have been implemented throughout the country, but provinces such as Barahona, Dajabón, La Romana, Montecristi, and Pedernales have been prioritized due to their large Haitian migrant communities.<sup>45</sup> CONAVIHSIDA reports that 10.74% of persons receiving antiretroviral treatment for HIV are Haitian migrants.<sup>46</sup> <sup>47</sup>

Enhancing capacity to address the social determinants of health to ensure effective health responses and health protection, including the improvement of basic services such as water, sanitation, housing, nutrition and education

#### PRACTICE:

**“Quisqueya Aprende Contigo” National Literacy Plan:** The National Literacy Plan was created in 2012 to help reduce illiteracy in the Dominican Republic by offering educational opportunities to both the youth and adult population.<sup>48</sup> The plan identified and prioritized people in situations of vulnerability, including the migrant population (irrespective of migration status in the country).<sup>49</sup> During its implementation, employers of migrant workers in various communities were incentivized to promote the plan among their workers and encourage them to benefit from the educational activities offered.<sup>50</sup> The roughly 100,000 workers who attended the Learning Centers self-identified as migrants or of immediate migrant descent.<sup>51</sup> A total of 40,625 Haitian migrants benefitted from educational opportunities under the plan.<sup>52</sup>

## ECUADOR

### CONTEXT

In 2010, 181,848 foreign-born persons were living in the country (approximately 1.3% of Ecuador’s population at the time), and two-thirds of all foreign-born persons that year were from Colombia (49.5%), the United States (8.6%), and Peru (8.3%).<sup>53</sup> Ecuador is home to the largest refugee population in Latin America, the vast majority having fled the violence in neighboring Colombia.<sup>54</sup> In 2017, UNHCR reported 60,524 refugees in the country, 87.5% of whom were Colombian and 12.5% other

<sup>42</sup> [http://files.unaids.org/en/media/unaids/contentassets/documents/data-and-analysis/tools/nasa/dominicanrepublic\\_2012\\_es.pdf](http://files.unaids.org/en/media/unaids/contentassets/documents/data-and-analysis/tools/nasa/dominicanrepublic_2012_es.pdf)

<sup>43</sup> <http://www.conavihsida.gob.do/index.php/respuesta-nacional-al-vih-sida>

<sup>44</sup> <http://wp.cdn.com.do/2015/07/02/conavihsida-3858-haitianos-reciben-tratamiento-contra-vih-en-la-rd/>

<sup>45</sup> <http://www.conavihsida.gob.do/index.php/noticias/243-gobierno-invierte-60-millones-en-tratamiento-antirretroviral-a-migrantes-haitianos>

<sup>46</sup> [http://www.conavihsida.gob.do/transparencia/images/docs/plan\\_estrategico/Plan-Estrategico-Nacional-PEN-ITS-VIH-y-SIDA-2015-2018.pdf](http://www.conavihsida.gob.do/transparencia/images/docs/plan_estrategico/Plan-Estrategico-Nacional-PEN-ITS-VIH-y-SIDA-2015-2018.pdf)

<sup>47</sup> <http://www.conavihsida.gob.do/index.php/noticias/243-gobierno-invierte-60-millones-en-tratamiento-antirretroviral-a-migrantes-haitianos>

<sup>48</sup> <https://oeidominicana.org.do/wp-content/uploads/2016/07/Sistematizacion-Gestion-web.pdf>

<sup>49</sup> <https://oeidominicana.org.do/wp-content/uploads/2016/07/Sistematizacion-Gestion-web.pdf>

<sup>50</sup> <https://oeidominicana.org.do/wp-content/uploads/2016/07/Sistematizacion-Gestion-web.pdf>

<sup>51</sup> <https://oeidominicana.org.do/wp-content/uploads/2016/07/Sistematizacion-Gestion-web.pdf>

<sup>52</sup> Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of the Dominican Republic on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>53</sup> <https://www.migrationpolicy.org/article/ecuador-mass-emigration-return-migration>

<sup>54</sup> <http://www.unhcr.org/news/updates/2010/9/4ca9cd079/unhcr-ecuador-country-fact-sheet.html>

nationalities.<sup>55</sup> That same year, it was estimated that 423 people crossed the border into Ecuador each month in search of international protection.<sup>56</sup>

## strengthening health monitoring and health information systems

### PRACTICE:

**Daily Automated Registry of Outpatient Consultations and Care (RDACAA) monitoring migrants' access to health services:** The RDACAA was created by the Ministry of Health's National Directorate on Information, Monitoring, and Management and has been implemented in all institutions of the National Health System.<sup>57</sup> The registry collects and stores information on the country of origin of migrants who visit health services throughout the different provinces, the type of services received, and the total migrants visiting each institution.<sup>58</sup> The information is stored by the Statistics Unit and the Operating Unit.

## GUATEMALA

### CONTEXT

Guatemala has been a country of origin, transit, and return and a home to refugees and asylum seekers. A total of 94,942 Guatemalans were returned from Mexico and the United States in 2016 (16% of them children and adolescents).<sup>59</sup> An estimated 400,000 migrants transit through Guatemala each year, a significant number of them fleeing violence in the Northern Triangle of Central America (NTCA).<sup>60</sup> In 2016, 11,512 new asylum applications were submitted by Guatemalan nationals in North and Central America.<sup>61</sup>

Promoting continuity and quality of care for refugees and migrants, in particular, for persons with disabilities, people living with HIV/AIDS, tuberculosis, malaria, mental health and other chronic health conditions as well as those with physical trauma and injury

### PRACTICE:

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<sup>55</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Ecuador%20Factsheet%20-%20February%202017.pdf>

<sup>56</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Ecuador%20Factsheet%20-%20February%202017.pdf>

<sup>57</sup> Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of Ecuador on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>58</sup> Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of Ecuador Republic on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>59</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Guatemala%20Factsheet%20-%20March%202017.pdf>

<sup>60</sup> Information collected from an online questionnaire submitted in 2017 by the Ministry of Health of Guatemala on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>61</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20Guatemala%20Factsheet%20-%20March%202017.pdf>

**Program assisting returned Guatemalans and migrants in border areas:** The Ministry of Health, together with the Ministry of Foreign Affairs and the Directorate General of Migration, created a program to welcome Guatemalans returned from the United States and migrants in border areas.<sup>62</sup> The program offers rehabilitation services, diagnosis and treatment of diseases, disease-prevention (HIV/AIDS and STDs), and sexual and reproductive health information at a medical clinic.<sup>63</sup>

## Protecting and improving the health and well-being of women, children and adolescents living in refugee and migrant settings

### PRACTICE:

**Program assisting returned or in-transit migrant children and adolescents:** The Secretariat of Social Welfare, through the Department for Unaccompanied Migrant Children and Adolescents, provides returned or in-transit migrant children and adolescents with psychosocial support and courses to develop their cognitive, motor, and psychomotor skills.<sup>64</sup> The program operates in two centers, where the children and adolescents live and receive treatment and support.<sup>65</sup>

## GUYANA

### CONTEXT

Since gaining independence, Guyana has been mainly a country of origin rather than a country of destination. In 2015, Guyana's emigrant population represented 58.2% of the nation's population at the time.<sup>66</sup> North America, the Caribbean, and the United Kingdom have been the preferred destinations for Guyanese.<sup>67</sup> Along with Haiti, the country is one of the primary countries of origin of intraregional migrants.<sup>68</sup> There have recently been migration flows into Guyana, mostly of migrants originating in Haiti, Venezuela, and Brazil.<sup>69 70</sup>

## Promoting workers' health, including occupational health safety in workplaces where refugees and migrant workers are employed, in order to prevent work injuries and fatal accidents

<sup>62</sup><http://www.minex.gob.gt/MDAA/DATA/MDAA/20141127151840637Declaracion%20de%20Mar%20del%20Plata.pdf>

<sup>63</sup><http://www.minex.gob.gt/MDAA/DATA/MDAA/20141127151840637Declaracion%20de%20Mar%20del%20Plata.pdf>

<sup>64</sup><http://www.sbs.gob.gt/programa-ninez-migrante/#>

<sup>65</sup><http://www.sbs.gob.gt/programa-ninez-migrante/#>

<sup>66</sup><https://reliefweb.int/report/haiti/migration-caribbean-current-trends-opportunities-and-challenges>

<sup>67</sup> Information collected from an online questionnaire submitted in 2017 by the International Organization for Migration on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>68</sup><https://reliefweb.int/report/haiti/migration-caribbean-current-trends-opportunities-and-challenges>

<sup>69</sup> Information collected from an online questionnaire submitted in 2017 by the International Organization for Migration on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>70</sup><https://www.iom.int/news/iom-promotes-public-health-guyana-logging-mining-communities>

## PRACTICE:

**Health promotion among key populations in Guyana’s logging and mining sectors:** IOM, in collaboration with the Ministry of Health and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, implemented a project aimed at raising health awareness among migrant workers, including sex workers and communities hosting migrants, in Guyana’s mining and logging sectors.<sup>71</sup> The project established partnerships with local authorities on HIV/AIDS and sexual and reproductive health and offered HIV prevention, communication for behavioral change, and HIV counseling and testing for miners, loggers, and sex workers in different administrative regions in the country.

## MEXICO

### CONTEXT

Due to its proximity to the United States, Mexico has become a country of transit for thousands of migrants heading north annually. In 2014, the number of irregular migrants transiting through Mexico was estimated at 389,606.<sup>72</sup> Mexico is home to men, women, and children from the NTCA. In 2016, 8,781 people applied for asylum in Mexico, the majority (91.6%) of them from the NTCA.<sup>73</sup> The country has also been receiving returning migrants, with 495,434 people identified as returnees in 2015 (89.3% of them from the United States).<sup>74</sup> Moreover, in 2017, Mexico was the second leading country of origin of international migrants (13 million).<sup>75</sup>

Providing universal health coverage and equitable access to quality essential health services, financial support and protection, and access to safe, effective, quality and affordable essential medicines and vaccines for refugees and migrants

### PRACTICES:

**“Ventanillas de Salud” Program:** This program was developed by the Secretariat of Health and the Secretariat of Foreign Affairs and implemented through 50 Mexican consulates across the United States. The program’s objective is to improve the physical and mental health of Mexican migrants and their families living in the United States, promote culturally sensitive health services, and facilitate access to primary and preventive health insurance coverage.<sup>76</sup> Each “ventanilla,” which means window in Spanish, provides reliable health information, quality referrals, and counseling for Mexicans.

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<sup>71</sup> <https://www.iom.int/news/iom-promotes-public-health-guyana-logging-mining-communities>

<sup>72</sup> Information collected from an online questionnaire submitted in 2017 by the Secretariat of Health and the Secretariat of the Interior of Mexico on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>73</sup> <http://reporting.unhcr.org/sites/default/files/Mexico%20Fact%20Sheet%20-%20February%202017.pdf>

<sup>74</sup> Information collected from an online questionnaire submitted in 2017 by the Secretariat of Health and the Secretariat of the Interior of Mexico on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>75</sup> [http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017\\_Highlights.pdf](http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf)

<sup>76</sup> <http://ventanillas.org/index.php/es/sobre-vds>

To access the website: <http://ventanillas.org/index.php/es/>

**“Juntos por la Salud” Initiative:** This initiative was created as an extension of the “Ventanillas de Salud” program to reach migrants living in remote inaccessible communities. The initiative operates through mobile units that go from community to community offering free services such as mental health support, vaccination, screening for various conditions, referrals, legal advice, and general advice on health care.<sup>77</sup>

To access the website: <https://www.juntosporlasaludvds.org>

**Health Care Modules for Repatriated Migrants at the Northern Border:** The United States-México Border Health Commission developed the program to protect the health of repatriated migrants by providing comprehensive care that includes psychological counseling, HIV-testing, early detection of diabetes and hypertension, and the administration of influenza vaccines.<sup>78</sup> The modules are located in the Mexico-United States border areas of Tijuana, Baja California; Matamoros, Tamaulipas; and Nuevo Laredo, Tamaulipas.

To access the website: <http://www.saludfronterizamx.org/modulo-salud-migrante/index.php>

**Mexico-Canada Seasonal Agricultural Workers Program (SAWP):** Through this program, employment is arranged in Canada for seasonal agricultural workers from Mexico for an eight-month period, and workers receive social security benefits while in the country.<sup>79</sup> Prior to their departure for Canada, Mexican workers receive training in personal hygiene, addiction, and the prevention and management of chronic and infectious diseases, along with a medical examination in Mexico that is followed by treatment if necessary.<sup>80</sup>

To access the website: <http://www.nl.gob.mx/servicios/programa-de-trabajadores-agricolas-temporales-mexico-canada-ptat>

Promoting workers’ health, including occupational health safety in workplaces where refugees and migrant workers are employed, in order to prevent work injuries and fatal accidents

**PRACTICE:**<sup>81</sup>

**Developing, reinforcing, and implementing occupational health safety measures:** Founded in 2005 and based in Mexico, the Centro de los Derechos del Migrante, Inc. (CDM) aims at improving the conditions

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<sup>77</sup> Information collected from an online questionnaire submitted in 2017 by the Secretariat of Health and the Secretariat of the Interior of Mexico on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>78</sup> Information collected from an online questionnaire submitted in 2017 by the Secretariat of Health and the Secretariat of the Interior of Mexico on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>79</sup> Information collected from an online questionnaire submitted in 2017 by the Secretariat of Health and the Secretariat of the Interior of Mexico on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>80</sup> Information collected from an online questionnaire submitted in 2017 by the Secretariat of Health and the Secretariat of the Interior of Mexico on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>81</sup>Information submitted by the International Labour Office. It can be found in “*Promoting a Rights-based Approach to Migration, Health, and HIV and Aids: A Framework for Action*,” International Labour Office – Geneva: ILO, 2016.

of low-wage Mexican workers in the United States by providing a space for migrant workers to share experiences and learn about their rights, especially concerning occupational safety and health, prior to departure from Mexico. CDM hosts pre-departure educational workshops entitled “Know Your Rights” to prevent workplace abuses in the United States. These workshops address laws on wage and working hours, health and safety regulations, and non-discrimination laws. Since 2014, it has worked with Radio Bilingüe, a Latino public radio based in California, to produce the “Voy Contratado: Migrant Rights on Radio” series with educational messages, feature stories and news reports on the rights and experiences of guest-workers and other transnational migrant workers. CDM also files legal claims for recovery of unpaid wages and initiates strategic litigation to establish legal precedents and fosters policies to protect migrants.

To access the website: <http://www.cdmigrante.org/?s=health>

## NICARAGUA

### CONTEXT

Nicaragua has mainly been a country of origin for people choosing to migrate to neighboring countries and North America. In 2013, an estimated 800,000 Nicaraguans were living outside their country (10% of the population), and over the years, their main destinations have been Costa Rica, the United States, Panama, and El Salvador.<sup>82</sup> Some 40.6% of Nicaraguans abroad are reported to be in an irregular status.<sup>83</sup> In addition, given the country’s geographic position, Nicaragua hosts migrants in transit to North America.<sup>84</sup>

Promoting continuity and quality of care for refugees and migrants, in particular, for persons with disabilities, people living with HIV/AIDS, tuberculosis, malaria, mental health and other chronic health conditions as well as those with physical trauma and injury

### PRACTICE:

**Jesuit Service for Migrants assisting migrants and their families in Nicaragua:** The Jesuit Service for Migrants (JSM) is a Managua-based organization that focuses on promoting and protecting the rights of migrants and their families and empowering them to become agents of change.<sup>85</sup> JSM offers a range of services, including self-help groups for returnees, psychological counseling and guidance for detained migrants and their families, and assistance in locating missing migrants.<sup>86</sup>

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<sup>82</sup> <https://www.iom.int/news/iom-releases-migration-profile-nicaragua>

<sup>83</sup> [http://www.mcr-comisca.org/sites/all/modules/ckeditor/ckfinder/userfiles/files/Perfil%20de%20la%20Salud%20de%20los%20Migrantes%20Nicaragua\\_ultima\\_version\\_borrador.pdf](http://www.mcr-comisca.org/sites/all/modules/ckeditor/ckfinder/userfiles/files/Perfil%20de%20la%20Salud%20de%20los%20Migrantes%20Nicaragua_ultima_version_borrador.pdf)

<sup>84</sup> <https://www.iom.int/news/iom-releases-migration-profile-nicaragua>

<sup>85</sup> <https://sjmnicaragua.wordpress.com/quienes-somos/>

<sup>86</sup> <https://sjmnicaragua.wordpress.com/que-hacemos/acompanamiento/>

Promoting and implementing refugee- and migrant-sensitive health policies, legal and social protection and interventions to provide equitable, affordable and acceptable access to essential health services for refugees and migrants

#### PRACTICE:

**Nicaragua's National Human Development Plan:** As a way to minimize the drivers that compel Nicaraguans to leave the country, the Nicaraguan government promotes entrepreneurship through this plan by setting up models that generate self-employment and promote initiatives and interventions focused on prevention, assistance, and the protection of migrants who have become victims of trafficking.<sup>87</sup> In addition, local governments have approved resources for the Municipal Social Solidarity Fund for Migrants in their local budgets.

## UNITED STATES OF AMERICA

### CONTEXT

In 2017, the largest number of international migrants (50 million) resided in the United States.<sup>88</sup> That year, it was reported that the largest bilateral corridor was the one between Mexico and the United States and that the latter hosted 98% of all Mexican-born individuals residing abroad. In 2016, 206,376 new asylum applications were filed in the United States, 77,574 of them submitted by nationals of the Northern Triangle of Central America.<sup>89</sup> That same year, 96,874 refugees were resettled in the country.<sup>90</sup>

### strengthening health monitoring and health information systems

#### PRACTICE:

**Centers for Disease Control and Prevention (CDC) working with refugees and migrants to improve their health:** The CDC develops health profiles for newly resettled refugee populations, including Burmese, Congolese, and Syrian refugees, as well as Central American minors. These health profiles help educate clinicians and other health care providers by providing relevant health information about specific refugee populations.<sup>91</sup> In addition, the CDC provides the U.S. Department of State with medical screening guidelines for all examining physicians who have consular agreements to perform the examination, health care providers who may assist refugees during the resettlement process, and state public health departments that perform domestic medical screenings for refugees.<sup>92</sup> Moreover, in 2015,

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<sup>87</sup> <http://www.pndh.gob.ni/documentos/pndhActualizado/pndh.pdf>

<sup>88</sup> [http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017\\_Highlights.pdf](http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf)

<sup>89</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20USA%20Factsheet%20-%20March%202017.pdf>

<sup>90</sup> <http://reporting.unhcr.org/sites/default/files/UNHCR%20USA%20Factsheet%20-%20March%202017.pdf>

<sup>91</sup> Information collected from an online questionnaire submitted in 2017 by the Centers for Disease Control and Prevention on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

<sup>92</sup> Information collected from an online questionnaire submitted in 2017 by the Centers for Disease Control and Prevention on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.



in collaboration with the Minnesota Department of Health and the Colorado Department of Public Health and Environment, the CDC established the Centers of Excellence (COE) in Refugee Health. The COE are working to develop regional data collection systems and exchange mechanisms that will permit better analysis of refugee health data.<sup>93</sup>

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<sup>93</sup> Information collected from an online questionnaire submitted in 2017 by the Centers for Disease Control and Prevention on best practices, experiences, and lessons learned in addressing the health needs of refugees and migrants.

## BORDER AREAS IN LATIN AMERICA

### CONTEXT<sup>94</sup>

Deficiencies in sexual and reproductive health conditions, including issues related to HIV and AIDS and sexual violence, and disparities in access to health education in Latin America mirror the predominant social inequalities across the region. These deficiencies reflect context-specific political, socio-economic and cultural factors. However, health assessments often fail to account for cross-border populations.

### Protecting and improving the health and well-being of women, children and adolescents living in refugee and migrant settings

### PRACTICE:<sup>95</sup>

**Initiative on Sexual and Reproductive Health, HIV Prevention and Sexual Violence for Women and Young Migrants in five border areas in Latin America:** From 2008 to 2011, the United Nations Population Fund (UNFPA), supported by the Spanish Agency for International Cooperation Development (AECID) put in place the Initiative in five border areas in Latin America: Argentina-Bolivia; Ecuador-Colombia; Costa Rica-Nicaragua; Dominican Republic-Haiti; and El Salvador-Guatemala-Mexico. This initiative aimed at implementing targeted situation specific strategies for the promotion of rights-based access to healthcare and for prevention of HIV and sexual violence in the five border regions. The respective components of the Initiative identified central issues of access to health care for cross-border and migrant populations and established strategic actions to improve access and rights protection, in cooperation with local authorities and civil society actors. For example, in Argentina and Bolivia the initiative allowed for the cooperation between frontier and public health authorities. Subsequently, the Commission for Refugee Support promoted a project based on communication, capacity-building and legal support for the promotion of sexual rights and reproductive health for migrants, in cooperation with organizations of Bolivian migrant women, the Bolivian Communications Network in Argentina, the Association of Communitarian Radios and the Juridical Clinic Supporting Migrants and Refugees. In Colombia, the Initiative helped implement the INTEGRA strategy in the municipalities of Tumaco and Ipiales adjacent to the border with Ecuador for HIV testing. This area (on both sides of the border) hosted large numbers of people displaced due to armed conflict in parts of Colombia. A result of the Initiative in the Colombia-Ecuador border was the formation of a working group on Work and Sexual and Reproductive Health within the Technical Bi-national Committee on Social and Cultural Affairs. The initiative also encouraged and supported public administrators of the (Colombia) National Program on HIV and AIDS to integrate women sex workers into its programs

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<sup>94</sup> Information submitted by the International Labour Office. It can be found in *"Promoting a Rights-based Approach to Migration, Health, and HIV and Aids: A Framework for Action,"* International Labour Office – Geneva: ILO, 2016.

<sup>95</sup> Information submitted by the International Labour Office. It can be found in *"Promoting a Rights-based Approach to Migration, Health, and HIV and Aids: A Framework for Action,"* International Labour Office – Geneva: ILO, 2016.

## SUBREGION: MESOAMERICA

### CONTEXT<sup>96</sup>

Despite current interest and actions taken by governments, civil society partners, and UN agencies, to address the health of migrants in Central America and Mexico, many gaps remain, including limited capacities for networking, weak partnerships and poor multi-sectoral and multinational frameworks to maximize resources and outcomes. There is a need for an effective regional collaboration mechanism, to maximize joint efforts, strengthen actions' sustainability and advocate for access to health for migrants in Central America and Mexico.

Strengthening partnerships, intersectoral, intercountry and interagency coordination and collaboration, enhancing better coordination between humanitarian and development health actors

### PRACTICE:<sup>97</sup>

**Joint Initiative on the Health of Migrants and their Families in Central America and Mexico:** The Initiative is a technical coordination mechanism launched by IOM in 2017. It has three main objectives: (1) ensuring access to strategic information that supports decision making, policy building and regional actions that aim to improve the health of migrants and their families; (2) strengthening multi-sectoral and multinational partnerships to develop regional and national strategies and action plans that are well articulated and specific to the contextual needs of migrants and their families; and (3) facilitating and promoting regional instruments and policies that ensure equal access to health and social services for migrants and their families. Core actions of the Initiative include: the implementation of a Virtual Knowledge Management (KM) platform that centralizes strategic information on migration health, establishment of the Joint Initiative's Steering Committee that provides high-level technical guidance, and conduction of biannual meetings with partner organizations to discuss relevant migration health challenges in Central America and Mexico.

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<sup>96</sup> Information written and submitted by the International Organization for Migration.

<sup>97</sup> Information written and submitted by the International Organization for Migration.