

An aerial photograph showing a makeshift migrant camp. The camp is situated in a wooded area with many green trees. Numerous blue tarps are pitched on the ground, serving as temporary shelters. Some areas appear cluttered with debris and supplies. In the upper right, a river flows through the scene, bordered by a concrete wall with a red stripe. The overall scene conveys a sense of displacement and precarious living conditions.

# Violence, desperation and abandonment on the migration route

The medical-humanitarian impact  
of an unprecedented crisis in Mexico  
and Central America



MEDECINS SANS FRONTIERES  
MEDICOS SIN FRONTERAS

# Violence, desperation and abandonment on **the migration route**

The medical-humanitarian impact  
of an unprecedented crisis in Mexico  
and Central America

## Preface

The deteriorating political, economic, environmental and security conditions faced by many countries in the Americas and the rest of the world are forcing hundreds of thousands of people to make their way northward across the continent. The struggle to reach the United States (US) to seek better living conditions is often unsuccessful due to the multiple terrors and difficulties people encounter on the route. In addition to epidemics, chronic illnesses, physical injuries and mental disorders, there are violations such as extortion, kidnappings and sexual violence, and lack of access to essential services such as medical care, shelter, food, water and sanitation, which have turned this situation into an unprecedented migratory crisis.

Migration through the Americas is not new, nor are the difficult conditions faced by migrants or the actions of governments to stop them. What has increased to alarming proportions is the number of people making these journeys and the rates of violence they experience along the route. Human trafficking is currently one of the most lucrative businesses for criminal groups, and the harm it inflicts is difficult to heal, driving a further deterioration of people's physical and mental health.

This year, irregular migration is of particular relevance for the US and Mexico, as both countries will be holding presidential elections. On both sides of the border, policies to manage the migration phenomenon are at the top of the public agenda, which, unfortunately, translates into worse news for people on the move: the political exploitation of their situation to win votes in societies that are increasingly hostile to foreigners generates more uncertainty for them and greater pressure from authorities who are anxious to show results. The terrible consequence of a more difficult path is increased violence, kidnappings and abuses.

Médecins Sans Frontières (MSF) is an international medical humanitarian organization that assists people migrating through Central America and Mexico. In accordance with the principles that guide MSF's action, testimony is a fundamental and indivisible part of medical care. This report seeks to show the physical and mental health impacts faced by migrants in the region. It aims to shine a spotlight on the situations that MSF teams have encountered in their daily work, and to share the stories of suffering and resistance that the patients treated in the projects along the route entrust to them.



## Table of Contents

<b>Executive Summary</b>	<b>p.10</b>
<b>1. Introduction</b>	<b>p.12</b>
<b>2. Methodology</b>	<b>p.14</b>
<b>3. Characteristics of the patient group</b>	<b>p.15</b>
<b>4. Main medical needs: MSF testimony</b>	<b>p.18</b>
a. Health needs and barriers	p.18
b. Mental health consequences	p.22
c. Psychiatric cases and mhGAP (mental health gap)	p.24
d. Health impacts of violence and neglect	p.26
e. Other impacts on the health of migrants	p.27
<b>5. Insecurity and abandonment</b>	<b>p.29</b>
a. Sexual violence	p.30
b. Physical violence and kidnapping	p.30
c. Extortion and robbery	p.31
d. Other cases: threats, discrimination, xenophobia, abuse of power	p.31
e. Impunity	p.32
<b>6. Other challenges: information, documentation and discrimination</b>	<b>p.33</b>
<b>7. Main medical-humanitarian concerns</b>	<b>p.34</b>
<b>8. Conclusion</b>	<b>p.36</b>
<b>9. Calls</b>	<b>p.38</b>

## MSF in Mexico and Central America

In 2023, MSF teams provided care at different points along the migration route in four countries: Mexico,<sup>1</sup> Guatemala, Honduras and Costa Rica.

The points of care were mainly located in border areas and informal spaces where migrants settle for varying periods of time: generally, in Honduras and Guatemala they stay from a few hours to a few days. In Mexico, the situation is different, with people staying for up to eight months. The organization's teams are mostly mobile and travel to the places where the people in need of assistance are located. MSF has therefore set up mobile clinics in shelters, bus terminals, makeshift camps and health centers that, due to resource constraints, do not provide care to the population on the move.

The points of care where the teams are installed respond to the contextual analysis of needs and response capacities. In Guatemala, in 2023 MSF established a response in the municipality of Nentón, in Huehuetenango, a place through which hundreds of people on the move used to pass and which was subsequently closed due to variations in the migratory flow. At the end of the year, MSF opened a point of care in Esquipulas, on the border with Honduras, where people require medical, psychological and social attention, as well as water and sanitation services. In Honduras, our teams launched activities in Danlí and Trojes, located on the border with Nicaragua, later closing activities in the latter municipality due to a redirection of transit and medical care needs. In Mexico, MSF provided medical humanitarian aid to the migrant population in Mexico City and on the northern border, with bases in Reynosa and Matamoros, Tamaulipas. In Matamoros, in response to high numbers of people migrating through the area, MSF ran emergency activities from the end of 2022 until the first quarter of 2023 and then integrated them into the regular activities of the project in this area.

Between October and December 2023, MSF carried out an emergency response in Costa Rica due to high numbers of people on the move that exceeded the capacity of local authorities to respond.

<sup>1</sup> Projects managed by the operational center of Médecins Sans Frontières in Switzerland. The organization currently has five operational centers, each with autonomy to deploy activities in humanitarian crisis contexts.



An MSF doctor tours an informal migrant camp in Tlahuac Park, Mexico City, during 2023.  
© Maria Chavarria / MSF.

## Executive summary

This report by Médecins Sans Frontières (MSF) highlights the **medical—humanitarian impacts of migration policies and practices in Central America and Mexico**, addressing the devastating consequences on the physical and mental health of migrants. It highlights the increase in the numbers of people migrating, the violence they face along the route and the insufficient institutional and medical—humanitarian response. It also highlights unmet basic needs, such as shelter, food, water and sanitation and medical needs, mental health impacts and human rights violations experienced along migratory journeys. The report demonstrates the urgency of a timely, adequate and safe response to meet the growing health and protection needs of migrants in the region.

With more than 67,000 primary health and psychosocial consultations provided by MSF along the migration route in Honduras, Guatemala and Mexico in 2023, the organisation highlights the impact on physical and mental health suffered by migrants, linked to the often precarious living conditions and the violence to which people are exposed. These factors are exacerbated by **an insufficient access to essential services**. Although all migrants are in a situation of vulnerability, the impacts of these factors on family groups and young children are particularly profound. In 2023, compared to 2022, there was an increase in the number of families making these journeys, and a **36 per cent increase in the number of children under five years of age treated** by MSF teams.

In this report, MSF highlights the **respiratory and gastrointestinal diseases** that affect migrants throughout their journeys, but especially in Honduras and Guatemala

(often acquired in the countries where they have travelled prior). In general, **access to drinking water** along the route is limited and, frequently, people are left with no option but to drink contaminated or otherwise unsafe water sources. In addition, the general conditions of the camps or shelters along the route are often insufficient and inadequate, resulting in overcrowding, which increases the risk of disease transmission and violence.

MSF is concerned about the gaps in care for people with **chronic diseases**, who require continuity of care and follow-up care to avoid deterioration in their condition. When not adequately treated, chronic conditions can cause complications and even put the person's life at risk. Migrants with chronic conditions tend to not seek healthcare for their condition until they have reached Mexican territory, particularly the border cities with the US, as they perceive their progress along the route as the more urgent issue. In 2023, **MSF provided three times more consultations for hypertension and twice as many consultations for diabetes in Mexico** than in Honduras and Guatemala. On the other hand, migrants face other challenges of access to services along the route, including discrimination, challenges with medical and protection referrals, walking long distances, lack of medications, etc.

This report also highlights **cases of violence**, especially **sexual violence**, one of the most atrocious forms of violence faced by migrants in Central America and Mexico. In 2023, MSF assisted 232 survivors of sexual violence, which is a medical emergency that requires priority and comprehensive care. Of these survivors,

only 10 per cent received care within 72 hours of their assault, which is the crucial time period in which the contraction of sexually transmitted diseases and other health problems. Knowing that **cases are under-reported** and therefore the figures are not fully representative of reality, the lack of timely medical attention is of concern. Cases of violence have severe effects on physical and mental health of these especially vulnerable populations. It is even more regrettable to note that many of these people **flee their countries to escape violence** and for the hope of a better future, only to encounter other cases of violence and suffering along their way in the migration route.

The negative impact of **experiences on the migration route on the mental health** of migrants is evident. Of the almost 3,800 mental health consultations provided by MSF teams in Honduras, Guatemala and Mexico in the year, the **main diagnosis** (48 per cent) was **acute stress**, followed by depression (12 per cent), anxiety (11 per cent) and post-traumatic stress disorder (8 per cent), among others. People are exposed to high levels of stress, often for a prolonged period, due to the risks and barriers on the migration route. In more than half of the initial mental health consultations, **violence appeared as the main precipitating factor for emotional distress**, followed by the separation or loss of a family member (32 per cent) and some medical condition (seven per cent).

In addition, the report presents MSF's testimony from data collected in **complementary monitoring for cases of violence and protection needs** during 2023. With more than 750 reports involving more than 3,000 affected people, MSF has documented a small sample of a much broader problem that has been aggravated by **restrictive and inhumane migration policies and practices**, but also by an **insufficient governmental response** to growing security and protection needs in the region. These factors, together with the **lack of adequate information on legal pathways and rights**, increase the exposure of migrants to various violations, leaving them at the mercy of criminal groups dedicated to the illegal trafficking of persons. More than half of the cases of illegal trafficking documented by MSF in Honduras and Guatemala involved more than one victim in the same event. Two out of every three cases reported in Honduras involved multiple violations. More than half of the cases reported were committed against women in different countries.

MSF highlights the serious consequences of **high rates of violence**, threats, extortion, kidnappings, sexual violence and discrimination along the migration route on the physical and mental health of migrants, many of which are irreversible. In this report, the organization draws attention to **kidnappings**, frequent in the Mexican state of Tamaulipas,<sup>2</sup> which cause considerable physical and psychological damage, in addition to property damage. MSF receives reports of incidents perpetrated by both criminal gangs and state agents, ranging from the violation of migrants' rights by denying, obstructing or conditioning basic services, to violent attacks. Instead **of assisting and protecting migrants, state agents often violate them**.

Finally, MSF calls for **an urgent improvement to the medical—humanitarian response in the region** in order to meet the growing health and protection needs of migrants. MSF calls for better security management, the guarantee of non-discriminatory access to essential services for migrants, and the eradication of impunity in cases of violence against migrants in the region.

<sup>2</sup> Where the MSF project is located in Reynosa and Matamoros.



<sup>1</sup> A psychologist and a health promoter talk with migrants waiting at the Médecins Sans Frontières point of care at the bus terminal in Tecún Umán, on the border between Guatemala and Mexico. <sup>2</sup> Esteban Montaña Vásquez / MSF.

## 1 Introduction

Since 2018, Médecins Sans Frontières (MSF) has been working in response to the **devastating medical—humanitarian consequences of migration policies and practices** on people traveling the migration route in Central America and Mexico. During 2023 alone, MSF provided medical and psychosocial care to more than 67,000 migrants in the region’s hotspots in Costa Rica, Honduras, Guatemala and Mexico. In the course of this work, teams have documented serious physical and mental health impacts experienced by migrants, ranging from acute illnesses to longer—term or permanent harms. MSF staff have also witnessed the **violence** perpetrated against people on the route, who often do not receive **the medical—humanitarian care that they urgently need**.

The year 2023 was marked by **historically high numbers** of people on the move in the region, with more than 520,000 people crossing the Darien jungle<sup>3</sup> dividing Colombia and Panama, representing an increase of 109 per cent from 2022.<sup>4</sup> On the US—Mexico border, **considered to be the most dangerous land border in the world**,<sup>5</sup> data recorded by US authorities for the past fiscal year (October 2022 to September 2023) shows that 2.5 million people were apprehended along the route during 2023, up from 2.4 million in 2022.<sup>6</sup> In December 2023 alone, more than 300,000 apprehensions were recorded.

In Honduras alone, migration authorities registered 545,043 “irregular entries” in 2023, an increase of 189 per cent from 188,579 the previous year. From September 2023 onwards, the number of people entering Honduras surpassed those registered in Darien, Panama, at which time an increase in air arrivals from Nicaragua was noted. This route became heavily used by Haitians, Cubans and people from outside the continent, mainly from African and Asian countries. Mexico, for its part, recorded a doubling of its official figures. An **unprecedented number of people on the route** was then confirmed throughout the region.

A **diversity of nationalities**, including from outside the region, is represented among these numbers, as well as diverse cultural and linguistic backgrounds, and a multiplicity of age ranges and vulnerabilities. There was a **significant increase in the number of children and adolescents** on the move, with one out of every five migrants crossing the Darien in 2023 belonging to this population group. Among the challenges of the medical—humanitarian response, MSF highlights the **insufficient local institutional response** and **cuts in the budgets of humanitarian organizations** responding to the migration crisis in the region.

Recent changes to states’ **migration policies and practices** — such as the suspension of Title 42,<sup>7</sup> the launch of the digital application CBP One<sup>8</sup> and changes in the humanitarian visa and parole programs — have created uncertainty, as observed by MSF. Despite claims these changes will facilitate immigration processes, in reality they have created further barriers and challenges for many people trying to access them. Some of the migration policies promoted and implemented by the US and key countries along the route have focused on immigration containment, despite the growing number of people exposed to violence and in need of protection and a better quality of life. Some of the programs have proven difficult to access, some promises have remained on paper, and many policies or practices criminalize people deemed “irregular entries”. These policies and practices have **removed hope and created further hopelessness and despair**.

In summary, MSF is witnessing the **medical—humanitarian impact** caused by the political mismanagement of migration in Central America and Mexico, worsened by multiple crises both in the region and in the rest of the world. All this contributes to an unprecedented number of people taking to the migration route, and to a humanitarian crisis in place of a timely, adequate, humane and safe response to meet growing health and protection needs.

<sup>3</sup> See [https://www.migracion.gob.pa/images/img2023/pdf/IRREGULARES\\_X\\_DARIEN\\_2023.pdf](https://www.migracion.gob.pa/images/img2023/pdf/IRREGULARES_X_DARIEN_2023.pdf)

<sup>4</sup> See [https://www.migracion.gob.pa/images/img2023/pdf/IRREGULARES\\_POR\\_DARIEN\\_DICIEMBRE\\_2022.pdf](https://www.migracion.gob.pa/images/img2023/pdf/IRREGULARES_POR_DARIEN_DICIEMBRE_2022.pdf)

<sup>5</sup> See <https://news.un.org/en/story/2023/09/1140622>

<sup>6</sup> See <https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters>

<sup>7</sup> Title 42 was an order that allowed authorities to quickly remove migrants at U.S. land borders. See [¿Qué es Título 42 y cómo funciona esta política fronteriza de EE.UU. que llega a su fin el 11 de mayo? \(cnn.com\)](https://www.cnn.com/2020/05/11/politics/title-42/index.html)

<sup>8</sup> CBP ONE is a mobile app that functions as a single portal to a variety of CBP services. Through a series of guided questions, the app will direct each type of user to the appropriate services based on their needs.



MSF staff set up the mobile clinic at the Viva México camp to provide medical care.  
Karen Melo / MSF.

## 2 Methodology

This report was prepared based on the data collected by MSF teams during their work providing medical and psychosocial support at points of care along the migration route in Honduras, Guatemala and Mexico. The data was collected from group or individual data collection forms used in daily activities. The analysis was done through the DHIS2 platform (the data management tool used by MSF). The qualitative data comes from observation and direct interactions of MSF staff with patients. The analysis of the data has been done with the support of the project teams and technical referents, with the aim to interpret changes and trends related to the context, identifying gaps in medical care and access to services, and in general, a deterioration in the situation for people on the move in the Americas.

It is important to note possible influencing factors with respect to the analysis and interpretation of the data, such as variations in the teams that provided care and days worked during the month, among others. This report represents a sample of the situation observed during the exercise of MSF’s medical—humanitarian activities at the response sites; it does not account for all the experience and needs of migrants in the region, nor for all the incidents of human rights violations to which this population is exposed.

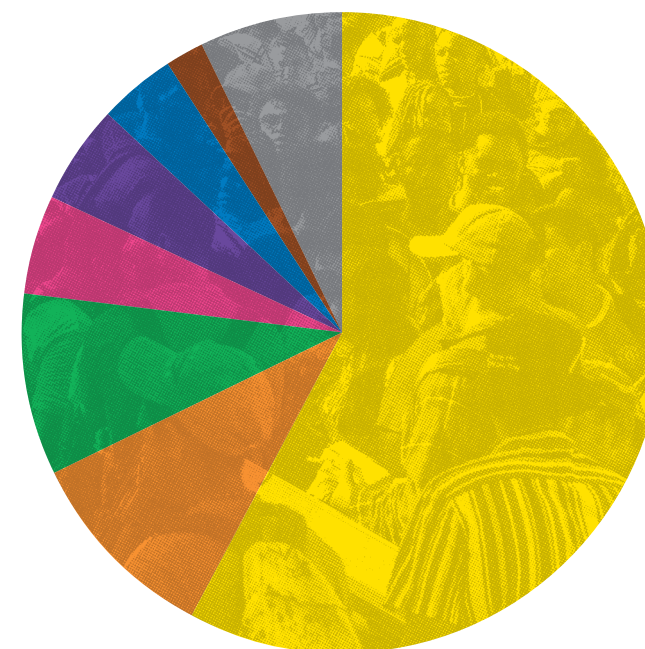
MSF, in addition to providing comprehensive medical care for migrants, carries out protection monitoring work in Honduras, Guatemala and Mexico with the objective of gaining a better understanding of the experiences of violence to which migrants are subjected. MSF does not actively search for or keep exhaustive records of protection cases, but the documentation of incidents of violence serves to understand a small part of the immense problem of the difficult and unacceptable situation of insecurity and violations that these people experience along the migration route in the Americas.

## 3 Characteristics of the patient group

Among patients treated by MSF during 2023, Venezuelan, Haitian, Honduran, Ecuadorian and Mexican were the most common nationalities, and there were smaller numbers of patients from countries such as Chile, Colombia and others from outside the American continent. The most vulnerable population with the least resources is the one that makes most use of the humanitarian services and shelters at the border and regular crossing points. Seven percent of medical consultations by MSF were for non-Spanish-speaking patients from other continents, while 10 per cent<sup>9</sup> of consultations were for people of Haitian origin. These two groups experience barriers to accessing humanitarian aid and medical care in the region, especially through care providers that do not have staff who speak languages other than Spanish. The figures presented in this report represent only a fraction of the migrant population, as not all people are reached by the services offered by MSF.

MSF prioritized people from the most vulnerable groups, such as children and adolescents, women, and LGBTIQ+ people. Between April and December 2023, medical consultations for children and adolescents accounted for 33 per cent of MSF’s total medical consultations. During the year, women represented 53 per cent of patients treated. The teams provided 1,334 antenatal consultations, almost double the number provided in 2022; this correlates with an increase in the number of women of reproductive age traveling the route, as well as longer stays at the border with the US, where individual women can access up to three prenatal care visits. Overall, there was an increase in people seeking sexual and reproductive healthcare and pediatric care (which are equally priority areas of care for MSF). This increase is linked to the trend in people staying at US—Mexico border points for longer periods, due to restrictions and difficulties advancing to their migratory destinations.

<sup>9</sup> Data corresponding to consultations between April and December 2023.



**Total number of medical consultations by nationality 2023\***

Venezuela	21 936	58%
Haití	3 757	10%
Honduras	3 438	9%
Ecuador	1 956	5%
México	1 803	5%
Colombia	1 512	4%
Chile	779	2%
Otros	2 632	7%

\* Data available as of May



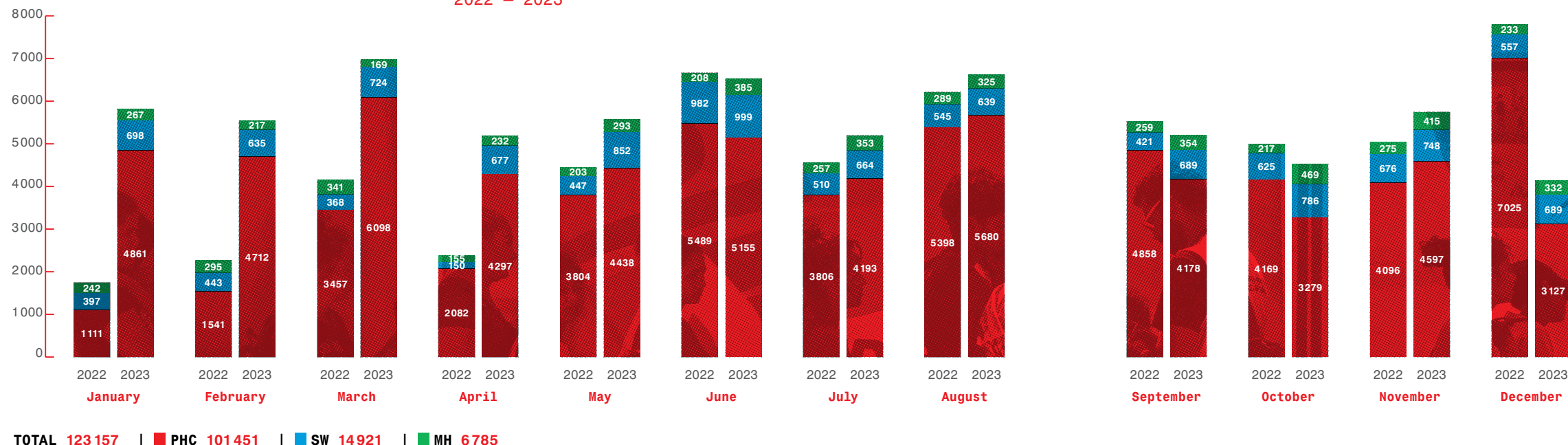


⚠️ An MSF psychologist talks with a group of migrants on their way to the north of the continent.  
© Cecilia Durán / MSF.

## 4 Main medical needs: MSF testimony

### a. Health needs and barriers

Total number of consultations by type  
2022 – 2023



In 2023, MSF provided more than 67,000 **primary care, mental health and social work consultations in Honduras, Guatemala and Mexico**, an increase of 21 per cent compared to 2022. Variations in consultations have accompanied, in part, the fluctuations in numbers of people migrating in each period. By October 2023, the number of people provided with primary healthcare since the start of the year was almost equal to the those treated in the whole of 2022. The response capacity of MSF teams depended on team composition, but in the months of greatest demand for consultations—which have coincided with the peaks in numbers of people on the migration route—the teams worked at maximum capacity, aiming to meet growing needs while the institutional response in the different countries of the region remained insufficient. In 2024 the political, social, economic and environmental crises in the region and in other parts of the world point to further increases in the number of people undertaking the migration journey in 2024, which, accompanied, in part, by more restrictive migration policies, has contributed to the accumulation of people in some locations, to the overflow in the institutional response and, therefore, to the increase in needs.

The main physical health problems experienced by migrants who accessed primary health consultations with MSF in 2023 were respiratory, diarrheal, skin and musculoskeletal, mostly linked to the conditions of

travel and accommodation while people were waiting for opportunities to advance along the migration route. Lack of access to water, sanitation and safe food, exposure to extreme temperatures, sleeping outdoors and/or in overcrowded conditions lead to a higher risk of preventable diseases, which in turn increase people's vulnerability. In Guatemala and Honduras, the proportion of patient consultations with a diagnosis of acute diarrhea was 17 and 20 per cent respectively. Between August and October, MSF observed an increase in the proportion of diarrhea among patients in both countries, identifying the lack of hygiene and sanitation areas along the migration route in these areas, and a lack of access to drinking water in the Darien jungle, as possible causes.

During the emergency response in Costa Rica, acute diarrhea—which is linked to a lack of access to water and sanitation—was identified as one of the main reasons for consultation.

In general, access to safe drinking water along the migration route is limited and people traveling are often forced to drink from contaminated or otherwise unsafe sources. The reception camps along the route are frequently overcrowded, have insufficient sanitary services and lack the minimum requirements of water suitable for human consumption and personal hygiene. These conditions increase the risk of disease transmission and even violence.

In the case of **adult patients**, depending on the point of care, up to 10 per cent of consultations were related to health conditions requiring continuity of care and follow-up treatment, such as **cardiovascular diseases and hypertension, diabetes, asthma and epilepsy, or infectious diseases that require prolonged treatment such as HIV and tuberculosis**. MSF has observed that patients with these conditions have difficulty finding care, including follow-up care, from local service providers. Many of these people, being asymptomatic, stop their treatment or find it difficult to continue it on the road. People with diabetes who may require insulin discontinue treatment and sometimes arrive at care points in a critical condition. MSF has also received reports of people who, during border crossings, have had their medications taken away or lost. A major challenge in these cases is the lack of documentation detailing their medical conditions, which makes it difficult to provide the necessary follow-up care to avoid medical complications. Having up-to-date medical records is particularly important at the US-Mexico border, so that people can continue their treatment after crossing into the US.

During 2023, MSF teams conducted 3,807 sexual and reproductive health consultations geared towards family planning, offering counseling, guidance, and initiation or continuation of contraceptive methods, including long-acting methods. Providing contraception helps prevent death and injury because it reduces the overall number of pregnancies, which can be dangerous for women with little access to healthcare, and it prevents unsafe abortions which are a main cause of maternal mortality. It is central to women's agency and autonomy, and is a need at all points along the migration route. Long-acting contraceptives such as quarterly injections, combined pills and the subdermal implant are the most requested during consultations. It is also important for these patients to have a planning method that they can continue upon their arrival in the US.

There is a need to ensure access to safe drinking water, sanitation and sustainable solutions to reduce the incidence of diseases such as acute diarrhea, and to increase the availability of humanitarian aid. In particular, more doctors are urgently needed to provide care for these conditions.

The demographic profile of migrants has changed in recent years, and since 2022 there has been an increase in the number of families with women, children and adolescents on the migration route. In 2023, there was a 36 per cent increase of children under five years of age. Although all migrants are in a situation of vulnerability, these groups tend to be more exposed to risks on the migration route.

Among **children under five**, the main diagnoses during consultations in 2023 were acute diarrhea, skin and soft tissue conditions and lower respiratory tract infections. If these pathologies are not treated promptly, they can lead to serious illness requiring hospitalization and specialized treatment and, in some cases, complications that can cause severe sequelae or even death. For children, who are in a stage of growth and psychomotor development, a lack of access to sufficiently nutritious food coupled with diarrheal disease generates a greater vulnerability to poor nutritional status that can lead to malnutrition.

The dynamics of the migration crisis in Central America and Mexico generate **operational challenges for healthcare providers**, across all activities ranging from health promotion to medical consultations. In order to overcome some of these challenges, MSF has adapted to better meet the needs through mobile clinics providing care at key transit points, psychosocial group consultations, methodologies adapted to short stays, and prioritization of urgent cases, among others.

MSF has found that along the migration route, especially before Mexico, people are likely to seek care only

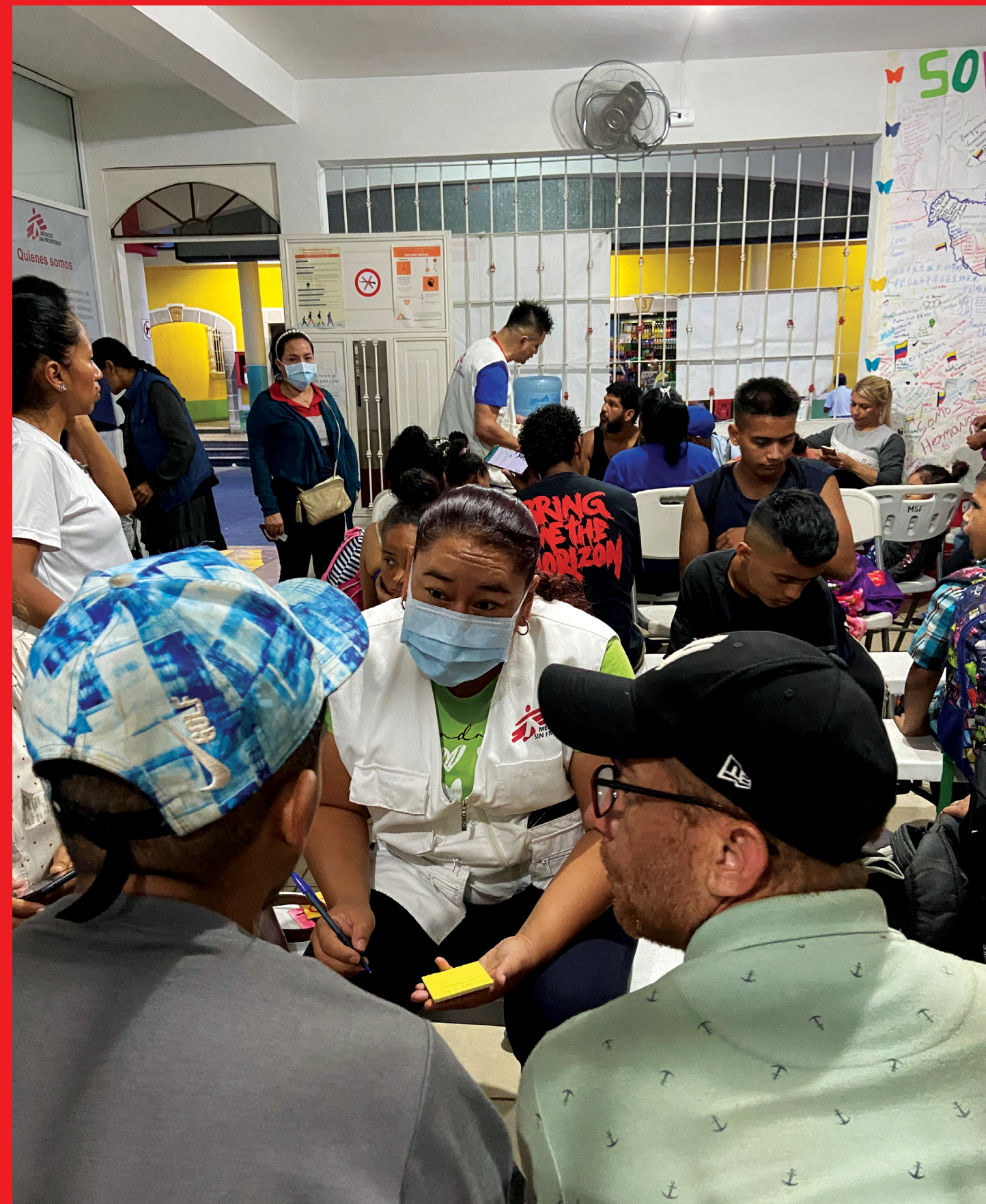
when they **are suffering with major discomfort that they consider urgent**, and/or have a symptom or condition which might delay their journey. **Their priority is to advance along the route.** Therefore, at points such as Honduras and Guatemala, where people want to traverse quickly, the main diagnoses during consultations are respiratory symptoms, muscular discomfort and gastrointestinal symptoms, such as diarrhea.

On the other hand, in Mexican cities located on the border with the US, teams receive a higher proportion of patients seeking care for **chronic diseases** than in earlier locations along the migration route. The proportion of patients seeking care for **diabetes is twice as high in Reynosa-Matamoros than in Honduras and Guatemala.** And, in the case of **hypertension, it is three times higher.** This can be explained in part by Reynosa-Matamoros being the last point on the route before the US, where people typically stay longer, which facilitates the opportunity to seek care for conditions perceived as less urgent. Another factor is that, at this point in the journey, the condition of people with chronic diseases may have deteriorated.

In addition, there are reports of migrants who prefer not to seek **care via public services because of the perception or actual existence** of bureaucratic barriers that would delay their travel. These barriers are, for example, being required to provide documentation, to pay for the consultation, to have a companion as a condition to pro-

vide the care they need, or because of language barriers due to not being able to communicate in Spanish. MSF has also received cases of people who have not accepted referrals for specialized medical care because it would require them to go backwards on the route, preferring to risk seeking care in the next country. In 2023 MSF supported 846 successful referrals of essential services to other institutions. In other cases, migrants report having limited access to health centers due to cases of discrimination and rejection, in addition to cases in which they cannot find the medicines they need, which is common. It is for this reason that the cultural mediation component is fundamental in humanitarian response, as it creates bridges of linguistic and cultural communication between public servants and people on the move, especially for those who are non-Spanish-speaking.

MSF health promotion teams carry out individual and group activities. The objective of these sessions is to have a dialogue about health risks and how to deal with them along the route. The aim is to work from the concept of patient empowerment, sharing tools, information and education about the risks on the route, the importance of hygiene and self-care and the signs or symptoms for which they should seek care. In terms of self-care, MSF distributes medicine kits for treatment follow-up, particularly for chronic diseases, sexual and reproductive health kits and support kits for survivors of sexual violence, and hygiene kits, among others.



.. The Médecins Sans Frontières team talks with migrants waiting at the care point at the bus terminal in Tecún Umán, Guatemala-Mexico border.  
© Maribel Sandoval / MSF.

## b. Mental health consequences

The psychosocial experiences of people migrating range from their perceptions in relation to access to essential services —including information— to the response to emergencies or reactions to what they may have suffered and uncertainty about the future. But also, their coping strategies, in addition to the psychological attitude of preparedness for the road.

Children and adolescents may experience anxiety and worry before the trip due to uncertainty and separation from friends and family. During the trip, they may face mood swings due to stress and travel fatigue, in addition to exposure to traumatic situations. Lack of opportunities for play and recreational activities can affect the emotional wellbeing of children and adolescents.

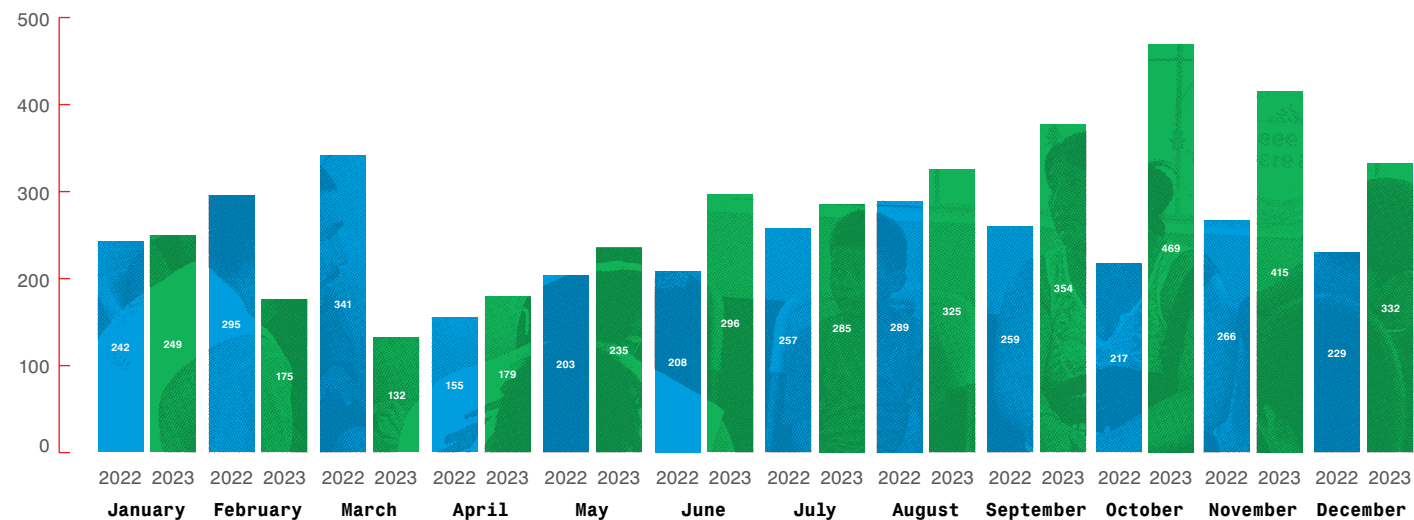
MSF teams report that children need to feel protected and cared for during their journeys, especially in risky situations, as well as after the fact if they have experienced or witnessed incidents. Children will tend to ask questions and show concern about their future, including school, friends and family left at home. In adolescents with stress and adverse experiences, behavioral changes are noted: sadness, mood disorders, a loss of ability to express their thoughts spontaneously in groups for fear of being criticized, or feelings of guilt towards their parents' efforts and situation. Caregivers also experience mood swings due to the stress of travel in general and, additionally, the responsibility of caring for dependents during the trip, forcing them to remain in a constant state of alertness, especially in making decisions related to their safety and wellbeing. It is crucial

that authorities in each country not only provide safety and access to essential services for migrants, but also that they provide adequate emotional support, resources and guidance that can help mitigate the negative effects of stress and trauma on this vulnerable population.

Emotional and mental changes due to traumatic experiences, stress and depression due to violence and dangers on the road are also observed in the adult population. On the other hand, the lack of accurate information and guidance on the migration route can lead to erroneous decisions and unnecessary risks. MSF witnesses the emotional impact due to uncertainty about their rights and misinformation during transit through the countries along the route, but also with respect to access to the US. From Honduras, the people assisted report concerns about the lack of knowledge of the legal routes to reach their intended destination. In Guatemala, migrants have reported challenges with CBP One registration, as well as with waiting for appointments and interviews for entry into the US. Also noted in Guatemala was the lack of immigration policies that allow legal passage of migrants, such as the use of laissez-passers issued by Honduran authorities. Without a transit permit, people feel more exposed to multiple types of violations.

Of **3,817 mental health consultations** in Honduras, Guatemala and Mexico, **the main diagnosis of 48 per cent was acute stress**, followed by depression (12 per cent), anxiety (11 per cent), and post-traumatic stress disorder (8 per cent), among others.

**Total number of Mental Health consultations**  
■ 2022 ■ 2023

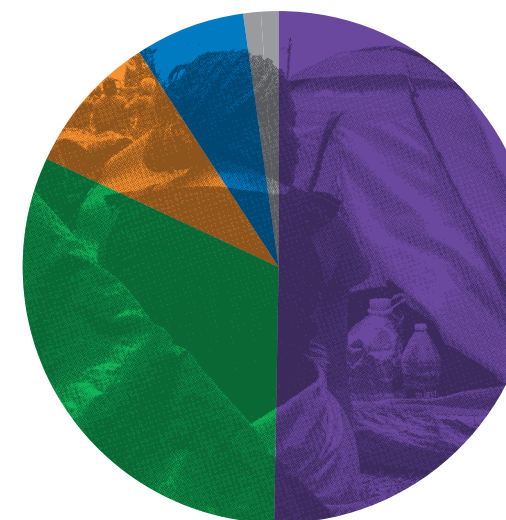


**Main diagnosis in MH consultations 2023**



- Acute stress reaction 48%
- Anxiety disorder 11%
- Depression 12%
- PTSD 8%
- Bereavement / Grief 7%
- No diagnosis 3%
- Psychosis 2%
- Other disorder 9%

**Main precipitating event category**



- Violence 51%
- Separation or loss 32%
- Other 9%
- Medical conditions 7%
- Disaster 1%

The emotional burden for the migrant population is alarming, especially in cases of people who have experienced some form of violence. Facing the route in an irregular situation and the conditions in which they find themselves in these contexts contributes to exposure—often prolonged—to high levels of stress. In addition, being vulnerable or subjected to various forms of violence can be impacted by additional adverse mental health conditions, such as depression, anxiety and post-traumatic stress disorder, which can exacerbate in some cases psychiatric conditions such as schizophrenia, which requires pharmacological treatment. In 51 per cent of mental health consultations, violence appeared as the main trigger for emotional distress, followed by separation or loss of a family member (32 per cent) and some medical condition (7 per cent).

The emotional and mental impact of migration for people also includes feelings of helplessness and guilt about not being able to help others who suffer similar needs to them along the route, as well as trauma due to the violence and death they may witness. People also experience feeling powerless as they perceive that there is no way to defend their rights. It is essential for people to talk about their experiences, so it is necessary to provide safe spaces for them to express their emotions and thoughts. In Guatemala, the importance given by migrants to faith and religion as a resource used to support them and their groups in overcoming the challenges they face during their journeys was noted. Other coping strategies reported were maintaining positive thoughts and seeking emotional support from members of their groups and / or families. Additional difficulties in maintaining such coping strategies were noted among people in traveling on their own.

### c. Psychiatric cases and mhGAP (mental health gap action program)

Given the limited access to mental health services in general and, in particular, for severe disorders that require pharmacological treatment, during 2023 MSF implemented the mhGAP (Mental Health Gap Action Program) at the points of care along the route.<sup>10</sup> This program consists of training general practitioners and psychologists, with the technical supervision of a psychiatrist and the provision of pharmacological treatments. Through this program, 198 people requiring medical and pharmacological treatment were enrolled. Among the main diagnoses observed were depression (50 per cent), chronic psychosis (15 per cent) and anxiety disorders (8 per cent).

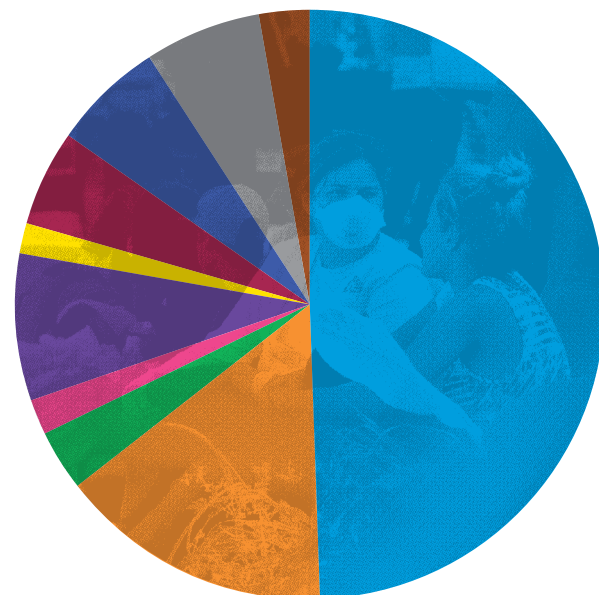
<sup>10</sup> See <https://www3.paho.org/mhgap/es/>

It is remarkable the low institutional capacity, in terms of mental health, which is made more critical by the lack of capacity to deal with psychiatric cases or those in need of specialized mental health care in the various countries in the region, even for local populations. Of concern are the difficulties in moving forward with the initiatives associated with the action program (mhGAP) to address the existing gaps in providing this care. In the case of migrants, there are notable limitations in access to essential services for psychiatric patients—such as shelter, protection and health— especially in cases of people traveling alone, who have encountered care challenges, including appropriate referrals to specialized services.

At short transit points, the care of these people is a challenge, as it requires time in consultation and identification of a support network and, in some cases, they do not wish to stay as long as necessary. Teams have been trained to address this situation in order to identify cases in an efficient manner. It is also important to ensure continuity of care and treatment for these cases, so MSF has implemented a travel kit (containing psychiatric medications, psychoeducational materials, the referral sheet and a map of the region where they can find points of care and dispensing), which gives people the necessary tools for self-care, with the aim that they can find care and continue treatment at the next points along the route.

Percentage of main clinical diagnosis in mhGAP  
New cases 2023

■ Depression	56	49.6%
■ Chronic psychosis	17	15.0%
■ Childhood behavioral disorder	4	3.5%
■ Bipolar disorder	2	1.8%
■ Anxiety disorder	9	8.0%
■ Acute stress reaction	2	1.8%
■ Acute psychosis	6	5.3%
■ PTSD	7	6.2%
■ Other disorder	7	6.2%
■ Epilepsy	3	2.7%



An MSF psychologist plays with a girl while her mother receives medical attention at the care point at the Tecún Umán bus terminal, Guatemala-Mexico border. © Esteban Montaña Vásquez / MSF.

#### d. Health impacts of violence and neglect

Behind the search for better opportunities and living conditions (whether due to environmental, economic, violence or other factors), there is a **heartbreaking reality: violence along the migration route**. The reality of migration in Central America and Mexico to the US is alarming and worrisome. People who are forced to make the irregular journey are more exposed to various dangers, such as intimidation, extortion, robbery, kidnapping, and physical and sexual abuse by criminal groups and human traffickers, not to mention abuses allegedly committed by state agents, such as migration and/or security officials.

In particular, **sexual violence** along the migratory route is one of the most atrocious forms of violence faced by migrants. During their journey through the region, migrants experience various types of sexual aggression. Most of the cases reported in MSF projects in the region were perpetrated in the Darien, the dangerous jungle between Colombia and Panama.

Identifying and prioritizing care for survivors of sexual violence is of particular interest to MSF teams. The physical and psychosocial consequences of these events have a great impact on the lives and wellbeing of those who suffer from this crime. Timely care is essential to reduce these risks. It is essential to receive care during the first 72 hours after the event of sexual violence, because this is the time window in which unwanted pregnancies, sexually transmitted infections and the Human Immunodeficiency Virus (HIV) can be prevented, in addition to giving them initial psychological care and providing social support if necessary.

In 2023, MSF treated 232 survivors of sexual violence, which is a medical emergency that requires priority attention. In many sites along the migratory route, sexual violence care is not available or is not comprehensive, lacking the necessary supplies or the psychological care required. Only 10.68 per cent of the attention has been given to cases detected within 72 hours of the event. The figures do not fully reflect the reality and **the cases are under — reported**, so it is worrying that there is no proper medical attention in a timely manner. In addition, it is critical to address this issue from a comprehensive perspective that includes increased cooperation between countries for cases that need to go through referrals for follow-up care in the next country along the way.

This alarming trend of increasing sexual violence has been observed in all MSF projects, although linked to disparate reasons. In Honduras and southern Guatemala, most of the cases handled are related to abuses that occurred in the Darien, but in the case of northern Guatemala and Mexico, the cases are related to abuses by authorities and kidnappings on the route to the border with the US. On many occasions, sexual violence is perpetrated by groups and takes different forms, such as touching, penetration and others. The deterioration in the security situation at these points has created an environment where these attacks can easily occur. At the same time, there has been an increase in awareness among migrants that care is available for survivors.

Violence can cause lasting harm to migrants' physical and mental health. Many people on the migration route fled their country of origin for reasons of violence and took to the route in hope of a better future, only to be subjected to further violence and suffering along the way.



⚠️ Migrants line up to receive medical and mental health care at the MSF point of care near the National Migration Institute in Danlí, on the border between Honduras and Nicaragua. 📷 Laura Aceituno/MSF.

#### e. Other impacts on the health of migrants

Climatic changes and the re-emergence of diseases such as malaria, dengue or Zika make the migrant population even more vulnerable as they are more exposed to these diseases due to the characteristics of the route and the precarious conditions in which they travel (passing through jungles and subtropical areas, sleeping outdoors, lack of access to repellents, etc.).

Many children under five years of age do not have a complete vaccination schedule and are exposed to vaccine-preventable diseases such as measles, polio, and diphtheria, and this could trigger epidemics or re-emergence of vaccine-preventable diseases. It is of utmost importance that medical care includes preventive activities such as the extended vaccination program for children under five years of age and vulnerable persons.

There is currently no accurate data on the number of people on the move who have **died on the route**. The year 2023 was the year with the most deaths of migrants in the world.<sup>11</sup> In Mexico and Central America there have been reports of cases related to both acute and chronic illnesses, but there are no common statistics. This makes it difficult to understand the situation and to monitor changes in mortality.

Another great challenge is the referral to and permanence for treatment of **complicated** cases in **hospital services**. This has been observed mostly in Mexico, but in general, people who require specialized care in secondary or tertiary health services reject hospitalization on the route because they do not want to be separated from the group they are traveling with or delay their journey. MSF has even observed situations that are life-threatening, such as cases of pre-eclampsia in pregnant women, where patients in Mexico refuse treatment and leave the hospital. In both Honduras and Mexico, the teams are faced every day with the difficulty of making referrals because people do not want to go to the hospital.

<sup>11</sup> See <https://www.iom.int/news/deadliest-year-record-migrants-nearly-8600-deaths-2023>



A migrant woman recounts her testimony as she waits to be assisted by the MSF team in Danlí, on the Honduras–Nicaragua border.

## 5. Insecurity and abandonment

In addition to providing comprehensive medical care to the migrant population, MSF monitors protection in projects in Honduras, Guatemala and Mexico with the objective of gaining a better understanding of the experiences of violence and other human rights violations to which these people are subjected. The intention is to identify the main threats and associated vulnerability factors in order to suggest actions to reduce risks for people. MSF does not carry out an active search or exhaustive records of protection cases, but the documentation of incidents of violations against this population allows us to understand a small part of the immense problem of the difficult and unacceptable situation of insecurity and violations that people experience during the migratory route in the region.

Throughout 2023, MSF documented more than 750 protection cases between projects in Honduras, Guatemala and Mexico. These cases involved more than 3,000 people directly. During the year, people of all age groups of more than 10 nationalities were identified as requiring protection, presenting different vulnerabilities, needs and care responses.

The documented cases show the serious situation of vulnerability and violence faced by migrants, especially children, adolescents and women. The reports reveal a wide range of human rights violations, from extortion and robbery to physical and sexual violence, which affect not only individuals, but also impact families and entire community groups. There is an insufficient medical-humanitarian response to the diverse needs and vulnerabilities of these populations, which fails to ensure their safety and wellbeing during the migratory journey.

Among the reports of violence documented by MSF in this protection monitoring, many were related to incidents that occurred along the migration route, at border crossings and in countries prior to the point of contact with MSF. In each country where we work, MSF teams witnessed the accumulation of cases of violence suffered by the same person, family or group. Abuses committed in the Darien Gap were reported in all of the organization's projects. Many of these violent events contributed to various physical and mental health consequences that may occur in the medium or long term.

- More than 70 per cent of the protection cases documented in Honduras, and more than 36 per cent of those in Guatemala, represented events with more than one type of violation committed against the affected person or group.
- More than 50 per cent of protection cases involved more than one person (survivor or victim) affected by the same event of violence (Honduras and Guatemala).
- More than 50 per cent of protection cases were perpetrated against women in all the countries included in this monitoring.

## a. Sexual violence

The Darien Gap stands out as the place where most cases of sexual violence occur, according to MSF records in the different localities mentioned in this report. The assaults reported to MSF teams were perpetrated against different genders and ages, and range from touching to rape. In Honduras, only two-thirds of the survivors received medical attention before arriving in the country. In addition, teams also received reports of violence in informal settlements in El Paraíso, Honduras. In Guatemala, an investigation by a human rights organization revealed allegations of continuous extortion and sexual assault by the local police, including testimony that crossing Guatemala had been worse than crossing the Darien twice.<sup>12</sup>

In Mexico, at least 8 per cent of the cases documented by the protection monitoring refer to cases of sexual violence that occurred during the survivors' passage through Guatemala, and in Mexico, mainly in the state of Oaxaca and Mexico City. In the Mexico City project in particular, survivors said they had not reported the incidents to competent authorities or specialized bodies, either for fear of reprisals or deportation, or for lack of knowledge of their rights and/or complaint processes.

Police in various countries were reported to conduct alarming and invasive forced genital searches on migrants, searching for money and other valuables. Some patients did not perceive this as a sexual aggression, despite the risks to physical and mental health from this degrading practice.

## b. Physical violence and kidnapping

The situation of violence against migrants is alarming in Central America and Mexico and has accompanied the increase in numbers of people on the move that marked 2023. In Mexico, the level of violence worsened in the last months of the year, as evidenced by MSF reports from patients in Mexico City and Tamaulipas. Violence emerged as the main risk factor against the survival, safety and physical and mental wellbeing of migrants in the region. In the case of Mexico, kidnappings are of concern, as an extremely violent criminal practice that causes loss of life, considerable and sometimes irreversible physical and psychological damage, and property damage.

In Tamaulipas, cases of physical violence and kidnappings, commonly accompanied by threats and extortion, are generally reported as being committed by criminal groups, according to protection monitoring. Of the cases for which information was collected in 2023, **230 cases of violence were documented in the area with 775 victims, of which 52 per cent werewomen and 22 per cent werechildren and adolescents.** In the cases of kidnapping, the people attended to by MSF reported during medical consultations that, while they were subjected to these events, they suffered multiple forms of cumulative violence, such as threats, physical violence, sexual violence, and deprivation of sleep, food and water, in addition to reports of extreme physical violence such as acid burns, fractures and beatings. Some reported having witnessed homicides.

In Guatemala, 150 people reported to MSF that they had returned from Mexico due to the violence they suffered there. The reports that have come in through protection monitoring are mostly cases of kidnapping, robbery and other types of physical violence. The people attended also identify public servants who have violated their rights by denying, obstructing or conditioning basic services, but there were also reports of violence. Instead of assisting and protecting, they violate them.

MSF received more than 270 reports in Guatemala where people reported violence among the motivating factors for leaving their countries: specifically incidents

<sup>12</sup> The hell of crossing Guatemala: 'I would have preferred to cross the Darien twice', <https://elpais.com/america/2023-11-18/el-infierno-de-cruzar-guatemala-habria-preferido-pasar-dos-veces-el-darien.html>

of extortion, political persecution, forced recruitment and gender-based violence, among others. Although it is not an exhaustive sample, the severity of the situation for people who flee a country for reasons of violence and end up being forced to face other multiple forms of violence while seeking safety and better living conditions for themselves and/or their families is striking.

## c. Extortion and robbery

Some cases of violence are particularly trivialized in this context, in the sense that people often do not see them as violations. Such is the case of extortion along the migration route. Many people, in anticipation of their migration journey, prepare to carry with them enough money to make these "payments", in addition to needs for transportation, lodging and food. The reports that reach MSF refer to cases committed by both criminal groups and state agents, who, once again, instead of protecting, violate them. Unforeseen expenses in this calculation or preparation often result in travel delays along the route. Some groups of people sometimes stay for two months in one place—as in El Paraíso (Honduras) and Esquipulas (Guatemala)—until they manage to find additional resources to continue.

Migrants are also victims of robberies or assaults. With regard to these cases, reports arriving in Honduras, such as those committed in Darien, indicate robbery tendencies with physical violence directed more at men, while women from the respective groups are taken elsewhere and sexually assaulted. In Mexico City, robberies are the main reported event that, according to the accounts, occur during transit through previous countries such as Honduras and Guatemala, but also throughout Mexico, in states such as Chiapas, Oaxaca, Veracruz and in the capital itself (where half of these cases are accounted for).

## d. Other cases: threats, discrimination, xenophobia, abuse of power

Among the cases of violence to which migrants are exposed on the route are threats, including of physical violence, death, separation from the family, and return to the border. There is also discrimination, with prominent cases of racism and xenophobia, and situations of abuse of power. These incidents have the potential to cause serious psychological impacts.

MSF received reports of abuses of power by security and migration agents, in both Mexico and Guatemala. In these cases, people did not file complaints, but according to their testimonies, these types of situations continue to occur flagrantly.



## 6. Other challenges: information, documentation and discrimination

MSF has witnessed the multiple **barriers faced by migrants to access protection services**, particularly survivors of violence. The experiences of people requiring protection due to imminent risk, safe shelter, or information about their rights and due process **are not isolated cases**. Of the 4,354 consultations carried out by MSF social work teams in the region in 2023, 47.3 per cent reported having suffered violence of some kind, of which 10.24 per cent referred to sexual violence.

Social needs can be increased **by acts of discrimination, racism, exclusion and forced displacement**, materialized in food insecurity, abandonment, mistreatment and violence, among other factors, which in turn generate huge gaps in access to health and a dignified life for people whose only claim is to live in a protected environment.

The limitation of information and access to existing public services that do not have the capacity to provide culturally and linguistically suitable care for migrants represents an additional challenge. During the year, MSF's social work team worked with 1,447 patients with medical needs and accompanied 369 people who required emergency care in a hospital registered in the health system.

MSF has also witnessed the denial and limitations of public health services to migrants. **Access to healthcare and dignified treatment is not the only thing that is denied to this population: the lack of documentation and accurate and reliable information also places them in scenarios of uncertainty and exposes them to violations, directly affecting their mental health and even putting their lives at risk.** This could be reduced by guaranteeing the right to information and identity. The most common requests for information have been for migration processes in Mexico and the US. The MSF team provided information to **2,675** people in this regard in 2023. The population does not know or has little information about what refuge, asylum and international protection are. There are also gaps about their rights during the migratory route, and **they even lack information about where they are geographically or how they can obtain an identity document that has been taken from them or that they have lost on their way.** During 2023, 65 people requested MSF support to recover an identity document, however, there are few consulates in the places where the teams work, meaning people continue on their way without a document that guarantees their right to identity. Therefore, they continue to be subjects without the possibility of claiming rights and access to services.

It is reprehensible that there are gaps in information and documentation, as well as limited access to services for people on the move. Their objectives are to flee violence, poverty, clandestinity (LGBTTIQ+), and marginalization, and their only certainty is to walk wherever they are allowed—risking their dignity, physical and mental stability, and even their lives and those of their children—to reach a place where they can survive.



An MSF doctor talks with a Haitian woman staying in the informal migrant camp in Tlahuac park, Mexico City, during 2023.  
Maria Chavarria/MSF.

### e. Impunity

Incidents are rarely reported to the authorities because the people affected have little information about their rights and their possibilities of reporting the cases. But mainly, there are no reports because there is little trust in the authorities and a great fear of being deported among the migrant population. People also report barriers to accessing these services, which act to re-victimize people. For these reasons, the involvement of authorities is usually minimal. There is a perception that reporting will have negative effects. There is a feeling of little trust in the legal systems, i.e., that there is impunity.

Many of these risks could be avoided or mitigated if migrants had access to better conditions along the route and at border crossings, shelters with dignified and safe services, and better public security systems. In cases of xenophobia or other forms of discrimination, it is urgent to promote the implementation of measures to punish the perpetrators.

## 7. Main medical – humanitarian concerns

### Health

- MSF highlights the serious medical-humanitarian consequences of the experiences that people have on the migration route. During 2023, MSF witnessed that migrant populations included entire families, pregnant and/or lactating women, children, adolescents and the elderly, who are more vulnerable to the hostility of the route. The presence of these groups highlights the need for specialized, comprehensive and timely attention to meet their needs.
- At key points along the migration route, the insufficiency of the medical-humanitarian response to meet the increased numbers of people on the move, as well as the growing needs they face, is visible. It is necessary to improve the comprehensive response to address both physical and mental health needs (including cases of psychiatric conditions that require pharmacological treatment).
- Cases of physical and, above all, sexual violence against migrants are unacceptable. To address these needs, it is necessary to improve the availability of timely comprehensive medical and psychological care services for these populations, without forgetting the needs of nationals/locals. Protection measures must be sought to mitigate the incidence and impunity in relation to violence against these people.
- The emotional burden for migrants, and even more so for those who have experienced some form of violence, is incalculable. Enduring the hostile conditions and violent incidents that characterize the migration route contribute to prolonged exposure to high levels of stress. In addition, the various forms of violence they suffer generate additional mental health problems, such as depression, anxiety and post-traumatic stress disorder, in addition to exacerbating, in some cases, more severe medical conditions.
- Of concern is the uncertainty that migrants feel about what comes next. MSF teams witness acute stress, people with mobility difficulties or people who have lost their limbs due to the different forms of violence they have experienced while migrating. MSF works to minimize these health effects, but a collective response effort is needed to address the growing needs.
- The difficulties in moving forward with initiatives associated with the Mental Health Gap Action Program (mhGAP) are alarming. Access to essential services for psychiatric patients—such as shelter, protection, and healthcare—is limited, especially in cases of migrants traveling alone, who have encountered challenges in obtaining care, including appropriate referrals to specialized services.
- Of concern are the challenges in proceeding with appropriate referrals for patients requiring specialized care along the migration route. MSF witnesses **numerous barriers**, such as transportation, time and location, cost, language, to timely and adequate access to health services for the most vulnerable and / or those with urgent needs.
- The insufficiency in the availability of sustainable or long-term programs to address the medical-humanitarian needs of people in migration is evident; funding programs should not be short term; planning and coordination is needed, at least of medium duration.

### Shelter, water, sanitation and hygiene

- Precarious access to essential services such as shelter, water, sanitation and food is unacceptable. The small advances observed in practice in some of the countries do not keep pace with the growing numbers and needs. There continue to be significant limitations in material and human resources to respond to the needs of migrants.

### Protection

- The unprecedented numbers of people migrating are accompanied by multiple cases of violence perpetrated against migrants along the route. The lack of security, as well as the low response to mitigate the risks of violence, is extremely worrying.
- Sexual violence continues to be one of the most stigmatized and neglected health issues. MSF regrets that survivors of these events have to face additional barriers, such as bureaucratic obstacles and re-victimization, which, added to the lack of information made available, shows that the needs of sexual violence survivors are being neglected on this migration route.
- The lack of information and misinformation prevailing along the route increases stress and exposes people to additional risks of violence. Countries must honor their commitments to safe, humane and dignified migration. The provision of accessible and reliable information is key to making this happen.
- It is of concern that, with presidential elections in Mexico and the US scheduled for 2024, efforts to present advances in border security management and migration containment are taking precedence over the safety, wellbeing and rights of people seeking a chance to improve and protect their lives.

## 8. Conclusion

This report confirms MSF's testimony in the Central America and Mexico region: people in irregular migration situations are exposed to violations that often affect them multiple times along the migration route. Protection risks range from **physical and psychological violence** (including threats and discrimination) to violence that deprives them of their possessions. The consequences on health range from physical effects with short- and long-term consequences – even permanent- to mental health effects. These emotional effects are aggravated by the fear of separation or family loss and the fear of deportation to a place where their lives may be threatened. Migrants are especially vulnerable to various dangers due to their mobility status, challenges in accessing essential services, and exposure to often precarious travel and stay conditions, among other factors. These factors expose them to abuse by groups engaged in human smuggling activities, the actions of criminal groups, as well as mistreatment by state agents who should be assisting and protecting them.

**Existing migration policies and practices** in transit countries do not guarantee the protection of the migrant population. The constant changes and poor dissemination of these policies increase the vulnerability of these people. There is a high level of impunity in cases in which the authorities themselves have been directly involved in the violation of rights and abuses committed.

The **medical and psychosocial response by health institutions** in transit countries is often overwhelmed and lacks the capacity to care for the migrant population. In addition, there are reports of discrimination in healthcare provided by these institutions.



An MSF doctor attends to a child at the care point near the National Migration Institute in Danlí, border between Honduras and Nicaragua  
© Laura Aceituno / MSF.

## Calls

- MSF urgently calls for a better response to the complex medical-humanitarian and protection challenges surrounding migration in the region.
- It is essential to improve the coordination of humanitarian responses among all governmental, non governmental and civil society entities.
- It is crucial to mitigate the risks faced by migrants; guarantee their protection and respect for their rights from a social and humanitarian perspective. Essential services, including health and protection, must be accessible to all people without discrimination.
- It is equally crucial to provide a timely and comprehensive medical response that addresses the immediate and longer-term consequences of violence affecting migrants.
- It is necessary to have dignified and safe migration policies for the entire population on the move. It is the duty of each country in the region to respond to migration in a humane, dignified and safe manner.
- Migration in the Americas demands local, regional and global solutions; it is clear that each country—be it a country of origin, transit or destination—has the obligation to attend to the medical-humanitarian and protection needs of people migrating.
- It is urgent that each state, whether of origin, transit or destination, assumes its responsibilities in the response to this crisis, including taking the necessary legal and administrative sanctioning measures to reduce impunity in cases of violence against migrants. It is unacceptable that, instead of assisting and protecting, they violate them.
- To improve the safety of the migratory experience, it is crucial to increase the availability of shelters with sufficient, dignified and safe water and sanitation requirements, as well as the dissemination of information on safe and dignified routes, with transparent processes that respect human dignity and do not ignore the crisis and humanitarian emergency in Latin America.
- **Migration is a right. Migrants have human rights as any other person simply by virtue of their humanity.**



✚ An MSF health promoter talks with two migrants on their way to the north of the continent.  
📷 Cecilia Duran / MSF.

Back cover 📷 Karen Melo / MSF.



Fernando Montes de Oca 56, Condesa, 06140, Cuauhtémoc,  
Ciudad de México Tel. +52 55 5256 4139 Ext. 119

 [www.msf.mx](http://www.msf.mx)  [MSF.Mexicoyca](https://www.facebook.com/MSF.Mexicoyca)  [@MSF\\_México](https://twitter.com/MSF_México)  
 [@msf-mexico](https://www.instagram.com/msf-mexico)  [Msfmexico](https://www.youtube.com/Msfmexico)

