



# THE FALL OF THE WALL

**THE IMPACT OF VIOLENCE ON THE RIGHT TO HEALTH  
FOR DISPLACED PERSONS IN THE NORTH OF  
CENTRAL AMERICA AND MEXICO**

# The Impact of Violence on the Right to Health for Displaced Persons in the North of Central America and Mexico

People living in the North of Central America (NCA) face significant barriers to accessing fundamental rights such as the right to health, in turn triggering both internal and cross-border displacement in the region. Access to healthcare is highly impacted by the ongoing situation of generalised violence, especially as the presence of criminal groups exacerbate existing barriers to health services. Territorial control and the imposition of invisible borders between communities, and a lack of trust in authorities, are among the main reasons preventing people from accessing basic health services, and also affect the work of healthcare providers.

However, fleeing to another place does not guarantee effective access to timely and adequate healthcare; both internally displaced people, as well as migrants and refugees, face similar barriers after displacement, either due to their nationality, lack of residency or migration papers, or due to the historical structural deficiencies in

healthcare systems across the region. This snapshot looks at the right to health in the NCA and Mexico, at how generalized violence can cause health problems that force people to become displaced, and how displaced people continue to face barriers to accessing healthcare on the migration route and in host countries.

The snapshot also reviews how the state responses to Covid-19 across the region have increased the vulnerability of displaced persons. Border closures, reduced response capacities (of both governments and civil society organisations), as well as the indefinite suspension of asylum and refugee status determination procedures, have further deteriorated the physical and mental health of displaced people.

## Key messages

- 1 Generalised violence in the North of Central America has **direct impacts on the health of the affected people, especially women and children.**
- 2 **Fragile public health systems**, which often do not provide services in areas with high levels of violence, as well **territorial control imposed by criminal groups** in the North of Central America and Mexico, impact access to healthcare for people on the move.
- 3 **Criminal groups**, such as gangs, **restrict physical access to healthcare services, as well as the access of healthcare workers to communities.**
- 4 Forced displacement and irregular migration affect the **physical, mental and emotional health of displaced people.**
- 5 People on the move are not able to effectively access healthcare on the migration route, as they often avoid travelling through urban areas where most services are provided. **Humanitarian organisations are often the only actors providing healthcare services at border crossings.**



This is the ninth snapshot on the protection situation in the North of Central America and Mexico; an initiative of the REDLAC Regional Protection Group for the NCA, led by the Norwegian Refugee Council, and supported by AECID and ECHO. The analysis is based on semi-structured interviews with 26 humanitarian organisations and academic institutions working in Honduras, Guatemala, El Salvador and Mexico, as well as monitoring of official statistics, press, and academic studies. The document includes inputs from various organisations in the Protection Group, but does not reflect messages approved by each organisation.

# 1 A general update on the protection crisis

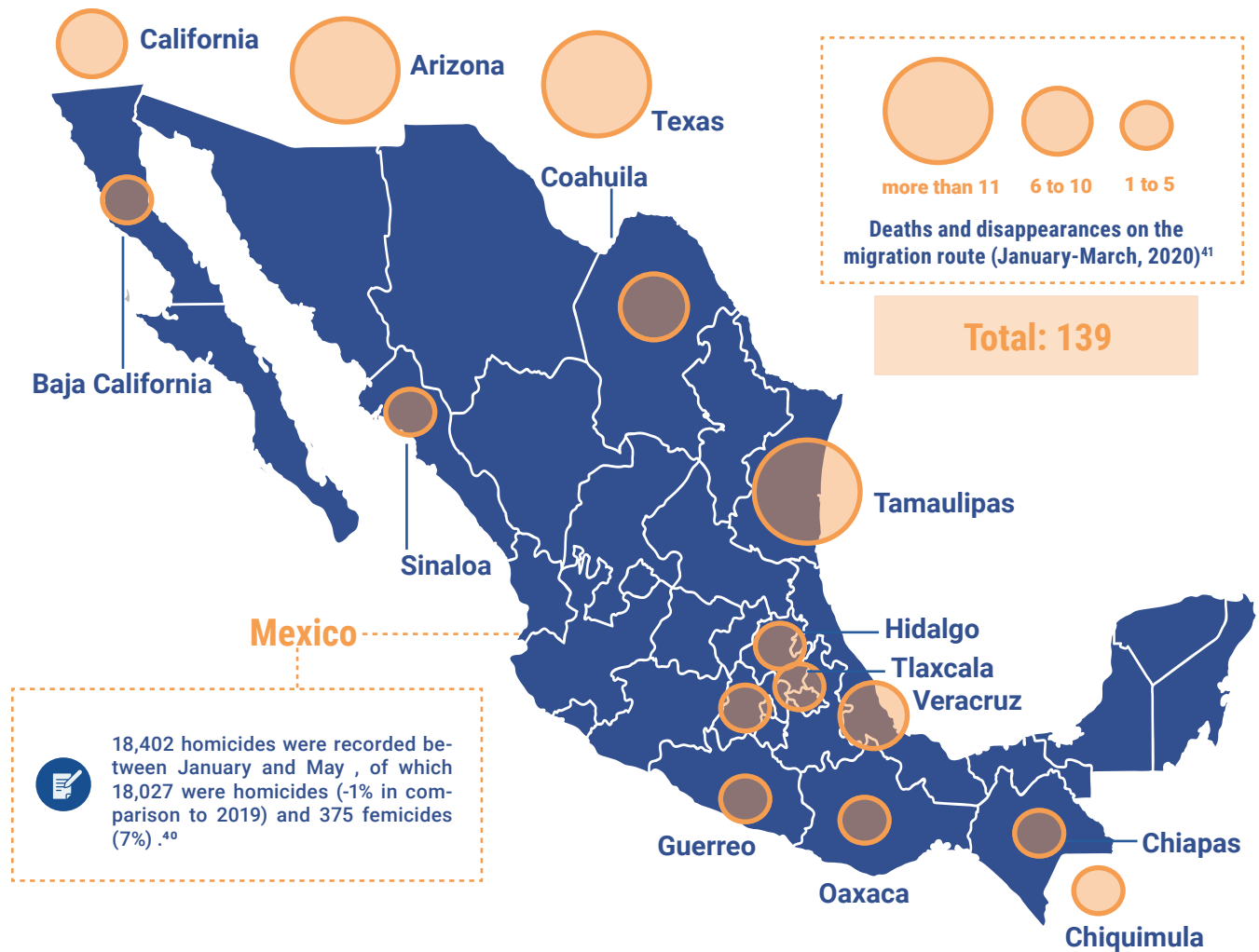
## Data from January to May 2020



- Between January and May 2020, 1,182 homicides were registered, a reduction of 22% compared to the same period of the previous year.<sup>17</sup>
- 15 massacres have been reported with 56 victims.<sup>18</sup>
- 55 homicides of women were registered between March 15 to June 6.<sup>19</sup>
- 116 organisations in Honduras have signed a letter addressed to the Government reporting that the Covid-19 crisis has exacerbated the human rights crisis.<sup>20</sup>
- During the first five months of 2020, 21,861 people were deported, a 50.6% reduction in comparison to the same timeframe in 2019.<sup>21</sup>

- 978 homicides were reported, a 35% decrease in comparison to 2019.<sup>27</sup>
- 1,264 minors were reported missing (reports from the 1st of Jan to 2nd of Feb, 10th to the 16th of Feb, 1st of March to 31st of May).<sup>28</sup> This represents 47% fewer cases than during the same period of 2019, however the transition between governments has led to gaps in the data).
- 23,555 people were deported from Mexico and the United States, a 44% decrease in comparison to the same period in 2019.<sup>29</sup>

- 503 homicides were registered between January and May.<sup>1</sup>
- In a single weekend in April (Friday 24-Monday 27), over 70 homicides were recorded.<sup>2</sup> In response, the Government applied extraordinary measures in prisons, which were widely criticized by human rights organisations.<sup>3</sup>
- 733 people have been reported missing between the 1st of January and the 14th of May. 332 remain missing.<sup>4</sup>
- At least 13 feminicides have been registered and reports of gender-based violence have increased by 70% since the beginning of the quarantine.<sup>5</sup>
- Three hate crimes toward LGBTQI people were reported in the first four months of 2020.<sup>6</sup>
- 7,072 people were deported, a 46.8% decrease in comparison to 2019.<sup>7</sup>
- During storm Amanda, 16 people died and 7 others are missing. Material losses are estimated at \$200 million.<sup>8</sup>



Apprehensions at the US border (fiscal year until May 2020) <sup>43</sup>				
Country	Unaccompanied minors	Travelling with families	Single adults	Total
El Salvador	1,689	3,673	5,976	11,338
Guatemala	6,546	9,585	17,125	33,861
Honduras	2,909	8,683	14,637	26,229
<b>Total</b>	<b>11,144</b>	<b>21,941</b>	<b>38,343</b>	<b>71,428</b>

Changes in migration policies		
2020	24 <sup>th</sup> of March	The Mexican Refugee Commission extended the temporary suspension of refugee status applications. <sup>51</sup>
	27 <sup>th</sup> of April	The Mexican National Migration Institute emptied its migration detention centres through mass deportations. <sup>52</sup>
	1 <sup>st</sup> of May	The United States (US) government temporarily stopped processing asylum claims and continued mass deportations at the southern border. <sup>53</sup>
	19 <sup>th</sup> of May	The US government extended the restrictions on non-essential crossings at its southern border for a second time. <sup>54</sup>

Asylum applications in Mexico by nationality (January-May, 2020) <sup>42</sup>		Deportations to Mexico from the United States (until April 2020) <sup>45</sup>
El Salvador	1,753	
Guatemala	1,155	
Honduras	6,078	<b>Total: 66,589</b>

Asylum seekers on 'metering' lists, waiting to cross the Mexico-US border <sup>44</sup> (may 2020)	
Puerto fronterizo de entrada	Number of people
Matamoros, Tamaulipas	300 (80 families)
Reynosa, Tamaulipas	390
Nuevo Laredo, Tamaulipas	150
Piedras Negras, Coahuila	12
Ciudad Acuña, Coahuila	1,000
Ciudad Juárez, Chihuahua	0
Agua Prieta, Sonora	600
Nogales, Sonora	990
San Luis Río Colorado	1,366
Mexicali, Baja California	150
Tijuana, Baja California	9,600
<b>Overall total</b>	<b>14,558</b>

### Covid-19 in the North of Central America and Mexico

El Salvador

- The measures applied by the Government to prevent the spread of Covid-19 have been criticized as being confusing and hasty,<sup>9</sup> and have provoked tensions between the Supreme Court, the Legislative Assembly and the Executive branch.<sup>10</sup>
- More than 14,000 people have been obliged to stay in quarantine shelters in El Salvador.<sup>11</sup> By the end of June, 1,366 people were distributed in 37 quarantine centres: 65 children (5%), 89 elderly people (7%) and 1,205 adults (88%), including 7 pregnant women.<sup>12</sup>
- Reports highlight overcrowding, insanitary conditions, and the limited and often confusing information provided to those staying in the shelters about the duration of their stay and on the results of their Covid-19 tests.<sup>13</sup> Two riots have broken out.<sup>14</sup> In April, one man died in one of these centres due to a lack of medical care.<sup>15</sup>
- Human Rights Watch and the Human Rights Defence Attorney's Office have criticized the actions of the police force during the pandemic and have documented arbitrary detentions. By the 22nd of April 778 complaints had been filed against the police and military.<sup>16</sup> In the meantime, the Government authorized the police force to use lethal force to defend themselves and citizens.

**Honduras**

- Although the Health Secretary has spent over 4,366 million lempiras to respond to the pandemic, the Doctors' Union has reported a lack of equipment.<sup>22</sup> Cases of contagion between medical personnel are increasing.<sup>23</sup>
- Through "Operation Honduras", food bags were to be delivered to 3.2 million people. However, civil society organisations have criticized the lack of transparency in the spending of resources and the criteria for food distribution: Booklets on evangelization are also included in the packages.<sup>24</sup>
- In the first two months of the lockdown, 300 new admissions to prisons were reported, and 2,000 people were detained for violating the curfew. Many were detained for 24 hours in police stations and temporary detention centres without adequate conditions. The Association of Relatives of Detainees published a statement expressing concern about the threat that Covid-19 poses in prisons. According to humanitarian organisations, prisons have become major sources of contagion: by July, the national prison system had registered 393 positive cases; a much higher rate than in Francisco Morazán.<sup>25</sup>
- Reports have shown the use of torture by police officers towards people detained for violating the curfew (including beatings, electric shocks and application of towels with tear gas).<sup>26</sup>

**Guatemala**

- Lockdown measures began on the 22nd of March. Crimes reduced during the month of April in comparison to the previous year. However, despite the curfew and mobility restrictions, in April and May, 522 homicides were reported. Injuries and sexual violence against women have continued at a higher rate than against men. Out of the 678 reports of sexual violence to the Institute of Forensic Sciences, 614 were against women, of which 476 were girls.<sup>30</sup>
- Domestic violence against women and girls continues to be perpetrated; from January to April 2020, 1,693 complaints were reported for domestic violence and 1,984 for violence against women. In addition, on average three women go missing every day.<sup>31</sup> These disappearances sometimes go hand in hand with missing children alerts, possibly because mothers flee with their young children.<sup>32</sup>
- The two specialised hospitals in the country, San Juan de Dios General Hospital<sup>33</sup> and Hospital Roosevelt<sup>34</sup>, have collapsed due to the health crisis. Health personnel have repeatedly requested supplies for personal protection equipment due to the multiple infections between doctors and nursing personnel.<sup>35</sup>

**Forced displacements during the Covid-19 crisis**

06/04/2020	Washington, Purulhá, Baja Verapaz	36 families evicted after a long-standing land conflict. <sup>34</sup>
13/04/2020	Caserío de Santa Elena, in Río Salinas, Sayaxché, Petén	Security agents of a palm plantation company try to evict 200 families. <sup>35</sup>
06/05/2020	Laguna Larga, San Andrés, Petén	450 people who were evicted in 2017 and live in an area bordering Mexico, petitioned the government to be relocated, citing their precarious living conditions and fear of the pandemic. <sup>36</sup>

**Mexico**

- On the 30th of March, the General Health Council declared a health emergency due to Covid-19, and extraordinary measures were imposed across Mexico. These included the suspension of non-essential public and private activities, with exemption for medical and health services, public security and essential sectors for the economy. The measures were to last until the 30th of April, however in April they were subsequently extended until the 30th of May.<sup>46</sup>
- Domestic violence increased, according to the National Public Security System; from January to April 2020, 68,468 reports were made of domestic violence, a 10% rise in comparison to the previous year.<sup>47</sup>
- Many hospitals throughout the country lack appropriate protective equipment<sup>48</sup> and protocols, affecting patient care and putting health workers at high risk of infection<sup>49</sup>. During the first semester, 29,603 cases and 463 deaths due to Covid-19 occurred in the health sector in Mexico. Nursing staff were the most affected with 41% of the cases, followed by doctors with 30%<sup>50</sup>.

## 2 Impacts of violence on the right to health for displaced people

### A general perspective

**Generalised violence in the North of Central America directly impacts the health of affected people.** In Guatemala, for example, from 2018 to 2019, 6,867 injuries, 6,637 homicides<sup>55</sup>, 21,774 reports of sexual violence, 614 cases of human trafficking<sup>56</sup>, as well as 8,354 pregnancies in girls under the age of 14 were reported<sup>57</sup>. In 2019, 4,139 injuries were recorded in El Salvador and 1,073 injuries in Honduras<sup>58</sup>. Injuries and homicides<sup>59</sup> put additional pressure on the already overstrained national health services.<sup>60</sup>

Violence affects different profiles in different ways, and **aggravates preexisting vulnerabilities**. Structural factors can reduce or increase exposure to or the gravity of violent events; institutional capacity to respond is a key element of this structural analysis. Across the region, while states have drawn up technical guidelines, protocols and regulatory frameworks to support victims of violence and forced displacement, these protocols have not translated into a practical capacity to provide a comprehensive response, or reduce the risk factors of violence.

**High rates of sexual violence** impact the health of Central Americans, particularly women and girls. Almost half of all women in relationships in El Salvador have experienced domestic violence at least once.<sup>61</sup> In 2019, 75% of survivors of sexual assault in El Salvador were minors.<sup>62</sup> In Guatemala, during the first quarter of 2019, on average, 29 reports of sexual assaults against women were filed per day.<sup>63</sup> From 2016 to June 2019, Doctors Without Borders treated 2,048 survivors of sexual violence in Honduras: 70% of the cases attended were of rape (86% of women, of which 51% were minors).<sup>64</sup> Despite these figures, Honduras and El Salvador do not have standardized protocols for responding to sexual violence, providing specialized care for girls and women affected by this widespread phenomenon. In addition, the NCA countries continue to implement laws criminalizing abortion, which persecute, investigate and imprison victims of sexual violence when they are suspected of having had abortions (even if the pregnancies are the result of rape).<sup>65</sup>

*"Hundreds of women, including girls and adolescents, are forced to seek support in Mexico, since they cannot seek medical assistance for their pregnancies or for sexually transmitted infections (often resulting from gang violence). Back at home, they are prevented from seeking assistance by their attackers, and doing so would put their lives and those of their families at greater risk."*

Humanitarian organisation in Mexico.



MSF doctor updating family members about patient's status in the COVID-19 centre in Matamoros. Credit: MSF/César Delgado

**Generalised violence is one of the main triggers of forced displacement** in the North of Central America. How violence affects the health of displaced people is highly contingent on socio-economic factors, and also varies depending on the stage of the migration cycle. Women and girls are the most vulnerable to situations that affect their sexual and reproductive health.<sup>66</sup> **Health issues can also be a direct reason or contribute to why people have to flee the NCA, as they are unable to access adequate healthcare at home** due to access limitations imposed by gangs, weak health infrastructure, including a lack of qualified personnel, technology and medical supplies, as well as poor universal and free coverage.<sup>67</sup>

## Forced displacement and irregular migration affects health on three different levels: the physical, mental and emotional.

### Physical health

In terms of physical impacts, organisations attending migrants in Mexico report that those arriving often have health problems that started in their home countries, including chronic diseases such as diabetes and hypertension. Other illnesses develop in addition to these on the migration route, due to the clandestine, risky and precarious conditions in which these journeys take place, often also aggravating preexisting conditions.<sup>68</sup> Gastrointestinal diseases, lung infections, hypertension, diabetes, muscle pains, skin conditions, headaches, poor nutrition and risks of dehydration, insect bites, blisters and sprains can occur or worsen on the journey.<sup>69</sup> During transit there is a risk of contracting HIV, or sexually transmitted infections, or suffering from accidents, as well as injuries and attacks by criminal groups. A humanitarian organisation in Mexico interviewed for this report mentioned that violence against migrants increased after the implementation of the Plan Frontera Sur in 2014. As migration controls have tightened and people are forced into irregular routes, violent attacks against migrants have also gone up, undermining their physical and mental health<sup>70</sup>. Wounds from attacks by criminal groups and authorities in countries of origin and transit, with sticks, knives and firearms, are common, as are sexual assaults (mainly towards women and LGBTQI people). These in turn cause internal tears, sexually transmitted infections and unwanted pregnancies. Blisters, strains, fractures, miscarriages, and loss of limbs that occur as people try to escape raids and checkpoints are also common. As a result of precarious conditions in detention centers in Mexico and the United States, people (in particular minors)<sup>71</sup> suffer from insect bites, allergies, asthma, and respiratory, gastrointestinal, and skin infections. Mobility restrictions and border closures due to Covid-19 may increase the protection risks inherent on the migration route, and increase the vulnerability of children and women to criminal groups, security forces and human trafficking. Given that protection options have become even more limited, victims of violence may take more risks during displacement (such as taking increasingly irregular routes), making it even more difficult for them to access health services.<sup>72</sup>

*"We have received men at our facilities who have been kidnapped by organised criminal groups, and arrive with broken skin on their backs, hands, arms, legs and buttocks, after having been beaten with wooden boards so that their relatives pay their ransom. We've also received women diagnosed with HIV after being sexually assaulted in Mexico."*

Humanitarian Organisation in Mexico.

### Mental health

From a mental health perspective, internal displacement and forced migration can generate post-traumatic stress, in addition to anxiety, panic, paranoia, nervousness, sleep disorders, trouble with conflict resolution, eating disorders and depression. According to Doctors Without Borders, 78% of people that they have treated in Mexico presented mental health problems related to experiencing violence<sup>73</sup>. During migration detention processes, people are under high levels of stress caused by deprivation of liberty, and this can trigger depressive symptoms. Deportees also face barriers to accessing health services and those suffering from chronic diseases often have to suspend treatments due to a lack of financial resources.<sup>74</sup> Between the difficulties experienced on the migration route, waiting times in detention centres, complications from traumatic experiences in countries of origin, to the increasing narrowing of protection spaces and durable solutions, the importance of mental healthcare for migrants is increasingly evident.<sup>75</sup>

### Emotional health

Finally, displacement goes hand in hand with uncertainty about the future, which often leads to emotional instability affecting day-to-day lives and future projects and plans.<sup>76</sup> Uprooted families, family separations and the loss of plans and projects directly affect the physical and mental health of displaced persons.<sup>77</sup>

Health is significantly impacted by migration, and particularly more so for separated or fragmented families and women. According to study by International Organization for Migration (IOM) on health and migration in Honduras, between 10 and 21% of migrants contracted diseases on the migration route; 10% of deportees reported having developed an illness; and 50% stated that existing illnesses had worsened due to their journeys. Between 16 and 36% of those interviewed reported consuming alcohol, and at least 17% increased their consumption because of their migration or displacement. Furthermore, the members of fragmented or separated families, especially women, left behind in communities of origin suffered a greater impact on their mental health, including higher rates of hopelessness, anxiety and depression.<sup>78</sup>



# 3 El Salvador



Crédito: ACNUR / Alexis Masciarelli

## The Salvadoran national healthcare system

El Salvador's health system is both public and private, however the majority of services are provided by the public sector<sup>79</sup>, which is composed of the following institutions:

- Ministry of Health (MINSAL): governs the public sector and covers 70% of the population.
- Salvadoran Social Security Institute (ISS): covers 27% of the population.
- Salvadoran Institute of Teacher Welfare (ISBM): covers 1% of the population.
- Military Health Command (COSAM): covers 1% of the population.
- Solidary Health Fund (FOSALUD): provides services during weekends and extended schedules. Responsible for financing health promotion campaigns.
- Institute for Comprehensive Rehabilitation (ISRI): covers uninsured people and is the only public rehabilitation institute.

El Salvador invests more resources in its health system than other neighbouring countries.

*In 2017, health spending per capita was \$282, ranking 97th out of 180 countries in the global classification on health spending.*

*At the subregional level, Guatemala is ranked 101, investing \$260 per capita, and Honduras is ranked 112 with \$196.<sup>80</sup>*

The Salvadoran health system was reformed through the creation of a National Health Policy between 2009 and 2014. This reform provided for the guarantee of the right to health of the entire population through a National Integrated Health System with a human rights approach.<sup>81</sup> The policy promotes equitable access and comprehensive care through the expansion of Community Family Health Units, which are made up of medical, nursing, nursing assistants and health promoters who carry out general and specialized care.<sup>82</sup>

Despite this reform, many barriers persist and hinder access to quality public health services<sup>83</sup>, which, according to research led by the Universidad Tecnológica, are insufficient. Citizens surveyed for the research rated the worst aspects of the health system to be: prolonged waiting times between medical appointments (78%), the services provided (72%), the attitudes of health personnel (69%) and difficulty accessing specialists (64%).<sup>84</sup>

## Barriers preventing people in areas affected by violence from accessing healthcare

People and communities residing in areas affected by high levels of violence experience a series of obstacles hindering their effective access to the right to health. First and foremost is the limited offer of health services available in these communities, which in some cases are non-existent or located far from the neighbourhood.<sup>85</sup> As such, **location determines peoples' effective ability to access healthcare**. Furthermore, when health services are not available in communities, both transportation costs and the risks of crossing invisible borders imposed by criminal groups can both impede access<sup>86</sup>. Secondly, due to **underfunding and lack of resources** in the public healthcare system, in some cases patients have to cover their own costs of essential medicines or tests.

**Reproductive rights are severely impacted by generalized and gender-based violence**, and women face a series of differentiated obstacles in accessing specialized services. Girls and adolescents, for example, are at high risk of sexual violence, and across the region the statistics of unplanned adolescent pregnancies are high. Survivors of sexual violence and pregnancies also have to deal with rejection and stigma from families and communities, triggering anxiety and depression and the risk of suicide.

While abortion remains criminalised in El Salvador, the Committee for the Elimination of Discrimination against Women has recommended that the Salvadoran State should reform the Penal Code to decriminalize it in four cases: when pregnancy puts the health of the pregnant woman at risk; when pregnancy puts life and the integrity of girls and women at risk; if the pregnancy is the result of rape, statutory rape or human trafficking; and when the extra uterine life of the fetus is not viable.<sup>87</sup>

For displaced people, **existing healthcare protocols or procedures can inadvertently be barriers to accessing services**. For example, people displaced by violence often fear being followed or tracked down by their persecutors, and prefer to avoid handing over their Unique Identity Document (an identity card that includes sensitive information such as home addresses) or providing other sensitive information, often a prerequisite for care. This same fear means that displaced people avoid crowded places such as hospitals, sometimes resulting in missing medical consultations and in self-medicating. During an in loco visit in 2019, the Inter-American Commission on Human Rights emphasized the importance of comprehensive programs for psychological and psychosocial care for people displaced by violence, which must be provided with sufficient resources and staff, in order to dismantle the barriers that displaced people face in accessing the public health system.<sup>88</sup>

## Access barriers preventing health personnel from providing health services

Medical staff are limited by a series of barriers hindering their ability to provide services: MINSAL employees face an overload of work; **an absence of guidelines for working in areas with high levels of insecurity**, or self-care protocols for dealing with the stress of working in unsafe conditions; and are **exposed to attacks by criminal groups**, as the blue uniforms of medical staff are often confused with the uniforms of the police.<sup>89</sup>

Health workers in communities affected by violence also risk **extortion from criminal groups**. According to a humanitarian organisation, community health personnel may be charged an extortion tax of up to \$500 per month. In September 2019, two facilities of the Community Family Health Teams in San Martín were forced to close and another was forced to relocate, due to threats made by gangs against staff. Likewise, according to the National Health Forum, the number of requests from healthcare staff to transfer facilities, due to violence or threats, means that several centres have been obliged to function at reduced capacity, since staff cannot be easily replaced.<sup>90</sup> The Ministry of Health's Access to Public Information Unit registered 198 requests for transfers of health personnel in 2014 and 317 cases in 2015.<sup>91</sup>

Health professionals in the department of La Paz report that **some areas affected by violence and displacement are so dangerous that some state health services will be discontinued**.<sup>92</sup> In communities with a strong gang presence, certain health services such as ambulances are sometimes considered by criminal groups as "informants". **In order to gain access, some ambulance services**

**are obliged to pay extortion fees.** In the other cases, the only way to the hospital during an emergency is if neighbours can provide lifts or transfer the patient and charge for the service. In Soyapango it was estimated that 178,000 people did not have access to ambulance services in March 2019.<sup>93</sup>

## Government responses

Various mechanisms have been devised to address structural violence, including violence prevention programs, assistance for victims and crackdown efforts on crime.<sup>94</sup> Institutions such as the Office of the Human Rights Ombudsman record reported cases of forced displacement.<sup>95</sup> **A series of measures to regularize and standardize healthcare in situations of violence and forced displacement have been taken.** For example, under the El Salvador Seguro Plan of the previous government: specialised care services for women were developed in 20 hospitals; 25 Local Victims Assistance Offices (OLAVs) were distributed throughout the country (11 of these Offices are in hospitals) as were Care Units for Victims of Violence in 6 hospitals.<sup>96</sup> OLAVs offer psychological, legal and social support in cases of domestic violence, violence against women and threats. However, the lack of a referral mechanism between different municipalities and the requirement to file an official complaint in order to be assisted (which many IDPs are reluctant to do due to the risk of further persecution) mean that these initiatives fail to provide a real and effective response for people displaced by violence.<sup>97</sup>

The Comprehensive Care Unit for All Forms of Violence, under the mandate of the Ministry of Health, has designed "Technical Guidelines for Comprehensive Healthcare for People Affected by Violence". It provides a roadmap for detecting symptoms of violence and for providing psychosocial support through the Integrated Health Networks. These guidelines are mandatory for all personnel of the National Health System.<sup>98</sup>

*Despite these guidelines, health personnel do not have a protocol or guidelines on how to work in areas with a high rate of violence or how to care for people who have been displaced. The only standardised procedure is carried out by the Community Family Health Units and Teams who register changes of addresses due to violence or insecurity.<sup>99</sup>*

## Response from the humanitarian sector

The institutional gaps in the health system in areas affected by violence are often filled by civil society actors. **Civil society organisations are, on many occasions, the main actors providing psychosocial care to people displaced by violence,** in particular due to the distrust of citizens in state institutions.<sup>100</sup> Some civil society organisations have created mechanisms to provide protection and assistance to victims based on four approaches: human rights, specialized treatment based on vulnerabilities, psychosocial support, and do no harm action. Organisations often work hand in hand with state institutions through agreements, and refer patients from communities without access to services to the public system.<sup>101</sup> Nevertheless, humanitarian actors are unable to provide services and meet the needs of all communities affected by violence.

### Best practices

Doctors Without Borders (MSF), through an agreement with the Ministry of Health, provides health services to communities and neighborhoods in San Salvador and Soyapango. They focus on: mobile primary care brigades, which include general medicine, sexual and reproductive health, clinical psychology; a comprehensive mental health intervention through community work; and health campaigns to reinforce healthy practices within communities. By December 2019, MSF reported 2,045 cases of pre-hospital care, and attended patients with medical emergencies in gynecology and obstetrics, cardiology, traumatic events and mental health. MSF's ambulances have operated in more than 80% of the 128 "red zones" of Soyapango.<sup>102</sup>



Credit: UNHCR, 2020.

“**CuentaNos.org**”, created by the International Rescue Committee, is an interactive platform providing information on services run by different institutions, organisations and churches for people at risk, (including people affected by violence, people on the move, migrants, returnees, LGBTQI persons, women, children and adolescents, among others). Categories (such as health and wellbeing, services for women and services for LGBTQI persons) can be selected. The platform provides information on the name of the organisation, the service it provides, the profile assisted and the requirements for accessing the service. In 2019, CuéntaNos was expanded to Honduras and Guatemala in order to help more people in Central America make informed decisions and access available services.

*“There is a lack of basic healthcare in El Salvador. More and more people are seeking healthcare because of the violence. Health personnel complain that they are not receiving enough protective material.”*

Humanitarian organisation based in El Salvador

## Response in time of crisis (Covid-19)

Vulnerability to contracting Covid-19 is not homogeneous among the Salvadoran population, as **communities affected by violence and deportees suffer more from the impacts of the virus**,<sup>103</sup> due to their economic situation, the suspension of jobs in the informal market, stigmatization and discrimination. The lockdown measures have prevented people from purchasing food, undermining food security and nutrition. In addition, structural weaknesses in terms of access to water were already present in many of the communities affected by violence; during the pandemic these have worsened, increasing the risk of contagion as people are unable to implement prevention hygiene measures.

On the other hand, the triggers initially behind the displacement of deportees have not disappeared. According to data from the Migration and Foreign Affairs Department, between March and April, 2,172 people were deported from the United States.<sup>104</sup> Deportees are placed in obligatory quarantine centres upon their arrival in the country; these centres have been criticized due to the difficulty of complying with social distancing measures, as well as due to a lack of transparency and access to information on the results of the Covid-19 tests. The main health problems suffered by deportees are symptoms of anxiety and depression, linked to uncertainty due to the absence of social support to rebuild their lives upon leaving the centres.<sup>105</sup>

# 4 Honduras

## The Honduran national health system

In Honduras, 9 out of 10 people do not have health coverage and close to 18% of the population (more than 1.5 million Hondurans) do not have access to health services. The Honduran health system provides private and public services. The latter includes the Ministry of Health (SESAL), which regulates and provides<sup>106</sup> services and the Honduran Social Security Institute (IHSS), which collects and manages fiscal resources and mandatory contributions from workers and employers.

The public sector is limited in its capacity, and is characterized by high levels of social exclusion and corruption.<sup>107</sup> Some public facilities were built at the beginning of the last century and require urgent investments in infrastructure and equipment to provide services in optimal conditions and to mitigate risks. The absence of qualified medical personnel is another deficiency in the public response.<sup>108</sup>



39% of all emergency rooms do not have enough staff to meet demand.<sup>109</sup>



It is estimated that there are 10 doctors for every 10,000 inhabitants, less than half than the global minimum standard of 25 doctors for every 10,000 inhabitants.



There are two nurses for every 10,000 inhabitants and eight nursing assistants for every 10,000 inhabitants, while the World Health Organization's recommendation is to guarantee 50 nurses per 10,000.

Technical staff are also scarce, specifically in radiography, anesthesiology and laboratory work, and the SESAL does not have sufficient capacity at the national level to train new staff in these areas.<sup>110</sup>

In health centres and some hospitals, medical staff work 6 hours a day on average from 7:00 a.m. and 1:00 p.m., and no medical care is provided on weekends, except for in emergency wards. This schedule reduces access to healthcare for Hondurans in general, but particularly affects certain profiles such as informal merchants, transporters, among others. Despite the fact that the public health system tries to provide medicines through a range of mechanisms, these almost always run out of drugs, and as a result, patients must often directly bear the costs of medicines.<sup>111</sup>

## The Honduran healthcare system according to the public

The National Commissioner for Human Rights registered 1,512 complaints of violations of the right to health from January 2014 to August 2018. Among these complaints, five account for two thirds of all cases:

- 27%** Actions or omissions that threaten preventive health and immunization.
- 15%** Denial, deficiencies or poor treatment in the provision of the health service.
- 8%** Absence of medications in the health system.
- 6%** Medical negligence or medical malpractice.
- 5%** Refusal to provide or the provision of services of lower quality (5%).<sup>112</sup>

## Barriers preventing people in areas affected by violence from accessing healthcare

In general, the main barriers to accessing healthcare are **poverty and the lack of economic resources** to be able to pay for public health services, treatments, and the geographic isolation of people to healthcare services. The few public hospitals are in the country's large cities, making it difficult for people living outside of these areas to them. People residing in these departments face not only a lack of economic resources to pay for transportation but an absence of a social support network which could host and support them when travelling to an urban area for treatment.<sup>113</sup> Attention hours and waiting times are also one of the main challenges in accessing care.<sup>114</sup> Furthermore, ambulance services only work the same hours as the health services; ambulances must be requested through the Fire Department or the Police. Patients are responsible for paying the fuel costs of the ambulance trip, which is especially harmful to people in situations of greater vulnerability.<sup>115</sup>

Different sectors of the population experience different barriers. Men face differentiated challenges, mainly associated with the stigma they suffer from being men. Gang members in need of healthcare are rarely able to do so.<sup>116</sup> On the other hand, **as in El Salvador, Honduras does not have a comprehensive assistance protocol for survivors of sexual violence.** Its approval has been pending since October 2017, as the Emergency Contraceptive Pill (ECP) is prohibited and is an essential part of the protocol.<sup>117</sup> It has been 10 years since the sale, use and distribution of ECP was prohibited under a ministerial agreement by the Ministry of Health. The androcentric perspective of health and health services contribute to making women's specific health situations, such as sexual and reproductive rights, invisible. The specialised services and awareness about sexual and reproductive healthcare needed is currently unavailable. In the last three years, Doctors Without Borders has treated 2,048 survivors of sexual violence without access to the ECP.<sup>118</sup> Since 2014, this same organisation, along with others, have participated in a roundtable to push for the approval of a comprehensive assistance protocol for survivors of sexual violence in Honduras. For people from the LGBTQI community, it should be noted that one of the greatest impacts that displacement has on the lives of transgender and gay men is on their health, especially due to broken ties with their support networks.<sup>119</sup>

*According to the Characterization Study of Internal Displacement by Violence in Honduras, **internally displaced people** tend to suffer greater health problems compared to people who have not been displaced. For example, 41% of the displaced people surveyed reported having suffered some impact on their health, mainly psychological, as a consequence of displacement. The origin of this impact may be due to the anguish and uncertainty related to displacement, or violence to which the person was subjected.*

Psychological assistance has been identified as one of the essential services that should be prioritized in healthcare.<sup>120</sup> According to the testimony of a humanitarian organisation in Honduras, people displaced by violence are often unaware of health services available to them. Likewise, another humanitarian organisation indicated that, although communities with high rates of violence sometimes have health centers, the lack of staff and supplies may have a deterrent effect, as people fear not being properly cared for or receiving no attention. Another factor that prevents displaced people from accessing health services is the fear of facing their persecutors in person.

## Access barriers preventing health personnel from providing health services

One of the main challenges for health services is the lack of information systems collecting data with a human rights approach to improve healthcare for victims of violence and displaced persons.<sup>121</sup> **Most hospital and health centre facilities do not have sufficient and trained doctors, nurses and social services.** For example, 39% of emergency rooms in national hospitals do not have enough staff to meet demands and provide users with adequate services. On the other hand, infrastructure maintenance is scarce, leading to a worsening of the equipment used by health personnel to care for patients and, therefore, impacting the quality of care.<sup>122</sup> Finally, **healthcare workers can be threatened by criminal groups in communities affected by violence.**

## Government responses

The Secretariat for Human Rights, supported by Médicos del Mundo and the Norwegian Refugee Council have developed technical guidelines stipulating "comprehensive, differentiated care with a psychosocial approach in the assistance and protection of internally displaced people, aimed at women and girls, boys, and adolescents, LGBTQI people and indigenous and Afro-Honduran people" This psychosocial approach is essential for addressing the emotional impact of violence.<sup>123</sup>

## Best practices

Honduras and El Salvador are part of an initiative of the Pan American Health Organization that prioritizes six hospitals located in challenging areas, and aims to increase their capacities to diagnose the impact of violence on services, and **to strengthen** hospital safety and that of its staff. Some of the actions implemented by the initiative include: development of self-care guides, psychosocial support for victims of violence, including both patients and health personnel; the development of maps analysing the risk of violence in health centres; and the identification of safe routes and timeframes to access health services.

The Community Emergency Transportation Committees constitute a good practice by facilitating access to health services, through coordinating, accompanying, informing and providing funds for transportation.



Credits: ACNUR, 2020.

## Response from the humanitarian sector

In communities highly affected by violence and those with extensive territorial control, access is limited for healthcare services. Similar to El Salvador, in Honduras civil society organisations often take on a greater role responding to health needs, as well as higher risks. Again MSF is one of the main organisations operating on the ground and treating victims of violence and forced displacement. Since 2011, MSF has been providing medical, psychological and social care for survivors of violence and sexual violence in the neighborhoods of Choloma, where there were no previously existing healthcare facilities. MSF also works with the Ministry of Health to develop capacity. The pandemic has forced the organisation to adapt its services; they continue to provide medical treatment and psychological care, but now have to follow up by telephone.<sup>124</sup>

Finally, it is worth mentioning the DIPECHO binational project initiative "Strengthening access to safe and resilient health services in areas prone to violence in Honduras and El Salvador" where the health facilities that are most vulnerable to violence were identified and guidelines were developed for operational actors (the Ministry of Health, the Honduran Red Cross, the Salvadoran Red Cross, the Norwegian Red Cross and PAHO).<sup>125</sup>

## Response in time of crisis (Covid-19)

Crisis management by state authorities has received criticism due to a lack of transparency.<sup>126</sup> Although official figures are scarce, organisations working with women have reported an increase in sexual violence against women during the pandemic and access to justice and health services have become even more limited due to the lockdown measures.<sup>127</sup>

The Government has set up shelters in Tegucigalpa and San Pedro Sula for deportees arriving from the United States and Mexico, where they are obliged to stay in quarantine for 14 days.<sup>128</sup> There have also been more than 12,000 arrests of people accused of violating the curfew. While the National Human Rights Committee has registered 505 complaints, many of the victims of human rights abuses have not filed official complaints, and authorities state that investigations into alleged abuses should wait until the quarantine is over.<sup>129</sup>

# 5 Guatemala

## The Guatemalan health system

*3,708 regions do not have public health infrastructure (1,857 in rural areas and 1,851 in urban areas). Furthermore, human resources are centralized in the capital and urban areas.<sup>130</sup>*

The Ministry of Public Health and Social Assistance (MSPAS) is the main provider of public services, covering 75% of the population; together with two social security systems:

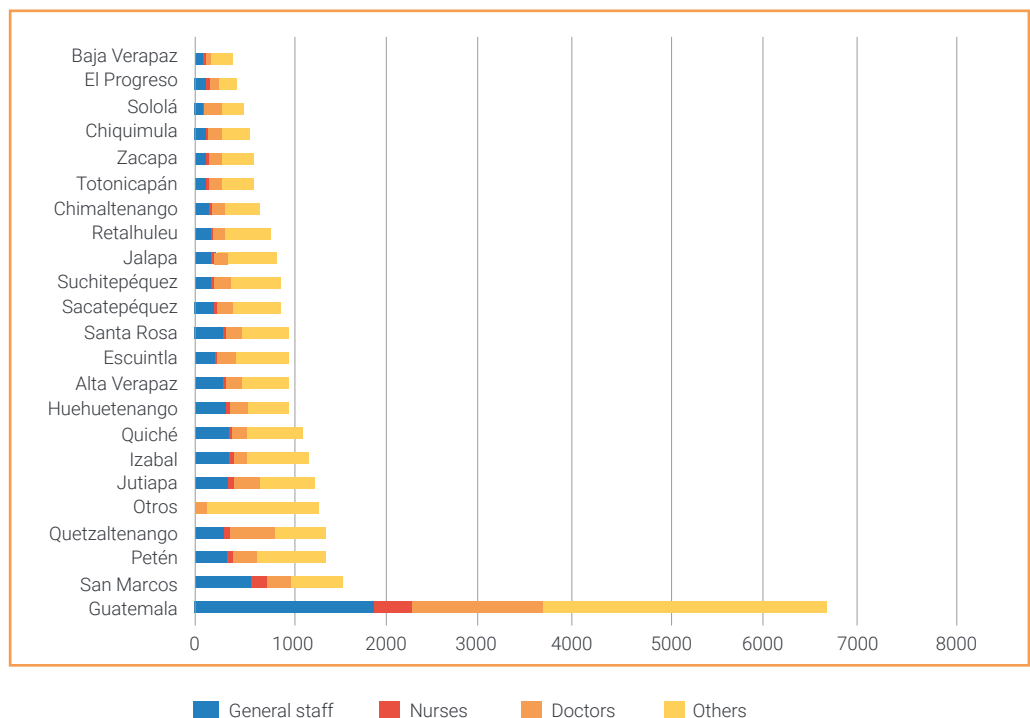
- The Guatemalan Social Security Institute (IGSS) covering approximately 17.5% of the population working in the formal sector of the economy.
- Military Health that covers 0.5% of the population working in the armed forces.<sup>131</sup>

**Only 1% of the health budget is allocated to mental health**, and this is mostly used in the Federico Mora Psychiatric Hospital.<sup>132</sup> There are only 10 psychiatrists in the country in the public health system working outside the capital,<sup>133</sup> in a country where people experience depression, anxiety, post-traumatic stress or constant worry as a consequence of generalized violence<sup>134</sup>, which in some cases trigger suicides.<sup>135</sup> In 2018, a rate of 3 suicides was reported for every 100,000 inhabitants.<sup>136</sup> An investigation carried out by FLACSO concluded that "one of the fundamental causes of suicide in pregnant adolescents is gender violence, where power relations make women vulnerable, violence is normalized and autonomy is limited".<sup>137</sup> Another alarming situation is the high rates of suicides of children and adolescents in indigenous communities which are characterized by international migration.<sup>138</sup>

## Healthcare workers per department, 2019

According to the Human Rights Ombudsman, "69% of healthcare centres lack enough medical staff for optimum care. Specialised services also lack adequate staff, as 95% need nurses, 61% educators, 25% nutritionists, 14% gynecologists and 11% pediatric specialists."

\*Others: administrative and technical staff.  
Source: [PDH/DIDH](#), with MSPAS data.





## Health services in areas affected by violence

Georeferenced analysis conducted using the Municipal Prioritization Index to compare municipalities with high levels of violence and public health infrastructure show that: **areas with high rates of violence also have low public health coverage and access to other basic services.**<sup>139</sup> Furthermore, in these areas criminal groups exercise territorial control and limit community development. The municipalities with the highest levels of violence are found in the Central, Eastern (bordering Honduras and El Salvador) and South Western regions (mainly coastal municipalities).<sup>140</sup> In parallel, the five departments with the lowest health coverage are: Guatemala with 38,166 inhabitants per health facility, Alta Verapaz with 36,819, Suchitepéquez with 20,544, Sacatepéquez with 19,439 and Escuintla with 19,294.<sup>141</sup> In general, it can be said that there is a correlation between violence, access to basic health services and the presence of criminal groups, and that this correlation accentuates inequalities and inequities for vulnerable communities. However, it is important to highlight that not all municipalities with limited health services have high rates of criminal violence, since health coverage across the entire country is generally low and responds to structural problems.<sup>142</sup>

## Barriers preventing people affected by violence from accessing healthcare

Access to health services for people living in areas where criminal groups are present is limited by: the **territorial control that these groups exercise, the forced confinement used as a measure of protection against violence; and the lack of public investment in basic services, including the right to health.**<sup>143</sup>

The National Civil Police classifies certain areas with high crime rates as “red zones”, due to the presence of gangs that controlling the sector, mainly located in the metropolitan area. People in these areas have normalized the levels of violence.<sup>144</sup> The municipalities on the drug trafficking routes are regularly controlled by organized criminal and drug trafficking groups. As their part of territorial control, criminal groups seek to place infiltrators in administrative and decision-making positions in the municipalities, enabling them to operate freely in the territory.<sup>145</sup> Territorial control through political positions at the local and central levels limits the development of these communities, as political decisions benefit the interests of criminal groups, and investment in areas such as health and education is not prioritized.<sup>146</sup>

**People on the move, asylum seekers and deportees have a legal right to healthcare** (Migration Code / Decree 44-2016); however, barriers such as a lack of information about their rights

and the fear of being deported limit access. For people living with chronic diseases, it can be challenging to continue medical treatments or check-ups, especially if files have been left behind during displacement, forcing people to undergo new evaluations delaying the continuity of treatments.<sup>147</sup> **On the migration route in Guatemala there are not enough health services, since these are usually found in urban areas through which migrants avoid.** Humanitarian organisations are often the only actors providing health services at border crossings.<sup>148</sup>

For deportees, the main limitations to accessing government or private health services are financial, especially when private services are required when public services are overloaded or non-existent, or when public services impose quotas, lack medicine, or are located far away.<sup>149</sup> In addition, the invisibility of people on the move translates into invisibility in medical records and prevents the identification of specific needs or problems that serve as inputs for the creation of differentiated care programs, as they are merely included into national statistics as part of the records of general morbidity.<sup>150</sup>

## Access barriers preventing health personnel from providing health services

Violence and insecurity in Guatemala impact the health system's finances. In the two main national hospitals, where the impacts of violence are attended to in the emergency wards, each patient costs the state an average of 2000GTQ (approx. 250USD). Violence also affects staff and their capacity to respond, as in areas with high levels of conflict access may be limited and require on site attention. Health personnel have been attacked and threatened. In some places, part of the health budget is allocated to cover the costs of security.<sup>151</sup>

Of the 46 public hospitals administered by the Ministry of Public Health and Social Assistance, 26 reported that they have a budget for campus security, some hire private security companies, others do it through the direct hiring of guards. It is important to highlight that three facilities reported having agents of the National Civil Police and soldiers guard their premises.<sup>152</sup> Of the 24 Health Areas Directorates (DAS), three reported not having staff to protect their facilities. The 21 DAS that do have a security budget have an annual expenditure of 8,827,175 GTQ (1,161,470 USD) for the payment of guards hired directly and hiring of private companies.<sup>153</sup>

In the last five years in Guatemala City, **several attacks by gangs have been reported against the main national hospitals**, usually when inmates are transferred from prisons to hospitals for medical care.<sup>154</sup> While these events are not commonplace, they do highlight the weakness of the Penitentiary System and the lack of security in healthcare centres. It is important to note that attacks on health services, medical and first aid staff has not been widely documented, however non-governmental organisations report informally that incidents occur in areas with high levels of violence.<sup>155</sup>

Violence impacts the mental health of medical workers and requires attention.<sup>156</sup> In many cases **healthcare workers do not report acts of violence due to fear of repercussions**. For example, reports are rarely made when girls have been sexually abused and pregnant, when the perpetrator is a member of a criminal groups, as in certain cases, medical staff who have reported these cases have subsequently become internally displaced to protect themselves from retaliation.<sup>157</sup>

## Governmental response

In response to the violence and attacks on hospitals in the country, the Ministry of Public Health and Social Assistance has implemented plans and security protocols, and upgraded facilities (constructed perimeter walls, signalled evacuation routes, placed video surveillance cameras and improved entryway lighting).<sup>158</sup> Public health institutions on the Mexico-Guatemala border have created a specialized area to provide health services to migrants. A primary care network of more than 110 health centres distributed in micro-regions on the border, also with sexual and reproductive health services, has been established.<sup>159</sup>

## Response from the humanitarian sector

*“Much of the assistance for people on the move is provided by non-governmental organisations”*

International organisation in Guatemala

In Guatemala there are several non-governmental initiatives for providing healthcare to the general population, however, the needs exceed their collective capacities. A few specific programs have also been established to respond to the impacts of violence, and to provide assistance for people on the move:

- Psychosocial care; rehabilitation and delivery of prosthetics, school scholarships for victims of violence; as well as prevention actions in schools in areas with high rates of violence.<sup>160</sup>
- Actions to strengthen access to healthcare for migrants and displaced persons; to improve the comprehensive, inter-institutional, community and culturally appropriate approach to the prevention and care of survivors of gender-based violence.<sup>161</sup>
- Referrals are also made to public and state health services.

## Crisis response to Covid-19

People on the move face the following protection risks:

- **Mobility restrictions preventing people from accessing the right to seek asylum and durable solutions:** closed borders still persist in the North of Central America, Mexico and the United States, keeping people forcibly confined in situations of violence. The Guatemalan government is struggling to ensure that Hondurans and Salvadorans who want to return to their countries can do so safely.<sup>162</sup> The closure of borders forces people to use irregular crossings where there are no health checks. Protection risks in the country have been exacerbated by the health crisis, demonstrating the limited capacity of the state to respond the pandemic. It is important that the restrictive measures taken to mitigate and prevent the spreading of the virus are also able to guarantee the right to family reunification, as well as to provide protection for deportees arriving who previously had fled the country due to violence. These measures must ensure non-refoulement at borders.<sup>163</sup>
- **Lack of sanitary and psychosocial protection for deportees.** The transfers of people under the Asylum Cooperative Agreement (ACA) have been suspended indefinitely since March. However, the deportations by air and land of Guatemalans have continued intermittently, despite over 100 cases of deportees arriving and testing positive for Covid-19.<sup>164</sup> Currently in Guatemala City there are differentiated shelters for men, women and children. However, this has not been set up in other arrival points.<sup>165</sup> Deportees have called out the precariousness of these quarantine shelters: a prolonged confinement, a lack of communication, poor food, a lack of supplies for personal hygiene and no information on the results of the Covid-19 tests. Medical personnel have reported that one of the temporary hospitals is overload with people (mainly deportees) without symptoms and without confirmed diagnoses.<sup>166</sup>
- **Stigma and discrimination towards deported people:** due to fear of the pandemic, incidents have been reported in which deportees have been violently denied entry to their communities of origin. Furthermore, there are people who cannot return to their homes after having initially fled due to violence.<sup>167</sup>

# 6 Mexico

## Health services in Mexico on the migration routes

Health services on the migration routes vary significantly, due to the vast territories that migrants and displaced people have to cross, as well as the differences in the health system across the country.<sup>168</sup> While most regions have basic health infrastructure -not always in the best of conditions-, some lack the medical and technological supplies needed to treat basic ailments, trained personnel for specialized care, or in others, demand exceeds the capacity.

*“A migrant who was scheduled for surgery at the hospital had defecated and urinated on himself. When I told the nurse, she replied that there was no one to bathe him, that if I wanted to, I could do it. This is the level of precariousness in our hospitals. Without our care, migrants traveling alone wouldn’t have toilet paper, toothpaste or toothbrush, towels or a change of clothes.”*

Humanitarian organisation in Mexico.

## Access barriers for migrants

While **the right to health is guaranteed for all people regardless of their immigration status**<sup>169</sup>, investment in public health has significantly increased<sup>170</sup>, a Popular Insurance was implemented in 2014 and then replaced by the Institute of Health for Welfare (Insabi) in 2020<sup>171</sup>, **further efforts are still required to guarantee access to efficient and quality healthcare with sufficient medical supplies and trained personnel.**<sup>172</sup> For example, the country has 8 hospital beds and 27 health workers for every 10,000 inhabitants (while the WHO recommends having 28 and 44 respectively); 12 doctors (including generalists and specialists), 1 dentist, 1 psychologist and 2.6 health promoters for every 10,000 inhabitants (also lower figures than recommended). In terms of distribution, the south of the country is particularly disadvantaged in terms of capacity and infrastructure<sup>173</sup>. Likewise, although Insabi provides healthcare for all, it only guarantees the free provision of first and second level services.<sup>174</sup> In other words, highly specialized treatment is postponed for months and subject to financial contributions from patients to cover their care.



Health promotion activities at the asylum seekers camp in Matamoros.  
Credit: MSF/Arlette Blanco

*“There is no shortage of doctors and nurses who mistreat patients or deny care. Sometimes it is not because the patients are migrants but because the doctors are unaware of what migrants suffer. When they explain that they do not have official documentation or a fixed address, only social workers understand and know where to refer them. More awareness is needed.”sensibilización.”*

Humanitarian organisation in Mexico.

For asylum seekers who have started the refugee status determination process, and even for recognized refugees, barriers to accessing healthcare are related to the deficiencies of the Mexican health system as opposed to immigration status. For **migrants in transit and irregular migrants, the absence of protocols for medical and social workers on how to assist their specific vulnerabilities is an additional challenge.**<sup>175</sup> Without these protocols, irregular migrants are often requested to provide identity documents or a home address before being assisted. Xenophobic, discriminatory, and criminalizing behaviors distance people from seeking assistance, for fear of being reported to the immigration authorities. Furthermore, people in irregular situations are also often not aware of their rights.<sup>176</sup>

## Government responses

Faced with the growing needs due to migration, obligations to comply with the humanitarian principles established in Mexican legislation as well as international agreements on the matter, last year, the Government of Mexico published its Comprehensive Health Care Plan for Migrants with the aim of providing comprehensive, efficient, quality and equitable health care with adherence to human rights. The objectives of the Plan include: 1) healthcare as the first point of contact in the humanitarian response, 2) promoting access to healthcare regardless of immigration status, and 3) timely monitoring of potential epidemiological risks to public health<sup>177</sup>. Nevertheless, while not enough time has passed to evaluate the impact of the plan, most of the organisations interviewed for this snapshot agree that in practice such efforts are currently insufficient.

## Responses from the humanitarian sector

Despite efforts to guarantee access to public healthcare, 85% of migrants in Mexico receive initial care in shelters and only 2% in government institutions<sup>178</sup>. However, most civil society organisations do not have trained medical staff. A few organisations work with private medical and psychological providers who provide their services pro bono or at a low cost. In other cases, university students provide services as part of their training or apprenticeships. Since needs generally exceed the capacities of organisations, when appropriate, organisations refer patients to public health institutions and accompany them through the procedures, through fundraising or direct payment of the expenses, and humanitarian assistance during their recovery.<sup>179</sup> Beyond referring cases, international organisations such as MSF, Médicos del Mundo (MDM), the International Committee of the Red Cross (ICRC) and Global Response Management (GRM) coordinate with government institutions to support the development of assistance protocols for migrants and vulnerable groups, and specialized training for public healthcare staff.<sup>180</sup> However the Government's response has not always been positive.<sup>181</sup>

## Crisis response to Covid-19

Mental health needs have escalated due to the indefinite postponement of immigration procedures, the confinement in shelters and the lack of communication with family members. Meanwhile, most people that have been released from migration centres are now living on the street, as needs exceed the capacities of civil society organisations and people are also unable to return to their home countries.<sup>182</sup> Xenophobia and discrimination are not widespread, but as migrants are often accused of spreading the pandemic, they face attacks, including whilst trying to return home.<sup>183</sup>

*"We are living through a very dramatic situation. People are arriving completely worn out from not having received any support. The psychological pressure of suspended asylum procedures and stalled journeys is terrible. They have nowhere to stay, neither in shelters and now nor in migration centres. They cannot return home either, because they fear death or persecution, or because the borders are closed."*

### Humanitarian Organisation in Mexico.

Many organisations across the country have stopped offering accommodation, although they continue to provide food and hygiene services.<sup>184</sup> According to the monitoring carried out by the Red de Documentación de Organizaciones Defensoras de Migrantes (REDODEM), out of 32 organisations, only one organisation has stopped serving migrants and although 16 of them do not provide accommodation, 22 continue to provide food and 17 hygiene services. On the other hand, some organisations have stopped volunteers from working and have suspended the implementation of non-essential programs related to education, livelihoods and legal assistance, or continue to provide their services by telephone. With the support of the ICRC and MSF, especially in the central and southern parts of the country, some organisations are distributing travel kits that include saline solutions and water, gel and antibacterial towels and facemasks. Meanwhile, organisations located along the northern border have called out the inconsistent implementation of health protocols by Mexican and US immigration agents, both within and outside the MPP program<sup>185</sup>. These practices, together the suspension of migratory procedures by both governments and the closing of borders,<sup>186</sup> have exponentially increased the amount of people stranded as well as the risk of contagion in the migrant camps, which already faced considerable health risks<sup>187</sup>.

Finally, on the 29th of May, guidelines were published granting support from the National System for the Integral Development of the Family (SNDIF) for funeral expenses for vulnerable persons. Under these guidelines, migrants can request the SNDIF to cover the expenses of the transfer to the funeral home, embalming and preparation of the body. However in cases of death from Covid-19, support can only be requested to cover the preparation of the body, wake, burial or cremation.<sup>188</sup>

# 7 Final considerations

## Health coverage is one of the main challenges in the region

Across the North of Central America and Mexico there are deficiencies in health services. The percentage of GDP spent on health in Mexico is 2.9%, in El Salvador 4.5%, in Guatemala 2.2% and in Honduras 3.9%, among the lowest in Latin America.<sup>189</sup>

## Violence has direct and indirect impacts on affected people

These range from physical, mental, emotional to sexual, and are reflected in the high rates of homicides, injuries, sexual violence, pregnancies in girls and adolescents, and suicides.

## The presence of criminal groups is one of the determining factors in accessing to health services

Access barriers are related to: a) territorial control as criminal groups establish invisible borders preventing the free movement of affected people, b) confidentiality and anonymity, as people who have been victims of violence avoid seeking medical attention for fear of being discovered by people close to their aggressors or suffering retaliation for reporting the crime (especially in cases of sexual violence), c) difficulties in providing healthcare services in areas affected by violence, as workers are exposed to attacks by criminal groups, extortion, and lack guidelines and specialized training for operating in areas with high rates of violence. Overloaded services, long waiting times and lack of supplies are also common complaints.

## People on the move cannot freely access their right to health<sup>190</sup>

In Mexico and Guatemala the right to health is guaranteed within national legislation, however, the lack of supplies and medical personnel are significant barriers to access. Along the migration route, health services are scarce and the humanitarian sector is obliged to fill the gaps. Despite efforts to improve access, stigma and discrimination towards migrants also continue to be a barrier. Migration policies compromise the health of migrants. The deterioration of mental health during the migration cycle is a serious issue, given insufficient attention. It manifests itself through anxiety, depression, post-traumatic stress in the face of family separation, violence and uncertainty in the future. Preventive and mental healthcare are not a central part of the services provided by public, private, and civil society organisations.



Credits: ACNUR, 2020 / Erick Gerstner

## Covid-19 has demonstrated the limited capacity of states to provide an effective response to the pandemic

The lack of an effective strategy for the pandemic has increased the risks and vulnerability of people on the move and affected by violence. Due to mobility restrictions, women, children, girls and adolescents are at risk of being confined with their aggressor, and people released from migration centres in Mexico are living on the street due to the closing of borders and limited services in shelters. The protocols for deportation, reception and referral of migrants from government institutions are implemented inconsistently and the conditions of the obligatory quarantine shelters for deportees are poor.

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