

KEY FIGURES



HEALTH



PEOPLE IN NEED

5.18 M

PEOPLE TARGETED

1.80 M

PEOPLE REACHED

1.25 M

62 REPORTING PARTNERS

180 IMPLEMENTING PARTNERS

11,587 REPORTED ACTIVITIES

TOTAL FINANCIAL REQUIREMENTS



FUNDED

\$21.5 M
• (10%)

UNMET

\$191 M
• (90%)

NUMBER OF ORGANIZATIONS

DONORS 17

FUNDED ORGS. 10

SITUATION

Access to health care for refugees and migrants from Venezuela remains limited in many countries, mainly due to irregular status, low levels of health literacy, and limited service coverage as a consequence of the COVID-19 pandemic. The lack of access to sexual and reproductive health (SRH) services and supplies remains a concern, as it increases maternal and neonatal mortality and the risk of unintended pregnancies.

Nevertheless, some important progress was made in 2021 to expand access. In Colombia, for example, the inclusion of refugees and migrants in national insurance systems increased with the Temporary Protection Permit, with [more than 400,000 Venezuelans](#) affiliated to the General Social Health Insurance System (SGSSS) by the end of 2021. The national public health insurance in Peru increased its coverage to over 100,000 affiliated Venezuelans in the first half of the year, and the Ministry of Health provided care to 41,777 refugees and migrants in 2021. Ecuador provided free antiretroviral treatment to people living with HIV, including 1,494 Venezuelan refugees and migrants. Brazil continued to provide free access to its national healthcare system (SUS) to all refugees and migrants with a taxpayer registry number (CPF) issued upon arrival at the border. Meanwhile, vaccination against COVID-19 advanced across the region, with national immunization plans inclusive of refugees and migrants from Venezuela, in part as a result of advocacy by R4V partners.

RESPONSE

In 2021, R4V Health Sector partners reached the second largest number of people of any sector in the response, with a total of 1,253,942 refugees, migrants and members of affected host communities (70% of the target population) receiving health assistance. To address gaps in access to essential health services, partners strengthened national health systems with equipment, supplies and personnel, and provided health assistance to

refugees and migrants at all levels of care, with a special focus on people in vulnerable situations, including people living with HIV. Partners also supported with outreach and logistics for COVID-19 vaccination campaigns, and in some countries – in the Caribbean for example – made vaccines directly available to refugees and migrants in coordination with local Ministries of Health who administered vaccines in R4V partners' offices, at information kiosks and in community fairs.

The delivery of SRH services, including life-saving SRH information, increased in 2021. For example, more than 10,000 women in Brazil received access to contraceptives and SRH. Health facilities throughout the region were strengthened with SRH equipment and supplies for the clinical management of rape (CMR), emergency obstetric and newborn care (EmONC) and family planning.

Capacity-building was also conducted on COVID-19 vaccination, health rights and protection of vulnerable groups, such as LGBTQI+ persons and people living with HIV, including with border security personnel in Panama, and in Chile, where 9,000 refugees, migrants and health workers received information about health rights and vaccination against COVID-19.

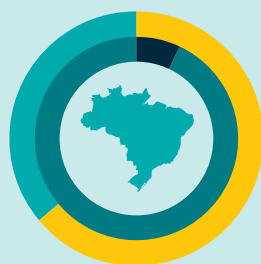
LESSONS LEARNED

As one of the main difficulties to access health services remains the irregular status of many refugees and migrants, in 2022 partners will focus on supporting registration for health insurance where it is available, including in conjunction with regularization and documentation initiatives in countries such as Colombia. To address challenges associated with a lack of knowledge of existing services, partners will prioritize community-based interventions with the objective of providing up-to-date information to refugees and migrants regarding access to health services in countries across the region.

PEOPLE REACHED AND DESIGNATED FUNDING BY NATIONAL AND SUB-REGIONAL PLATFORM*

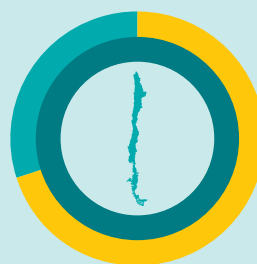
● People reached ● People targeted ● Funded (USD)* ● Unmet (USD)*

BRAZIL



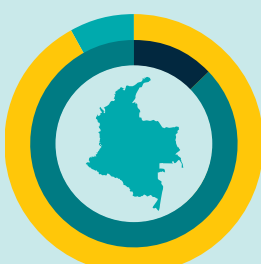
●	55.4 K	(64%)
●	86.5 K	(36%)
●	584 K	(7%)
●	7.31 M	(93%)

CHILE



●	10.7 K	(70%)
●	15.2 K	(30%)
●	-	-
●	1.30 M	(100%)

COLOMBIA



●	1.03 M	(92%)
●	1.12 M	(8%)
●	18.2 M	(13%)
●	127 M	(87%)

ECUADOR



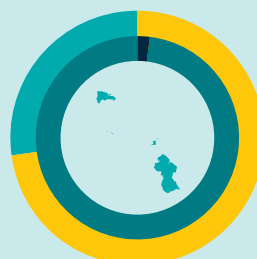
●	79.1 K	(58%)
●	135 K	(42%)
●	895 K	(9%)
●	8.93 M	(91%)

PERU



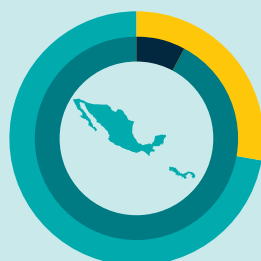
●	89.0 K	(18%)
●	490 K	(82%)
●	1.36 M	(4%)
●	36.3 M	(96%)

CARIBBEAN



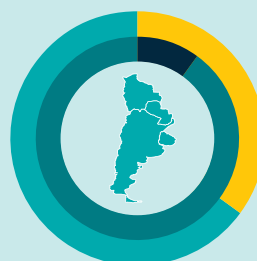
●	13.5 K	(73%)
●	18.6 K	(27%)
●	79.9 K	(2%)
●	4.22 M	(98%)

CENTRAL AMERICA & MEXICO



●	2.75 K	(28%)
●	9.93 K	(72%)
●	202 K	(8%)
●	2.25 M	(92%)

SOUTHERN CONE



●	12.1 K	(35%)
●	34.5 K	(65%)
●	120 K	(10%)
●	1.05 M	(90%)

* Funding information as reported to the [Financial Tracking Service \(FTS\)](https://fts.org/). This may not accurately represent all funds actually applied to each sector or country of the RMRP response, as unearmarked funds from donors may not be reported to FTS with a sector or country designation at the time of receipt by RMRP partners.