

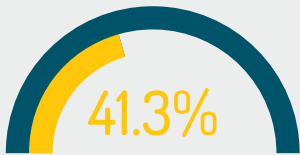


HEALTH



Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela

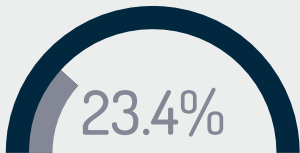
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PEOPLE IN NEED
6.81 M

PEOPLE TARGETED
2.72 M

PEOPLE REACHED
1.12 M



TOTAL REQUIREMENTS
\$ 229.92 M

BUDGET RECEIVED*
\$ 53.74 M

UNMET*
\$ 176.18 M



REPORTING PARTNERS

58



IMPLEMENTING PARTNERS**

150



DONORS

14

POPULATION TARGETED AND REACHED, FINANCIAL REQUIREMENT AND FUNDING



BRAZIL

↓ ↓ 572 K \$ ● \$10.93 M

● 59.5 K \$ ↑ ● \$523.2 K



CHILE

↓ ↓ 5.9 K \$ ● \$2.82 M

● 5.3 K \$ ↑ ● \$49.7 K



COLOMBIA

↓ ↓ 2.02 M \$ ● \$154.10 M

● 835.5 K \$ ↑ ● \$42.98 M



ECUADOR

↓ ↓ 239.1 K \$ ● \$18.75 M

● 99.2 K \$ ↑ ● \$2.93 M



PERU

↓ ↓ 479.7 K \$ ● \$30.38 M

● 165.6 K \$ ↑ ● \$3.87 M



CARIBBEAN

↓ ↓ 23.7 K \$ ● \$4.20 M

● 4.6 K \$ ↑ ● \$18.4 K



CENTRAL AMERICA & MEXICO

↓ ↓ 11.2 K \$ ● \$2.35 M

● 1.3 K \$ ↑ ● \$57.9 K



SOUTHERN CONE

↓ ↓ 11.6 K \$ ● \$2.07 M

● 5.4 K \$ ↑ ● \$1.77 M



* Funding information as reported to the Financial Tracking Service (FTS). This may not accurately represent all funds actually attributed to each sector or country of the RMRP response, as unarmarked funds from donors may not be reported to FTS with a sector or country designation at the time of receipt by RMRP partners. More information about the RMRP 2022 funding [here](#).

** This includes RMRP appealing partners that are also implementing activities, as well as implementing partners that are not appealing partners. For this reason, it is recommended to quote partner figures separately and not sum the number of partners, as this would double-count implementing partners that are also reporting activities.

SITUATION

In 2022, countries in the region continued to integrate refugees and migrants from Venezuela into national health insurance systems. For example, in Colombia, 37 per cent of refugees and migrants were affiliated to the [General Social Security Health System \(SGSSS\)](#), in Peru 27 per cent had access to some type of health insurance, mainly through the [National Health Insurance \(SIS\)](#), while in Brazil 100 per cent of refugees and migrants from Venezuela were covered by the Universal Public Health System (SUS). Nevertheless, many Venezuelans continued to face obstacles to effectively access comprehensive healthcare services in 2022, as reflected in the [RMNA 2022](#), with data collected through primary data collection exercises and a secondary data review. Access barriers included being in irregular situations, lacking information on administrative procedures, and experiencing discrimination and xenophobia. Cultural and language barriers also created obstacles, particularly in Dutch and English-speaking Caribbean countries.

The results of assessments and surveys at regional and national levels highlight the persistent inability of refugees and migrants, especially those in irregular situations, to access quality primary healthcare services, particularly mental health and psychosocial support (MHPSS,) as well as sexual and reproductive health care (SRH).

RESPONSE

In 2022, the Health Sector reached 1.1 million people or 41.3 per cent of its target population with some form of assistance, making it the second largest number of people reached by any sector in the R4V response. This was made possible thanks to funding of USD 53 million, representing 23.4 per cent of the Sector's requirements. A total of 49 appealing organizations and 141 implementing partners carried out 12,015 activities under the Health Sector for the RMRP.

To address urgent needs for healthcare services, Health Sector partners implemented 349 activities to support health care facilities, including at border crossing points between Bolivia and Chile and in the Darien Gap between Colombia and Panama, and infrastructure improvements

to health facilities in Peru, Brazil and Costa Rica. R4V partners provided direct health assistance to refugees and migrants, including mental health and psychosocial support services (MHPSS), and sexual and reproductive health (SRH).

In 2022, the Health Sector strengthened coordination with host governments participating in the Quito Process, particularly with Argentina and Peru as the leads on topics including HIV and health services, by supporting an evaluation of the impact of the COVID-19 pandemic on national health systems and services in the region. The assessments highlighted that access to maternal and child health services, despite health insurance availability in some countries, continues to be a major problem.

Meanwhile, in Peru, Panama, Colombia and Ecuador, R4V partners conducted needs assessments on maternal and child health services among refugees and migrants.

LESSONS LEARNED

A primary challenge faced by the Health Sector relates to documentation and regularization processes, and the subsequent inability of refugees and migrants from Venezuela in irregular situations to access health services. Furthermore, the limited financial resources at the disposal of the response posed a challenge, with the Sector receiving only 23.4 per cent of required funds.

In 2023, Health Sector partners will continue to design and implement programmes which are adaptable to new and sometimes rapidly changing movement trends in the region, ensuring that vulnerable refugees and migrants from Venezuela, both in-transit and in-destination, are reached with required health interventions.

Therefore, the response will support efforts to improve access to essential health services and supplies at all levels of care, including by strengthening national capacities through technical support to eliminate the main barriers that limit refugees' and migrants' access to and use of healthcare services.