

# 2023

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## STRENGTH IN RESILIENCE: ASSESSING CRITICAL GAPS IN CARE FOR PEOPLE ON THE MOVE

Capstone Report Prepared by  
Graduate Students from Columbia  
University for Médecins Sans  
Frontières



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# ACRONYMS

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**ART** - Antiretroviral therapy

**CAI** - Centro de Atención Integrada

**CBP** - Customs and Border Protection (US)

**COMAR** - Mexican Commission for Refugee Assistance (Comisión Mexicana de Ayuda a Refugiados)

**COVID-19** - Coronavirus Disease 2019

**CSO** - Civil Society Organization

**CURP** - Clave Única de Registro de Población

**DACA** - Deferred Action for Childhood Arrivals

**DHS** - Department of Homeland Security

**DOJ** - Department of Justice

**EHR** - Electronic Health Record

**EU** - European Union

**GBV** - Gender-based violence

**SGBV** - Sexual and gender-based violence

**HIV** - Human Immunodeficiency Virus

**ICRC** - International Committee of the Red Cross

**IGO** - Intergovernmental Organization

**INE** - Instituto Nacional Electoral

**IOM** - International Organization for Migration

**IRC** - International Rescue Committee

**LGBTQI+** - Lesbian, gay, bisexual, transgender, queer, intersex, plus all sexual and gender identities

**MH** - Mental health

**MHPSS** - Mental Health and Psychosocial Support

**MPP** - Migrant Protection Protocols

**MSF** - Médecins Sans Frontières / Médicos Sin Fronteras

**NGO** - Non-governmental organization

**OHCHR** - United Nations Office of the High Commissioner for Human Rights

**PRISMA-ScR** - Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews

**SIPA** - School of International and Public Affairs at Columbia University

**U.S.** - United States

**UN** - United Nations

**UNAM** - Universidad Nacional Autónoma de México

**UNHCR** - United Nations High Commissioner for Refugees

# DEFINITIONS

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## **Albergues**

Albergues provide temporary shelter for migrants and can be found along key migration routes in Mexico. Although most shelters are open to all migrants, perceptions of safety, regulations that separate families, and other factors may influence some migrants to look elsewhere for accommodations. Discriminatory practices in some albergues limit vulnerable populations' access to protection and services. In addition, criminal groups and authorities frequently remain in the areas surrounding albergues, and albergues often have to collaborate with authorities to accomplish their objective of caring for migrants.

## **Extra-continental Migrants**

Refers to individuals of non-continental / contiguous lands (caribbean islands are therefore excluded) origin transiting through Latin America.

## **People on the Move**

A broad term that refers to individuals or groups who are migrating, moving, or traveling from one place to another for various reasons. It includes people who are forced to leave their homes due to conflict, persecution, or natural disasters, as well as people who choose to move for economic or personal reasons, such as seeking family reunification, better job opportunities, education, or quality of life. The term can encompass different types of migration, including internal migration within a country, international migration, and forced displacement. Throughout this report, we will use the terms "people on the move," "migrants," and "asylum seekers" interchangeably.

## **Promotoras**

Community health care workers and general health advisors.

## **Mental Health and Psychosocial Support (MHPSS)**

Includes any support that people receive to protect or promote their mental health and psychosocial well-being.



PHOTO SOURCE: MSF

# EXECUTIVE SUMMARY



PHOTO SOURCE: MSF

Mexico has long been affected by migration, both as a source and transit country for people on the move, particularly those migrating from Central America with the goal of reaching the United States. More recently, Mexico has also become a destination country for increasing numbers of migrants who have fewer legal avenues to reach their intended destinations, such as the U.S. or Canada. The situation at the U.S.-Mexico border has been complex and fluid, with hurdles such as legal and policy changes, violence, and limited access to healthcare and mental health services for migrants. In response to this circumstance, Columbia University graduate students collaborated with Médecins Sans Frontières (MSF) to conduct research on migration from Central America to Mexico and the U.S., with an emphasis on health and mental health services.

Importantly, this report contextualizes existing evidence with the points of view of 104 direct service providers, advocates, and subject matter experts (35 interviewed and 69 surveyed) to create a clearer understanding of current migration trends in relation to health and mental health services in Mexico.

The research identified gaps in access to healthcare and mental health and psychosocial support (MHPSS) services for migrants in Mexico and the U.S.-Mexico border region. Participants emphasized the need for improved continuity of care along the migratory route and a more streamlined approach for monitoring health trends and improving information sharing among and between service providers to prevent re-victimization of migrants.

# BACKGROUND

Starting in 2021, teams of graduate students from Columbia University have been collaborating with Médecins Sans Frontières on an evolving dossier of research projects aimed at understanding the legal and service landscapes, the context surrounding migration from Central America to Mexico and the United States, as well as gaps in the humanitarian response. In the first year, the project focused on shelters (Albergues), service delivery, violence, unseen and vulnerable populations, communication and information sharing, and an assessment of migration trends, key challenges, gaps in service provision, and opportunities for improved advocacy and communications on the topic. Building on the previous year's findings, the 2022 team focused their research on gaps in service, legal aid, people turned away, violence documentation, and advocacy. To gather information, the teams performed interviews with key informants and conducted a survey with service providers throughout the region. The collective work of the 2021-2022 teams included interviews with over 80 service providers and 150+ responses to surveys shared with key stakeholders.

The focus and scope of this study are informed by the findings of the reports submitted to MSF in the past two years. The 2022 report provides recommendations for improving health and mental health service provisions and continuity of care for populations on the move in Mexico. These include improving telehealth services as well as language support and translation services, scaling up mental health care programming, and “Know Your Rights” programming. The report also suggests improving data collection on violence, defining target audiences for advocacy and collaborating on advocacy efforts, focusing on holistic care, and increasing coordination across the U.S.-Mexico border. Similarly, the report from 2021 highlighted the importance of ensuring the provision of mental health services, promoting continuity of care for people on the move, and developing an infrastructure for routine data collection, including the documentation of health needs to inform service provision and advocacy and to support epidemiologic surveillance systems.

## **BUILDING ON THE FINDINGS FROM THE PREVIOUS YEARS AND WITH STRATEGIC DIRECTION FROM MSF, OUR RESEARCH FOCUSED ON THE FOLLOWING MAIN AREAS:**

### **Healthcare Service Landscape for People on the Move**

This aspect of the project identifies key gaps in access to healthcare and mental health and psychosocial support (MHPSS) services for people on the move in Mexico and the U.S.-Mexican border region. Given the timeframe of 12 weeks for research and through the leadership of our advisor, the team decided to focus on Mexico and the U.S.-Mexico border, as opposed to a broader analysis of the service provision landscape of South and Central America or the U.S. We recommend that future teams build upon this research and geographically expand to the U.S., Central America, and/or South America. This report provides insights from service providers working with people on the move in Mexico and at the U.S.-Mexico border to synthesize the pressing healthcare needs of people on the move and to identify the current gaps in humanitarian service provision. Using these insights, the report provides key recommendations to enhance support for migrants. Special attention was given to the current political climate in Mexico and the U.S., as well as the potential effects of key policy changes that will impact the well-being of people on the move.

### **Monitoring Health Trends and Access to Health Services for People on the Move**

This component of the project focuses on the current methods and tools used to monitor health trends and access to services providers for people on the move. It provides an overview of different health data monitoring, tracking and documenting tools and strategies, including epidemiological surveillance tools, at the nexus of health and migration in Mexico and the U.S.-Mexican border region.

### **Mental Health and Psychosocial Support (MHPSS) for People on the Move**

Mental Health and Psychosocial Support (MHPSS) refers to a range of interventions aimed at promoting the mental and emotional well-being of persons affected by crises, emergencies, and displacement. MHPSS services typically involve a combination of clinical and non-clinical interventions focusing on mental health, including psychological first aid and primary services, counseling, and community-based activities. This area of research identifies current gaps in MHPSS services in Mexico for people on the move living with mental health disorders common for people who have experienced trauma. Common disorders for people on the move include depression, anxiety, and post-traumatic stress disorder. This research component highlights the gaps in access to MHPSS services and the key barriers facing service providers that aim to provide MHPSS services.

The rise of displaced people traveling to Mexico and the United States, in combination with limited protection and legal support for migrants, has resulted in an unprecedented humanitarian crisis in the region (Sandra, 2014). Our research evaluates the existing gaps in the humanitarian response toward people on the move in Mexico and the U.S.-Mexico border region, highlighting opportunities that can lead to a more comprehensive and effective health service delivery, including MHPSS, and monitoring individual and population health. This study intends to provide valuable insights and recommendations to improve future response activities in Mexico and the U.S., with a special emphasis on enhancing coordination among various actors and across borders, continuity of care, and improving the provision of MHPSS.

# Timeline of Key Policies & Actions

## 2011-2023

### Changing U.S. Migration Policies and Impact on People on the Move

Restrictive and ever-evolving U.S. immigration policies have devastating impacts on the lives of migrants. Little research has been conducted on the impacts of these policies on migrants' health and mental health; yet, changing migration policies are a major source of stress and frequently expose migrants to violence. The lack of certainty surrounding what the next policy change may be causes anxiety and despair regarding migrants' hopes for safety and security. In many ways, people on the move who are fleeing inhospitable conditions in their home countries continue to be victimized on their journeys as a result of restrictive immigration policies.

#### January 2011

##### **Law on Refugees, Complementary Protection, and Political Asylum, Mexico**

Mexico establishes a legal framework for the protection of refugees. The law incorporates the broader definition of "refugee" found in the Cartagena Declaration and grants protection to individuals threatened by generalized violence.

#### July 2014

##### **South Border Plan, Mexico**

Following increased pressure from the U.S., Mexico introduces its Southern Border Plan, which leads to increased checkpoints and militarization of the southern border of Mexico, often causing migrants to take riskier routes.

#### April 2018

##### **Zero Tolerance Policy, United States**

Attorney General Jeff Sessions announces a "zero tolerance" policy under the U.S. attorney's office along the southwest border directed to criminally prosecute all cases involving unauthorized entry. The policy leads to family separation as parents traveling with children are targeted for prosecution.

#### December 2018

##### **Migration Protection Protocols, United States**

Announced in 2018, but implemented in 2019. Also known as the "Remain in Mexico" program, MPP requires asylum seekers and others entering the U.S. without documentation to wait in Mexico for the duration of their immigration proceedings.

#### January 2019

##### **National Guard deployment, Mexico**

More than 15,000 officers and 9,000 officers of the National Guard were deployed to Mexico's northern and southern border states respectively in 2019, as part of a broader effort to address issues related to migration and border security. This led to recurrent human rights violations of migrant persons, including attacks, abuse of force, and cases of torture (Centro Prodh, 2022).

## **November 2019**

### **Metering Policy, *Mexico***

The metering list policy consisted of a two-part guidance issued by the U.S. Customs and Border Protection to manage the flow of individuals seeking admission at the U.S. ports of entry. The Prioritization-Based Queue Management guidance required that certain categories of individuals, such as those with urgent medical needs or who are seeking asylum, are prioritized for processing purposes. The Metering Guidance permitted ports of entry to limit the number of individuals who can be processed each day, or set specific processing hours or days for certain categories of individuals. However, these guidelines had to be rescinded due to the longer wait times for lower priority migrant groups, who were more vulnerable to bias and discrimination.

## **March 2020**

### **Title 42, *United States***

At the onset of the COVID-19 pandemic, a health statute from 1944 was used to justify the closing of the U.S. southern border to “nonessential” travel. Under the policy, hundreds of thousands of migrants are expelled from the U.S. without due process. Since enacting the policy, the PEW Research Institute reported in November 2022 that approximately two-thirds of all migrant encounters (68%) ended in apprehension under Title 8, while around a third (32%) resulted in expulsion under Title 42 (Gramlich, 2023).

## **October 2020**

### **CBP One App, *United States***

CBP One is a mobile application designed to streamline the international arrivals process at U.S. airports. The app allows travelers to submit their passport and customs declaration information electronically, prior to arriving in the United States. The app is not very accessible to migrants, nor is it equipped to register large groups, which, as a result, has caused mass family separations at the border.

## **January 2021**

### **Migrant Regularization Program, *Mexico***

Mexico implemented a new migrant program to regularize the status of undocumented migrants who are already in Mexico. The program offers temporary residency permits to eligible migrants, allowing them to stay in the country legally for up to four years and to work in certain industries. To be eligible for the program, migrants must meet certain criteria, such as having lived in Mexico for a specified period of time, having no criminal record, and being able to demonstrate that they have employment or other means of support. This was a temporary policy that has been repeating each year since 2021.

## **January 2021**

### **Migration Law Reform, *Mexico***

The migration law was reformed to prohibit detention in the Migration Stations for unaccompanied and accompanied migrant children in Mexico. Immigration cases will be resolved according to the best interest of the child as determined by Child Protection Officers, instead of the INM. However, this led to legal violations such as family separations and extortions from the INM (WOLA, 2021).

## **January 2022**

### **Visa Imposition to Venezuelans, *Mexico***

Venezuelans are forced to have a visa to enter Mexico, leading to a rising number of them crossing the Darién Gap.

## October 2022

### Title 42 extension to Venezuelans New Migration Enforcement Process for Venezuelans, *United States*

Venezuelans who enter the United States between ports of entry, without authorization, will be returned to Mexico. It is combined with a humanitarian parole program that is available to up to 24,000 Venezuelans who have a financial sponsor in the United States and arrive via airplane (Chishti & Bush-Joseph, 2022).

## January 2023

### Title 42 extension to Haitians, Nicaraguans and Cubans, *United States*

CBP announces that migrants from Cuba, Haiti and Nicaragua will be subjected to the same humanitarian parole program as Venezuelans. The program will allow up to 30,000 migrants from these three countries and Venezuela to come to the U.S. monthly. However, those who don't follow that legal pathway will be expelled from the U.S. back to Mexico (Shoichet, 2023).

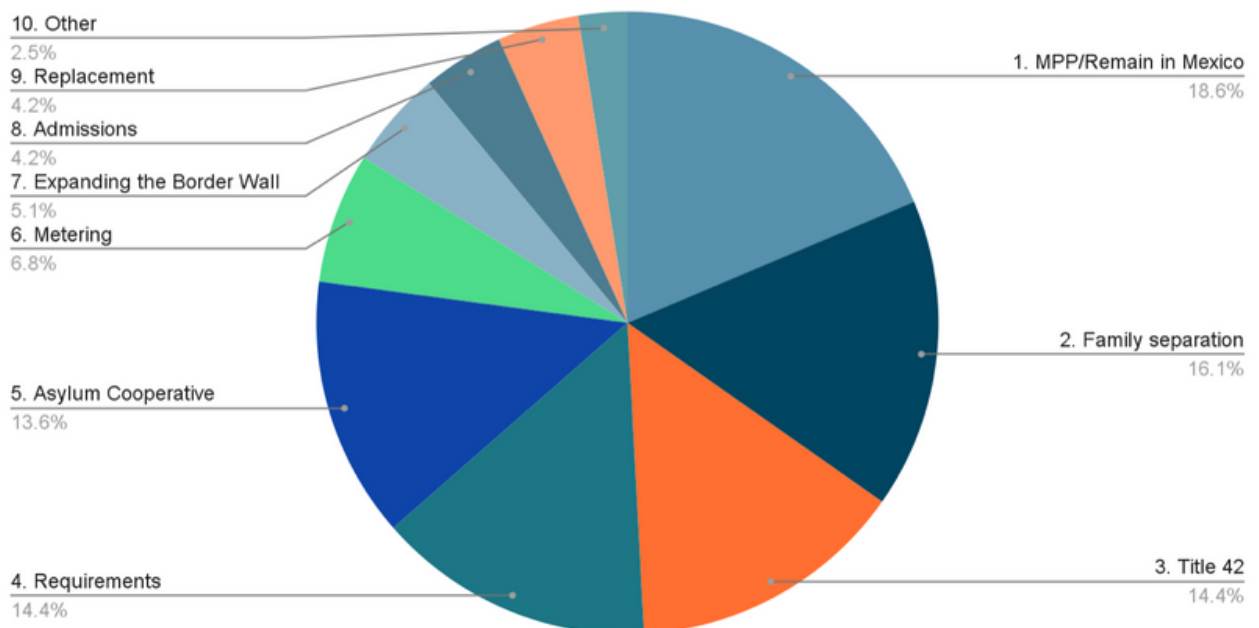
## 2023

### Proposed Asylum Protection Ban, *United States*

The Biden administration has proposed a new rule that would ban many refugees from seeking asylum in the United States based on their manner of entry and transit through a third country, subject to certain exceptions. The Biden administration plans to impose this rule on May 11, 2023, and has provided only 30 days for the public to comment on the proposal.

## Surveyed Service Provider Response to the Question:

*Which of the following U.S. policies do you believe are most harmful to the well-being of migrants?*



# RECOMMENDATIONS

The following recommendations are based on our scoping reviews, survey, and interviews with experts and service providers:

## 1

### **Continuity of Care Along the Migratory Route**

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Research has shown that there is limited to no continuity of health and mental health care throughout the migratory route for people on the move to Mexico. Although many service providers have mobile clinics that provide health and psychological first aid along the route, the services are limited and primarily focused on providing one-time immediate support for people on the move. There is often a lack of communication between clinics and other actors providing support, which undermines the possibility for adequate continuity of care for the migrants they serve. Several respondents of the service provider survey recommend international organizations, such as MSF, to enhance / expand their presence along the migratory route. In addition, it is recommended that mobile clinics that provide services to people on the move in Mexico consider diversifying and expanding the MHPSS services they offer, and provide updated information on additional services offered by a diverse set of actors that aim to respond to the growing needs in MHPSS services for migrants. Information on where to access such resources should be accessible both physically and electronically, and should be made sharable to other organizations and migrants via social media and messaging platforms. Given the linguistic diversity of people on the move, it is also recommended that support actors provide resources in multiple languages.

## 2

### **Interoperable Health Data Management Systems**

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Maintaining internal databases, including intra-organizational data sharing, and collaborating with other organizations to maintain interoperable data platforms can be crucial for patients to receive the most effective and appropriate care while minimizing the potential for overlapping treatments or re-traumatization. Migrants face high risks of violence along their journeys to the U.S.-Mexico border. According to a 2016 report from Amnesty International, an average of 60% of migrant women and girls are raped during their migration journey, while other sources suggest that as many as 80% of women experience rape and sexual assault along the migratory route (Fleury, 2016). When providing mental health support for migrants, specifically women, it is critical for service providers to avoid re-victimizing migrants by having them reshare their traumatic experiences throughout the journey, as this can exacerbate their situation. Interviewees mentioned different databases such as ProGres from UNHCR, or REDODEM from Red Zona Norte, for maintaining health information for people on the move. Although most interviewees mentioned referral processes and organization-internal intake documentation, there seems to be no cohesive approach to continuity of care for either health or mental healthcare among shelters in Mexico like, for example, using standardized forms. We recommend that service providers establish a confidential and secure internal patient data management system that will alleviate the burden on migrants as they seek health and mental health support and ensure continuity of care.

We also recommend that all service providers present migrant patients with access to their health data, in physical or electronic form, as they travel to and through places that potentially do not have partners onsite. With any form of health data management tool, it is imperative that any actor that is considering creating such a tool conduct a risk assessment to evaluate the following: (1) the possibility of a security and data breach, (2) patient confidentiality and the danger of misuse of migrants' information, and (3) inconsistencies or inaccuracy of data collection.

## 3

### **Building Trust with Migrant Communities**

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Mistrust and fear are prevalent among migrant populations, especially those who have been exploited or harmed by government personnel, violent non-state actors, trafficking organizations, other migrants, or even service providers. As recommended by a service provider in Mexico, building rapport among migrant communities is necessary to engage in the provision of sustainable care and support that is empowering. This includes working with and not only for migrants, actively listening to their reported general and specific needs, and collaborating with community members to adequately respond to identified needs, all through a trauma-informed, culturally sensitive, dignity-centered, resilience-focused, and strengths-based approach. We recommend that service providers commit to providing continuous care to migrants along their journeys, connect with migrant communities, explore emerging and innovative participatory practices, and build capacity for service provision beyond emergency relief.

## 4

### **Advocacy**

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There is a disconnect between what the Mexican government says they provide in terms of public healthcare to people on the move and the reality of the services migrants have access to. Following the lead of MSF who has leveraged its position as a non-governmental organization and leader in the humanitarian space to advocate for improvements in the humanitarian response and coordination system in Mexico, international organizations are advised to engage in advocacy for change at a systematic level. As outlined in Article 77 of General Health Law and in the Mexican Constitution, all people have the right to access healthcare, even migrants. Advocacy efforts should emphasize and demand that health facilities provide healthcare and protect the rights of people on the move as guaranteed by the Constitution, addressing the ad hoc administrative and discriminatory practices migrants face when seeking healthcare. It is also recommended that MSF provide training and workshops to healthcare providers, specifically those operating out of public health systems and detention centers, to increase knowledge and sensitivity around migrant circumstances and legal rights to healthcare access.

## 5

### **Adapting to Diversity in Healthcare Provision**

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Assess how to further adapt services based on population characteristics, such as language and adapted health needs. In November 2022, 63% of the migrants at the border were from countries other than Mexico and the Northern Triangle region (Gramlich, 2023). The region is therefore experiencing an influx of migrants who do not speak Spanish and who come from a wide array of cultural contexts. Given the increasing language and cultural diversity among migrants, it is critical that service providers including MSF offer translation services and cultural sensitivity consultation for healthcare practitioners when working with such a diverse migrant population. Mental health professionals at a shelter in Mexico City shared that frequent challenges that arise when working with translators include: (1) a lack of cultural and situational sensitivity, (2) translators inserting their interpretations of traumatic situations without having

qualified medical backgrounds, and (3) translators paraphrasing the patients' words, losing some important contextual information. Given the disparities in healthcare, such as differences in treatment, access to health services and health outcomes, that affect people experiencing migration, especially members of underserved communities such as indigenous populations, LGBTQI+, and racial minorities disproportionately, we recommend increasing provider awareness of strategies to mitigate such challenges (Nesbitt & Palomares, 2016).

# 6

## **Health Monitoring and Record Keeping**

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Our findings show that there exist few official methods or tools for monitoring migrants' health trends and data over the course of their journeys. MSF is exploring innovative solutions to help individuals have access to tools and solutions for improved registries and information shared related to medical records and services received in collaboration with partners. In this pursuit, we recommend building upon the experiences of international organizations providing services to migrants in other contexts including Europe and the Middle East in creating and using digital applications (see Spotlight 1 for further information). Identifying strategies and programs from other regions and/or humanitarian settings might highlight emerging trends which could be relevant to the situation in Mexico.

# METHODOLOGY

Our team used a mixed methods approach that included two scoping reviews of existing literature (focused on MHPSS and Health Access/Monitoring), semi-structured interviews, a service provider survey, and in-person visits to organizations and facilities in Mexico. All quotes and other research findings have been de-identified to protect the anonymity of project participants.

## Literature Review

Our literature review primarily consisted of reports from international NGOs, government data, academic articles, and news pieces. The analysis covered a total of 50 sources, focusing on scholarly and gray literature published from 2010 to 2023.

## Scoping Reviews

We conducted two scoping reviews exploring (1) tools and methods used for health monitoring and tracking of health data of people on the move in Mexico and (2) methods and results of MHPSS models for people on the move living with common mental health disorders in Mexico. The reviews were conducted following the PRISMA-ScR method. The literature searches were conducted in the databases PubMed, EBSCOhost databases (CINAHL Plus with Full Text, MEDLINE with Full Text), Scopus, as well as gray literature between March and May 2023. Please see Appendix E for a detailed overview of the search terms used for both scoping reviews. Following the snowball principle, which involves searching the references of included articles for other relevant articles, we also included studies identified in bibliographies or referenced by consultations with researchers and practitioners through our expert interviews. In addition to the academic database search, we searched Google Scholar, Google, ReliefWeb, the websites of international organizations, and the websites of Mexican research/academic institutions for key articles. We decided to search these websites because, due to a lack of resources, research institutions in

Latin America tend to publish academic research on their own websites rather than in peer-reviewed journals. Our findings were analyzed using Covidence (see Appendix E for a detailed overview of the search terms and search strategy). Due to the limited scope of our research project, we screened the abstracts and/or executive summaries as well as the results and/or main findings sections of the articles included.

## Survey

A Qualtrics survey was distributed to 505 contacts gathered from MSF's database and previous years' contacts lists. In total, the survey received 69 complete responses, corresponding with a 13.67% response rate. Respondents consisted of service providers operating in Mexico (51), Honduras (10), Guatemala (8), the U.S. (7), and El Salvador (5), with some organizations operating in multiple geographical locations. The survey included 52 questions across the following categories: general organization information, migration trends, violence tracking, health care and monitoring health data, continuity of care, mental health service provisions, populations with intersecting vulnerabilities, and extra-continental migrants. Most respondents were based in Mexico City, but many others came from a wide range of locations throughout Mexico, Guatemala, El Salvador, Honduras, and the United States.

## Field Research

Our team traveled to Mexico City in March 2023 to conduct in-person research. The trip included visits to Médecins Sans Frontières offices, government institutions, public research institutions, international organizations, shelters, and other service providers. We conducted a total of 20 meetings and interviews. The trip allowed us to bolster our research and obtain a direct understanding of the situation on the ground.

## **Semi-structured Interviews**

The team conducted 20 semi-structured interviews with a total of 35 interviewees. We adopted a combination of purposeful and snowball sampling methodology whereby interviewees were chosen based on recommendations from the MSF team, desk research, and referrals made during interviews. We aimed to hear perspectives from organizations with diverse geographical locations, types of services provided, target populations, and sizes. Our interviewees were based mostly within Mexico, with a few service providers located in the U.S. Informed consent was obtained verbally from all interviewees. Participants were briefed on the objectives of the research, how their information and responses would be stored and used, and how the report would be publicized. Interviewees received no incentive of any kind to engage in interviews. Interviews were held remotely via Zoom and in-person, both in English and Spanish. When authorized following our informed consent process, interviews were audio and/or video recorded. The team transcribed the interviews using Otter.ai, Panopto, and Google Meet. Finally, the team conducted a coding process of all transcribed interviews, which were divided into twelve areas of investigation (subsets). The coding process had two objectives: 1) to obtain key quotes of interviews, and 2) to identify thematic trends and potential areas of future research. Our team used Dedoose 9.0.46 to code all transcripts, and the codebook is available in Appendix A.

## **Limitations**

The research process faced five key limitations. First, the short project duration (January to April 2023) limited our ability to obtain a more representative sample for our interviews and surveys. Second, the short duration challenged our ability to deepen our analysis of each core thematic area. Third, we were unable to travel to border areas due to university travel restrictions, reducing the reach of our field research.

Fourth, our team had limited capacity to conduct desk research in Spanish, Haitian Creole, indigenous languages, and other languages, which may have led to an overuse of English-based sources. Fifth, we were not able to engage directly with people on the move, and thus all research findings are based on the perceptions of organizations and experts. Finally, although we aimed to display a rich diversity of perspectives, this survey sample was not randomized and response time was limited. Therefore, there is a risk that some particular viewpoints may have dominated and others may have been missed, meaning that the results may not be generalizable across different contexts.

# MONITORING HEALTH



PHOTO SOURCE: MSF

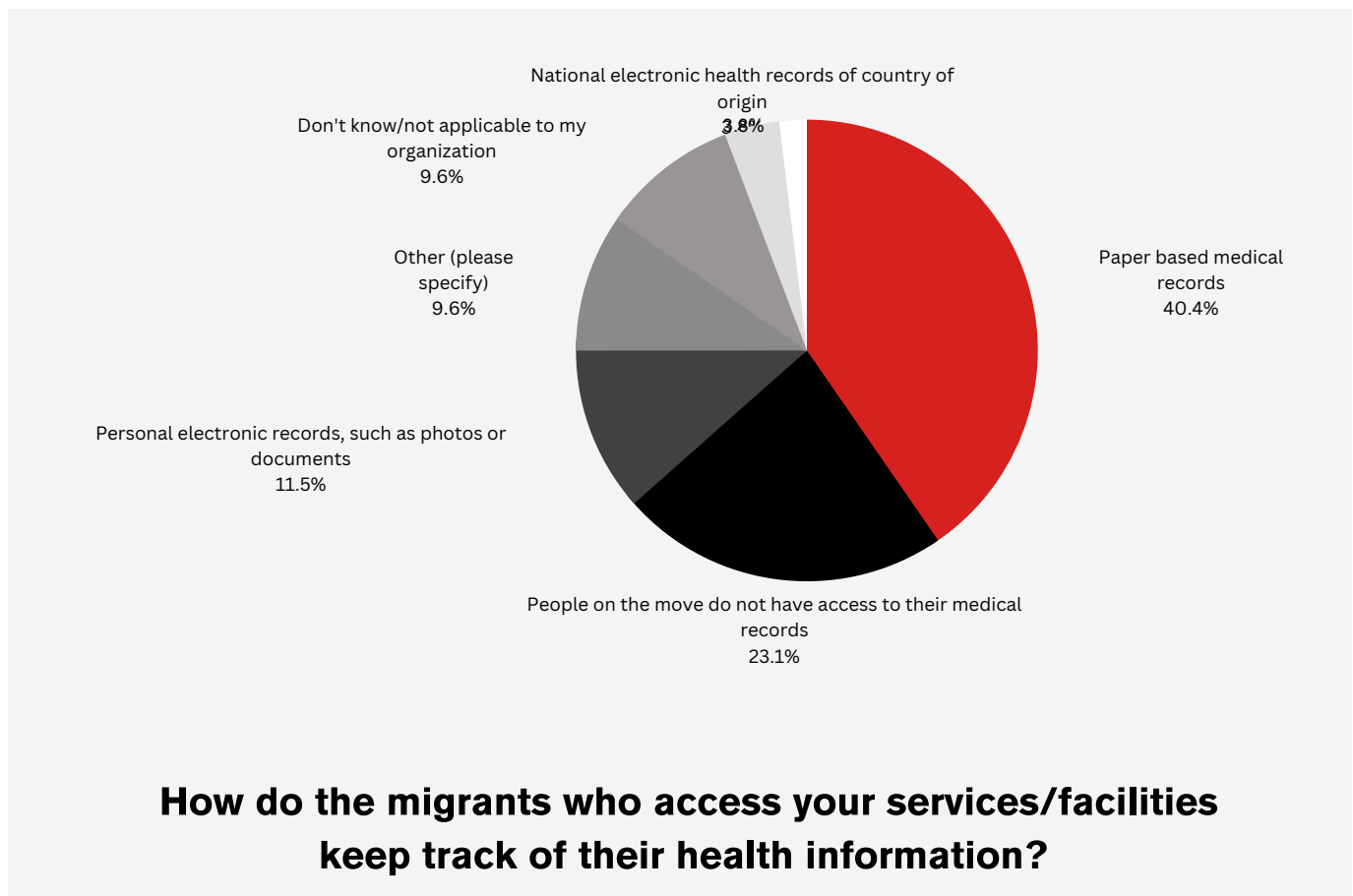
At the crossroads of health and migration, key challenges encountered by people on the move in Mexico are (1) limited access and availability of healthcare services and (2) insufficient monitoring and documentation of health information and health trends.

With more migrants forced to stay in Mexico, rather than continuing on to the U.S. or Canada due to increasingly restrictive immigration policies, the lack of access to healthcare remains one of the most pressing challenges for migrant populations. People on the move are at disproportionate risk of being victims of extreme violence on their journeys and face compounded forms of violence when trying to access healthcare due to discrimination and lack of legal status (Infante et al., 2022; MSF, 2017). As previously mentioned, Mexico's Article 77 of the General Health Law guarantees free and equal access to healthcare services regardless of immigration status. Despite growing migration trends, there is a striking lack of accurate information related to health outcomes and gaps in access to health services for migrants and asylum-seekers (WHO, 2022a). Cross-border migration has been gaining attention from public health practitioners and policy-makers, especially given that there is a confluence of increased risks on the migration route and difficulties accessing services. Growing trends in migration have been accompanied by demands to reorient health policies and programs to better protect migrants' health (Macpherson et al., 2007).

Monitoring diseases among migrants is another significant challenge due to their frequent mobility, making it difficult to provide them with effective and comprehensive treatments to manage their health (Leyva et al., 2013). There is no standard method to monitor and track the health status of people on the move in Mexico and their health status is often not represented in national health statistics. For example, despite the variable "migrant" being included in the Ministry of Health's public COVID-19 surveillance database, a comparison of the incidence of COVID-19 in migrants versus non-migrants in Mexico is often limited by methodological challenges (Bojorquez-Chapela et al., 2022). This is particularly worrisome as people on the move have been disproportionately affected by the COVID-19 pandemic (Kumar et al., 2021). While specific categories of migrants and health topics have been extensively researched, some studies on the health status of undocumented migrants in Mexico and healthcare access conditions have limited value due to their exclusive focus on data collected from civil society and migrant shelters, as a significant proportion of migrants travel without using shelters (Stoesslé et al., 2022). Generating systematic and data-driven information about the health of people on the move is further challenged by their continuous mobility (Stoesslé et al., 2022).

Yet despite various calls to action (WHO, 2008), tools and methods to address migrant health remain limited or lacking altogether (Matlin et al., 2018). This represents a crucial blindspot in the field of public health as migration is associated with multiple stressors and hardships, including food insecurity, physical insecurity, SGBV, and increased exposure to disease, exposing this population to increased risk of a variety of health problems. Research has increasingly indicated that a correlation exists between forced migration and negative health outcomes. (Castañeda et al., 2015).

Despite efforts to report on the interaction between migration and health, little is known about specific health needs and challenges in migration situations, making the development of health monitoring and methods to gather health information from mobile populations a crucial endeavor. Not to mention the fact that the demographics of populations on the move are also constantly changing, with individuals arriving from a variety of nationalities with distinct public health systems in their country of origin, or individuals with differing awareness on public health issues. These are critical areas of research that would greatly strengthen health monitoring and programming in the region.



# MONITORING HEALTH

## KEY FINDINGS

### Access to Healthcare

People on the move face multiple barriers regarding access to healthcare. The majority of participants in our survey stated that they do not believe migrants receive adequate care for their health needs. Most people on the move access medical care in shelters, public health clinics (including government-run facilities), and NGOs or church-based clinics (see Figure HG24). A lack of identification or legal status often bars migrants from receiving the care to which they are entitled. As explained by a few of our interview participants, migrants are often turned away from health centers when they do not have documentation papers, or when it is simply clear that they are not locals. Fear of being detained for immigration status was the most frequently reported reason in the surveys for not seeking health care. Participants identified the ramifications of increasingly restrictive and militarized immigration policies in Mexico to be the most significant barrier that migrants face when trying to access health care. These findings align with a needs assessment conducted by the International Rescue Committee in 2019 showing that people on the move were deterred from attempting to access public health services due to various factors (COLEF et al., 2022). These included concerns about safety while traveling outside of their shelters, the lack of financial resources, expenses associated with seeking and maintaining care, inadequate knowledge about where to access healthcare, and the absence of medications at health facilities (COLEF et al., 2022).

### Monitoring Health in Mexico

Demonstrated by the responses of our interviewees, 'health surveillance', or monitoring of health trends and access to services for people on the move is generally limited, which leads to issues of re-traumatization of migrants: key barriers include lost, stolen, or nonexistent records, and delays or denials in receiving sustainable and adequate health and mental healthcare. Most studies in our scoping

review largely centered on health surveillance instruments used at the U.S.-Mexico border, emphasizing the importance of cross-border collaboration, communication, and coordination in infectious disease surveillance. Most techniques of tracking and monitoring of diseases in Mexico focused on infectious diseases, such as COVID-19, HIV, hepatitis, and tuberculosis. Interestingly, service providers in our study reported that the medical conditions most frequently reported among people on the move were mental health conditions, gastrointestinal diseases, and upper respiratory conditions, followed by skin diseases, malnutrition, and pregnancy. Perhaps these differences can be explained by the lack of diagnosis infrastructure within shelter settings.

### Challenges to Health Monitoring at the Social Service Provider Level

Many organizations do not have the capacity to track and monitor health trends and health statuses of people on the move coming through their space and utilizing their services. They often lack the funds, resources and infrastructure/tools to document personal and health details of migrants. Few organizations that we interviewed engage in some level of health data monitoring, from documenting client demographics, biometrics, mental health conditions, vaccinations, medications, surgeries, or procedures, to obtaining results of tests for communicable diseases and lead poisoning. The majority of organizations that were able to conduct health data tracking reported doing so only for specific, individual cases or for certain but not all health concerns. The depth of health monitoring by service providers varies depending on resources, the number of migrants, and the purpose of such health data tracking.

## **The Implications of Monitoring Health Data on Continuity of Care**

The results of our scoping review highlight the issue of limited continuity of care for migrant populations predominantly caused by the absence of continuous patient-clinician relationships, inconsistencies in medical records, and the lack of health records, including electronic medical data. Similarly, some organizations participating in our study pointed out that the lack of collaboration between organizations can render health records inaccessible and therefore ineffective, as migrants are pressed to be surveilled time and time again. The United States Border Patrol contributes further to 'discontinuity of care', with participants of our study reporting that CBP forcibly takes the health records of migrants and does not share their information with providers on either side of the border. CBP has also been reported to manipulate migrants based on their health needs outlined in their records, deny care, and withhold needed medications from people in detention. According to the results of our scoping review, while U.S. tools like 'Do Not Board' and 'Border Lookout' have been utilized for detecting cases of tuberculosis, there were reported instances of follow-up losses among undocumented migrants, posing challenges in maintaining continuity of care. Additionally, the deportation and expulsion of migrants has been observed to result in issues pertaining to follow-up and a decline in the quality of their health and access to care.

### **Lack of Systematic Health Monitoring**

Monitoring health trends for migrant populations is another challenge facing service providers. Informants recognized that there is no centralized method for migrants to keep track of their own medical records, and monitoring health trends among flows of migrants is nearly impossible due to the lack of a centralized reporting mechanism. Shelters have been identified as sites where epidemiological surveillance data is gathered, but a recent article highlighted challenges in estimating infection rates of illnesses linked to oversights and heterogeneity in data sources and the absence of dependable official records (Rangel Gómez et al., 2023).

These findings align with our scoping review that revealed a lack of systematic health monitoring methods for refugees and asylum-seekers globally and in Mexico, with little information on tracking and monitoring protocols and policies (see Appendix B). Health records are especially useful in considering the continuity of care and long-term support of migrants throughout their journeys and within their destination communities.

### **Benefits of Monitoring Health**

Documenting and monitoring health data was reported to be beneficial for both service providers and migrants. Our interviews indicate that service providers use the data gathered and available sources of information on health trends to inform the clinical treatment of migrants on an individual basis as well as to identify macro level trends, and inform research, advocacy, and policy efforts. For migrants, such health 'surveillance' can prevent the number of times they have to relive trauma associated with receiving care and expedite the process of receiving treatment and medications, especially when relevant information is shared among and made accessible to support organizations – an important benefit that can be leveraged with attention to privacy and data security concerns. Similarly, our scoping review highlights that community-based testing and screening, as well as telehealth, have been effective in improving disease surveillance in cross-border health settings.

### **Improving Health Monitoring**

Our findings point to limitations and a scarcity of academic literature on methods or tools used for health surveillance for people on the move in Mexico. Enhancing interagency communication, utilizing binational resources, and developing standardized surveillance definitions are suggested for improving health monitoring of people on the move. Additionally, the use of programs like the Electronic Disease Notification system and conducting disease surveillance at the border, are recommended.

## TO ACCOUNT FOR THE LACK OF DATA IN A MEXICAN CONTEXT, WE HAVE HIGHLIGHTED THE SIJILLI, A CLOUD-BASED MOBILE EHR SYSTEM USED FOR SYRIAN REFUGEES IN LEBANON, TO DEMONSTRATE A BEST PRACTICE APPROACH TO MONITORING AND TRACKING HEALTH INFORMATION ACROSS PEOPLE'S MIGRATION JOURNEY

### **Continuity of Care - Record Management**

The UNHCR has a case management system called ProGres which is used to register and track the cases of refugees and asylum seekers with their permission. ProGres collects three types of data, namely personal, medical, and asylum claim data. NGOs and civic organizations can use this platform as case managers to ensure that individuals receive necessary assistance and support across the migratory route. Another way that service providers keep track of diseases is during intake, as most migrants remain at a given location only for a limited period of time. At this point, medical triage is normally conducted to identify healthcare needs; persons with urgent needs such as dehydration or psychosomatic symptoms are separated for immediate attention like offering food/water or basic psychological first aid. Data such as vaccination history, including routine and COVID vaccinations, are collected. Afterward, a follow-up for comprehensive care is arranged in the same destination, if the migrant has not yet transited, or in another destination, if the service provider has connections and is able to maintain contact with the migrant (although the extent of this collaboration is unidentified). Physical health records are also given to migrants as they transit; however, there are reports that many of these records are confiscated at the U.S. border. Continuity of care, which would decrease the necessity of repetitive screenings, should be addressed systematically to improve the quality of healthcare accessed by migrants. For instance, migrants who are able to speedily access healthcare may have urgent conditions detected and thus addressed in a timely manner.

### **Spotlight 1: Cloud-based electronic health records (Saleh et al., 2020)**

Sijilli is a cloud-based mobile EHR system designed to improve refugees' access to essential health services in low-resource settings. The system was launched for Syrian refugees in Lebanon. It was developed in 2008 in a collaborative effort between the Global Health Institute at the American University of Beirut in Beirut, Lebanon, and the healthcare software company Epic, one of the most important healthcare software companies in the United States. The system facilitates interactions and enables workflows among different users, from offline data entry to global online access. Patient data, such as vaccination history and medical and surgical history, as well as results from mental health screening questions, are entered into the system using tablet computers. Then two health records are generated: (1) a password-protected PDF of the health record that can be downloaded onto a key-shaped flash drive and given to the refugee, and (2) an encrypted de-identified version of the health record uploaded to the cloud-based server, which can be accessed globally by either the patient or the health provider via the Sijilli website. Data stored on the record can only be altered by health providers. Benefits of the eHealth intervention include its low costs, its security, its scalability to conflict-affected areas that lack digital connectivity, its digital nature, and its ability to create anonymized reports of the health records for research. Allowing for integration and synchronization with other electronic medical records and information sharing across providers could further strengthen the tool.



# MENTAL HEALTH

The physical and mental health of people on the move is seriously endangered by the conditions of their journey and changing policy environments, such as exposure to environmental hazards, trauma, vector-borne and infectious diseases due to insufficient access to potable water, proper sanitation, or good living conditions (IFRC, 2022). Additionally, stressors induced by uncertainty pose a definite danger of psychological damage for both people on the move and the host communities (IFRC, 2022). The negative effects of migration on health and mental health have been further compounded by increasingly restrictive migration policies and the expulsion of hundreds of thousands of migrants arriving at the U.S.-Mexico border, representing violations of established international refugee law and policy. This complex and evolving reality has been fueled by violence, climate-related migration, political instability in Central America and beyond, and the COVID-19 pandemic (Galemba et al., 2019). There exists a need for the provision of improved and adapted MHPSS for migrants and asylum-seekers. Reports from actors providing support to these groups indicate that these populations experience significant barriers in accessing health and MHPSS services (Doering-White, 2018), despite a higher likelihood of exposure to risk factors correlated with poorer health and mental health outcomes.

Currently, migrants and asylum-seekers are required to ‘wait in line’ at various checkpoints in Central America and Mexico as their asylum claims slowly make their way through backlogs in the immigration system. Although the journey can be life-threatening, this dangerous trek can be far better than the alternative of staying at home for those displaced. There have been efforts by governments and civil society to provide shelter, medical attention, legal support, and other services to migrants. However, due to the rapidly changing context of the crisis, service providers experience challenges in providing adequate support to this population. While support actors have some capacity to provide for basic needs, specialized services such as mental health support are often lacking (Servan-Mori et al, 2014).

Disparities and gaps in MHPSS in the region represent a serious public health concern. Research initiatives, such as the Mental Health Atlas (WHO, 2022b) have provided a better understanding of the prevalence, burden, and treatment gaps in these countries. Despite severe consequences on the overall health of the populations in these countries, MHPSS remains under-resourced. While gaps in MHPSS are a concern for the general populations of these two countries, the problem is particularly acute for migrants in the region who are often forced to stay for prolonged periods in these countries as they seek asylum. Hence, addressing persisting MHPSS gaps in North and Central America could play an important role in improving the response to the migration crisis in the region while also strengthening support services available for host communities.

# MENTAL HEALTH

## KEY FINDINGS

People on the move can be exposed to multiple and compounding stress factors which affect their mental health leading up to their decision to migrate, throughout their journey, and during the reintegration and settlement process. Migrants in Mexico are particularly prone to such stressors due to the variety of primary reasons for migration (i.e., violence, extortion, extreme poverty, environmental stressors, etc.) and the high rates of violence and exploitation they face on their journeys through South, Central, and North America. Our findings confirm that the majority of migrants and asylum seekers lack access to mental health services or experience barriers in accessing care (including stigma or misinformation related to how to access mental health care, or the potential benefits of such services).

As indicated by our interviews, two primary themes associated with challenges in providing mental healthcare to people on the move include the lack of psychologists and language barriers. Although service providers recognize the need for MHPSS services, many reported struggling to address such needs due to a lack of qualified mental health professionals. Where mental health services are provided, interviews show that people on the move don't always prioritize their mental health when they arrive at shelters and/or clinics. Their priorities instead often lie in obtaining shelter, food, support for their children, information about asylum and other border policies, and then continuing on their journeys as soon as possible. If psychologists or MHPSS services are available and utilized by migrants, the process generally includes assessing signs of trauma, stress, or anxiety and providing case management services, including referrals to other organizations and resources.

However, because migrants often spend very little time in shelters, the psychological care they receive is limited in scope and depth. Very few service providers have the adequate infrastructure to provide prolonged mental health care due to a lack of resources and trained mental health professionals. Most times, service providers do not have the capacity to perform comprehensive psychiatric assessments or provide treatment for migrants; therefore, they refer individuals with severe mental health disorders to Mexican General Hospitals. Unfortunately, the public health system in Mexico is overcrowded not only for migrants but also for the national population as there are insufficient numbers of psychologists or psychiatrists to address mental health needs in Mexico.

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Notably, **91.67%** of survey respondents believe that mental health concerns are not adequately being addressed in migrant populations in Mexico.

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# KEY THEMES AND FINDINGS OF THE OVERALL RESEARCH

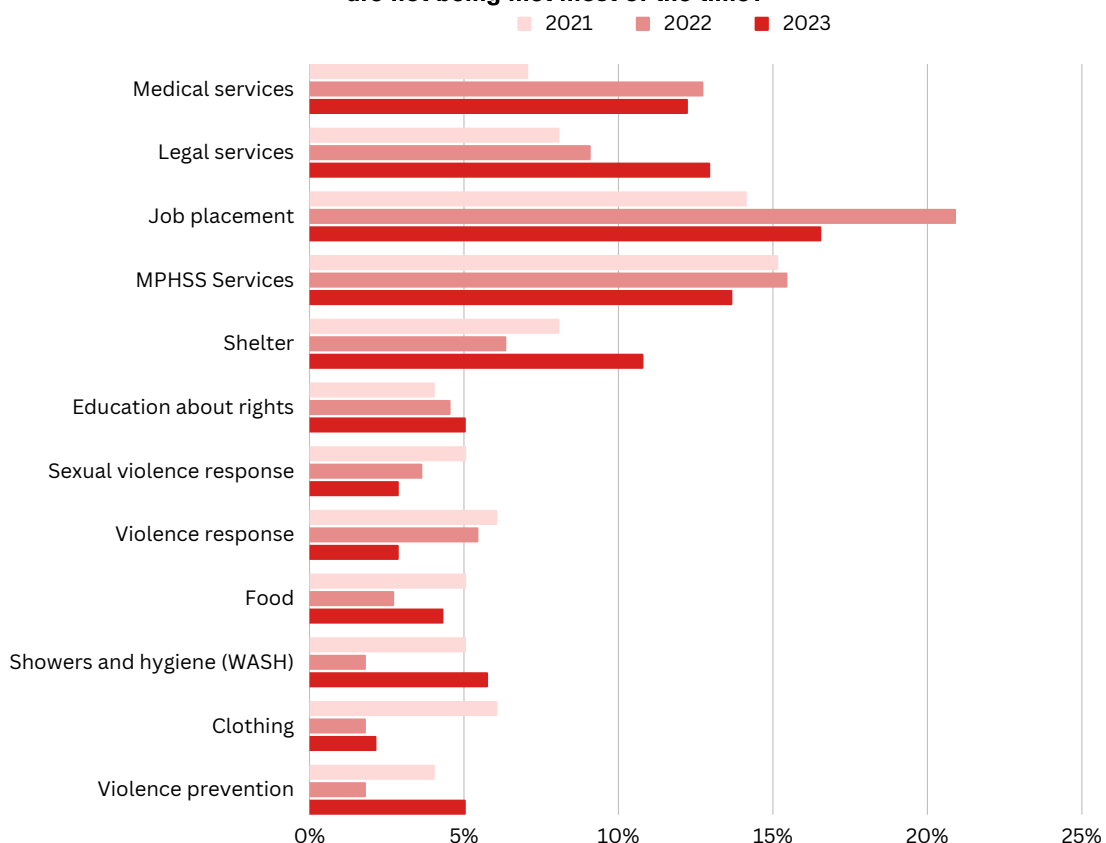
## Survey Results

### Trends for the past 3 years

Our team had the unique opportunity to analyze survey results from the Capstone projects spanning the past three years. We hope that this research can be extended to future collaborations between SIPA Capstone teams and MSF.

Over the past three years, service providers consistently ranked MHPSS services and job placement (a consideration associated with MHPSS) as the top two weakest areas of service provision, where migrants' needs are not being met. The percentage of respondents who view job placement as the weakest area of service provision continues to remain high each year, which is unsurprising as we see more migrants forced to stay in Mexico either permanently or for increasingly prolonged periods of time while they await the possibility of reaching the U.S. It is also unsurprising that MHPSS services are continuously lacking, given that many respondents noted the lack of qualified mental health professionals or general organizational capacity. Moreover, many respondents and interviewees recognized that mental health care is often stigmatized and is regarded by migrants as less important than other needs along the migration route.

**In the city or town where you work, what are the three weakest areas of service provision, where migrants' needs are not being met most of the time?**



## Continuity of Care

### Services

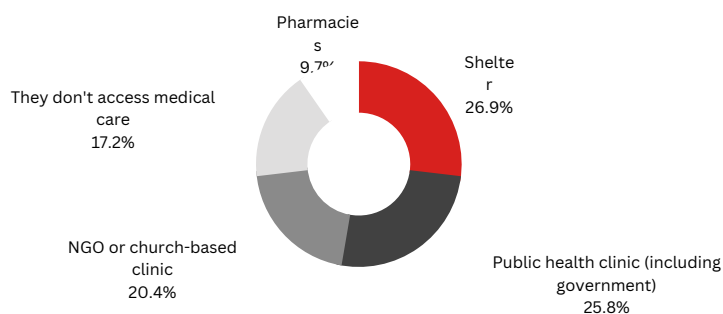
In our interviews, the concern for lack of staff was brought up in 13 different conversations. Most shelters lack adequate staff which shortchanges their ability to fulfill their mandates to provide services to people on the move, especially health care and MHPSS providers. The drivers for these gaps are shelters are highly dependent on volunteer staff and there is a high attrition rate. There are limited resources in the public health system of the country, both in the quantity and the quality of medical personnel. At the U.S. border, healthcare surveillance activities are impacted by the lack of medical staff within service providers catering to migrants. Hence, necessary screenings for tuberculosis, pneumonia, and cholera, as well as the appropriate care and medications that ought to follow these screenings are ignored. Apart from increased health risks, these delays due to staff shortages lengthen the asylum-seeking and integration process. Findings from the survey showed the most challenging aspects of providing continuity of care were: language barriers, lack of funding and medical resources, migrants' priority to continue their journeys, lack of location stability, and lack of portable health records.

### Accessibility

Our interviews indicate illegal practices in which many public healthcare providers deny migrants care unless they have specific identification. Most healthcare service providers accept only the INE or CURP as forms of identification even though Mexican law permits anyone to receive healthcare regardless of migration status or documentation. This creates a barrier to health accessibility for migrants who are unable to obtain official documentation in Mexico. Although the stipulated processing time to receive identity documents is 60 days, the timeline often extends to about 90 days due to the backlog caused by a lack of staff capacity at the COMAR. Service providers provide legal aid for migrants to apply for and receive documentation to enable them to access health systems in Mexico.

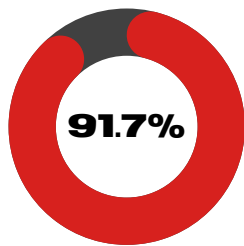
Moreover, migrants who do not wish to remain in Mexico may not want to register for refugee status, as it may undermine their possibilities to seek asylum in the U.S., Canada, or another destination. Although the stipulated processing time to receive identity documents is 60 days, the timeline often extends to about 90 days due to the backlog caused by a lack of staff capacity at the COMAR. Service providers provide legal aid for migrants to apply for and receive documentation to enable them to access health systems in Mexico. Moreover, migrants who do not wish to remain in Mexico may not want to register for refugee status, as it may undermine their possibilities to seek asylum in the U.S., Canada, or another destination.

**Where do migrants typically go to access medical care?**  
(Check up to 3 choices.)



Another barrier to the possibility of providing continuity of care is the amount of time people on the move stay in a single location. Based on our interviews, the majority of people on the move seek the fastest route for transiting because their priority is usually to reunite with their families or integrate as quickly as possible in their destination of choice. Key informants explained that people on the move spend an average of just 24-48 hours in a particular destination along the migratory route. This short amount of time spent in one place does not leave enough time for service providers to schedule tests, send samples to the lab, get results, and determine the appropriate course of treatment.

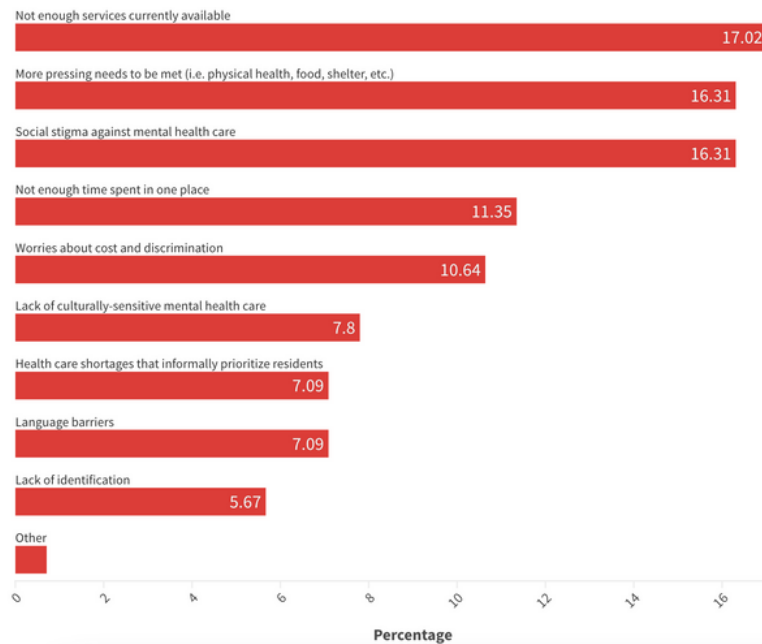
Additionally, there is a lack of infrastructure and resources necessary to expedite this process. In the case of MHPSS, the short timeframe does not allow for providers to build rapport and trust among migrants, which is key to a successful mental health intervention. Hence, barriers exist for not only people on the move, but also for service providers to provide them with adequate care.



**91.7%**  
of respondents do not believe that migrants' mental health is being adequately addressed

### Challenges

A key challenge that arose from our interviews with service providers was the lack of access to critical medication. There is a serious lack of medication available for all people in Mexico, yet people on the move have even less likelihood of accessing medication which leads to major obstacles in access to essential services throughout the migration process and has detrimental effects on migrants' health and well-being. Those with chronic diseases, communicable diseases, and mental health disorders whose conditions would be alleviated or stabilized by medication are vulnerable to life-threatening health risks because of the challenges associated with obtaining and maintaining medication. For one, people on the move are at high risk of robbery and assault when transiting, and many have their medication stolen along the route as a result. U.S. Border Patrol also seizes life-saving medication from people on the move in detention without providing the mandated FDA-approved replacements. Beyond theft and governmental seizure of needed medications, financial burdens faced by people on the move often prevent access to care. For example, migrants who receive prescriptions through health centers that are unable to fill prescriptions, must then locate other pharmacies and purchase the medications with high out-of-pocket expenses, leading to logistical and financial challenges. Finally, the uncertainty associated with not knowing when and where to receive medications or refills of prescriptions can exacerbate medical conditions and lead to further health complications.



**What are the most significant barriers for migrants to seek/access mental health care? (Up to 3 selected)**

### Intersections between Lack of MHPSS and Social Determinants of Health

The gaps in MHPSS services impact migrants' overall health in various ways, according to survey respondents. Migrants must confront mental health stressors daily, including violence, lack of adequate food and water, harassment, and the crippling feeling of uncertainty for their futures. Without adequate mental health support, many migrants may fall into substance abuse, domestic violence, and other family issues to cope with such stressors. Moreover, poor mental health makes it nearly impossible to care for other areas of one's life. People who lack MHPSS can often experience a degradation in their overall health, as they feel unable to eat or sleep properly or find their chronic diseases deteriorating their overall health. The lack of adequate MHPSS services for people on the move is a direct consequence of the social determinants of health that they face, which can have a profound impact on their overall health and well-being throughout their life course.

# DARIÉN GAP

The Darién Gap is a stretch of the dense, mountainous jungle which connects the North and South American continents, stretching between northern Colombia and southern Panama. It is very sparsely populated by a few indigenous communities. In recent years, the Darién Gap has become the first leg of an extremely arduous journey for extra-continental migrants and those traveling from South America hoping to reach North America. The dangers of this section of land cannot be overstated; not only is the wild terrain treacherous, but criminal groups also have taken advantage of the recent influx of migrants and have begun inflicting violence, including theft, extortion, beatings, and sexual assault on migrant populations making the difficult journey.



Photo source: Council of Foreign Relations

## Why take the Darién Gap route?

Most migrants make the journey through the Darién Gap because they have no other options. Migrant-receiving countries have been increasingly closing their borders; at the same time, the number of crises worldwide, such as violence, economic collapse, political instability, and climate-change-related environmental disasters have increased, making life untenable for millions and forcing them to flee their homes. Thus, as few legal options exist for migrants to arrive at their destinations safely, the option of last resort for most lies in the dangerous journey of the Darién Gap. The Darién Gap, therefore, reflects the increasingly restrictive migration policies around the world and has become a barometer of the crises around the world.

## Information for People on the Move

Despite the increasing incidence of migrants traversing the Darién Gap, there are few, if any, service providers working to provide information about the dangers of the journey to migrants. In most cases, migrants traversing the Darién Gap do not know what awaits them and do not know how much food, water, or equipment they should pack for the weeks-long journey.

## Protection and Security

Our research has shown the dangers awaiting migrants in the Darién Gap are countless. There is no institutional presence in the jungle to help people who have sustained an injury or illness. Many migrants die from simple injuries because there is no medical support for them. Animals like venomous snakes and wild boars populate the area, posing life-threatening dangers for anyone traversing the land. Moreover, criminal organizations have taken advantage of the influx of migrants forced to traverse the Darién Gap. Most groups of migrants are robbed of their possessions, including food, water, clothes, passports, and other valuables, and those who refuse to forfeit their possessions are often murdered. Women and girls are highly vulnerable and are often victims of sexual assault and rape. In our research, we have learned that these criminal organizations take advantage of the lack of institutional presence in the Darién Gap. They organize smuggling enterprises and oftentimes act as informal authorities to help facilitate migrants' journeys or, in some cases, offer migrants protection from violence in exchange for a fee.

## Post-Migratory Support

Traversing the Darién Gap is an undeniably traumatic experience. Thus, MHPSS are especially important after crossing this region; yet, as previously mentioned, there is almost no service provider support for people on the move both before and after their journeys.



PHOTO SOURCE: MSF

*Voices from the Field May 2022. Person speaking with a MSF staff member at Bajo Chiquito. Panama, June 2021.*



PHOTO SOURCE: MSF

*Boats of migrants on the Darién River. Panama, June 2021. Picture from MSF's International Activity Report 2021.*

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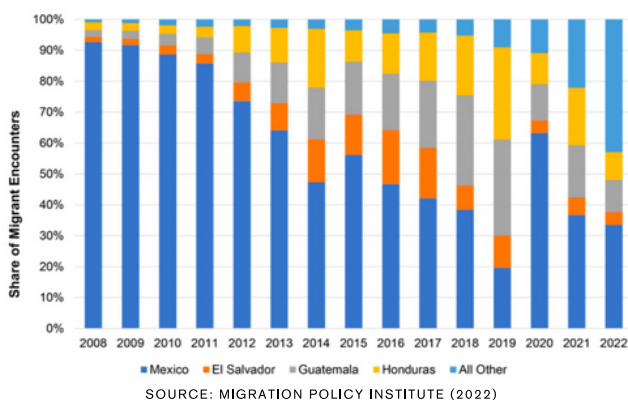
“A migrant who decides to cross the Darien gap does so because he is at the bottom of his hope. He’s basically hopeless. And that’s what you see in Necocli, which is the last town in Colombia before crossing the Darien gap. These people are hopeless. Their chances to go back to their home cities or where they come from and rebuild their lives are zero. Zero. No matter if they are Ecuadorians facing violence, Haitians in Chile facing racism, Venezuelans fleeing their own country facing economic collapse; whatever it is, most of the migrants are at the point of no-return.” *Federico Rios*

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# Changing Migrant Populations

## Background

Our research shows that Mexico has experienced an exponential increase in migrants traversing its territory seeking to reach the U.S. or Canada in recent years. Moreover, as U.S. border policy has become increasingly restrictive, as seen in the policy timeline, more migrants have been forced to seek permanent residence in Mexico. While people on the move traveling through Mexico have historically come from the Northern Triangle countries of Central America (El Salvador, Guatemala, and Honduras), recent years have seen an influx of migrants from more diverse countries, including Venezuela, Cuba, and Haiti. Most notably, service providers have reported an influx of extra-continental migrants from the Middle East, Asia, and Africa. Unable to travel directly to their intended destination in Europe, the U.S., or Canada due to restrictive immigration policies, many people desperate to escape uninhabitable conditions have instead flown to countries in South America through legal means. Many migrants choose to arrive in Brazil or Ecuador, as there are few visa requirements for most arrivals. Then, along with hundreds of thousands of South and Central American migrants, they traverse the long and dangerous route through the Darién Gap, Central America, Mexico, and to the U.S. This poses additional challenges to the Mexican healthcare system as it is required to adapt to the changing health needs of the individuals arriving. However, most service providers made clear that the Mexican healthcare system has failed to adapt adequately to the growing and evolving needs of its citizens and people in transit in the country.



## Discrimination

Building on the research from previous years' reports, our research has found that extra-continental migrants face additional challenges on their routes, as they are often vulnerable to discrimination, harassment, and even more limited access to services due to language and cultural barriers. Survey respondents identified the groups most likely to be discriminated against as; (1) the LGBTQI+ community (especially trans women) (2) Racial minorities, Black migrants, Haitians (3) Indigenous people, and (4) Extracontinental migrants and those who speak a different language other than Spanish. Survey respondents noted that Black migrants, racial minorities, and indigenous populations are some of the groups most likely to face discrimination. Black migrants are at greater risk of experiencing racism in the contexts of employment, housing, and education. Moreover, migrants who do not speak Spanish are at a greater risk of discrimination and exclusion from employment, due to the inability to communicate in the country's dominant language.

## Need for Services

Numerous studies show that discrimination can exacerbate mental health issues, such as anxiety and depression. It is vital that migrants most susceptible to discriminatory practices receive adequate attention for the compounded stressors they face - from the traumas of the migration journey to the increased incidence of discrimination and harassment they may face on the route and within their destinations. Our research demonstrates that service provisions are severely lacking for all people on the move, even those who speak languages like Spanish or English. Migrants who speak other languages are at an even greater disadvantage. Thus, enhancing linguistic sensitivity for people on the move seeking MHPSS is critical.



PHOTO SOURCE: (Alejandro Tamayo/The San Diego Union-Tribune)

# CBP ONE

The CBP One app was initially introduced in October 2020 as a mobile application to, among other services, facilitate the scheduling of initial court appointments in the U.S. CBP One was introduced to increase accessibility and transparency to some of CBP's most utilized services (CBP, 2023). However, the app has raised concerns about requiring people who are applying for asylum – a legal right – to provide confidential information on a smartphone app. This raises both privacy and accessibility concerns. Finally, the app has proven to not be technically capable of handling such an important task (American Immigration Council 2023). Through our interviews we learned that the app is hard to use, freezes often, and does not allow families to make appointments for their children, forcing them to make several appointments for each family member, sometimes on different dates and/or at different locations.

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As one survey respondent noted, “These ‘technological innovations’ are not effective for the population they are intended for and greatly complicate the [migration] process.”

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Many report that the app does not work properly on devices that are not iPhones, discriminating against users based on the mobile phone they are able to attain, if they are able to obtain a smartphone at all. Moreover, many elderly people do not know how to use these devices, leaving them unable to make appointments. Other usability challenges include facial recognition failures and waiting times that go beyond the month mark, leaving users stranded in shelters along the border and continuously exposed to health and security risks. One interviewee highlighted that his shelter sees families that have been waiting for an appointment for over 7 months. These long wait times are also problematic for shelters as they must house migrants for much longer periods of time. These challenges cause distress for migrants who are anxiously searching for their appointment on an app that continuously fails.

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# Communication and Information Sharing

## Information Shared between Service Providers

Our interviews confirmed there was no central database or method used across the board for service providers to share information amongst themselves. Most information is shared through collaboration and ad hoc relationship building as a result of working in the field of migration.

## Linguistic Sensitivity

Across our research, we have found that language barriers for non-Spanish speakers add a layer of complexity to navigating healthcare in Mexico. With a steep increase of extra-continental migrants from countries such as Haiti, Bangladesh, and Afghanistan, as well as steady numbers of migrants who speak indigenous languages, service providers struggle to cater to the language needs of different populations. Public health centers, especially those located in remote areas of Mexico, often lack comprehensive translation services, as well as the funding and time resources needed to fill the gaps. With limited to no linguistic capacity, the vast majority of NGOs, civic organizations, shelters, and clinics are ill-equipped to provide quality and accessible healthcare services to diverse populations of people on the move. If they are able to do so, additional barriers to care provided through limited interpretation resources include issues of migrant cultural values, gender-based trauma, and client comfort. For example, translators who are men may not be appropriate providers for migrants who have endured sexual violence and this can negatively affect the reception of care and the degree of services available. The comprehensive nature of existing language barriers is clearly unsustainable for healthcare provision and limits the accessibility of care among many migrant populations. Our interviews also show that language barriers present major challenges in providing mental health services. Due to resource constraints, the capacity of service providers to provide care in various languages is extremely limited.

Language barriers can make it difficult for healthcare professionals to appropriately connect with clients and accurately assess their mental health status, diagnose any mental health conditions, and provide appropriate treatment. Additionally, it can be challenging for service providers to provide culturally sensitive or trauma-informed care, as was especially reported in cases of male translators assisting in the service provision of children and people who had endured sexual violence. Finally, it is worth noting that linguistically diverse populations of migrants often face unique stressors related to immigration, integration, and discrimination which can increase their risk of or exacerbate existing mental health conditions. As more linguistically diverse immigrants transit the region, mental healthcare will be increasingly difficult to provide.



PHOTO SOURCE: MSF

# AREAS OF FURTHER RESEARCH

## Immediate

### Resource Mapping

Feedback from the key informant interviews and the responses from the service provider survey emphasized the need for enhanced collaboration. Most practitioners called for health and mental health practitioners across organizations to work together in providing support along the route. Should service providers and MSF not build stronger forms of communication, there is a threat for mental health service gaps to grow wider and for duplicity in response and with resources to occur. We recommend that service providers create an open-source comprehensive map of resources to share with migrants along the route. This information should include a “Know Your Rights” document for migrants to understand the healthcare landscapes in the various countries starting in South America and along the migratory route. Additionally, beyond data collection, it is recommended that MSF spearhead working groups in the area with other service providers to collect information on resource gaps and data sharing.

### Impacts of CBP One App

Since the launch of the CBP One app, asylum seekers have reported access to the process is based on the “strength of your internet connection and chance” (Solis, 2023). There are significant accessibility issues related to the app that cause concern for equitable access, user privacy, and data security. The barriers to using the app could have serious implications for migrants as well as humanitarian practitioners working at the Mexico-U.S. border. Our research confirmed that there are significant concerns regarding mental health implications for people experiencing the ramifications of strict immigration policies. With this app, it can be expected that resources and capacity will become further stretched as more migrants will be forced to remain in Mexico for longer periods of time.

### Treatment in Detention Centers

Service providers working in the U.S.-Mexico Border report that ICE officers are illegally taking migrants’ critical medications as they cross the border and denying them medical care. For example, officers are legally obligated to provide antiretroviral drugs (ARTs) to HIV-positive migrants; however, service providers have reported migrants being refused ARTs in detention centers. Service providers should investigate these actions, with a distinct focus on migrants who are taking ARTs. A study conducted in Tijuana, Mexico, emphasizes the significance of monitoring HIV risk among migrant flows in this region, underscoring the urgency of addressing the healthcare needs of HIV-positive migrants in detention centers, recommends that research should also examine the treatment of migrants within Mexican detention centers, as there is limited existing research on the conditions faced by migrants in these facilities (Martinez-Donate et al., 2015). The need for greater research and advocacy efforts regarding treatment in detention centers is pressing, particularly following the devastating fires that broke out at a detention center in Ciudad Juárez which claimed the lives of at least 40 migrants and left 29 more injured (Amnesty International 2023).

## Long-term

### Reconfiguring Services to Meet the Needs of People Staying in Mexico

Increasingly restrictive U.S. border policies and increased U.S. investment in Mexico indicate that the Biden administration intends to limit the possibility and further dissuade migrants from reaching the U.S., forcing them to remain in Mexico (Shear and Kitroeff, 2023). MSF and other service providers should therefore invest in more resources to meet the growing needs of migrants in Mexico and at the U.S.-Mexico border. Additionally, because Mexican immigration policy and practices tend to respond to U.S. immigration policy, MSF and other service providers should also be aware of how existing and upcoming U.S. immigration policy will impact Mexican policy responses and their impacts on migrants within the country. As the U.S. continues to limit its immigration allowances and requires the use of the CBP One app, it is likely that Mexico will react harshly against migrants within and entering its borders.

# APPENDIX

## Appendix A. Codebook

CODE	Definition	When to Use	When NOT to Use	Example from the transcripts
Vulnerable Population	Describes characteristics of a migrant that makes them more at risk to experience violence, abuse, or other adverse outcomes during migration based on their demographic characteristics or identity	Demographic or identity-based characteristics of migrants (LGBTQIAP+ people, minors, people with disabilities, non-Spanish speakers, indigenous people, women, people from different continents (i.e., Afghans, Chinese, Russians, Ukrainians, etc.))	Not used to describe vulnerabilities in a country of origin.	“The most vulnerable migrant population are those migrants of color, of course, women and children...we do know that the population encounters a lot of vulnerabilities...migrant women, children and migrants of color encounter a lot of the vulnerabilities endured in their journey. And that's only because of the system in which we live...that increases their vulnerability.”
Discrimination	Describes instances where certain migrants are treated prejudicially or unfairly based on aspects of their demographic characteristics or identity, specifically regarding access to healthcare and treatment by local clinics and authorities	<u>Specific</u> descriptions of racism, sexism, xenophobia, colorism, homophobia, and lack of awareness of migrant populations from figures of authority, and service providers.	Do not use migrant characteristics that put them at-risk (use <i>Vulnerable Population</i> ).	“Health clinics...deny medical attention for whoever was considered like not local. So people that were not from Nogales, they were denied medical attention.”  “So, there is racism here and they did eventually attend to her, but they noted in her medical record that she wouldn't be attended to again if she didn't return with an interpreter.”
Direct service provision (besides shelter)	Describes services provided to migrants	Housing, community integration services, education, health and	Services not provided directly to migrant populations.e.g. capacity building training for	“We have this outreach center with this resource center for migrants where we offer food, shelter, medical assistance, psychological support...We also offer legal assistance in

## Appendix A. Codebook (continued)

CODE	Definition	When to Use	When NOT to Use	Example from the transcripts
		mental healthcare (medications, evaluations, intake, continuity of care, primary health services), accompaniment, information, food, legal-aid, jobs	NGOs/govt/civic organizations, etc. NOT used to describe access to public services (for example, a general hospital)	Mexico and a legal orientation in the United States."  "Provide support if the person can do it alone and they only need encouragement or also require some external support, such as a document or a letter, something that allows them to access these health services."
Official Documentation	Describes challenges in obtaining identification documents (ID's, CURP)	Describing the experience of migrants specifically related to documentation (ie papers, migrant status, DACA, ID, CURP) that they might need to access public services and jobs	Policy discussions at a high-level that do not directly relate to migrants' experiences (use <i>Government/Policy</i> ).	"Okay, so it's whenever one gets here, they get this vague national ID number, which is CURP...And that makes it easier for them to get access to medicine...It's harder without the CURP."  "So for them, one of the most important things is for people to integrate and to receive the Social Security number A.S.A.P. Because without the Social Security number, they'll have to access care at private institutions which are super expensive, (they) won't be able to access public health and a job."
Government/ Policy	Refers to U.S. policies (CBP1 and Title 42), Mexico policies (gap of the right to access healthcare vs reality for migrants)	When references are made about existing U.S. or Mexico policies and when policies and laws that are in place are not implemented or legal obligations are not being met.	Talking about policies that SHOULD be implemented (use <i>Recommendation</i> )	"The law says that no matter where you are, no matter where you go, you can receive health services. But many times in their reality, they get rejected when they (have) a health issue. So what we do is to give all information to people and also to go to these institutions with the group of people and try to emphasize the reality of migration and to be sure that they are going to receive the service."

## Appendix A. Codebook (continued)

CODE	Definition	When to Use	When NOT to Use	Example from the transcripts
				“CBP One...you have to fill out an application to be able to cross and the issue is that there are no appointments available, it's very difficult to get appointments, especially if there are more than two people.”
Access to information	References to methods/tools migrants use to access information about available services, dangerous parts of the route, shelters, etc.	Information-sharing, communication between migrants and between migrants and providers, networks, Whatsapp, Facebook, etc. ALSO Instances where migrants are not aware of the asylum/refugee process at the border. Or just general information about services (lack of information)	References to information on governmental policies (use <i>Government/ Policy</i> and specify Mexico or U.S. policy).	“Unfortunately, many of those who leave to seek asylum are looking for a border and are not informed. So, unfortunately, they arrive at the border and don't have a space and...they don't know what the asylum process is, and as we hear them out, we inform them of the asylum process.”
Data availability	Any reference to health surveillance tools and methods	References to health surveillance of migrants, including demographics, biometrics, and health records	References to connectivity/cell phone data (use <i>Access to Information</i> for references to migrant knowledge of available services, dangerous parts of the route, shelters, etc.).	“Because we have a database of all the beneficiaries and we ask for their authorization to stay in contact. So the first thing is to always be there and ask how they're doing, what they need, if there's anything we can do.”  “For example, what we do is that we have a collaboration with UNHCR and when it comes to case management, UNHCR has a system called PROGRESS, a

## Appendix A. Codebook (continued)

CODE	Definition	When to Use	When NOT to Use	Example from the transcripts
				registration system where, for example, if someone identifies a person in Tapachula, then in Chiapas they register and say, "Well, this is their full name, this is their information."
Recommendation	Recommendation for improved service provision, policy advocacy, access, collaboration/referrals, increased staffing, access to health, integration.	When an interviewee is giving a specific recommendation for an improvement or necessary change, including for bigger organizations or for government/policy	Anything that the interviewee is not framing as their recommendation. "Some people think that...."	"We have a lot of ideas about a lot of important coordination... with different stakeholders...I think there's an opportunity in Mexico right now as the public health system is being transformed on a long term approach."
Innovative practices	Examples of approaches or services (in the region or outside) that improve the experience of migrants	Language services, how information can be spread, services that improve access to health or protection. Also includes references made to alternative forms of therapy or counseling or ways that make services more accessible and appealing to migrants.	Do not use when someone is providing a recommendation of something that has never been done / tested before	"Instead of saying, we're going to have a group therapy session, you're like, Oh, we're going to go to school, like, you know, you're not talking necessarily to a teacher, to a psychologist, but just somebody who's going to play with you. So it's about, like, reframing what it is."  "This team...of psychologists formed to support migrants with the impacts of COVID and like the effects of that, and then also (focused on) the impacts of not being able to access health services."

## Appendix A. Codebook (continued)

CODE	Definition	When to Use	When NOT to Use	Example from the transcripts
Research/Advocacy	Refers to any mentions of advocacy for policies that help migrants in Central America, Mexico, US. Also includes research done by organizations to support migrant care.	Strategies, tactics, objectives, organizations, research papers, engaging with the government	Recommendations for services for migrants or ideas for best practices. This code is more focused on policies	"The third area of health work here is strengthening our capacities in general of the various stakeholders, mainly the government ...adapted to the needs of the migrant populations. We also do a lot of research, exchange and dissemination of information."
Barriers for providers	Provider-specific: Refers to obstacles faced by service providers that hinder the amount and type of support they are able to provide to migrants	When interviewees who provide direct services to migrants specify barriers that they face in doing so, including lack of collaboration, lack of psychologists, lack of staff, language, medicine, and the time that migrants spend at clinics/shelter/the region	References to access to health care (use <i>Official Documentation</i> , or <i>Discrimination</i> ). References to obstacles that migrants face (use <i>Obstacles to Access to Services</i> ).	"There's just not enough anything. Fill in the blank. So that includes medical help, you know, volunteer nurses, doctor stuff, stuff."  "It is also not practical because migrants are not in shelters or along the border long enough for us to schedule tests, send samples to the lab, get results back, and act accordingly from there. We don't have the infrastructure or the resources to expedite this process. There are no facilities for migrants to stay, there is no reason for them to stick around...they are likely not staying in one place long enough for sustainable care."

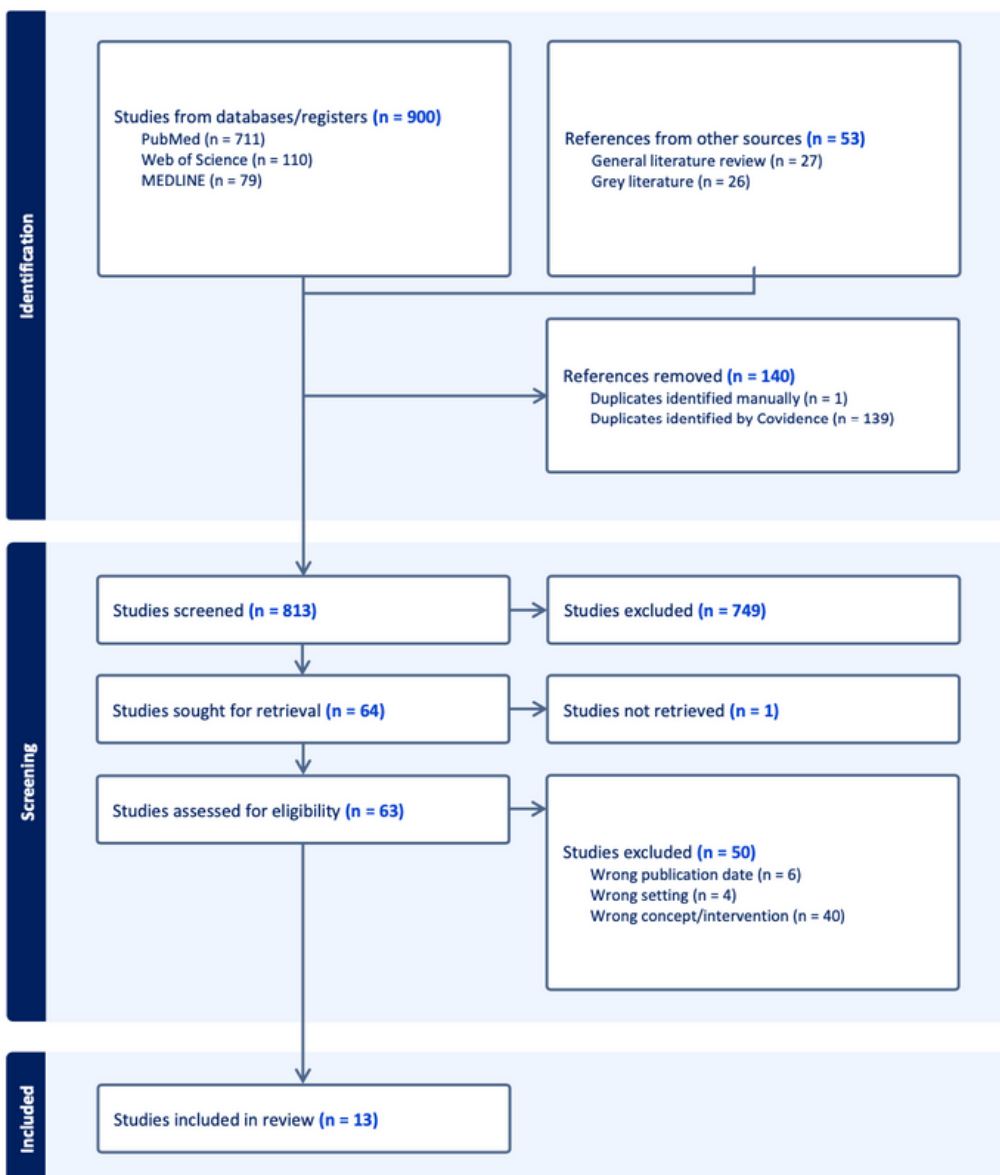
## Appendix A. Codebook (continued)

CODE	Definition	When to Use	When NOT to Use	Example from the transcripts
Obstacles to access to services	Migrant-specific: Refers to instances where there are barriers to service provision or rejection of migrants requesting services.	When interviewees specify obstacles that migrants face in accessing services, including jobs, housing, distance for migrants to receive care (risk detention), language, health and mental healthcare, stigma, lack of availability, and not a priority.	References to barriers faced by providers and documentation (use code <i>Barriers for Providers</i> , or <i>Official Documentation</i> ).	<p>“As services are not available everywhere and because populations in mobility are mostly located in shelters where not all services are provided, if they leave or want to go somewhere else, they also face the possibility of being detained, because they may not have an open asylum procedure, for example. Sometimes, if they leave the cities where they are applying for asylum in Mexico, they may be detained and have their documents taken.”</p> <p>“I would also say stigma is a big part of it. People, you know, are coming from countries where you know, if you need a mental health professional, it means you’re crazy. And so there’s definitely a stigma against, you know, seeking any sort of psychological care.”</p>

# APPENDIX

## Appendix B. Health Surveillance PRISMA and Scoping Review

Out of a total of 13 articles analyzed, there were a total of 7 studies that were evaluated for their techniques of health surveillance, including testing/diagnosis of diseases as well as disease monitoring of infectious diseases such as HIV (Martínez-Donate et al., 2015), hepatitis (Spradling et al., 2013), COVID-19 (Aceves et al., 2021; Bustamante, 2023; Martínez-Donate et al., 2022; Rangel Gómez et al., 2023), and tuberculosis (DeSisto et al., 2015). The majority of included studies focused on health surveillance instruments used at the US-Mexico border, highlighting the significance of cross-border collaboration, communication, and coordination in infectious disease surveillance (Aceves et al., 2021; DeSisto et al., 2015; Martínez-Donate et al., 2022; Ojeda et al., 2014; Reynolds et al., 2022; Saleh et al., 2022; Spradling et al., 2013; Woodruff et al., 2018).



PRISMA flow diagram of the health surveillance scoping review.

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One scoping analysis, which included one article on health surveillance at the US-Mexico border, discovered scant literature on disease surveillance for refugees in destination countries (Saleh et al., 2022). The sources emphasized the lack of systematic surveillance methods in migrant-receiving nations, with few indicating the presence of surveillance protocols and the direction required for accurate execution and data sharing (Saleh et al., 2022). There was essentially no information on key policies shaping surveillance infrastructure or activities. The majority of the literature focused on screening rather than surveillance systems, and information on surveillance experiences outside of Europe was scarce. In the absence of official surveillance, international organizations like UNHCR and WHO played a role in developing surveillance networks (Saleh et al., 2022).

Limited continuity of care, for example the absence of continuous patient-physician relationships, and related inconsistencies in medical records or lack of health records, including electronic medical data, was mentioned several times (DeSisto et al., 2015; Martínez-Donate et al., 2022; Ojeda et al., 2014; Reynolds et al., 2022). Deportation of patients has been observed to result in issues pertaining to follow-up and a decline in the quality of care (DeSisto et al., 2015; Martínez-Donate et al., 2022). Although U.S. tools like 'Do Not Board' and 'Border Lookout' were utilized for the purpose of detecting and referring to cases of tuberculosis, there were reported instances of follow-up losses among undocumented migrants, which posed challenges in maintaining continuity of care (DeSisto et al., 2015). The aforementioned concerns underscore the difficulties encountered in disease monitoring and maintenance of medical attention in healthcare environments that span across national boundaries.

A number of investigations have demonstrated that the implementation of community-based testing

and screening, as well as the utilization of telehealth, can effectively enhance disease surveillance in cross-border health settings. According to one publication, finding new sub-epidemics on the US-Mexico border has been successful with community-based epidemiological data screening for HIV/AIDS (Strathdee et al., 2012). Another article discusses how telehealth has helped to increase access to COVID-19 testing for underprivileged Mexican migrants by enabling medical professionals to deliver services, such as testing and treatment, even when their facilities are understaffed or there are COVID-19 restrictions (Bustamante, 2023).

International organizations, including the United Nations High Commissioner for Refugees (UNHCR) and the World Health Organization (WHO), are involved in the implementation or provision of support for surveillance systems in cross-border contexts, contingent upon the specific country and border circumstances (Saleh et al., 2022). One article identified shelters as sites where epidemiological surveillance data was gathered and highlighted challenges, such as oversights and heterogeneity in data figures obtained and the absence of dependable official records, in estimating infection rates (Rangel Gómez et al., 2023).

Suggestions for improving health surveillance of people on the move included enhancing interagency communication, utilizing binational resources, and developing standardized surveillance definitions for binational cases. One of the articles references the CDC's Emergency Response Disease monitoring (EWIDS) program, which was created "to provide rapid and effective laboratory confirmation, as well as to health expand surveillance capabilities" (Aceves et al., 2021; Lee et al., 2013). A different article highlights projects such as the Electronic Disease Notification (EDN)

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system and binational communication and coordination protocol revisions (Lee et al., 2013). The EDN system was emphasized as a tool for systematic data collecting on communicable diseases and surveillance of recently arrived immigrants and refugees for diseases of public health concern (Lee et al., 2013). Another article highlighted the need for health surveillance in cross-border settings, including the need for community-based partnerships to build trust and share information with marginalized populations, as well as conducting surveillance directly at the border (Strathdee et al., 2012). Another article suggests using deportation stations along the Mexican border for COVID-19 testing, triage, and vaccination upon return to Mexico, while improving surveillance systems to distinguish native and foreign-born indications (Martínez-Donate et al., 2022). Risk stratification in workplaces helps evaluate COVID-19 burden differences among migrant and immigrant groups and identify their causes (Martínez-Donate et al., 2022).

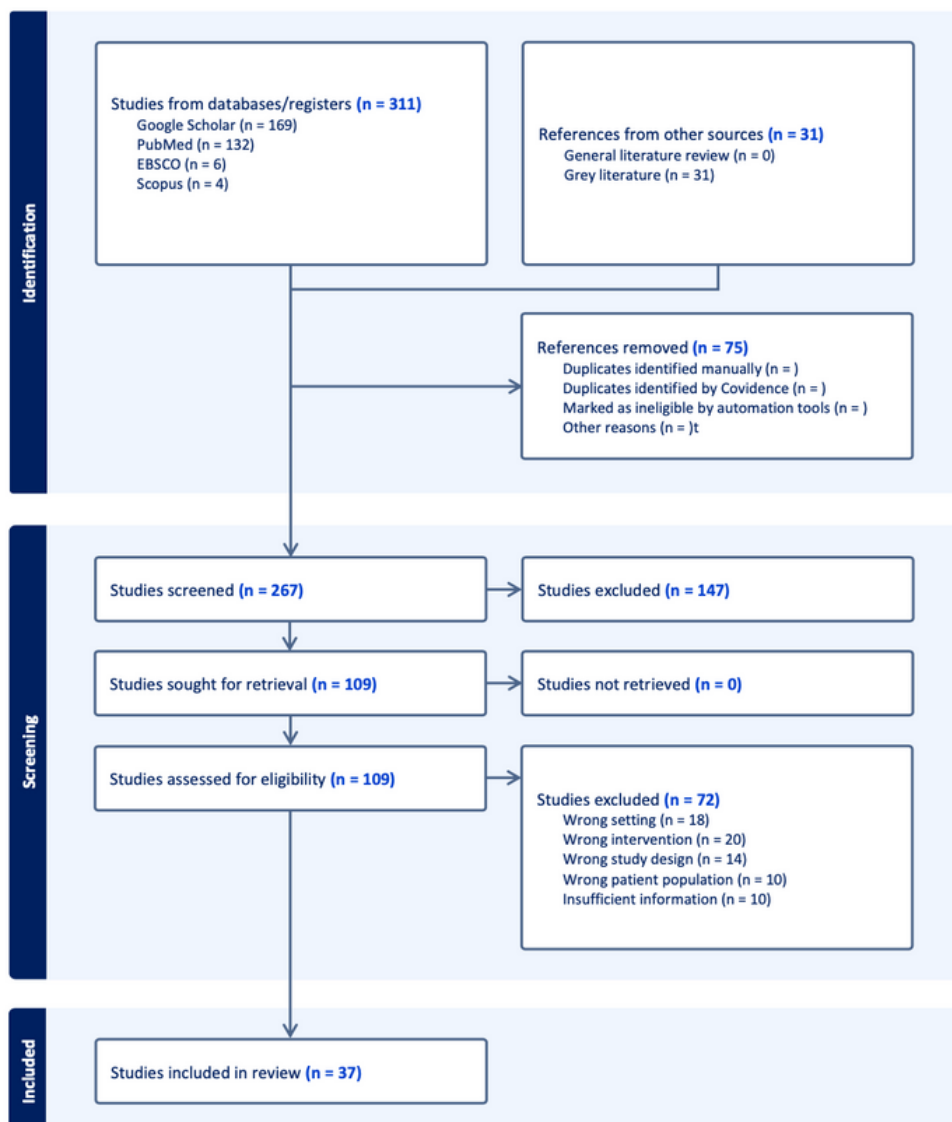
Our search indicates a lack of systematic health data monitoring and disease surveillance among people on the move in Mexico and the Americas as most sources screened focused on the European Region and Eastern Mediterranean Region, and only very few sources mentioned explicit tools or methods used for health surveillance in the Americas. Most articles were excluded from our scoping review because they focused on epidemiological surveillance of diseases, rather than on the actual tools or policies used for health surveillance of people on the move. Thus, our scoping review revealed the dearth of inquiries into health trends and the ability for migrants to access health care while on the move in Mexico.

# APPENDIX

## Appendix C. Mental Health PRISMA and Scoping Review

### Key findings in literature review and scoping review for Mental Health

Of 37 studies explored, 15 emphasized the importance of reducing the number of people stranded at the border or on the migratory path by addressing the underlying factors of mental health concerns. This includes but is not limited to poverty, violence, and lack of access to vital services. Another 15 highlighted the need for both culturally and linguistically sensitive interventions when screening for and treating mental health. Eight studies concluded that stigma is a major barrier to obtaining access to MHPSS for vulnerable communities and action must be taken to reduce stigma in order to serve this population. Five studies underscored the importance of both community-led and community-based delivery of mental health services and seven argued that community health and mental health care workers need more training, general supervision, and increased mentorship.



PRISMA flow diagram of the MHPSS scoping review.

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## **Migration correlated with a higher prevalence of depression and anxiety**

Migration exposes people on the move to increased vulnerabilities such as precarious traveling conditions, identity-based abuse and social rejection, abuse and extortion by local authorities in Mexico, violence, and being stuck in limbo while waiting for asylum in the United States (Gorn et al., 2023). These accumulated vulnerabilities over the extended period of migration cause high levels of emotional distress which can ultimately lead to high levels of anxiety (Gorn et al., 2023). Migration can also exacerbate existing health conditions while exposing people on the move to new risks. For example, in 2015 nearly half of the people treated by MSF for mental health complications were victims of direct physical violence during their migratory route (MSF, 2017). The mental load of managing safety on the route has devastating psychological impacts leaving migrants extremely vulnerable to depression, anxiety, and PTSD (MSF, 2017). Additionally, stories of the Siglo XXI detention center in Tapachula, the first waiting point for asylum eligibility in the U.S., undergird the dehumanization of people on the move with at least three people committing suicide within the building since 2018 (Russell, 2020). Interrupted transit thus may also play a large role in the development of common mental disorders among people on the move as they must wait or reroute their efforts to make it out of Mexico (Bojorquez et al., 2022).

Migrants are more likely to be diagnosed with depression and anxiety than their non-migrant counterparts, even within the same families (Donato et al., 2019; Gutierrez-Vasquez et al., 2018). In "Migration and depression: A cross-national comparison of Mexicans in sending communities and Durham, NC," researchers found that a key driver of increased depression in people on the move is the disruption to their social networks as a function of family separation and the

migratory process more generally (Gutierrez-Vasquez et al., 2018). Even after completing the migratory journey to the U.S., migrants are more likely to continue developing first-onset depression and anxiety (Breslau et al., 2011). Compared to their non-migrant family in Mexico, migrants in the U.S. are likely to experience higher rates of depression and anxiety (17.4% in the U.S. vs. 11.7% in Mexico) (Breslau et al., 2011). Migrant children are also particularly vulnerable to depression due to adverse childhood experiences (ACEs) that may occur during migration, with each occurrence leading to a higher risk of depression (Kremer et al., 2018).

## **Underlying factors and issues of migration must be addressed**

If it is understood that migrants are more likely to face mental illness and require more MHPSS services, it would make sense to reduce the number of people migrating and stranded in transit countries. Thus, the root causes of migration must be addressed and corrected. Inequality, discrimination, poverty, and violence often force migrants to flee their home countries (Gorn et al., 2023). Hundreds of thousands of people migrate due to death threats, physical assault, sexual violence, and confinement (MSF, 2020). Then, trapped in cycles of bureaucracy due to Mexico-U.S. immigration policies, migrants face rapidly deteriorating mental health outcomes (MSF, 2020). Violence is a key driver of migration out of the Northern Triangle of Central America. It is also a major factor in the development of anxiety (Gorn et al., 2023). Fear of extortion both from organized crime groups and Mexican authorities fuels anxiety as well as feelings of being perpetually unsafe (Gorn et al., 2023). Women and transgender individuals are the most frequent victims of this violence (Leyva-Flores et al., 2019). Over 75% of asylum seekers in Tijuana were found to have PTSD due to experiencing violence in a study conducted by the

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Harvard Global Health Institute (Diamond et al., 2020). The combination of these factors leads to a high level of mistrust of authorities preventing migrants from seeking assistance to mitigate violence or adverse health impacts (Leyva-Flores et al., 2019).

There is further danger in being stuck at the Mexico-U.S. border. Indefinitely detained until asylum is granted or they are turned back, migrants face harsh conditions, lack of housing, and continued violence (MSF, 2019). Yet, time spent in Tapachula, where most asylum claims are made, has been described as “meant to wear [them] down” by service providers speaking of government actions and inactions (WOLA, 2022). During the COVID-19 pandemic, migrants’ mental health was found to be predominantly impacted by their inability to cross the Mexico-U.S. border using legal means (Cruz Piñero & Ibarra, 2022). U.S. policies such as Title 42 and the Migrant Protection Program both convolute the migration process inducing anxiety about asylum eligibility and the lengthened duration of one’s stay at the border (MSF, 2017). The Harvard Global Health Institute states that being sent back to Mexico under MPP has been described as a “catastrophic stressor on health” for migrants; time spent waiting is associated with an increase in complex mental health issues (Diamond et al., 2020). Protective measures including access to safe and legal migration options are necessary to safeguard the mental health of migrants at the border (Leyva-Flores et al., 2019).

## **Culturally and linguistically sensitive interventions**

With the understanding that people on the move are likely to have dealt with trauma in their home countries, face extremely tough conditions en route, and endure an indeterminate immigration/asylum process, it is imperative to prioritize highlighting and supporting the mental health of migrants.

A plurality of studies demonstrated that migratory experiences such as family separation and language barriers when accessing aid were associated with high levels of depressive and anxious symptoms (Lara-Cinisomo et al., 2019). In "A Window Into Mental Health: Developing and Pilot-Testing a Mental Health Promotion Intervention for Mexican Immigrants Through the Ventanilla de Salud Program," researchers created an intervention specifically targeting Mexican migrants to protect their mental health and provide them with coping strategies (Martinez Rodriguez et al., 2022). They found that the migrants had fear and anxiety due to discrimination they experienced during migration, challenges learning English, and loneliness (Martinez Rodriguez et al., 2022).

The structure of any care model must consider the social and environmental causes of depression and anxiety to adequately understand and treat an individual. In "Models, protocols, and pathways, towards a social perspective in the mental health care of migrants in transit through Mexico," Nadia Allende argues that mental health workers must consider family, community, and the phases of the migration period to truly provide support (Allende, 2022). Interventions that acknowledge and empower migrants such as active listening and interviewing, promoting and educating about human rights, and providing solidarity throughout processes such as mourning (Allende, 2022). Therapy should ultimately seek to provide coping mechanisms.

These culturally and linguistically sensitive interventions should be based on the communities they serve and led by each community. Community health workers can support and lead mental health interventions while also helping reduce the gap in access to mental health care (Rodriguez-Cuevas, 2021).

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*Promotoras*, or general health advisors, have been found to be extremely effective in promoting health education because they understand the community and its social networks, values, and language (Edelblute et al., 2014). The *Mujeres en Solidaridad Apoyandose* (MESA) intervention utilizing *promotoras* proved to reduce depression in Latin American women impacted by migration and also increase their perceived social support (Edelblute et al., 2014).

More training, supervision, and mentorship are required to support community healthcare workers. Caring for displaced populations requires different training and resources – healthcare providers must be geographically, financially, and culturally accessible to their target populations (Duarte et al., 2014). Emotional distress caused by the COVID-19 pandemic exacerbated existing fears and insecurities. While there were surges of civil support online, many shelters lacked the technological or physical resources to provide MHPSS services (Bojorquez et al., 2021). Harvard Global Health Institute argues that non-governmental organizations (NGOs) and civil society organizations (CSOs) must create context-specific educational materials for asylum seekers and work with the Mexican government on capacity building and increasing infrastructure so that the mental health needs of migrants are met.

Even with total open access to resources, it is important to note other barriers to care, including stigma surrounding mental health and care, social exclusion, and discrimination, that can lead to distrust of authorities or mental health service providers (Diamond et al., 2020). Here, it must be highlighted that many people on the move in Mexico are not Latin American but rather come from Africa or Asia and face xenophobia and racism, ultimately decreasing their ability to access medical services (Diamond et al., 2020). Again, researchers argue for the utilization of *promotoras* and social workers to build accessibility to services (Barish, Yang, & Bhatia, 2021). Vulnerability to mental health complications is highly variable and can be partially

attributed to the experiences of discrimination and community-imposed stigmas (Gutierrez-Vasquez et al., 2018). Ultimately, policies that hope to improve social inclusion and simultaneously work to reduce discrimination in the population are necessary.

## **Increased collaboration among related sectors including, but not limited to government, communities, and healthcare profes sectors**

Research has highlighted a gap in care driven by limited collaboration between NGOs, CSOs, the Mexican government, and healthcare providers. America's Quarterly highlights that "despite a more than 2,000% increase since 2015 in its annual number of asylum requests, the budget of the Mexican Committee for Refugee Assistance (COMAR) for 2020 is still just \$2.38 million, a fraction of which is reserved for mental health services (Russell, 2020)."

Additionally, integrating mental health interventions in primary care settings requires support across the board. In a 2020 study done in Chile targeting migrants there, researchers found that due to issues in social integration, migrants had compounding problems accessing primary and mental health care (Carreño-Calderón et al., 2020). Chilean healthcare workers indicated that they needed more information about asylum-seeking and refugee populations and their needs to be able to adequately support them (Carreño-Calderón et al., 2020). These issues are reflected in the Mexican migration context. Using trusted services or shelters can increase government and international reach to underserved populations and can lead to more comprehensive care, overall (Martinez Rodriguez et al., 2022).

## **Limited research on the relationship between mental health and migration**

Ultimately, there still remains a significant gap in research and data on the relationship between

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mental health, migration, and vulnerable populations. Existing research confirms that there is a need to understand the best efforts to protect vulnerable populations such as women, children, and LGBTQ+ people (MSF, 2017). Furthermore, little to no research exists on interventions that specifically address male mental health (Letiecq et al., 2014). Ultimately, there exists a need for the monitoring and evaluation of current health programming, as well as research and development for more effective mental health interventions in the migration context.

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## Appendix D. Detailed Overview of the Search Terms Used for the Health Surveillance Scoping Review

	Definition	Search terms
<b>Population</b>	People of any ages on the move	"Asylum Seeker*" OR migra* OR Forced migra* OR "Mobile population" OR "migrant population" OR refugee* OR "internally displaced person" OR "internally displaced people" OR "people on the move" OR "mobile migrant population*" OR "migrant shelters"
AND		
<b>Concept</b>	Approach	"Infectious disease surveillance" OR "disease surveillance" OR Surveillance OR "health surveillance" OR "health trend" OR "Cross-border health" OR "Borderless health systems" OR "Mobile health" OR eHealth OR "epidemiological surveillance" OR "health monitoring" OR "mobile tracking"
AND		
	Type of literature	Intervention OR trial OR program* OR pilot OR methods OR methodolog* OR tools
AND		
<b>Focus</b>	Country and setting	Mexic*

# APPENDIX

## Appendix E. Detailed Overview of the Search Terms Used for the Mental Health Scoping Review

	Definition	Search terms
<b>Population</b>	People of any ages on the move	Displacement OR "Asylum Seek*" OR Migration OR "Forced migration" OR Migrant OR "Mobile population"
AND		
<b>Concept</b>	Approach	"Psychosocial support" OR "Psychosocial intervention" OR "Psychological support" OR "Mental health support" OR "Mental health intervention" OR MHPSS OR Psychotherapeutic OR Counseling OR Socio-therapy OR "Support groups" OR "Peer support" OR Psychoeducation OR "Community support" OR "Social networks" OR Self-care OR "Self care" OR Self-help OR "Self help" OR "Psychological First Aid" OR "Psychosocial considerations"
AND		
	Type of literature	Intervention OR trial OR program* OR pilot
AND		
<b>Focus</b>	Country and setting	"Mexico" OR "United States of America"

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