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Overview

Strengthening locally led research to respond to the sexual and reproductive health and rights of migrants from Venezuela and Central America

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In 2018, the Pan American Health Organization (PAHO) established mass migration as a priority health issue in national, sub-regional, and regional agendas (1). In recent years, two simultaneous mass migratory phenomena in the Americas are occurring as people from Central American countries and Venezuela migrate to other countries in the Region.

As of December 2022, approximately 7.13 million Venezuelan refugees and migrants had left their country, with 5.99 million relocating to other countries in Latin America and the Caribbean (2). Colombia, Peru, and Ecuador bear the heaviest burden of migration, with over 4.47 million migrants from Venezuela currently being hosted in those countries. The United Nations Refugee Agency has called this "the largest displacement of people in the history of Latin America" with Venezuelan migration second only to Syria (3).

By late 2020, there were an estimated 715 000 refugees and asylum seekers globally from Central America and Mexico *en route* to the United States and Canada; there has been a sharp increase since January 2022 which is estimated could result in half a million migrants requiring humanitarian assistance (4,5). Most of the refugees and asylum seekers from the Region were from three countries in particular: Guatemala, Honduras, and El Salvador, also known as the Northern Triangle, with a notable increase of individuals from Nicaragua, as well as from Cuba, Haiti, and Venezuela (4,5). According to Doctors Without Borders, about half a million people flee violence and poverty from Central America towards North America each year (6).

Sexual and reproductive health and rights (SRHR) are integral to health and ensuring access to sexual and reproductive health services among migrants remains an important public health priority (7). There is evidence suggesting that migrants may have limited access to sexual and reproductive health services and may face specific threats to their SRHR (8–10). Sex and gender-defined roles impact the experience of migrants and refugees everywhere; women and girls are significantly affected in both sudden and slow-onset humanitarian crises and face multiple SRHR challenges, as do lesbian, gay, bisexual, transgender, queer, and intersex persons (LGBTQI+) and sexual minorities (11–13). These challenges are often associated with increased exposure to sexual and gender-based violence, increased rates of complications during pregnancy and post-pregnancy, complications due to unsafe abortions, and increased rates and suboptimal management of sexually transmitted infections and HIV/AIDS, among others (9–11).

The mass migration observed in Latin America has added pressure on the health systems of countries receiving these sudden influxes of people in a short timeframe (14). The need for context-specific and locally led evidence generation on issues related to health and mass migration has become paramount. This is particularly relevant for migrants' SRHR, risks of infectious diseases, and with regards to the health system capacity to address their needs.

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RESEARCH AND RESEARCH CAPACITY STRENGTHENING FOR HEALTH SYSTEM RESPONSE

In an effort to strengthen health system response and to better understand the SRHR needs of migrants from Venezuela and Central America, a collaborative call for research proposals was issued in 2019. The call was led by the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) through the HRP Alliance for research capacity strengthening, in collaboration with the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), the Alliance for Health Policy and Systems Research (AHPSR), the Latin American Center of Perinatology, Women and Reproductive Health (CLAP) part of the Pan American Health Organization (PAHO), and the HRP Alliance regional research capacity strengthening hub at the *Centro de Pesquisas em Saúde Reprodutiva de Campinas* (CEMICAMP).

Twelve proposals focusing on implementation research and individual and institutional research capacity strengthening were selected out of a total of 66 received. Projects were reviewed by two individuals independently using a pre-established rubric: one reviewer was staff of one of the organizations leading the call while the second was an external reviewer recruited for their expertise on the topic. Scientific merit, relevance, innovation, cost-efficiency, potential for capacity strengthening for the institution, and feasibility were evaluated. The selected projects were from teams affiliated with research institutions, universities, and/or ministries of health in countries affected by the migration crisis. Grants were awarded for an average of USD 36 600 to be completed within 12 months. All projects were approved by local ethics review committees and PAHO's ethics review committee (PAHOERC). Eleven projects from eight countries–Brazil, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, and Peru–were finally implemented. Research teams were encouraged to include young researchers and female researchers in their teams; seven out of the 11 projects had female PIs.

The onset of COVID-19 in the Region further compounded the existing challenges that migrants face, and in particular given the strict lockdown measures implemented coupled with high caseloads of COVID-19 infections (15–18). It also delayed initiation of studies, selected in early February 2020, just weeks before the pandemic was declared by the World Health Organization (19,20). Many ethics committees were focusing solely on COVID-19 related projects during early stages of the pandemic, and lockdown and other safety protocols forced teams to adjust their protocols to novel recruitment of participants.

This supplement collects main findings from the 11 implemented studies. Using qualitative and quantitative methods–through interviews, surveys, and desk reviews–projects highlighted the barriers and facilitators that migrants face in accessing care, and presented information relating to abortion and sex work among migrants.

BARRIERS IN ACCESSING CARE BY MIGRANTS FROM VENEZUELA AND CENTRAL AMERICA

Several articles focused on the barriers that migrants from Venezuela faced in different settings. Mocelin and colleagues highlighted how language, out-of-pocket expenses relating to accessing care, and COVID-19 challenges acted as barriers to access HIV/AIDS and syphilis treatment in Brazil (21). On the other hand, the Brazilian universal health system and other health policies acted as facilitators to access care. Ortiz Ruiz *et al* exposed the vulnerability faced by migrants in Cali, Colombia, with regards to their life conditions as well as the need for sexual and reproductive health information, especially among LGBTQI+ migrants (22). They highlighted the curtailed social integration into Colombian society, particularly among undocumented migrants from Venezuela. Guijarro *et al* showed that most healthcare professionals in Quito, Ecuador did not feel migrants faced discrimination in accessing care yet agreed that migrant women faced greater barriers to access SRHR services (23). Similarly, Pesantes *et al* presented positive experiences reported by women from Venezuela needing access to maternal health services in two municipalities in Lima, Peru despite some challenges from the health system, such as maternal health policies (24).

With regards to migrants from Central America, Herrera Ortiz *et al* found that about one third of migrants in Chiapas, Mexico, had antibodies for HSV-2 and about 11% presented antibodies for *T. pallidum* (17% among men and 3% among women) where about 3% had active syphilis infection (25). Letona *et al* exposed some of the challenges women and girls in the Northern Triangle in Guatemala faced during their migratory trajectory (26). These included limited access to menstrual pads and hygiene products, SRHR and antenatal information and services, exposure to transactional sex and sexual violence, and increased risk of sexually transmitted infections. In the article by Llanes *et al* many barriers and some facilitators to accessing SRHR services were identified by migrants from Central America living in shelters in Tijuana, Mexico (27). However, some of these were perceived differently by healthcare providers and migrants, i.e., proximity to shelters was perceived as a facilitator by providers but not by migrants. Lastly, Alvarado Ascencio *et al* found that most of existing health information systems in El Salvador do not collect information on migratory status and most national policies do not specify actions towards the health of migrants, acting as barriers to implementing WHO guidelines regarding the health of migrants and refugees (28).

RESPONDING TO SENSITIVE ISSUES AMONG MIGRANTS: ABORTION AND SEX WORK

Quintero *et al* uncovered barriers in access to abortion and related SRHR services among migrants from Venezuela in Colombia, namely lack of information and mistreatment when accessing care, as well as personal attitudes towards abortion (29). Restrepo Pineda *et al* found that condom use was not consistent among sex workers and even less likely among Venezuelan male sex workers whose precarious financial situation led them to riskier, yet more profitable, practices (30). Paulino Ramirez *et al* exposed feelings of depression and isolation among migrants from Venezuela turning to sex work to survive in the Dominican Republic (31).

CONCLUSION

The evidence emerging from this special issue highlights the specific needs of Latin American migrants with regards to health system response to sexual and reproductive health and

infectious diseases. While policies relating to the health of refugees and migrants and efforts to strengthen health systems in host countries exist, migrants in Latin America still face a myriad of challenges when navigating health systems in addressing their SRHR needs. The COVID-19 pandemic further exacerbated these challenges. Specific SRHR actionable policies are needed to ensure the needs of migrants are fully met.

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