

# THE CHRONICLE



March 2026

## LATIN AMERICA: CHRONICLE OF A CRISIS FORETOLD

#149

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# EDITORIAL



## AMERICAS: LOOKING BEYOND THE POLITICAL NOISE

In the global media landscape, Latin America is often viewed through three distorting lenses: migration flows to the United States, cartel violence, and political upheaval. This reductionism has an invisible but considerable cost—that of humanitarian needs that are no longer seen because they no longer make the news. This Chronicle is an invitation to look at things differently.

Our presence in the region reflects a deliberate strategic positioning: to combine close monitoring of regional dynamics with operational capacity deployed as close as possible to the most exposed areas. What our teams experience every day is the other side of the media picture—and that is precisely what we are giving you to read here.

In Colombia, in Catatumbo as elsewhere, we intervene over the long term, providing a continuum of health, protection, and psychosocial support, documenting the weak signals that herald upheavals before they become full-blown crises.

In Honduras, the closure of our mission marks a transition, not an abandonment. It is the result of a responsible decision: to capitalize on

what we have learned, honor our commitments to local partners, and continue to closely monitor needs that are not going away.

In Venezuela, the political and security shocks of the beginning of the year have reconfigured access and exacerbated already deep vulnerabilities. Our analysis examines possible trajectories, both for the populations and for our operations.

Haiti illustrates our method: monitor, evaluate, engage with discernment. Our exploratory missions are not promises—they are the foundation for future intervention, built with local actors.

And everywhere on these roads, there is human mobility that figures struggle to capture: women, men, and children crossing dangerous borders amid almost universal indifference.

**Putting people’s needs, facts, and dignity before the noise—that’s our compass. It hasn’t changed.**

**Jean Javogues**  
*Director of Development and Innovation*

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## HUMANITARIAN VIEWPOINT



### Vanessa Tapiero, Former Field Coordinator in Honduras

*Vanessa Tapiero is an epidemiologist. She was field coordinator for Première Urgence Internationale in Honduras from August 2024 to July 2025, when the mission in the country came to an end. She oversaw the launch and implementation of the mission, in a context marked by migration flows and humanitarian needs in border areas.*

"I was responsible for the operational and strategic coordination of activities, managing teams in the field, and coordinating with local, national, and international actors to ensure a coherent humanitarian response that was adapted to the context and focused on the needs of the most vulnerable populations.

Since July 2025, I have been continuing my career with Première Urgence Internationale as medical coordinator for the Colombia mission, where I contribute my experience in health and migration to enhance the technical quality of interventions.

### HONDURAS, A TRANSIT COUNTRY FOR MIGRANTS

When our intervention began, Honduras was experiencing a multidimensional crisis linked to its geographical location, which makes it a key transit country for migration in Central America, and its high vulnerability to the effects of climate change (droughts, hurricanes, etc.).

Our intervention focused on the department of Ocotepaque, on the border with Guatemala and El Salvador, one of the main transit areas for migrants traveling from the Darien region of Panama to the northern border of Mexico. Since 2023, between 5,000 and 10,000 people have been crossing daily between Honduras and Guatemala, with a significant increase in the number of women, girls, and children fleeing violence, insecurity, and extreme poverty.

This constant transit put significant pressure on host communities and already weakened public services, particularly the health system, in an environment where fear, misinformation, and violence limited access to essential care and protection services.

### A COORDINATED RESPONSE

The work was organized by medical and psychosocial teams deployed in key areas such as Machuca, a humanitarian intervention point on the migration route, and Ocotepaque, where we worked with host communities. The teams worked in close coordination with organizations present in the area, community networks, and public institutions. This ensured a rapid and adaptable response to changing migration flows and the needs of both people in transit and local communities. Thanks to this coordination, we were able to avoid duplication of efforts and ensure a complementary response, particularly in life-threatening emergencies.

Our response focused on primary health care, maternal and child health, and psychosocial support, with activities including:

- Primary health care consultations and the provision of essential medicines.
- Pregnancy monitoring, newborn care, and screening for child malnutrition.
- Mental health and psychosocial support interventions, and psychological first aid.
- Referrals to specialized medical care, including assistance with transportation and treatment costs at local health centers.
- Awareness-raising and information sessions on health, hygiene, nutrition, and environmental protection.



**“THESE POPULATIONS HAVE EXPERIENCED VIOLENCE, INSECURITY, ECONOMIC HARDSHIP”**

These activities targeted women and children on the move, particularly pregnant women, girls, and young children, as well as people in critical health conditions. At the same time, host communities affected by migratory pressures and the limited capacity of the local health system were also supported.

These populations have experienced violence, insecurity, economic hardship, and long migration journeys that have worsened their physical and mental health.

### THE INSTABILITY OF MIGRATION FLOWS

The migration context in the region continued to evolve dynamically, with changes in routes, migration policies, and the profiles of people in transit. Although humanitarian needs persist, the closure of the mission responded to strategic and operational factors related to the project's timeframe, changing regional priorities, and the need to redirect resources to other critical contexts.

During our period of intervention, we helped strengthen the local healthcare network by improving referral mechanisms and leaving capacity in place among local actors. After closure, other organizations and public services continue to care for the population, even though structural challenges in terms of access to healthcare and protection remain."

**“WE HELPED STRENGTHEN THE LOCAL HEALTHCARE NETWORK”**



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**→ THANKS TO YOU**

## AN EXPLORATORY MISSION TO HAITI

Première Urgence Internationale has a long-standing relationship with Haiti, having maintained **a continuous presence there from 1984 to 2004**, and then responding to major crises such as the earthquake in 2010 and Hurricane Matthew in 2016.

In light of the continuing deterioration of the situation in Haiti in recent years, we conducted **an initial exploratory mission at the end of 2024**. This mission confirmed the scale of the needs and the relevance of resuming intervention, particularly in the Port-au-Prince Metropolitan Area.

The escalation of armed violence in 2025 has transformed the capital into an extremely dangerous environment. In the first half of 2025 alone, there were more than 3,100 deaths and a thousand injuries, not counting disappearances and kidnappings, which have become systematic. Approximately 1.4 million people were forced to flee their homes. Between January and September 2025, more than 7,400 cases of gender-based violence were reported.

Between December 24, 2025, and January 19, 2026, we conducted **a comprehensive assessment of health, nutrition, mental health, and psychosocial support needs** in Port-au-Prince.



**5.7 MILLION**  
PEOPLE FACING ACUTE FOOD  
INSECURITY, REPRESENTING  
51% OF THE POPULATION



**1.3 MILLION**  
INTERNALLY DISPLACED  
PERSONS

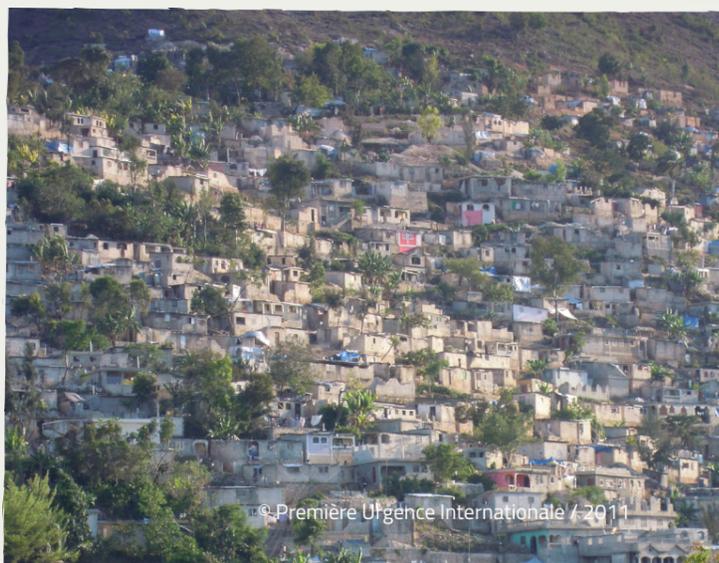


**64%**  
OF THE POPULATION LIVES ON  
LESS THAN \$3,65 A DAY.



This assessment was conducted by a joint team comprising our experts and local stakeholders—including representatives from health authorities and community NGOs—in line with our principles of inclusion and local partnership.

These exploratory missions were made possible **thanks to your generosity**. We are now looking for partners willing to commit to a long-term partnership with us to support the most vulnerable populations in Haiti.



© Première Urgence Internationale / 2011



## SPECIAL REPORT: WHAT LIES AHEAD FOR VENEZUELANAS?

On January 3, 2026, at 2 a.m. on the Venezuelan coast, an unprecedented U.S. military operation was launched in Caracas. Within hours, a dozen strategic sites were struck by the U.S. military and Nicolás Maduro, the president who has been in power for 13 years, was kidnapped.

Two months later, the Bolivarian Republic appears unchanged, with life resuming as if nothing had happened. But many questions remain unanswered: What traces will this intervention leave behind? Will the sale of oil finally give Venezuelans access to quality healthcare? What will be the regional consequences?

Thanks to the professionalism of the mission, we anticipated this rapid deterioration in the security environment. Since September and the deployment of the US fleet in the Caribbean, our contingency plans were up to date, the hibernation trunks were ready, and the breakdown of telecommunications was expected. At the time of the attack, most of our expatriate staff were outside the country. Our Country Director, who remained in Caracas, was able to oversee the general lockdown of the mission. Given the overall calm in the days that followed, we were able to work on gradually resuming medical and psychosocial support activities. **Première Urgence Internationale was the first NGO to return all its international staff to Caracas** in January and resume medical outreach in the field.

## THE HEAVY TOLL OF 10 YEARS OF CRISIS

Life in the Venezuelan capital and the rest of the country seems to be returning to normal, with shops reopening on the Monday following the attack and domestic flights resuming the following week, but everyday life for Venezuelans remains as difficult as ever. While the events of January 3 drew attention to this forgotten country, the media continues to focus largely on “political commentary” and **ignores the daily struggles of the population.**

For almost 10 years now, the country and its 28 million inhabitants have been suffering from an economic crisis of unprecedented proportions. In 2018, hyperinflation rose to 13,000%, equivalent to German inflation in 1929. Zeros are piling up on prices as the black market thrives and inequality skyrockets. By 2022, 7 million Venezuelans had already left the country, making Venezuela **the world’s leading nation of exile ahead of Syria, Ukraine, and Afghanistan.**

Public services are failing at every level, the social gains of the golden years of Chavism in the early 2000s have been lost, health centers that were built have been abandoned to the jungle vines, and equipment has not been replaced. Overcrowded public hospitals distribute expired medicines, and **doctors earn a monthly salary of around US\$3.** Every Venezuelan has to work three or four jobs at the same time.

Indigenous populations are the most affected, with malaria epidemics compounded by the highest malnutrition rates on the continent. The prevailing machismo and gender inequalities are leading to an increasing number of teenage pregnancies: 8% of births are to mothers under the age of 18, and femicides increased by 16% in 2022.

## THE FRAGILE BALANCE OF THE TRANSITIONAL GOVERNMENT

Although two months after the inauguration of interim president Delcy Rodriguez, the security situation appears to be under control, and the White House welcomes the good cooperation with the transitional government, **the short- and medium-term outlook remains very worrying.** It is possible, even probable, that the country’s main armed groups, which control illegal mines (gold and other minerals) in the Amazonas and Bolivar regions,



Our teams are assisting the “caminantes,” young Venezuelans who have arrived on foot via the Pamplona-Bucaramanga migration route in Colombia to escape the crisis. © Première Urgence Internationale / Nadege Mazars / 2021

will clash with the new authorities or private American companies if the previous tacit agreements are called into question.

Furthermore, humanitarian coordination anticipates that the sale of oil to the United States will have a direct and rapid impact on the state budget, which will further erode an already failing public service.

Finally, today, the state apparatus appears solid on the surface, but for how long? An internal breakdown, a coup, or another sudden destabilization of the transitional government cannot be ruled out.

## A CRISIS THAT IS SPREADING THROUGHOUT THE REGION

This instability will likely spill over to the other side of the Orinoco River or the Catatumbo River into neighboring Colombia, across a border that has historically been porous and plagued by all kinds of trafficking.

Colombia, which has been suffering from one of the world’s longest-running conflicts since the 1960s between the military, FARC, ELN, and numerous other armed factions, has lost control of large swathes of its territory. In January 2025, in the heart of the Catatumbo mountains and its coca fields, the struggle for power pits the FARC against the ELN. **The armed conflict is of unprecedented violence and forced 70,000 civilians to flee** in a matter of weeks.

The Colombian state, which is relatively strong in large cities when it comes to attracting investors or promoting itself in tourist brochures, is completely incapable of protecting or providing public services to rural populations caught up in the conflict between armed groups.

The Première Urgence Internationale mission in Colombia, based in Tibu, was able to deploy its doctors, nurses, and psychologists 48 hours after the violence began in January 2025. A year later, fighting resumed and the people of Catatumbo were forced to stay in their homes, cut off from any access to healthcare.

Once again, our teams managed to negotiate access and pass through the roadblocks to provide healthcare to thousands of isolated families. Will Venezuelan armed groups come to seek refuge in the mountains of Catatumbo? Will we be able to continue passing through the checkpoints?

The specter of extreme right-wing, authoritarian, and militarized regimes, often supported by the United States, continues to loom large in Latin America. **These periods are synonymous with conflict, violence, and the erosion of human rights.** The “transition” in Caracas orchestrated by Washington, as well as the presidential elections in Colombia next May, raise fears that the region could erupt into conflict.



**Quentin Assaf**

*Regional Manager Asia, Europe, Latin America  
Première Urgence Internationale*

## FOCUS ON Colombia

Against a backdrop of tensions caused by the US operation in Venezuela and presidential elections scheduled for May and June, 2026 marks the 10th anniversary of the peace accords in Colombia. However, certain groups are accused of flouting this process, which was supposed to put an end to a bloody conflict that had lasted 60 years. Between 1960 and 2016, fighting between the Revolutionary Armed Forces of Colombia (FARC) and state paramilitary groups is believed to have left more than 450,000 dead and 5 to 8 million displaced. Despite a truce, the iconic rebel group has taken up arms again.

Today, populations in the territories controlled by these groups remain excluded from society and deprived of access to healthcare, despite the government's promises of peace.

The situation in Colombia is exacerbated by an influx of migrants from neighboring Venezuela, where the collapse of the economy has led to mass emigration since Nicolás Maduro took power. Around 8 million Venezuelans have left the country to escape the multidimensional crisis. Colombia is now home to 3 million of them, sometimes referred to as *caminantes*, who sought refuge in Colombia between 2017 and 2021.

Uncertainty remains high in border areas. The Catatumbo region in the northeast of the country has been the scene of numerous conflicts in recent years. This strategic area for cocaine production is disputed by the ELN (National Liberation Army) and a dissident faction of the former FARC, as well as members of the Venezuelan gang Tren de Aragua. In our view, the intensity of the conflicts and clashes depends on these groups' ability to maintain their operations and transport routes. If many operations are interrupted on the Venezuelan side, they will seek new areas of activity on the Colombian side.

We are witnessing a period of strategic restructuring and reorganization of these groups, which could have disastrous consequences in Colombia in the coming months, where the humanitarian situation is already severely deteriorated. We remain vigilant and are closely monitoring developments.



This 21-year-old Venezuelan woman brings her 10-day-old daughter for a postnatal check-up at the health center supported by Première Urgence Internationale in Puerto Jordán, Colombia. © Alexis Huguet / Première Urgence Internationale / 2026

# MIGRATION ROUTES IN LATIN AMERICA

## In figures

The region accounts for approximately 5.9% of the world's internally displaced persons. **Migration patterns are complex**, mainly intraregional, with significant south-north flows. However, **these dynamics are changing**, with the continent becoming a transit territory for populations from Asia and Africa, but also **an area of reflux** following new US migration policies, leading to movements from Central America towards the south.



# MEETING OUR PARTNERS

- 1,890 consultations on sexual and reproductive health
- 36 awareness sessions
- 4 health centers supported



## Who is CEDESEX?

Founded in 2019, CEDESEX is a Venezuelan organization led by women and composed of feminist activists and human rights defenders. The organization's goal is to promote the exercise, enjoyment, and respect of sexual and reproductive rights so that all individuals, especially women, adolescents, girls, and LGBTQIA+ people, who are among the most vulnerable, can achieve full autonomy over their bodies and sexuality through free, informed, and safe decisions, without discrimination, coercion, or violence. CEDESEX has positioned itself as a consultative organization on gender and gender analysis. Building on this approach, CEDESEX is engaged in humanitarian action and is currently implementing its fifth humanitarian project funded by international funds, in consortium with national and international organizations.



## Première Urgence Internationale in Venezuela

We have been working in Venezuela since 2019. From the outset, our work in the country has been supported by national and local organizations to ensure an approach that is tailored to the context and communities we serve: we collaborate with several national organizations, some of which focus on supporting LGBTQIA+ populations, indigenous communities, or people with disabilities, as well as sexual and reproductive health and rights. Among the operational partnerships that have significantly strengthened our technical expertise in Venezuela, the one established with CEDESEX is particularly important.

## The partnership with CEDESEX

In 2024, we formalized a three-year partnership. This collaboration has enabled us to implement a project in Delta Amacuro State aimed at ensuring sustainable access to water and improving the livelihoods of Warao communities, as well as a project in Amazonas State aimed at improving women's health through better access to health services, sexual and reproductive health, psychosocial support, and income-generating opportunities.

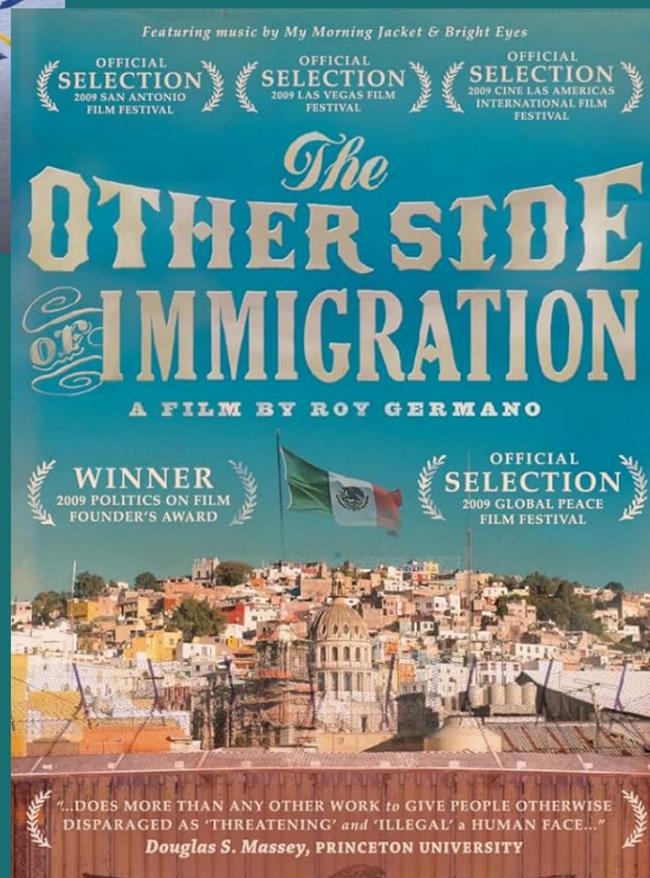
# OUR RECOMMENDATIONS



## Missing Migrants project

→ [missingmigrants.iom.int](http://missingmigrants.iom.int)

*Missing Migrants* is a project of the International Organization for Migration (IOM). It provides a visual representation of incidents in which migrants, including refugees and asylum seekers, have died at a State's borders or during their migration to an international destination. The project hosts the only freely accessible database that records deaths during migration worldwide.



## Documentary

*The Other Side of Immigration* | 55 minutes

This documentary, directed by Roy Germano in 2009, explores why so many people leave rural Mexico to work in the United States and what happens to the families and communities they leave behind.

The film is based on interviews conducted by Germano with more than 700 households in Mexico as part of his doctoral research.

*The film is available in its entirety on Roy Germano's YouTube channel (original Spanish version with English subtitles)*



**RADIO  
AMBULANTE**

¿Hablas español?

→ [www.radioambulante.org](http://www.radioambulante.org)

**Podcast | 40 minutes | Español**

Radio Ambulante is a narrative podcast that tells the story of Latin America through true, human, and journalistic stories. It tackles a variety of topics such as migration, politics, identity, and inequality, based on intimate stories rooted in reality. The episodes are in Spanish, with English transcripts. The platform also has its own app for learning Spanish from the episodes!

**TO SUPPORT  
OUR INTERVENTION  
MAKE A DONATION**

