

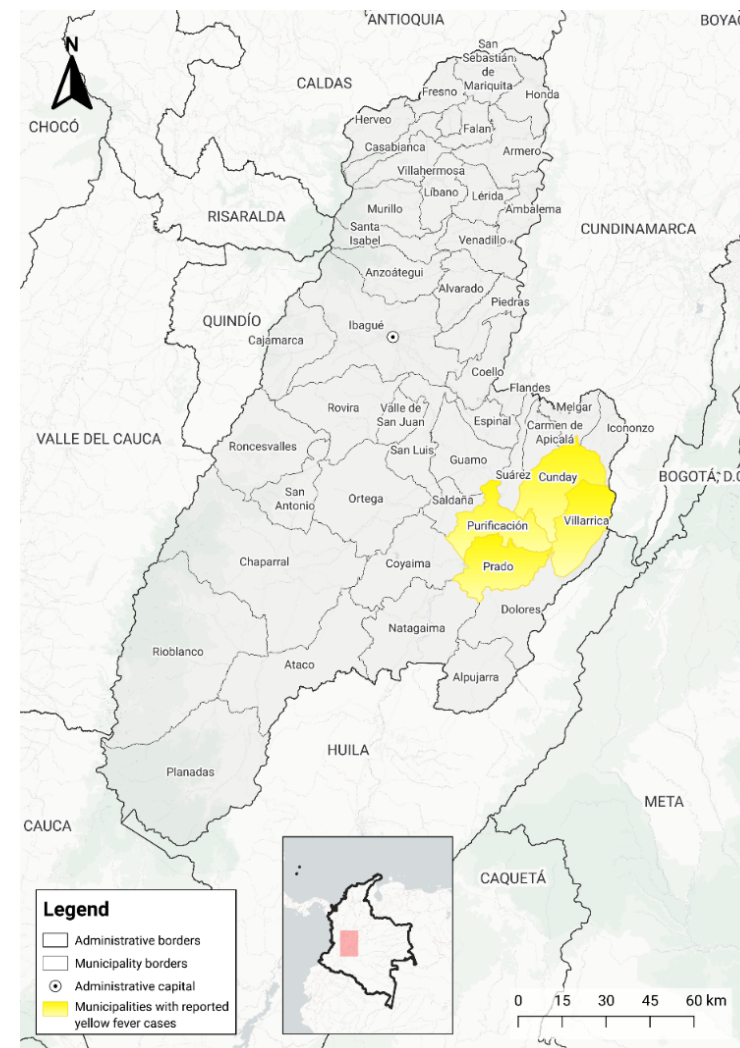
CRISIS OVERVIEW

Yellow fever is endemic throughout most of Colombia, except for high-altitude areas in the Andean region (INS 25/01/2023). This makes the emergence of the disease in the region remarkable. Tolima department is in the centre-west of the Andean region, 700m above sea level on average, and is divided into two main geographical zones: one flat zone near the Magdalena River Basin and one hillside zone near the eastern ranges (Camporigen accessed 25/01/2025). Although it is not surrounded by other departments that have reported cases in recent years, Tolima reported in October 2024 its first case of yellow fever since sanitary authorities began monitoring the disease in 2000 (INS 07/2024). Within the month, yellow fever cases were reported across rural Cunday, Prado, Purificación, and Villarrica municipalities of Tolima (MinSalud 02/11/2024; INS 27/12/2024). Increased seasonal rainfall in the department since October has created favourable breeding conditions for mosquitoes, increasing the risk of yellow fever transmission. The outbreak was declared on 7 November after the confirmation of eight cases; by the end of December, there were 12 confirmed cases (MinSalud 07/11/2024). Prior to this outbreak, red and orange intense rainfall alerts had been raised for several municipalities, including three of the four affected by yellow fever (Cortolima 08/10/2024). Stagnant water accumulating near residential areas located at lower elevations (between 300–800m above sea level) in most affected municipalities (Cunday, Prado, Purificación, and Villarrica) provides ideal breeding sites for the mosquitoes that transmit yellow fever (Ecos del Combeima 20/11/2024; Convertino et al. 25/10/2023; Gobernación del Tolima 23/11/2020).

By September, Colombia accounted for 17 of all 50 yellow fever cases and 9 of the 24 related fatalities reported in Latin America during 2024 (OPS 06/11/2024; INS 31/10/2024). On 23 October, Tolima recorded its first case of yellow fever in Villarrica (El Olfato 23/10/2024). By the end of the month, one person was hospitalised for the disease, although by late November 2024, no hospitalisations were reported in the department. The low hospitalisation rate could be because of the concentration of cases in remote villages (INS 03/11/2024). Authorities declared a public emergency throughout the department on 21 November (INS 28/11/2024 and 29/10/2024; Secretaría de Salud del Tolima 21/11/2024).

The outbreak has primarily affected rural areas of Cunday, Prado, Purificación, and Villarrica, with no reported cases in urban areas. All the affected municipalities border the natural park Bosque de Galilea, which has been exposed to extensive deforestation based on registers taken between 2000–2025, especially near Cunday municipality, where 5.14kha has been deforested (INS 28/11/2024 and 27/12/2024; Global Forest Watch accessed 25/01/2025).

Map 1. Yellow fever outbreak in Tolima department



Source: ACAPS using data from HDX (accessed 11/01/2025), MinSalud (07/11/2024)

Of the 12 confirmed cases by late November 2024, nine were men, and three were women. Sanitary authorities in Tolima have no exact disaggregated information about the number of vaccinated people in the department. From estimations of the vaccination rate among infected people countrywide, it is possible that only 9% of registered cases (one or two people) have been vaccinated (INS 31/12/2024). Across Colombia, the most affected groups have been male agricultural workers and rural students of all genders, likely exposed in high-risk areas such as wild forest zones (OPS 06/11/2024). The combination of environmental conditions favourable for vector breeding, heightened rainfall, warm temperatures, and the presence of non-human primates in sylvatic environments significantly compounds the potential for a yellow fever outbreak in the department.

Although the authorities have declared the end of the emergency outbreak in Tolima in December 2024, the forthcoming rainy season, typically from January–April, alongside the seasonal mobility of agricultural workers in the rice sowing season during the same period, may increase the incidence of yellow fever. The movement of people within rural areas and between rural and urban areas can significantly influence disease transmission (MinSalud 08/08/2018). The increased presence of workers in rural areas where the virus circulates from wild animals through mosquitoes elevates the risk of exposure and infection (RCN 02/12/2024; IRI accessed 13/01/2025; WMO accessed 13/01/2025; MinSalud 08/08/2018).

Like yellow fever, dengue is a vector-borne disease transmitted by the same type of mosquito. Chemical control methods of *Aedes aegypti*, the main vector spreading yellow fever and dengue, have intensified in Colombia in recent years. In 2023, there were almost 131,000 reported cases of dengue, double the number of reported cases in 2022 (68,000) (Universidad del Rosario 27/05/2024). In the department of Tolima, chemical control methods have focused on rural and urban municipalities affected by dengue; a specific chemical control approach for the yellow fever outbreak has not been reported (Gobernación del Tolima 13/03/2024).

Health authorities have implemented community and biological control methods since the beginning of the emergency in October 2024 (ConsultorSalud 07/11/2024). In Tolima, the vaccination rate among the overall population is between 87–93% (MinSalud 11/07/2023; ConsultorSalud 07/11/2024). The vaccination rate among one-year-old babies is 87%, but the overall immunisation rate among adults is sharply lower at 54% (MinSalud accessed 20/12/2024; MinSalud 29/07/2024). The vaccination campaign is currently focused on villages in rural zones where cases have been identified and in urban sectors of the affected municipalities. By the second week of November, almost 10,000 people had been vaccinated in the affected areas, reaching an 80% immunisation rate. There are also community-based campaigns around cleaning stagnant water and the use of mosquito repellent (Gobernación del Tolima 15/11/2024). At the same time, landslides have caused road blockades in eastern municipalities, particularly Prado (Cortolima 23/11/2024). These constraints, which are forecasted to persist until at least January 2025 given heavy rains, pose a significant risk to civilians by hindering access to healthcare facilities, impeding the delivery of medical supplies and vaccines, and restricting vaccination campaigns in remote rural areas (RCN 09/12/2024).

The surveillance of suspected cases of infection depends on the departmental laboratories that have the proper infrastructure for handling biological samples to confirm cases (MinSalud 14/08/2024). For Tolima department, the laboratory is in the capital city Ibagué, which is 150km away from the outbreak focus area (MinSalud 14/08/2024; Secretaría de Salud de Tolima accessed 25/01/2025). This centralised surveillance system is a barrier to prompt diagnosis in remote municipalities, potentially leading to significant underreporting. The authorities declared the outbreak to be controlled by December, with 142 potential infection events recorded between June–December 2024 in Tolima, but six more were reported in the first two weeks of 2025 (INS accessed 14/01/2025).

The mortality rate of the yellow fever outbreak in Tolima is notably high. Of the 12 reported cases, 5 resulted in death, representing a 42% fatality rate. This figure is significant compared with the 23% fatality rate throughout Colombia (INS 25/01/2023). All fatalities occurred in rural areas, specifically in the municipalities of Berlín and Puerto Lleras in Villarrica (three fatalities), Aguas Negras in Purificación (one fatality), and Montoso in Prado (one fatality) (Secretaria de Salud de Tolima 11/12/2024).

ANTICIPATED DEVELOPMENTS/IMPACTS

The proliferation of *Aedes aegypti* depends on climatic factors, specifically intense rainfall and extreme heat (Dialogue Earth 18/06/2024). Weather conditions in Tolima make the department particularly vulnerable to the spread of yellow fever vectors. Forecasts indicate rainfall levels 50–70% higher than normal in Tolima from January–March, compounded by La Niña projected for the February–March 2025 period and rising heat in nearby Armero, El Guamo, and Natagaima municipalities registered since January 2025 (IDEAM 31/01/2025). These three factors create conditions that make favourable breeding grounds for *Aedes* and *Haemagogus* mosquitoes, increasing the risk of yellow fever transmission in the region (IRI accessed 13/01/2025; WMO accessed 13/01/2025).

According to the US Centers for Disease Control and Prevention, the risk of vector-borne diseases, such as yellow fever, is particularly high in sylvatic environments during the rainy season, as humidity supports the emergence and proliferation of disease-transmitting mosquitoes (CDC 2024). The forecasted above-average rainfall linked to the La Niña phenomenon, particularly from January–February 2025, is likely to aggravate vector proliferation, further increasing the risk of yellow fever transmission.

Tolima department's low infrastructure capacity poses significant risks to healthcare access for rural communities. The region's mountainous terrain and reliance on unpaved tertiary roads, which are prone to landslides and flooding, worsen access challenges, particularly during La Niña events (MinTransporte et al. accessed 18/01/2025). Past incidents, such as the collapse of critical bridges (for example, the bridge connecting Cunday and Villarrica), have

already caused short-term disruptions to transportation (Gobernación del Tolima 16/11/2022; Alerta Tolima 05/12/2022). During the first quarter of 2025, La Niña is also expected to increase landslide risk (OPS 2023; ACAPS 18/09/2024). The potential damage to roads and bridges could prevent the timely transport of patients to healthcare centres in Ibagué, intensifying the challenges faced by rural areas with limited healthcare infrastructure at the basic and medium levels of care (Datos Abiertos accessed 08/01/2025). A yellow fever outbreak could overwhelm healthcare services, with a surge in medical demand that could strain resources, particularly in rural health posts.

Chemical control methods for *Aedes aegypti* have proven to be ineffective in Colombia. According to research by the National Institute of Health, vector resistance to different insecticides (pyrethroids, lambda-cyhalothrin, and deltamethrin) went between 41–55% in Tolima and other departments (INS 2019). Such moderate resistance could imply that, in the scenario of a new surge of yellow fever, chemical-based methods of control could be ineffective. Surveillance limitations because of the centralisation of testing procedures could challenge focusing the fumigation where cases and vectors are concentrated.

Delays in vaccination and prevention efforts also persist in affected areas. Although the total vaccination rate for yellow fever is between 87–93% in both rural and urban areas of Tolima, vaccination coverage in the affected municipalities is barely 80%, which indicates a significant gap (MinSalud 07/11/2024; Gobernación del Tolima 15/11/2024). Prevention campaigns in rural areas are focused on the cleaning of water containers and the use of mosquito nets in houses, but their impact could be reduced given a lack of health personnel, disrupted transportation networks, the remoteness of certain villages, and a lack of information disseminated about the risks of yellow fever. The insufficient understanding of risks is mainly because previous prevention and education campaigns were focused on dengue, which causes fewer fatalities than yellow fever (Gobernación del Tolima 07/10/2024).

Traditional agricultural practices add to the risk of yellow fever in Tolima. Research from Brazil has shown a probable correlation between rice and soya farming and the zoonotic transmission of diseases such as yellow fever (Hamlet et al. 15/06/2021). Sanitary guidelines indicate that sowing during the rainy season could increase the population's exposure to yellow fever in agricultural areas by allowing for increased mosquito proliferation and exposure (MinSalud accessed 13/01/2025). Tolima is the department with the third-largest rice cultivation area in Colombia. Its agricultural workers, particularly young people, face heightened exposure to the virus during this period as the vaccination rate for those between 18–59 years old remains low at only 49% (DANE 09/08/2024; MinSalud 2024).

The upcoming rice sowing season in the department is expected to take place from January–February 2025, with workers travelling to rural areas leading to an increase in human mobility in agricultural areas of the department (ACAPS accessed 13/01/2025). This risk is amplified in rural areas with gaps in vaccination coverage, especially among mobile agricultural workers. This is the case in the Bosque de Galilea area, which borders the affected municipalities of Cunday, Purificación, Prado, and Villarrica. The effectiveness of yellow fever surveillance and response is constrained by the distribution of cold chain infrastructure for vaccine storage and distribution, which mainly depends on the vaccination facilities at Ibagué (MinSalud accessed 25/01/2025). The already-constrained access to healthcare services, aggravated by the arrival of La Niña, may hinder the timely delivery of preventive measures, such as vaccines, sustaining the risk of new infections. Beyond vaccines, the health ministry has implemented guidelines for barrier methods that could reduce the risk of contracting the disease – for example, wearing a long-sleeved sweatshirt as a physical barrier or using mosquito repellent and nets to prevent vector bites. It is also important to keep on track with information about, for example, risk areas through reliable sources and to follow the recommendations of health authorities (MinSalud 02/11/2024).

A potential increase in yellow fever cases could worsen food insecurity, which already affects 19% of the population of Tolima; increase people's vulnerability to infections; and hinder recovery (WFP 02/05/2024). If the forecasted environmental and climatic conditions, including heightened rainfall from La Niña, materialise as expected, Tolima could experience a significant rise in yellow fever cases during the March–April 2025 period, similar to departments where the disease is endemic, such as Putumayo. This rise usually occurs towards the end of the rainy season (Fundación iO 27/03/2024). Taking into account that the sowing season for other crops, such as corn and cotton, starts during the first quarter (typically March–April), a rise in yellow fever cases would likely affect agricultural production and livelihoods, particularly in rural municipalities where agricultural activities overlap with areas of high vector presence (Acosemillas 22/02/2023).

CRISIS IMPACTS (CURRENT AND ANTICIPATED)

Health

The anticipated health impact of yellow fever in Tolima is compounded by several critical factors, including the department's already strained healthcare infrastructure, migration dynamics, and limited access to services in rural areas. Tolima's healthcare availability is below the national average, with a bed availability of 1.57 per 1,000 inhabitants compared with the national figure of 1.71. This indicates limited capacity to provide care, particularly in rural areas (Datos Abiertos accessed 08/01/2025; MinSalud 22/12/2022). Tolima's health infrastructure capacity to respond to yellow fever is unknown, although there is an active campaign to have teams with doctors who specialise in other vector-borne diseases, such as dengue, in every health facility (Gobernación del Tolima 13/07/2024). There is a heightened risk of individuals developing severe complications from yellow fever in rural areas given limited access to health and other essential services, the remoteness of their villages, and frequent road and communication network disruptions resulting from landslides. Since the outbreak began, the departmental health system has received technical support from national authorities, but there is no clear information about medicine access (INS 02/11/2024). Healthcare access is limited in the yellow fever-prone municipalities, with only six functional health facilities: Centro de Salud Armado Ortiz Caicedo, Hospital Federico Arbeláez, Centro San Roque Castilla, Hospital San Vicente de Paul, Hospital La Milagrosa, and Hospital La Candelaria (3iS accessed 03/01/2025; Datos Abiertos accessed 08/01/2025). These facilities cover a population of at least 44,600 dwelling in an area of 1,800km² (DANE accessed 13/01/2025; ObsevadoresCol accessed 13/01/2025). They are primarily first- and second-level care centres with inadequate infrastructure, located in rural areas near Cunday, Prado, Purificación, and Villarrica, and often requiring patients to be referred to higher-level centres for specialised treatment (3iS accessed 03/01/2025). The only specialised hospital in the department, Hospital Federico Lleras Acosta in Ibagué, is currently facing severe financial and infrastructure challenges and is routinely overwhelmed by patients, including those with other vector-borne diseases (such as dengue) (Con la Verdad 11/04/2024; ET 07/09/2024).

Migration trends heighten these healthcare access issues. The movement of refugees and migrants from Venezuela to Colombia since 2018 includes people with a Special Stay Permit, which enables them to remain in Colombia regularly for up to ten years, with full access to their basic rights (in destination); people in transit towards other destination countries; people in pendular movement entering temporarily to acquire food, medicine, and other basic products and to visit relatives; and Colombian returnees (R4V 30/09/2024). At least 24,000 migrants and refugees from Venezuela are pre-registered for the Special Stay Permit in Tolima. Most of them are eligible to stay in Colombia for up to ten years (MinSalud 28/06/2024).

With only 13,000 Venezuelan migrants and refugees affiliated with healthcare providers out of 24,000 pre-registered, a significant portion of the migrant population in Tolima likely receives adequate medical services. The population in Tolima has a much higher healthcare affiliation rate (above 80%) compared to Venezuelan migrants and refugees. This disparity aggravates inequalities in access to yellow fever preventive measures and treatment. Migrants and refugees face compounded risks given their limited ability to seek timely medical attention if infected (MinSalud 28/06/2024; MinSalud accessed 27/01/2025). This limited access to care puts migrants and refugees from Venezuela, in particular, at a higher risk in case they acquire yellow fever and develop severe symptoms (MinSalud 28/06/2024; INS accessed 14/01/2025).

DRIVERS OF THE CRISIS

Poor vaccination coverage

Vaccination rates in Tolima are lower than the national average, presenting critical vulnerability in the face of the yellow fever outbreak. While 64% of the national population ages 1–59 is immunised against yellow fever, only 54% of Tolima's population within the same age group has received the vaccine (MinSalud 29/07/2024). In other departments where yellow fever is endemic, such as Norte de Santander (90%), Cesar (96%), and Vichada (99%), there is significantly higher vaccination coverage compared to Tolima (MinSalud 2024; INS 31/07/2023). Vaccination for yellow fever will probably increase in Tolima in the forthcoming months (considering that by November 2024, 20,000 doses were administered, half of them in rural areas) (Gobernación del Tolima 14/11/2024).

Available data suggests that the population ages 1–14 has a higher vaccination rate in Tolima (93%) compared to the population ages 41–50 (54%). This gap is likely a result of increased vaccination efforts targeting newborns in high-risk areas where yellow fever has been endemic since 2008. That said, a significant gap remains in the immunisation of older age groups, particularly those ages 41–59, for whom there is a substantially lower vaccination rate. This gap is especially concerning, as this age group faces a higher risk of exposure to the virus given their work activities in rural areas that often involve travel through mosquito-prone zones (MinSalud 29/07/2024). The low vaccination coverage among this key demographic, combined with the department's heightened exposure to yellow fever vectors, makes Tolima particularly susceptible to a significant outbreak.

Seasonal mobility of agricultural workers

The outbreak has primarily affected rural workers from the municipalities of Cunday, Prado, Purificación, and Villarrica (INS 28/11/2024). This surge can be attributed to a combination of factors, including the already low vaccination rates in rural areas and the role of Purificación (located in the northwestern zone of the affected area) as a key subregional node (INS 31/07/2023). This municipality has become a major destination for workers migrating from other areas, creating a dynamic of intense population movement that fosters the spread of the disease (CEPAL 31/07/2022).

The precarious economic situation of migrants and refugees from Venezuela with a Special Stay Permit in rural zones of Tolima forces them to take on rural jobs, such as coffee collecting, making them particularly vulnerable to the yellow fever outbreak (Migración Venezuela 02/12/2018). Their mobility through forested or semi-rural zones, combined with limited access to healthcare and preventive measures, places them at a heightened risk of exposure to mosquito-borne diseases such as yellow fever. The outbreak is made worse by the movement of these agricultural workers, many of whom lack the resources or stability needed to safeguard their health (GIFMM/R4V 04/09/2023).

La Niña and above-average seasonal rainfall

La Niña serves as a driver of the yellow fever outbreak in Tolima, as it creates climatic conditions that favour mosquito proliferation. During the first quarter of 2025, La Niña-related climatic conditions, such as increased rainfall and humidity, could create favourable environments for the proliferation of mosquito populations that transmit yellow fever, including stagnant water in warm climate locations near river basins (INS 19/06/2024).

While direct evidence linking La Niña to yellow fever outbreaks in Colombia is scarce, probably because the total number of cases is low for this assessment, historical studies have demonstrated its association with other vector-borne diseases, such as malaria and dengue, highlighting the impact of excessive rainfall and humidity on mosquito life cycle and disease transmission. The same applies to forested regions, where there is increased contact between humans on one hand and primates and possible vectors on the other (Bouma et al. 12/1997; Colonia et al. 18/11/2024).

In Tolima, the combination of La Niña conditions, expanding mosquito habitats in rural and forested regions, and the high mobility of agricultural workers, migrants, and refugees amplifies the risk of an outbreak. These factors also complicate prevention and vaccination efforts, as increased vector populations coincide with human populations in high-risk areas facing access constraints because of their remoteness.

COMPOUNDING/AGGRAVATING FACTORS

Poor WASH access

According to 3iSolution, by December 2024, the number of people in need of WASH services in the Tolima municipalities affected by the outbreak was almost 3,500. The severity of WASH needs is particularly high in Villarrica and Cunday municipalities, where 25% of households live in areas facing significant or extreme deprivation in meeting essential standards, such as access to drinking water and waste management (3iS accessed 18/12/2024). The poor and inadequate management of solid waste and especially pools of rainwater related to waste collection may generate mosquitoes that transmit yellow fever (WHO 07/2013). In affected municipalities, there is a severe deterioration in household infrastructure and wastewater management, which has led to an increase in humidity and stagnant water, heightening the risk of vectors, especially in rural areas (El Nuevo Día 27/02/2023; Ondas de Ibagué 12/11/2021). As medical treatment for yellow fever requires constant hydration, the scarcity of clean drinking water could hinder the basic treatment of symptoms in remote locations and consequently increase the risk of developing more severe yellow fever stages (OPS 2023).

Illegal mining

While most illegal mining in Colombia is concentrated in Antioquia, Bolívar, Chocó, and Córdoba (accounting for 94% of at-risk areas), southern Tolima has seen a rise in illegal mining activity in the past year (Procuraduría General 13/12/2024). Although the overall environmental impact of illegal mining in Tolima may be less severe compared to those other departments, the growth of illegal mining areas in Ataco and Cajamarca creates stagnant water bodies that serve as breeding grounds for mosquitoes (Gobernación del Tolima 30/11/2024; Procuraduría General 13/12/2024).

Venezuelan migrants and refugees, particularly those in transit or in pendular movement, often work in these mining areas, increasing their exposure to mosquito-borne diseases (GIFMM/R4V 04/09/2023). These workers, many of whom lack adequate housing or healthcare access, are at heightened risk as they live and work in forested and rural zones where yellow fever is prevalent (MinSalud 28/06/2024). The informal and mobile nature of their work also complicates vaccination and disease prevention efforts, making illegal mining zones potential hotspots for the transmission of yellow fever and other vector-borne diseases.

Armed violence

Current violence and insecurity hinder public health efforts in multiple ways. The presence of armed groups restricts access to remote rural areas where yellow fever transmission is likely to occur, limiting disease surveillance, vaccination campaigns, and vector control measures. People residing in conflict-affected areas may also face barriers to accessing healthcare services, as the presence of armed groups, clashes, or fear of violence restrict movement. These restrictions could become even more critical if the outbreak expands and necessitates the establishment of containment zones or other public health measures (OCHA 11/10/2024).

In Tolima, the presence of non-state armed groups (NSAGs), particularly the Estado Mayor Central, Second Marquetalia, and the Gaitanist Self-Defence Forces of Colombia (AGC), is concentrated especially in the southern region of the department (DP 15/02/2023; CERE 2024; Infobae 01/04/2024). Disputes between the Colombian army and NSAGs as well as among different NSAGs have been registered (DP 18/11/2021). Armed conflict-related events have been identified in other municipalities, many of them near the yellow fever hotspot villages in neighbouring municipalities, such as Icononzo near Cunday (CERE 2024). Such events could also point to increasing NSAG control over large rural areas, which would constrain free movement and access to health facilities in some cases.

Escalating regional violence in neighbouring departments, such as Caquetá, Cauca, and Huila, further amplifies the risk of humanitarian emergencies and, as a consequence, constrain the access of the remote rural population to preventive measures, especially vaccination (ACAPS 24/06/2024; OCHA 11/10/2024). Displacement resulting from armed conflict can increase exposure to mosquitoes that transmit yellow fever as populations move into forested or peri-urban areas where the risk of transmission is higher. Displaced populations also often experience poor living conditions, limited access to preventive healthcare, and weakened immunity from malnutrition, making them more vulnerable to outbreaks.

Humanitarian response

There have been delays in the regional government's response in terms of surveillance, vaccination campaigns, and information access, as the list of high-risk municipalities published on 29 October did not include Tolima since the department had never reported cases before (MinSalud 29/10/2024). The current strategy to mitigate yellow fever infections includes strengthening epidemiological surveillance and promoting access to information to prevent infections. Vaccination is required for individuals travelling to affected municipalities and departments, although interdepartmental restrictions have not been imposed as the level of enforcement is low, and the only requirement is vaccination ten days prior to travelling to endemic and affected areas (MinSalud 29/07/2024; ET 24/12/2024).

Humanitarian presence is limited in Tolima, with organisations, especially IOM and the Inter-Agency Coordination Platform for Refugees and Migrants of Venezuela, primarily focused on assisting Venezuelan migrants and refugees (GIFMM/R4V 04/09/2023; IOM 03/11/2022). The Special Stay Permit has increased the permanence of Venezuelan migrants and refugees in Tolima, but access to assistance for basic services is limited, especially for health services (GIFMM/R4V 04/09/2023). Although vaccination campaigns include migrants and refugees, preventive health services have access constraints linked to administrative barriers, lack of adequate information, and discrimination from health personnel (GIFMM/R4V 04/09/2023; MinSalud accessed 25/01/2025).

Landslides and blockades expected to persist through January 2025 given heavy rainfall pose a significant risk to civilians by hindering access to healthcare facilities, impeding the delivery of medical supplies and vaccines, and restricting vaccination campaigns in remote rural areas (RCN 09/12/2024). The distance between rural areas and medical centres with specialised hospital capabilities heightens these access limitations. These services are concentrated in Ibagué, the departmental capital, where only one hospital (Hospital Federico Lleras Acosta) is available. This forces those in need of treatment to travel from affected villages to Ibagué, creating additional challenges in accessing timely care (Datos Abiertos accessed 08/01/2025).