



Public Health and COVID-19 in Latin America: Protecting Migrants and Refugees

Andrés Cubillos-Novella, Instituto de Salud Pública, Pontificia Universidad Javeriana; Báltica Cabieses, Instituto de Ciencias e Innovación en Medicina, Universidad del Desarrollo; Michael Knipper, Institute for the History of Medicine, University Justus Liebig Giessen; Ana Cristina Sedas, Department of Global Health and Social Medicine, Harvard Medical School

General Overview

Ever since the COVID-19 pandemic arrived to stay, there has been an international call for migrants and refugees to be urgently included in national, regional, and global public health responses ([Lancet Migration: Global collaboration to advance migration health, 2020, p. 19](#)). As stated previously by Lancet Migration, many migrants, refugees, asylum seekers, and internally displaced persons live, travel, and work in conditions in which physical distancing and recommended hygiene measures are severely limited (Amnesty International, 2020; Human Rights Watch, 2020). Such a public health emergency—one that is here to stay—has dramatically revealed the magnitude of exclusion as well as the multiple barriers to health care faced by the world's most vulnerable. The arrival of COVID-19 only exacerbates the chronic and acute conditions driving preventable illness and death (Orcutt et al., 2020).

The increased syndemic and structural vulnerability experienced by more than 73.5 million international migrants in the Americas may differ across countries, even within the same region (Key Migration Statistics, 2021). Such differences in risk, vulnerability, and access to healthcare diverge for numerous reasons. Mobility patterns, migration drivers, and economic agency may significantly impact the likelihood of living or dying in impoverished

Latin American and Caribbean countries. For instance, refugees and asylum seekers who remain stranded in dire and dangerous conditions in border cities with limited humanitarian or legal assistance may encounter a completely different scenario compared to labour migrants with in-country approved documentation (Knipper et al., 2021). Yet, in times of severe global and regional ongoing crisis, such as the COVID-19 pandemic, labelling vulnerable individuals as foreigners or “aliens” within a given society might only increase cross-cutting factors of vulnerability, increasing their risk of unnecessary death and illness (Willen et al., 2017; World Health Organization, 2020). The latter exemplifies why explicit inclusion of migrants, refugees, and asylum seekers in health systems and policies is essential to ensure equal access to not only high-quality access to healthcare but also the highest attainable standard of health and well-being (Vearey et al., 2019).

The structural factors for increased vulnerability are often detrimental dynamics within social, economic, and political aspects embedded within each country; these further build environments of disproportionately high risk—both in health and in socioeconomic dimensions. Recent academic reports hosted on The Lancet Migration website highlighted how foreigners are often neglected in public health policies and socioeconomic support programmes (Lancet Migration and

Health, 2020). This, despite the multiple calls to global action (Lancet Migration: Global collaboration to advance migration health, 2020). Undocumented migrants or asylum seekers are likely to be overlooked or remain hidden in fear of detention and/or deportation (Médecins Sans Frontières (MSF), 2020). Migrants who used to make their living through activities in the informal economy are severely affected by pandemic-driven restrictive policies as well as the economic consequences of curfews and lockdown (Willen et al., 2017). Yet, in contrast to the host population, social networks and integration in local societies, which at least in part may attenuate the consequences of the pandemic, are much weaker and often transcend regional and national borders. With the pandemic, the social world and support networks for people on the move have, in many ways, suffered greatly, as opportunities to prosper economically have decreased, leading to catastrophic collateral damages in host communities (Migration & Development: Remittances, 2020)—access to health and livelihoods being one of them. The unintended consequences of restricting the right to move have left people unprotected and carrying loads of challenges along their migration journey.

As for refugees and asylum seekers, there is a significant risk at every stage of the migratory process if forced to choose between staying, returning, or continuing their journey (Abubakar et al., 2018). Albeit choosing or forced to remain in origin, host, or transiting country, political prosecution, poverty, fear, and conflict might be aggravated during the pandemic, exacerbating already dire conditions (Lancet Migration, 2020). If they “choose”

to move, they could begin a complex, difficult transit with closed borders in every country and little protection for their lives. This situation may lead them to fall within the cracks of irregular status—and the legal, social, economic, and political consequences this may bring—as they are unable to meet legal requirements or access visa processes and remittances to their families could not be guaranteed. In addition, migrants and refugees have been stranded at closed borders in many countries globally, with camps, informal settlements, and detention centres converting into hot spots of the pandemic, with severe risks for peoples’ lives and health (Amnesty International, 2020). Evictions, food insecurity, overcrowding, and limited access to healthcare have been faced by far too many refugees and asylum seekers in the past 18 months, requiring action in public health as an urgent ethical global response. At the same time, migrants also have been at the forefront of the pandemic, providing essential services, including health, cleaning, domestic work, agriculture, and food production, and ensuring the continuity of supply chains on all continents.

The pandemic has aggravated the vulnerability of refugees and asylum seekers in urban, rural, and camp contexts while negatively impacting humanitarian assistance (Spiegel, 2021). Their need for social and political protection, including of women and children, makes them a high priority for international attention and urgent action, yet sustainable solutions are needed that go beyond crisis intervention and humanitarian aid. Migration has multiple faces and facets and will remain an essential dimension of the social lives of global societies for good. Health policies

and systems must be designed according to the principles of inclusion, integration, and non-discrimination. The flaws revealed by the pandemic need to be addressed by achieving universal health coverage as a precondition and central pillar of sustainable development.

The Latin American Response and Challenges

Latin America and the Caribbean (LAC), a region filled with colors, culture, and diversity, unfortunately has been severely overthrown by COVID-19 as widening of socioeconomic and health inequalities have spread similar to a viral global infection. In a recent commentary, we illustrated the case of LAC countries and how unique chronic (over acute) structural inequalities severely jeopardize the health of millions of desperate, impoverished, and vulnerable migrants, asylum seekers, and refugees (Bojorquez et al., 2021). As for Colombia, the regularization of Venezuelan migrants has been an important milestone to improve comprehensive care for these populations. There have been several mechanisms adopted by the country, such as: the Administrative Registry of Venezuelan Migrants (RAMV), Border Mobility Cards (TMF), and the Special Permit of Permanence (PEP), just to name a few. All of the above mentioned policies seek to improve healthcare delivery to such populations within international humanitarian response frameworks. More recently, the Temporary Protection Statute (EPT) was established, an important initiative in Colombia to respond to the growing migrant population within a human rights framework.

Notwithstanding, it is important to

establish strategies and infrastructure that guarantee healthcare for the most vulnerable, who, despite having PEP, have limited to no access to health services. For this reason, it is essential to design strategies that strengthen healthcare service delivery, both in border and non-border cities that receive large proportions of people on the move.

However, strengthening migrant health governance in border territories is still limited to support from humanitarian assistance, funding, and community-based interventions. To ensure the Colombian response is effective in the execution within the frameworks building the Statute, strengthening multilateral and regional support from organizations and institutions—which has been vital for Colombia—must not only be highlighted as a good practice but scaled up consistently and in a timely manner. In this sense, focusing on regional strategies collectively is the most appropriate approach to achieving the inclusion of such comprehensive responses aimed at Venezuelan and other migrant populations.

To do so, we must first acknowledge the efforts of governments for regularization of migrants, such as the Colombia strategy for regularization of Venezuelan migrants in the country during the pandemic; the efforts of international agencies such as the Organismo Andino de Salud – Convenio Hipólito Unanue (ORAS-CONU); the International Organization for Migration (IOM), the United Nations Population Fund (UNFPA), the Panamerican Health Organization (PAHO) and others that have been providing specific actions for migrants, like dignity care packs for women in

transit, healthcare for migrants with chronic conditions, and psychosocial support while stranded at the borders. It is also important to recognize the extension period for expired visas to all migrants residing in the country during the pandemic in some LACs, such as the case of Chile. Much of the recent advancement goes hand-in-hand with evidence-based translational policy and academic advocacy. If we are safe once all are safe, people on the move must be considered. Therefore, this past April 2021, academics, policymakers, heads of state, and global organizations joined together at a policy roundtable in preparation for the Ibero-American Summit 2021. Together through knowledge-sharing, governments and institutions committed to a joint paragraph explicitly including all migrants in their current and forthcoming pandemic responses (Lancet Migration Latin American Hub et al., 2021).

With the aforementioned, the following are some strategies the Board of Lancet Migration, Latin American Hub propose for the protection of migrants, refugees, and asylum seekers in LAC, each of them at a different level of action:

1. Establish a coordinated response by the international and national bodies in charge of public health in every country in the region.
2. Provide culturally and linguistically appropriate information on COVID-19 prevention measures, diagnosis, and treatment, as well as access to such services.
3. Develop and monitor secure infrastructure for social and health protection of refugees and asylum seekers in LAC at borders and while residing in host countries.
4. Provide services at borders while closed, including food, housing, regularization, and healthcare for all refugees and asylum seekers.
5. Share successful experiences and actions in the region, providing unique knowledge for rapid implementation of effective innovations for continuity of care for refugees and asylum seekers in the region.
6. Secure the regularization of refugees and asylum seekers at host countries to promote social integration and health protection for highly vulnerable populations in LAC in the context of global public health crises.
7. Develop high-level cooperation between countries for a regional approach to the protection of the life and health of refugees and asylum seekers in this region.
8. Activate all social protection international protocols that countries in the region have developed in the past for refugees and asylum seekers in coordination with international agencies. Many of these are in place but are not being used or activated for them.

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