

Editorial

International Migration in Latin America and the Caribbean from the Public Health Perspective

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Human movement in Latin America and the Caribbean participants in a broader, more complex and dynamic phenomenon. Internal and international migration has been part of the construction of our social and cultural fabric, from a historical and contemporary perspective. Attention to the relationship between health and migration is, however, more recent.

In the Americas, the beginning of this relationship can be observed with timid evidence since the 1970s [1], but it is not until the 1980s when the matter really acquires notoriety in quantity and content [2,3] and with marked growth as of the 1990s. Authors, like Delaunay [4], Guendelman [5], and Massey [6], to name a few, populated our knowledge in those years with valuable studies on this topic and with emphasis on movements of Mexicans and Central Americans to the Northern Cone, particularly the United States. Their contribution to the current understanding of the multidimensional and diverse relation between health and migration is substantial, being the ones who began a path of generating conceptual frameworks, theoretical models, and empirical proposals that, often, continue being applied to this day.

Since that time, Latin America and the Caribbean has grown in depth and breadth in its dedication to knowledge and attention to the phenomenon of health and migration. For example, various academic-scientific research centers exist in different countries, usually located in universities interested in the subject, as well as international organizations and civil society organizations with growing interest in understanding the causes, mechanisms and effects of migration on health. Thus, currently, there is a true melting pot of spaces and perspectives dedicated, in the region, to progress in our understanding and implementation of solutions related with the health of migrant people and communities.

States, in turn, have also advanced, in varying degrees, on recognizing migrant people and on ensuring their social and health protection. However, it is frequently noted that setting up policies, strategies, and actions that are executed within this line at the state level lags behind what civil society has already developed for years and, in some cases, also behind what scientific knowledge proposes. This is added to setbacks caused by the governments in power based on the idea that migration is a threat to the security and future of its inhabitants, which is establishing, in the region, certain ways of interpreting migratory reality, which do not always ensure the right of migrants to health as a fundamental right.

While all this takes place, the migratory phenomenon in the region turns more complex, fluid, and difficult to predict. Globalization, climate change, economic-political crises, different tensions in international relations, and poverty in different countries is striking opportunities to “flourish” [7] of the families of our Central and Southern Cone unequally. With such, migratory flows are changing, like a true human dance on a regional and global scale, inevitable, but not always welcome, and sometimes with serious costs in health and human lives.

The diversity of migratory experiences has broadened; to the extent that we are able to understand the phenomenon with greater height of vision and, at the same time, with greater depth in its human and social production process. Today, we have some general certainties, such as that 1) the effect of the healthy migrant is not always observed and, when it appears, it usually disappears in migrant communities that experience poverty and marginalization [8,9]; 2) the quality of regular health records must be reviewed and widely improved in their migratory variables, to improve our performance in public health [10]; 3) the administrative status of migratory irregularity is a strong predictor of health exclusion and discrimination [11]; and 4) women and children are the ones who suffer first and most severely when we define those who arrive from another country as *otherness* different and distant from us as previous inhabitants of the territory [12-14].

When reviewing the actions and strategies developed in the region, it is observed that the approaches of human rights and migration as a social determinant of health are the two most frequent [15]. Other approaches also exist that, although exalted by experts in this context, are less explicit in public health actions in our region, and correspond to those of gender, interculturality, participation, territoriality, the greater good of childhood, transnationalism, and continuity of care, to mention some of the most discussed [15].

In turn, Mexico and Chile are highlighted, in the region, as countries with the greatest number of actions regarding migrant health: the first, mainly for supporting the life and health of migrants in transit or rejected at the border with the United States, and the second, for having developed the first policy of comprehensive health plan for international migrants and whose action plan is pending for its proper implementation in the country.

The SARS-CoV-2 pandemic, which we are still confronting, taught us the inefficiency of closing borders and its harmful effects on immigration and human matters [16], also, that migrants in irregular migratory situation and in socioeconomic disadvantage or vulnerability (income poverty, overcrowding, labor informality, among others) are those who can risk and suffer the most in terms of health in disaster contexts [17]. This is added to administrative, financial, cultural, and information barriers migrants often encounter when they need to approach the health system in the host country [18]. According to some studies by our research group, in Latin America and the Caribbean, the social and health needs of migrants during the pandemic have also been reported, as well as their resilience, by developing and strengthening their capacities and resources when they have social support networks and institutional support [17,19-21].

Likewise, knowledge has been generated in the region about employing ethical health responses for migrant populations during the pandemic, accounting for the need to train and establish regulations that facilitate implementing intercultural competencies and respect for the sociocultural diversity of people and migrant families in contexts of social and health crisis [22-24].

In July 2022, the *World report on the health of refugees and migrants* was launched, the first of its type, led by the World Health Organization, and which accounts for the most-recent evidence on the topic available in Latin America and the Caribbean, besides the other five regions linked to that entity [25].

The report was organized around the themes of health systems, health outcomes, and social determinants of health of international migrants. Regarding health outcomes particularly, The report covers various topics, such as infectious diseases, mental health, chronic diseases, mental and child health, sexual and reproductive health, occupational health and other health matters, such as COVID-19, climate change and natural and human disasters. There was a scientific and gray literature review for all of the Americas, with North America clearly dominating the number of studies and associated publications [25]. Nevertheless, the report makes visible the growing number of studies on the topic in the region and its unique contribution to knowledge. These studies stem from academic groups and international organizations and civil society in the countries and account for the heterogeneity of international migrant populations in the region, the ever-changing migratory flows, and the deep connection and need for cooperation we have among the countries of the region [25]. Based on this report, and an update of the available evidence, the Pan American Health Organization developed an *online* information platform for the synthesis of scientific evidence on health and migration, which is for public use in the region [26].

With the foregoing, Latin America and the Caribbean has become a global, complex, and diverse territory. This vast social and cultural wealth, as complex and vibrant human fabric, brings new challenges to the way of protecting, providing attention and care, and recovering or maintaining the health of its people. The very definitions of *population health* and *public health* have been put to the test, to the extent that the previous, more homogeneous views of societies are no longer enough to respond to the multiple, simultaneous and infinite health needs of their individuals, families and communities [27].

A recent example of this complexity and its challenges in immigration matters are reflected in the Los Angeles Declaration on Migration and Protection, which emerged on June 10, 2022 as a result of the 9th Summit of the Americas in California, the United States [28]. This summit was marred by the absence of several countries, some vetoed by the organizing country and others in support of those excluded. Both the summit and the declaration consider pending challenges of regional cooperative work, the strengthening of trust between countries and adequate representation of negotiation processes that have great impact on internal and Latin American migration policy. The overall result of this summit and its declaration is a characterization of the challenges we have to advance in the health of migrants and refugees in the region; among them, growing tension and polarization in politics and migration matters, marked distrust towards human migration as a social process inherent to human existence, which must be safe, orderly and regular, and the task of countries of addressing internal national emergencies that distract from the work of strengthening regional cooperation in health and migration.

From the heart of our region the call is to place the health and well-being of the human person as the core, recognizing their individuality, their context and their journey, and regardless of gender, age group, educational level,

ethnicity, country of origin, skin color, health condition or any other category that systematically and unfairly separates and divides us in the opportunities to enjoy good health. In short, it is requested that the dignity of being a person be above labels and that the right to quality health care for all be a tangible reality.

This obligates us, inevitably, to rethink our population health, our health systems, and our way of living in society in current Latin America and in what will come for future generations.

Ensuring the right to health as a human good [29] and developing intercultural competencies in health [30] is still an ideal we hope to reach, ensuring the three minimum health standards: 1) protection of life and health in the face of emergencies and disasters; 2) effective universal health coverage for all, and 3) promotion of life contexts that promote greater well-being and good health in our Latin America and the Caribbean.

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