






Emergency preparedness and response sensitive of migrant populations in Chile: post-pandemic perspectives

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ABSTRACT

On the 31st of August 2023, the Government of Chile ended the health alert for COVID-19. This milestone invites us to reflect on lessons learned in emergency preparedness and response that are sensitive to and informed by the experience of migrant populations in the country. In this context, three perspectives are presented. The first focuses on avoiding pointing to individual responsibility for non-compliance with prevention measures, as this approach ignores structural and historical inequities. Emergency recommendations should be constructed considering a collective approach and diverse socio-cultural and political contexts. The second perspective calls for considering and addressing migration as a social determinant of population health in emergency preparedness and response. During the pandemic, changes in the governance of migration around the world made migration processes more precarious, with risks to the physical and mental health of migrants. This needs better planning and evidence-based decision-making in future pandemics. The third perspective focuses on promoting intercultural health, as effective communication of contagion risks and preventive measures were hampered among migrant populations with diverse worldviews and interpretations of health and disease processes. Responding to the needs of historically marginalized communities requires establishing ways of life that respect diversity in narratives and everyday practices. Governments and health systems must incorporate migration into their emergency preparedness and response strategies, creating the conditions for optimal compliance.

KEYWORDS Migration, emergency preparedness, emergency response, COVID-19, Chile

INTRODUCTION

The COVID-19 pandemic exacerbated preexisting inequities in the health and well-being of the population and, particularly, in groups facing social vulnerability, such as international migrant communities. The pandemic challenged the emergency preparedness and response of states, which are not always aware of the specific needs of these populations. At the beginning of the pandemic in Chile, in April 2020, 61% of international migrants did not feel prepared to face this health emergency [1]. Three and a half years later, on August 31, 2023,

the Chilean government ended the health alert for COVID-19. This milestone invites reflection on the lessons learned and opportunities for improvement in emergency preparedness and response that is sensitive and informed by the growing migrant population in Chile. Generally speaking, preparedness focuses on risk assessment, perception, and anticipation, while response focuses on dealing with and coping with the catastrophic event, both logistically and psychosocially [2]. In order to improve preparedness and response to future emergencies, three perspectives emerge for this planning to be inclusive and informed by the needs and experiences of migrant populations:

1. Avoiding individual accountability.
2. Address migration as a social determinant of health.
3. Promote interculturality in health.

INDIVIDUAL ACCOUNTABILITY

The individual accountability of migrants for non-compliance with infection prevention measures is limiting and risky [3]. According to available studies, when countries urged

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MAIN MESSAGES

- Preparedness and response to emergencies such as the COVID-19 pandemic must consider groups experiencing social and political vulnerability, including international migrant communities in Chile.
- To this end, the focus must shift from individual responsibility for compliance with measures to strategies that ponder the structural forces that limit compliance and intercultural relevance of the implemented strategies, considering migration as a social determinant of health.
- Governments and health systems must recognize and include migration in their emergency preparedness and response strategies, given the growing diversity of contemporary societies, with solutions that adapt to the contexts and realities of these diverse groups.

compliance with preventive quarantines and maintaining social distancing, these measures were tough to comply with in people who lived in overcrowded conditions, went out to work to feed themselves, depended on informal jobs, or were unemployed. These recommendations were fundamental before the advent of vaccines. However, numerous studies showed that they could only be adequately followed by higher-income socioeconomic segments [4], unlike migrant communities and other vulnerable groups, where adherence was low. For example, a study conducted in 2021 investigated the psychosocial and socioeconomic vulnerabilities and resources of international migrants in the Metropolitan Region [5] and found that 31.2% of participants indicated that they had not complied with quarantine recommendations because they had to leave for work.

The available evidence indicates that emergency preparedness should include contextual and collective measures to overcome structural, persistent, and historical social inequalities. In this regard, it is essential to develop intersectoral public health strategies that contribute to providing the minimum living conditions necessary to comply with the emergency exception recommendations for these populations. Individual accountability for non-compliance with this type of measure would only be possible when decisions are made in a participatory and horizontal manner based on each community's diverse socioeconomic, political and cultural contexts [6].

MIGRATION AS A SOCIAL DETERMINANT OF HEALTH

In preparing for future emergencies, it is essential to reflect on the importance of migration as a social determinant of health. Throughout the world, migration can affect health in various ways depending on the conditions and contexts of risk and protection in which displacement occurs. Thus, migration is recognized as a social determinant of health [7].

During the pandemic, structural changes in migration governance worldwide were documented. In general, efforts to reduce regular access routes and migration regularization were tightened to prevent the entry of SARS-CoV-2 into countries. This made migratory flows precarious, encouraged irregular transits, and limited regularization processes, which negatively affected the social determinants of the health of migrants.

Moreover, it was challenging to access formal employment, decent housing, and health services, all of which harmed their physical and mental health, in addition to being subjected to experiences of discrimination, racism, and xenophobia [5].

Given the above, considering migration as a social determinant of health requires a profound ethical, political, and economic review of our processes of integration, respect, and exercise of rights in contexts of sociocultural diversity in Chile. Likewise, discussing and analyzing the structural, historical, and even colonial dimensions of migration in our region and its effects on population health is essential.

PROMOTION OF INTERCULTURALITY

Interculturality in health is interested in encountering diverse belief systems, traditions, languages, and ways of being and acting within healthcare [8]. During the pandemic, difficulties were reported in communicating the risks of contagion and prevention measures in migrant populations with diverse worldviews and ways of understanding their disease processes, which limited the impact of the diversity of interpretations of these measures [1,5].

In this sense, the response to prevention and response needs in the context of a health emergency requires understanding and recognition of those groups that are historically, structurally, and persistently invisible or excluded [9]. It also requires rediscovering the power relationship between these groups, the State, and society to establish intercultural relations that respect diversity from the narrative, the common imagination, and everyday practice [10].

CONCLUSIONS

In the current context of social, cultural, and ethnic diversity, migration should be a crucial factor to take into account in the planning and response to health emergencies by governments and health systems. Emergency preparedness and response is the responsibility of the State, which must create conditions for optimal compliance with the measures established in coordination with different social actors. Likewise, according to their reality, these measures must be co-created with the communities. Migration should be recognized and addressed as a social determinant of health. Finally, the strategies designed and

implemented should consider the intercultural approach, with the recognition of diversity as a wealth of nations.

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Preparación y respuesta ante emergencias sensibles a poblaciones migrantes en Chile: perspectivas postpandémicas

RESUMEN

El 31 de agosto de 2023, el Gobierno de Chile puso fin a la alerta sanitaria por COVID-19. Este hito invita a reflexionar sobre lecciones aprendidas respecto a la preparación y respuesta ante emergencias, que sean sensibles e informadas sobre la experiencia de la población migrante de nuestro país. En este marco, se presentan tres perspectivas. La primera se centra en evitar la responsabilización individual en el incumplimiento de las medidas de prevención del contagio, ya que este enfoque ignora las inequidades estructurales e históricas. Las recomendaciones de emergencia se deben construir bajo un abordaje colectivo y con la consideración de los diversos contextos socioculturales y políticos. La segunda perspectiva llama a tomar en cuenta y abordar la migración como determinante social de la salud de la población en la preparación y respuesta ante emergencias. Durante la pandemia, los cambios en la gobernanza de la migración en todo el mundo precarizaron los procesos migratorios, con riesgos para la salud física y mental de las personas que migran. Esto requiere una mejor planificación y decisiones informadas en evidencia científica para futuras pandemias. La tercera perspectiva se enfoca en promover la interculturalidad, dado que la comunicación de los riesgos de contagio y de las medidas preventivas se vio dificultada entre poblaciones migrantes con diversas cosmovisiones e interpretaciones de los procesos de salud y enfermedad. Asimismo, el responder a las necesidades de aquellas comunidades históricamente marginadas, requiere establecer modos de vida que respeten la diversidad en las narrativas y las prácticas cotidianas. Los gobiernos y sistemas sanitarios deben incorporar la migración a sus estrategias de preparación y respuesta ante emergencias, con la construcción de las condiciones para su cumplimiento óptimo.



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