

CHALLENGES IN REFUGEES' ACCESS TO THE PUBLIC HEALTHCARE SYSTEM IN BRAZIL

Global Health International Congress - Equity in Health: A Global Challenge, 1ª edição, de 18/10/2021 a 24/10/2021
ISBN dos Anais: 978-65-89908-10-4

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RESUMO

CHALLENGES IN REFUGEES' ACCESS TO THE PUBLIC HEALTHCARE SYSTEM IN BRAZIL

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ABSTRACT

Introduction: Brazil is considered an important destination for refugees and with 239,706 asylum requests registered between 2011 and 2019. Although Brazil offers a public health system free to anyone in the country, migrants and refugees still face challenges in accessing the healthcare services. The aim of this study is to address refugees' access to public healthcare in Brazil.

Methods: Narrative review using recent literature and official documents.

Results and Discussion: The majority of migrants and refugees access healthcare exclusively through the public health system. Main barriers pointed in research were language, cultural and documentation matters. Most of the issues concern the underfunding of the health system. However, initiatives have been achieving good results, like Operação Acolhida. **Conclusion:** Delivering refugees the appropriate healthcare is a complex task requiring multiple and intersecting approaches. Although Brazil has a universal healthcare system accessible to those refugees, there are still many difficulties to be tackled in the future if universal healthcare and refugee inclusion is to be achieved.

Introduction

According to data from the International Organization for Migration (IOM), the number of migrants worldwide reached 280 million people in 2020. It has almost doubled since 1990, when about 150 million migrants were counted around the world. In terms of refuge, the number of people under the United Nations High Commissioner for Refugees (UNHCR) mandate has crossed the line of 20 million. It is twice what has been accounted for in the beginning of the last decade. It is now a common perception that the planet is dealing with a spike in migration and, even more alarming, a refugee crisis.

Today, Brazil is considered an important destination for refugees, especially Venezuelans, but also Haitians, Cubans, Chinese, Angolans, among other nationalities. Between 2011 and 2019, the country registered 239,706 asylum requests, with an increasing amount during the period (UNHCR, 2020). In 2020, because of the Covid-19 pandemic and its strict international restrictions to human mobility, there was a reduction in those numbers (over 89 thousand, in 2019, to about 29 thousand, in 2020), albeit still to an expressive number (SILVA et al, 2021).

It is expected that these refugees, once in their destination country, present healthcare needs, especially after forced migration (SOARES; SOARES, 2020). In Brazil, refugees have the right to access the country's universal healthcare system (ACNUR, 2021). However, despite the nonexistence of official barriers, refugees, as a vulnerable group, still face invisible obstacles when attempting to access the health system. The aim of this study is to address refugees' access to public healthcare in Brazil.

Methods

For this research, the method chosen was the narrative literature review, using scientific papers, governmental and non-governmental documents and information. The search for literature was

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Results and Discussion

Resolution WHA70.15 from the Seventieth World Health Assembly (2017), on “promoting the health of refugees and migrants”, urged Member States to “identify and collect evidence-based information, best practices and lessons learned in addressing the health needs of refugees and migrants” (WHO, 2017). In Bempong et al. (2019) report addressing discussions from the second M8 Alliance Expert Meeting, common challenges faced by destination countries in providing appropriate healthcare to migrants are: increased workload on humanitarian and health workers, low presence of translators and negative consequences of language barriers in treatment, culturally inadequate environments and, finally, the increased incidence of work-related injuries (BEMPONG et al., 2019).

The Displacement Tracking Matrix, from the IOM in Brazil, shows that Venezuelan migrants and refugees access primary care attention facilities and hospitals when needed. However, 46% informed lack of access to reproductive health (LOPES, 2021). Also, an average of 78% of Venezuelan migrants access health service exclusively through the public health system (MACIEL, 2021).

Horta, Cruz and Carvalho (2019), in their quantitative-qualitative study, listed as the main difficulties in the access of African refugees to the healthcare system: the delay in attendance, the difference between languages, cultural diversity, and racism. Corroborating this, Coutinho (2019) in her ethnographic study, points out that the delay in attendance, exams and specialties, as well as cultural issues, such as differences in health beliefs, and racism are major barriers for this population.

Healthcare professionals in Manaus, one of the main cities for refugees, referred barriers in the access to the health system by migrants. 95,5% of them pointed the language issue, 56,8% documentation, 47,7% cultural differences, 43,2% access/follow up, 38,6% support network, 27,3% referrals and 6,8% others (MACIEL, 2021).

It is known that the public health system in Brazil presents difficulties, mainly resulting from its underfunding. Despite people having free access to the health services in the country, delay in attendance often is appointed as the most relevant access barrier for Brazilians, especially regarding appointment with specialists (AZEVEDO; COSTA, 2010).

A review study also indicates that health professionals were not prepared to welcome the sociocultural differences and the ethical aspects of the immigrants, and were not aware about the legislation of protection of the rights of this population (GUERRA; VENTURA, 2017). According to these authors, “bioethical aspects such as non-discrimination, equality and respect for the differences and specificities of immigrants deserve special attention” (GUERRA; VENTURA, 2017, p. 128). The path to achieve improvements in this matter involves cooperation agreements and joint activities that can set up policies and programs regarding the difficulties in integrating refugees in the healthcare system (GUERRA; VENTURA, 2017).

Regarding language and cultural diversity, WHO already presents positive findings in the use of interpreters and cultural mediators in health care settings (MCGARRY et al, 2018). Interpreters are responsible for facilitating verbal communication and understanding between foreign patients and healthcare workers, while cultural mediators act as a bridge between patients and health professionals, ensuring and facilitating the health access to refugees (MCGARRY et al, 2018). However, this scenario is not a reality in Brazil, mainly due to the underfunding of the health system and the dismantling of public health in the last five years.

An important program has been developed in Brazil for the reception of Venezuelan refugees. Operação Acolhida, created in 2018, aims to guarantee humanitarian service for these people, in the main entrance for Brazil, the state of Roraima. The operation is executed and coordinated by the Federal Government, with the support of the states, UN agencies, international organizations, civil society organizations and private entities. Refugees that are attended by the operation are assisted in matters of identification, orientations, documentation, guarantee of rights, health access and shelter. Health assistance includes mainly immunization and emergency assistance

(BRASIL, 2021). This initiative represents advancement in the reception of refugees, providing them means for better lives. However, the importance of the Public Health System is not replaced for it, as the healthcare assistance provided regards only specific activities.

Conclusion

Delivering refugees the appropriate healthcare is a complex task requiring multiple and intersecting approaches (CHENG et al., 2018). Although Brazil has a universal healthcare system accessible to those refugees, there are still many difficulties to be tackled in the future if universal healthcare and refugee inclusion is to be achieved. Strategies which have been found to be effected and can be implemented in an action plan for Brazil include case management, improving communication between healthcare professionals and refugees, and use of specialist refugee health workers (JOSHI et al, 2013). These initiatives must guide the Brazilian healthcare system a step closer to delivering culturally appropriate, universal and inclusive healthcare for the large number of refugees which continue to cross the country's border.

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Sources of Funding

None.

PALAVRAS-CHAVE: Refugee, Healthcare, Access

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