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Article

The Protection of the Right to Health of Refugees and Undocumented Individuals: Challenges in the Brazilian Context

A Proteção do Direito à Saúde de Refugiados e Indocumentados: Desafios no Contexto Brasileiro

La Protección del Derecho a la Salud de Refugiados e Indocumentados: Desafíos en el Contexto Brasileño

Pedro Henrique de Moura Gonet Branco[1]
Fundação Oswaldo Cruz, Brasília, DF.
https://orcid.org/0000-0002-6971-4701
pedrogonet@gmail.com

Paulo Gustavo Gonet Branco[2]
Ministério Público Federal, Brasília, DF.
https://orcid.org/0000-0002-6794-0377
paulobranco@mpf.mp.br

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Abstract

Objective: The article presents reflections on the linguistic, cultural, and bureaucratic barriers faced by refugees and undocumented individuals in accessing public health services in Brazil, which has a characteristic of universality, as provided by the Federal Constitution of 1988 and Law No. 8080 of 1990. **Methodology:** A documentary review of national and international norms addressing health and migration was conducted, complemented by an unsystematic literature review. **Results:** The results indicate that Brazil formally ensures that nationals of other countries or stateless persons, on equal terms with Brazilians, have access to public health services without discrimination based on nationality or migratory status. However, discrimination from health professionals, lack of knowledge among migrants about how the Unified Health System works, and excessive bureaucracy are barriers that limit the enjoyment of the right to health. **Conclusion:** It was concluded that despite Brazil having, through its health system, an important guarantee of social inclusion for refugees and undocumented migrants, it still needs to take action to combat barriers to their access.
Keywords: Migrant Health; Right to Health; Human Rights.

Resumo

Objetivo: analisar as barreiras linguísticas, culturais e burocráticas enfrentadas por refugiados e indocumentados para acessar os serviços públicos de saúde no Brasil, que possuem característica de universalidade, conforme dispõe a Constituição Federal de 1988 e a Lei nº 8.080 de 1990. **Metodologia:** realizou-se revisão documental de normas nacionais e internacionais que abordam a saúde e a migração, complementada por revisão assistemática de literatura. **Resultados:** os resultados apontam que, no Brasil, assegura-se formalmente às pessoas nacionais de outros países ou apátridas,

[1] LL.M in State Law, Universidade de São Paulo, São Paulo, SP, Brazil. Collaborating Researcher, Fundação Oswaldo Cruz, Brasília, DF, Brazil.
[2] PhD in Law, State and Constitution, Universidade de Brasília, Brasília, DF, Brazil. Attoney General, Ministério Público Federal, Brasília, DF, Brazil.

em condição de igualdade com os brasileiros, o acesso a serviços públicos de saúde, sem discriminação em razão da nacionalidade e da condição migratória. Contudo, discriminação por parte dos próprios profissionais de saúde, falta de conhecimento dos migrantes sobre o funcionamento do Sistema Único de Saúde e a excessiva burocracia são barreiras que limitam a fruição do direito à saúde. **Conclusão:** concluiu-se que apesar de o Brasil oferecer, por meio de seu sistema público de saúde, importantes garantias de inclusão aos refugiados e migrantes indocumentados, ainda é preciso superar certas barreiras para sua fruição.
Palavras-chave: Saúde de Refugiados; Direito à Saúde; Direitos Humanos.

Resumen

Objetivo: analisar las barreras lingüísticas, culturales y burocráticas que enfrentan los refugiados y personas indocumentadas para acceder a los servicios públicos de salud en Brasil, que tiene la característica de universalidad, según lo dispuesto por la Constitución Federal de 1988 y la Ley No. 8080 de 1990. **Metodología:** Se realizó una revisión documental de normas nacionales e internacionales que abordan la salud y la migración, complementada por una revisión asistemática de la literatura. **Resultados:** Los resultados indican que en Brasil se asegura formalmente a los nacionales de otros países o apátridas, en condiciones de igualdad con los brasileños, el acceso a servicios públicos de salud, sin discriminación por motivos de nacionalidad y condición migratoria. Sin embargo, la discriminación por parte de los propios profesionales de salud, la falta de conocimiento de los migrantes sobre el funcionamiento del Sistema Único de Salud y la excesiva burocracia son barreras que limitan el disfrute del derecho a la salud. **Conclusión:** Se concluyó que a pesar de que Brasil cuenta, a través de su sistema de salud, con una importante garantía de inclusión social para refugiados y migrantes indocumentados, aún necesita actuar para combatir las barreras a su acceso.
Palabras clave: Salud del Migrante; Derecho a la Salud; Derechos Humanos.

Introduction

The elevation to the *status* of fundamental rights of the rights to material provision by the state, observed in the transition from the Liberal State to the Social State, gave individuals a strengthened position in terms of demands for positive action on the part of those in power.

Some of these rights are addressed to individuals as citizens, taking into account the particular situation that binds them to the country, such as political rights. Others are guaranteed to everyone, regardless of nationality, as they are considered necessary emanations of the principle of human dignity.

Among the rights held by every individual who is in Brazilian territory, regardless of nationality or migration status, is that to health, elevated to the status of a fundamental right by the 1988 constituent assembly, under the inspiration of the ideals of fraternity and social solidarity.

In addition to the formal protection guaranteed in the constitutional text, Brazil devised a bold health care program for all people, national or not, who sought medical support in the country. To this end, the constituent assembly called on the three spheres of the Federation to implement the Unified Health System (SUS), one of the most notable features of the Constitution in force, which made it unique in Brazilian constitutional history and launched the country into the audacity of the great international humanitarian attacks

Despite the undeniable success of the SUS over the last 35 years, the implementation of a public policy aimed at universal access to healthcare is highly complex and, given the dependence on finite economic resources, fraught with challenges that can compromise the accessibility, quality and efficiency of the healthcare services provided.

As this text will show, these problems can be even more significant when faced by refugees and undocumented people, vulnerable groups who generally face linguistic, cultural and bureaucratic barriers that hinder or even prevent adequate access to health services.

History of the Right to Health in Brazil

In Brazil, the fundamental right to health was established for the first time in the Federal Constitution of 1988 (CF/88)[1] , an initiative that was part of an attempt to overcome serious and never frankly faced problems of access to health for the population. Jairnilson Paim[2] , in a study detailing the ancient difficulties related to access to health services, recounts that it was only in the 1540s, with the creation of the first Santa Casa de Misericórdia (Holy House of Mercy), that patients without prestige with the Crown began to receive hospital care - and they owed this to Christian charity.

Later, in the imperial period, the Constitution of 1824 made reference, in generic wording, to what it called the guarantee of public assistance, a first step in the history of the formalization of the right to health, despite not expressly providing for this good. Even this insufficient guarantee, however, was suppressed by the 1891 Constitution.

In the 20th century, in the face of the constant epidemics that afflicted society, doctors like Oswaldo Cruz and Carlos Chagas mobilized to create the first sanitary codes recorded in the Brazilian legal system. They also took the initiative to create the first Brazilian research centers aimed at promoting and maintaining health.

In this context, the Federal Constitution of 1934 was promulgated, which included health as a legal good, assigning the Union and the States the duty to take care of public health and assistance, an important step towards safeguarding collective health, albeit still incipient.

The 1937 Federal Constitution, in turn, concentrated legislative competence in health matters in the Federal Government, giving it the power to legislate on rules for the defense and protection of health. A similar provision appears in the 1946 Constitution.

Although the fundamental right to health was moving slowly at home, Brazil stood out internationally by proposing, together with the Chinese delegation at the 1945 San Francisco Conference, the creation of an international health organization and the convening of a conference to structure it. The proposal resulted in the formation of the World Health Organization (WHO), whose Constitution came into force in 1948. The agreement that created it, resulting from the 1946 International Health Conference, was incorporated into the Brazilian legal system by Decree No. 26.042, of December 1948. It defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”[3] , infirmity being defined as “cases in which the individual, with or without appreciable disorder of the material disposition of the body, does not possess this or that function or possesses it imperfectly or irregularly”.

In this context, in the second half of the 20th century, a model of medical care associated with the formal labor market was created in Brazil, in which the social security system ensured that workers received medical and hospital care. Although this measure represented an advance in collective health policies, it limited care to those who had an employment contract, which excluded a significant portion of the population.

The 1967 Constitution guaranteed workers the right to health, hospital and preventive medical care, while maintaining the Union's competence to legislate on the subject.

At the beginning of re-democratization, in 1986, around 4,000 citizens came together during the 8th National Health Conference and published a document that put forward the concept of health as a citizen's right and a duty of the state, outlining the foundations of this good. From the discussions at the Conference, it also emerged that the right to health would only become a reality if a national system was created to guarantee real medical care for all individuals, regardless of their conditions .[4]

The 1988 constitution, sensitive to this new social reality that demanded such conditions, stated in art. 196 of the CF/88 that health is "a right of all and a duty of the state, guaranteed through social and economic policies aimed at reducing the risk of disease and other illnesses and universal and equal access to actions and services for their promotion, protection and recovery"[1] .

In order to fulfill its duty to ensure health actions and services to the population, the 1988 Federal Constitution established the Unified Health System, one of the largest and most comprehensive public health systems in the world, which aims to ensure comprehensive, universal and free care to all those in Brazilian territory, offering services ranging from assessing a patient's blood pressure to organ transplants.

Regulated by Federal Law Nº. 8.080 of 1990[5], the SUS is governed by the principles of universal access to health services; comprehensive care, which aims to ensure continuous and articulated care, encompassing both preventive and curative actions, according to the needs of each case; patient autonomy in the protection of their physical and moral integrity; and *equal* access to health services, without prejudice or privilege.[3]

Law nº. 8.080/90 also prescribes that the SUS must guarantee patients' access to information about their own health and the treatments to be carried out; ensure community participation in the development of the program; use epidemiology to establish priorities, allocate resources and guide programs; have decentralized management, emphasizing regionalization and the participation of municipalities in health services; integrate actions related to health protection, the environment and sanitation; and fully protect the human rights of all users .[5]

With regard to the public eligible for care under the SUS, Law 8.080/90 generically mentions that "health is a fundamental right of the human being" (art. 2) and that the assistance offered is due “to the people” (art. 5), without distinguishing whether the recipients of this command are Brazilians or foreigners. Similar was the stance of the 1988 constituent assembly, which limited itself to stating that “health is everyone's right” (art. 196 of the CF/88)[1, 5]

Given this scenario, and considering that the Unified Health System is based on universal and equal access to actions and services for the promotion, protection and recovery of health, it is possible to deduce that all individuals present in Brazilian territory must be guaranteed access to the SUS, regardless of nationality or formal link with Brazil - a position that was affirmed by the federal legislator in Law Nº. 13,445 of 2017, as will be seen below.

Despite the apparent triviality of this conclusion, the issue is sensitive when considering the situation of migrants, especially refugees and undocumented people.

[3] Despite the express mention of the principle of equality in Law Nº. 8.080/90, today it is more common to speak of the principle of equity, which justifies, for example, prioritizing treatment for those who need it most at a given time.

Refugee Protection

The Joint Standing Committee on International Migration and Refugees of the National Congress reported that, in 2023, there were around one million five hundred thousand immigrants in Brazil. Of these, 650,000 were refugees or asylum seekers[6].

Data from the Observatory of International Migration, a research project run by the Universidade de Brasilia in partnership with the Ministry of Justice and Public Security, indicates that the number of requests for recognition of refugee status with the Brazilian government grows every year, totaling 58,628 formal requests in 2023 - an increase of 16% on the previous year[7]. More than half of these applicants were Venezuelans and another 20% were citizens of Cuba.

Despite the topical nature of the issue, the international community has been dealing with it for decades. Attention to refugees first came to the fore after the Second World War. European countries were faced with the dramatic situation of people forced to flee their countries during the war and realized the need to provide them with some kind of protection.

In this context, in 1951, the Convention Relating to the Status of Refugees was published in Geneva, which defined refugees as those who, fearing persecution for reasons of race, religion, nationality, social group or political opinion, are outside the country of their nationality and are unable or unwilling to avail themselves of that country's protection. It established rights and duties for them in order to guarantee their protection.

Despite the Convention's merits, the definition only included people from Europe and movements that took place before January 1, 1951, as an immediate response to the displacement caused by the war.

In 1967, given the need to broaden the scope of the rule, the Protocol Relating to the Status of Refugees was adopted, which eliminated the temporal and geographical restriction, allowing any person, regardless of their location or when they became a refugee, to be protected under the aegis of the 1951 Convention.

In the Latin American context, the 1984 Cartagena Declaration was an important complementary instrument to the 1951 Convention. Drawn up in response to the armed conflicts, intense violence and human rights violations taking place in Central American countries, the Declaration broadened the definition of refugee to include, in addition to the criteria already provided for in the European Convention, those fleeing "generalized violence, foreign aggression, internal conflicts and massive human rights violations".

> This more comprehensive definition, geared to the specific reality of the region, became an important benchmark for refugee protection in Latin America, influencing the refugee policies of several Latin American countries, including Brazil, which incorporated some of the ideas proposed in the Cartagena Declaration into Federal Law Nº. 9.474/97[8]:
>
> Art. 1: Any individual who:
> I - owing to well-founded fears of persecution for reasons of race, religion, nationality, social group or political opinion, is outside his country of nationality and is unable or unwilling to avail himself of the protection of that country;
> II - has no nationality and is outside the country where he/she previously had his/her habitual residence, and is unable or unwilling to return to it, due to the circumstances described in the previous point;

> III - due to a serious and widespread violation of human rights, is forced to leave their country of nationality to seek refuge in another country.

Law Nº. 9.474/97 was enacted with the aim of defining mechanisms for implementing the 1951 Refugee Statute in Brazil. It established the process for recognizing refugee status and adopted institutional measures for integrating these migrants into Brazilian society, such as issuing identity cards to prove their legal status, work permits and travel documents.

Despite the important advances made by this law, Brazil has continued to face challenges in effectively implementing certain social rights for refugees, especially the right to health. This is because the international refugee protection instruments that inspired the Brazilian legal system, such as the 1951 Convention, guaranteed certain essential rights for the survival and well-being of these migrants, but did not expressly address access to health services. The Cartagena Declaration, on the other hand, merely stated the importance of "strengthening refugee protection and assistance programs, especially in the areas of health, education, work and security".

In order to overcome this insufficient legislative guarantee, in May 2017 the Brazilian National Congress enacted Law Nº. 13.445/17[9], nicknamed the Migration Law, which replaced the old Foreigner's Statute - drafted in 1980 with the aim of preserving national security.

The Migration Law[9], inverting the logic adopted at the time, was dedicated to protecting the rights and duties of migrants, ensuring that people who are nationals of other countries or stateless persons have equal access to public health services with Brazilians, without discrimination on the grounds of nationality or migratory status[4].

This formalized truly universal access to health care in Brazil, guaranteeing everyone in the country - including tourists, voluntary migrants, refugees and undocumented people - the right to use the health services necessary to guarantee their survival and well-being, free of charge, through the Unified Health System, just as it is guaranteed to Brazilian citizens.

Despite regulatory advances - especially important in a context of growing forced migration to Brazil due to political and socio-economic crises in neighboring countries - there are still barriers that compromise full access to the SUS for this part of the population. These challenges reflect not only structural and operational gaps in the health system, but also social and cultural issues that need to be addressed.

Access to SUS for refugees and undocumented people

Discrimination

A major difficulty reported in studies on the subject is discrimination in the care of refugees and undocumented people. A study published in 2023 in the Revista de Saúde Coletiva of the State Universidade do Rio de Janeiro, which focused on the perception of nursing technicians at the General Hospital of Roraima about Venezuelan immigration, highlights that the majority of health professionals interviewed expressed their opposition to free access for migrants from Venezuela to the Unified Health System (SUS):

[4] In addition, it guaranteed foreigners, regardless of nationality and migration status, the right to public education; access to public social assistance services; broad access to justice and free comprehensive legal assistance, as long as insufficient resources are proven; access to social security; among others.

> In the speeches and between the lines, it was possible to perceive aversion simply because it was a migrant. There were also associations with the compromised quality of life in the city of Boa Vista and the worsening of services due to the presence of Venezuelan migrants. Some interviewees even verbalized their discomfort with requests for help from migrants in situations of poverty or social vulnerability [...].
> There was also the perception that Venezuelan migrants compete for services with people from Roraima, especially the poorest.
> [...] there was less willingness for professional-patient interaction when the patient was of Venezuelan origin. In these cases, the technicians solved the demands more objectively, without adding further explanations, except on request [10].

To overcome these challenges, it is essential to conduct training that addresses migrants' rights and raises awareness among SUS personnel about the difficulties faced by these groups. Continuous training for healthcare professionals to address the specific needs of refugees and migrants should include not only technical training but also cultural competence development to reduce biases.

Another approach is to incorporate cultural mediators and translators in areas with high migratory flow, facilitating communication between professionals and patients and, consequently, providing more appropriate and higher-quality care to migrants.

A commendable initiative has been the establishment of the Refugee Health Reference Center at the State Hospital of Rio de Janeiro. The Center's goal is to train healthcare professionals to attend to refugees, ensuring they understand the vulnerabilities of these individuals, especially issues related to mental health, such as psychological trauma caused by war, persecution, and forced displacement. It is also crucial for professionals to be trained to diagnose and treat neglected diseases prevalent in refugees' regions of origin [11].

Information about SUS

Another significant barrier faced by forced migrants is the lack of knowledge regarding the operation of the Unified Health System (SUS). Many refugees are unaware of their right to free healthcare through SUS, do not understand the necessary procedures to register in the system, or are uncertain about which type of health facility they should seek.

This gap stems, among other factors, from the fact that public health policies are not fully integrated with refugee reception and integration policies, leading to discontinuity in healthcare and inadequate monitoring of refugees' health conditions.

To address this barrier, the efforts of the United Nations Refugee Agency (UNHCR) are noteworthy. In partnership with local organizations and with the support of Associação Antônio Vieira (ASAV), Caritas Arquidiocesana do Rio de Janeiro (CARJ), Caritas Arquidiocesana de São Paulo (CASP), the Guarulhos Center for the Defense of Human Rights (CDDH), and the Institute for Migration and Human Rights (IMDH), UNHCR offers a freely available booklet in multiple languages explaining the rights of refugees.

Regarding the right to health, the booklet explains:

> Brazilian legislation ensures that the services of the Unified Health System (SUS) are universal, free of charge and equally accessible to all individuals present in Brazilian territory. All citizens, including asylum seekers and refugees, have the right to be seen in any public health unit. To do so, you must present your CPF (Individual Taxpayer's ID) and protocol or RNE (National Identity Card) at any hospital, clinic or health

> center and request your SUS Card. This card is free and can be used in any public health unit in the country.
> In Brazil, parents are obliged to vaccinate their children. Children of asylum seekers and refugees can get their vaccinations free of charge at public health centers. To find out which vaccinations your child should have, check the vaccination schedule at your local health center.[12]

Another commendable initiative came from the government of the Federal District, which in 2024 published the Guide to Welcoming Migrants, Refugees and Stateless Persons in the Federal District's Health Services, "with the aim of introducing, directing and guiding them to health services within the scope of the Federal District's Unified Health System"[13].

The summary of the Guide is a good indication of the content of the material on offer:

1. Unified Health System
2. Healthcare
3. Health establishments in the Federal District
    - 3.1 Basic Health Unit (UBS)
    - 3.2 Reference Center for Integrative Health Practices (CERPIS)
    - 3.3 Specialty Center for Attention to People in Situations of Sexual, Family and Domestic Violence (CEPAV)
    - 3.4 Polyclinic and Specialty Center
    - 3.5 Emergency Care Unit (UPA)
    - 3.6 Hospitals
    - 3.7 Mobile Emergency Care Service (SAMU)
    - 3.8 Basic Prison Health Unit (UBSP)
4. National Health Card
5. My Digital SUS
6. Medicines/Remedies
7. Reproductive Planning
8. Vaccinations
9. Other Intersectoral Public Services
    - 9.1 Social Assistance
        - 9.1.1 Social Assistance Reference Center - CRAS
        - 9.1.2 Specialized Social Assistance Reference Centre - CREAS
    - 9.2 Justice and Human Rights
    - 9.3 Security
    - 9.4 Education
    - 9.5 Work and Income
10. Important Information[13].

Bureaucracy in issuing the SUS Card

The main constraint on access to the Unified Health System, however, seems to be the bureaucracy involved in making the National Health Card (SUS Card). Despite the fact that the legislation allows emergency care for anyone, regardless of their documentation, most Health Departments require the SUS Card to schedule appointments, exams and other medical procedures [14].

As instructed by the relevant municipal bodies, the National Health Card can be issued on presentation of documents proving personal details, such as an identity card (RG) or Individual Taxpayer's Register (CPF), as well as proof of address in the municipality where the service is sought [14].

A case that illustrates the risk of the rigidity of these requirements occurred in 2006 in the city of Foz do Iguaçu. The municipality's Municipal Health Department began to prevent foreigners and Brazilians living in Paraguay from receiving care, on the grounds that they did not meet the requirements for obtaining a SUS Card, such as being able to provide the required documents and proving that they lived in Foz do Iguaçu. In this context, a Paraguayan woman in labor was denied care and ended up giving birth in the bathroom of a health unit and lost her baby[15] . Following the case, a court decision was handed down stating that it was unnecessary to provide proof of residence in the municipality where care was sought and that urgent cases had to be attended to [15].[5]

As for the documents required, the Ministry of Health, in Technical Note No. 8/2024, aware of the difficulties faced by forced migrants, ordered health teams to consider as valid documents for making the SUS Card not only the CPF and RG, but also the Passport, the National Migratory Registry (RNM), the National Migratory Registry Card (CRNM) and the Refugee Application Protocol.

The Refugee Application Protocol is the document that the applicant receives immediately upon requesting recognition as a refugee, and is used as an identity document. Thus, immediately after applying for refuge, even before the application is granted or not, migrants can register with the SUS and use the services it offers. If their refugee status is recognized, they are issued with a National Migration Registration Card (CRNM), which is also valid as an identification document with SUS. This flexibility was an important step towards guaranteeing universal service in health centers.

Despite these advances for refugees, the situation was still dramatic for the undocumented - irregular migrants who do not register with the Brazilian authorities or who enter the country even though they are prevented from doing so[9][6].

Many undocumented people fear that if they seek medical help, they will be reported to the immigration authorities, as has already happened in other countries.[16][7] As for those who choose to use the SUS, there are identification problems, given the lack of documents accepted for registration and the creation of the National Health Card, which would substantially limit the access of undocumented people to public health units.

In this sense, also sensitive to the difficulties faced by this part of the population, the aforementioned Technical Note No. 8/2024[17], from the Ministry of Health's Primary Health Care Secretariat, was dedicated to making certain rules more flexible so that the right to medical care for undocumented people could be guaranteed.

[5] Cf. Ação Civil Pública nº 2006.70.02.007102-9/PR.

[6] According to art. 45 of Law no. 13.445/2017, "a person who has previously been expelled from the country may be prevented from entering the country, after an individual interview and by means of a reasoned act, for as long as the effects of the expulsion remain in force; who has been convicted of or is being prosecuted for an act of terrorism or a crime of genocide, a crime against humanity, a war crime or a crime of aggression; who has been convicted of or is being prosecuted in another country for a felonious crime subject to extradition under Brazilian law; whose name has been included on a list of restrictions by court order or by a commitment made by Brazil to an international organization; who presents a travel document that is not valid for Brazil, has expired or has an erasure or evidence of falsification; who does not present a travel document or identity document, when admitted; whose reason for travel is not consistent with the visa or with the reason claimed for the visa exemption; who has demonstrably defrauded documentation or provided false information when applying for a visa; or who has practiced an act contrary to the principles and objectives set out in the Federal Constitution."

[7] In the UK, for example, a "hostile environment policy" for migrants was implemented in 2010. The National Health Service (NHS) was instructed to tighten immigration controls, requiring migration authorities to be informed by health professionals about people suspected of being in the country illegally. This measure caused concern among migrants, who avoided seeking medical attention for fear of being deported. This measure was later repealed after public outrage, but the impact on migrants' access to health care persisted.

As defined in the Ministry of Health document,

> Primary Health Care is the first level of health care and is characterized by a set of actions, in the individual and collective spheres, covering health promotion and protection, disease and illness prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance, with the aim of developing comprehensive care that has a positive impact on the health situation of people and communities.
> PHC is the main gateway to the SUS and the center of communication with the entire Health Care Network (RAS), guided by the principles of universality, access with accessibility, continuity of care, comprehensive care, accountability, humanization and equity. This means that PHC acts as a filter capable of organizing the flow of services in health networks, from the simplest to the most complex.[17]

For the teams working in this sector of the SUS, the Technical Note states that they must register and assist everyone, "without requiring specific documentation that could prevent or restrict access, registration or notification, within the scope of health, respecting and considering cultural and linguistic issues"[17] .

It also states that "it is not up to health professionals to denounce migrants, refugees and stateless people who happen to be irregular in the country, it is only up to them to provide guidance on the institutions that help with migratory regularization"[17].

These measures reflect the efforts of the Brazilian government to reduce the bureaucratic barriers that make it difficult for refugees and undocumented people to access public health services, promoting a more inclusive and welcoming environment.

Overloading the SUS

Finally, it is worth mentioning the difficulties inherent in a complex public health system like the SUS, which depends on significant financial and human resources - all of which are finite - in order to function.

The limited infrastructure, combined with a high demand for services, results in long queues, insufficient care and a shortage of medicines and equipment. Regional disparities in Brazil, where richer states have better health infrastructure than poorer states, also have a direct impact on the quality of care provided. The overload of the system is especially serious in border regions, where the concentration of migrants is more intense.

Strengthening health services in these areas, with the allocation of more human and financial resources, is essential to ensure that all individuals, regardless of their nationality, can receive adequate health care. Partnerships with international organizations and civil society help to fill resource gaps and improve care.

We can't ignore the complexity involved in solving this problem. Despite this, it is possible to find legislative moves aimed at assisting the municipalities that receive the most refugees. It is worth mentioning, in this regard, Law Nº. 13,684/2018[18], which provides for emergency assistance measures to receive people in situations of vulnerability resulting from a migratory flow caused by a humanitarian crisis.

In it, the legislator assigned the Tripartite Interagency Commission – "permanent forums for negotiation, coordination and decision-making between managers on operational aspects and the construction of national, state and regional pacts in the Unified Health System"[19] - the duty to agree

on guidelines, funding and operational issues involving the expansion of demand for health services, by proposing to the Ministry of Health *per capita* amounts in each SUS funding block compatible with the needs of the states and municipalities receiving the migratory flow.

Conclusion

As we can see, the right to health, enshrined as a fundamental right in the 1988 Federal Constitution and concretized, above all, in the Unified Health System, represents one of the most important guarantees of social inclusion in Brazil. By ensuring that all individuals present in the national territory, including refugees and undocumented migrants, can access health services free of charge, the country is ensuring that the principle of human dignity, one of the foundations of our Republic, is applied to all individuals in situations of vulnerability.

Although there are still significant challenges to overcome, as indicated in this article, the outlook is promising. The Ministry of Health's Technical Note No. 8/2024, which, among many other things, requires health teams to guarantee care to all people who seek medical support, regardless of their documentary status; recognizes the importance of respecting cultural and linguistic barriers; and advises health professionals not to report undocumented migrants; demonstrates the efforts made in Brazil towards more inclusive, sensitive and humanized care for those in situations of vulnerability.

This optimism is based both on the actions taken by the government and on the work of civil society organizations and international organizations, which have joined forces with the spirit of solidarity of the Brazilian people to guarantee not only the survival, but also the well-being and proper integration of refugees and undocumented migrants.

Thus, by consolidating and expanding initiatives aimed at universal access to health, Brazil is reaffirming its role as a regional leader in humanitarian issues, while at the same time honoring the constitutional principles that should guide its public policies, encouraging the construction of a fairer and more supportive society, in which health is, in fact, a right for all and a duty of the state.

Conflict of interest

The authors declare that there is no conflict of interest

Authors' contribution

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