

The Principle of Universality in the Immigration Context

O Princípio da Universalidade no Contexto Imigratório

El Principio de Universalidad en el Contexto de la Inmigración

RESUMO

Objetivo: Identificar a ocorrência da inserção do imigrante no sistema de saúde brasileiro. **Método:** Para a identificação do tema e questão da pesquisa, utilizou-se a estratégia PICO. Na sequência, a partir dos descritores definidos no MESH e DECS, procedeu-se a busca em bases de dados. **Resultados:** Foram selecionados 11 estudos, classificados de acordo com a *Agency for Healthcare Research and Quality* (AHRQ). **Conclusão:** Apesar das legislações brasileiras estarem em consonância com os preceitos éticos do direito humano, foram evidenciadas lacunas na política de inserção desta população. Pondera-se que a inserção ao cuidado em saúde não tem relação com o direito ao acesso, mas sim com o dia a dia dentro da própria unidade que oferece o serviço. Desta forma, há de se pensar no princípio da universalidade como o acesso aos serviços de saúde sem barreiras, com perspectiva de continuidade e acesso à rede SUS.

DESCRIPTORES: Imigrantes; Emigrantes; Atenção Primária; Universal; Brasil.

ABSTRACT

Objective: This study aims to identify, through an Integrative Literature Review, the occurrence of immigrant integration into the Brazilian healthcare system. **Method:** To identify the research theme and question, the PICO strategy was used. Subsequently, based on descriptors defined in MESH and DECS, a database search was conducted. **Results:** After applying inclusion criteria, the 11 selected studies were classified according to the Agency for Healthcare Research and Quality (AHRQ). **Conclusion:** Although Brazilian legislation is in line with the ethical precepts of human rights, gaps were found in the policy for the inclusion of this population. It is considered that inclusion in health care is not related to the right to access, but rather to the day-to-day life within the unit that offers the service. Therefore, the principle of universality must be considered as access to health services without barriers, with the perspective of continuity and access to the SUS network.

DESCRIPTORS: Immigrants; Emigrants; Primary Care; Universal; Brazil.

RESUMEN

Objetivo: Identificar, a través de la Revisión Integrativa de la Literatura, la inserción del inmigrante en el sistema de salud brasileño. **Método:** Para la identificación del tema y la cuestión de la investigación, se utilizó la estrategia PICO. A continuación, a partir de los descriptores definidos en MESH y DECS, se procedió a la búsqueda en bases de datos. **Resultados:** Tras la verificación de los criterios de inclusión, los 11 estudios seleccionados fueron clasificados de acuerdo con la Agency for Healthcare Research and Quality (AHRQ). **Conclusión:** Aunque la legislación brasileña está en línea con los preceptos éticos de los derechos humanos, se destacaron lagunas en la política de inclusión de esta población. Se considera que la inclusión en la atención de salud no está relacionada con el derecho de acceso, sino con la vida cotidiana dentro de la unidad que ofrece el servicio. Por tanto, el principio de universalidad debe ser considerado como el acceso a los servicios de salud sin barreras, con perspectiva de continuidad y acceso a la red del SUS.

DESCRIPTORES: Inmigrantes; Emigrantes; Atención Primaria; Universal; Brasil.

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INTRODUCTION

In recent decades, there has been an increase in the volume of international migration flows. Brazil, which has historically been marked by immigration, has been the main destination for many populations, due to the ease of obtaining a visa and remaining in the country legally. In addition, restrictions imposed on immigrants entering and staying in countries in the North have intensified the flow of migration to countries in the South.¹⁻³ In the Consolidated Data on Immigration in Brazil, there is an increase and capillarity of immigrants in different regions of the country, with an estimated number of 1.5 million immigrants between 2011 and 2022. Venezuelans and Bolivians were the nationalities that most requested residence in the country in 2022. The formal labor market began to be occupied by a larger contingent of Venezuelans and Haitians.⁴

The current increase in international immigration flows raises the issue of states' responsibility for guaranteeing basic social rights, including access to health care as a human right. Access to health care in Brazil is guaranteed by international regulations, the 1988 Federal Constitution, the Organic Health Law and, in the case of immigrants, by the Migration Law No. 13,445/2017.⁽³⁾ The Brazilian public health service has become universal since the implementation and consolidation of the Unified Health System (SUS). Together with other guidelines (comprehensiveness and equity) and influenced by the Declaration of Alma-Ata, the principle of universality ensures that the immigrant population's access to services is guaranteed

by law, through the normative conducts that constitute the health system.⁵⁻⁶

Primary Health Care is the first hierarchical level of health care provided by the SUS to the population. Provided in Basic Health Units (UBS), it continuously monitors the population in its area of coverage and its main guidelines are health promotion and prevention, which is in line with the notion of comprehensiveness, in addition to the notion of universality for everyone in the national territory.¹ However, in a context in which the flow of people becomes increasingly intense and diversified, new complexities arise for services. The presence of people from different countries, with different cultural habits and different ways of understanding the health-disease process, brings different demands to the work of health professionals.⁵ Studies show that immigrants are healthier than native populations in the first few years after moving, but their health tends to deteriorate over time due to adverse socioeconomic and cultural situations. Although migration does not necessarily pose a threat to health, it can increase the vulnerability of individuals, considering the

different characteristics of the migrant and native populations and the health systems in force in the country (DAT-TOLI; LUCIO; CHAVES, 2019).⁷⁻⁸

In this article, based on an understanding of the dynamics of international migration and the principle of universality, in the broad sense of insertion – which refers not only to the guarantee of access to health, but to a process linked to the recognition and respect of cultural specificities – we sought to identify, in the scientific literature, the occurrence of the process of insertion of immigrants into the Brazilian health system.

METHOD

The following steps were taken to prepare the Integrative Literature Review: identification of the theme and definition of the guiding question; research of descriptors; search of scientific literature; extraction of data from the included studies; evaluation of the studies; analysis of the results and, finally, synthesis of knowledge and construction of the literature review.

To prepare the guiding question for the review, the PICo strategy was used, described below (Table 1):

Table 1 – PICo strategy used to prepare the guiding question.

Acrônimo	Definition	Description
P	Population	Immigrant
I	Phenomenon of Interest	Principle of Universality
Co	Study context	Primary Health Care

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Therefore, the following guiding question was formulated: In the context of immigration, is the principle of universality sufficient to ensure that the health/disease demands of immigrants are met in Primary Health Care?

In response to the guiding question, the following descriptors were used in

combination: Immigrants and Emigrants; Primary Care; Brazil; and Universal, linked by the Boolean connection AND. The search for terms was carried out in Medical Subject Headings (MESH) and in Health Sciences Descriptors (DECS) of the Virtual Health Library, from July to August 2024. It is worth noting that several

combinations of the aforementioned descriptors were made in order to ensure the greatest possible scope for selection (Table 2). The Pubmed, Lilacs, Medline, CAPES and Scielo databases were consulted to search for the articles included in this study.

Table 2 – Search strategy in selected databases.

Database	Search strategy
Pubmed Lilacs MEDLINE CAPES Scielo	"Emigrants and Immigrants" AND "Primary Health Care" AND "Brazil" AND "Universal"
	"Emigrants and Immigrants" AND "Primary Health Care" AND "Universal"
	"Emigrants and Immigrants" AND "Universal"
	"Emigrants and Immigrants" AND "Primary Health Care"
	"Primary Health Care" AND "Universal"
	"Emigrants and Immigrants" AND "Brazil"
	"Emigrants and Immigrants" AND "Primary Health Care" AND Brazil"

The following inclusion criteria were defined: scientific studies published in the last ten years; full publication with open access; articles in Portuguese, English and Spanish. References that appeared in duplicate, that did not answer the guiding question/objective proposed and that did not refer to the Brazilian health system were excluded.

To classify the studies, the levels of evidence of the Agency for Healthcare Research and Quality (AHRQ) were chosen: level 1 for meta-analysis of multiple controlled and randomized clinical trials; level 2 for individual studies with experimental design; level 3 for quasi-experimental studies; level 4 for descriptive (non-experimental) or qualitative studies; level 5 for case

reports or experience; and, finally, level 6 for expert opinions.⁹

For the interpretation and organization of the results, the articles were ordered according to author/year, level of evidence, article title, objective, result and conclusion (Table 3):

Table 3 – Summary of the selected articles on the principle of Universality in the immigration context.

N°	Author Year	Level of evidence	Objectives	Results	Conclusion
1	Losco; L.N et al, 2021	4	To verify, from the perspective of Bolivian immigrants and health professionals, whether the guarantee of access to services actually means that the Bolivian population is included in Primary Health Care services.	Guaranteed access is not enough for health care to be provided to the immigrant population.	It is considered that inclusion in health care is not related to the right to access, but rather to the day-to-day life within the unit that offers the service.
2	Ferreira, S. H et al, 2024	5	Report the experience, using observations, interviews and dialectical-critical analyses to explore the inclusion of Haitian Community Health Agents in the monitoring of Haitian pregnant women in the municipality.	The city of Uberlândia faces challenges in communicating with pregnant women.	The effectiveness of integrating community health agents into Primary Care is emphasized, highlighting their relevance in improving the quality of care for immigrant women.

3	Lourenço, A.K.S et al, 2020	4	To analyze the perception of Venezuelan refugees regarding the care provided by secondary and tertiary services of the Unified Health System (SUS).	84% of participants reported satisfaction with the quality of services provided by SUSRR, 60% stated that their health problem was resolved, and 93% stated that they would return to the health institution that provided them with the service, if necessary..	The results presented indicate a scenario of acceptance and satisfaction of Venezuelan refugees regarding the health care provided by SUS in Roraima.
4	Silva, F.A.J et al, 2023	4	To analyze how health care for black immigrants is provided during the COVID-19 pandemic in Primary Health Care (PHC).	Three categories emerged from the participation of 21 health professionals, namely: Health care for black immigrants in PHC during the COVID-19 pandemic; Limits and potential of PHC for health care for black immigrants; Structural racism in PHC practices aimed at black immigrants.	The actions during the pandemic were guided by protocols that did not expand health care for vulnerable populations, including black immigrants.
5	Vieira, I.L.S et al, 2021	5	To report on the experience of health care for Haitian immigrants at a Basic Health Unit in Guarã, in the Federal District.	It is estimated that 60 Haitian immigrants are assisted by the family health team. The search for care is made by women and children, and the demands for health are focused on women's and children's health. The challenges of health care are related to communication barriers and cultural differences.	Since the SUS provides assistance to immigrants, it is necessary to approach health teams, as well as plan actions that take into account the influence of culture on the expression of symptoms, the experience of the disease, as well as the evolution of the clinical picture.
6	Delamuta, K.G et al 2020	4	To analyze the experiences of Bangladeshi immigrants receiving health care among primary health care workers in Paraná, Brazil.	It was possible to identify a series of implications in the actions and services offered to this population, such as: the use of the protocol, even though it does not meet the specific needs of immigrants; the assumption of the reasons and needs of the immigrant population for seeking health services; and the omission of some actions..	It is necessary to look especially at workers who are included in this situation and consider what forms of support can be offered to a health team that deals with immigrant populations on a daily basis.
7	Guerra, K et al 2017	4	To analyze the bioethical aspects related to the fulfillment of the human right to access to health services by immigrants in Brazil.	Sixteen studies were identified, categorized as immigrants from MERCOSUR, other origins and located in border regions. Brazil has sought to respect the human right to health for immigrants, but there have been ethical conflicts regarding equity, universality and non-discrimination.	The creation and constant improvement of standards and practices are necessary to achieve ethical responsibility towards this population and to consolidate access to health in Brazil as a universal human right, especially in border regions.

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8	Barbosa, L.A et al 2024	4	To understand the perceptions of nursing technicians at a general hospital regarding Venezuelan immigration and the right to health.	Most of the interviewees associated immigrants with a worsening of the local quality of life and an overload of health services. Four considered immigration and its consequences to be a humanitarian issue. Many expressed awareness of the principle of universality, but disagreed with the right of immigrants to free access to health services. There was a strong depreciation of public health.	Most of the interviewees opposed the immigration of Venezuelans and their speeches contained traces of xenophobia, prejudice and discrimination.
9	Assis, N. M et al 2017	5	To report the experience of welcoming a community of Haitian immigrants through Primary Health Care (PHC) within the scope of the 'Comprehensive Health Care Internship' of the Medicine course at Unifenas - BH.	The majority of the Haitian community in the territory reported having previously used CSNAR services, and some also needed to use secondary care. The health demands were diverse and most of them were resolved in the PHC. The main difficulty encountered in adapting Haitians to the SUS refers to its functioning. The interviewees were unfamiliar with the principles of the SUS and the central role of PHC in the care network.	This integration made it possible to accommodate the health needs of Haitian immigrants living in the CSNAR coverage area through registration in the SUS and clarification of its functioning and guidelines.
10	Tøndolo, C. E. S et al 2019	4	To analyze, based on the principles of universality, comprehensiveness and equity of the SUS, how Haitian immigrants accessed a health unit in the city of Porto Alegre.	Numerous challenges were highlighted in the process, such as the fragility of the immigrants' connection to the service, the organization of demands and challenges in the team's work process.	The research data revealed, in light of the principles of universality, comprehensiveness and equity of the SUS, several challenges in the access of the Haitian immigrant population to health units, which need to be reflected on the basis of the particularities of this population, but also on the organization of health services inserted in a reality of numerous challenges in the implementation of the SUS as a whole.
11	Losco; LN et al 2019	4	Understand the role of community health agents (CHAs) in ensuring that the public system complies with its principle of universality, offering access to immigrant populations and including them.	The work of the Bolivian CHAs was necessary for the provision of care at the UBS.	It was found that community agents are essential for ensuring that immigrants are included in the Primary Care service.

RESULTS

Initially, 57 articles were identified in the databases, distributed as follows: Pubmed (6), Virtual Health Library (28, 26 from Lilacs and 2 from Medline), CAPES (21) and Scielo (2). Duplicate

articles were then excluded, leaving 40 studies that, after careful reading of the abstracts, resulted in 18 works. Subsequently, a complete analysis of the selected materials was carried out to identify which ones really addressed the proposed theme and answered the guiding question/objective,

arriving at a sample of 11 materials.

The articles were published between 2017 and 2024. According to the AHRQ, eight articles were categorized as level 4 and three as level 5. The studies were of Brazilian origin; published entirely in Portuguese; and conducted with immigrants

in different regions of the country – which emphasizes the expansion and dynamics of the migratory flow observed in recent years in Brazil. It is worth noting that the selection includes seven studies conducted with health professionals, an important fact since they provide care to the migrant population and must deal with different cultures, customs and perspectives, which can influence the way in which patients will be inserted into the health system.

Specific strategies were observed, carried out in the UBS, aimed at the insertion of immigrants into health services, highlighting gaps in the policy for the insertion of this population, which cannot be guaranteed solely by access to services.

DISCUSSION

Concern about the inclusion of immigrants in Brazilian health services is pressing and is justified by the high number of migrations observed in recent years. Although the number of immigrants has been growing in Brazil, there are few studies investigating the issue of the inclusion of this population in health services.⁸

The São Paulo region is considered the largest recipient of immigrants in the country, with Bolivian nationality being the most significant. On the other hand, Roraima, a state bordering Venezuela, has been receiving a growing number of Venezuelans since 2015 due to the serious political and socioeconomic crisis the country is experiencing, a factor that has also been observed among the Haitian population, which intensified its migratory flow between 2011 and 2017, despite signs of its decline.^{4,8,10,11}

Some studies that linked immigration and access to healthcare in Brazil were conducted in São Paulo with Bolivian immigrants, highlighting a growing number of pathologies associated with precarious living and working conditions. One of the studies highlighted the incidence of tuberculosis associated with unsanitary conditions in sewing workshops, exhausting work hours and treatment abandonment, in addition to the increase in the rate of

human immunodeficiency virus (HIV). Losco et al¹ also referred to the search for syphilis treatment by this population in one of the UBS in the region.⁸

Similarly, a high prevalence of tuberculosis was observed among the Haitian population living in southern Brazil, due to poor living and working conditions, which reduce their immune status compared to the local population. A preliminary health survey indicates that HIV/AIDS, tuberculosis, leishmaniasis and malnutrition are among the most common pathologies identified among immigrants.¹²⁻¹³

In the Boa Vista/Roraima region, outbreaks of diseases that have already been eradicated in the country, such as measles, have been identified. In 2018 alone, 74 cases were reported among Venezuelan immigrants in the municipality.¹⁴

In this context, the need for immigrants to seek health services emerges, in line with the difficulties professionals have in integrating them into the public health system. One of the main challenges highlighted in the research is related to the language barrier, a fact also mentioned in other studies on care for the immigrant population.¹

Language is such an important variable in insertion that Delamuta *et al*³ mention studies where the use of health services was twice as prevalent among those who reported speaking and understanding (fairly or very well) Portuguese, when compared to those who understood the language very little. Although there are several factors that prevent immigrants from accessing health care, communication is a prerequisite for inclusion and quality care.

Knowing the official language of the host country is not only a fundamental factor in the process of inclusion and social empowerment of immigrants, but also a right. In Brazil, as of 2014, the City of São Paulo began offering Portuguese language courses to immigrants. Although scarce and scattered, the offer reveals the State's recognition of the linguistic factor in the process of integration and social inclusion.³

Additionally, other strategies have been sought by health teams to address commu-

nication. One of them is the hiring of immigrants from the UBS territory as Community Health Agents (CHAs), in order to overcome the obstacle of first contact. This fact was observed in São Paulo, in the Bom Retiro region, with satisfactory results for establishing the immigrant-UBS link and, thus, it can be inferred that it was a great facilitator in the sense of the insertion of the Bolivian population into health services.⁵

Another study reported the hiring of female CHWs to care for pregnant Haitian immigrant women, with positive impacts on maternal and child health indicators and reduced absenteeism in consultations. In this context, it was observed that the CHWs, mainly because they were female, also served as support for socialization.²

Technological tools have also been included in this scenario. In the approach with Haitian immigrants, Google Translate™ was used, in addition to non-verbal language through gestures and images from the internet. It is also suggested that the health department provide an interpreter as a facilitator in the care provided.¹¹ The translation of the pregnant woman's card into Creole and French, carried out in partnership between a public university and the Municipal Health Department, was another strategy adopted in order to facilitate communication with pregnant black immigrant women treated at UBS.¹²

Guerra et al⁸ highlighted the role of the Family Health Strategy (ESF) as a positive facilitator in creating links with health units and in the process of integration into immigrant society, in addition to carrying out actions directly at home, contributing to care that is more focused on their needs.

Cultural differences were another limiting factor identified in the research, as they can interfere with the understanding of the health and disease process and influence prevention and health promotion actions. One example is the consumption of potatoes by the Bolivian population, a main component of the diet, but which can lead to malnutrition and obesity when consumed excessively. In the perception

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of health professionals, there is great difficulty in dealing with some cultural aspects that are different from the Brazilian population.^{1,12}

In the study conducted by Delamuta et al 3, the authors emphasize that cultural differences can lead to resistant behavior, both on the part of health professionals, who understand that immigrants must follow predetermined and protocol-based procedures, and on the part of immigrants, who may understand such behavior as a form of aggression against their culture.

When the shock of cultural diversity is exposed, health professionals need time and space to apply new perspectives to their clinical practice, which becomes a complex process when the hierarchical structure and the institution are not very flexible. In this way, cultural differences can become profound barriers for the integration of immigrants and for the provision of health care to this population, since this process requires a great subjective mobilization in the relationship with the other.¹

The difficulties faced by professionals in welcoming this population, combined with the immigrants' lack of information about how Brazilian services work, also emerged as a barrier to accessing services that, despite being recognized by law, encounter obstacles to their effective inclusion. As a result, many services available to the immigrant population are not used, as observed in the study by Tôndolo and Jesus with the Haitian immigrant population in Porto Alegre/RS.¹⁵ The immigrant group made fewer appointments for consultations, interconsultations, practices and programmatic activities, including participation in prevention and health promotion groups. This fact is also observed in the study by Assis et al (2017)¹⁶, which emphasizes the low demand for social services and the lack of knowledge, among Haitian immigrants living in Belo Horizonte/MG, of the right to health in Brazil.⁵

From this perspective, it is understood that health professionals need to develop strategies that aim to bring health services

closer to the immigrant population. Losco et al 1, refers to the participation of health professionals in radio programs in order to publicize the work carried out by the UBS. Another action mentioned is the holding of health campaigns during the immigrant community's traditional festivals as a way of creating a bond with the community and continuity of care.

In addition to this scenario, one of the biggest barriers to the integration of international immigrants into Brazilian society is overcoming prejudice/discrimination related to the adverse situations in which they find themselves in the country. Studies have shown that medical diagnoses are based on the condition of "being an immigrant", without considering the patient's report. Furthermore, xenophobic ideas were expressed by health professionals when associating the presence of immigrants in the region with the compromised quality of life and the worsening of services, also highlighting the lack of acceptance of this population.^{1,10}

Issues related to the perceptions and conceptions of health professionals are also mentioned and affect the provision and organization of access to services, directly impacting the integration of immigrants. One of the aspects that stands out when immigrants arrive at health services is their appearance, which generates judgments and difficulties in receiving care. The feeling of strangeness in the presence of immigrants leads to questions about the mandatory provision of care by the SUS, revealing the professionals' lack of knowledge about the legislation corresponding to the rights of this population and their lack of preparation regarding sociocultural differences.³

To meet the health needs of immigrants, it is important to develop the cultural competence of health professionals, conceptualized as knowledge, skills and attitudes to transcend the concept of culture as nationality, ethnicity and language, becoming understood as a dynamic process, linked to socioeconomic, political, religious, psychological, biological or even gender and age aspects.³ In the field of knowledge, it

is important for professionals to be aware of the processes that influence health and health care for a population with characteristics different from the majority. As for skills, the ability to communicate to overcome existing language barriers is considered. In terms of attitudes, professionals should consider their own sociocultural and life history and assess how much it can influence and result in personal prejudices or even a tendency towards stereotyping when providing care.³

CONCLUSION

Despite the difficulties and limitations presented, Brazil has been seeking to implement the human right to health for immigrants. However, the fact that Brazilian legislation is in accordance with the ethical precepts of human rights is not enough to meet the specific needs of immigrants and, thus, promote the effective inclusion of this population in health services. It can be considered, therefore, that inclusion in health care is not related to the right to access, but rather to the day-to-day life within the unit that offers the service.

In this way, the principle of universality must be considered as access to health services without barriers, not limited to entering the services, but to participating in all health actions, without limitations, with the perspective of continuity and access to the SUS network. An organization is needed to meet the particularities of immigrants, emphasizing actions that seek to understand them in their entirety.

Although there are specific actions in some health services, there is a need for a public policy that is a state policy aimed at the inclusion of immigrants, especially at a time when Brazil is positioning itself as a recipient of new immigration flows.

That said, it is necessary to invest in education for cultural competencies aimed at health professionals, in order to ensure that everyone can receive equitable and effective health care, especially those who are from culturally and linguistically diverse backgrounds.

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