

# IMMIGRANT WELCOMING PROCESS IN THE SUS IN ANÁPOLIS AND IN THE FRENCH HEALTHCARE SYSTEM: A COMPARATIVE STUDY

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## ABSTRACT

Immigration is an ancient practice driven by the search for better living conditions, with 281 million immigrants worldwide in 2020, representing 3.6% of the global population. In Goiás, migration began in the 16th century, increased in the 18th century, and stabilized until revitalization during Getúlio Vargas's "March to the West." Recently, Brazil has seen an increase in Latin American immigrants, especially Haitians and Venezuelans. Comparing healthcare systems, France has a more publicly supportive system, while Brazil faces deterioration in public provision and increased marketization, which hinders immigrant access. Analysis of SUS demands for immigrants in Goiás, compared to the French system, shows that, although access to healthcare is guaranteed, language barriers persist in both countries. In Goiás, the main immigrant groups are Venezuelans (22.8%), Haitians (12.5%), and Portuguese (9.2%). In Anápolis, most immigrants are aged 20–59 years, and 42% are between 0–19 years, with only 8% holding higher education degrees. Health data show that 78.1% have no specific conditions, with low diabetes and hypertension rates. France uses brochures in 23 languages and intercultural mediators; it is recommended that Brazil adopt similar measures and provide better training for healthcare professionals to improve immigrant care. Further research is needed to enhance healthcare delivery in Brazil.

**Keywords:** Immigration; Health; Language Barrier.

## INTRODUCTION

Immigration is an ancient practice, with 281 million immigrants worldwide in 2020, representing 3.6% of the global population (Secretária Estadual da Saúde de Goiás, 2023). In Goiás, migration began in the 16th century, intensified in the 18th century with the exploration of precious metals, and was revitalized during Getúlio Vargas's "March to the West." Recently, Brazil has experienced an increase in immigrants, especially Haitians and Venezuelans (CAVALCANTI; OLIVEIRA; SILVA, 2021).

Comparing healthcare systems, France has a more public and supportive system, while Brazil faces deterioration in public provision and greater marketization, compromising immigrant care. Public participation in the French healthcare system is clearly higher than in the Brazilian system (CORDILHA; LAVINAS, 2018).

## METHODOLOGY

This study is a literature review on the demands of the Brazilian Unified Health System (SUS) for the reception of international immigrants in Goiás and the reception of immigrants in the French healthcare system, as well as an analysis of immigration data at federal and state levels. Data were collected from official Brazilian government reports and literature addressing the topic.

## RESULTS

According to the immigration report, Venezuelans represent 22.8%, Haitians 12.5%, and Portuguese 9.2% of immigrants in Goiás. Based on the Primary Healthcare Information System (SISAB) data collected in March 2024, there are 922 active records across 50 Health Centers/Primary Healthcare Units in Anápolis. Analysis of the age distribution of immigrants shows that 46% are between 20–59 years and 42% between 0–19 years.

Regarding education, only 8% of active immigrants attended higher education or postgraduate programs, and 42.2% did not provide education information, showing a low percentage with completed higher education.

Regarding the general health status of active immigrants in Primary Healthcare Units, 78.1% had no reported health conditions or did not provide information. Diabetes mellitus was observed in 2.71% and systemic arterial hypertension in 4.99%, as shown in Table 1. According to the World Health Organization (2023), systemic arterial hypertension affects one in three adults worldwide, a rate considerably higher than that observed in the SISAB data for Anápolis. Moreover, according to the 10th edition of the Diabetes Atlas (2021) from the International Diabetes Federation, 10.5% of the global population has diabetes mellitus, a value also higher than that found in the SISAB data.

**Tabela 1** – Situações de saúde gerais dos imigrantes ativos nas Unidades Básicas de Saúde em Anápolis, baseado nos dados do SISAB.

Condições	n (%)
Acamado	1(0,11)
Tem ou teve câncer	1(0,11)
Uso de plantas medicinais	5(0,54)
AVC ou IAM	7(0,76)

Domiciliado	8(0,87)
Internação nos 12 últimos meses	9(0,98)
Gestante	10(1,08)
Diagnóstico de problema de saúde mental	11(1,19)
Álcool ou outras drogas	31(3,36)
Fumante	48(5,21)
DM	25(2,71)
HAS	46(4,99)
Não ou não informado	720(78,09)

\*Acidente Vascular Encefálico (AVC), Infarto Agudo do Miocárdio (IAM), Diabetes Mellitus (DM), Hipertensão Arterial Sistêmica (HAS)

Fonte: Autores, segundo SISAB, 2024.

When comparing Brazil and France, immigrants in both countries have access to public healthcare. In Brazil, free access to healthcare for immigrants is guaranteed by Law No. 13,445 of May 24, 2017, which establishes that foreign individuals cannot be denied access to health services. In the French healthcare system, immigrants also have guaranteed access through the Aide Médicale de l'État (AME), which is part of the social security system and covers the healthcare costs of immigrants in irregular situations in the country (CORDILHA; LAVINAS, 2018).

A preliminary survey conducted by the Goiás State Health Secretariat identified the main barriers faced by healthcare professionals in attending this population in Goiás: 68.3% reported difficulties in understanding the language (both by the migrant and the professional), 56.7% indicated a lack of immigrant documentation, 26.7% cited the absence of the SUS card, and 20% attributed difficulties to cultural aspects of the immigrant population (Goiás State Health Secretariat, 2022).

Immigrants in France face a range of obstacles, among which the language barrier stands out. Most do not speak French, placing them in a context of cultural insecurity. It has been observed that institutions and associations face considerable difficulty in assisting non-French-speaking immigrants. Regarding healthcare, it is recognized as a fundamental right under Article 25 of the Universal Declaration of Human Rights (LOUCHET, 2021).

## CONCLUSION

When comparing the immigrant reception process between the French and Brazilian healthcare systems, it is evident that immigrants face obstacles related to language barriers, where inadequate communication directly impacts their health.

Thus, it is necessary to intervene regarding the language barrier. The French government provides an informational brochure in 23 languages, offering practical guidance on how the French healthcare system works, including rights and administrative procedures. At Robert Debré Hospital (Paris), a team of intercultural mediators was created to serve as a link between patients and healthcare professionals (LOUCHET, 2021).

Understanding the linguistic needs of immigrants is essential for adequate healthcare reception. Therefore, it would be beneficial to create a brochure in the native languages of immigrants, detailing how the Brazilian healthcare system operates, their rights as immigrants, service channels, and administrative procedures. Additionally, a program should be established to facilitate access to intercultural mediators at healthcare units, either via videoconference or in person.

Furthermore, it is indispensable to train professionals working in the Brazilian Unified Health System (SUS) to better attend to immigrants, given the considerable difficulties reported in the literature regarding healthcare professionals' ability to serve this population. Finally, the literature still lacks interventions addressing the immigrant reception process in healthcare.

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