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Review Article

Access to health care by international female migrants and female refugees in the city of São Paulo during the COVID-19 pandemic

Acesso à saúde por mulheres migrantes internacionais e refugiadas no município de São Paulo no contexto da pandemia de Covid-19

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ABSTRACT: The present study is a narrative literature review aimed at understanding the specificities of access to healthcare for international migrants and refugees, with a focus on migrant women, and reflecting on the impact of the Covid-19 pandemic on this population. Articles were searched in databases in the Virtual Health Library, refining by sources from the Latin American and Caribbean Literature in Health Sciences (LILACS), MEDLINE, PubMed Central (PMC), and the Scientific Electronic Library (Scielo). From the articles found, after reading the abstracts, 35 met the inclusion criteria and were analyzed according to the principles of thematic analysis. The literature shows that access to healthcare for international migrants and refugees has specificities that can contribute to a situation of health vulnerability, potentially exacerbated by the Covid-19 pandemic. Due to social inequalities, sociocultural differences, the burden of domestic work, and different forms of violence accentuated during the pandemic, migrant women constitute a severely affected group by the setbacks of the socio-sanitary crisis caused by Covid-19. The scarcity of focused public policies makes it difficult to confront this challenge, which, to be solved, must take into account the socio-economic, cultural, symbolic, and linguistic barriers existing between them and the service, as well as the central role they play in family care, acting as a bridge between the migrant community and the healthcare system
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KEY WORDS: International Migration; Health Systems; Women's Health; COVID-19; Equity in Access to Health Services.

RESUMO: O presente estudo trata-se de uma revisão narrativa da literatura, que objetivou conhecer as especificidades do acesso à saúde por migrantes internacionais e refugiados, com ênfase nas mulheres migrantes, e refletir acerca do impacto da pandemia de Covid-19 nesta população. Foram levantados artigos nos bancos de dados na Biblioteca Virtual em Saúde, refinando pelas fontes de dados da Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), da MEDLINE, da PubMed Central (PMC) e da Scientific Electronic Library (Scielo). Dos artigos encontrados, após a leitura dos resumos, 35 enquadraram-se nos critérios de inclusão e foram analisados segundo os preceitos da análise temática. A literatura mostra que o acesso à saúde por migrantes internacionais e refugiados têm especificidades, que podem contribuir para uma situação de vulnerabilidade em saúde, potencialmente exacerbada pela pandemia de Covid-19. Devido às desigualdades sociais, às diferenças socioculturais, à sobrecarga pelo trabalho doméstico e a diferentes formas de violências acentuadas durante a pandemia, as mulheres migrantes constituem um grupo severamente afetado pelos reveses da crise sociossanitária ocasionada pelo Covid-19. A escassez de políticas públicas focalizadas dificultam o enfrentamento desse desafio, que para ser solucionado deve levar em conta as barreiras socioeconômica, cultural, simbólica e linguística existentes entre elas e o serviço, além do papel central que têm no cuidado familiar, atuando como ponte da comunidade migrante com o sistema de saúde.

PALAVRAS-CHAVE: Migração Internacional; Sistemas de Saúde; Saúde das Mulheres; Equidade no Acesso aos Serviços de Saúde; COVID-19.

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INTRODUCTION

The city of São Paulo hosts a population of over 360,000 international migrants, constituting approximately 3% of its total population. The majority of these migrants are male, aged 25 to 35, have arrived in Brazil after 2017, and are primarily from countries in the Global South, notably Venezuela, Angola, and Haiti[1].

To cater to this demographic, all areas of the city have health services that offer care to international migrants and refugees. Nonetheless, such services are concentrated in the Central and Eastern regions. Additionally, despite the migrant population being predominantly male, most of the appointments are carried out with women in Primary Health Care (PHC), particularly focusing on prenatal and postnatal care[2].

These services are guaranteed not only by the Municipal Policy for Immigrants[3], but also by federal legislation, which asserts that access to healthcare in Brazil is a fundamental right for all individuals within the national territory, and that the State is responsible for providing such services as effectively and comprehensively as possible, in accordance with the three fundamental principles of the Unified Health System (SUS): universality, comprehensiveness, and equity. Furthermore, the rights of international migrants and refugees to access healthcare are protected by both the Constitution and the Migration Law of 2017[4].

However, despite the legal assurances and the established infrastructure to provide these services, there are specific factors that can impact and, at times, impede the access of international migrants and refugees to health services[5]. These specificities are even more complex when considering the demographic group that most seek health services: women[2,6].

In the context of the COVID-19 pandemic, it is crucial to examine the specific factors impacting the access of international migrants and refugees, especially women, to healthcare. This examination is essential for understanding the necessary health interventions involving migrants and contributing to the establishment of comprehensive and equitable care that addresses these specific needs, including health-focused actions[7].

Furthermore, within this context, studying vulnerable populations, such as the migrant groups under discussion here, is essential for understanding the various pathways to accessing (or not accessing) health services and reflecting on the universality that, despite being a fundamental principle of the SUS, is often not achieved without ensuring equity. Achieving this requires the reformulation and adaptation of health programs and interventions, including the possibility of implementing targeted actions aimed at these vulnerable groups[7]. The concept of vulnerability adopted in this article is multifaceted and used across various fields of knowledge. It is defined as follows: "vulnerability is characterized by a dynamic of reciprocal interdependencies that encompass multidimensional aspects — biological, existential, and social. Being in a vulnerable situation limits one's relational capacities for engagement with the world, including social agency, thus leading to fragility"[8,9,10].

Therefore, this study aims to understand the specificities of access to healthcare for international migrants and refugees, focusing particularly on migrant women, and to reflect on the impact of the COVID-19 pandemic on this population, addressing the following question "what specific factors influence access to healthcare for international migrant and refugee women in the city of São Paulo amidst the COVID-19 pandemic?".

METHODOLOGY

This study is a narrative literature review, that is, a broad publication aimed at exploring a certain subject, from a theoretical or contextual perspective, combining the analysis of existing literature with the authors' personal interpretations and critical assessments. By synthesizing knowledge through thematic and descriptive analysis of overarching themes, this approach facilitates the identification of gaps in in certain areas of knowledge, serving as a foundation for further research endeavors. Moreover, it fosters continuing education and critical discourse within the field of healthcare[11].

To address the guiding question "what specific factors influence access to healthcare for international migrant and refugee women in the city of São Paulo amidst the COVID-19 pandemic?", we conducted a search from August 2020 to January 2023 in the Virtual Health Library, accessing the following databases: Latin American and the Caribbean Literature on Health Sciences (LILACS), MEDLINE, PubMed Central (PMC) and the Scientific Electronic Library (Scielo).

The following descriptors were used for this search: "International Migration" and "Women's Health"; "International Migration" and "Health Systems"; "International Migration" and "COVID-19"; "International Migration" and "COVID-19" and "Women's Health"; "International Migration" and "Equity in Access to Health Services". The use of multiple descriptor combinations was necessary to broaden the search results, given the scarcity of research focused on the topic "access to health for international migrant women in the context of the COVID-19 pandemic in the city of São Paulo". Thus, the guiding question was subdivided into the following questions: what are the specific factors affecting the health-disease process of international migrants and refugees? What are the main barriers for accessing the healthcare system for international migrants and refugees? What specific factors shape the health-disease process of international migrant and refugee women? What roles do migrant women assume in healthcare? What are the perceptions of migrant women regarding the health system and how do they access health services? How has the COVID-19 pandemic impacted the health of migrants? How has the COVID-19 pandemic impacted the health of migrant women?

In addition to the descriptors, the following inclusion criteria were applied to select the publications: being a review article, original article, thesis or dissertation, textbook, newsletter, legislation article, or health indicator website; being written in Portuguese, English, Spanish, French or Italian; and addressing topics relevant to this narrative review. Experience reports, studies published in languages other than those mentioned above, publications that did not address the topics of "health" or "access to healthcare" despite discussing international migration, and studies focusing on migratory processes beyond migrants

from South and Central America were excluded. The decision to focus on migrant populations from South and Central America, with an emphasis on Bolivians, Haitians, and Venezuelans, is supported by an analysis of the current migratory context in Brazil, which indicates that these recent migration waves have left these populations in a heightened state of social vulnerability, posing significant challenges for public health[5,12,1,13]. Although the present study primarily focuses on women due to their pivotal role in the healthcare of their communities and in the liaison between communities and health services[14,15,16,2,17,18,19,6], studies that did not exclusively examine the female context were also included, aiming to provide an understanding of the overall condition of international migrants and refugees, with subsequent emphasis on women.

After reading the abstracts and applying the inclusion and exclusion criteria, 35 of the materials sourced were chosen to form the corpus of analysis for this narrative review. This process involved searching, identifying, and reading abstracts of the materials found (to ensure their relevance to the thematic analysis proposed by this study), as well as recording the selected studies to compile the database for analysis.

Data analysis for this narrative review was conducted using the thematic analysis method[20], which comprised three stages: pre-analysis, involving the organization of selected materials; material exploration, where the materials were categorized according to thematic codes (namely: the context of international migrants and refugees in the city of São Paulo; the migration process; socio-economic and labor conditions; cultural barriers; prejudice; support networks; gender; pandemic); and finally, the treatment of results and data interpretation, with the aim of addressing the study's questions.

RESULTS AND DISCUSSION

International migrants and refugees in São Paulo

The city of São Paulo holds significant importance as a destination for international migrants and refugees within both the Latin American and global contexts. It has received individuals from diverse countries at various stages of its formation, a phenomenon that continues to shape the city's social fabric[3].

The population of international migrants in the city of São Paulo alone is estimated to exceed 360,000 individuals, constituting approximately 3% of the city's population. When considering only individuals in refugee situation, São Paulo accounted for 10.5% the of requests for recognition of refugee status evaluated by the National Committee for Refugees (CONARE) in 2021. In 2020, the city had 5,407 individuals officially recognized and registered as refugees[21].

In comparison to other Brazilian states, the state of São Paulo stands out as a primary destination for international migrants and refugees entering the country[21]. Within the state, the city of São Paulo and the Metropolitan Region of São Paulo host the majority of the migrant population[13]. Therefore, understanding the experiences of this population in the city of São Paulo is crucial and can contribute to understanding their access to healthcare services in the country. Such understanding is vital for advancing towards the universality of care, a cornerstone of the Unified Health System (SUS)[9]. Furthermore, such knowledge can inform the development of public policies and healthcare strategies tailored to this population, which constitutes 3% of the residents in Brazil's most populous city[21].

For this analysis, it is important to understand the different migration flows towards São Paulo. Historically, these flows have included migrants from Portugal, Italy, Spain, and Germany in the 19th century, as well as from Japan, China, and Angola in the 20th century. More recently, these movements have been characterized by South-South migrations[12,1]. Among these recent patterns, older migration flows include Peruvians and Bolivians, followed more recently by Syrian refugees and African migrants such as Guineans and Angolans. Haitians, Senegalese, and Venezuelans have also joined these migratory flows in recent times[13]. This article will focus primarily on these more recent migrant populations (South-South migrations and African refugees), who are generally more vulnerable and face greater challenges in integrating into Brazilian society, encountering significant barriers in terms of accessing healthcare[5].

Access to healthcare for international migrants and refugees in São Paulo

The Brazilian Constitution of 1988 guarantees fundamental rights to international migrants and refugees[9], including health care, a provision reaffirmed by the 2017 Migration Law[22]. Moreover, providing care for migrants aligns with the three fundamental principles of the Unified Health System (SUS): universality, comprehensiveness, and equity[1]. Therefore, it is the State's responsibility to ensure that this population can access healthcare. However, despite constitutional guarantees, access is neither uniform nor free from obstacles. In this context, it is important to recognize the specificities inherent to this population when considering their access to healthcare[23,15,17].

These specificities impact both the access to formal health services and the health-disease process of this population[5], and are generally shared among international migrants and refugees living in São Paulo and in other regions of the country.

Among these, we can highlight factors generally associated with the migration process itself[5,24,25], those linked to the socioeconomic and labor conditions of migrants[23,5,24], those stemming from cultural differences between migrants and natives[5,24] , and those related to the prejudice experienced by this population[12,14,15,16,17].

Migration process

Despite the unique characteristics of each discussed group, recent international migrants and refugees arriving in São Paulo share fragility and vulnerability as common traits in their migration process, in addition to the lifestyle changes inherent to any migration journey, which impact the health and well-being of migrants[24].

Haitian and Venezuelan refugees, for example, were

compelled to leave their home countries for different reasons (the former due to environmental catastrophes, the latter due to a severe political and economic crisis[1,21]), but present similar reports of physical and psychological challenges during their journey to the destination country, including hunger, sleep deprivation, fear, and violence[23,5,25].

The suffering often intensifies upon their arrival in the destination country, as it frequently does not end the challenges faced along the journey. Instead, it adds new issues such as the absence of inclusion in a support network and the lack of a sense of identity and community within the new environment[26,25].

The lack of psychosocial support, compounded by the hardships of the migration journey, significantly affects the quality of life of international migrants and refugees, and is often linked to substance abuse (excessive use of drugs and alcohol are common in these circumstances), depression, and anxiety[23].

Socio-economic and labor conditions

The socio-economic and labor conditions experienced by numerous international migrants and refugees from the Southern Cone in São Paulo are typically marked by low socio-economic status and informal employment arrangements characterized by precarious work bonds, long hours, and low wages[23,5,24]. In the city of São Paulo, the clothing industry, especially in the Brás neighborhood in the central area of the city, exemplifies these critical aspects. Bolivian migrants in this sector work in sewing workshops without formal contracts, receiving meager hourly wages, enduring long work hours, and often working in slave-like conditions[23,27].

This precarious socio-economic and employment situation adds to the challenges faced to access formal health services, as long working hours and precarious employment relationships often hinder workers from leaving their workplace to visit a health facility[23,24].

These living and working conditions directly impact the health-disease process of international migrants and refugees[23,5,24,27]. Primarily, they are typically linked to precarious sanitary conditions[24], which contributes to an increase in the occurrence of infectious diseases, such as tuberculosis and pneumonia[24]. Additionally, precarious working conditions are associated with the occurrence of occupational diseases, such as rheumatoid arthritis and asthma[23]. Finally, these conditions have a significant impact on the mental health of international migrants and refugees and are closely associated with psychological distress[25].

Cultural differences

The cultural differences between the communities of origin and of destination significantly affect access to health services and shape the experience of international migrants and refugees with such services[5], having an indirect impact in the health-disease process of this population.

Culture affects access to health services as the differences between the health systems in the country of origin and of destination can lead to difficulties in understanding the procedures for accessing the SUS[24,28]. Furthermore, for non-regularized migrants, this difficulty in comprehension may be compounded by the fear of deportation if they access the healthcare system[24]. Moreover, certain cultures (particularly those of international migrants and refugees from rural areas with limited access to formal healthcare[24]) tend to value informal forms of healthcare, which can indirectly reduce access to formal healthcare systems, as they prefer collective forms of care that are not centered on the biomedical model (“self-care”[29]). Therefore, the health needs of these migrants would not necessarily involve the search for formal health care[5,29].

In addition to impacting access to formal health services, cultural differences often result in specific experiences for migrants within these services, which can be both negative and positive. For instance, there is often a language barrier between the healthcare team and the migrant, which can hinder the processes of care, follow-up, and referrals to services[24].

Alongside language barriers, the presence of different customs and habits can sometimes create distance between healthcare teams and migrants, undermining the formation of bonds between them[5,24], especially if this difference is approached from hierarchical, xenophobic and stereotypical perspectives[5,30]. However, the appreciation of such differences, coupled with an intercultural approach that seeks to integrate the care practices of the healthcare service and those of migrants, can foster stronger connections to the system. This approach has demonstrated greater efficacy compared to models of care focused exclusively on biomedicine[5,22,28,29].

Moreover, the differences between the healthcare systems of migrants’ home countries and the SUS can evoke feelings of admiration for the universality of free healthcare, particularly among migrants from nations lacking public health systems. Azevedo[14], for instance, describes how Haitian migrants compare their home country’s healthcare system (which offered limited assistance) with the SUS (a system characterized by widespread access to healthcare, provided as a state obligation, and, crucially, free of charge) and often express profound admiration for the Brazilian healthcare system. This admiration can serve as a catalyst for accessing the system, favoring and enhancing migrants’ overall experience with healthcare services in Brazil. However, it can also evoke feelings of shame, insecurity, and difficulty in comprehension, potentially deterring migrants from seeking healthcare services[14].

Consequently, these cultural differences influence access, connection, and experience with health care systems, thereby shaping the health-disease process of international migrants and refugees[5,28].

Prejudice

The prejudice encountered by international migrants and refugees in healthcare services in Brazil[30] and São Paulo[5,16,25] directly influences their experience of the services and the care they receive[5].

This prejudice manifests in various forms, depending on the social markers involved[5]. Overall, international migrants and refugees in Brazil encounter xenophobia, which can be

compounded by racism for racialized migrants and further exacerbated by machismo for migrant women. Waldman[16] describes an example involving Bolivian women in São Paulo: interviewees report cases of racism experienced by their fellow countrywomen in hospital care.

Beyond access to health, the prejudice and discrimination suffered by migrants contribute to the precariousness of their socio-economic and employment situation, hinder their social integration, and correlate with the development of psychological disorders stemming from the psychological distress caused by these experiences[5,25].

Access to healthcare for international migrant and refugee women in São Paulo

The considerations presented above regarding the particularities of healthcare access for international migrants and refugees become especially significant when addressing migrant women, particularly in light of their living and health conditions viewed through a gender lens and considering their pivotal role in caregiving[32].

Before delving into the analysis of migrant woman, it is important to highlight that there is a vast and diverse array of experiences within this group, even among those of the same nationality, as there are differences in social class, age, sexuality, ethnicity/race, and various other social markers that intersect to generate inequalities, discrimination, prejudices, and experiences[15,18].

These migrant women integrate into the Brazilian community in diverse ways and undergo unique experiences in their migration process. However, migrant women in São Paulo face shared challenges that affect their access to healthcare services, their health-disease process, and their connection with the system[14,15,16,17,18,19].

Migration process

The migration process of women is highly individualized and unique, affecting them in different ways depending on their experiences during the journey, the reception in the destination country, their companionship during travel (such as being responsible for children or not), and the conditions under which the migration occurs, among other factors[15].

However, reports of kidnapping, rape, and abandonment in deserted places along the migratory route are common among migrating women. Many are coerced into drug trafficking, being used as “drug mules”, and even subjected to sexual exploitation[15,33].

The varied experiences of the migration journey significantly affect the mental health of these women, adding to the physical violence they endure[25].

Support networks

The described experience of the migrant community as a whole, with an absence of a sense of community and challenges in integrating into native support networks contributing to illness, is also applicable to migrant women[5,25]. However, they also encounter a distinct experience: many of them play a pivotal role in establishing transnational support networks and networks of international migrants in their home countries, thus engaging with these non-native support systems.[15]

The establishment of these support networks may partially stem from the fact that, unlike men, women frequently migrate with their families, either joining their partners who are already in the destination country or departing with them[17,21]. Consequently, they often have pre-existing contacts in the destination country. Additionally, as women typically bear the responsibility of caring for the family unit (especially children), many view support networks as a means to facilitate this caregiving role[14].

Haitian women, for instance, emphasize the significance of support networks within church communities, as well as the importance of socializing with fellow Haitians experiencing similar circumstances, both as a means of support and as a way to uphold the memory of communal living in Haiti[14]. Similarly, Bolivian women residing in São Paulo highlight the crucial role of support networks in confronting the COVID-19 pandemic[26,16].

As part of the experience of support networks, the importance of family units is highlighted in the context of women’s migration, as women who migrate do not only establish support networks with individuals from the destination country, as previously mentioned, but also have strong bonds with family members who stayed in their country of origin. This gives rise to a collective migration process, with families being territorially separated yet interconnected, whether through support networks, financial remittances, or division of tasks and moral responsibilities. Azevedo[14] refers to these units as transnational families, which occur when familial ties persist across different countries, with women playing a fundamental role in maintaining these connections (including both migrant women serving as the core of the family abroad and those who remain in the country of origin)[14].

These support networks and transnational family units among migrant women of the same nationality[14,25] can assist health systems in the destination country, providing informal alternatives to formal care networks. Within these networks, women assume roles as both caregivers and recipients of care, fostering connections and a sense of community among migrants, thereby promoting health[14,29].

The role of women in health care

In addition to the importance of the aforementioned support networks in fostering and nurturing connections that facilitate the adaptation of migrant families in the destination country, inherently serving as a form of care, particularly for mental health, migrant women (as most women in various societies) play a central role in the comprehensive healthcare of these units[10].

In the majority of the cultures of origin of these migrant groups, healthcare practices developed by the population involve a combination of traditional healing methods and habits that prevent disease and promote health. These informal healthcare

practices, including the use of herbal remedies, emphasis on healthy eating, and the creation of healing environments, persist in health care within migrant communities in destination countries and are spearheaded by women[10,29]. This form of self-care[29] in health led by women is observed in the experiences of Haitian[14,37], Bolivian[16] and Congolese[25] migrant groups and is a significant characteristic of the experience of migrant women with healthcare services[15,17].

For Haitian women, this preference for traditional care over the formal biomedical healthcare model might be partially attributed to the absence of a public health system that adequately addresses the population's needs in their country[14]. The lack of biomedical care in their home country contributes to the strengthening of alternative forms of care in their daily lives. Upon arrival in the destination country, these practices persist and coexist with the formal healthcare system, which, in Brazil, also caters to this population[29].

Among these practices, we can mention the emphasis on food as a determining factor in healthcare, the prevalence of natural foods, and the use of herbal medicines among both Haitian and Bolivian women. In Haiti and Bolivia, it is common to use natural medicines and home remedies for minor health issues. Women predominantly carry out caregiving and pass on the knowledge of these practices, which are rooted in the popular and agricultural traditions of these countries, serving a dual role in care and social reproduction[14,23,16].

In the formal context, women continue to bear the responsibility for caregiving, playing a fundamental role as intermediaries between migrant communities and the healthcare system. They are also crucial in facilitating the understanding of healthcare concepts in both the home and destination countries among the migrant community as a whole. Consequently, the woman's initial experience with the healthcare system holds significant relevance in shaping not only her perception regarding healthcare services, but also that of her family, support network, and migrant community. Women who feel disrespected in these services tend to disengage from the system, leading to alienation for both themselves and their families[17]. Conversely, women who have positive experiences in healthcare services, within the constraints of their working conditions, often maintain proper follow-up, take their children to the services, and facilitate professionals' access to their homes, contributing to the insertion of both their families and community into healthcare services[22].

It is worth highlighting, however, that the role of caregivers assumed by migrant women within their community, despite being a continuation of the modus operandi of their patriarchal societies of origin, becomes a more challenging task in the destination country. This is due to the vulnerabilities associated with the migration process, as well as the cultural barriers in the destination countries and manifestations of machismo, xenophobia, and racism, in the case of racialized women, in places that should offer them refuge[16,30]. Faced with all these challenges and often being solely responsible for the healthcare of their entire family, many migrant women find themselves overwhelmed, resulting in detrimental effects on their health and that of their families[14].

In summary, migrant women play a central and indispensable role in healthcare: they facilitate the formation of support networks that promote health and care among migrants; they possess valuable traditional knowledge of preventive practices and illness care, providing a crucial informal healthcare resource for migrant populations; and they are the primary users of healthcare services in destination countries[24], either seeking care for their children's health or seeking prenatal care, thus acting as vital intermediaries in health services and family health promotion centers.

Access to healthcare for international migrant and refugee women in São Paulo in the context of the COVID-19 pandemic

The COVID-19 pandemic has affected countries around the world unequally, with severe consequences everywhere, but especially in regions with lower levels of socio-economic development, such as Latin America and the Caribbean[34]. With more than 177 million cases and 2.8 million deaths, the region is among the most severely impacted by the pandemic. By the end of 2021, 93% of countries reported interruptions in the provision of essential health services in all modalities, which, combined with COVID-19 cases themselves, led to a decrease of almost three years in the average life expectancy of their population[34].

Despite having affected the Latin American and Caribbean populations as a whole[34], in Brazil, the COVID-19 pandemic exacerbated all the vulnerabilities discussed in this article for international migrants and refugees, exposing social inequalities and their impact on illness processes[13,28]. According to a survey conducted by UNICAMP[13], out of 743 international migrants interviewed in the Metropolitan Region of São Paulo, 64 tested positive for COVID-19, but only 28 sought healthcare (all of them within the SUS). Among those who sought care, only one reported receiving satisfactory treatment. Qualitative analysis by Martin, Viodres, and Silveira[28] revealed that although migrants' presence in the analyzed basic health unit remained the same during the pandemic, the daily routines of healthcare providers changed, and migrants' structural vulnerability was exacerbated.

In addition to the health-related challenges posed by COVID-19 contagion and access to care, the pandemic also altered migratory patterns, hindering the entry of migrants seeking to enter the national territory and intensifying xenophobic behavior toward those already present[35].

When considering the specific experiences of migrant women, in addition to the challenges outlined above, they faced more severe effects of the economic downturn triggered by the COVID-19 pandemic[36]. Often confined to domestic work or informal employment without social security benefits[13], they had to rely on government assistance, support from civil institutions, or had to risk breaking social isolation to sustain themselves. This lack of financial security compounded the burden of their caregiving role within their families, exacerbated by the COVID-19 pandemic. The surge in household duties due to lockdown measures, coupled with the need to manage economic stress, and the fear of virus transmission within their families, resulted in a higher prevalence of burnout among migrant women during the pandemic[36]. Moreover, the confinement

measures associated with COVID-19 led to increased rates of domestic violence against women, aggravated by the closure of services aimed at combating violence against women at certain times during the pandemic[36]. Additionally, access to women's health services was impeded by the pandemic, leaving many migrant women with unmet healthcare needs[36].

FINAL CONSIDERATIONS

The population of international migrants and refugees in São Paulo poses a challenge for the national health system in terms of accessibility and management of the health-disease process. Socio-economic inequality, precarious working conditions, social exclusion, cultural and linguistic barriers, the effects of the migration process, and existing prejudices in Brazilian society are specific factors affecting access to healthcare among this population, which must be considered when addressing this challenge.

In the case of migrant women, the challenges experienced throughout the migration process, coupled with the burden of often being solely responsible for household chores and childcare, compound the specific difficulties mentioned above, further affecting the physical and mental health of this population. Additionally, women play crucial roles as creators of support networks, custodians of traditional healthcare knowledge, and intermediaries between families and the formal healthcare system, granting them a fundamental part in the health status and access to services within their own migrant community.

In the context of the health, social, and economic crises brought about by the COVID-19 pandemic, these specific challenges converge and intensify, creating a scenario where migrant and refugee women bear the brunt and have their vulnerability heightened. This group is often overwhelmed, sometimes traumatized, have numerous unmet health needs, and face dire economic conditions. Compounding these challenges, access to healthcare services is influenced by cultural and gender dynamics that further complicate care provision for these women.

Therefore, it is imperative to devise strategies that address the health of international migrant and refugee women. Health-focused initiatives would present an opportunity to meet the needs of these women comprehensively, in line with the principle of equity upheld by the SUS, and addressing the specificities that shape their health-disease process and their access to services. Such initiatives would not only address their post-pandemic needs, but also strengthen the connection between healthcare services, the health system, and those who are the bridge between the SUS and migrant communities.

Participation of each author in the text: Beatriz Costa Cespedes conducted the bibliographical survey and wrote the text. Renata Mourão Macedo assisted with the bibliographical survey, particularly concerning the specificities of women's health, and reviewed the text. Cássio Silveira assisted with the bibliographical survey, particularly concerning the context of international migration, guided the writing process, and reviewed the text. Denise Coviello Martin coordinated the FAPESP research, assisted with the bibliographic survey and construction of the text, guided the writing process, and reviewed the text.

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