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The healthcare and financial implications of forced displacement

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Each year, millions of people are forced to leave their home countries due to conflict, human rights violations or deteriorating socio-economic conditions. Among those affected, women and girls face unique challenges. Displacement makes them more vulnerable to gender violence, such as rape and trafficking, and increases their risk of poverty, stigma, discrimination and poor access to public services. These factors have a significant impact on their health, affecting not only individuals but also wider social equity and sustainable development.

To explore this issue, we used novel survey data from 2021 to compare female Venezuelan migrants in Brazil to local Brazilian women. We analysed healthcare access, quality and financial protection. We used various models to estimate the probability of accessing health services and of experiencing unaffordable health costs. Our research highlights both the strengths and limitations of healthcare systems in supporting the needs of displaced individuals. It offers key insights that can be applied worldwide in a range of other contexts.





Our results paint a mixed picture. On the one hand, Venezuelan migrant women had adequate healthcare access and quality compared to Brazilian locals, particularly in general healthcare services and antenatal care. This is reassuring given their high vulnerability. However, significant gaps remain. Displaced Venezuelan women were less likely to have undergone essential screenings, such as pap smears, suggesting a backlog of unmet healthcare needs that these women have had since before their displacement from Venezuela.

Financial risk protection is even more concerning. Although displaced Venezuelan women spend less on healthcare out-of-pocket compared to Brazilian women, they are more likely to face unaffordable health expenditures. This highlights their tight budget constraints and the tough spending choices they face, often having to choose between meeting basic needs and accessing medical care. It also leads us to question why the publicly funded health system in Brazil, which guarantees universal healthcare, does not protect displaced women from the financial risks associated with accessing services.

Whatever the cause of displacement – persecution, natural disasters, or violence – it often results in poor health outcomes and financial vulnerability, especially for women. This issue is a global concern. Policy efforts must focus on ensuring that health systems are equipped to support displaced populations adequately. This includes providing comprehensive information about the availability of health services, improving access and linking up social policies beyond the health system. This approach would enable migrants to access economic opportunities, social welfare and anti-poverty initiatives.

Addressing the health needs of displaced populations is not only a healthcare issue but is also important for reducing gender inequalities and promoting development in line with the universal healthcare coverage commitment of leaving no one behind.

Read the full paper in The Lancet Regional Health – The Americas.

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