POLICY BRIEF

Ensuring Healthcare Access for Forcibly Displaced People: Advancing SDG 3, SDG 10 and SDG 13 Through Lessons From Brazil and Canada

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Solidarity for the Achievement of the SDGs

Abstract

The growing number of forcibly displaced people makes healthcare for these populations an urgent global issue. Drivers like conflict, human rights abuses, natural disasters, and climate change accelerate migratory flows, with projections indicating that over 140 million people could be internally displaced by 2050 due to climate change exacerbate the problem. These challenges intersect with multiple SDGs, namely SDGs 3, 10 and 13, and reflect the global polycrisis. Tackling the obstacles that hinder the fulfilment of the 2030 Agenda through practical solutions aligns with the South African presidency of G20, which stresses solidarity, equality and sustainability, and addresses a gap identified in the previous T20 Brazil communiqué: Integration of humanitarian responses with equitable healthcare access for refugees and climate-displaced populations. This work examines the approaches of Brazil and Canada on healthcare for displaced populations. While both countries have received significant migratory flows, Canada has developed a resettlement model which integrates refugees into the universal healthcare system, and Brazil lacks a comprehensive national policy.

This brief aims to (i) compare the Brazilian and Canadian approaches to refugee healthcare, (ii) advocate for a G20 framework that integrates healthcare and broader humanitarian response, and (iii) strengthen multilateral funding to support host countries with overburdened health systems.

Keywords: Equitable Healthcare Access, Displaced Populations, Universal Health Coverage (UHC), Non-Discriminatory Access, Health Financing, Primary Healthcare, Climate Disaster Response, Right to Health, Climate Adaptation, Migration Policies, Sustainable Development Goals (SDG)

Introduction

According to the UN High Commissioner for Refugees (UNHCR), as of mid-2024, a historical record of more than 122 million people worldwide were forcibly displaced. This is more than double the amount recorded in 2014, when the number of displacements topped that of World War II.[1] Effects related to climate change increased the vulnerability of forcibly displaced people, with three out of every four migrants living in regions with high-to-extreme exposure to climate-related risks.[2]

International law under the 1951 UN Convention on the issue of the Status of Refugees and its 1967 Additional Protocol does not recognise environmental and climatic factors as motives for the formal concession of refugee status.[3] This legal impediment denies asylum-seekers the condition of being a refugee in many countries, which blocks them from accessing public services including healthcare.

Despite lack of clarity around what health necessities are faced by environmentally induced migrants, there is a consensus around the fact that climate change trends will provoke more displacements in coming years and decades, placing healthcare systems around the world under further stress.[4] Brazil

[1] United Nations High Commissioner for Refugees, *Mid-Year Trends 2024* (Copenhagen: UNHCR Global Data Service, 2024).

[2] UNHCR, *No Escape: On the Frontlines of Climate Change, Conflict and Forced Displacement* (Geneva: United Nations High Commissioner for Refugees, 2024), 9, https://www.unhcr.org/media/no-escape-frontlines-climate-change-conflict-and-forced-displacement.

[3] The 1951 Convention and the 1967 Protocol define refugee as "Any person who (...) owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it." See United Nations General Assembly, *Convention Relating to the Status of Refugees*, July 28, 1951, United Nations Treaty Series, vol. 189, p. 137, https://www.unhcr.org/3b66c2aa10; and United Nations General Assembly, *Protocol Relating to the Status of Refugees*, January 31, 1967, United Nations Treaty Series, vol. 606, p. 267, https://www.unhcr.org/3b66c2aa10.

[4] S. A. Mazhin et al., "Migration Health Crisis Associated with Climate Change: A Systematic Review," *Journal of Education and Health Promotion*, no. 9 (2020): 97.

and Canada are increasingly prominent destinations for displaced populations in the Americas, offering contrasting policy approaches. As of June 2024, Brazil hosted over 790,000 forcibly displaced individuals, largely from regional crises.[5] Canada, with 144,035 asylum claims in 2023, ranks among the top global recipients.[6] Their differing roles – regional host and global resettlement leader – make them strategic cases for comparative analysis of refugee health policy.

Diagnosis

Canada's publicly-funded healthcare system offers universal coverage to citizens and permanent residents, while refugees and asylum seekers are covered under the Interim Federal Health Program (IFHP) until they become eligible for provincial health insurance[7]. Despite this inclusive policy, studies reveal that refugees continue to face significant barriers to accessing healthcare. Data from the Canadian Community Health Survey indicate that 45% of refugees reported unmet healthcare needs within their first year of arrival, compared to 11% of Canadian-born individuals.[8] Refugee participants often cite language barriers, fear of discrimination, and limited knowledge on how to navigate the healthcare system as major deterrents.[9] Qualitative evidence further highlights these challenges, with many refugees describing experiences of being 'ignored' or

[5] United Nations High Commissioner for Refugees. "Brazil." *UNHCR Global Focus*. Accessed April 7, 2025. https://reporting.unhcr.org/operational/operations/brazil.

[6] United Nations High Commissioner for Refugees (UNHCR) Canada, "Statistics on Asylum-Seekers in Canada," last modified March 2024, https://www.unhcr.ca/in-canada/statistics-on-asylum-seekers-in-canada/.

[7] Immigration, Refugees and Citizenship Canada, "Interim Federal Health Program: What Is Covered," *Government of Canada*, February 19, 2025, https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/interim-federal-health-program/coverage-summary.html.

[8] Niraula, A., N. Ratti, M. Colley, M. Rosenberg, E. Ghassemi, and K. Wilson. "Negotiating Precarity: Recent Immigrants' Perceptions of Waiting for Public Healthcare in Ontario, Canada." *Health Policy* 133 (July 2023): 104843. https://doi.org/10.1016/j.healthpol.2023.104843.

[9] Niraula et al., "Negotiating Precarity," 2023.

'misunderstood' during clinical interactions – experiences that deepen mistrust and lead to avoidance of necessary medical care.[10]

Climate change adds another layer of complexity. In 2023, Canada experienced over 230,000 wildfire-related displacements, disproportionately affecting Indigenous and migrant communities.[11] Canada is integrating climate adaptation into healthcare for refugees through risk assessments and infrastructure upgrades – initiatives like British Columbia's Heat Response Plan to establish cooling centres in refugee-dense areas.[12] Similarly, Ontario's Green Refugee Housing Initiative, part of the federal Climate Resilient Built Environment (CRBE) programme, retrofits shelters with flood-resistant materials to mitigate damage from climate disasters like flooding.[13] Renewable energy projects, such as solar-powered clinics in Manitoba, ensure continuity of care during climate disruptions.[14]

However, gaps persist. Inuit in Nunavut, for example, struggle to access care during extreme winter storms due to underfunded infrastructure.[15] Regional disparities in funding and planning leave many refugees exposed to climate-related health risks.[16]

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[10] Okafor, S., A. Hussain, and R. Walji. "Barriers to Healthcare Access for Refugees in Canada: A Qualitative Study." *Journal of Immigrant and Minority Health* 25, no. 2 (2023): 345-357. https://doi.org/10.1007/s10903-022-01425-6.

[11] Natural Resources Canada. "Forest Fires." Last modified February 2025. Accessed April 7, 2025. https://natural-resources.canada.ca/forest-forestry/wildland-fires/forest-fires.

[12] British Columbia Ministry of Municipal Affairs, "Municipalities Open Cooling Centres as Heat Warnings Are Issued Throughout B.C.," *Government of British Columbia*, July 25, 2022, https://news.gov.bc.ca/releases/2022MUNI0041-001166.

[13] National Research Council of Canada. "Our Research: Climate-Resilient Buildings and Infrastructure." *National Research Council Canada*. Accessed April 7, 2025. https://nrc.canada.ca/en/research-development/research-collaboration/our-research-climate-resilient-buildings-infrastructure.

[14] Canadian Climate Institute. *A Net-Zero Future for Manitoba through bigger, cleaner, smarter electricity* (2024). Accessed April 7, 2025. https://climateinstitute.ca/wp-content/uploads/2024/07/A-Net-Zero-Future-for-Manitoba.pdf.

[15] Harper, Sherilee L., Victoria L. Edge, James Ford, Ashlee Cunsolo Willox, and Melissa Wood; IHACC Research Team; RICG; McEwen, Scott A. 2015. "Climate-Sensitive Health Priorities in Nunatsiavut, Canada." BMC Public Health 15: 605. https://doi.org/10.1186/s12889-015-1874-3.

[16] Similarly, in the south of Brazil, an entire state suffered with floods and extreme rain in 2024 causing over 290 health units including hospital and basic health centres to be affected. The damages affected over 2.000.000 people and caused over 600.000 to be displaced, including 43.000 refugees. See United Nations High Commissioner for Refugees.

In Brazil, although healthcare access for refugees and migrants is legally assured by Universal Healthcare Coverage (UHC), known as *Sistema Único de Saúde* (SUS), practical barriers often stop effective implementation. Migrants frequently face bureaucratic documentation requirements for specialised care, linguistic and cultural barriers, and lack of infrastructure, especially in border regions.[17] In a recent case study focusing on Venezuelan refugees in the state of Roraima – a primary entry point for migrants from Venezuela[18] – 87% of respondents reported being able to communicate with healthcare professionals from SUS, while 84% expressed satisfaction with the care received. These outcomes, however, reflect only localised emergency support efforts.[19]

Brazil lacks a unified national monitoring system for migrant health outcomes, and the absence of comprehensive data contributes to underreporting and inconsistent policy implementation. A recent technical note from the Ministry of Health (Nota Técnica nº 8/2024[20]) acknowledged this gap and issued new guidelines to improve primary healthcare for migrants across Brazil. The document recommends culturally sensitive care, registration without documentation barriers, the use of multilingual materials, and intersectoral coordination as key strategies to enhance the reach and quality of care for migrants and refugees.

Emergência de Enchentes no Rio Grande do Sul (2024). Accessed April 7, 2025. https://www.acnur.org/br/sites/br/files/2025-01/202411-emergencia-enchentes-rio-grande-do-sul.pdf.

[17] According to Camila Miyashiro's systematic review (2018), the main challenges for migrants accessing healthcare in Brazil include cultural and linguistic barriers; lack of knowledge about their rights and how services function; poor infrastructure, coordination, and responsiveness; racism and discrimination; lack of institutional and professional preparedness; and the absence of government policies ensuring adequate access to healthcare, work, housing, and education. See Camila Miyashiro, "Acesso aos Serviços de Saúde pelas Populações Migrantes: Revisão Sistemática" (master's thesis, Universidade Federal da Bahia, 2018).

[18] Ana Kaline Souza Lourenço et al., "Percepção dos Refugiados Venezuelanos a Respeito do Sistema Único de Saúde no Extremo Norte do Brasil," *Revista Eletrônica Acervo Saúde* 12, no. 12 (2020): e5269, https://doi.org/10.25248/reas.e5269.2020.

[19] One likely factor behind this relatively positive experience is Operação Acolhida, a federal initiative launched to coordinate the emergency reception and support of Venezuelan migrants in the region. See Lourenço et al., "Percepção dos Refugiados Venezuelanos," 2020.

[20] Ministério da Saúde, *Nota Técnica nº 8/2024-CAEQ/CGESCO/DESCO/SAPS/MS* (2024), https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/notas-tecnicas/2024/nota-tecnica-no-8-2024.pdf/view.

Nonetheless, both Brazil and Canada face persistent challenges in delivering equitable healthcare to refugees and migrants. Canada maintains a well-funded approach, with approximately CAD 469 million[21] annually dedicated to refugee healthcare through the IFHP[22], enabling targeted infrastructure improvements. Brazil, on the other hand, guarantees universal access through SUS but lacks specific budgetary provisions for migrant populations. While Brazil did mobilise approximately R$ 630 million[23] for Operação Acolhida.[24] Such funding is exceptional rather than structural. Canada's model is marked by sustained investment but struggles with social and geographic disparities. Brazil's system is legally inclusive and adaptable in emergencies, yet underfunded and fragmented in long-term planning.

Conclusion

The cases of Brazil and Canada show that improving access to healthcare for refugees – in alignment with Sustainable Development Goals 3, 10, and 13 – requires cross-sector coordination and policies that are responsive to both migratory and climate-related vulnerabilities.

Canada, through the IFHP, offers a structured and targeted initial healthcare response, supported by disaggregated data collection and equity-focused policies. However, the Canadian system also faces significant challenges, including fragmentation across provincial jurisdictions, persistent cultural

[21] Around USD 345 millions as of April 2025.

[22] Immigration, Refugees and Citizenship Canada, *Interim Federal Health Program (IFHP) – Funding Overview 2024–2025, Government of Canada*, accessed April 7, 2025, https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/committees/cimm-nov-25-2024/interim-federal-health-program.html.

[23] About USD 125 million as of April 2025.

[24] Casa Civil, "Operação Acolhida: Governo Federal Investe Mais de R$ 630 Milhões em 2020 para Promover a Inclusão de Refugiados," *Governo do Brasil*, 2020, accessed April 7, 2025, https://www.gov.br/casacivil/pt-br/assuntos/noticias/2020/agosto/operacao-acolhida-governo-federal-investe-mais-de-r-630-milhoes-em-2020-para-promover-a-inclusao-de-refugiados.

boundaries, a lack of continuity in care during transitions to provincial systems, and documented instances of institutional discrimination.

Brazil, while guaranteeing universal and free healthcare through SUS as soon as displaced individuals arrive, lacks a comprehensive strategic framework and tailored coordinated policies for refugees and those displaced by climate-related events. Persistent issues, beyond language barriers, include limited data collection, restricted service coverage in border and remote areas, and inefficiencies in the allocation of public funding.

A key takeaway for the G20 is that health policies targeting refugees should be seen as strategies for climate and social resilience, rather than as solely reactive responses. Strengthening the ability of health systems to absorb migratory and environmental shocks is essential to addressing inequalities and responding effectively to the climate-related risks.

Recommendations

The T20 Brazil *Communiqué* and Implementation Roadmaps[25] highlight the G20 priorities in expanding accessible health services for vulnerable groups, strengthening universal healthcare systems and building a climate resilient society under the new challenges of rising temperatures, environmental risks, pandemics and health threats.

In alignment with the above and drawing on the experiences of Brazil and Canada, the analysis of displaced populations' access to healthcare proposed by this policy brief brings into focus the need to confront overburdened

[25] Centro Brasileiro de Relações Internacionais (CEBRI). *T20 Communique: 2nd Edition* (2024). Accessed April 7, 2025. https://cebri.org/media/documentos/arquivos/T20_Communique_A5_2aEd_Digital671a5335f40c3.pdf.

healthcare systems in host countries while ensuring fair and equal access to all in spite of migration status. To ensure this equitable healthcare access is achieved and to advance SDGs 3,10 and 13, [26] and G20 priorities on inequality reduction, we propose the following recommendations.

Integrate climate risk analysis into health and migration policies

A 2022 IEP report stated that disasters cause three times more displacement than conflicts and can exacerbate existing tensions inside countries[27]. Additionally, more than 1 billion people live in regions of the world with low response capacity to respond to environmental crises by 2050[28]. G20 countries are urged to integrate climate change reduction plans into national policies, and ensure current migration and health policies incorporate environmental disaster prevention, reduction and recovery plans.

Include a needs-based and people-centred approach to healthcare access and migration policies

Establish a common G20 framework that promotes inclusiveness through (i) improved communication systems aimed at dismantling language barriers, (ii) appropriate training for staff followed by cultural sensibilisation, (iii) adequate availability, and access to information aimed at increasing participation and understanding of health services.

[26] SDGs 3, 10 and 13 refer to (3) ennsuring healthy lives and promoting well-being for all at all ages, (10) reducing inequality within and among countries, and (13) taking urgent action to combat climate change and its impacts, respectively.

[27] European Parliament. *The Impact of COVID-19 on Migration and Refugees in the European Union* (2021). Accessed April 7, 2025. https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/698753/EPRS_BRI(2021)698753_EN.pdf.

[28] European Parliament, *The Impact of COVID-19*, 2021.

Substantially increase funding mechanisms for host countries

Direct fundings towards capacity-building in primary healthcare delivery, and expanding UHC. Increase funding to support local and international organisations in promoting health access, inclusive migration policies and sustainability in host countries with burdened social care systems.

Support research and development, and ensure data collection and monitoring

Invest in local research, and technical cooperation to overcome the scarcity of data and studies on the health of migrants, refugees, and internally displaced people. Strengthen health information systems to include migration status data, enabling evidence-based policies, and integration to policy interventions.

Strengthen multilateral partnerships while integrating local knowledge

Ensure strong coordination between national, regional, and local levels to face health and environmental risks, eg, pandemics and climate disasters, that put forcibly displaced people, and other vulnerable populations at risk. Guarantee collaboration with, and between, international organisations such as WHO, IOM and UNHCR to fill resource gaps and integrate efforts.

Develop preparedness and response plans to environmental setbacks and new emerging health risks

Incorporate emergency preparedness and response plans that provide health support to forcibly displaced populations, and other vulnerable groups by developing early-warning systems and post-emergency recovery plans.

Increase participation and accountability in migration policies

Employ participatory governance in building national, and international policies for migrants and forcibly displaced populations. In a common G20 framework, build a monitoring model for countries to follow to ensure accountability and monitor equality progress.

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