

The challenge of healthcare for vulnerable and marginalized populations

Desafio do cuidado em saúde para populações vulneráveis e marginalizadas

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Vulnerability, in the health context, emerged with the Human Immunodeficiency Syndrome (HIV) epidemic, when the factors and groups that would be associated with a higher prevalence of people with Human Immunodeficiency Virus were studied. Vulnerability highlights possible factors related to health conditions, thus differentiating itself from risk, since the latter is exclusively related to the chances of becoming ill of an individual or population.

Vulnerability studies comprehensively analyze individual, social, and institutional issues, a practice that leads to new forms of health analysis and development of proposals for redirecting actions.

The complexity of vulnerability and marginalization faced by different populations is immense and impacts individual health and social context. For example, a retrospective study, which included 536,653 participants living in the city of Glasgow, Scotland, showed that when marginalized populations are affected by different health problems, they have higher risks of preventable premature mortality, including non-communicable diseases. People deprived of their liberty were found to be three times more likely to die prematurely than those who were not in prison. This situation becomes even more complex when, besides being incarcerated, these people are exposed to other forms of social marginalization (such as street life, drug use and/or psychosis), for which individuals are nine times more likely to die prematurely⁽¹⁾.

Reflecting on the complexity of the multiple vulnerability factors is essential for comprehensive healthcare. This narrative reiterates the need to understand that vulnerable and marginalized popula-



tions suffer the most from social and health problems. The pandemic of COVID-19 intensified the gaps between different social groups, reinforcing that vulnerable populations have suffered, suffer, and will suffer more from the impacts of the pandemic in the short and long term⁽²⁻³⁾. Experiences from different countries reinforce that health care challenges exist in different contexts, and that we can learn from each other if we can consider individual and regional needs and specificities with respect for pluralities.

In Brazil, the health crisis arising from the pandemic ratified what is already concrete in the country, reinforcing that historically marginalized populations were disproportionately affected by the pandemic⁽⁴⁾. COVID-19 also highlighted the important role of public health services (Brazilian Unified Health System) to provide free care and promote access to vaccines for all⁽⁵⁾.

Actions, practices, health policies, and scientific research need to focus on promoting the health of these populations. These must be multisectoral and involve different disciplines, with the purpose of addressing complex population problems to reduce inequalities. We must work together! We need to remember that vulnerability and marginalization need not be synonymous with passivity and lack of agency - although this does happen and too often. In this context, vulnerable and marginalized populations need to be involved in the process of developing health research, practice, and policy. Through participation, the principles of diversity, equity, and inclusion can become a reality in society. And these principles must be upheld by all health professionals. Changes are needed to reduce inequalities in an understanding that what

happened is not someone else's problem, but our responsibility as social beings. One of the possible paths shows itself through a nursing practice engaged and leader in the discussions of social justice, to impact the complexities and multi-facets of human vulnerability and marginalization.

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