International Seminar on Health Policies, Territorial Challenges and Primary Care in Brazil and France

This seminar, taking place on October 4, 2024, will focus on "Homeless People and Primary Health Care: 'Devices' and Experience from Brazil".

Presented by Elyne Engstrom from Department of Social Sciences/ENSP/Fiocruz

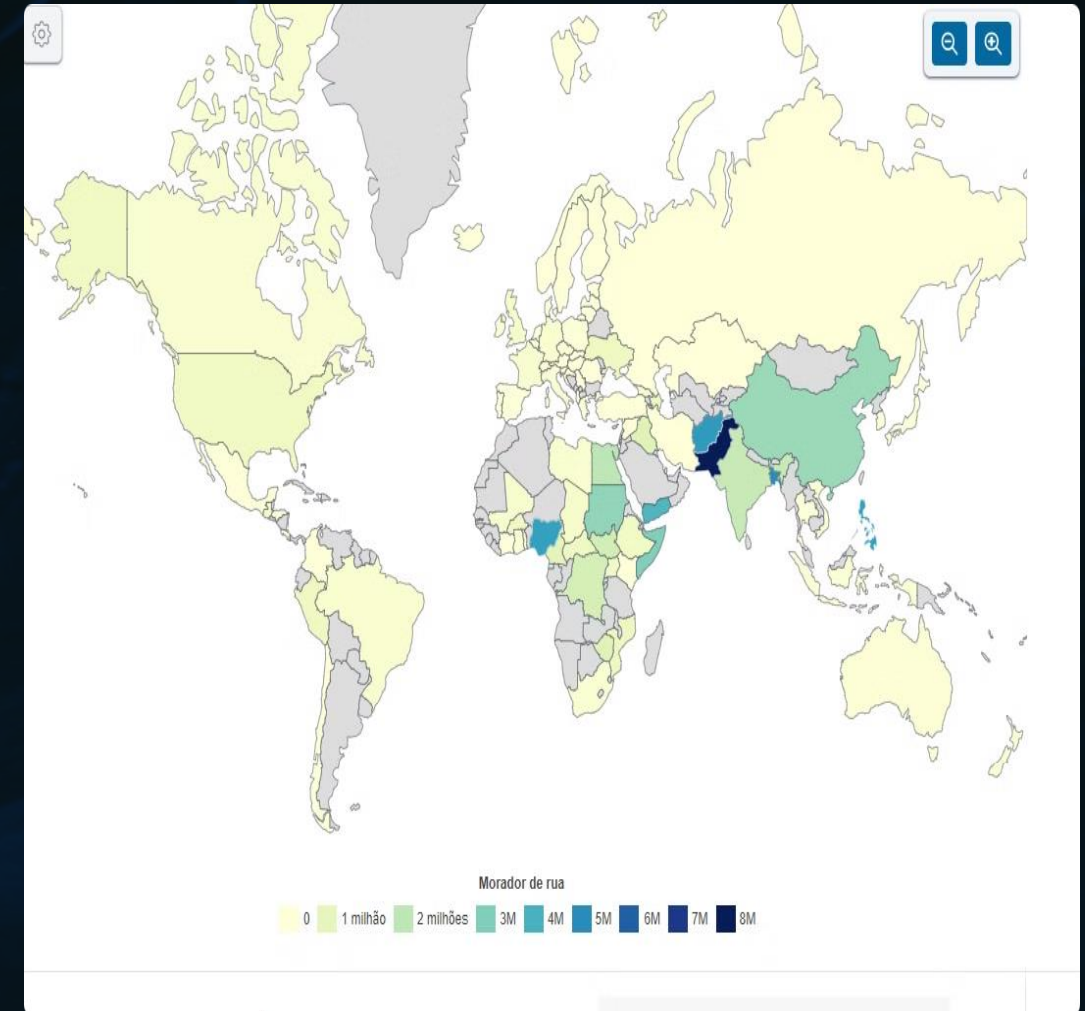# Homelessness: A Global Phenomenon

1 Worldwide Issue

Homelessness is a problem affecting people in various countries around the world, including France and Brazil, with specific characteristics and challenges in each context.

2 Policy Importance

Understanding the magnitude of the problem is crucial for developing effective public policies.

3 Varied Contexts – Data Inconsistency

Comparing homeless estimates across countries is difficult: they do not define or count the population experiencing homelessness in the same way. Each country faces unique challenges, requiring singular approaches.

Country	Homeless people (number)	Populatiion (Set.26.2024)
Estados Unidos	653.104	345.882.897
India	1.177.000	1.454.067.675
Canadá	235.000	39.840.703
Reino Unido	380.000	69.241.863
França	330.000	66.573.769
Brasil	236.400	212.202.937

https://worldpopulationreview.com/country-rankings/homelessness-by-country

The Brazilian Experience

1 Government Focus

In Brazil, the issue of homeless people has received special attention from the federal government, especially in 2 periods: 2009/15 and after 2023 .

2 Intersectoral Policies

Intersectoral public policies have been implemented to promote equity and access to basic services.

3 Primary Health Care (PHC)– Policies and financing

Primary health care plays a fundamental role in this context, providing acess, comprehensive care, longitudinality and integration with the Health Network (attributes). Family Health Strategy (FHS) as a priority

4 "Street Clinic Teams"

The Street Clinic teams (eCnR) were established as part of the Primary Care Policy in 2011 - specific care for homeless people by municipal adhesion

Global Homelessness Statistics

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Homeless People: Vulnerabiity

Multiple Causes

Unemployment, violence territories, loss of housing, family conflicts, mental health problems, harmful use of alcohol and drugs, and migrations. The complexity of causes requires a multidisciplinary approach to overcome the situation.

Living Conditions

Extreme poverty, hunger, subject to social, economic and health risks. The lack of access to basic services such as drinking water, sanitation, weather variations and shelter contributes to stigma and the vulnerability

Access Barriers

Barriers in accessing public policies and basic services, such as health, education and social assistance. The lack of documentation, work and income, housing and social programs aggravates the situation of vulnerability.

Health Risks for Homeless People

Infections

Higher risk of infectious diseases due to poor living conditions.

Chronic Conditions

Increased prevalence of chronic health issues often left untreated.

Mental Health

Greater likelihood of mental health problems and substance abuse.

Violence

Higher exposure to physical violence and trauma.

Demographic Profile–Homeless People. Brazil

236.400

Homeless people in Brazil

Data source: Brazil. 2024. Human Rights and Citizenship Ministry – based on the "Single Registry -Social Assistance Program" –Observatory Homeless people

MINISTÉRIO DOS DIREITOS HUMANOS E DA CIDADANIA (MDHC) com base no Cadastro Único (Programa Assistência Social) –Observatório PSR

Diversity and Singularities of Homeless Populations

1 Invisibility and Diversity

Homeless people are often invisible in statistics and public policies, making it difficult to understand the diversity and singularities of this population. The lack of accurate and specific data hinders the implementation of effective actions.
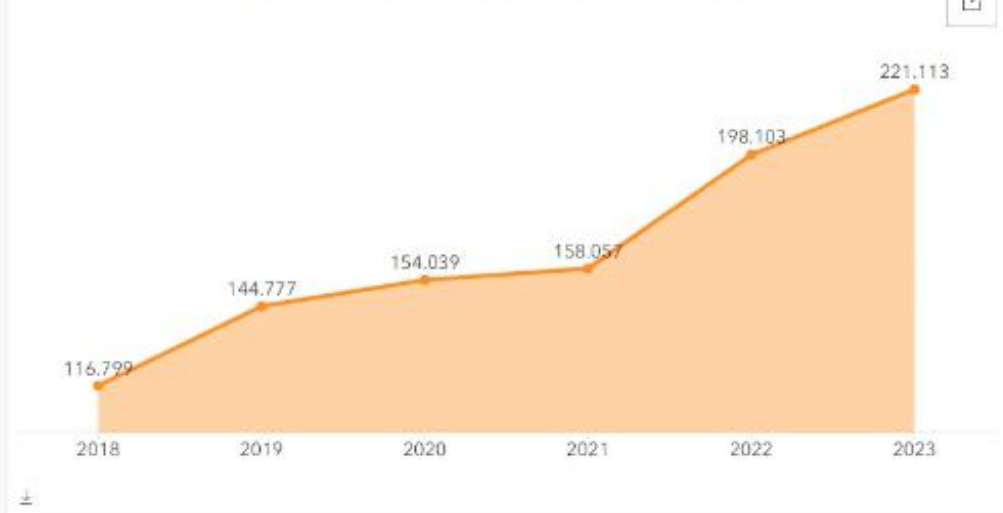
2 Negative Visibility

The homeless population is frequently stigmatized and associated with criminality and begging. This negative visibility contributes to social exclusion and difficulty in accessing services and opportunities.

3 Heterogeneous Demographic Profile

The homeless population presents a heterogeneous demographic profile, with different age groups, genders, origins, and life stories. It is essential to consider this diversity for the elaboration of adequate and inclusive public policies.

Demographic Profile–Homeless People in Brazil

Evolução do número de pessoas em situação de rua. Brasil, 2018-2023.

221.113
198.103
158.057
154.039
144.777
116.799

2018 2019 2020 2021 2022 2023

Fonte: Elaboração CGIE/MDHC, com base nos dados do Cadastro Único (julho de 2023).

Municípios com pessoas em situação de rua cadastradas, comparação entre 2015 e 2023. Fonte: Elaboração CGIE/MDHC, com base nos dados do Cadastro Único (julho de 2023).


Municípios com pessoas em situação de rua cadastradas, comparação entre 2015 e 2023. Fonte: Elaboração CGIE/MDHC, com base nos dados do Cadastro Único (julho de 2023).

Growth in Registered Homeless Population

Between 2018 and July 2023, the number of homeless people registered in the "Cadastro Único" almost doubled, showing year-on-year growth.

Municipal Distribution

The graph shows the distribution of homeless people across different municipalities from 2015 to 2023.

Concentration in Large Cities

The data indicates a higher concentration of homeless individuals in larger urban centers.

Characteristics of Homeless People in Brazil

♂ ♀
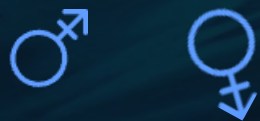
Gender

87% are male adults
Complexity of 'being a woman' on the streets

✋

Race

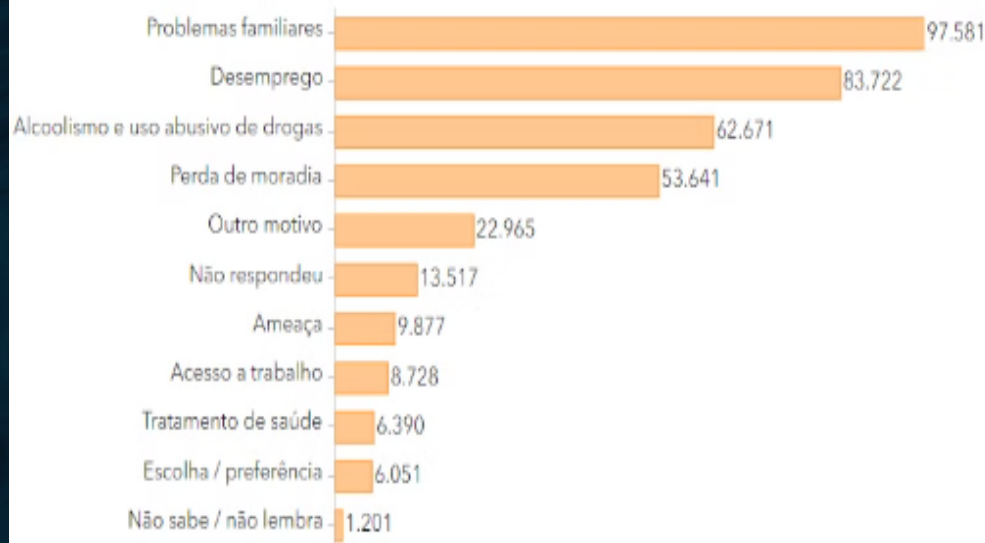**68%** are Black (51% Brown and 17% Black)

📅

Age

55% are between 30 and 49 years old

Município	População em Situação de Rua (julho de 2023)	% do total de população em situação de rua do país
São Paulo	54.812	24,8%
Rio de Janeiro	14.004	6,3%
Belo Horizonte	11.796	5,3%
Salvador	7.852	3,6%
Brasília	7.429	3,4%
Fortaleza	6.678	3%
Porto Alegre	3.306	1,5%
Curitiba	3.301	1,5%
Campinas	2.324	1,1%
Florianópolis	2.287	1%
TOTAL	**113.789**	**51,5%**

Dez municípios com maior população em situação de rua e percentual da população em situação de rua do país. Fonte: Elaboração CGIE/MDHC, com base nos dados do Cadastro Único (julho de 2023).

Demographic Homeless Population in Brazil

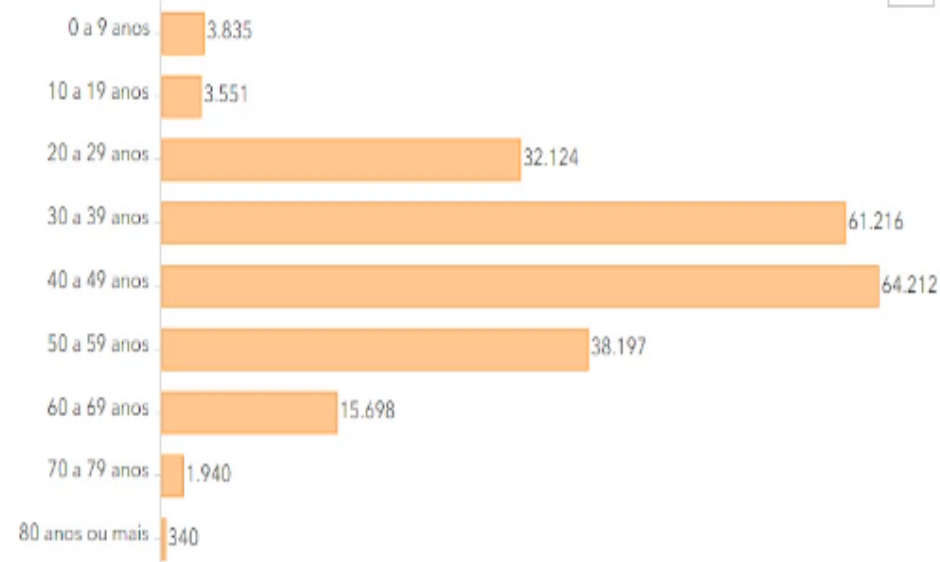Número de pessoas em situação de rua por motivos que levaram à situação de Brasil, 2023.

Problemas familiares	97.581
Desemprego	83.722
Alcoolismo e uso abusivo de drogas	62.671
Perda de moradia	53.641
Outro motivo	22.965
Não respondeu	13.517
Ameaça	9.877
Acesso a trabalho	8.728
Tratamento de saúde	6.390
Escolha / preferência	6.051
Não sabe / não lembra	1.201

Fonte: Elaboração CGIE/MDHC, com base nos dados do Cadastro Único (julho de 2023).

Número de pessoas em situação de rua por faixa etária. Brasil, 2023.

0 a 9 anos	3.835
10 a 19 anos	3.551
20 a 29 anos	32.124
30 a 39 anos	61.216
40 a 49 anos	64.212
50 a 59 anos	38.197
60 a 69 anos	15.698
70 a 79 anos	1.940
80 anos ou mais	340

Fonte: Elaboração CGIE/MDHC, com base nos dados do Cadastro Único (julho de 2023).

Número de pessoas em situação de rua, por tempo que vivia em situação de rua momento da última atualização no Cadastro Único. Brasil, 2023.
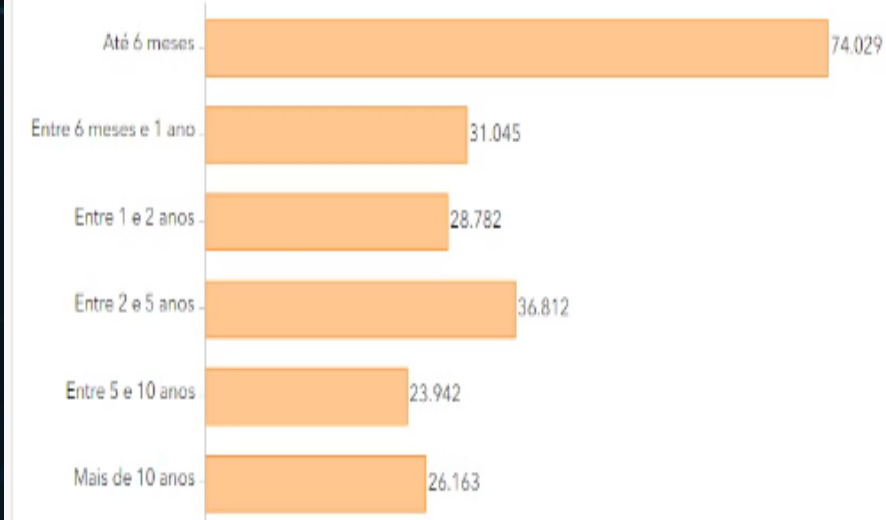
Até 6 meses	74.029
Entre 6 meses e 1 ano	31.045
Entre 1 e 2 anos	28.782
Entre 2 e 5 anos	36.812
Entre 5 e 10 anos	23.942
Mais de 10 anos	26.163

Fonte: Elaboração CGIE/MDHC, com base nos dados do Cadastro Único (julho de 2023).

Reason -homeless

The chart shows the Most frequent reason for being on the streets

Age Distribution

The age distribution of homeless individuals in Brazil, showing a concentration in the 30-49 age range

Time living on street

Complexity related to the length of time people have been living on the streets and the difficulty of reintegration

Main Reasons for Homelessness in Brazil

1 Unemployment and Economic Exclusion

The majority of homeless people cite lack of employment and extreme poverty as central factors. The difficulty in accessing affordable housing further aggravates this situation.

2 Substance Abuse

About 30% of homeless people point to substance abuse as one of the reasons for being on the street. This factor also contributes to the worsening of diseases and hinders social reintegration.

3 Family Bond Breakdown

Relationship problems with family members or partners are frequently cited, affecting almost half of the people in this condition. The loss of family support drastically reduces the chances of recovery.

4 Mental Health

Psychiatric problems, often not adequately treated, lead to an inability to maintain a stable life routine, resulting in loss of housing.

Epidemiological Profile of Homeless People in Brazil

Infectious Diseases

Tuberculosis is especially prevalent, due to unsanitary living conditions and high HIV coinfection rate. Other diseases such as viral hepatitis and syphilis are also recurrent.

Chronic Diseases

Hypertension, diabetes, and respiratory problems affect a large part of the homeless population, often without proper diagnosis or treatment.

Mental Health

Mental health problems are common, often exacerbated by alcohol and drug use. Mental disorders such as depression and schizophrenia have a high incidence in this population.

Oral and Dermatological Health

Oral problems such as cavities and periodontal diseases, as well as skin infections and wounds, are highly prevalent.

Approaches to Homeless Care in Brazil

Public Health Approach

❖ Based on the Human Right and
❖ Reduction of inequities

❖ Need for public health and intersectoral policies such as: social assistance, work and income, housing, temporary shelter and integrated with public security
❖ Respect for singularities, cultures, and autonomy of people
❖ Consider harm reduction strategies

Tensions o Others Approach

· Stigma and fear of these people
· Hygienist policies/urban cleaning
· Authoritarian measures
· Compulsory hospitalization/internment
· Fighting drugs as a priority
· Public Security

Strengths for Homeless Care: SUS Public, Free and Universal

1 Universal Healthcare

Guarantees the right to health for the entire population

2 Equity-Promoting Policies

Such as the National Policy for the Homeless Population, National Policy for the Black Population (2009)

3 Social Control

Health Conferences and Social Control - Role of civil society and social movements

4 Street Clinic Teams (eCR) and universal responsability

"Device of eCnR" created by the National Primary Care Policy (2011) . Although responsibility for the health care of the homeless, like any other citizen, lies with each and every SUS professional, even if they are not accompanied by the eCnR

Primary Health Care for the Homeless

Multidisciplinary Team

Includes 3 types of team composition with: doctors, nurses, psychologists, social workers, occupational therapists, dentists, nursing/oral health technicians, and social agents

Comprehensive Care

Provides comprehensive health and intersectorial actions to meet the needs of this population: health promotion, prevention, individual clinical consultations, group activities - cultural, health surveillance (active)

Clinica Ampliada e Compartilhada

Itinerant and flexible Services

Teams perform activities in an itinerant manner in the streets, and, when necessary, develop actions in partnership with the Basic Health Units of the territory.

Singular therapeutic projects.

At the right time and in the right way

Street Clinic Teams (eCR) in Brazil

Number of Teams

202 eCR teams in 138 municipalities (2023)

Federal Funding

Financed by the federal government

Comprehensive Approach

Provides integral health actions tailored to the needs of the homeless population

Collaborative Work

Partners with Basic Health Units when necessary

Photo: Manguinhos eCnR. Rio de Janeiro.

Perspective of Intersectoral Public Policy in Brazil

1 — **"Visible Streets Plan"**

Federal Government's Visible Streets Plan
Coordenation: Human Rights Ministery. Dec. 2023
Focus: Housing First approach

2 — **Integration**

Need for integration with care by street clinic teams and social assistance teams

3 — **Policy Update**

Update of the National Policy for the Homeless Population in Brazil in 2025 with participation of social movements

Other Experiences in Brazil

- Salvador : teams with mental health focus

- Curitiba: prevention and clinical care (contraceptives)

- São Paulo: Religious Initiative - Pastoral care program for homeless people in São Paulo. Works in conjunction with other social and healthcare services

- Rio de Janeiro – experience of services and research by ENSP/Fiocruz coordination with mixed methods (quantitative and qualitative).

- Brasília: " Colaboratório" –Initiative for intersectoral and inter-institutional collaboration– Fiocruz Brasília.

Experience of the Municipality of Rio de Janeiro

1 Growth of eCR Teams

Number of eCnR from 2010 to 2024 – 7 to 14 teams

2 Comprehensive Care

Integral care: health promotion, prevention, attention, rehabilitation

3 PHC Attributes

Care based on PHC attributes: access, longitudinal bond, comprehensiveness, coordination of care with the Health Care Network and the Intersectoral Network - community, cultural and family approach orientation.

4 New Program

2024: Moving Forward Program: health and social assistance experience in Rio de Janeiro

Research:
Plan for disseminating the results
Acess: www.arca.fiocruz.br anda **Youtube Fiocruz**

1. Scientific publications

2. Technical products
❖ WebTV Consultorio na Rua [veiculação por TV para todas as Unidades da Fiocruz]
❖ Educational material with the practices of the Rio teams
❖ Research synthesis with executive summary
❖ Video: "Consultório na Rua: Conhecer para Acolher" - with authorial samba recording [by social agents]
❖ Teaser: https://www.youtube.com/watch?v=5Wex7YbIM3Q

2024 – Research Project – ENSP and others partners: *Trilhas do Cuidado nas Rua*
Tracks of care in the streets

The invisible urban dwellers: the stigma of People Living in the Streets in Rio de Janeiro

Os invisibilizados da cidade: o estigma da População em Situação de Rua no Rio de Janeiro

Mirna Barros Teixeira[1], Pilar Belmonte[2], Elyne Montenegro Engstrom[1], Alda Lacerda[2]

DOI: 10.1590/0103-110420195707

The dimension of care by the 'Street Clinic' team: challenges of the clinic in defense of life

A dimensão do cuidado pelas equipes de Consultório na Rua: desafios da clínica em defesa da vida
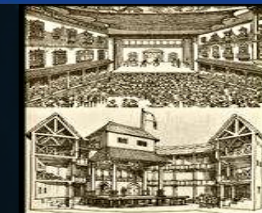
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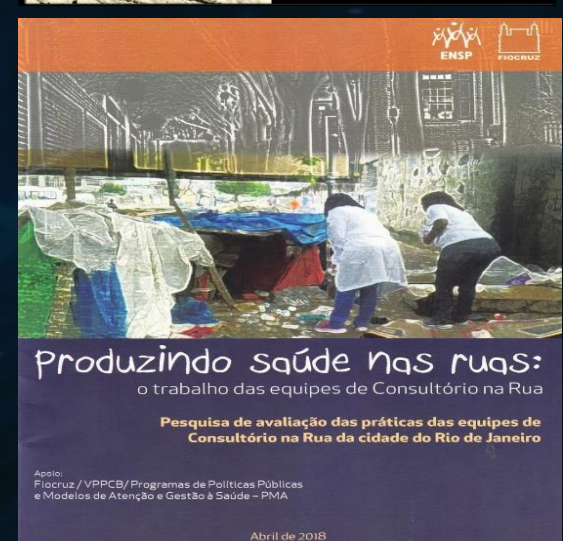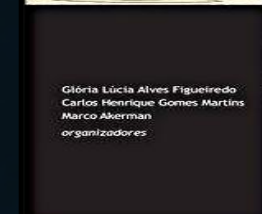
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Globalization and Health Inequities in Latin America

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Produzindo saúde nas ruas:
o trabalho das equipes de Consultório na Rua

Pesquisa de avaliação das práticas das equipes de Consultório na Rua da cidade do Rio de Janeiro

Abril de 2018

Main Care Actions Offered by the Teams

Medical Care

Individual consultations, medications, vaccines, collective consultations, wound care

Group Activities

Educational groups, interconsultations, visits, integrative practices

Dental Care

Dental consultations, small procedures

Diagnostic Services

Laboratory exams, imaging exams, rapid tests (HIV, hepatitis, syphilis, glucose, pregnancy)

Healthcare Professional's Perspective

"understand that this homeless population also gets sick, and they also have rights, as contemplated by SUS, and making this happen was not easy, it was a work that had an engagement not only from CnaR but also from other services" (Interviewed – professional)

Healthcare Professional's Perspective on Services

"Well, we do the care line services, tuberculosis, pregnant women both here in the health service and on the street. In addition to procedures, we follow the same basic care booklet, suture, dressing, blood test, laboratory tests, sputum collection, rapid test (Prof.)."

Analysis of the implementation of care practices by street clinic teams in Rio de Janeiro 2017 – 2020 - ENSP/Fiocruz - Qualitative approach

Importance of Accessibility and Network

"Every Tuesday we are near "Cajueiro" (territorial location), everyone already knows... this routine on the streets helps in organizing the demand, people end up knowing that we will be there and they count on it [...] then some procedures are possible on the streets... others, we understand that the person will be better served at the clinic" (Interviewed - professional).

"I think our biggest difficulty in this work is really being able to have a better-built network, I think it's something we have more difficulties with, being faster, having these things more ready for the network to work better, I think that's something we feel maybe more difficulty with" (Interviewed - professional.)

Addressing Societal Prejudices

"Sometimes they can't enter the job market because of prejudices, you know? If we could talk, right, and look differently at these people, we could help a lot more" (Interviewed – professional)

Analysis of the implementation of care practices by street clinic teams in Rio de Janeiro 2017 – 2020 - ENSP/Fiocruz - Qualitative approach

Obrigada
Thank you

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