



## HEALTH OF VENEZUELAN IMMIGRANTS: SCOPING REVIEW

Aristides Sampaio Cavalcante Neto\*

Maria Amélia de Campos Oliveira\*\*

### ABSTRACT

**Objective:** to map the existing production in the health area about Venezuelan immigration into the Brazilian territory from 2016 to 2021 and identify possible gaps. **Method:** scoping review based on JBI standards, carried out with data collected from scientific bases on health issues related to Venezuelan immigrants in Brazil. The databases were PubMed/Medline, SCOPUS, EMBASE, CINAHL, Web of Science, Science Direct, SciELO, Google Scholar, Cochrane Library, CAPES and Lilacs. Data were analyzed using Content Analysis, supported by the MAXQDA software. **Results:** the synthesis included 23 studies mostly conducted by Brazilian researchers and which dealt with the right to health, sociocultural issues, impacts of migration on work processes, and the epidemiological profile of the population. **Conclusion:** the articles focused on the theme without taking into account the social genesis of the researched phenomena. There is a need for research on the impact of migration on the work in health care, particularly in nursing care.

**Keywords:** Public Health; Nursing; Emigrants and Immigrants.

### INTRODUCTION

Since 2015, Venezuela has faced a steep decline in the economic situation, which has plunged the country into a social and humanitarian crisis unprecedented in its history<sup>(1)</sup>. Wage gaps caused by hyperinflation have drastically reduced the purchasing power of the population, especially the most socially vulnerable groups. Without conditions for subsistence, millions of Venezuelans were forced to emigrate from their homeland to other countries, including Brazil, in order to survive<sup>(2)</sup>. The migratory flow increased from 2015 and reached a peak in 2018 when more than 140,000 Venezuelans entered the Brazilian territory through the state of Roraima<sup>(3)</sup>.

Among the difficulties experienced and reported by Venezuelan immigrants in Brazil, the impacts on health are particularly significant. Data from the Institute for Applied Economic Research (IPEA) indicate a monthly increase of almost 8 thousand cases assisted in the largest hospital in Roraima alone, with strong negative impacts on a system that was already overloaded<sup>(4)</sup>. In the second quarter of 2018, the Room for Immigrants in Health Emergency Situation registered 65,958 cases of immigrants assisted at health units in the state of Roraima, a

number higher than the number of cases covered between 2014 and 2017, which totaled 62,113<sup>(5)</sup>. Data from the Superintendence of Primary Care of the Municipal Health Department of Boa Vista show an increase of around 35% in cases registered at Basic Health Units (BHUs)<sup>(6)</sup>. In addition, in certain units such as the 13 de Setembro BHU, for example, the monthly record of cases of Venezuelan immigrants assisted reached 90% of the total number of users.

The immigrant status, by itself, brings vulnerability to populations. When migration takes on a forced nature, making people to become refugees, various risks to physical and psychological integrity and human dignity are potentiated. Studies conducted in Brazil on the local impacts of immigration of Haitians, Bolivians, Arabs and other nationalities demonstrate such vulnerabilities<sup>(7,8)</sup>. Research about the health issues of immigrants and refugees in Brazil and worldwide have contributed to confronting inequalities through the creation of public policies that guarantee the rights of these people<sup>(9)</sup>.

Considering that the migratory phenomenon of Venezuelan people has drastically changed the health reality of Roraima and that migration has already reached several other states in the country, which receive these people through the

\*Nurse, PhD Student, University of São Paulo, São Paulo, SP, Brazil. E-mail: aristides.neto@usp.br ORCID ID: <https://orcid.org/0000-0001-5863-4303>

\*\*Nurse, PhD, University of São Paulo, São Paulo, SP, Brazil. E-mail: macampos@usp.br ORCID ID: <http://orcid.org/0000-0002-0533-7193>

interiorization process, and that public management strategies must be built on the firm foundations of scientific knowledge, the following question was established for this review: What knowledge has been produced in the health area about the immigration of Venezuelans to Brazil?

No systematic reviews and existing or ongoing protocols to answer the review question were identified in a preliminary search of PROSPERO, MEDLINE, Cochrane Database of Systematic Reviews, and JBI Evidence Synthesis.

Thus, the objectives of this review were to map the existing production in the health area on Venezuelan immigration to the Brazilian territory from 2016 to 2021 and to identify possible gaps in order to encourage new research in areas not currently covered and create ways to respond to the health needs of Venezuelan immigrants.

This review is based on the social interpretation of health and disease phenomena, the identification of vulnerabilities and attention to the health needs of population groups, especially the most vulnerable ones. Despite the advances resulting from the implementation of the Unified Health System (SUS), the hegemonic care model does not show health needs as social products and care remains fragmented, even in Primary Health Care (PHC), which has comprehensiveness as a principle<sup>(10)</sup>.

## METHOD

### Study Design

This is a scoping review based on the steps recommended by the JBI: 1) To define and align the objective(s) and question(s); 2) To develop and align the inclusion criteria with the objective(s) and question(s); 3) To describe the planned approach to the search for evidence, selection and extraction of data, and presentation of evidence; 4) To look for evidence; 5) To extract the evidence; 6) To analyze the evidence; 7) To present the results; 8) To summarize the evidence regarding the purpose of the review, drawing conclusions and noting any implications of the findings<sup>(11)</sup>.

Scoping reviews are used when the intention

is to map the main concepts that support certain knowledge, assess the extent, scope and nature of investigations and identify possible gaps in order to suggest new directions for the investigation<sup>(11)</sup>. They can also be used to obtain evidence to guide effective practice in a specific field of public management<sup>(12)</sup>.

### Population, Concept and Context

The PCC strategy was used. In this review, a mnemonic that stands for Population, Concept and Context<sup>(11)</sup>. P corresponds to the population of Venezuelan immigrants displaced from their country to Brazil; C to the concept of health worked in each study in this review; and C refers to the Context of the Brazilian scenario of Venezuelan immigration.

### Selection criteria

Inclusion criteria were scientific articles indexed in selected databases, empirical, primary, quantitative and qualitative studies, using various methods and designs, published in the last five years, addressing health issues related to Venezuelan migration into the Brazilian territory. Animal studies, abstracts from conventions, conferences and seminars, journal editorials, research on migrations unrelated to the Venezuelan population and any other document that has not been published in scientific journals indexed in relevant databases were excluded from this review. The selection followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Review - PRISMA<sup>(13)</sup>.

### Study search and inclusion strategy

Data collection was carried out in June 2020 and updated in September 2021 through a survey of all articles, theses and dissertations published in digital databases, both in specialized and multidisciplinary areas. The search was performed in the following databases: SCOPUS, CINAHL, EMBASE, PubMed/Medline, SciELO, Lilacs/BVS, Web of Science, Science Direct, Cochrane Library, CAPES Theses and Dissertations Catalog, and Google Scholar. The

following DEC/MeSH terms and keywords were used, associated by the Boolean operators “AND” and “OR”, following the criteria observed in each database: health; emigrants and immigrants; migration; migrations; refugees; Venezuelans; Venezuela; economy; economic crisis; social sciences; and crisis (Box 1). In the

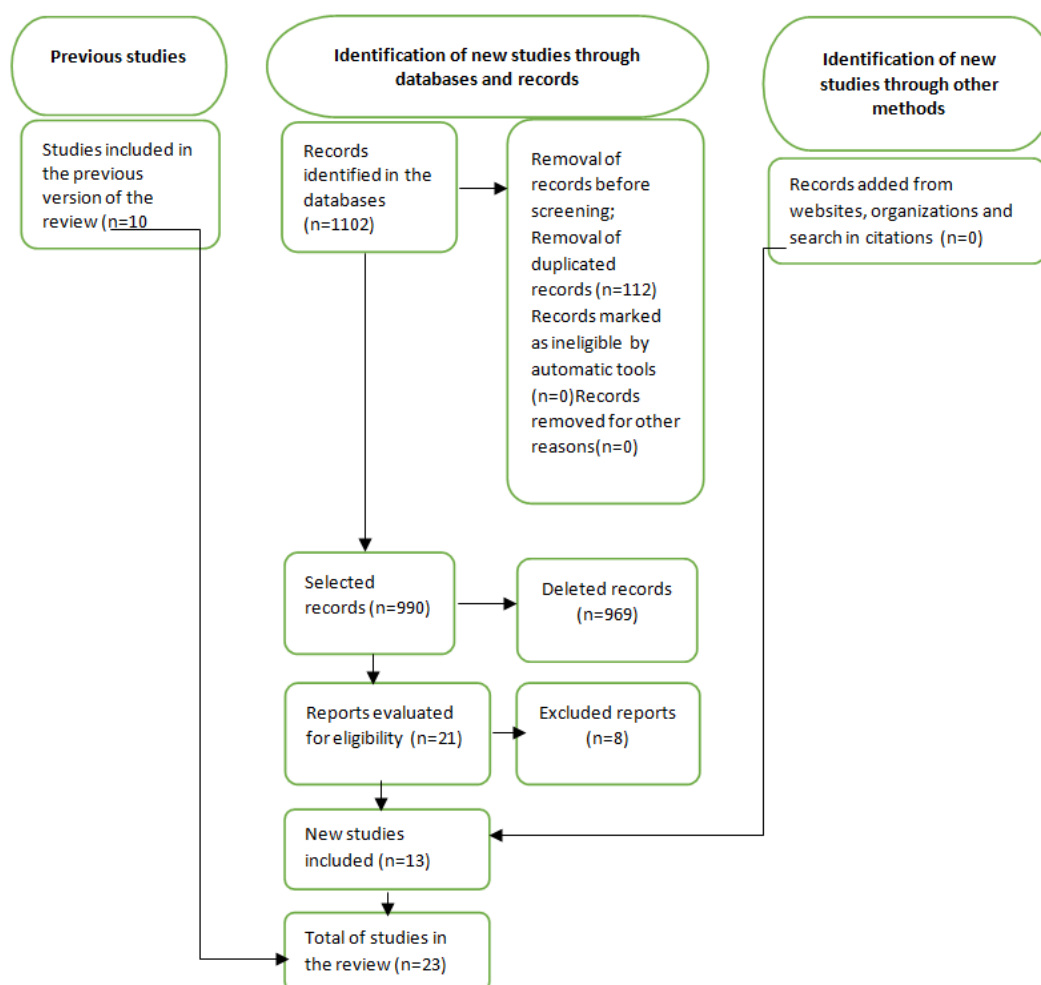
Google Scholar platform, manual selection was necessary, performed at the time of the search and based on the strategies applied with the Boolean operators. This need arose due to the fact that this database does not have refinement options to allow a more efficient screening of articles.

### Box 1. Database search strategies

Database	Search strategy	Nº Studies identified
PubMed/Medline September 8, 2021	((venezuela) OR (venezuelan)) AND ((migration) OR (emigration) OR (immigration) OR (refugee) OR (refugees))	32
SCOPUS September 8, 2021	<i>title-abs-key ( ( "venezuela" or "venezuelans" ) and "health" ) and ( limit-to ( affilcountry , "brazil" ) ) and ( limit-to ( pubyear , 2021 ) or limit-to ( pubyear , 2020 ) or limit-to ( pubyear , 2019 ) or limit-to ( pubyear , 2018 ) or limit-to ( pubyear , 2017 ) or limit-to ( pubyear , 2016 ) ) and ( limit-to ( subjarea , "medi" ) or limit-to ( subjarea , "immu" ) or limit-to ( subjarea , "bioc" ) or limit-to ( subjarea , "nurs" ) or limit-to ( subjarea , "phar" ) )</i>	112
Google Scholar September 10, 2021	<i>migração OR venezuela OR venezuelana OR imigrantes OR refugiados -colômbia -peru -bolívia -chile -equador -haiti</i>	32
LILACS/VHL September 9, 2021	<i>venezuela [Palavras] or venezuelan [Palavras] and migration [Palavras] – 127 resultados</i>	127
SciELO September 9, 2021	<i>(venezuela) OR (venezuelan) AND network:org AND -in:rve AND ( in:("scl") AND year_cluster:("2020" OR "2019" OR "2017" OR "2021" OR "2016") AND type:("research-article") AND subject_area:("Human Sciences" OR "Health Sciences" OR "Applied Social Sciences" OR "multidisciplinary"))</i>	62
Web of Science September 8, 2021	<i>venezuela OR venezuelans (Tópico) and 2017 or 2018 or 2019 or 2021 or 2020 (Anos da publicação) and BRAZIL (Países/Regiões)</i>	185
EMBASE September 9, 2021	<i>(venezuela OR venezuelan) AND (migration OR migrations OR refugee OR refugees OR emigration OR immigration OR crisis) AND [2017-2021]/py AND [humans]/lim</i>	173
Science Direct September 8, 2021	<i>(venezuela OR venezuelans) AND (migration OR refugees) AND health AND social sciences AND Brazil AND [2017-2021]</i>	243
CINAHL September 8, 2021	<i>(venezuelamigration OR venezuelarefugeecrisis OR venezuelaeconomiccrisis OR venezuelapoliticalcrisis OR venezuelacrisis OR venezuelaeconomy)</i>	24
Cochrane Library September 8, 2021	<i>"Venezuela" in Title Abstract Keyword OR "Venezuelan" in Title Abstract Keyword AND refugees in Title Abstract Keyword OR "emigration" AND "immigration" limit [2017-2021]</i>	101
CAPES September 10, 2021	<i>"migração" AND "Venezuela"</i>	20
	<i>"fluxo migratório venezuelano" OR "fenômeno migratório venezuelano"</i>	2
	<i>"saúde dos imigrantes venezuelanos" OR "saúde dos migrantes venezuelanos" OR "saúde dos venezuelanos"</i>	0

After the search, the data were extracted, exported and organized in the Mendeley® bibliographic reference manager. The titles and abstracts of all articles were read, and then the full texts were read when it was necessary to investigate additional eligibility criteria. After a double check and exclusion of works that were

not the object of interest in this research and subsequent review by the authors, 23 articles related to the purposes of this investigation were selected. Figure 1 shows the search strategy used and the literature selection process of this review.



**Figure 1.** Study selection flowchart.

The MAXQDA qualitative analysis software was used for data analysis and processing<sup>(14)</sup>. This program assists in analyzing unstructured data and the content of interviews, speeches, focus groups, media files, and social media data. After the complete reading, the articles that composed the review were imported into the software in PDF format. In the software, the excerpts were extracted and coded based on Bardin's content analysis<sup>(15)</sup> from the following pre-established categories: study object, objectives, methods and conclusions. As a methodological tool, content analysis was also important to more accurately identify the theoretical and philosophical frameworks present in the works. This step was carried out by the authors, separately, afterward, by consensus.

## Ethical aspects

As this review does not involve human beings, approval of an Ethics and Research Committee was not necessary. The reliability and fidelity of the information contained in the selected studies were guaranteed through referencing and rigor in the treatment and presentation of data.

## RESULTS

The 23 articles that composed the review are presented in Box 2, highlighting the objectives, methods and conclusions, which allowed extracting the information that indicated the areas of interest and the focus of the studies. The data are organized in order of the references.

**Box 2.** Object, objectives, methods and conclusions of the analyzed articles

Reference	Object	Objective	Method	Conclusion
Ref.16	Reproductive health	To assess reproductive health perceptions.	Mixed methods	Xenophobia and language are limitations for the immigrants.
Ref.17	Reproductive health	To assess reproductive health perceptions.	Cross-sectional study	Social vulnerabilities impact the reproductive health of immigrants.
Ref.18	Epidemiology of malaria	To analyze transboundary malaria.	Quantitative	The crisis in Venezuela affected the behavior of malaria in the region.
Ref.19	Work processes	To analyze the work of the Venezuelan people.	Qualitative and ethnographic	Informal work constitutes vulnerability.
Ref.20	Work processes	To identify challenges in immigrant care.	Descriptive, qualitative	Overload and language are limitations.
Ref.21	Work processes	To analyze the impacts of migration.	Exploratory and Qualitative	Lack of resources is the main limiting factor.
Ref.22	Violence in Pacaraima	To analyze records of violence.	Cross-sectional study	Venezuelans are in 54.7% of the records.
Ref.23	Journalistic stories	To analyze the impact of xenophobic stories.	Qualitative	The news format produces xenophobia.
Ref.24	Reproductive health	To analyze reproductive health issues.	Mixed methods study	Being an immigrant limits the access to services.
Ref.25	Life habits	To know habits and customs.	Exploratory and Qualitative	The shelters were not ideal for the residents.
Ref.26	Perceptions of professionals	To analyze perceptions about migration.	Qualitative	Lack of resources and overload were the most cited.
Ref.27	Sociocultural aspects	To report professional experience.	Observational and Qualitative	The work of CAPS favors the fight against xenophobia.
Ref.28	Sociocultural aspects	To analyze government actions.	Qualitative by document analysis	The work performed by governments is of excellent quality.
Ref.29	Sociocultural aspects	To analyze the concept of universality.	Qualitative	Border closure is segregationist.
Ref.30	Sociocultural aspects	To discuss the phenomenon of immigration.	Qualitative and exploratory	Displacement produces loss of identity.
Ref.31	Local epidemiological profiles	To assess local epidemiology.	Quantitative	Immigration produced the emergence of diseases in Roraima.
Ref.32	Sociocultural aspects	To analyze the issue of the Warao.	Case study	The Warao people suffer from the loss of their culture.
Ref.33	Sociocultural aspects	To analyze formative constructs.	Qualitative study	Experiences with immigrants enrich health education.
Ref.34	Epidemiological surveillance actions	To report an experience in surveillance.	Experience report	Immigration created challenges and overload.
Ref.35	Epidemiological profiles	To analyze a scenario of violence.	Exploratory and quantitative	Immigrants are more vulnerable to violence.
Ref.36	Concept of comprehensiveness	To compare health in Brazil and Venezuela.	Qualitative	The Brazilian PHC has a wider range of services.
Ref.37	Work processes	To reflect on epidemiological impact.	Cross-sectional study	For a complete analysis, it is necessary to invest in qualitative research.
Ref.38	Outbreak of measles	To carry out an epidemiological report.	Experience report	The Venezuelan migration crisis is considered the cause of the entry of the measles virus.

Of the 23 works, 3 were published in 2021<sup>(16-18)</sup>, 8 in 2020<sup>(19-26)</sup>, 9 in 2019<sup>(27-35)</sup> and 3 in 2018<sup>(36-38)</sup>. They dealt with various themes, with

emphasis on changes in epidemiological profiles, impacts of migration on health services, violence with the participation of immigrants,

xenophobia, human rights, reproductive rights, principles and guidelines of the Brazilian and Venezuelan health systems, and transculturality. Qualitative research methods were predominant<sup>(19,20,32–34,36,21,23,25–30)</sup> (n=14), followed by quantitative methods<sup>(17,18,22,31,35,37)</sup> (n=6) and mixed methods<sup>(16,24,38)</sup> (n=3).

The objects of interest in the studies were mostly the sociocultural aspects of health, the focus of seven articles<sup>(19,23,25,27,30,32,33)</sup>. In second place (n=5) came research that addressed the work processes of nursing<sup>(20,21,26,34,37)</sup> and the analyses of transformations in epidemiological profiles<sup>(18,22,31,35,36,38)</sup>. Five articles focused on the theme of human rights<sup>(16,17,24,28,29)</sup>, three of them with an emphasis on the reproductive rights of Venezuelan immigrant women<sup>(16,17,24)</sup>.

Health issues related to the phenomenon of Venezuelan immigration proved to be matters of worldwide interest, as 5 of the 23 articles were published in international journals: Eurosurveillance, BMC Public Health, BMC Malaria Journal, International Journal of Gynecology and Obstetrics, and Journal of Migration and Health. Four of these five international articles had the participation of representatives of international organizations. Brazilian journals were responsible for 17 publications with an emphasis on Health in Networks (n=4). To date, the master's thesis that included the synthesis of this review has not been published in the form of a scientific article.

The theoretical frameworks explaining the health-disease process that guided the studies were not explained. Approaches linked to sociocultural theories were identified in the analysis of the objects, objectives and methods of the 14 articles that used qualitative methodologies. Quantitative studies proved to be based on traditional epidemiology. The three mixed-methods studies used traditional epidemiology to draw sociodemographic profiles and open interviews to capture the subjectivity of individuals, but which ended up converging with the qualitative theoretical frameworks mentioned above.

## DISCUSSION

Health issues related to the population of Venezuelan immigrants in the Brazilian territory

have motivated the mobilization of efforts from several countries and the United Nations in an attempt to resolve the social inequities experienced by them in the Brazilian territory. Such inequities are the consequence of a series of vulnerabilities that are evidenced in the studies of this review<sup>(16,17,32,33,35,36,19,22–25,27–29)</sup> and arouse worldwide, as evidenced by the studies published in international journals<sup>(16–18,24,38)</sup>.

The analysis also demonstrated the researchers' consistent concern with studying the impacts of the migratory phenomenon both for Brazilians and for the immigrant population. Comparative studies between the health systems of the two countries can be a source of answers to the questions made by nursing professionals, when they claim not to understand why Venezuelans do not respect the norms of local hospitals<sup>(16,17,19,24,36)</sup>. This finding is in line with the conclusions of researches on the impacts of migration on nursing workers that report the "difficulty in dealing with cultural diversity", "communication barriers", "lack of understanding of the political and health systems on the part of Venezuelans" and the need for more "reflections on the sociocultural issues" of Venezuelans<sup>(20,21,26,37)</sup>.

Like the Brazilian system, the Venezuelan PHC considers comprehensive care as a fundamental concept for health care<sup>(36)</sup>. In both countries, embracement is often called the risk classification of users, which directs the necessary care in each case. However, the Brazilian concept of comprehensiveness surpasses the Venezuelan when it postulates that PHC is the gateway and the reference for other levels of care and the main point of support in Health Care Networks<sup>(20,21,26,37,38)</sup>.

In the scientific productions analyzed, an important gap is the scarce production of studies on the health issues of the indigenous Venezuelan Warao ethnic group<sup>(32)</sup>, which is the group that most migrates to Brazil. The articles that dialogued with this object were those conducted under the sociocultural perspective and the social determinants of the health-disease process<sup>(16,17,19,23,25,27–30,33)</sup>, therefore, distinct from the social determination of the health-disease process.

Another perceived gap in scientific production is the lack of studies addressing

issues related to women's health, particularly the violence suffered by Venezuelan women and identified in the studies that addressed issues relevant to the reproductive rights of immigrant women<sup>(16,17)</sup>. Despite agreeing that sexual and reproductive violence expresses the denial of women's rights, they make little progress in this discussion. These surveys only identified several social vulnerabilities, including lack of housing, lack of documentation, inadequate food, poor hygiene, preexisting diseases, lack of family planning, problems in prenatal care, outdated knowledge about reproductive health, episodes of sexual violence, and low education in an evident multifactorial conception of the health-disease process.

The theme of violence against women stood out only in two publications that also highlighted the gender category as a possible explanation<sup>(22,35)</sup>. Both articles highlight the vulnerability of immigrants to various forms of violence, but do not mention the double vulnerability experienced by Venezuelan women who are immigrants. High vulnerability was identified in Venezuelan pregnant women and parturients attended at the only local maternity hospital<sup>(21)</sup>.

Furthermore, the publications reinforced the stereotype of "dangerous migrants", passing the idea that Venezuelan immigration is responsible for the increase in violence in Roraima, while promoting discourses of equity.

The needs of migrants related to Mental Health emerged in some studies<sup>(27,33,35)</sup> that signaled concerns about illnesses and problems of psychological origin. However, the conditions that affect the quality of life of migrants, whether material, biological, psychosocial or behavioral, are seen from a positivist perspective in which the inequalities faced must be resolved through intersectoral public policies.

The impacts of the phenomenon of Venezuelan migration on health professionals and specifically on Nursing have been little explored. Five articles presented them from different points of view<sup>(20,21,26,37)</sup>. These studies described the reality experienced by nursing professionals in PHC and High Complexity institutions. There is a need for investigations to expand this discussion by searching for data that report the reality of medium complexity

institutions, represented by the Specialized Clinics, Psychosocial Care Centers (CAPS), Outpatient Clinics, and other health services that rely on the participation of nursing professionals.

Overcrowding of services and work overload were identified as the main difficulties faced by nursing workers. According to some authors, the increase in the search for care in the first years of Venezuelan immigration was not accompanied by the contribution of human and material resources. This fact caused great discomfort among nursing professionals and an increase in the number of sick leave related to physical and mental health problems<sup>(21,26)</sup>. Professionals also reported that the migratory crisis only exacerbated problems that already existed in health services, such as the structural and logistical deficit. The precarious health conditions of immigrants and the increase in violence were also mentioned as aggravating factors for their work overload<sup>(20,21,26)</sup>.

Finally, the gap considered most important was related to the way in which the specificities of the Venezuelan immigrant and refugee population in the Brazilian territory are treated. In the analyzed studies, they are perceived as independent variables of a problem that, when properly organized, could solve the health issues of the migrant population. Thus, even though they consider economic, cultural and psychological issues in the basis of health problems, the studies do this in a way that it is not possible to establish the historical link between these dimensions of the lives of the migrants.

A considerable part of the works that composed the synthesis of this review used a quantitative approach<sup>(17,18,22,31,35,37)</sup>. Thus, it was proposed to elucidate health phenomena that have their genesis in a serious humanitarian crisis from a numerical database. Its limitation resides in the fact that it does not allow for the deepening that is achieved when appropriate tools are used for the study of phenomena which have a social genesis.

The studies using mixed methods chosen in the synthesis represent a methodological advance and provide objective and subjective information about the health of Venezuelan migrants<sup>(16,24,38)</sup>. However, despite the expansion achieved, the positivist view still limits the

contribution of qualitative data, again reducing the interpretation of phenomena to a multi-causal analysis. The importance of Nursing in the health research scenario should be highlighted, where it has achieved several and important advances in the field of mixed-methods research and which should be encouraged for a better approach to complex phenomena<sup>(39-44)</sup>.

## CONCLUSION

The review allowed us to conclude that the articles that deal with the health issues of Venezuelan people in Brazil do not favor the understanding of the social genesis of the researched phenomena. Even studies that adopt sociocultural approaches present a positivist and

functionalist view of health. Overcoming the identified gaps requires important investments in the field of investigation of the health needs of Venezuelans, from the perspective of the social determination of the health-disease process. Without this guiding perspective, the discussion will focus on the same elements present in most studies (income, education, gender and work), without the necessary articulation with the existing mode of social production and reproduction in Brazilian society, governed by the capitalist logic.

As a profession placed at the forefront of actions that prioritize prevention and health promotion, Nursing must consistently invest in research that goes beyond the merely biomedical and hospital-centric model that still remains hegemonic.

## SÁUDE DOS IMIGRANTES VENEZUELANOS: REVISÃO DE ESCOPO

### RESUMO

**Objetivo:** mapear a produção existente na área da saúde sobre a imigração venezuelana no território brasileiro de 2016 a 2021 e identificar possíveis lacunas. **Método:** revisão de escopo fundamentada nas normas JBI, com dados coletados em bases científicas sobre as questões de saúde referentes aos imigrantes venezuelanos no Brasil. As bases para coleta foram PubMed/Medline, SCOPUS, EMBASE, CINAHL, Web of Science, Science Direct, SciELO, Google Scholar, Cochrane Library, CAPES e Lilacs. Os dados foram analisados a partir da Análise do Conteúdo, com suporte do *software* MAXQDA. **Resultados:** a síntese incluiu 23 estudos conduzidos em sua maior parte por pesquisadores brasileiros e que versaram sobre direito à saúde, questões socioculturais, impactos da migração sobre os processos de trabalho e perfil epidemiológico da população. **Conclusão:** os artigos enfocaram a temática sem levar em conta a gênese social dos fenômenos pesquisados. Há necessidade de pesquisas acerca do impacto da migração sobre o trabalho em saúde, particularmente da enfermagem.

**Palavras-chave:** Saúde Pública. Enfermagem. Emigrantes e Imigrantes.

## SALUD DE LOS INMIGRANTES VENEZOLANOS: REVISIÓN DE ALCANCE

### RESUMEN

**Objetivo:** Mapear la producción existente en el área de la salud sobre la inmigración venezolana al territorio brasileño de 2016 a 2021 e identificar posibles debilidades. **Método:** revisión de alcance basada en la forma estándar de JBI, con datos recolectados de bases científicas sobre temas de salud relacionados con inmigrantes venezolanos en Brasil. Las bases de recolección de datos fueron PubMed / Medline, SCOPUS, EMBASE, CINAHL, *Web of Science*, *Science Direct*, SciELO, *Google Scholar*, *Cochrane Library*, CAPES y Lilacs. Los datos fueron analizados a partir del Análisis de Contenido, con soporte del *software* MAXQDA. **Resultados:** la síntesis incluyó 23 estudios realizados en su mayoría por investigadores brasileños y que trataron sobre derecho a la salud, las cuestiones socioculturales, los impactos de la migración en los procesos laborales y el perfil epidemiológico de la población. **Conclusión:** los artículos se centraron en el tema sin tener en cuenta la génesis social de los fenómenos investigados. Se hacen necesarias investigaciones sobre el impacto de la migración respecto al trabajo en salud, particularmente de la enfermería.

**Palabras clave** Salud pública. Enfermería. Emigrantes e inmigrantes.

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**Corresponding author:** Aristides Sampaio Cavalcante Neto Rua Manoel Dias de Almeida 862, 31 de março, Boa Vista – RR. E-mail: [aristides.neto@usp.br](mailto:aristides.neto@usp.br)

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