


**ADDRESSING MIGRANT ACCESS TO HEALTHCARE IN
PORTUGAL:
PROMOTING RIGHTS IN A LANDSCAPE OF SOCIO-
POLITICAL POLARIZATION**

***ACCESO DE LAS PERSONAS MIGRANTES A LA ATENCIÓN SANITARIA
EN PORTUGAL:
PROMOCIÓN DE DERECHOS EN UN CONTEXTO DE POLARIZACIÓN
SOCIOPOLÍTICA***


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Abstract

Introduction. Over the past decade, numerous global events have unfolded, spanning from migratory and humanitarian crises to health, political, and socio-economic challenges, culminating in a worsening of armed conflicts worldwide. Portugal has been marked by pronounced migratory inflows, mainly from communities in Portuguese-speaking countries, but also other regions. Yet, the growing phenomenon of political polarization, both globally and locally, has generated perceptions that challenge traditionally safeguarded rights. This study aims to analyze Portuguese public policies on access to healthcare, understanding how they have been operationalized to guarantee the migrant population's right to health. **Methods.** Against this backdrop, this article examines public policies related to healthcare access in Portugal through an analysis of Portuguese legislation, data from international organizations, and interviews with professionals from social organizations that provide support to migrants. **Results.** Concerning healthcare access in Portugal, the National Health Service (SNS) is founded on the Portuguese Constitution that guarantees the rights to healthcare for all. Notwithstanding the coexistence of private healthcare options, the SNS is universal, tends to be free of charge, and does not discriminate against citizens based on their socio-economic situation. Portuguese legislation ensures that foreign citizens are allowed access to healthcare under the same conditions as nationals, according to certain criteria. Conversely, even foreign citizens lacking proper documentation retain access to healthcare services within the SNS, regarding urgent situations, public health contexts, and other specified circumstances. However, testimonies from NGOs' professionals report persistent barriers and limitations in the operationalization of healthcare legislation and reflect issues that hinder access to healthcare services. **Discussion and conclusions.** The findings highlight that Portugal's public health policies are widely recognized, but a landscape of socio-political polarization could change this scenario. Bureaucratic and operational barriers persist, hindering access to healthcare for certain migrant populations, especially the most vulnerable. This study underscores the need for more equitable and inclusive policy strategies, aligned with the National Health Plan, and presents key aspects requiring Social Work attention to promote collective health.

Keywords: Migration; Human Rights; Health; Social work; Social intervention; Public policies; Healthcare.

Resumen

Introducción. En la última década, se han sucedido numerosos acontecimientos a nivel global, que abarcan desde crisis migratorias y humanitarias hasta desafíos sanitarios, políticos y socioeconómicos, culminando en un agravamiento de los conflictos armados en todo el mundo. Portugal ha estado marcado por notables flujos migratorios, provenientes principalmente de comunidades de países de habla portuguesa, aunque también de otras regiones. Sin embargo, el creciente fenómeno de polarización política, tanto a nivel global como local, ha generado percepciones que cuestionan derechos tradicionalmente protegidos. Este estudio tiene como objetivo analizar las políticas públicas portuguesas en materia de acceso a la atención sanitaria, comprendiendo cómo han sido operacionalizadas para garantizar el derecho a la salud de la población migrante. **Métodos.** En este contexto, el artículo examina las políticas públicas relacionadas con el acceso a la atención sanitaria en Portugal, mediante el análisis de la legislación portuguesa, datos de organismos internacionales y entrevistas con profesionales de organizaciones sociales que prestan apoyo a personas migrantes. **Resultados.** En cuanto al acceso a la atención sanitaria en Portugal, el Servicio Nacional de Salud (SNS) se fundamenta en la Constitución portuguesa, que garantiza el derecho a la atención sanitaria para todas las personas. A pesar de la coexistencia de opciones privadas, el SNS es universal, tiende a ser gratuito y no discrimina a la ciudadanía en función de su situación socioeconómica. La legislación portuguesa establece que las personas extranjeras tienen derecho a acceder a los servicios de salud en las mismas condiciones que las nacionales, conforme a ciertos criterios. Asimismo, incluso aquellas personas extranjeras que carecen de documentación adecuada conservan el derecho a acceder a servicios de salud dentro del SNS en situaciones de urgencia, en contextos de salud pública y en otras circunstancias específicas. Sin embargo, los testimonios de profesionales de organizaciones no gubernamentales revelan barreras y limitaciones persistentes en la implementación de la legislación sanitaria, y reflejan problemáticas que dificultan el acceso a estos servicios. **Discusión y conclusiones.** Los resultados evidencian que las políticas públicas de salud en Portugal gozan de amplio reconocimiento, pero un escenario de polarización sociopolítica podría alterar esta realidad. Persisten barreras burocráticas y operativas que obstaculizan el acceso a la atención sanitaria para determinados grupos migrantes, especialmente los más vulnerables. Este estudio subraya la necesidad de estrategias políticas más equitativas e inclusivas, en consonancia con el Plan Nacional de Salud, y presenta aspectos clave que requieren la atención del trabajo social para promover la salud colectiva.

Palabras clave: Migración; Derechos Humanos; Salud; Trabajo social; Intervención social; Políticas públicas; Atención sanitaria.

1. Introduction

Several phenomena have influenced the need for international protection, including the COVID-19 pandemic, the Taliban takeover of Afghanistan, the invasion of Ukraine, and the conflict in the Gaza Strip (European Union Agency for Asylum [EUAA], 2024). International interventions remain relevant in addressing armed conflicts and post-conflict contexts from political, economic, and social perspectives (Vesco et al., 2025). According to the United Nations Development Programme [UNDP] (2022), polarization, political extremism, and demagoguery, fueled by mass media, artificial intelligence, and other technologies, constitute a growing democratic regression that deepens persistent inequalities. The rise of far-right and neo-Nazi movements and their digital campaigns amplify distorted associations between insecurity and migration (Fernandes & Teles, 2021). In Portugal, ethnic background, skin color, sexual orientation, and country of origin remain key factors of discrimination, with nearly one-third of people reporting exposure to such situations (Instituto Nacional de Estatística, 2023).

In 2021, the Immigration and Borders Service (SEF) was abolished and replaced by the Agency for Integration, Migration, and Asylum (*Agência para a Integração, Migrações e Asilo*, AIMA), a public institute tasked with implementing national and European migration and asylum policies, including the entry, residence, and integration of foreign populations (Decree-Law No. 41/2023, of June 2 [*Decreto-Lei n. 41/2023*]). However, administrative and bureaucratic barriers continue to hinder residence permit acquisition for some foreign nationals and descendants born in Portugal, particularly after the pandemic (Portela et al., 2024; Schwalbach, 2021). According to AIMA (2024), in 2023, there was a 33,6% increase in the number of foreign residents living legally in Portugal compared to the previous year. The Portuguese language continues to link Portugal with the Community of Portuguese-Speaking Countries (*Comunidade de Países de Língua Portuguesa*, CPLP) (Schwalbach, 2021), from which more than half of foreign residents originate. Migration from Asian countries, especially India and Nepal, has noticeably risen compared with the pre-pandemic period (AIMA, 2024).

The immigration phenomenon in Portugal has grown markedly in recent years, making the right of foreign individuals to access healthcare particularly significant (Noronha, 2023). The right to health protection requires the state to assume a central role in the provision of healthcare, not merely as a regulator of the system (Deodato, 2017). Browne and Leckey (2022) identify social cohesion and local democracy as health

determinants, alongside community participation in the planning, development, and evaluation of healthcare services (den Broeder et al., 2017; Haldane et al., 2019). The relationship between care fragmentation, access, and equity is complex, as fragmented systems often neglect the most vulnerable and deepen social inequalities (Santo et al., 2025).

The analysis of policies in specific areas, such as the healthcare sector, is relevant for understanding the structure and functioning of systems, services, and government policies, both present and future (Kayesa & Shung-King, 2021; Walt & Gilson, 1994). Social work in healthcare addresses the social dimension of health in a multifaceted manner and at various levels, with different approaches within the political-institutional health domain (Gijón Sánchez et al., 2024; Santo et al., 2025). Against this background, this research aimed to analyze public policies on healthcare access in Portugal, focusing on their implementation for migrant populations within a socio-political context marked by polarization. By combining legislative analysis, international data, and insights from social and solidarity sector practitioners, the study highlights persistent barriers and opportunities for equitable migrant healthcare access emphasizing strategies to address these challenges.

The next section outlines the study's methodology, followed by the presentation of results. Based on these findings, critical discussion and conclusions are offered, reflecting on current challenges in line with humanistic social work values and practice.

2. Methods

This study was conducted involving different levels of data collection and analysis. A review of the current Portuguese legislation was carried out, compiling rights and responses related to healthcare access in Portugal. Document analysis in health policy studies has been recognized as a relevant methodology in various studies (Dalglish et al., 2020; Kayesa & Shung-King, 2021; Walt & Gilson, 2014).

Lundberg and Kjellbom (2021) emphasize the importance of understanding legal subjects, particularly in their analysis of the intersections between social work law and migration law. Legal documents and official reports published between 2015 and 2025 were selected to examine Portuguese healthcare policies in this context. The collection of legal information followed thematic, geographic, and temporal criteria, including data

related to the health and migration sectors, data pertaining to Portugal, and data from the past ten years. Efforts were made to identify entities that could meet these defined criteria in a rigorous and reliable manner. Following an initial legislative review, the most relevant laws concerning changes in healthcare access in Portugal affecting the foreign population were selected. This study focuses particularly on legal changes over the past years, based on the UNDP (2022) report, which highlighted growing political and social polarization and emphasized the need to examine recent legislative and policy responses. Additionally, international reports from Organisation for Economic Co-operation and Development (OECD) and European Observatory on Health Systems and Policies were analyzed, such as the Country Health Profiles - State of Health in the European Union (EU) for Portugal.

Incorporating European Statistics on Income and Living Conditions (EU-SILC) survey data contextualizes migrants' healthcare access within broader socioeconomic determinants and provides a comparative framework situating Portugal's patterns relative to other European Union (EU) member states. It also enhances the interpretation of national policy outcomes and supports evidence-based policy discussion. Available data for Portugal and the European Union average over the past ten years were collected regarding people aged 16 or older. To ensure greater accuracy, we utilized data up to 2019 from the 28 EU member states (EU-28), transitioning in 2020 to the 27 countries that currently constitute the EU (EU-27). The data on these indicators include citizens' perceptions and self-assessments of their health status, the prevalence of long-standing illnesses or health problems (chronic conditions), and activity limitations (self-perceived long-standing limitations in usual activities due to health problems). For these variables, we analyzed the percentage differences between national citizens and foreign populations in Portugal, as well as comparisons with the EU average. For all data, we included the database online code provided by Eurostat. Although we aimed to update the data to include 2024, it was not yet available, as the final data check was conducted in March 2025.

In the field of social work and healthcare, qualitative studies enable an understanding of phenomena by exploring participants' perspectives in relation to their context (Bru, 2024). Another component of the research involved semi-structured interviews with professionals from social non-profit organizations providing social and healthcare support to the migrant population in Portugal. According to Santo et al. (2025), community services play a crucial role in addressing the social determinants of health

and promoting care integration, as their local proximity enables more adaptive and personalized interventions. Social workers occupy a key position in ensuring that individuals receive resources and support tailored to their needs. The interviews were conducted remotely between December 2023 and February 2024, with an average duration of 50 minutes. They followed a pre-established interview guide, which explored the interviewees' perceptions of the barriers faced by migrants in accessing healthcare services, existing policies, and practices observed in the field. All seven interviewees were women, some of whom were immigrants themselves, and had been working in these organizations for over a year. Participants were from Lisbon Metropolitan Area, which hosts the largest number of settled immigrants in Portugal (AIMA, 2024). The selected organizations provide support across key areas of public health and social services, including healthcare access (prevention and treatment of infectious diseases), legal assistance and advocacy, housing support, integration services, and community-based outreach and education. All ethical considerations, including informed consent and data protection, were strictly observed in accordance with relevant guidelines and institutional regulations. To ensure greater comfort for the participants, especially since some had experienced a sensitive migration process, it was decided not to record audio or video, prioritizing security and trust in the anonymity and confidentiality of the study. This procedure contributed to a more in-depth sharing of their experiences, without fear of exposure or identification. To ensure the reliability of the information, all data were noted in real time, confirmed with the participants, and analyzed following the steps outlined by Guerra (2006). This combined approach of document analysis, statistics, and interviews allowed for the identification of emerging issues regarding the interactions between current healthcare policies and the lived reality.

3. Results

In this section, we present the findings gathered from various sources and types of data. To ensure coherence in the analysis and presentation, this section is organized into distinct subsections: (i) Perspectives on Health in Portugal; (ii) Overview of the Healthcare System in Portugal; (iii) Accounts from Social Sector Professionals.

3.1. Perspectives on Health in Portugal

Self-perceived health serves as an indicator for assessing the population's well-being from their own perspective. An analysis of data (code: HLTH_SILC_23) from 2015 to 2023 reveals significant differences between the foreign and national populations. The data indicate that the percentage of individuals who rate their health as "very good" or "good" is consistently higher among foreign populations compared to Portuguese nationals. Over the years, health perceptions have slightly improved for both groups, reaching 64,3% for foreign populations in 2023 and 49,8% for Portuguese nationals, with the highest percentage recorded among migrants from other EU countries (67%). The self-perceived health as "very good" or "good" in Portugal remain below the European Union average, with a much more pronounced gap among the Portuguese population than among foreign populations. Although these negative health assessments have declined since 2015, they remain nearly twice as high as those reported by the foreign population.

The impact of chronic diseases should be considered in individual well-being and quality of life, as they contribute to an increase in years of life with disability or dependence. According to data (code: HLTH_SILC_25), the percentage of the population with a long-standing illness or health problem has shown an upward trend, reaching nearly half of the Portuguese population (45,4% in 2023). This figure is higher compared to the average of nationals of other European Union countries (35,4% in 2023). Regarding the migrant population in Portugal, the foreign population (non-EU countries) exhibits a higher percentage than the foreign population (EU countries), which does not reflect the same pattern as the EU average. While the number of foreign individuals in Portugal having a long-standing illness or health problem has increased in recent years, from 2022 to 2023, there was a decrease from 39,8% to 34,6%. Concerning persons reporting a chronic disease (data code: hlth_ehis_cd1c) from 2019, significant variations in the prevalence of different health conditions are observed between the national and foreign populations in Portugal, with higher rates among national citizens. More than one-fifth of the national population reported experiencing: Low back disorder or other chronic back defect (38,1%); Neck disorder or other chronic neck defect (27,8%); High blood pressure (27%); Arthrosis (24,3%); High blood lipids (24%); and Allergy (21,4%). For the foreign population, the most significant chronic problems reported were at lower percentages, with the main conditions being Low back disorder or other chronic back defect (23,7%) and Allergy (20,3%).

The prevalence of chronic diseases or long-standing health problems in Portugal (2015-2023) reveals variations over time, between income quintiles and gender. Through the analysis of income quintiles (data code: HLTH_SILC_11), a general trend of decreasing chronic disease prevalence is observed as income increases. Despite a slight decline in rates over time, particularly in the lower quintiles, in 2023, the total percentage of people having a long-standing illness or health problems was 52,1% in the first quintile and 39,1% in the fifth quintile. Women are more affected across all income quintiles. Therefore, there is a consistent trend of higher chronic disease prevalence among individuals with lower incomes, affecting 55% of women in the first quintile in 2023.

Regarding the level of disability and activity limitation (data code: HLTH_SILC_27), in 2023, approximately a quarter of the foreign population in Portugal reported some or severe long-term limitations in their daily activities due to health problems (25,7%). This figure is just one percentage point higher compared to the EU average (24,7%), but lower when compared to the Portuguese population, which recorded the highest value (34,1%). Over the years, it has been observed that the Portuguese population consistently exhibits the highest rates of activity limitation. In 2021, during the pandemic period, Portugal saw an increase in the reported figures for both the foreign and national populations. In subsequent years, there was a slight reduction, although the values remained above pre-pandemic levels. The analysis of the available data revealed that in recent years, activity limitations reported by national citizens in Portugal have been above the EU average, with women being more likely than men to report long-term limitations, whether mild or severe. In contrast to Portugal, the disparity between national and foreign populations in the EU is less significant.

Considering the analysis of international reports, a quarter of the disease burden in Portugal was attributed to behavioral risk factors (OECD/European Observatory on Health Systems and Policies, 2017), and about one-third of all deaths were associated with behavioral risk factors (OECD/European Observatory on Health Systems and Policies, 2019). Those with higher income and education levels have a longer life expectancy (OECD/European Observatory on Health Systems and Policies, 2017, 2019, 2021, 2023). All reports highlight the relationship between risk factors, causes of death, and the worsening of health conditions. The leading causes of death in Portugal are cardiovascular diseases and cancer, with additional mentions of mortality attributed to respiratory diseases, diabetes, and dementias. Data on health risk factors in Portugal

reveal a complex evolution of behavioral and environmental factors, with profound implications for public health. Obesity levels and physical inactivity have emerged as substantial challenges, indicating a growing impact on population health. The 2021 Country Profile placed increasing emphasis on behavioral and environmental risk factors for mortality, also influenced by the pandemic context (OECD/European Observatory on Health Systems and Policies, 2021, 2023).

3.2. Overview of the Healthcare System in Portugal

Based on Portuguese legislation, we conducted an analysis of the healthcare system. In Portugal, the Constitution of the Portuguese Republic (Article 64) and the Basic Health Law - *Lei de Bases da Saúde* (LBS) (Law No. 95/2019, of September 4 [*Lei n. 95/2019*]) establish the National Health Service (SNS) as the country's public healthcare system, being able to coexist with other private healthcare systems. The SNS is an organized and articulated set of public establishments and services, run by the Ministry of Health, which carries out the State's responsibility to protect health (Decree-Law No. 52/2022, of August 4 [*Decreto-Lei n. 52/2022*]). It is a universal healthcare system, predominantly financed through taxes, covering all resident citizens, including asylum seekers and immigrants (Base 23). The right to health protection is primarily ensured through SNS and other public services, with agreements possible with private entities and the social sector when justified by necessity. Thus, the State may enter into contracts, agreements, conventions, or public-private partnerships with the private sector and conventions with non-profit private social sector entities to address specific population needs.

The LBS grounds health policies in health promotion and disease prevention, the improvement of the population's health status, the implementation of health plans, the centrality of individuals, the design, organization, and operation of healthcare establishments, services and responses, equality and non-discrimination in access to quality healthcare in a timely manner, the adoption of positive differentiation measures for people and groups in situations of greater vulnerability, among others (Base 4). As for the principles of the SNS, according to Base 20, it is guided by the following summarized principles: universality (provision of healthcare to all individuals without discrimination); general (ensuring the necessary care for health promotion, disease prevention, treatment, and rehabilitation); tendency towards free care; integration of care (coordinated and networked); equity (addressing the effects of inequalities); quality

(effective, safe, and efficient health services, delivered in a humane manner); proximity (rational and efficient coverage); financial sustainability; and transparency.

3.2.1. Organization

The organization of the SNS is divided into different levels of management and healthcare provision at the central, regional, and local levels. Decree-Law No. 52/2022 approves the Statute of the SNS. In addition to the Ministry of Health, which oversees the SNS, there is an Executive Directorate responsible for the operational management of the SNS, the Directorate-General of Health (DGS), which defines public health policies and standards, the Central Administration of the Health System (ACSS), which supervises SNS financing, planning, and human resources, and Infarmed, which regulates pharmaceuticals and medical devices. At the regional level, the Regional Health Administrations (ARS) ensure the implementation of health policies in their respective regions, while at the local level, Local Health Units (ULS) operate. ULS are one of the most recently strengthened organizational models (Decree-Law No. 102/2023, of November 7 [*Decreto-Lei n. 102/2023*]), based on the integration of primary and hospital healthcare into a single organizational structure. These aim to reduce fragmentation within the system and improve accessibility for users by locally integrating services such as health centers, hospitals, continuing and palliative care, among others. According to Decree-Law No. 52/2022, the establishments and services of the SNS also include Health Center Groupings, Portuguese Institutes of Oncology, and public institutes such as the National Institute of Medical Emergency (INEM), the National Institute of Health Doutor Ricardo Jorge, and the Portuguese Institute of Blood and Transplantation.

3.2.2. Access

The beneficiaries of the SNS include all Portuguese citizens, but also citizens, with permanent residence or in a situation of temporary stay or residence in Portugal, who are nationals of Member States of the European Union or equivalent, nationals of third countries or stateless persons, applicants for international protection and migrants with or without their situation legalized, under the terms of the applicable legal regime (Basis 21). Foreign citizens who legally reside in Portugal have access to healthcare and medication assistance provided by the SNS under the same conditions as other SNS beneficiaries (Order No. 25360/2001, of December 12 [*Despacho n. 25360/2001*]), including the exemption from health charges in the scope that the SNS should be free of charge (Decree-Law No. 37/2022, of May 27 [*Decreto-Lei n. 37/2022*]).

The Informative Circular No. 12/DQS/DMD, issued by the Directorate-General of Health (*Direcção-Geral da Saude* [DGS], 2009) in 2009, aimed to clarify the procedures to be followed regarding immigrants' access to healthcare, including those in irregular situations. Foreign citizens who have not regularized their residence status in Portugal will be charged the full cost of the healthcare provided. Access for this group is guaranteed in emergency or public health situations (e.g., urgent and vital healthcare; diseases that pose a danger/threat to public health; maternal and child health and reproductive healthcare; healthcare for children; vaccination under the National Program). According to Law No. 15/2014 of March 21 (*Lei n. 15/2014*), all users of healthcare services have the right to timely, appropriate, and technically adequate care, delivered humanely and with respect for the patient.

In 2023, Order No. 1668/2023 (*Despacho n. 1668/2023*), established the rules for citizen registration in the SNS and enrollment in primary healthcare services, with provisions that offered greater accessibility for migrants through active or transitional registration. However, at the end of 2024, this order was revoked by the new government, which introduced new categories: i) updated registration (includes national citizens residing in Portugal or foreign nationals with permanent residence in Portugal, as well as minors); ii) ongoing registration (includes situations where all required information fields are not completed within a 180-day period); iii) incomplete registration (refers to cases of missing data after the 180-day deadline); and iv) historical registration (deceased citizens) (Order No. 14830/2024, of December 16 [*Despacho n. 14830/2024*]). The rules for enrollment in primary healthcare services clarifies that citizens without primary healthcare enrollment, who require medical and/or nursing care on an occasional basis, can access these services without needing to be registered at a unit (Order No. 40/2025, of January 2 [*Despacho n. 40/2025*]).

3.2.3. *International cooperation*

There are Cooperation Agreements in the field of Health established between Portugal and the Portuguese-Speaking African Countries (PALOP) to ensure that their citizens can receive medical assistance within the SNS hospital care network, in accordance with the commitments outlined in the respective agreements. These agreements aim to guarantee access to specialized medical care in Portugal, when necessary, that is not available in their countries of origin. The DGS Regulatory Circular No. 4/DCI, of April 16, 2004 (*Circular Normativa n. 4/DCI*), clarifies the procedures

related to the Cooperation Agreements for medical assistance to patients evacuated from the PALOP countries, specifically under the terms of Health Agreements. Portugal assumes responsibility for hospital medical assistance (inpatient, semi-inpatient, and outpatient care), complementary diagnostic and therapeutic means when carried out in official hospital establishments or their dependencies, and ambulance transportation from the airport to the hospital when clinically required (DGS, 2004). On the other hand, the country of origin is responsible for ensuring transportation to and from the country of origin, travel from the airport to the destination, accommodation for non-hospitalized patients or those in semi-inpatient and outpatient care, accommodation after treatment has been concluded by the competent hospital authorities, medications and pharmaceutical products prescribed on an outpatient basis, funeral arrangements or repatriation of the body in the event of death, and also prostheses. Although the existing agreements ensure the commitments made, a maximum number of patients to be evacuated per year is established with each country. As for Brazil, the Certificate of Right to Medical Assistance is a document issued by the Brazilian government that allows Brazilian citizens to access the SNS in Portugal under the same conditions as Portuguese citizens (Resolution of the Assembly of the Republic No. 54/94, of August 27 [*Resolução da Assembleia da República n. 54/94*]). This cooperation is further reinforced by memorandums of understanding in the field of health between the two countries. Regarding access to necessary healthcare during a temporary stay, the European Health Insurance Card ensures that citizens of the EU Member States, as well as Iceland, Liechtenstein, Norway, Switzerland, and the United Kingdom, have access to necessary healthcare under the same conditions as national citizens.

3.2.4. *Exceptional protection measures*

During the pandemic, measures were promoted to cover the migrant population with or without regularized residence status. Exceptional and temporary measures were established in response to the COVID-19 pandemic, including the extension of the validity of documents and visas related to residence in Portugal (Article 16, Decree-Law No. 10-A/2020, of March 13 [*Decreto-Lei n. 10-A/2020*]). Due to accumulated delays in administrative processes, and later the restructuring of migration services, successive extensions of the validity of these documents were implemented. Decree-Law No. 41-A/2024, of June 28 (*Decreto-Lei n. 41-A/2024*), approved the rules under the migration plan and extended the deadline set in Decree-Law No. 10-A/2020 regarding the validity of documents and visas until June 30, 2025 (Article 2). The National COVID-19

Vaccination Plan was designed with a universal approach, ensuring equitable and free access to vaccination for all individuals within national territory, regardless of their residency status in Portugal. To include foreign citizens, particularly migrants and refugees without a health user number, the Portuguese government adopted additional measures aimed at facilitating their vaccination. Among these, the creation of a digital platform for vaccine scheduling and the "Open House" option, which provided vaccination to individuals not registered with the SNS and without a scheduled appointment, stood out.

With the war in Ukraine, the Resolution of the Council of Ministers No. 29-A/2022, of March 1 (*Resolução do Conselho de Ministros n. 29-A/2022*), established specific criteria for granting temporary protection to people displaced from Ukraine as a result of the armed conflict in that country. Under this legislation, and its subsequent extensions, free access to the SNS is ensured, equating these individuals to national citizens in terms of healthcare provision. A health user number is assigned, which allows for registration in health centers, access to consultations, vaccination, screenings, medical exams, and medication subsidies. Additionally, beneficiaries of temporary protection have access to hospital care, including emergency services, inpatient care, and support in the areas of mental health and rehabilitation, addressing the psychological vulnerability associated with forced displacement and the context of armed conflict. The Resolution of the Council of Ministers No. 178/2024, of December 5 (*Resolução do Conselho de Ministros n. 178/2024*), extended temporary protection until March 2025, and it was recently further extended until March 2026 by the current version of Law No. 67/2003, of August 23 (*Lei n. 67/2003*), which transposes the European Union Council Directive on minimum standards for giving temporary protection.

3.2.5. National Migration Plans

Demographic, economic, and social demands led to a coordinated, cross-sectoral migration strategy in Portugal comprising 106 measures (*Plano Estratégico para as Migrações* —PEM 2015-2020— approved by Resolution of the Council of Ministers n. 12-B/2015 [*Resolução do Conselho de Ministros n. 12-B/2015*]). The priority axis focused on immigrant integration policies, including social and healthcare measures, actions, indicators, stakeholders, and a timeline. The PEM included specific targeted actions such as promoting research on migrant health, identifying and supporting vulnerable populations, and training healthcare professionals. The subsequent shift from

this comprehensive, coordinated approach to a more fragmented focus on health may hinder migrants' effective integration and access to essential services, undermining the broader goal of fostering an inclusive and cohesive society.

The current Portuguese Migration Action Plan (Presidência do Conselho de Ministros, 2024) includes 41 measures without descriptions of actions or indicators, and its political orientation differs from the previous plan. The measures directly related to health (2) include promoting immigrants' access to the SNS and healthcare, providing information about their rights and duties, conducting awareness campaigns for healthcare professionals, implementing integration projects in underserved neighborhoods, and promoting immigrant mental health through the training of professionals and volunteers (Presidência do Conselho de Ministros, 2024). However, difficulties in immigrants' access to the SNS, particularly for women, children, individuals with chronic illnesses, and populations living with HIV, hepatitis, and other health conditions, are acknowledged in the Plan as a major challenge.

3.3. Accounts from Social Sector Professionals

The interviews highlight the importance of the social sector in providing healthcare services to migrant citizens in Portugal. Although the current legislation is based on specific principles, instances of exclusion from healthcare services were identified, even in cases covered by the right to access healthcare. According to the interviews conducted, there is a gap between what policies aim to promote and how they are implemented, particularly when referring to migrants in more vulnerable socio-economic situations or those coming from more impoverished countries.

Firstly, difficulties in obtaining residence authorization and regularizing documentation related to their stay in the country pose a significant barrier to accessing essential services, including healthcare. Professionals highlight that migrants often face procedural delays, complex documentation requirements, and a lack of awareness regarding their rights.

“If you're [a migrant] from a third country, you must wait 90 days to organize your documents and you're afraid of the immigration services all the time. Without documents, there's no medication. Other [migrants] have documents, but no health number, because there are no appointments for residence permits.” [E3]

While this situation is reported as particularly severe for individuals without regularized documentation, there are also instances where foreign citizens are excluded from the system, even when they meet the legal requirements to SNS access. The interviewees mention having witnessed several cases where migrants were excluded from the system, despite being entitled to register for a health user number.

“There are people living with infections who can't get medical attention because there are barriers at the health center, and pregnant women who can't get appointments and are charged for monitoring visits.” [E2]

“The services are overcrowded, there are no professionals. Care for chronic illness is not provided because some boycott registration at the health center. More units are needed to distribute people.” [E3]

There are reports of unjustified refusals of care and difficulties in scheduling appointments and treatments, even when these rights are legally guaranteed. In addition to issues related to procedural management, there is also a reported lack of cultural and linguistic sensitivity in some healthcare units (health centers or hospitals).

“There's a lack of dignity. One [migrant] patient was treated on his knees and the service was rude and discriminatory.” [E1]

“The issue of culture and gender, when we have a profession of mostly female caregivers and the person [user] is a Muslim man.” [E5]

There were also mentions of limited involvement from the social workers within primary healthcare (Health Centers), which do not engage with cases of this nature. Some interviewees mention that certain professionals occasionally address migrants in a discriminatory manner (e.g., at the reception counter).

“There is a shortage of doctors for appointments, including urgent-day appointments, so people have to go to hospital. Even when accompanying a family, the staff have no training and refuse to give information and guarantee a response to rights, particularly for refugees. Then there are mental health and physical health emergencies, chronic illnesses, but they can't follow up on them.” [E4]

“The service is different with the poor and poorly literate, even when they are victims, there is inhumane service.” [E7]

The barriers faced by migrant citizens in accessing healthcare are multifaceted and often result from adverse socioeconomic conditions, lack of knowledge about the healthcare system, and fears associated with their migratory status. Communication difficulties with healthcare professionals, understanding medical prescriptions, or following clinical guidelines are among the main challenges when the migrant does not speak Portuguese. The linguistic barriers that hinder effective communication between migrant patients and professionals can lead to potential misdiagnoses, non-adherence to treatments, or misunderstandings between the parties.

“For example, in mental health, therapists don’t speak the language. This is true of other situations, but it’s worse when it’s an emotional pain or symptom and trauma. Because if your knee hurts, you point to your knee. In physical pain you can point, in emotional pain...” [E5]

The interviewees mention that there are migrants living with infections due to fear of public services or the barriers imposed in primary healthcare. The fear of services in Portugal also causes them to avoid seeking healthcare, worried that their irregular status may lead to detention or deportation. Some only turn to services in acute situations or emergencies, particularly the poorest or those with mental health issues.

“They are afraid of not having the money to pay, of strangers and of the consequences of asking for help, even more so when or if the person has a psychiatric illness or uses drugs.” [E1]

“It’s a population that skips [healthcare] for fear of missing work. Because they need their livelihood to regularize themselves and survive.” [E2]

The non-prioritization of health over livelihood activities, especially for those in precarious labor conditions, is a shared reality. Migrants avoid seeking healthcare for fear of losing workdays and, consequently, the income necessary for their subsistence or residence documentation (e.g., employment contract). They also fear stigmatization, in addition to facing bureaucratic hurdles and delays in accessing consultations. This situation is particularly concerning in the case of infectious diseases, self-medication, or the deterioration of health conditions. Furthermore, the absence of documentation and clinical or medication records from the country of origin poses a challenge to continuity of care. The lack of a clinical history complicates diagnosis and appropriate prescription.

“Low health literacy combined with a lack of clinical information and medical guidance. There are patients who come from their countries of origin alone and are diagnosed with living conditions, but the information doesn't get here.” [E7]

Another aspect mentioned was the limited involvement of municipalities in intervening with migrant communities, or the selectivity of measures depending on ideological or partisan interests. Insufficient coordination between health services, social security, and local authorities was also noted, particularly in responses to individuals with irregular documentation. Finally, in the political and institutional domain, it was emphasized that the scarcity of funding for both the social sector and public health services limits the ability to address the needs of migrants.

“There are funding difficulties for third sector organizations that live off volunteers because they have no money. It's important for the DGS to intervene in the health area, but we need funding to provide social care. SCML can't support people in an irregular situation because the tax address is a requirement (...) the municipality provides some funding for projects or programs for people who are regular or in the process of regularization. If the person changes residence, because for various reasons they are on the move, they lose their support.” [E6]

“We work with sex workers and immigrants with difficult access to health services. For example, in cases of HIV infection, they are exempt, but they need support with the bureaucracy in order to have their rights.” [E7]

The interviewees report that underfunding, along with delays in the allocation of funds to NGOs, hinders the implementation of essential prevention and follow-up programs that are crucial to ensure healthcare responses for these populations.

4. Discussion

In the current context of polarization, the analysis of access to healthcare for migrants assumes an even more critical dimension, influencing and being influenced by social, political, and cultural tensions (EUAA, 2024; UNDP, 2022). OECD data on Portugal indicate that behavioral and environmental risk factors remain persistent public health challenges, highlighting the relevance of concerns raised by the interviewed professionals. The high prevalence of individuals with long-term or chronic diseases,

coupled with the increase in risk factors, prompts reflection on ongoing health policies as well as the ways in which social determinants of health are interrelated. International reports indicate that migrants are entitled to public health services, but in practice face barriers, particularly undocumented migrants. Complementing these findings, interviews revealed that undocumented migrants experience heightened multidimensional vulnerability and increased exposure to risks, highlighting gaps in access and support. Also, the Eurostat data indicate that although national citizens report more health problems than the foreign population, income and gender are transversal aspects, predominantly affecting women and individuals with lower incomes. As Kayesa and Shung-King (2021) posit, there are often discrepancies between the guidelines formally outlined in official documents and the actual operational practices within an organization or context.

An analysis of the legislative changes shows that migrants' access to the National Health Service (SNS) could potentially be impacted if their residence and stay status remains unresolved. Furthermore, the approval of draft laws by the Portuguese government parties and the far-right party regarding SNS access conditions for non-resident foreign citizens, sought to limit free access to the SNS for irregular migrants, except in emergency situations (Lusa, 2024). While the government acknowledges the challenges migrants face in accessing the SNS in the Migration Action Plan, these limitations on access to the SNS represent a contradiction. The limitation imposed by the new legislation also clashes with the objectives of the National Health Plan, undermining inclusive health policies. Furthermore, it lacks concrete measures to promote migrants' health and does not provide guidance for the implementation of intersectoral and integrated care, as it omits specific strategies to ensure equitable access to healthcare for migrants. Regardless of nationality, ethnicity, and/or lack of economic resources, often interconnected, no foreign individual can be denied access to healthcare: no one should be left "at the hospital door" due to these factors, concerning the status of their administrative regularization process in the country (Noronha, 2023). Therefore, ensuring migrants' healthcare rights is a matter of public policy.

The interview data demonstrates that migrants may feel insecure and, as a result, avoid seeking healthcare services. In this regard, the social sector has played a key role in maintaining proximity to foreign populations. Social Work, as both a profession and a scientific field, must prepare professionals to address global issues, particularly in the field of health. Viola et al. (2018) state that social workers need to expand their scope of

action and develop multidimensional interventions in response to the complexity of situations and contexts. It is essential to remain attentive to institutional resistance regarding the rights of migrants, including from public agencies, which, due to a lack of knowledge of the legislation or communication difficulties, may ultimately restrict access to healthcare. We reiterate the position of Gijón Sánchez et al. (2024) on the relevance of Social Work in healthcare, the incorporation of new competencies and best practices in care and service innovation.

The integration of health and social care services promotes continuity of care, fostering a holistic approach to population health and well-being. This integrated model enhances clinical outcomes, service quality, access, and patient satisfaction, while reinforcing collaboration, personalization, and shared responsibility among professionals, patients, and communities to address the social determinants of health (Santo et al., 2025). This underscores that greater coordinated intersectoral work (health, social security, and internal administration) would contribute to better addressing social inequalities and promoting health. Understanding the importance of civil society organizations in the field and community intervention, it is recognized that these entities play a crucial role in filling the gaps left by public health systems. Despite the desired continuous improvement of community responses, there is no guarantee of public investment to ensure feasibility. Thus, social organizations do not have explicit autonomy to carry out projects.

Another central aspect, especially in times of polarization, is the risk posed by the rhetoric of groups with anti-immigration or discriminatory narratives and the adoption of more restrictive policies, when official data and documents demonstrate the need to promote equitable and inclusive healthcare services. We need investment in inclusive policies as a collective gain. Political power must base its proposals on scientific knowledge from various disciplinary fields, for economic, demographic, and sociocultural development in Portugal, and for the responsibility we all share as a solidarity-based society founded on humanist values and principles. It is also a necessary competence to use the media, as they play an important role in promoting health. According to Wallack and Dorfman (1996), they can exert strategic pressure for policy changes that promote public health objectives. Thus, social work should identify and intervene, reflecting and acting at the level of direct action, as well as engaging in the discussion, proposal, and monitoring of health and integration policies that may create or exacerbate social inequalities.

Some limitations of this study are acknowledged. While it includes a variety of primary and secondary data sourced from reliable entities, such as official bodies and interviews with professionals, the sample size is small and limited in scope. The analysis focuses on healthcare policies in Portugal and the perceptions of professionals in the social sector, excluding other actors within the healthcare system. The small sample size may not capture all experiences and could reflect specific perceptions, meaning that the results cannot be generalized. Regarding statistical data, factors such as the aging of the Portuguese population, the effects of the COVID-19 pandemic, as well as changes in global phenomena (e.g., armed conflicts), have contributed to shifts in the composition of the foreign population over the years. Future research should collect primary data from the foreign population in Portugal, directly giving voice to migrants.

5. Conclusions

While public policies emerge from specific historical and social contexts, understanding their effectiveness is crucial to ensure that migrant populations can fully exercise their right to health. As Walt and Gilson (1994) note, crises demand a careful and a more active analysis of the political process and the effectiveness of the policies developed. Disparities between population groups highlight the need for further research into the social determinants of these differences. Investment in effective public policies has helped mitigate the limitations faced by the most vulnerable populations, emphasizing the need for measures aimed at promoting healthy lifestyles and dignified living conditions as to reverse the concerning trends affecting public health in Portugal. The priority must be to safeguard access, quality, and the humanization of healthcare from the first point of contact with the system, by investing in close intersectoral coordination. The promotion of health for all, including both regular and irregular migrant populations, will contribute to more appropriate and dignified access to healthcare.

Portugal has the opportunity to consolidate its position as a country committed to inclusion and the respect for human rights, without compromising the sustainability of its public systems. Ensuring the quality and effectiveness of services remains essential to achieving the objectives of the National Health Plan, and to creating the conditions for improved quality for better quality of life and better health outcomes. The Portuguese State must continue to pursue an effective and non-discriminatory public health policy, supported by the National Health Plan objectives and the 2030 Agenda. Civil society

organizations should be more recognized for their contributions in this field, given their responsiveness and proximity to vulnerable populations. Social work can advance social intervention, policy research, and the evaluation of healthcare strategies and measures aligned with human rights and constitutional principles.

Ultimately, promoting the right to health for all, including migrants regardless of legal status, requires an inclusive, human-rights-based approach. This study highlights the need for sustained investment in equitable health policies, strengthened intersectoral coordination, and the strategic engagement of civil society and social work to ensure that Portugal remains a model for inclusive healthcare amid socio-political polarization. It is also important to recognize that migrant women often face compounded barriers to healthcare due to the intersection of gender, migration status, and other structural factors. Future research should explore these dimensions more deeply to inform equity-oriented health policies, while systematic monitoring and evaluation of policy changes would provide crucial evidence to guide more effective and equitable interventions. Improving the health and well-being of the population is only possible through a social commitment to health that leaves 'no one behind', by promoting efficient, effective, and dignified access for all people.

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