

Vulnerable populations in the context of a pandemic and health crises

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A population's conditions and lifestyles determine the process of health and illness differently among different population groups. Health inequalities have been acquiring even greater relevance in the production of different disease profiles, due to recent and surprising world events, such as ethnic-racial, religious, territorial differences, gender identity, political-economic and social positions, as well as health crises in different countries, which determine the health of individuals or groups.

Access, comprehensiveness and equitable distribution of health care, in this context, are essential to make the gains established by the Sustainable Development Goals (SDGs) and, ultimately, contribute to the realization of the right to health.

According to the World Health Organization, efforts must be made to strengthen health systems and improve the results of the structure, focused on integrated people-centered health services, in the care processes, emphasizing universal health coverage.

The COVID-19 pandemic caused by the new coronavirus (SARS-CoV-2) revealed that health services lack strategies to face problems on a global scale, either due to insufficient scientific knowledge of the disease or the absence of public policy planning and specific social services for emergency situations.

In Brazil, which has a universal health coverage system, Primary Health Care, through the *Sistema Único de Saúde* (Unified Health System), represents one of the most promising ways to include vulnerable groups in society in any health scenario, as its principles, in addition to of universality, equity and integrality.

The concept of vulnerability starts from the recognition of the association of variables of an individual, social and programmatic/institutional nature, which are interrelated through their imprecise and permeable limits. The provision of care to population groups, subjected to different risks, requires State action to guarantee their quality of life, security and citizenship⁽¹⁾.

Understanding the concept and components of vulnerability leads to the understanding that people are not, in and of themselves, vulnerable, but may be vulnerable to some conditions and not to others, under certain conditions and at different times in their lives; also, it allows for the implementation of disease prevention and health promotion actions, strengthening equitable care.

Minimizing inequities between different population groups represents an opportunity for the most vulnerable subgroups to (indigenous people, homeless people, people from the countryside, forests and water, black population, deprived of their liberty, people living with HIV/AIDS, LGBTQIAP+ population, people with disabilities, gypsy people, among others) are not at a systematic disadvantage in terms of access to health services and the possibility of achieving adequate levels of health, especially in times of pandemics and health crises.

Prioritizing good practices and adaptations of public health actions in historically excluded population groups and territories will support tangible improvements in their health and well-being and drive progress towards meeting the SDG health goals.

The ways of coping with inequities represent an important focus for approaching groups in situations of vulnerability. In fact, the *Associação Brasileira de Enfermagem* (Brazilian Nursing Association) and the *Revista Brasileira de Enfermagem* (Brazilian Journal of Nursing) invite the national and international scientific community to submit manuscripts that address “Successful experiences aimed

at the non-pharmacological protection of vulnerable populations in the context of pandemics and health crises”. The thematic issue aims to provide researchers with the opportunity to disseminate knowledge that addresses innovation and advancement in the area, with emphasis on productions in teaching, care and management both in the hospital environment and in the community.

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