

Scoping review of intercultural mediators in primary health care: improving culturally sensitive care for migrant, refugee, and asylum-seeking communities

Revisão de escopo sobre mediadores interculturais na atenção primária à saúde: aprimorando o cuidado culturalmente sensível para comunidades migrantes, refugiadas e solicitantes de asilo

Revisión de alcance sobre mediadores interculturales en la atención primaria: mejorando la atención culturalmente sensible para comunidades migrantes, refugiadas y solicitantes de asilo

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Abstract

Introduction: The role of intercultural mediators has emerged as a promising strategy to enhance access to culturally sensitive healthcare for migrant, refugee, and asylum-seeking populations.

Objective: To identify the role of intercultural mediators in primary health care settings, with an emphasis on their contribution to reducing barriers to care and promoting social and healthcare inclusion. **Methods:** A scoping review was conducted following the methodological guidelines of the Joanna Briggs Institute Reviewer's Manual and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses — Extension for Scoping Reviews (PRISMA-ScR). A bibliographic search was conducted across eight academic databases, supplemented by a Google Scholar search. Studies published in English, French, Portuguese, and Spanish with no date restrictions were considered eligible, provided they addressed the role of intercultural mediators in facilitating access to primary health care for migrant, refugee, and asylum-seeking populations. **Results:** Four qualitative studies met the inclusion criteria, exploring the experiences and practices of these professionals in different health system contexts. The findings indicate that intercultural mediators perform a wide range of tasks aimed at overcoming linguistic, cultural, and institutional barriers between service users, healthcare professionals, and the healthcare system. Core activities include interpretation, cultural translation, conflict mediation, trust-building, and support in navigating healthcare services.

Conclusions: The results suggest that the integration of intercultural mediators into primary health care is a promising strategy for promoting equitable, accessible, and culturally appropriate care, particularly for populations experiencing increased vulnerability.

Keywords: Cultural competency; Primary health care; Refugees; Transients and migrants.

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Resumo

Introdução: A atuação de mediadores interculturais configura-se como uma estratégia promissora para a ampliação do acesso a cuidados de saúde culturalmente sensíveis por populações migrantes, refugiadas e solicitantes de asilo. **Objetivo:** Identificar o papel desempenhado por esses mediadores na atenção primária à saúde, com ênfase em sua contribuição para a redução de barreiras ao cuidado e a promoção da inclusão social e sanitária. **Métodos:** Trata-se de uma revisão de escopo conduzida conforme as diretrizes metodológicas do Joanna Briggs Institute Reviewer's Manual e da Preferred Reporting Items for Systematic Reviews and Meta-Analyses — Extension for Scoping Reviews (PRISMA-ScR). A busca bibliográfica foi realizada em oito bases de dados acadêmicas, complementada por pesquisa no Google Scholar. Foram incluídos estudos publicados em inglês, francês, português e espanhol, sem restrição de data, que abordassem o papel de mediadores interculturais na facilitação do acesso à atenção primária à saúde por populações migrantes, refugiadas e solicitantes de asilo. **Resultados:** Quatro estudos qualitativos atenderam aos critérios de inclusão, explorando as experiências e práticas desses profissionais em diferentes contextos de sistemas de saúde. Os resultados evidenciam que os mediadores interculturais desempenham um conjunto diversificado de funções voltadas à superação de barreiras linguísticas, culturais e institucionais entre usuários, profissionais de saúde e o sistema de saúde. Entre suas principais atividades destacam-se a interpretação, a tradução cultural, a mediação de conflitos, o fortalecimento de vínculos de confiança e o apoio à navegação pelos serviços de saúde. **Conclusões:** Os achados sugerem que a incorporação desses profissionais na atenção primária à saúde representa uma estratégia promissora para a promoção de cuidados equitativos, acessíveis e culturalmente apropriados, sobretudo para populações em situação de maior vulnerabilidade.

Palavras-chave: Competência cultural; Atenção primária à saúde; Refugiados; Migrantes.

Resumen

Introducción: El papel de los mediadores interculturales se presenta como una estrategia prometedora para mejorar el acceso a servicios de salud culturalmente sensibles para poblaciones migrantes, refugiadas y solicitantes de asilo (MRA). **Objetivo:** Identificar y analizar el rol de los mediadores interculturales en el ámbito de la atención primaria de salud, con énfasis en su contribución a la reducción de barreras al cuidado y a la promoción de la inclusión social y sanitaria. **Métodos:** Se realizó una revisión de alcance siguiendo las directrices metodológicas del Manual del Revisor del Instituto Joanna Briggs y la guía Preferred Reporting Items for Systematic Reviews and Meta-Analyses — Extension for Scoping Reviews (PRISMA-ScR). La búsqueda bibliográfica se llevó a cabo en ocho bases de datos académicas, complementada por una búsqueda en Google Scholar. Se consideraron elegibles los estudios publicados en inglés, francés, portugués o español, sin restricciones de fecha, que abordaron el papel de mediadores interculturales en la mejora del acceso a la atención primaria en salud para poblaciones MRA. **Resultados:** Cuatro estudios cualitativos cumplieron con los criterios de inclusión, explorando las experiencias y prácticas de estos profesionales. Los hallazgos indican que los mediadores interculturales desempeñan una amplia gama de funciones orientadas a superar barreras lingüísticas, culturales e institucionales entre usuarios, profesionales de salud y el sistema sanitario. Sus actividades principales incluyen interpretación, traducción cultural, mediación de conflictos, construcción de confianza y apoyo en la navegación de los servicios de salud. **Conclusiones:** Los resultados sugieren que la integración de mediadores interculturales en la atención primaria constituye una estrategia prometedora para promover una atención equitativa, accesible y culturalmente adecuada, especialmente para poblaciones en situaciones de mayor vulnerabilidad.

Palabras clave: Competencia cultural; Atención primaria de salud; Refugiados; Migrantes.

INTRODUCTION

The increasing influx of migrants to emerging countries presents new challenges to public health policies. The expansion, adaptation, and strengthening of health systems are imperative to address the persistent and deepening health disparities faced by migrants, refugees, and asylum seekers (MRA). Socio-cultural and linguistic barriers often exacerbate these inequalities. Structural determinants, such as precarious socioeconomic conditions, irregular migratory status, and limited access to social protection mechanisms, constitute additional contributing factors.^{1,2}

These vulnerabilities limit equitable access to healthcare services. They undermine the effective realization of the right to health for MRA populations. These challenges call for targeted, culturally competent, and equity-oriented health interventions. Such interventions can reduce systemic exclusion and promote the inclusion of MRA populations in national health systems.¹⁻³

One promising strategy is the integration of intercultural mediators into healthcare settings. These professionals play a role in bridging communication gaps between healthcare providers and MRA communities, fostering more equitable and comprehensive care.¹⁻³ Their functions extend beyond interpretation to include cultural translation, community engagement, patient advocacy, and the sensitization of healthcare teams to the social and cultural contexts of care.³

Studies conducted in Portugal, France, and Spain highlight the effectiveness of intercultural mediation, which facilitates equitable healthcare access for marginalized groups, including migrants, Indigenous peoples, and Roma communities. Intercultural mediators, equipped with both cultural and healthcare knowledge, have proven to be key to overcoming barriers to healthcare for MRAs.⁵⁻⁷

In Brazil, growing diversity, driven by sociopolitical crises in Latin America since the mid-2010s, has intensified the need for equitable access to the Unified Health System (SUS; Sistema Único de Saúde).⁸ Between 2011 and 2022, according to data from the International Migration Observatory (OBMigra), approximately 1.5 million migrants, refugees and stateless individuals resided in Brazil.⁸ These figures underscore the urgency of incorporating intercultural approaches and institutional innovations into the SUS, thereby aligning health responses with the evolving needs of the plural and increasingly mobile population.

Recognizing the Brazilian Ministry of Health's call for improved access to culturally appropriate care for MRA communities, this scoping review investigates the role of intercultural mediators in addressing this gap. For clarity, this study defines:

- *Migrants* as people moving across borders for work, study, or family reunification;^{2,9}
- *Refugees* as persons granted international protection due to a well-founded fear of persecution;¹⁰
- *Asylum seekers* as those awaiting a legal decision on refugee status;⁴
- *Stateless persons* as those with no recognized nationality.¹⁰

Culture here is understood as “a set of distinctive spiritual, material, intellectual, and emotional features of a society or social group, including lifestyles, value systems, traditions, and beliefs.”¹¹ From a medical anthropology perspective, culture shapes health perceptions, illness experiences, and interactions with health services.¹²

This review explores the evidence base supporting the role of intercultural mediators in enhancing healthcare delivery in Brazilian primary health care settings, with the goal of informing decision-making. This study aimed to identify the role of intercultural mediators in primary health care settings, with an emphasis on their contribution to reducing barriers to care and promoting social and healthcare inclusion.

METHODS

This scoping review was developed based on the methodological framework of the Joanna Briggs Institute Reviewer's Manual¹³ and was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR).¹⁴ The review was registered on the Open Science Framework (registration DOI 10.17605/OSF.IO/A9P6J) and conducted following the published protocol. The research question was developed based on the “Population, Concept, and Context” (PCC) framework. The population comprises migrants, refugees and asylum seekers; the concept addresses the role of intercultural and cultural mediators in enhancing and broadening access to culturally sensitive healthcare; and the context centers on primary health care settings.

Information sources and search strategy

A comprehensive literature search was conducted on July 31, 2024, using the following electronic databases: PubMed, Embase, Cochrane Library, Virtual Health Library (VHL), Epistemonikos, Health System Evidence, Social Systems Evidence, and Google Scholar. The search strategies were developed using controlled vocabulary and consistent keywords that reflected the research question. The syntax of the search strings was adapted to match the specific requirements of each database, including the use of brackets and asterisks. A subject librarian validated the search strategy. The search terms employed to construct the search strategies are detailed in Chart 1.

Chart 1. Database search strategies.

Databases	Search strategy	Results
PubMed	("Cultural Diversity"[Mesh] OR "Cultural Diversit*" OR Multiculturalism* OR "Cultural Pluralism" OR "Cultural mediator*" OR "Intercultural mediators" OR "Cultural mediation" OR "Intercultural mediation") AND ("Refugees"[Mesh] OR Refugee* OR "Political Refugee*" OR "Asylum Seeker*" OR "Political Asylum Seeker*" OR "Displaced Person*" OR "Transients and Migrants"[Mesh] OR "Migrants and Transients" OR Transient* OR Migrant* OR "Irregular migrant*") Sort by most recent	630
Embase	('cultural diversity'/exp OR 'cultural diversity' OR 'cultural diversit*' OR 'multiculturalism*' OR 'cultural pluralism'/exp OR 'cultural pluralism' OR 'cultural mediator*' OR 'intercultural mediators' OR 'cultural mediation' OR 'intercultural mediation') AND (((('refugee'/exp OR 'refugee' OR 'refugee*' OR 'political refugee*' OR 'asylum seeker*' OR 'political asylum seeker*' OR 'displaced person*' OR 'transients') AND ('migrant'/exp OR 'migrant') OR 'migrants'/exp OR 'migrants') AND 'transients' OR 'transient*' OR 'migrant*' OR 'irregular migrant*') AND [embase]/lim	209
#1MeSH descriptor: [Cultural Diversity] explode all trees #2("Cultural Diversity" OR "Cultural Diversities" OR Multiculturalism OR "Cultural Pluralism" OR "Cultural mediators" OR "Intercultural mediators" OR "Cultural mediation" OR "Intercultural mediation"):ti,ab,kw #3MeSH descriptor: [Refugees] explode all trees #4(Refugee* OR "Political Refugees" OR "Asylum Seekers" OR "Political Asylum Seekers" OR "Displaced Persons"):ti,ab,kw #5MeSH descriptor: [Transients and Migrants] explode all trees #6("Migrants and Transients" OR Transient* OR Migrant* OR "Irregular migrant"):ti,ab,kw #7 #1 OR #2 #8 #3 OR #4 OR #5 OR #6 #9 #7 AND #8 6		

It continues...

Chart 1. Continuation.

Databases	Search strategy	Results
VHL	(“Diversidade Cultural” OR “Diversidad Cultural” OR “Cultural Diversity” OR multicultural OR multiculturalidade OR “Cultural mediator” OR “Intercultural mediators” OR “Cultural mediation” OR “Intercultural mediation” OR “Mediador cultural” OR “Mediador intercultural” OR “Mediação cultural” OR “Mediação intercultural” OR “Mediadores interculturales” OR “Mediación cultural” OR “Mediación intercultural”) AND (refugiados OR refugees OR “Refugiados Políticos” OR “Political Refugees” OR “Asylum Seekers” OR “Political Asylum Seekers” OR “Displaced Persons” OR “Transients and Migrants” OR “Migrants and Transients” OR transient* OR migrant* OR “Irregular migrants” OR “Requerentes de Asilo” OR “Requerentes de Asilo Políticos” OR “Pessoas Deslocadas” OR “Transientes e Migrantes” OR “Migrantes e Transitórios” OR transitórios OR migrantes OR “Migrantes Irregulares” OR “Solicitantes de asilo” OR “Solicitantes de asilo político” OR “Personas desplazadas” OR “Transitorios y migrantes” OR “Migrantes y transitorios”) AND (db:(“LILACS” OR “IBECs” OR “BDENF” OR “BINACIS” OR “WHOLIS” OR “WPRIM” OR “INDEXPSI” OR “MTYCI” OR “ARGMSAL” OR “CUMED” OR “LIPECS” OR “SDG” OR “SES-SP” OR “coleccionaSUS”))	73
Epistemonikos	(title:(“Cultural Diversity” OR “Cultural Diversities” OR Multiculturalism* OR “Cultural Pluralism” OR “Cultural mediator” OR “Intercultural mediators” OR “Cultural mediation” OR “intercultural mediation”) OR abstract:(“Cultural Diversity” OR “Cultural Diversities” OR Multiculturalism* OR “Cultural Pluralism” OR “Cultural mediator” OR “Intercultural mediators” OR “Cultural mediation” OR “intercultural mediation”)) AND (title:(Refugee* OR “Political Refugees” OR “Asylum Seekers” OR “Political Asylum Seekers” OR “Displaced Persons” OR “Transients AND Migrants” OR “Migrants AND Transients” OR Transient* OR Migrant* OR “Irregular migrants”) OR abstract:(Refugee* OR “Political Refugees” OR “Asylum Seekers” OR “Political Asylum Seekers” OR “Displaced Persons” OR “Transients AND Migrants” OR “Migrants AND Transients” OR Transient* OR Migrant* OR “Irregular migrants”))	20
Health Systems Evidence	(Refugee* OR “Political Asylum Seekers” OR Migrant*) AND (cultural* OR culture)	21

The terms “intercultural mediators” and “cultural mediators” are often used interchangeably. Therefore, this review included both terms, with the following definitions:

Intercultural mediators facilitate communication and understanding between individuals from different cultural backgrounds, often in schools or healthcare settings;¹⁵⁻¹⁷

Cultural mediators have a broader role that includes both communication facilitation and supporting individuals in their adjustment to new cultural environments.¹⁵

Study inclusion and exclusion criteria

Studies describing the role of intercultural mediators in improving access to culturally sensitive primary health care for migrants, refugees and stateless people, as well as strategies for recruiting these professionals. All study designs were eligible for inclusion, except those for which the full text was not available. The search was limited to studies published in English, French, Portuguese, and Spanish, with no restrictions on the publication date.

Data collection and extraction strategy

After removing duplicates by means of Mendeley software, records were imported into Rayyan software¹⁸ for title and abstract screening. Reviewers first conducted a calibration exercise to ensure consistent application of the inclusion and exclusion criteria. Full-text screening was then performed by pairs of reviewers. Disagreements at both screening stages were resolved through consensus. The complete list of excluded studies, including the justification for each exclusion, can be accessed via DOI: 10.17605/OSF.IO/A9P6J.

Data extraction was conducted using a standardized form in Google Sheets. Two reviewers independently extracted the data. Any discrepancies were resolved through consensus. The data extraction form captured information on study characteristics (e.g., title, authors, year of publication, setting), study objectives, study design, the role of the intercultural mediator, intervention details, outcomes, and factors that influenced the implementation of the intervention (e.g., recruitment strategies, barriers, facilitators).

Critical quality appraisal

In scoping reviews, the methodological quality is not assessed *a priori*, since the aim is not to assess the included literature or the risk of bias.¹⁴

Data synthesis and analysis

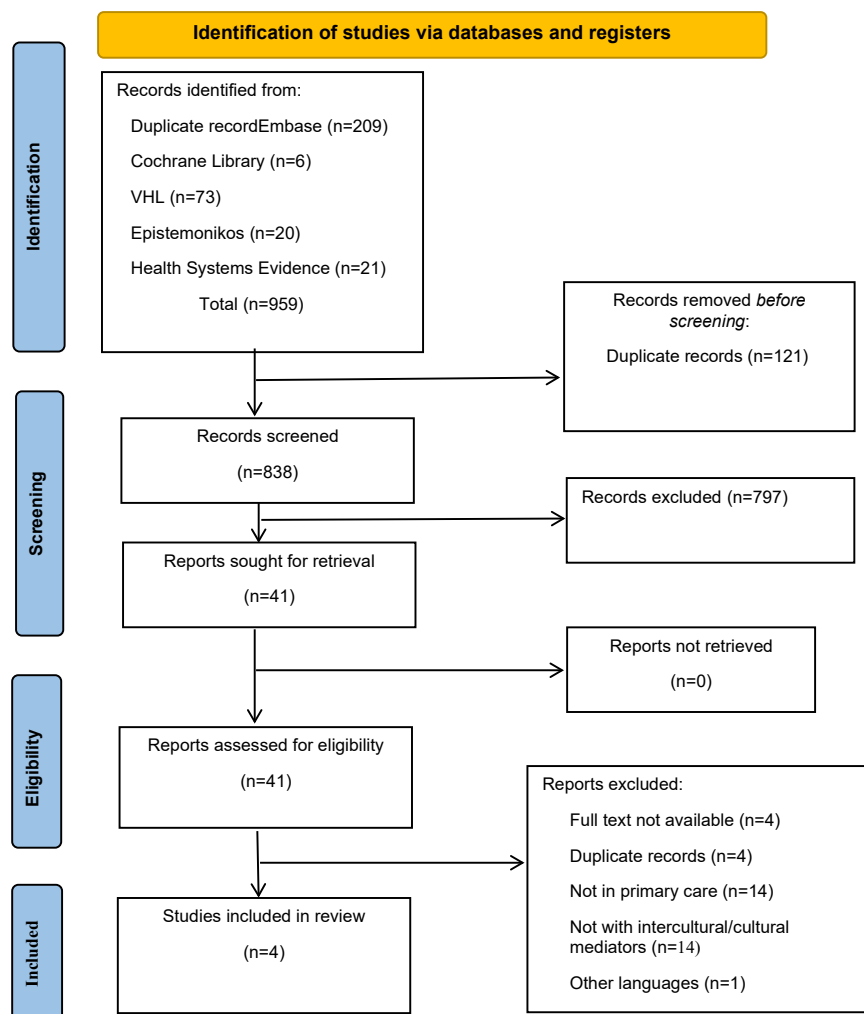
A systematic analysis of the data was performed, focusing on the research questions. The results were synthesized using a narrative approach and complemented with visual representations such as boxes.

RESULTS

A total of 959 relevant studies were identified. After removing duplicates, 838 unique records were screened by title and abstract. After full-text review of 41 eligible articles assessed for eligibility, four studies were included in this scoping review. A PRISMA flow diagram (Figure 1) provides a visual representation of the study selection process.

All four studies adopted a qualitative research design to investigate professional experiences, roles, and challenges faced by intercultural mediators working with MRA communities in healthcare contexts (Chart 2). The methodological designs were heterogeneous, reflecting the nuanced nature of mediator engagement across diverse health systems. Specifically, one study utilized a case study approach to examine the structural and operational dimensions of a mediation service within a public health context.¹⁹ Two studies conducted semi-structured, in-depth interviews with mediators to gain insights into their interpersonal interactions, cultural brokerage roles, and perceived impact on healthcare accessibility and equity.^{20,21} The fourth study adopted focus group discussions, facilitating collective reflection among mediators and capturing the shared dynamics of their practice environments.²²

The geographical and cultural heterogeneity of the migrant populations—originating from countries across Latin America (e.g., Ecuador, Colombia, Bolivia), Africa (e.g., Nigeria, Tunisia, Morocco, Somalia, South Sudan, Ethiopia, Eritrea), and Asia (e.g., India, China, the Philippines)—highlights the critical relevance of intercultural mediation in promoting culturally competent healthcare delivery. This diversity

Source: Page et al.¹⁴**Figure 1.** Study selection process.**Chart 2.** Characteristics of the included studies.

Authors	Country	Study population	Origin of migrants	Profile of the mediators	Workplace	Recruitment strategies
Quintana ¹⁹	Spain	Migrants	Ecuador Colombia Bolivia	Not reported	Public Health Center	Not reported
Sepúlveda and Cabieses ²⁰	Chile	Migrants	Haiti	Two nursing technicians and two with degrees in human resources and administration	Family Health Center	Direct contract with service centers, with hourly compensation
Luig et al. ²¹	Canada	Migrants	China, Philippines Somalia South Sudan Ethiopia/ Eritrea	Women who were also migrants and/or refugees	Primary Health Care settings, without a description of the service	Community-based recruitment through participatory process with members and stakeholders
Anderson and Cirillo ²²	Italy	Migrants	Nigeria Tunisia Morocco India	Women who were either migrants or refugees	Community Health Centers	Regular contract at the health center

reinforces the need for tailored strategies in recruitment, training, and integration of mediators, as well as context-specific implementation of mediation programs (Chart 2).

The included studies allowed for the identification of a profile for intercultural mediators, as detailed in Chart 3. The findings revealed that female gender and migrant/refugee background were recurring characteristics among mediators in two of the four studies, underlining the value placed on shared identity and cultural proximity in culturally sensitive care.^{21,22} Across the four included studies, the intercultural mediator profile varied considerably in terms of educational background, migration experience, professional roles, and recruitment modalities, reflecting the contextual and systemic differences in how mediation services are structured and delivered.

Chart 3. Role and activities of intercultural mediators.

Role of intercultural/cultural mediators	Activities
Welcoming and counseling	Provided a welcoming environment for migrants in healthcare settings.²⁰ Offered emotional support and guidance to help migrants cope with the challenges associated with the migration process, such as adapting to new cultures and migratory grief.¹⁹
Supporting health consultations	Accompanied prenatal consultations with migrant pregnant women and their companions to enhance understanding of healthcare and ensure culturally sensitive care.²² Worked alongside healthcare professionals on home visits to facilitate communication and access to health services.²⁰
Facilitating communication	Between migrants and healthcare professionals, overcoming linguistic and cultural barriers.^{19,20} Through bidirectional cultural interpretation, mediators ensured that patients' needs were understood, and that provided care was appropriate and culturally sensitive.²¹
Building relationships	Established trust among all parties, considering the local context and the lived experiences of migrants.²¹ Understood migrants' concerns and needs, ensuring their voices were heard and understood.¹⁹ Mediators facilitated migrant access to health services by identifying needs and assisting interactions with professionals.²¹
Community and intersectoral mediation	Interpreted local contexts to improve access to health services and care.²¹ Facilitated opportunities for migrants to connect with primary care; provided education about the health system.²⁰ Offered guidance on available services, location, and how to use the health system.²⁰ Directed migrants to other social, labor, or psychological resources, facilitating access to additional services that could aid in their integration and well-being.¹⁹

Regarding the work of intercultural mediators, the activities focused primarily on overcoming cultural barriers by serving as a link between users, health professionals and health systems. In Chile, for example, intercultural facilitators engage in translation, interpretation, health system education, and administrative tasks.²⁰ They also play a role in educational activities for migrants, helping them navigate cultural differences and the healthcare system. An Italian study²² showed that by acting as cultural brokers, mediators help healthcare providers understand the cultural beliefs, values and health practices of MRA individuals, leading to more culturally sensitive and effective care.

In the Canadian study,²¹ intercultural mediators facilitated bidirectional cultural interpretation, meaning they translated information from healthcare professionals to patients and conveyed the users' cultural

habits or concerns to the professionals. This ensured that patients' needs were understood and care was culturally sensitive, while fostering trust and enhancing the connection between migrants and health services by interpreting local contexts to improve access to care.

In the Spanish study,¹⁹ intercultural mediators created a welcoming environment in healthcare settings, supported communication and access through home visits, helped overcome linguistic and cultural barriers, connected migrants to primary care, provided education on the health system, and offered guidance on available services and how to navigate them.

The findings indicate a diversity of recruitment strategies. Anderson and Cirillo²² reported a more traditional approach with regular contracts in health centers. Sepúlveda and Cabieses²⁰ described a direct hiring model with hourly pay, while Luig et al.²¹ highlighted the importance of community involvement in the selection process, with community-recruited peers who had lived experience. This suggests that the recruitment strategies employed varied in their approaches to reaching and engaging members of the target communities, ranging from community-based and experience-driven approaches to professionalized and system-integrated roles.

DISCUSSION

This scoping review identified the role of intercultural mediators in improving access to culturally sensitive healthcare for migrants in primary health care settings, as well as strategies used for their recruitment. The findings suggest that integrating intercultural mediators into health services may enhance access, quality of care, and cultural sensitivity for MRA communities. The term "intercultural mediator" was frequently used in healthcare services, reflecting the broad and multifaceted nature of their activities, which include building trust, promoting health, understanding cultural needs, and connecting migrants and refugees to services and communities. In Portugal, for example, intercultural mediators are involved in resolving tensions and facilitating communication in multicultural healthcare settings.⁸

The evidence synthesized in this review is based on qualitative studies that describe mediators' roles and perceived contributions within specific contexts. While the following discussion situates these findings within broader debates on equity and primary health care principles, such reflections represent analytical interpretations rather than evidence of demonstrated outcomes or system-level impact. Given the absence of evaluative studies, conclusions regarding measurable outcomes remain beyond the scope of the available data. The roles described in the included studies can be analytically related to core principles of primary health care, including accessibility, comprehensiveness, continuity of care, humanization, and equity, highlighting the potential relevance of this strategy to the Brazilian healthcare system.^{23,24} By facilitating navigation of the health system, addressing language barriers, and fostering trust, mediators are reported to support access to services. They support continuity by maintaining consistent communication between patients and providers, and may contribute to comprehensiveness by addressing the diverse cultural, social, and mental health needs of individuals. By promoting humanized care, mediators are described as fostering respect for patients' dignity and individuality, while advancing equity through advocacy for fair treatment and adaptation of health services to the needs of marginalized and minority populations.

Primary health care, grounded in community empowerment, multisectoral policies, and integrated care delivery, faces significant challenges in addressing the complex health needs of the 21st century.²⁵ A holistic approach is essential to overcome these barriers. Intercultural mediators act as bridges between healthcare systems and culturally diverse populations, enhancing health outcomes for marginalized groups.

The four included studies were conducted in Spain, Chile, Italy, and Canada, countries with distinct health system structures and migration governance models. These contextual differences are relevant for interpreting how intercultural mediators are positioned within primary health care.

Spain²⁶ and Italy²⁷ operate under tax-funded national health systems with universal coverage principles, where primary care serves as the main entry point to services. In these settings, intercultural mediation has emerged within publicly organized systems in response to increasing migration and the need to address linguistic and cultural barriers. Chile²⁸ and Canada,²⁹ by contrast, present mixed or decentralized health systems, where access to care may vary according to migratory status, insurance arrangements, and regional governance. In these contexts, mediators have been integrated through primary care centers or community-based initiatives.

These institutional arrangements influence recruitment models, funding mechanisms, and the degree of integration of mediators into care teams. Therefore, findings should be interpreted within their respective health system contexts, to avoid direct generalization to other settings, including Brazil.

In Brazil, while the integration of intercultural mediators into primary health care is not explicitly in the National Primary Health Care Policy (PNAB),³⁰ it may be interpreted as consistent with broader principles, such as equity and comprehensiveness of care. However, structural barriers remain. Workforce shortages, high workloads in primary health care, and the absence of formally recognized roles for intercultural mediators in national regulations limit implementation.²³

Local experiences in Brazil illustrate complexities and opportunities in integrating migrants into the SUS. The approach in Porto Alegre, in Rio Grande do Sul, provides a unique example of the integration of migrants into the SUS.³¹ This case illustrates the role of intercultural mediators in addressing the healthcare needs of migrant populations.³¹ In São Paulo, initiatives directed at Bolivian migrants highlighted how legal, social, and institutional arrangements can either facilitate or restrict access to health services, raising critical discussion on health as a human right and the role of the SUS in promoting inclusion.³²

Other regions in Brazil have faced different challenges in responding to migration waves. In the cities of Boa Vista and Manaus, in the state of Amazonas, the arrival of Venezuelan migrants has tested local health and social protection systems. Evidence shows high utilization of health services, particularly among women, who accessed care at a rate three times higher than that of Brazilian women.³³ Brazil has provided shelter, food, health services, and income transfer programs, ensuring immediate humanitarian support. However, questions remain about whether these responses will evolve into sustained public policies. These cases reveal the tension between emergency responses and the structural challenges of guaranteeing the right to health for migrant populations in a context of inequality and limited resources.³⁴

The heterogeneity of immigrant populations in the included studies emphasizes the importance of intercultural communication skills among healthcare providers. Cultural competence is essential to ensure effective communication and care for patients from diverse backgrounds.²⁴ A dignity-enhancing environment is key to high-quality healthcare. It requires balancing the cultural contexts of both patients and providers to guarantee culturally sensitive care.²³ In this context, Veliz-Rojas et al.¹² point out that developing intercultural competencies remains a challenge for higher education, particularly in the health field. The lack of adequate training compromises the quality of care in various settings, reinforcing the need to include intercultural content and experiences in health education curricula.

The inclusion of intercultural mediators in primary health care is described as a promising approach to improving care.¹⁹⁻²² They are reported to foster cross-cultural understanding and communication, reduce conflicts and support team performance and patient safety.³⁴ However, their contribution may be limited

when healthcare providers lack intercultural skills and knowledge. Training and quality assurance programs may strengthen their role.³⁵

Beyond its reported contributions, intercultural mediation also presents structural and operational challenges. The included studies reveal variations in mediators' training, contractual arrangements, professional recognition, and degree of institutional integration. Such heterogeneity may generate tensions related to role clarity, professional boundaries, confidentiality, and collaboration within multiprofessional teams.

Limited formal training can constrain mediators' ability to engage in complex clinical or ethical situations, while weak institutional recognition may hinder their integration into care processes. At the same time, excessive formalization without strong community ties may undermine trust and cultural proximity, central elements of mediation practice. These findings suggest that intercultural mediation is a context-dependent strategy whose implementation and outcomes may vary according to regulatory frameworks, team dynamics, and available resources.

Systemic barriers further affect the integration of intercultural mediators into health systems. These include the lack of formal recognition, regulatory frameworks, and standardized protocols,³⁶ which undermine their consistent implementation. Continued reliance on untrained interpreters can also affect care quality, particularly in sensitive areas such as mental health, reproductive health, and informed consent.

While mediators with strong community ties may enhance cultural or migratory experiences, limited formal preparation can restrict their participation in interdisciplinary care processes. By contrast, more formalized mediators, with professional contracts and defined roles, gain institutional legitimacy and role clarity. Balancing these dimensions remains an ongoing challenge for health systems.

Finally, the limitations of this review should be acknowledged. The available evidence is limited in scope and predominantly qualitative, which restricts comparison across contexts and precludes conclusions about measurable impact. In addition, few studies focus specifically on primary health care settings or on refugee and asylum-seeking populations. Most existing studies describe experiences in hospitals, border camps, or humanitarian organization clinics. This gap indicates the need for further research examining implementation models and evaluative outcomes in diverse health system contexts.

CONCLUSIONS

This scoping review mapped the available evidence on the role of intercultural mediators in primary health care for MRA populations. Based on four qualitative studies, the findings indicate that intercultural mediators perform diverse functions, including linguistic and cultural interpretation, trust-building, support in navigating health services, and facilitation of communication between service users and professionals.

The included studies suggest that these professionals may contribute to reducing linguistic and cultural barriers and to fostering more culturally responsive care in primary health care settings. However, the current evidence base remains limited in scope and methodological diversity, with a predominance of qualitative designs and an absence of evaluative research assessing clinical, organizational, or economic outcomes.

By mapping existing knowledge and identifying research gaps, this review contributes to informing future research and policy discussions on culturally responsive strategies in primary health care. Several practical implications may be considered for future initiatives and research. These include incorporating intercultural communication into health professional education, exploring the potential use of mediators as

matrix support for Family Health Strategy teams, and strengthening collaboration within multiprofessional teams to enhance continuity and comprehensiveness of care. The available qualitative evidence suggests that intercultural mediators may represent a relevant component of primary health care aimed at promoting equity and culturally responsive care within the SUS. Nevertheless, pilot initiatives and implementation studies are needed to assess feasibility, impact, and sustainability before broader scale-up.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

LYTU: Conceptualization, Investigation, Methodology, Supervision, Validation, Writing – original draft, Writing – review & editing. JRQ: Conceptualization, Investigation, Methodology, Validation, Writing – review & editing. MFF: Investigation, Methodology, Validation. TY: Conceptualization, Methodology, Supervision, Validation. JGDC: Investigation, Formal Analysis, Validation. SRSN: Investigation, Formal Analysis, Writing – review & editing, Validation. LSG: Investigation, Formal Analysis, Validation.

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