

Public Health Policy in Brazil

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- Brazil in global health
- The Brazilian Unified Health System (SUS)
- The Family Health Strategy
- Community health workers in Brazil
- Case: the Zika epidemic

Marcha em
defesa do
SUS



SAÚDE E DEMOCRACIA

1º DE DEZEMBRO, 14H,
CATEDRAL DE BRASÍLIA

#MarchaDoSUS

15ª
CONFERÊNCIA NACIONAL DE
SACD

SAÚDE PÚBLICA DE QUALIDADE PARA TODOS SEM DAS PESSOAS.
DIREITO DO POVO BRASILEIRO

- Federal Constitution 1988
- Principles
 - Universal access
 - Integral care
 - Equity
 - Decentralized nature
- Public participation
 - The Health Councils

- Family Health Strategy (1990s)
- Reorganization of the healthcare model
 - Beyond hospital-based care
 - Primary health clinics (UBS) and house visits
 - Prevention, health promotion, surveillance and rehabilitation
 - Multi-professional teams (doctors, nurses, nursing assistants and community health workers)
- Family as unit
- Humanization



- Close-to-community workers with no specialized medical training
- Links between doctors, nurses and hard-to-reach groups
- They can specialize in one task or carry out many functions
 - Identifying vulnerabilities and needs
 - Gathering epidemiological information
 - Supporting patients in long-term medication
 - Supporting vaccination and vector-control campaigns
 - Health education and promotion activities











- Linkage with communities and families
- Epidemiological data gathering
- Health promotion and prevention
- Vaccination
- Maternal health
- Vector control
- Community organizing

- 'Bridge' and 'transmission belt'
- Mediator and translator
 - Technical and scientific expertise
 - Indigenous, local knowledges
- Technical and political actor
 - 'Street-level bureaucrat'
- Service provider and community representative





- Maternal and child health
- Vaccination coverage
- Community perception
- Socio-economic aspects
- Political awareness

- Decentralized nature of primary health means unevenness

- Working conditions
 - Lack of professional recognition
 - Low pay, insufficient training and occupational health
 - Problems with other health professionals

- Community relations
 - Violence and victimization
 - High expectations and disappointment
 - High levels of demand
 - Problems of being 'too close'

- The wider socio-economic context
 - A service for the poor?
- Gender-based problems
 - Feminization of informal labor
 - Women as carers
- CHWs in an ambiguous position in relation to the production of vulnerability



- Zika epidemic framed as a problem of mosquitoes
- Public health response focused on vector-control initiatives
- Broader questions pertaining to urbanization, sanitation and socio-economic inequalities have been overlooked

- Control of mosquito breeding sites
- Providing information to populations
- Special focus on pregnant women
- Problems
 - Insufficient information for CHWs
 - CHWs and the “Agentes de Endemias”

