

# 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  
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”

