

**Fundação Oswaldo Cruz (Fiocruz)  
Oswaldo Cruz Foundation**

**Center for Global Health**

**Alvaro Matida  
Adviser**

**Adelaide – SA  
April, 2010**



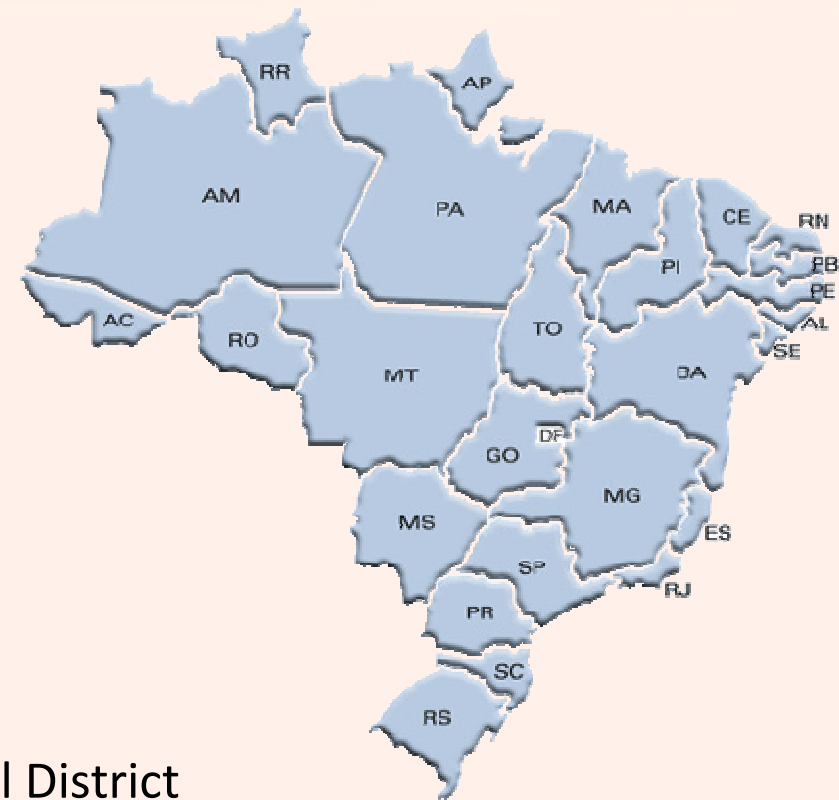
Ministério da Saúde

**FIOCRUZ  
Fundação Oswaldo Cruz**

# Connecting SDH actions with HiAP in BRAZIL

- **Brazilian Agenda on Health**

# Context Brazil



- Population (2009): 191,5 million
- Territory: 8.5 millions sq. Km
- Number of states: 26 States and a Federal District
- Number of municipalities: 5.562

## Health Management

federal level - Ministry of Health

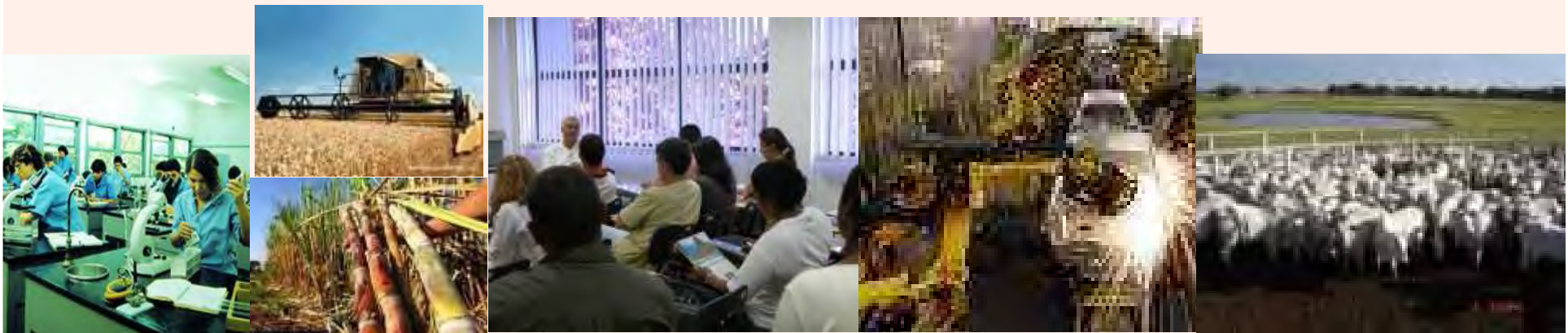
state level - State Health Secretariat

municipality level - Municipality Health Secretariat

**GDP 2006)**  
**US\$ 1.2 trillion**

**Total Health Expenditures (2006)**  
**US\$ 87.3 billion**

**Health Expenditure as % of GDP (2006)**  
**7.48%**



## 1988 Brazilian Constitution

**Article 196:** *“**Health is a right for all and a duty of the State** and shall be guaranteed by means of **social and economic policies aimed at reducing the risk of illness and other hazards and at the universal and equal access to actions and services for its promotion, protection and recovery**”*

## 1991 Act 8.080

**Article 2:** *“**Health determinants are, among others, food, basic sanitation, the environment, labor, income, education, transportation, leisure and the access to consumer goods and social services; the health levels of the population reflect the social and economic organization of the country.**”*  
(§3)

## Why are Social Policies impacting SDH closely connected with HiAP actions ??

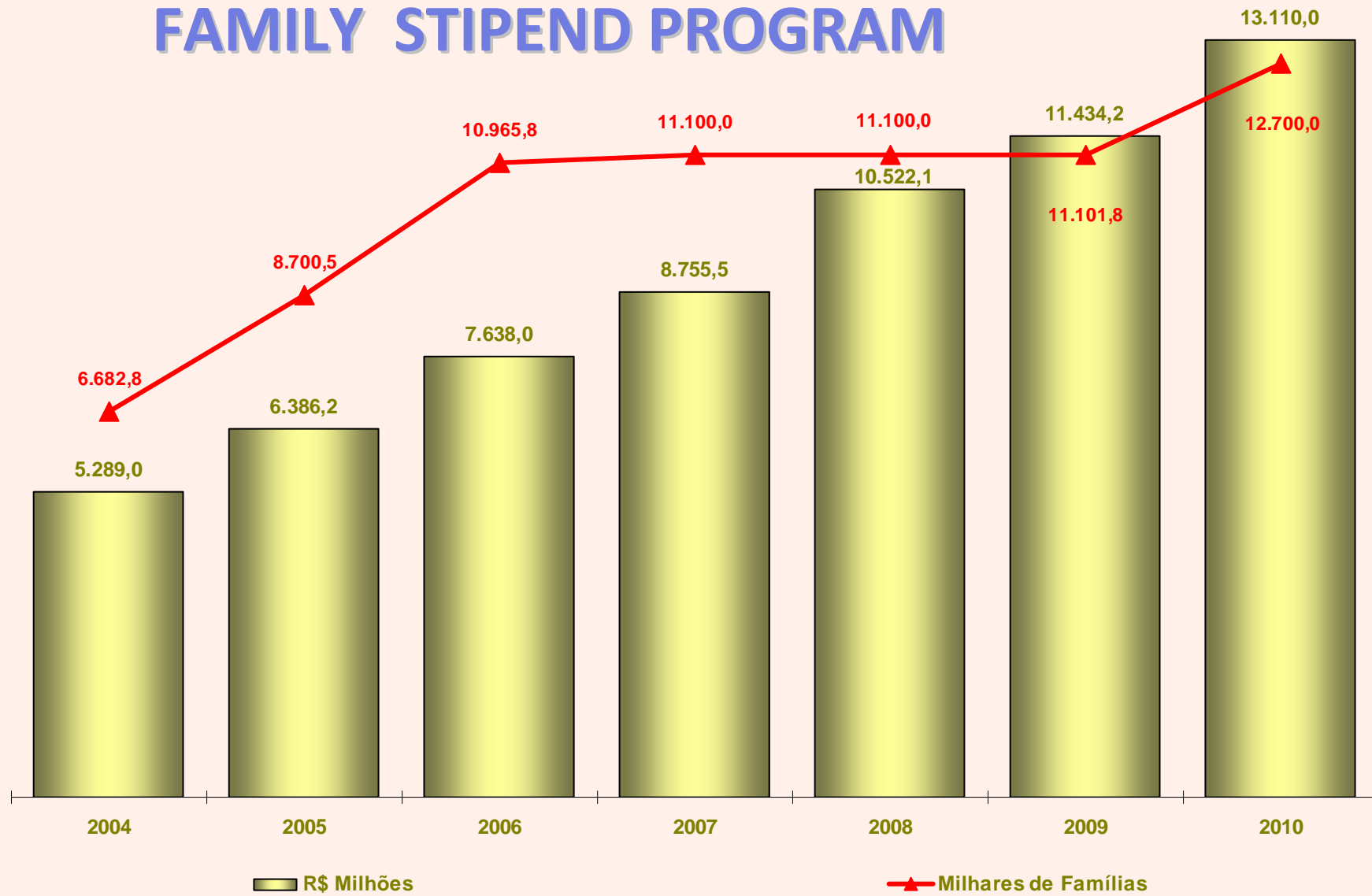
- **revisit** capital values stated in **Alma Ata Declaration (1978)**, renewing commitments on Equity, Access and Development advocated in the **2nd International Conference on Health Promotion – in 1988 here in Adelaide**
- **recognize and reinforce principles of Ottawa Charter (1986)**– Health is beyond medical/hospital care – [built a healthy public policy / create supportive environments / strengthen community actions / develop personal skills / reorient health services]
- these social policies are closely aligned with the challenges addressing **social inequities** and the **determinants of wellbeing**



## **BRAZILIAN SOCIAL POLICIES**

- **Family Stipend Program –**
  - \* **Promoting citizenship throughout income policies**
- **Social Welfare Continued Benefit Policy**
- **Accelerated Growth Program (PAC)**
- **Intersectoral policies**
  - \* **at State and Municipality level**
- **Social Inclusion Driven Policies**
- **Healthy Policies:**
  - Health Promotion / Risk Reduction related Policies**








# FAMILY STIPEND PROGRAM





# Integrated Territories on Health

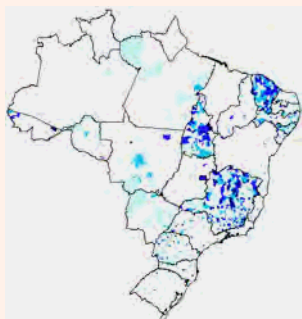
## Legend

-  Dental Care Center
-  Support
-  Family Care Support Cluster (NASF)
-  Psycho-social Care Center (CAP)
-  Pharmacy
-  Emergency Department Unit (UPA)
-  Hospitals

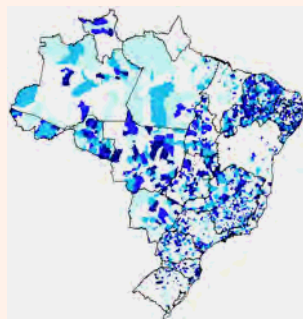


# Family Health Program Teams BRAZIL, 1998/2006

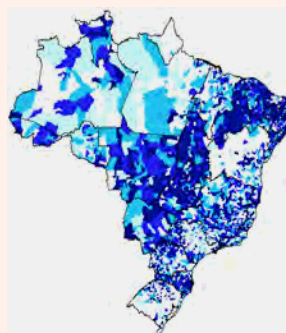
1998



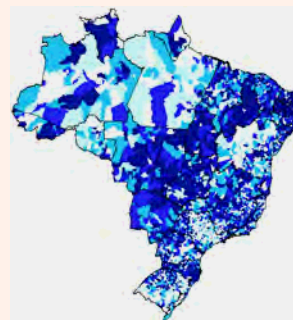
2000



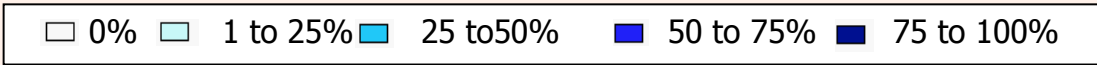
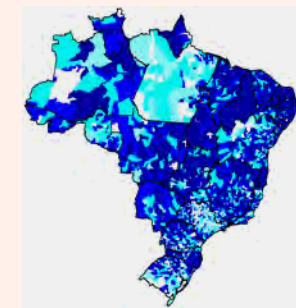
2002



2004

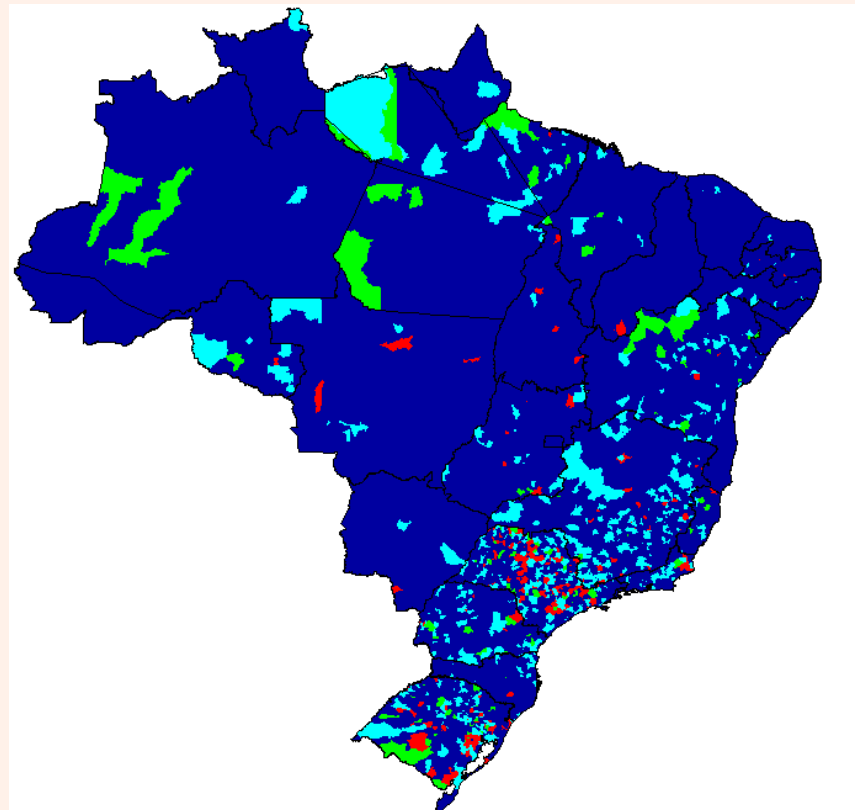


2006



FONTE: SIAB - Sistema de Informação da Atenção Básica

## Implementing of Family Health, Oral Health Teams and Community Health Agents – BRAZIL, March 2009



- FHT/CHA/OH
- FHS/CHA
- CHA
- without ESF, ACS E ESB

FH Teams (FHT) – 29.149  
 municipalities - 5.233

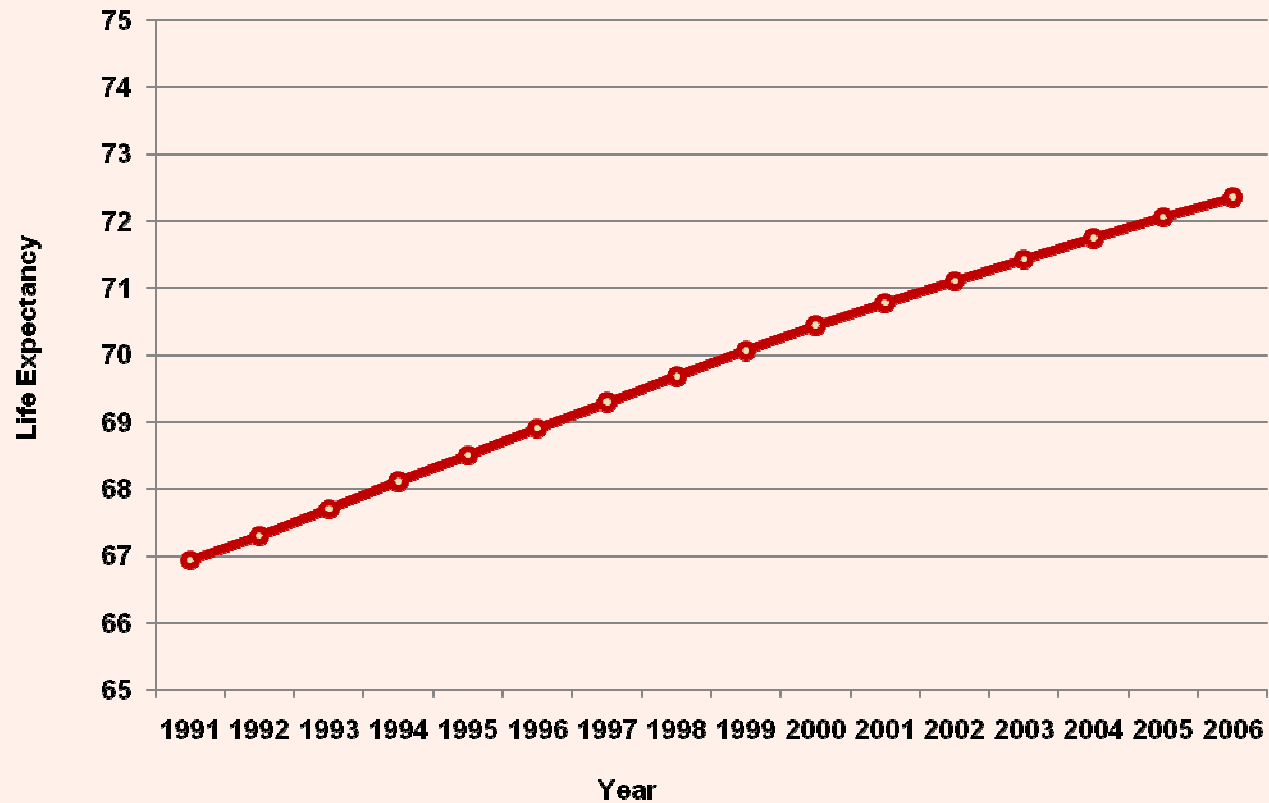
Community Health Agents (CHA) – 228.412  
 municipalities - 5.350

Oral Health Teams (OH)– 17.588  
 municipalities– 4.567

**Total of municipalities: 5.562**

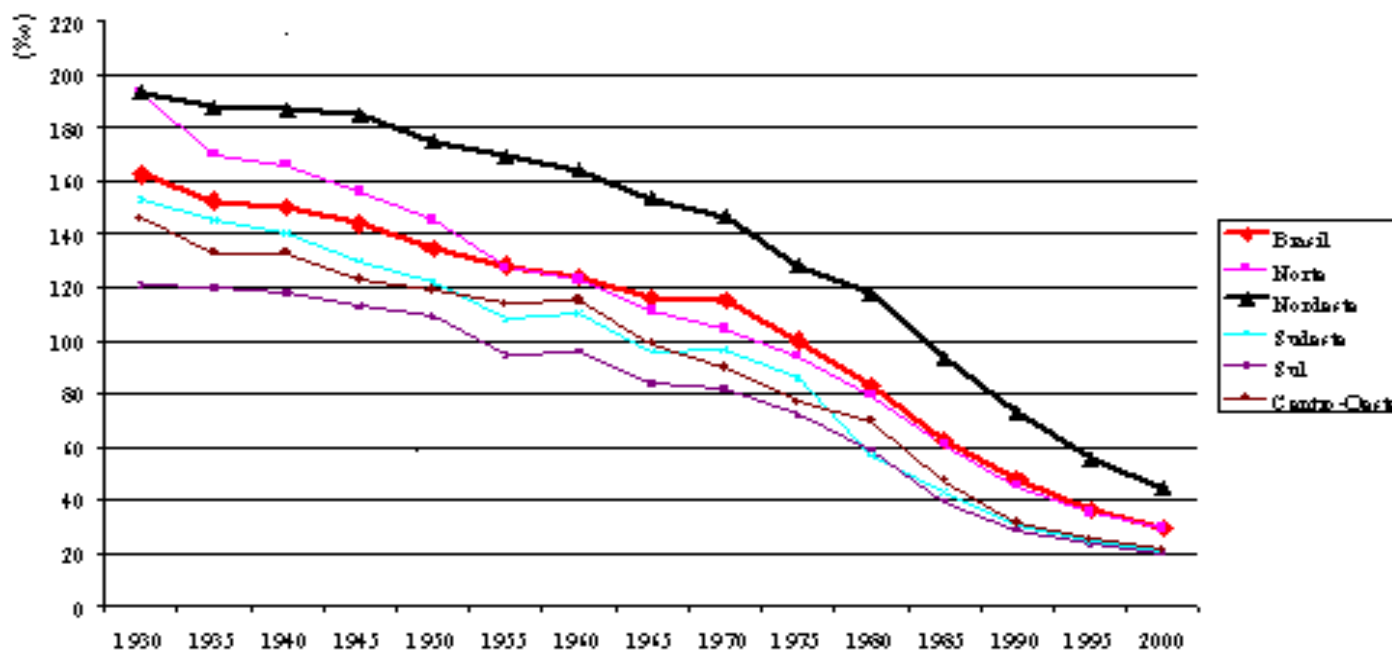
# Brazilians are living longer

## Life Expectancy at birth, both sexes



JCN 10/2007

# Infant lives are being saved, however important regional inequalities still persist



Fonte: IBGE. Censos demográficos de 1940 a 1991 e Resultados preliminares do Censo 2000

JCN 10/2007

## BRAZILIAN AGENDA ON HEALTH AND INEQUITIES REDUCTION OPORTUNITIES

- **Advocating the BCSDH major recommendation**
  - Federal **Management and Coordination** of the intersectoral policies for Health and Quality of Life Promotion – within the **Civil Cabinet of the Presidency** and the **Executive Secretariat** in the Ministry of Health
- **Promoting and implementing lessons learned**
  - Intersectoral driven policies
  - Social control
  - **Healthy Municipalities** network - the local as the key instance for intersectoral action and social control
- **Bridge the gap between researchers and policy-makers**
  - Evidence driven Research network and
  - Systematic monitoring efficacy and efficiency of the policies



# Portal Determinantes Sociais da Saúde

## Rede de Instituições



## Pesquise uma ou mais palavras

Todos os índices ▾
onde: Todas as fontes ▾
Pesquisar

## Pesquisa por Determinantes Sociais da Saúde



Condições Socioeconômicas, Culturais e Ambientais



Condições de Vida e de Trabalho



Redes Sociais e Comunitárias



Estilo de Vida

## Coleção de Fontes de Informação

### Literatura científica e técnica

LILACS, MEDLINE, SciELO, REPIDISCA, PAHO, WHOLIS, Literatura de Referência em DSS

### Sistemas de Informação sobre DSS

Recursos sobre DSS na Web

### Diretórios

Diretório de eventos

## Sobre o Portal

## Destaques



Relatório Final da CNDSS: 'As causas sociais das iniquidades em saúde no Brasil'



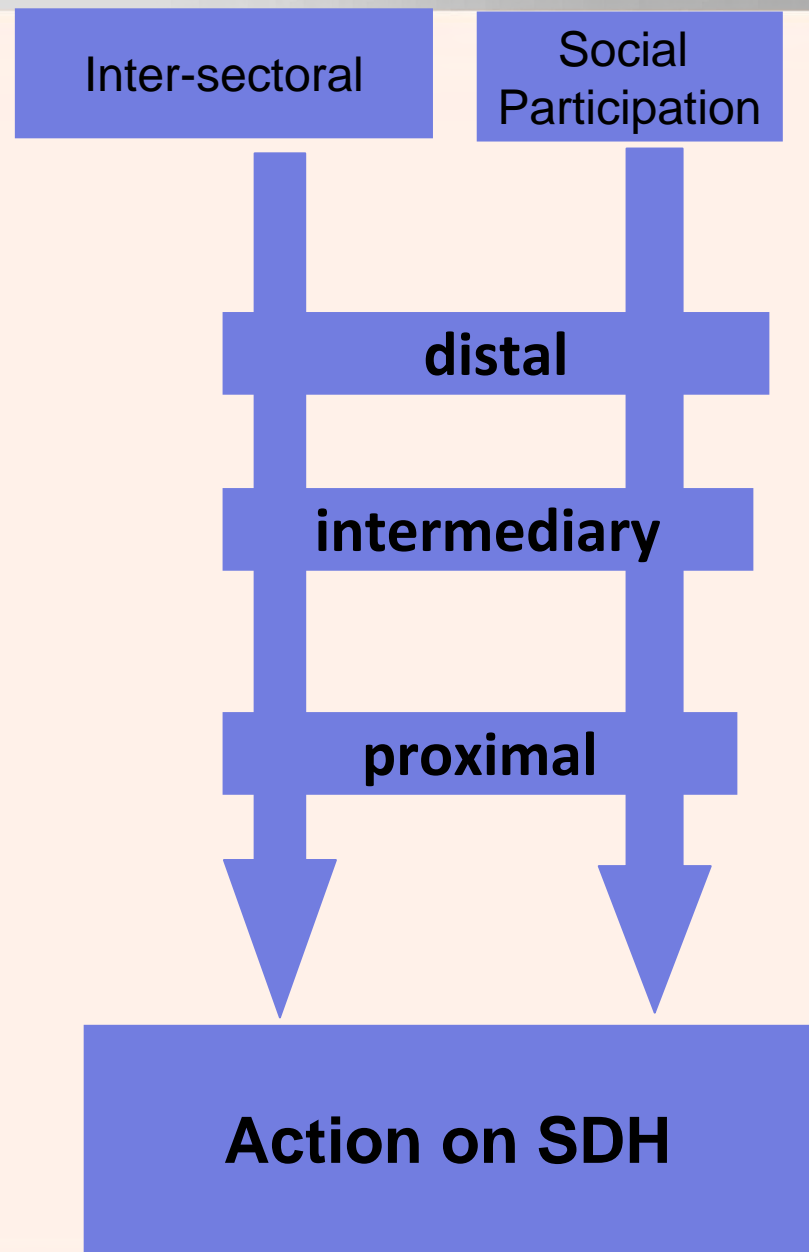
Commission on Social Determinants of Health - Final Report

## Notícias

Informe Final da Comissão Mundial sobre Determinantes Sociais da Saúde (CDSS/OMS) é apresentado em Santiago no Chile.



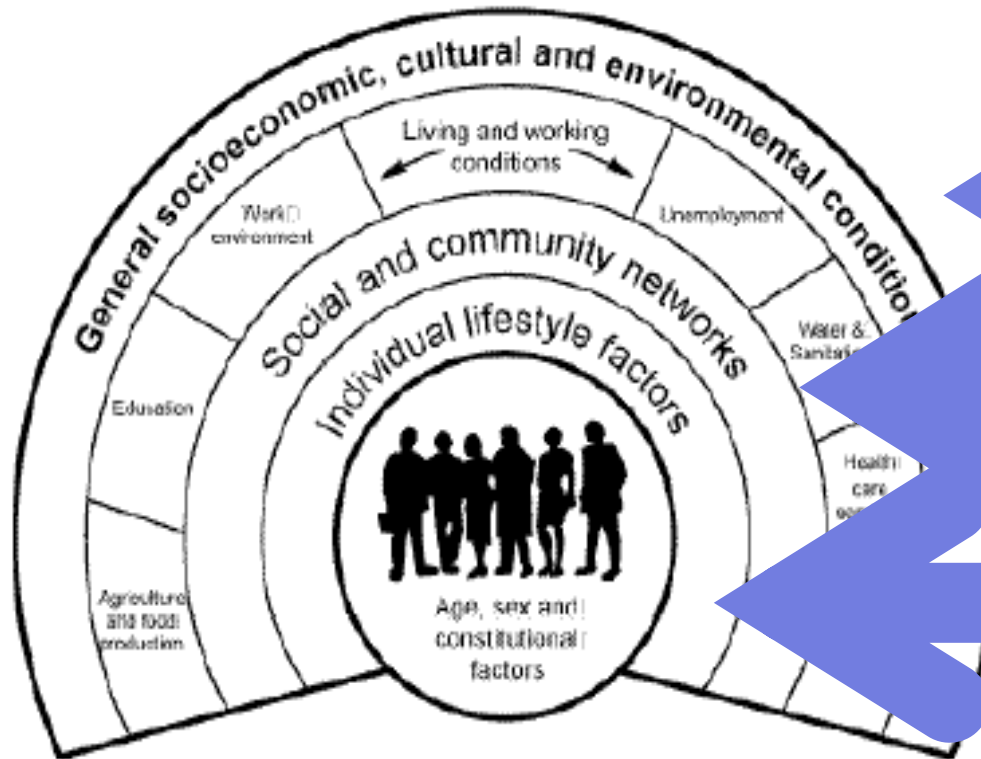
Newsletter BVS  
 Rede de Notícias BVS





Inter-sectoral

Social  
Participation



**Figure 1**  
Socio-economic model of health and its inequalities  
(Dahlgren & Whitehead, 1991)

distal

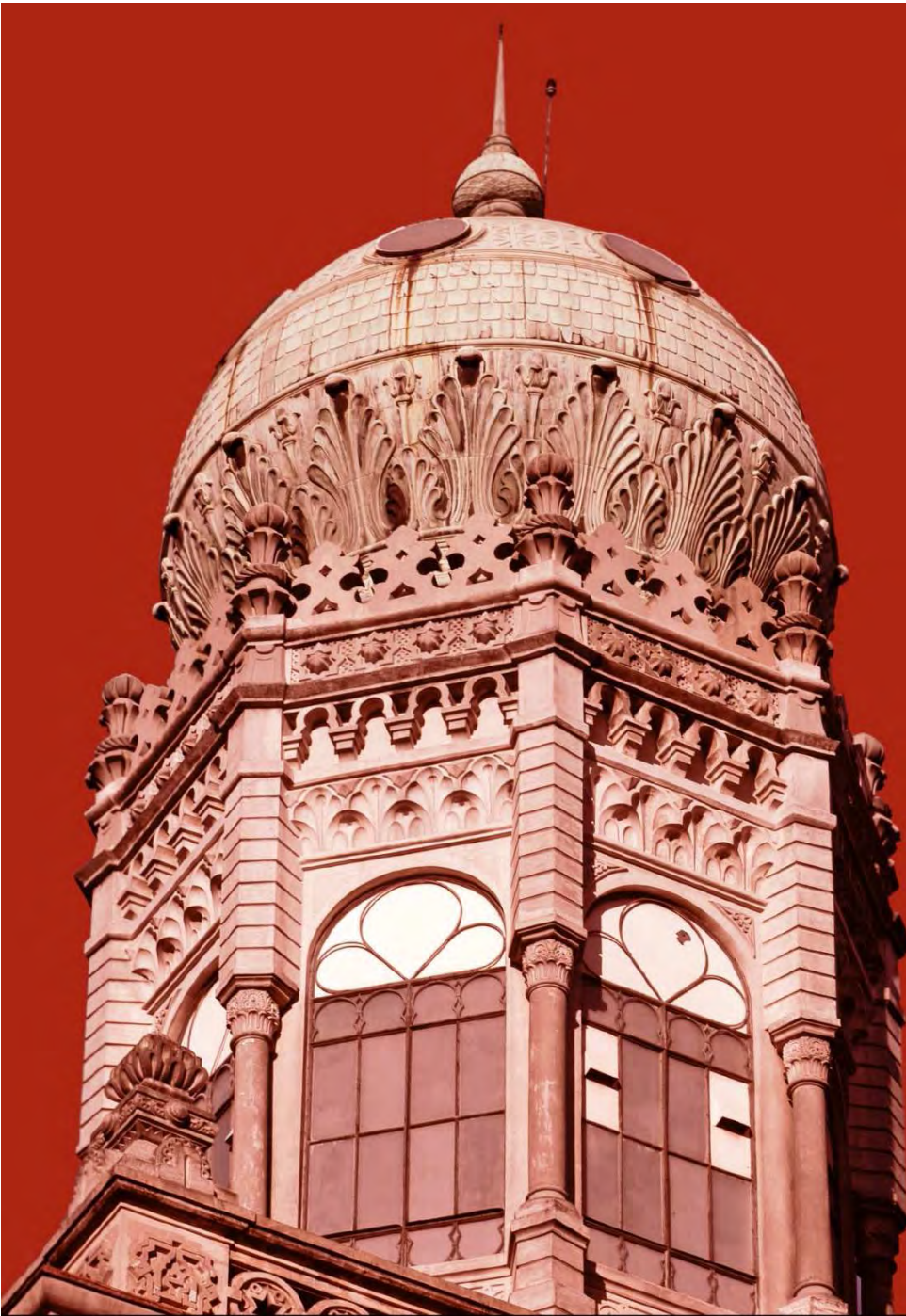
intermediary

proximal

Action on SDH

# WHO International Conference on SDH Rio de Janeiro, Brazil 2011





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**THANK YOU!**



Ministério da Saúde

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[www.fiocruz.br](http://www.fiocruz.br)

## BRAZILIAN AGENDA ON HEALTH AND INEQUITIES REDUCTION BARRIERS

- **Multiple political projects** in government coalitions with impact in the Ministries / Departments – Diversity of interest in charge of different Political Party
- **Sectoral political culture** – low integration between economic policies and social policies – **high fragmentation and redundancy of actions**
- **Multiple government levels and multiples governance policies**
- **Multiple missions and roles** of Unions, Professional Corporations, Mass Media representatives
- **High competitiveness and little coordination** among federal agencies