

## Rice, beans, health, education: Public Health Policy in Brazil

Public health policies are, in essence, intersectoral policies. The financial crisis, recognized in the international arena in 2008 and worsen by food shortages, the energy crisis and global warming, reinforce old problems and new challenges, growing in degree and complexity. Today, there is no nation capable of guaranteeing health care for all and to face the social determinants of health without a audacious integration between government sectors.

In Brazil, the prospect of social mobility, associated with policies of wealth distribution, employment generation and income suggest a scenario that challenges the old paradox: economic growth and social development. How to establish a health policy that responds to the values of the Brazilian Constitution and the Organic Law of Health in situations where a significant portion of the population is still living below the poverty line? How to ensure good policies in health and education – internationally classified as “low politics” as opposed to security and military spending, “high politics” – when, in times of budgetary restraint, those are the first to be cut?

In Brazil, within the health sector, the growing access to primary health care, the improvements and expansion of the medium and the high complexity health care, clearly reflects the advances, hardly conquered in recent years. These achievements, however, coexist with the urgency of ensuring the universality and comprehensiveness of health and medical care, which is directly linked to the historic challenges that we saw through: (1) the sub funding of public health; (2) work conditions and education of health professionals; (3) investment in research and production; (4) improvement of public health regulation procedures, particularly over the growing health plans market and the drugs and medical equipment industry; (5) the health management qualification and the fair provision of health services; and, especially, (6) the health promotion.

Agreeing with the critics around the campaign theme – “why treat people without changing what makes them sick?” – propagated by the World Health Organization, it is not to question the unquestionable. It is imperative to ensure health care for all. A firm defense of Health, expressed in the Brazilian Constitution, is an ethical duty. Health is everyone’s right and duty of the state. Everyone knows, however, that health includes ensuring health-care, but it is not limited to this. Health Policies require concrete actions on social determinants. In spite of all the guts and commitment, we cannot approve what

are stated in the 29th Constitutional Amendment (EC 29) without defining the model of development and political reform in parallel. The effort to ensure adequate and sustainable sources of financing of health policy includes a commitment to consultation and coordination of priorities under the National Health Council (CNS) and the Council of Economic and Social Development (CDES). In Parliament and the Executive.

In her inaugural speech, the President Dilma Rousseff, confirming the progress of the previous government and reiterating her political will, expressed that *the most stubborn fight of my government is to eradicate extreme poverty and creating opportunities for all*. Continuing, she emphasized that *therefore an indispensable task renewing action, effective and integrated federal, state and municipal governments, particularly in the areas of health, education and security, which is expressed will families and population*.

More than ever today the reduction of social inequalities implies in the definition and implementation of intersectoral policies.

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