WE LIVE IN EXTREMELY DIFFICULT TIMES. The foundations of our fragile democracy, conquered with much struggle after the 21 years of authoritarian rule, are threatened by the mobilization of a considerable share of the population around conservative leaderships that preach violence, segregation, and hatred. We witness the updating of prejudices crystallized in the history of Brazilian social formation, marked by patriarchy, racism, and sexism, which are expressed against the poor, women, blacks and segments of the LGBTI (Lesbian, Gay, Bisexual, Transgender, Transvestite and Intersexual) community. Adding to that the dissatisfaction with the effects of the economic, political, and ethical crisis that we have been going through in recent years, the culture ‘broth’ was formed for the polarization between distinct projects for the Brazilian society, that oppose economic models, political conceptions, and cultural perspectives, putting the country at a crossroads, which began to take shape even before the coup that deposed President Dilma Rousseff, and today presents itself, without disguise, in the debates and strategies adopted by the social forces and political parties that dispute the elections.

We are editing this issue of the ‘Saúde em Debate’ journal to be launched during the Fifth Workshop of the Observatory of Political Analysis in Health (OAPS), precisely in a context of presidential elections that will define the scenario for the development of health policies and, especially, for the Unified Health System (Sistema Único de Saúde – SUS). Whatever the outcome of these elections may be, we are aware that the struggle for the right to health will continue because it is part of the history of the progressive forces of this country that dream of and work for a fairer, less unequal, more democratic and solidary Brazil.

It is part of this struggle to develop studies and research that contribute to the knowledge of the problems of the health status of the population and of the health system, in order to subsidize the elaboration and implementation of policies, strategies, and practices consistent with the conceptions, principles, and guidelines that animate the movement for the Brazilian Sanitary Reform (RSB) over the last 42 years, since the creation of the Brazilian Center for Health Studies (Cebes) in 1976. In that perspective, the Cebes and the OAPS decided to compose another issue of ‘Saúde em Debate’ dedicated to the Political Analysis in Health, giving continuity and consequence to the effort of the hundred researchers linked to the several research projects that have been developed in the 12 thematic axes which currently make up the Observatory (www.analisepoliticaemsaude.org).

Along the pages of this special issue of the journal, readers will find a set of articles that address the health policy process from various angles, whether general issues related to the struggle for the right to health in Brazil and in other countries, or specific aspects of the process of formulation and implementation of policies in various themes, especially with regard to the organization of the SUS, at a national, state and municipal level. In addition, we present the results of bibliographical studies that try to map the scientific production on Political Analysis.
in Health, aiming to systematize the list of theories and methodological strategies used, in order to base the work of the Observatory, both from the perspective of its organization and functioning as a singular space that articulates production and diffusion of knowledge with participation in the political debate of health, as well as in the improvement of the studies and researches developed in the several thematic axes that compose it.

In this regard, it is important to emphasize the interest that permeates many of the projects under development in the OAPS, which is revealed in the content of many of the articles presented in this issue of ‘Saúde em Debate’: the identification and analysis of the political positioning of various subjects and governmental and non-governmental organizations, or rather, of the State and the civil society, about the projects in dispute in health. In fact, in a strongly polarized atmosphere, we also witnessed the strengthening of the hegemony of the mercantilist project in all areas of the Brazilian State today, defended by a group of political forces interested in reducing public spending, in defense of the market, privatization of management of the SUS, and strengthening of the hospital-centered medical-assistance model, as well as devaluation of the participation and social control of the SUS through Health Councils and Conferences. For the defenders of that project, health is considered a commodity, not a right of citizenship, and the SUS can be limited to a SUS ‘for the poor’, focused on guaranteeing basic health care, while intensifying the privatization of management of specialized and hospital care, in parallel with the expansion of coverage of private health insurances, reinforced, even, by State subsidy.

The future of the SUS, therefore, is at stake. In this scenario, defending the RSB project, and the so-called ‘constitutional SUS’, based on the principles of universality, comprehensiveness and equity, is an urgent task, and requires the overcoming of underfunding and the expansion of public resources invested in health, the democratization of management of the system at all levels, the qualification of public management, and the consolidation of a care model aimed at comprehensiveness, quality improvement, and the humanization of care. To resist the ‘dismantling’ of the system, which, despite limitations and difficulties, represents a conquest of Brazilian citizenship, a civilizing advance in the face of the barbarism that is surrounds us, is what moves us to continue studying, researching, writing, debating, and mobilizing people, groups, entities, organizations to continue in the trench of the struggle for health and democracy. They shall not pass!

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References


