

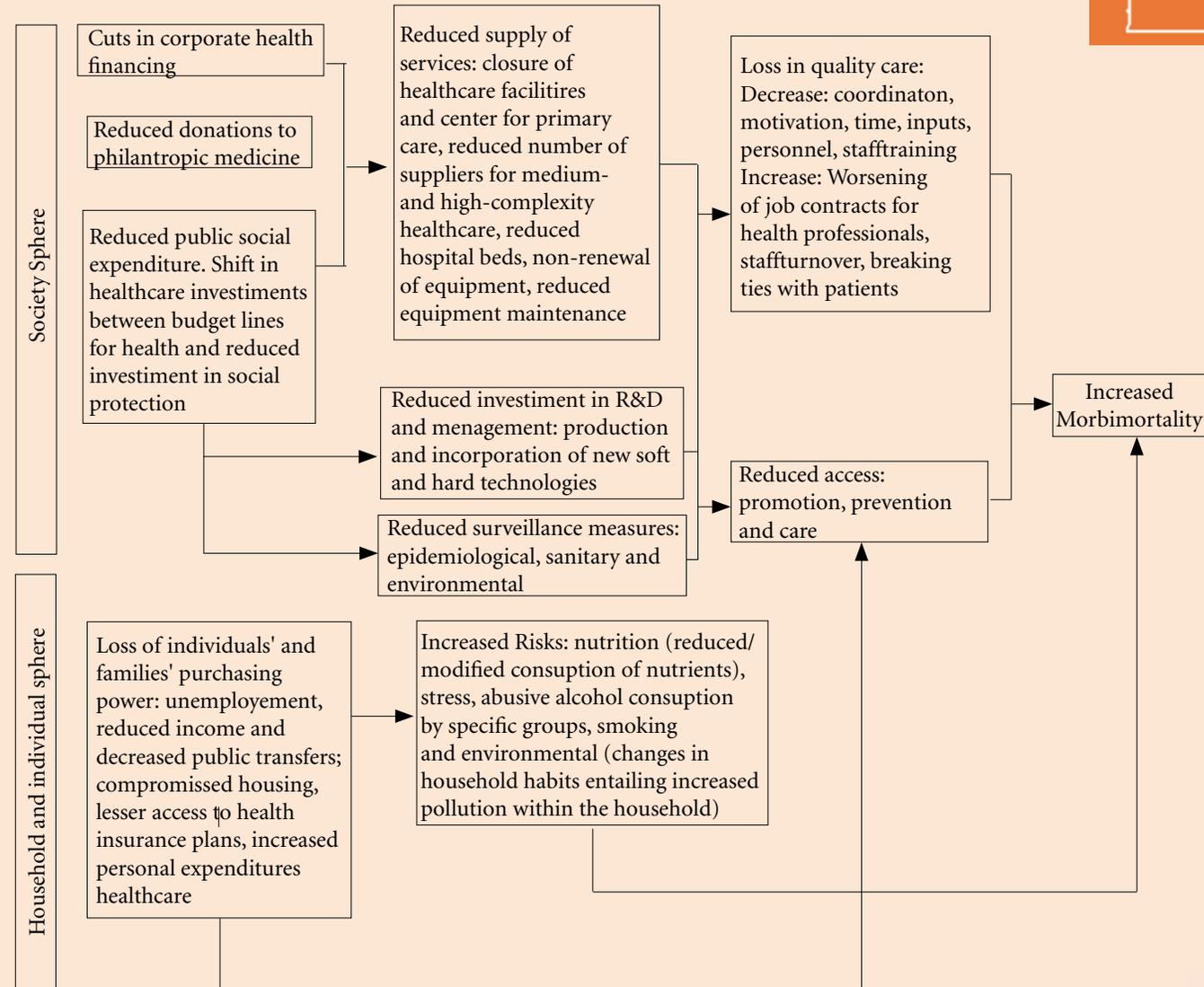
La centralidad de la articulación entre los sistemas de salud y la protección social: el impacto de los determinantes sociales de la salud

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Pre-pandemic Brazil: no place for the vulnerable ones

- Assolated by economic deficit and austerity policy
- Reductions on public policy offers
- Limited capacity of the families for fulfilling their needs (unemployment, low-quality jobs, reductions on social protection)
- Mistrust, scalating political conflicts, and lack of investiment on public policies (social and environmental)
- Open promotion of antidemocratic acts and restriction of human rights by important political leaders, compromising the solidarity and the sense of an integrated country
- The rise of solipsism and the decline of the legitimacy of Science, politics, institutions for social organization (state, political parties etc.). The rise of sectarian evangelism, and the cult of the violence as an effective way for solving problems (phisical, legal and digital)

Impacts of the crisis/austerity on health



PAES-SOUSA, Romulo; SCHRAMM, Joyce Mendes de Andrade; MENDES, Luiz Villarinho Pereira. Fiscal austerity and the health sector: the cost of adjustments. **Ciencia & saude coletiva**, v. 24, p. 4375-4384, 2019.

Reduce health inequalities in developing countries- Pillars

1. Consistent and sustainable long-term strategy. That indicates a resilient policy with the capacity to go beyond electoral cycles and ready to respond to economic and political shocks.
2. Social justice approach.
3. Coordination *Fora*. Health inequality policy requires a large number of actions from different areas and levels. The coordination of different actors from different *loci* and interests requires specific spaces of horizontal and vertical coordination with mandate and capacity for easing divergences and identifying the best cost-effective solutions.
4. Development of technical capacities. A great limitation for implementing any action is the lack of qualified professional for implementing the adequate procedures. In developing countries, that is aggravated by the high turnover of the limited trained personnel as a consequence of precarious labour contracts and low incomes
5. Social participation. That comment is strongly associated with the long-term sustainability of policy and programmes and will be further explored in the next section.

Reducing health inequalities in developing countries – Policy agenda

6. Promoting social development. Restoring the broader dimension of the concept of development in order to integrate an excluded population into the national and local economic and social dynamics.
7. Promoting equity. Using public policies to reduce unjustifiable differences and fighting discrimination. Reducing the poverty gaps faced by minority groups such as: black, indigenous, and traditional populations.
8. Generating opportunities. Human capital development considering gender, place of residence (urban or rural), and cultural context.
9. Improving quality in the delivery of public goods and services. The main deficit faced by the vulnerable populations is lack of access to quality public services.
10. Developing a sustainable policy. The endogenous and exogenous factors that can affect the programmes and policies sustainability should be considered while developing the model.