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, escalating political conflicts, and lack of investment 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 (physical, legal and digital)
Impacts of the crisis/austerity on health

Society Sphere
- Cuts in corporate health financing
- Reduced donations to philanthropic medicine
- Reduced public social expenditure. Shift in healthcare investments between budget lines for health and reduced investment in social protection
- Reduced supply of services: closure of healthcare facilities and center for primary care, reduced number of suppliers for medium- and high-complexity healthcare, reduced hospital beds, non-renewal of equipment, reduced equipment maintenance
- Reduced investment in R&D and management: production and incorporation of new soft and hard technologies
- Reduced surveillance measures: epidemiological, sanitary and environmental
- Loss in quality care: Decrease: coordination, motivation, time, inputs, personnel, staff training Increase: Worsening of job contracts for health professionals, staff turnover, breaking ties with patients

Increased Morbimortality

Household and individual sphere
- Loss of individuals’ and families’ purchasing power: unemployment, reduced income and decreased public transfers; compromised housing, lesser access to health insurance plans, increased personal expenditures healthcare
- Increased Risks: nutrition (reduced/modified consumption of nutrients), stress, abusive alcohol consumption by specific groups, smoking and environmental (changes in household habits entailing increased pollution within the household)
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.