Health and Social Determinants in Brazil: A Study on the Influence of Public Participation on the Formulation of the Expanded Concept of Health and Liberating Practices

Case Metadata

BRA--Brazil_GR_Dall'Agnol_Modesto-etal_2007-2007

Intersectoral Action Experience Approximate Start Date: Monday, June 16, 1986
Intersectoral Action Experience Duration: 21 years (on-going)

Case Geography

Jurisdiction(s) of Implementation: National government
Country: Brazil

Policy Issue

Policy Issue: Historically, social inequalities have been widespread in Brazil, e.g., by income, colour, race, sex, access to employment, workplace and housing environments. The “Health Movements” of the 1970s brought to light how these problems were related to the conditions of life of the Brazilian population. In particular, the health system did not include any role for public participation, which prevented “a universal and just health system”. Trends in social movements and research highlighted the importance of public participation in health to strengthen democracy and citizens’ rights. At the Eighth National Health Conference in 1986, public participation, decentralization and autonomy were highlighted as a “remedy” for what the then-Minister of Health referred to as “the abusive and ever-increasing concentration of political, economic and administrative power exercised by the previous government”. In this case, the policy issue reflected a health gradient in Brazil.

Explicitness of Equity: Implicit

Type of Inequality: Overall socioeconomic gradient
Short Phrase: Health system reform/sustainability [1]

Policy Solution

Overview: The 1988 Constitution established the “right of all people to health and the obligation of the state to guarantee universal and equal access to services and activities which promote, protect, and restore health”. The Constitution also created the Unified Health System, or Sistema Único de Saúde (SUS) as a “regionalized and hierarchically organized networks of public health services and activities” with decentralized decision-making about integrated preventive care and assistance by a single administrative body at each level of government. Importantly, the SUS also required community participation, which was meant to have an impact on the “organization, management and control of health services and activities” through “representative groups, policy formation, planning, management, performance and evaluation of health activities”.

Policy Solution: Distributive, Constituents [2]

Sector To Whom Implementation of Policy Solution is Accountable: The actions of the Unified Health System appear to be accountable to both decentralized health councils (AKA "public participation forums"), as well as the Public Prosecutor, whose role was created in the 1988 Constitution to uphold the law (Unclear).

Instruments for Implementation and Institutional Context: National constitution implemented by local levels of government.
Financing: Health funds are managed at different levels of government with the participation of public bodies and organized society (Unclear).

Program Theory

Strategy: Because the Unified Health System is responsible for planning to support health for all Brazilians, the solution in Brazil uses a population strategy.

Category of Main Strategy: Population [3]

Scope of Intervention: Whole population or universal

Social Determinants of Health Entry Point: The use of public participation in Brazil addresses social stratification issues within the health system to promote social control over decisions that involve the health and well being of the population. Public participation is included in all forums of health issues in the decision making process addressing structural and intermediate determinants, pertaining to the issue of health.


Summary: The Unified Health System reflected a population strategy - and a structural approach - to address the health gradient by installing a participatory approach to developing a health system that addresses material circumstances in strengthening a public health approach.

Details on Intersectoral Engagement Process Leading To or Implementing Intersectoral Action: Yes

Phase of Policy/Intervention Cycle: Development or Planning, Implementation

Main Intersectoral Coordination Mechanisms and Tools Utilized: Intersectoral action is facilitated mainly by participatory health councils at the local, municipal, regional and state levels, composed of representatives elected by the community ("service users and providers") for planning and priority setting, and for developing and implementing interventions. Brazilian legislation institutionalized participatory practice with Law no. 8.142, which regulates the participation of the community in the management of the Unified Health System as well as intergovernment transfer of financial resources, and makes other provisions.

Institutional Arrangements or Structures for Policy Development: The Eight National Health Conference in 1986 officially proposed 'Public Participation' as part of the development of what eventually became the decentralized Unified Health System. In general, the National Health Conferences provide an opportunity to assess progress and plan the direction of future actions. More recently, two new public institutions arose, the Special Secretary of Policies for Promotion of Racial Equality and the Special Secretary of Policies for Women, which provide forums to discuss and develop policies and programmes based on social determinants of health.

Institutional Arrangements or Structures to Implement Policy Solutions: Within the Unified Health System, health councils appear to be the main body responsible for developing and implementing interventions.

Sectors Involved in Leadership: "Initiation: MI Development: MI Implementation-Evaluation: The health sector at the national level appeared to play a leadership role in implementing the Public Participation strategy as part of the Unified Health System's reform."

Description of Industry/Private Sector Involvement: N/A

Description of Civil Society Involvement: Civil society was involved through a number of apparently information social movements. E.g., the Movement Against High Prices (informal participation), Peoples Movement for Health (informal participation). The Movement Against High Prices was a student movement that stood for democratic freedoms. The People's Movement for Health refers to associations of neighbourhood and favela inhabitants that demand better health conditions.

Description of Academic Involvement: Academic institutions and students are mentioned as part the social and health movements to influence the formulation of health policies.

Description of Use of Impact Assessment: Yes

Concept of Success of the Policy Solution: N/A

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