

Uncertainties in the Brazilian scenario and its implications in mother and child health

Despite the unquestionable advances in social policies in the past decades,¹ the political-economic instability established in the country has deepened in the crisis of one of the largest public policies in the world, the Public Health System (SUS).

SUS which principles and guidelines has been socially built, legitimized and referenced in the Brazilian Constitution of 1988, which included the ensuring of universal access and emphasizing on equity in health, which is under a great threat. In addition to not surpass the historical difficulties of underfinancing and inadequate management system, the constitutional binding of resources for health was suppressed with predictable consequences to the most vulnerable groups, the maternal and child.²

The scenario of redemocratization of the country has provided several social changes, emerging in the attempt to achieve health rights with the implementation of SUS. Programs, actions and services are focusing on the construction of an integral woman and child healthcare driven by medical health movements and organized society implemented and expanded by the improvement of the healthcare, especially the basic healthcare.¹ In addition to this, the income transfer programs, improvement for female education and sanitation have enabled the anticipated goal achievement in reducing child mortality proposed internationally with the current level of 13.8 deaths per thousand live births (NV) in 2015.³

However, in regard to women's health the decline in maternal mortality is incompatible to the economic development of the country and the level of offering in the healthcare system,⁴ as pointed out, the aim related to the event was not successful as for those achieved in the children's health.

The unquestionable advances in the coverage of prenatal consultations and deliveries which occurred in the past decades were not accompanied by the improvements in the quality of prenatal, midwifery and puerperium actions, with the increase of unnecessary interventions and sometimes harmful, however, in spite of the directionality of public policies and innumerable positive experiences and innovation were within the sphere of SUS.¹

The year 2016 marks the beginning of a global agenda toward the Goals of Sustainable Development (ODS) in which the confrontation of maternal and infant mortality remains in evidence until 2030. For Brazil, the goal for Maternal Mortality Ratio estimated at 68.2 per 100,000 NVs in 2010 is to reduce to 20 deaths per 100,000 NVs in 2030, as for infant mortality efforts should be concentrated in maintaining the trend downward emphasizing on children historically marginalized socially, such as the Indian people, the quilombolas, the gypsies and communities of urban peripheries.⁴

Brazilian current scenario reveals a number of obstacles in fulfilling ambitious integrated and indivisible goals, proposed by the ODS, some in contrast to recommend, "*Substantially increase the funds in health and the recruitment, the development and training, and the retention of health workers in developing countries,...*".⁵

Considering the extreme importance of the commitment of the society with women, particularly with the pregnancy-puerperium cycle and children, especially in the early childhood, it is imperative to ensure them a healthy life and promote their well-being through public policies perennials and effective under the setback of the achievements obtained. Considerable progress has been made in women and children living conditions which they began to settle for a new reality in the Brazilian public health, even though still marked by deep inequalities, needing additional investments.

And for all these reasons, the given scope of the Brazilian Journal of Maternal and Child Health, it is utmost important to know that this cannot be far from such a scenario, communicating its readers, which the conscious will store such relevant information.

References

1. Victora CG, Aquino EML, Leal MC, Monteiro CA, Barros FC, Szwarcwald CL. Maternal and child health in Brazil: progress and challenges. *Lancet*. 2011; 377: 1863-76.
2. Vieira FS, Sá e Benevides RP. Os impactos do novo regime fiscal para o financiamento do sistema único de saúde e para a efetivação do direito à saúde no Brasil. Ipea Nota Técnica nº 28. Disponível em: http://www.ipea.gov.br/portal/images/stories/PDFs/nota_tecnica/160920_nt_28_disoc.pdf
3. Jaime PC, Frias PG, Monteiro HOC, Almeida PVB, Malta DC. Healthcare and unhealthy eating among children aged under two years: data from the National Health Survey, Brazil, 2013. *Rev Bras Saúde Mater Infant*. 2016; 16 (2): 149-57.
4. Szwarcwald CL, Escalante JJC, Rabello Neto DL, Souza Jr PRB, Victora CG. Estimação da razão de mortalidade materna no Brasil, 2008-2011. *Cad Saúde Pública*. 2014; 30: S71-S83.
5. ODS (Objetivos de Desenvolvimento Sustentável). Disponível em: <http://www.itamaraty.gov.br/pt-BR/politica-externa/desenvolvimento-sustentavel-e-meio-ambiente/134-objetivos-de-desenvolvimento-sustentavel-ods>

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