

Democracy and Public Health

The history of Public Health in Brazil is related to demands for social and public policy change and for improving the country's socioeconomic structure and the population's health profile. Paim ¹ suggests that, within a very particular political context, it was possible to associate Public Health's scientific practice, the fight for redemocratization and the efforts towards universalizing health care. The development of Latin American critical thinking in Public Health evoked democracy as a fundamental element in broadening rights and reducing inequalities.

The document titled *The Democratic Question in the Health Sector*, presented by the Brazilian Center of Health Studies (Centro Brasileiro de Estudos em Saúde – Cebes) on October 1st, 1979, describes what the health reform movement termed an “authentically democratic health” ². It hinged on, among other things, recognizing the social determination of the health and illness process and affirming the universal and inalienable right to health, as well as the State and society's duty to guarantee this right.

The political crisis we are now facing leads us to reflect on the need for recommitting to the democratic values that have guided Brazilian Public Health. The assertive is still valid: without democracy, in a capitalist State marked by profound inequalities, the conditions for social justice are extremely restricted.

On the one hand, democratic institutions increase the likelihood that broader sectors will participate (even if only indirectly) in defining the interventions that shape a nation's future. On the other, they establish the State's room for action in order to guarantee citizens' individual and collective rights, central to which are the respect for the results of free, periodic elections, the balance between powers and State agencies' subordination to constitutional rules.

It is true that the policies implemented since 1990 within the current democratic regime have not been able to solve some of the historical-structural problems of the Brazilian health system. The political crisis finds the Brazilian Unified National Health System (Sistema Único de Saúde – SUS) hit by chronic underfunding, conditioned in part by inequities in the tax system and by government incentives (fiscal subsidies) to the for-profit and not-for-profit private health sectors ³. Currently, social policy is moving towards what Viana & Silva ⁴ call the “private social model”, in which the private sector, including internationally backed organizations, is strongly present in health services funding, management and provision. On the other hand, despite the reduction in inequalities over the past decades, they are still high and manifest themselves significantly on certain groups and social policies, as well as on access to, and quality of, health care ⁵.

The democratic ideology has always moved generations of public health professionals in Brazil. The debate regarding this issue brings forth Public Health principles and values that contribute to the consolidation of democracy and that inspire proposals of strategies

for facing the problems in health services and in the population's health. In CSP, we believe that only in a Democratic State adequate conditions for formulating and implementing these policies will be possible.

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