

les associations de santé publique  
des acteurs-clés pour influencer les politiques publiques

public health organizations  
key players in influencing public policies

alvaro matida  
executive secretary of abrasco



**ABRASCO**

## Governance

**Board of Directors**, elected every three years, consisting of  
a President and  
5 Vice-Presidents,  
an **Executive Council** - representatives from 5 member teaching and  
research centers,  
an **Executive Secretariat**,

and **4 committees and 12 working groups** organized around the main  
areas in the field of Collective Health

Cette présentation a été effectuée le 25 octobre 2006, au cours du Symposium "La Charte d'Ottawa pour la promotion de la santé est-elle toujours utile pour la pratique de la santé publique d'aujourd'hui ?" dans le cadre des Journées annuelles de santé publique (JASP) 2006. L'ensemble des présentations est disponible sur le site Web des JASP, à l'adresse <http://www.inspq.qc.ca/jasp>.

brazilian association of collective health

**Mission**

To support **individuals** and **institutions** working with teaching, research, cooperation, and **services** in Public and Collective Health, aimed at expanding professional capacity to deal with the health problems of the Brazilian population.

brazilian association of collective health

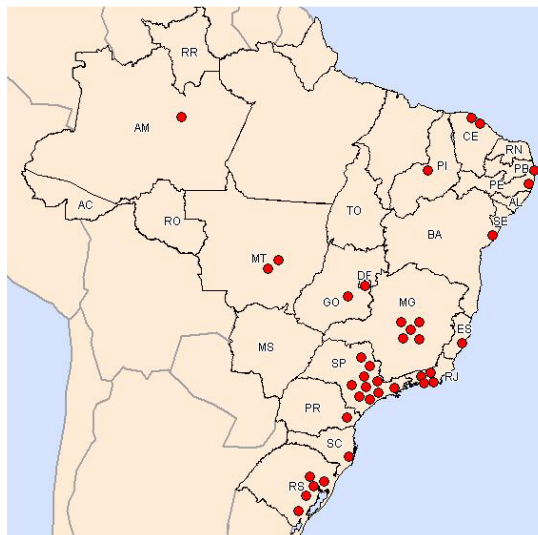
science health academy

brazilian association of collective health



**academy**

**34 institutional members**  
schools, research institutes,  
and departments  
of Public Health/Collective Health,  
and Preventive and Social  
Medicine, in 15 Brazilian states.  
**3.500 individual members**



## health

### political and institutional representation and action

- ⌚ member of **National Health Council** and its various committees - national health policies;
- ⌚ representatives promoting dialogue with government **policy-making agencies on Science and Technology** in defense of the Collective Health field;
- ⌚ joint together teaching and researching centers on the **National Forum of Post Graduate Institutions on Collective Health**
- ⌚ brazilian representative of **ALAMES - ALAESP - COLUFRAS**
- ⌚ member of the executive board of the **World Federation of Public Health Associations**



## health

### political and institutional representation and action

the promotion of health forums for the production of position papers and proposals **to bring the Health issues into the center of the political debate,**

- ⌚ the establishment, in 2005 - together with **CEBES, Rede Unida, ABRES and AMPASA** - of the **permanent Forum on Health Reform** to set an agenda for political action aimed at improving the development of the SUS,
- ⌚ the manifesto drafted by this Forum, "Reaffirming Commitments to Brazilians' Health", addressed to health professionals and managers and members of the **Congressional Health Caucus** - launched in November 2005 in the **Chamber of Deputies in Brasilia,**



## health

### political and institutional representation and action

#### position document - O SUS PRA VALER -

- ⌚ has been delivered to President Lula, at the WFPHA-Abrasco Congress - Rio de Janeiro, August 2006
- ⌚ and has been sent to all candidates for Brazilian presidency 2006-2010,
- ⌚ toward the Congressional Health Caucus it has been sent to all the leaders of the political parties,
- ⌚ was launched and delivered to all participants of the WFPHA-Abrasco Congress - Rio de Janeiro, August 2006



## health

### political and institutional representation and action

#### position paper - O SUS PRA VALER - considers that

- ⌚ the governments had become prisoners and instruments of their monetary politics
- ⌚ health is the condition and the matrix force for the development
- ⌚ **brazilian health system** – SUS - is no longer a government program
- ⌚ SUS is a state policy!!
- ⌚ SUS has been working as a model for other social state policies



## health

### political and institutional representation and action

**position paper - O SUS PRA VALER - point out strategic actions**  
(revisiting principles and values of the Ottawa charter and the Brazilian Constitution)

- ⌚ to break down the barriers for a **intersectoral health policy**  
(social welfare, social security, shelter, urbanization, sanitation and environment, public security, labor and income)
- ⌚ to promote initiatives for **international interchanging and cooperation**  
(cooperation projects, forum..)



## health

### political and institutional representation and action

**position paper - O SUS PRA VALER - point out strategic actions**

- ⌚ to **enhance social participation, empowerment and health literacy**  
(transparency and visibility to regulate and to control the use of the resources - the citizens-users in the center of National Health Policy )
- ⌚ to promote a **radical reform in the health care model**  
(to ensure universal access, efficacy, efficiency and quality)



## health

### political and institutional representation and action

#### position paper - O SUS PRA VALER - point out strategic actions

☹ to work hard to increase **investments in health**  
(Project Act # 01/2003 - to increase public financing - 10% of the rude value from federal taxes = 10 billion reais = + 30.0 dollars per capita/year)

brazilian expenses with health are quite small - public financing are in between 125 and 150 dollars per capita / year,

Canada, European countries, Japan, Australia - the average of the public financing are US\$ 1,400.00 per capita/year, in Argentina - US\$ 362,00 and in Uruguay, US\$ 304,00.



## science

### knowledge production and management

- ✓ growing academic recognition for the journals *Ciência & Saúde Coletiva* and *Revista Brasileira de Epidemiologia*
- ✓ and books and anthologies published by Abrasco itself and as co-editions with university publishing houses. (brazilians & international editors)
- ✓ the website [www.abrasco.org.br](http://www.abrasco.org.br) as an instrument for public health knowled dissemination and relevant information in the field,
- ✓ and renewed and expanded strategies for editorial coverage promoted by **Abrasco Livros**.



**science**

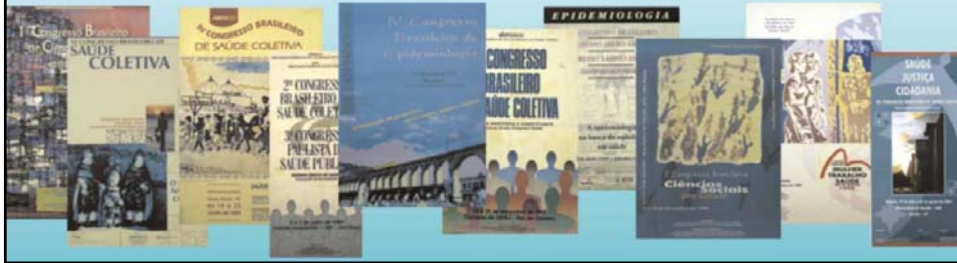
**knowledge production and management**

interaction between teaching and research centers and health services and the promotion of related events (2003-2006)

3th Brazilian Congress on **Social Science** on Health (July 2005, Florianopolis - SC)

6th Brazilian Congress of **Epidemiology** (June 2004, Recife, PE)

7th Brazilian Congress of **Collective Health** (June-August 2003, Brasilia, DF).



**science**

**knowledge production and management**

interaction between teaching and research centers and health services and the promotion of related events (2003-2006)





- 🌐 joint together almost eleven thousand participants
- 🌐 from 77 countries
- 🌐 brazilian president, health ministers, health leadership representing 26 nation



🌐 **scientific production**

- 5 main conferences - 16 debates sessions - 152 panels
- 168 free themes communications**
- 7.433 poster presentations**
- 24 workshops - 15 business meetings - 3 international symposium
- 4 general assemblies (WFPHA - ABRASCO - CEBES - ALAESP)



### brazilian health reform - dimensions of the sanitary movement

DIMENSION	KEY-ISSUES	CONTEXT & REFERENCES
<b>Theoretical &amp; conceptual 70's</b>	Health determinants (economical, political and social) Health system limits and Reform alternatives and proposals	<b>Collective Health (first courses)</b> Lalonde Report (1974) Alma Ata Declaration (1978) <b>Emergency of Abrasco</b>
<b>Political &amp; Ideological 80's</b>	Health inequities Socio-political coalitions and concertation Sustainability strategies • legal- juridical and financial principles • definition of bases for health reform project	Black Report on Health (1980-uk) <b>8o. Brazilian Conference on Health (1986)</b> <b>Ottawa Carter (1986)</b> Health Cities (1987) / Call for action (1989) <b>Brazilian Constitution (1988)</b>
<b>Political &amp; Institutional 90's - ....</b>	Roles / responsibilities definitions in each health system level – for decentralization; Regulation for the regional and local health system management ; Social control on the health system;	<b>Establishment of SUS</b> (brazilian health system) <b>National Health laws</b> 21 Agenda (Rio-92) – environment and development Bogota (1992) – Trinidad –Tobago(1993) / health inequities and development (...)






brotherhood celebration  
by A'uwê Xavante Nation





Public Health in a globalized world - Breaking down social, economic and political barriers

*Global solidarity and responsibility are essential  
to meet the enormous challenge of assuring  
that every human being can live their lives  
with respect and dignity,  
thereby creating a better future for the next generations*

**Rio Declaration**  
**Rio de Janeiro, 21st -25th August, 2006**

[www.abrasco.org.br](http://www.abrasco.org.br)

