

Health: inequalities, vulnerabilities and public policies

The thematic issue “Health: inequalities, vulnerabilities and public policies” set out to discuss the theme and give visibility to the scientific production of graduate stricto sensu programs in public health, fostering student-teacher publication. We were surprised by the robust response of the scientific community and the submission of 262 articles, which called for new criteria for the selection of texts: limitation of one article per author and the prioritization of articles from Brazilian public health programs. We are aware of possible losses of articles of interest, but thereby it was possible to compose a comprehensive panorama of national production on the theme.

In the first article, we were fortunate to have the important contribution of ECLAC researchers¹ who highlighted issues of concern in the Latin American scenario, such as the increase in poverty, deterioration of indicators related to the labor market and stagnation in the reduction of income inequality from 2015 onwards.

The remaining 25 articles compose a mosaic that encompasses the production of graduate programs in the five regions of the country and reflections on sundry aspects of race, gender, ethnicity and sexual orientation. The topics covered were diverse: nutrition, indigenous health, health and work, primary care, dengue and zika, drugs, mortality, homicides, abortion, sexual violence, health care performance and management, inequity and poverty. Vulnerable populations were identified: adolescents, jailed women, LGBTT, refugees, blacks and workers. There are quantitative and qualitative approaches: epidemiological studies, geoprocessing, case studies, ethnography, reviews and essays.

In a recent award-winning thesis, Souza² suggests that, to analyze the history of inequality in Brazil, it is necessary to look at the top, where the bulk of the country's income is concentrated. The author highlights the relationship between more democracy and less inequality, linked to the presence of a set of combined determinants: *quick mechanisms* like wars and strong regulation of the economy and *slow mechanisms* like expansion of education, female employment, protection of work, regulation of the financial sector and tax reform. In Brazil historically, inequality has always been very high with some oscillations that ranged from slow falls to sudden increases. After World War II the concentration of income has been declining slowly despite economic growth, but it changed sharply during the military dictatorship (1964-1968) when “one of the sharpest increases in inequality”³ occurred in the country. In the 1990s, there was a further slow and steady downward trend; but in the second half of the 2000s, despite the fall in inequality at the bottom of the distribution, the position of the wealthy was maintained³. Today, the concentration of income among the wealthy assumes alarming figures: the wealthiest 1% receives almost 25% of the national income².

Given the Brazilians inequalities that foster a context of health vulnerabilities, it is up to us to help combat them through reflections, actions and policies and, especially, the uncompromising defense of democracy and the Unified Health System (SUS). Based on the resistances, interventions and synergistic social protection policies, possible in a democratic society, maybe we can take up the challenge of inventing an “unprecedented recipe”² for reducing inequality. In which reducing inequality to acceptable levels is a political and objective priority, reachable without major tragedies, but as the result of a new social contract towards the construction of a more equitable and contented society.

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References

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