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# Debate on the paper by Costa e Silva et al.

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*[1] Luiz Augusto Cassanha Galvão*

*[1] Centro de Relações Internacionais em Saúde, Fundação Oswaldo Cruz, Rio de Janeiro, Brasil.*
*luiz.galvao@fiocruz.br*

## A timely article focus on public health risk

The question raised by the article is both instigating and timely. The discussion and the article's proposal make readers reflect on the possibility of classifying risks, especially when they are risks to public health. The issue of risk classification as proposed in the article is innovative in the health field, where it is much more common to think of risk as part of epidemiology and health surveillance. Those who follow the discussion on intervention by the "big industries" in the health complex, such as the pharmaceutical, food processing, equipment, and sanitation industries and also increasingly on human resources training know how important this discussion is and are familiar with the lessons learned from tobacco.

The proposal raised for discussion introduces essential elements for expanding the debate and verifying details that can be highly valuable in advancing this issue, which primarily involves good governance and public administration.

I believe the discussion should also include the advantages of classifying risks in public health, which is a national and international public good that should thus be defended and preserved in order for future generations to enjoy better conditions than at present and in the recent past [1]. From this angle, there is no doubt that an industry such as tobacco which threatens "national and international public goods" (like public health and community welfare) should be seriously questioned, barring their immediate aims and long-term consequences.

The tobacco industry, like others, is known to cause problems for the population's health and well-being, and it has thus attempted to justify its existence based on other reasons, for example economic. This has been possible because over the course of decades large numbers of farmers have focused on this crop, partially reaping the public benefits offered in a sort of public-private partnership, for example through the loans granted by banks in target areas for the tobacco industry and market interests [2]. This established a cycle which ultimately used public resources for activities that jeopardize and can even destroy a "public good" like health [3]. This reality is unsustainable and has no place in any rationale for governance or public administration. However, the situation still exists and has resisted measures to interrupt existing public-private partnerships that still benefit tobacco agriculture in various ways such as financing and regulation. The slow process of replacing the tobacco crop is an indicator of this resistance to measures that were taken long ago, such as the restrictions imposed by the Brazilian Central Bank on the Family Farming Program in 2001, which even today, more than 15 years later, is still the object of demand by farmers in Brazil's tobacco-growing areas [4,5,6]. This essentially proves the point that this type of public-private partnership is untenable due to the destructive effects and potential costs for the health sector.

Thus, a basic criterion for categorizing the risk of public-private partnerships, but also of institutional partnerships or partnerships within the public sector, should take into account the degree of risk these partnerships pose to public goods, at least to public health, welfare, security, and culture [7,8].

In the case of tobacco, the limits and risks of public-private partnerships are quite clear, and the practice by health professionals on this issue serves as a kind of example for various other activities on issues that are also not motivated by health promotion. However, risk classification becomes more complex when a product itself does not pose an imminent health hazard or is considered an essential element for health promotion, but where its manufacturing process may pose risks to workers' health or to the common environment. For example, small scale farming or food production includes many variables that can pose risks, such that the limits between low, medium, and high risk may not be so clear. Family farming programs include a series of public-private partnerships in their execution that are essential to their feasibility. Although in principle this kind of program involves a motivation that is compatible with low or possible degree of risk, the ultimate effect on health depends on a number of intermediate factors related to practices by various sectors that are not always favorable to or consistent with public health. The regulatory issue often plays out in parallel to the mechanisms established by public health, resulting in uncontrollable risks for the health sector [9].

The health regulation framework does not have a vision or risk analysis model that can take into account the myriad of factors in the production process that can lead to risk situations. Therefore, the process should be analyzed comprehensively, beginning at its conception, in order not to represent a high risk to health in the different stages of production (risks to workers' health) and consumption (risks of unwanted or side effects), as well as indirectly through environmental pollution (similar to the case of cigarette smoke or water pollution with chemicals).

It is also important to add a specific case-by-case analysis to the criteria, because even if there is an explicit intent to benefit health, adverse effects or even the use of harmful inputs in the production process can also pose indirect risks to health. It thus becomes necessary but not sufficient for the "motivation" to be considered in order to establish a low-risk classification. The final risk analysis should take into account various factors that could represent a threat to health during the production process (as in agricultural production) or consumption (as with medicines).

Finally, at the dawn of the Age of Sustainable Development, this kind of concern is crucial. Agenda 2030 and its Sustainable Development Goals (SDGs) [10,11] include many of the factors mentioned in this important article, and we are certain that this discussion and the model to be validated by it will prove to be an essential tool for orienting activities in the health sector in the implementation of SDG on health, but also in the interaction with the other goals of Agenda 2030, finally contributing to achieving sustainable development at the global and national levels.

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