

# EXECUTIVE SUMMARY



**HEALTHY  
BRAZIL**  
Together to care

Brasília, Brazil  
2024

## Resuming the 2030 Agenda and the government's commitment to achieving the Sustainable Development Goals: the need for a multi-sectoral approach

Since 2000, Brazil has been working to fulfill the eight commitments agreed by the United Nations in the Millennium Development Goals – placing itself as a global example in the fight against extreme poverty and hunger.

After 2015, the Millennium Development Goals were expanded with a view to tackling the causes of problems that have a global impact on countries – and the United Nations established the Sustainable Development Goals, known as the 2030 Agenda.



Despite Brazil's progress in meeting the Millennium Development Goals, the country still has to face two major challenges to achieve the 17 targets of the Sustainable Development Goals by 2030: overcoming historical inequalities and responding to the economic and social crisis worsened by the COVID-19 pandemic (GTSC A2030, 2023).

Faced with this reality, it is imperative to design **measures that boost results towards achieving these goals, while optimizing resources**. Thus, based on the interplay between the dimensions of economic growth and social inclusion, which underpin the principles of sustainable development, tackling poverty stands out as “an indispensable requirement” (WHO, 2015).

When considering all the complexity involved in defining poverty – which includes structural issues such as basic sanitation, education, work and income, housing and health (WHO, 2015; UNDP, 2023) – and the great social inequality shown by the indicators of the Brazilian population's living conditions (Brazil, 2022), the need to prioritize some of these determinants becomes evident.

Given the intersection of most of these determinants in the process of people becoming ill and the role that some diseases and infections play in feeding back into a cycle that perpetuates poverty and social exclusion, the importance of prioritizing actions that seek to eliminate the social determinants that affect health is reaffirmed (PAHO, 1986; WHO, 2022; Garbois *et al.*, 2017; Rasella *et al.*, 2018; Hone *et al.*, 2019; Dias, 2007).

The higher occurrence of these diseases among less schooled people reveals other contexts: poor income, housing and food conditions, lack of access to drinking water and basic sanitation, living in rural/forest/water areas, homelessness, deprivation of liberty, social vulnerability, use of alcohol and/or other drugs – which leads to these and other expressions of social inequality – , belonging to stigmatized and more vulnerable population groups, such as the black and indigenous populations, belonging to the LGBTQIAPN+ community or insertion in contexts involving violence, criminalization or restriction of rights (Brasil, 2023a; Lua *et al.* , 2023; Teixeira; Hennington, 2021; Olios *et al.*, 2019).

Acknowledging these characteristics as overlapping social determinants of health – as in the case of black people, who tend to have lower levels of education and income, as well as experiencing more violence, racism and various other forms of discrimination – increases the magnitude of their influence on people's living and health conditions, including barriers to accessing services and public policies (Brasil, 2023b; 2023c). At the same time, impoverishment and lack of access to education and other basic services are phenomena anchored in inequalities stemming from structural racism.

In addition to these circumstances, which increase vulnerability to illness, there is evidence that Brazilian families can lose part of their income due to diseases and infections – even in the face of the free-of-charge and universal services offered by the Unified Health System for all diagnosis and treatment (Guidoni *et al.*, 2021; WHO, 2021) – which endorses the urgency of implementing strategies that move towards multisectorality.

### **The Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases: government commitment**

Advocating the broad understanding that involves people and the environment in which they live, it is believed that a **more integrated and cross-cutting activity between public policies** can enhance their results, giving actions greater potential for impact. Thus, in a political scenario of national union and reconstruction, Decree No. 11.494 of April 17, 2023 established the Interministerial **Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases** (Brasil, 2023d).

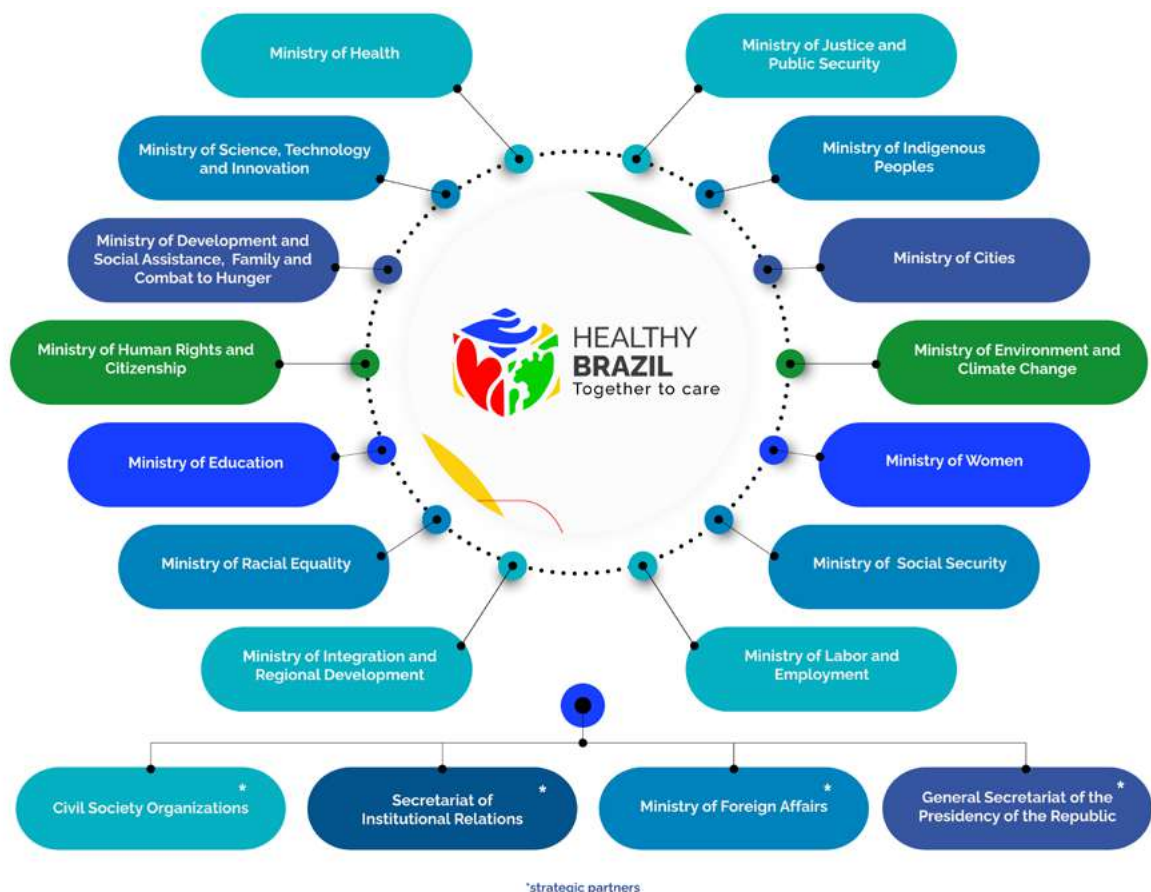
The aim of the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases is to promote the integration of public policies, with a view to maximizing the potential and effectiveness of actions and, at the same time, optimizing resources to accelerate the process of eliminating socially determined diseases and infections as public health problems in Brazil by 2030.

Coordinated by the Ministry of Health and **due to end on January 1, 2030**, this collective construction responds to a demand from social movements and civil society organizations involved with tuberculosis, HIV, and AIDS, which have historically pointed to social determinants as central elements in the process of illness and death, and are looking for a multi-sectoral response to tackle these diseases. The initiative also meets the recommendation of the Civil Society Working Group for the 2030 Agenda (GTSC A2030, 2023), as well as the guidelines for adopting bolder health policies and implementing multisectoral accountability and engagement mechanisms proposed by the World Health Organization (WHO, 2015) and the Pan American Health Organization (PAHO, 2019a, 2019b).

## The implementation of the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases

Within the framework of the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases, **originally made up of nine ministries**, two general meetings with members of the Committee, as well as eight thematic meetings between the Ministry of Health and each of the participating ministries were held from April to September 2023. These meetings included representatives from 16 social movements and civil society organizations active in the context of the selected diseases and infections to contribute to the formulation of the initiative and also to monitor its implementation from the perspective of social control.

As of August 2023, the Civil House of the Presidency of the Republic joined this discussion, with the aim of strengthening high-level governance between the Ministries involved and facilitating the agenda in other politically relevant spaces, in particular the Secretariat for Institutional Relations and the General Secretariat of the Presidency of the Republic, as well as the Ministry of Labor and Employment, the Ministry of the Environment and Climate Change, the Ministry of Women, the Ministry of Cities and the Ministry of Social Security. In this new configuration, in addition to the aforementioned Secretariats of the Presidency, the Ministry of Foreign Affairs and the representatives of social movements and civil society organizations are considered as main strategic partners, as illustrated below.



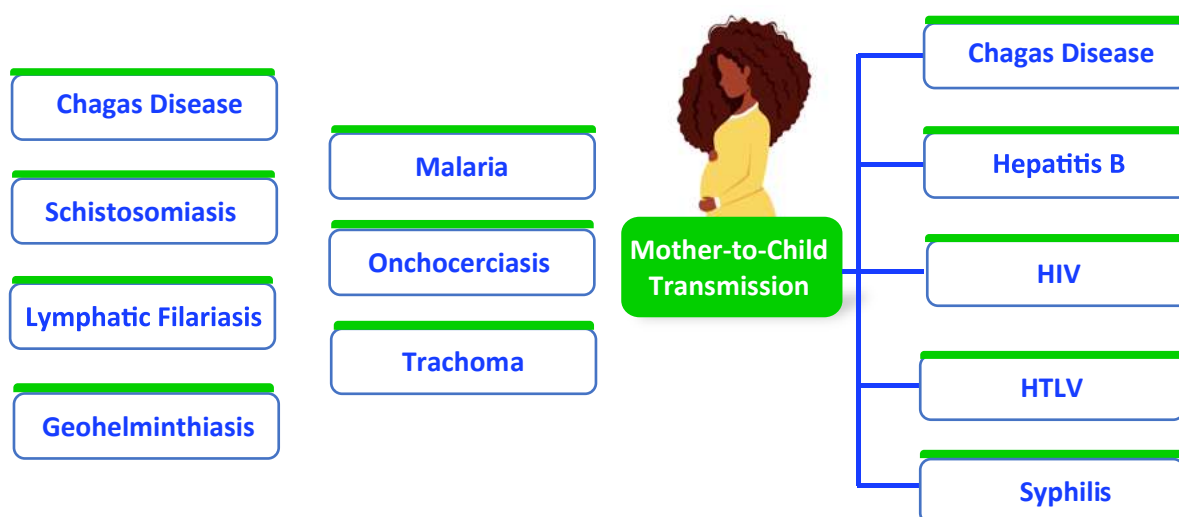
## “Healthy Brazil – Together to care”

In this context, with the objective of eliminating socially determined diseases and infections as public health problems in the country by 2030, the **National Program for the Elimination of Socially Determined Diseases**, or “**Healthy Brazil – Together to Care**” was set up, to be coordinated and monitored by the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases, which may establish partnerships or agreements with federal, state, district and municipal public bodies and entities, as well as with international organizations and private non-profit entities, movements and other representative entities.

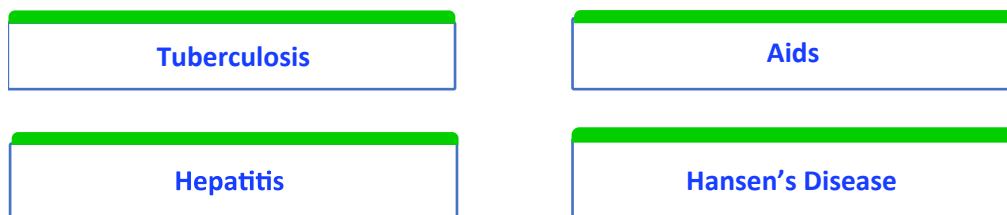
The Healthy Brazil – Together to care program will be established by Presidential Decree to be signed in **February 2024**.

Based on the health conditions covered by the Sustainable Development Goals, specifically in relation to the fulfillment of target 3.3 – which brings up the challenge of ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combating hepatitis, waterborne diseases and other communicable diseases (WHO, 2015) – and target 10 of the Health Agenda for the Americas 2018-2030 – which reaffirms the need to reduce the burden of communicable diseases and to eliminate neglected diseases (PAHO, 2017) – **eleven diseases and five mother-to-child transmitted infections** were selected to integrate the Healthy Brazil's actions which, despite their specificities, share the fact that they are strongly influenced by social determinants.

Following the World Health Organization's guidelines for achieving these goals (WHO, 2015), seven of the selected diseases and all mother-to-child transmitted infections are expected to be eliminated as public health problems, that is, in view of the possibility of their prevention and/or treatment or cure, the aim is to reduce their transmission, morbidity, mortality and disability burdens to parameters that do not have population impacts (from the perspective of economy, quality of life and life span, among others). These diseases and infections are as follows:

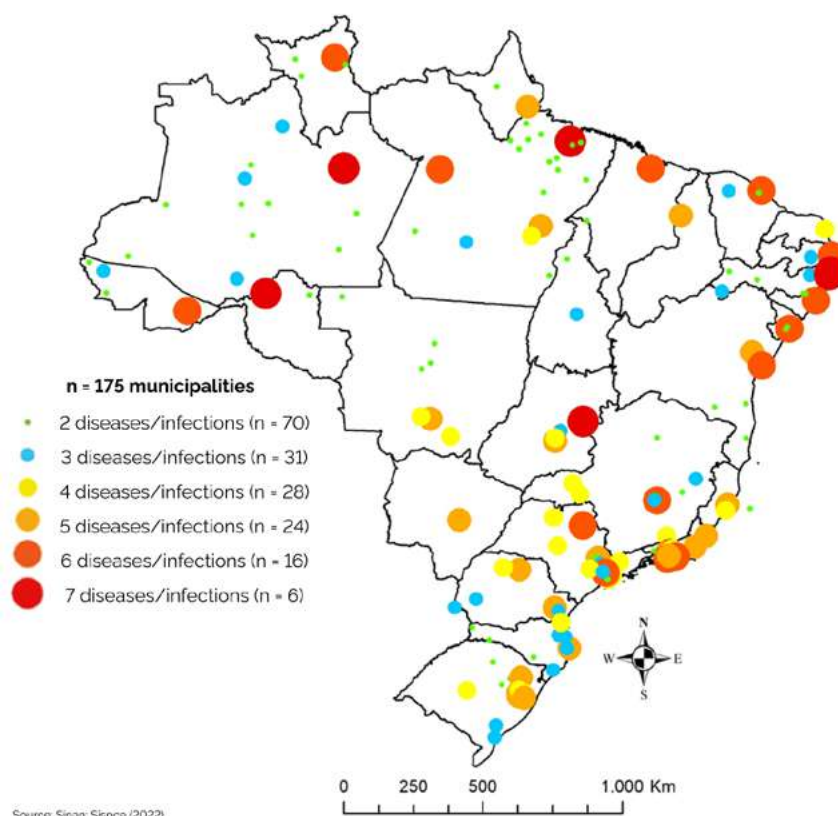


The other four diseases selected are expected to meet the operational targets set by the World Health Organization (WHO, 2015) and are presented below:



Actions aimed at these diseases and infections will take place from the perspective of social determinants (Garbois *et al.*, 2017), according to which some population groups must be prioritized because they are more vulnerable to illness, such as women in situations of vulnerability and/or social risk, indigenous peoples, immigrants and people living on the streets, those deprived of their liberty or belonging to the LBGTOIA+ community, as well as other specific populations for certain diseases and infections.

Considering Brazil's continental dimensions, a mapping was carried out with the overlap of the selected diseases and infections, in which **175 priority municipalities stand out** for having high loads of two or more of them, as shown in the following figure. These municipalities are therefore key to eliminating these diseases and infections as public health problems.



Initially, strategy planning will consider these 175 municipalities, although this list may undergo changes; likewise, other diseases and infections may be included in the strategy, according to local realities and the synergy of action of municipalities that aim to eliminate them. These changes are likely to occur after new situational diagnoses have been carried out to build detailed scenarios that meet the specific needs of each territory.

It is encouraged that even municipalities that are not among those listed as priorities use the Healthy Brazil program as a model for planning the elimination of these socially determined diseases and infections in their territories.

### **Working proposition: guidelines and objectives**

This working proposition is based on the principle of not attributing changes to work processes that may result in increased demands on the bodies involved. On the contrary, it is expected to raise awareness of the issues addressed by the Healthy Brazil – Together to care program, allowing for optimization and greater integrality between actions.

In this way, the discussion held with all those involved identified existing policies, guidelines and strategic actions, as well as the capacities of each ministry to meet the needs of population groups and territories with a higher occurrence (or risk) of these diseases and infections.

The proposed actions were consolidated into **21 objectives**, distributed across **5 guidelines** which cover all the inter-ministerial integrality needed to accelerate the elimination of the selected diseases and infections as public health problems in Brazil.

The following table shows the guidelines of the Healthy Brazil program and the corresponding objectives. It should be noted that these have been designed to maintain a broad perspective, which will enable actions to meet the specificities and singularities of each territory. To this end, a standardized document with guidelines for detailed action planning will be developed collectively.

GUIDELINES AND OBJECTIVES		BODIES INVOLVED
<b>GUIDELINE 1 – Tackling hunger and poverty to mitigate the vulnerabilities that condition and/or result from and/or are associated with socially determined diseases and infections</b>		<ul style="list-style-type: none"> <li>• Ministry of Development and Social Assistance, Family and Combat to Hunger</li> <li>• Ministry of Human Rights and Citizenship</li> <li>• Ministry of Indigenous Peoples</li> <li>• Ministry of Racial Equality</li> <li>• Ministry of Education</li> <li>• Ministry of Health</li> <li>• Ministry of Science, Technology and Innovation</li> <li>• Ministry of Women</li> <li>• Ministry of Social Security</li> <li>• Ministry of Labor and Employment</li> <li>• Ministry of Environment and Climate Change</li> </ul>
O 1.1	Providing strategic information and surveillance tools on socio-economic vulnerabilities and difficulties in accessing social assistance benefits, programs and services.	
O 1.2	Promoting access for people with socially determined diseases and infections and women in situations of vulnerability and/or social risk to social assistance services, programs, projects and benefits, as well as establishing links with public policies such as housing, food security, income generation, etc.	
O 1.3	Developing strategies to mitigate socio-cultural vulnerabilities that hinder access to education, housing, work, etc.	
<b>GUIDELINE 2 – Reducing inequalities and expanding human rights and social protection, with an emphasis to care for specific population groups in priority territories</b>		<ul style="list-style-type: none"> <li>• Ministry of Development and Social Assistance, Family and Combat to Hunger</li> <li>• Ministry of Human Rights and Citizenship</li> <li>• Ministry of Racial Equality</li> <li>• Ministry of Indigenous Peoples</li> <li>• Ministry of Justice and Public Security</li> <li>• Ministry of Education</li> <li>• Ministry of Health</li> <li>• Ministry of Science, Technology and Innovation</li> <li>• Ministry of Women</li> <li>• Ministry of Social Security</li> <li>• Ministry of Labor and Employment</li> <li>• Ministry of Cities</li> <li>• Ministry of Environment and Climate Change</li> </ul>
O 2.1	Intensifying attention to indigenous peoples and territories.	
O 2.2	Intensifying attention to people deprived of their liberty and the prison community.	
O 2.3	Intensifying attention to people living on the streets.	
O 2.4	Intensifying attention to immigrant people.	
O 2.5	Intensifying attention to children, adolescents, young people, women and elderly people.	
O 2.6	Intensifying attention to LBGTQIA+ people.	
O 2.7	Intensifying attention to Roma people.	
O 2.8	Intensifying attention to black people.	
O 2.9	Intensifying attention to people who use alcohol and/or other drugs and other specific populations for certain diseases and infections.	
O 2.10	Intensifying attention to sex workers.	
O 2.11	Intensifying attention to people living in borders, hard-to-reach areas and other territories with high social vulnerability, and to traditional, quilombola, rural, forest and water peoples.	

continued

<b>GUIDELINE 3 – Intensifying training and communication capacity of workers, social movements and civil society organizations on the conditioning factors of socially determined diseases and infections</b>		
O 3.1	Developing communication strategies on the conditioning factors of socially determined diseases and infections for workers in all the strategic sectors involved.	<ul style="list-style-type: none"> <li>• Ministry of Education</li> <li>• Ministry of Human Rights and Citizenship</li> <li>• Ministry of Health</li> <li>• Ministry of Justice and Public Security</li> <li>• Ministry of Development and Social Assistance, Family and Combat to Hunger</li> <li>• Ministry of Science, Technology and Innovation</li> </ul>
O 3.2	Developing health literacy training strategies on the conditioning factors of socially determined diseases and infections for workers in all the strategic sectors involved.	
O 3.3	Developing communication strategies (community-based and/or through social mobilization) on the conditioning factors of socially determined diseases and infections for different profiles of social movements and civil society organizations.	
O 3.4	Developing health literacy training strategies (community-based and/or through social mobilization) on the conditioning factors of socially determined diseases and infections for different profiles of social movements and civil society organizations.	
<b>GUIDELINE 4 – Fostering science, technology and innovation</b>		
O 4.1	Promoting research and technological development that responds to the main challenges in the field of prevention, diagnosis and treatment of the socially determined diseases and infections.	<ul style="list-style-type: none"> <li>• Ministry of Science, Technology and Innovation</li> <li>• Ministry of Health</li> <li>• Ministry of Education</li> <li>• Ministry of Women</li> <li>• Ministry of Indigenous Peoples</li> <li>• Ministry of Racial Equality</li> <li>• Ministry of Development and Social Assistance, Family and Combat to Hunger</li> <li>• Ministry of Human Rights and Citizenship</li> </ul>
O 4.2	Developing innovative strategies to tackle social determinants and mitigate barriers to accessing health care.	
<b>GUIDELINE 5 – Expanding infrastructure and basic and environmental sanitation actions</b>		
O 5.1	Intensifying actions to access quality water, sanitation and infrastructure in priority territories, according to the local reality.	<ul style="list-style-type: none"> <li>• Ministry of Integration and Regional Development</li> <li>• Ministry of Health</li> <li>• Ministry of Cities</li> <li>• Ministry of Environment and Climate Change</li> </ul>

It should be noted that the content presented here is the result of discussions with all those initially involved in the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases (Brasil, 2023d). **Other bodies and representatives of social movements and civil society organizations will be included** in the preparation of the guidelines document for the planning and implementation of the actions of the Healthy Brazil – Together to care program, as well as in the definition of actions, deadlines, responsibilities and necessary resources.

**The monitoring of the implementation** of actions, coordination and evaluation of the Healthy Brazil program at the national level will be carried out by the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases and other strategic partners, as well as social movements, civil society organizations and municipal and state managers.

Reaffirming the democratic commitments of a representative and participatory construction, organizational structures will be established to ensure greater transparency and monitoring of this process by society as a whole, through update reports available periodically at: <https://www.gov.br/saude/pt-br/aceso-a-informacao/aco-es-e-programas/ciedds>.

**Expenses** arising from the implementation of the Healthy Brazil program will be borne by the budget appropriations allocated to each Ministry member of the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases, observing the rules governing budget execution, the existence of budget forecasts and the availability of resources.

### **Advantages of the Healthy Brazil – Together to care program**

The Healthy Brazil program will promote a series of direct and indirect advantages **to people most vulnerable to becoming ill** from socially determined diseases, reducing their susceptibility to them; to **people diagnosed** with these diseases and their families, who will have a greater chance of receiving appropriate treatment and enjoying a better quality of life, including a reduction in costs related to illness; and to **workers and managers** throughout the entire service network addressed in the proposal, who will be able to optimize resources and obtain better results, among other advantages that will consequently will improve the living and health conditions of **society** as a whole.

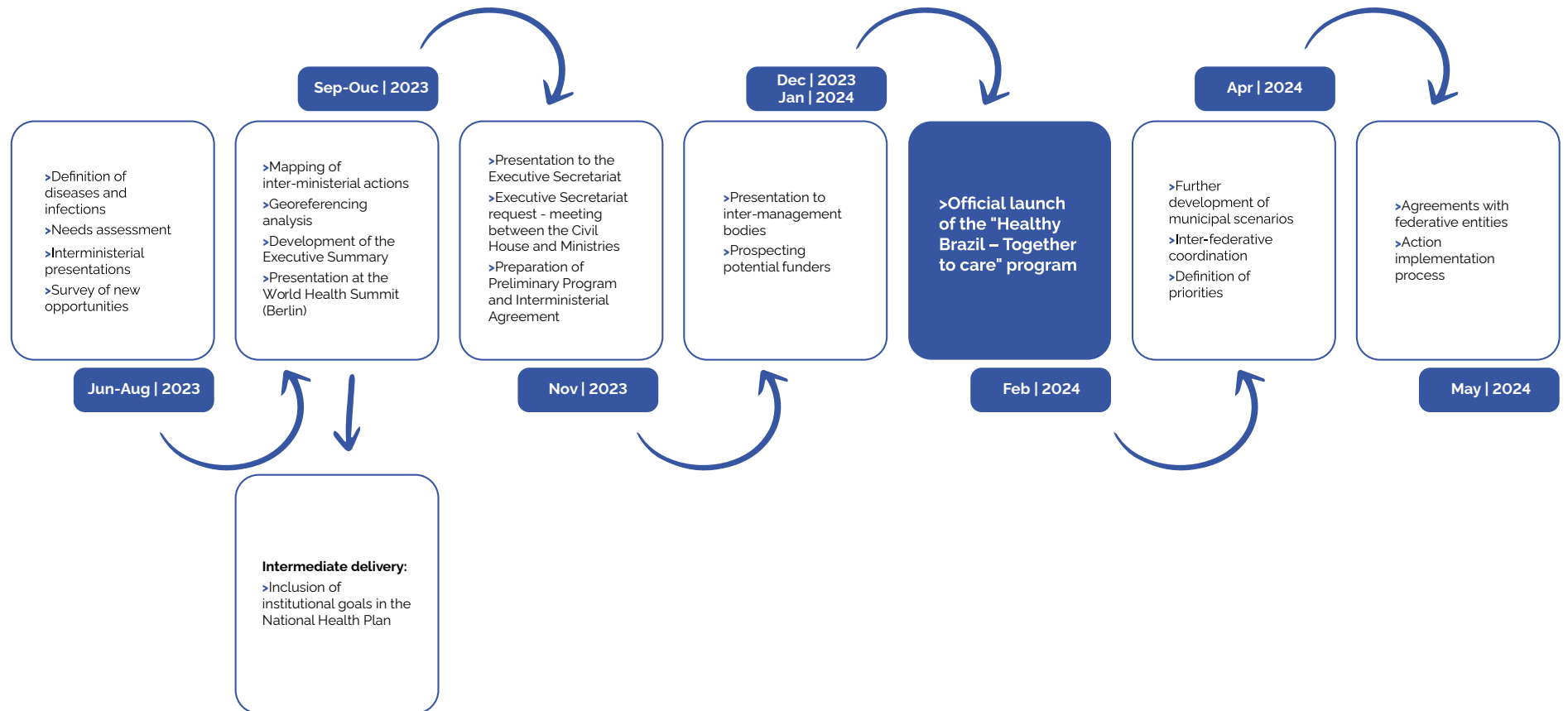
On a more general level, some contributions can already be seen, such as the **engagement of different ministries, social movements, and civil society organizations**. In addition to reinforcing the relevance of the proposal, this participation endorses the initiative's potential for benefit – whether directly, through the actions themselves, or indirectly, through participation in spaces for collective construction, which tend to provide innovative solutions.

The articulation achieved since the outset of the initiative conveys the message that this example of multi-sectoral engagement is feasible to follow, which can **motivate state, municipal and local levels** to also seek ways of integration – an interest that has already been demonstrated by the implementation of strategies by some states, the Federal District and municipalities.

Another asset is that Brazil's experience can **contribute to the international community** by demonstrating that the Executive Branch is capable of developing concrete strategies aimed at the comprehensive concept of health (including physical, mental and social well-being) and strengthening a broad government commitment around the agenda of eliminating these diseases and infections as public health problems and responding to their social determinants.

Praised by the World Health Organization for its alignment with the United Nations 2030 Agenda (GTSC A2030, 2023) and the Pan American Health Organization Disease Elimination Initiative (PAHO, 2019b) since its inception as the Interministerial Committee for the Elimination of Tuberculosis and Other Socially Determined Diseases, the Healthy Brazil – Together to care program presents itself as a **replicable model for other countries and organizations**, whose development **should strengthen cooperation between countries in the Southern Hemisphere**, more specifically those associated with the Southern Common Market – Mercosur (Argentina, Brazil, Paraguay, Uruguay and Venezuela) and the BRICS (Brazil, Russia, India, China and South Africa).

Milestones achieved and next steps:



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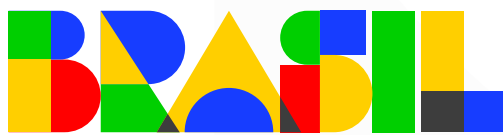
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**GOVERNO FEDERAL**



**UNIÃO E RECONSTRUÇÃO**