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EDITORIAL

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Health and equity

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In national and international journals, dedication to the subject of social medicine and interrelated issues, such as health equity, social and cultural determinants in health and access to health care, is still rather simplistic. In a scenario of global crisis, Europe and Latin America are facing a time where they must rethink their respective health systems, as in the case of the Unified Health System (SUS) in Brazil or the National Health Service (SNS) in Portugal, to find short, medium and/or long-term alternatives to reverse the problems arising from this crisis.

The neoliberal policies implemented in recent years in Europe, particularly in Portugal, seem to move health systems away from equity. Thus, it is hoped that the World Health Organization (WHO) will fight against health inequities within a generation, ensuring a fair redistribution of power and resources to citizens so as to promote their health and well-being and, hence, obtain quality of life.

The SNS (Portuguese National Health Service) is a structure through which the Portuguese State ensures the right to health to all its citizens. Its creation dates back to 1979, after having achieved the political and social conditions from the Portuguese political restructuring in the 1970s. The primary goal of the SNS is the State's pursuit to fulfill its responsibility to protect individual and collective health. Therefore, it provides integrated health care which involves health promotion and surveillance, disease prevention and/or control, early diagnosis and immediate treatment of citizens, in addition to health rehabilitation for the purpose of work and social (re) integration.

In recent years, the health sector has undergone significant changes since the overall transfer of the Misericórdia Hospitals to the jurisdiction of the state, the creation of the SNS, publication of the Health Bases Law and transformation of the legal status of hospitals into corporations, and later into corporate public entities.

The SUS in Brazil has been, since its inception, one of the pillars in the fight for equity, comprehensiveness and universal access of citizens to satisfactory care of their health needs, intended to foster health promotion, as well as reduce social costs with threats to health, and boost the rate of return of health services provided in adequate quantity and with undeniable quality.

It is worth noting that during periods of political and economic crisis, there are those who advocate its privatization, which would result in the extinction of a policy emanating from the Federal Constitution of 1988, structured according to three guiding or building principles – universality, comprehensiveness and equity.

Universality – "Health is a right of all", as stated in the Federal Constitution. Naturally, it is understood that the State has the obligation to provide health care. In other words, all citizens have the right to access to health services according to their need.

Comprehensiveness – Health care must be curative and preventive, at both the individual and collective level. In other words, the health care needs of individuals (or groups) should be taken into consideration even if they are not the same as the needs of most other people. Therefore, care should focus on the citizen, not on the complaint or illness.

Equity – The health needs of citizens should be met according to priorities. Brazil has social and regional disparities, and health needs vary. For this reason, whereas the Organic Law talks about *equality*, both the academic and political realm considers it more important to fight for *equity* in the SUS.

In September 2016 it will be almost four decades since the International Conference on Primary Health Care was held in Alma-Ata (former USSR). During these forty years, many other conferences have been held, always with the aim of bringing together representatives from nations around the world – WHO, United Nations (UN), the Pan American Health Organization (PAHO) – to share knowledge and experience, analyze and discuss international health issues, and present strategies and recommendations in the form of letters of intent. The common goal is "*Health for All*".

Now that this period has come to a close, it is important to take stock of the results. Among the proposed actions, the goal of "*Health for All by 2000*" was not achieved. Therefore, it would be timely and appropriate to examine the most representative milestones in the theoretical and practical evolution of the practice of public health.

Nonetheless, it must be noted that no international conference matches the progress and impact generated by the *Declaration of Alma-Ata*[1] and the *Ottawa Charter*[2].

Main international health conferences of the WHO since the 1970s
1977 – "Health for all by 2000" (30th World Health Assembly).
1978 – **Declaration of Alma-Ata** (ex-URSS) – Health for all by 2000 (International Conference on Primary Health Care).
1986 – **Ottawa Charter** (Canada) – Health Promotion in Industrialized Countries (First International Conference on Health Promotion).
1988 – **Adelaide Declaration** (Australia) – Health Promotion and Healthy Public Policies (Second International Conference on Health Promotion).
1991 – **Sundsvall Declaration** (Sweden) – Health Promotion and Supportive Environments for Health (Third International Conference on Health Promotion).
1997 – **Jakarta Declaration** (Indonesia) – Health Promotion in the Twenty-First Century (Fourth International Conference on Health Promotion).
2000 – **Mexico Declaration** – Health Promotion: Bridging the Equity Gap (Fifth International Conference on Health Promotion).
2005 – **Bangkok Charter** (Thailand) – Health Promotion in a Globalized World (Sixth International Conference on Health Promotion).

It is, therefore, relevant to recall the content of these documents and present examples of changes and innovation in the practice of public health, more specifically in these two countries, Portugal and Brazil, and insist upon the enforcement of **articles 21-30 of the Universal Declaration of Human Rights** adopted and proclaimed by the General Assembly of the United Nations (Resolution 217 A III) on December 10, 1948.

In defense of the SUS and SNS: ***For an educating and caregiving country that guides citizens to the full exercise of citizenship.***

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