T20 POLICY BRIEF

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Task Force 01

FIGHTING INEQUALITIES, POVERTY, AND HUNGER

Equity as a Reference for Public Policies from the Perspective of Health Care

Hilda Gomes, Coordinator of the Equity, Diversity, Inclusion and Affirmative Policies Coordination at the Oswaldo Cruz Foundation (Brazil)

Carolina Bueno, Researcher, University of California, Santa Cruz (United States of America)

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Abstract

In the current Brazilian context, the construction of the National Care Policy has been discussed, highlighting care as relational, sustaining existence and the material basis of life, essential for people at various stages of their lives, and which may or may not be paid for. However, care is often rendered invisible in terms of its basis for generating and sustaining the economy, which has mobilized research to discuss the relationship between care, ethics, economics, and politics. Studies emphasize the need to question the restriction of care as a matter for the private world of women, by understanding the interdependence that sustains care as relational and eminently political. Thus, moving away from the public-private dichotomy when thinking about care is fundamental, considering the commitment to an ethic that should underpin democracy and the confrontation of processes that make life vulnerable, so that care needs to be recognized as a public and socially shared responsibility. In this context, the Oswaldo Cruz Foundation, as an institution of the Brazilian Unified Health System and a public agency, works on care policies, through research and services that take into account the population's diversity and the principle of equity. Studies being developed by the institution analyze structural racism and its impacts, showing that inequalities in exposure to violence and in care services highlight inequities and discrimination in access to the right to health for black people. Research also shows that cash transfer policies for the female population dedicated to family care contribute to reducing maternal mortality, suggesting that such investments improve the determinants of maternal health. Therefore, we understand that strengthening care policies requires tackling gender, race, and disability inequalities, and it is essential to invest in education and training processes to transform institutional culture in different areas.

Keywords: Equity, health care, gender.

Diagnosis of the issue

Care is seen as fundamental to human existence and is crossed by structural inequalities of gender, race, and class in different contexts, whether in access to care services or in the conditions for carrying out care work. In the case of Brazil, the urgency to discuss these aspects led to the construction of the country's National Care Policy, which emphasizes care as relational, sustaining survival and the material basis of life, and can be paid or unpaid. The creation of this Policy has been led by the Federal Government and the Oswaldo Cruz Foundation (Fiocruz) have participated as an invited institution, given its strategic role in defending the right to health, with care being an essential in this area.

According to the policy's conceptual framework, care is understood as "the daily work of producing the goods and services necessary to sustain and reproduce human life, societies and the economy and to guarantee the well-being of all people" (Brazil, 2023). The social organization of care is unequal and unfair in Brazil, because not all people receive the care they need and not all caregivers. In general, families disproportionately provide care, and women continue to be primarily responsible for care work, especially the poorest black women and those living in areas with less access to public care policies and services (Brazil, 2023).

The experience of Covid-19 in Latin America and the Caribbean, coupled with the region's characteristic inequalities, has brought to light how the practice of caring for populations in situations of vulnerability, a job essentially carried out by women caring to protect the health and lives of family members (youth, children, or the elderly), is a tool for coping with the pandemic, both through the economy of care and by consolidating

the resilience of vulnerable populations at a regional level (ECLAC/United Nations, 2020).

As a strategy to prevent the spread of the Covid-19 virus, 37 countries in Latin America and the Caribbean have closed their schools and, as a result, 113 million children and adolescents need round-the-clock extra care from their families, especially women, who are responsible for unpaid domestic and care work (UNESCO, 2020).

Recognizing that tackling the Covid-19 health emergency required international collaboration from various sectors, this strategy also relied on the collaboration of Latin American women in the daily practice of the health care economy and in protecting the lives of children, young people, adults, and the elderly in situations of vulnerability. Studies also show that the impact of the Covid-19 pandemic in Brazil has been greater among the most impoverished populations, made up mostly of black people. Research carried out by Gondim (2020) showed that the number of deaths and hospitalizations among the black population increased during the pandemic, indicating that inequality persisted in access to health services. While the proportion of deaths among the black population increased, the proportion of hospitalizations remained low. It is important to remember that black women represent the base of the pyramid of social and economic inequalities in Brazil and lead families from the most impoverished social strata, often taking on the dual role of providing for and caring for all the members of the family.

Brazil's experience with the *Bolsa Família* cash transfer program for the low-income population suggests that the conditional cash transfer reduces maternal mortality and that beneficiaries of this program are 41% less likely to develop AIDS. This is indicated by cross-sectional Cidacs/Fiocruz carried out with data from the 100 million Brazilian

Cohort, a population-based cohort primarily built from Brazil's Unified Registry for Social Programs (Ramos, et al. 2021; Silva, 2024).

In this context, addressing the intersection between climate and health crises necessitates a holistic approach that values care work and promotes health equity. Integrating public policies with social and economic strategies is essential. Brazil, with its vast biodiversity and significant social inequalities, is particularly vulnerable to the impacts of climate change. This vulnerability requires special attention for health professionals who are on the front lines providing care, as well as a focus on strengthening health systems and promoting equity in response to health emergencies.

Recommendations

Based on the Brazilian experience shared in the diagnosis above, we present the following recommendations for tackling inequities in the context of health care.

1) Integral valorization of health care work: Implement actions for decent pay, support for mental health, and continuous training. Population aging and health emergencies have pushed care work onto the political agenda, with the majority of this work being done by women in the family context, generating paid occupations as an important source of income for Latin American women (IPEA, 2023). Of the 47 million people carrying out this activity in 2018, around 75% were women, including people working in public or private care institutions and households, creating both a public and private labor market. In the context of Covid-19, for example, studies conducted by Fiocruz with health workers who were on the front line of the pandemic, showed the impacts of that health emergency scenario on these professionals' mental health. 60% of health professionals in nursing, dentistry, pharmacy, medicine, and physiotherapy who worked during the pandemic showed severe and extremely severe symptoms of anxiety, depression, and stress disorders (Fiocruz, 2022).

We recommend greater recognition of the importance of health care professionals, with investment in treatment and regular psychological monitoring, especially at times of greater vulnerability, such as health emergencies. There should also be ongoing training to improve their skills and ability to analyze and intervene in work processes. It is also essential that work activities involving health care are better paid and socially valued, with attention to the health demands of women, the majority of whom work in these activities.

2) Mapping situations of vulnerability in access to health care: Developed specific policies to tackle inequities. Gender and race inequities are evident in access to health care services in Brazil, marked by reports of various forms of violence and discrimination. As Werneck (2016) points out, institutional racism led to a series of demands from the black population and social movements for better access to the country's health system, which was fundamental to the construction of the national health system based on the principles of universality, integrality, and equity. Inequalities are also present in access to health services for women, which are exacerbated when we consider the diversity of gender and sexual orientation, with discriminatory care practices towards transgender, lesbian, and bisexual people, for example. The construction of specific national health policies, taking into account the vulnerability of the population, is an important strategy for understanding people's demands. This process should guarantee social participation in defining actions and priorities, adequate budgets, as well as indicators for monitoring the implementation of measures and their effectiveness in expanding access to health care.

3) Strengthening community engagement and social participation in defining care demands in the face of health crises: Social participation plays an important role in the construction of policies, so it is important to strengthen community engagement in the planning and implementation of health actions, ensuring that solutions are culturally sensitive and adapted to local needs. It is these communities that will be essential in coordinating actors to understand the complexities of the territory and possible alerts to health crises and climate emergencies. It is therefore recommended to encourage community participation in the planning, implementation, and evaluation of health

policies, ensuring that solutions are adapted to local realities and empower vulnerable populations.

4) Investment in cash transfer policies, emphasizing access for female-headed households: as presented above in the Diagnosis, Brazil's experience with the *Bolsa Família* cash transfer program for the low-income population suggests that conditional cash transfers reduce maternal mortality, for example. Although its design can reinforce the idea that caregiving is a female responsibility, the *Bolsa Família* program leads to the questioning of male authority and broadens the social networks of women, with the potential to yield changes in the structure of gender relations in the families. Implementing similar income transfers programs, extending access to income to women who head their families, which can increase their decision-making power and generate more autonomy, insofar as it allows women to participate in the financial provision of the household, a traditionally male task.

Scenario of outcomes

By providing the appropriate structure for the day-to-day practice of care at home and in communities, workers will have access to the necessary tools to carry out their activities safely and with quality in the home environment. This will, contribute to the well-being of the person being cared for, as well as to the preservation of the health and labor capacity of the worker themselves, enabling a better quality of life and improved social indicators in the priority population.

Ensure the greater availability of workers with full labor capacity and the necessary skills and competencies is essential to meet the growing demand for care practices in families, resulting from the aging population in developed and developing countries.

The availability of a data system to track disparities is crucial for identifying and addressing inequities effectively. Such a system should provide accurate demographic and socioeconomic information, be interoperable with other health surveillance systems, and improve strategies for emergency situations or disasters. It must be adequately configured for communities in the territories affected by inequalities to optimize resources and increase the effectiveness of public policies, while also avoiding the deepening of inequality gaps in a post-emergency phase.

Establishing a distribution network and guaranteeing women' access to tools, technologies, supplies and facilities suitable for daily care activities in a household environment is critical. This will reduce hospital occupation rates and consequently relieve pressure on National Health Systems, providing the population with better health care responses.

Mitigate the drivers of labor migration in the face of socio-economic differences in the domestic labor market in health care by providing countries with adequate labor and conditions to support their aging populations.

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