



Thinking Brazil



Woodrow Wilson
International
Center
for Scholars

MARCH 2006

BRAZIL UPDATE NO. 19

AN ELECTRONIC NEWSLETTER OF BRAZIL @ THE WILSON CENTER

UPCOMING EVENTS

APRIL 2006

- Participatory Budgeting: Strengthening Democracy in Brazil
- Urban Crime and Violence in Brazil: Decreasing Citizens' Insecurity

Social Policy in Brazil

Public Health, Poverty, and Social Inclusion

While economic growth has improved the lives of many of Brazil's citizens, widespread poverty and income inequality persist. The federal government has enacted broad ranging social programs to ameliorate the situation, such as the provision of health care, basic education, employment, cash transfers, social security, and by fostering greater social inclusion of ethnic minorities. To better understand the impact of these social developments, Brazil @ the Wilson Center held two conferences to analyze underlying causes behind and programs targeting poor public health, poverty, and social exclusion in Brazil.



THOMÉ NICOCELLI, JORGE BERMUDEZ, MAUREEN LEWIS, EDUARDO GÓMEZ

On December 12, 2005, Brazil's renowned HIV/AIDS program was highlighted alongside its other public health measures. In the early 1990s, the World Bank estimated that 1.2 million Brazilians would have HIV/AIDS by the turn of the century. Due to

aggressive prevention efforts and free access to antiretroviral treatment since 1996, Brazil has been able to cut this number in half: by the end of 2003, approximately 660,000 Brazilians were living with HIV/AIDS, according to UNAIDS estimates. This was accomplished largely through a strong central commitment to prevention, treatment, and the strengthening of institutions. While Brazil has emerged as a leader of the developing world in its HIV/AIDS program, less politically charged epidemics, such

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MAUREEN LEWIS

as tuberculosis, malaria, and dengue—once targeted with equal commitment—have recently faltered in comparison.

Maureen Lewis, a senior fellow at the Center for Global Development, underscored a number of factors that explained Brazil's achievements in combating and preventing the spread of AIDS: the government's early and swift response; strategic use of Brazil's decentralized government structure; and the implementation of prevention strategies that took advantage of government-civil society collaboration.

The Brazilian government mobilized multiple sectors and enlisted the participation of social movements with pre-existing outreach programs to spread HIV safety measures and precautions to all levels of Brazilian society. Prevention strategies included expanded access to prevention supplies, educational programs, early diagnosis, and a treatment strategy built around the preexisting Brazilian health care system.

Lewis also mentioned the success in combating other diseases such as polio, diphtheria, neo-natal tetanus, and, most recently, tuberculosis, through an increased emphasis on immunization. However, some diseases, specifically tropical ones such as malaria and dengue, have persisted. She argued that the discrepancy between the success with AIDS and failure with other diseases is rooted in the varied results of decentralization programs, leadership, funding, the location and visibility of those stricken with disease, and the accountability of higher levels of government and the global community.

Decentralization has been essential to the success or failure of disease-combating efforts, agreed *Eduardo Gómez*, visiting scientist, Harvard School of Public Health. With AIDS, a globally recognized and politicized epidemic, decentralization has been used to reach more people while accountability remains centralized. However, prevention programs for less well-known diseases like dengue have suffered due to decentralization, since many Brazilian municipalities have neither the technical ex-

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pertise nor the financial support needed to combat these other illnesses. Gómez also found that HIV/AIDS bureaucracies such as the Brazilian one lack coordination with bureaucracies focusing on other diseases, an important factor when comparing AIDS prevention results with those of other health sectors.

Jorge Bermudez chief of Essential Medicines, Vaccines and Health Technologies Unit, Pan American Health Organization (PAHO), emphasized the importance of sustainability when assessing the Brazilian model, a criterion that PAHO uses when

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facing new challenges, protecting achievements, and addressing the unfinished health agenda. He recognized that Brazil is unique in that its public health system is the backbone of its disease-combating achievements. According to Brazil's 1988 Constitution, access to medicine is a human right and a duty of the state, and medicine should not be considered a commodity but rather a public good accessible to everyone. He also mentioned that 87 percent of those who need prescription medication also receive it.

Concluding remarks were made regarding the nature of preventative mechanisms in Brazil. Lewis found that promoting abstinence was neither a realistic nor successful way to prevent the spread of sexually transmitted diseases such as AIDS, and that counseling and testing have proven to be much more effective. The role of the media in calling attention to the severity of the HIV/AIDS crisis was also cited as an important factor in generating pressure on the government to curb the threat it posed.

On February 14, 2006, a seminar was held to examine poverty in Brazil by analyzing the most recent data on and analysis of social exclusion and inequality in Brazil, the policies implemented in recent years, and what can be done to incorporate more Brazilians into society and increase their standards of living. *Shelton Davis*, senior fellow at Georgetown University, argued that economic reform must be coupled with greater efforts to combat poverty and social inequality in Latin America. He claimed that the lack of fundamental social reform complicates matters of sustainable democratic governance in Brazil.

Johns Hopkins University Professor of Political Science *Margaret Keck* suggested a cross-regional comparison to illustrate Brazil's unique social dynamics. She referred to Brazil as "Barhaiti," a blend of Bahrain and Haiti, where the salient issue is not just dire poverty but also the degree to which elites fail to identify themselves as members of their surrounding society. Wealthy Brazilians do not have deep-rooted stakes in their



JORGE BERMUDEZ

countries, but rather seem far-removed and unconcerned with the plight of their compatriots. The wealthy feel connected to their own gated communities while fearing kidnappings, hiding behind armored cars, and traveling by helicopter. To be fair, she conceded, this generalization is probably more applicable to large cities than to the country as a whole.

The state's capacity to devise and implement entitlement policies to provide equal access is weak, as is the enforcement of the rule of law. In addition, the predictability of state performance is low, and public bureaucracy is only as efficient and productive as the staff appointed. Given coalition dynamics, these appointments often reflect political concerns, rather than professional aptitude and merit. Furthermore, the absence of judicial reform results in court gridlock, and winning legal redress is complicated by the fact that rulings are often infinitely appealed on virtually any procedural grounds. Thus, those with resources outlast those without. These features lend themselves to a judicial system biased against the poor, producing an inadequate mechanism for winning legal rights.

Estanislao Gacitúa-Marió, a senior social scientist with the World Bank, explained that the dynamics of social exclusion increase the vulnerability of societal groups to risk factors that produce poverty, lack of participation,



MARGARET KECK

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and limited socio-economic mobility. He contrasted how procedural mechanisms for exclusion and socio-cultural prejudice contribute to the over-representation of certain racial groups in poverty statistics. Afro-descendants, who constitute approximately 45 percent of the Brazilian population, earn half the average income of the white population.

Brazilians seem to accept great earning disparities that exacerbate prevailing patterns of inequality because of their perception of Brazil as a meritocracy, in which education is the equalizing, universal engine for mobility. Although they find fault with the government's capacity to enforce the rule of law, the discourse of equal rights (despite differences

based on race, location, and gender) and formal equality under the law contribute to the legitimization and shared acceptance of the existing social structure. Gacitúa-Marió's recommendations for leveling the playing field include reforms to labor markets to benefit those in the informal sector, land tenure reform in the Northeast, and correcting asset imbalances by promoting equality of initial endowments. The elimination of discriminatory practices is also necessary to foster greater social participation, strengthen social accountability, and increase access to justice, as the voice of the poor in decision-making is limited.

Brazil has the material resources to deal with pressing social problems, but lacks an efficient targeting, collecting, and expenditure system, argued *Simon Schwartzman*, president of the Instituto de Estudos do Trabalho e Sociedade in Rio de Janeiro. In Brazil, wrong diagnoses usually lead to wrong policy orientations, he claimed, citing President Lula's flagship "Fome Zero" (Zero Hunger) program as

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an example. This attempted to end hunger through a donation system, despite evidence from the Brazilian Institute of Geography and Statistics (IBGE) that revealed Brazil's growing problem with obesity. Besides the wrong diagnosis, Schwartzman also criticized the *assistencialista* character of this policy that promoted charity over increasing employment opportunities through economic development. Likewise, conditional cash transfers programs such as Bolsa Familia (the Family Fund) fail to capture the dynamism of their recipients' decision-making process.

Schwartzman claimed that the rural bias of the government ignored migration patterns that generate conditions of extreme poverty in major urban areas. Social spending policies tend to be skewed towards the countryside because people still associate poverty with rural settings. Schwartzman's data contest the notion that children drop out of school to work, but rather, often leave because of lack of teachers. Schwartzman emphasized that poverty reduction and income redistribution require set priorities, including: social security reforms that create a system less biased towards the higher income sectors; the professionalization of the public sector, increased administrative capacity, and transparent rules; and the improvement of public-private sector partnerships. ■



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Brazil @ the Wilson Center

Thinking Brazil Update is an electronic publication of Brazil @ the Wilson Center. This project is founded on the conviction that Brazil and the U.S.-Brazilian relationship deserve greater attention among the Washington policy-making community. Brazil's population, size, and economy, as well as its unique position as a regional leader and global player, fully justify this interest. In keeping with the Center's mission to bridge the worlds of scholarship and policymaking, Brazil @ the Wilson Center sponsors activities on a broad range of key policy issues designed to create a "presence" for Brazil in Washington.

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