

We dedicate this special issue to the memory of our dear colleague Miguel Murat Vasconcellos

One of the main victories of the democratization process in this country has been the universalist, decentralized and participative nature of social policies designed by the 1988 Federal Constitution. With all the obstacles posed by the macroeconomic adjustment which characterized the 1990s, the processes of decentralization, participation and expansion of access made progress in several sectoral policies. Health-care is one of the best examples of a social policy which whose range and scope grew in spite of the macroeconomic restrictions. However, the universalism issue, not only as a principle but also in terms of real access to healthcare services to the people and protection in the various levels of care, remains a problem far from being solved. The solution does not depend solely on the healthcare sector, but also on other policies - economic and social - which enable, in a sustainable way, improvements in living conditions of the population in general.

The proposal for sanitation reform and building a Single Health System (SUS) were pioneers supporting the equity cause. In recognizing the pioneering aspect of the SUS project, however, one has not always paid proper attention to the relationships between the sanitation reform and the Brazilian social protection system. Even if the interdisciplinary concept of collective health has provided a basis for acknowledging the intersectoral perspective, the implementation of SUS in its several levels of care tended to reduce such complexity. After two decades of SUS, the dead ends related to the population's health problems and needs forcefully lead to intersectoral dialogue and emphasizing the focus on determiners of social exclusion which constrain any possibility of effective change in people's quality of life and health.

In order to start this debate, we have gathered in this special edition of *Ciência e Saúde Coletiva* articles which present aspects of specific and significant changes in the field of social protection and health policies. The field of healthcare aggregates a huge diversity of topics and areas of work which, in addition to 'the other social protection policies produce a landscape whose analysis would extend beyond the scope of this publication.

We have gathered two types of studies on Brazil: those which analyze the changes which took place in health and social protection policies during two decades of a democratic and participatory structure defined by the 1988 Constitution; and those which focus on specific goals of such policies. The papers deal with dead ends and dilemmas of institutionalizing the sanitation reform and social and social protection policies in financing the healthcare system; with the issue of democracy and federalism in formulating and implementing the social policies in the view of the decentralization and participation processes; the role of health councils both in formulating and implementing policies and their meaning to democracy and to reducing social inequities; the issue of medicines, in terms of their use and access to them, as well as its advertising.

Beyond the Brazilian context and aiming to bring new contributions to thoughts on building and reforming healthcare systems, we present two papers on healthcare systems' reforms from an international perspective. We thus hope that this supplement may bring elements to help understand and analyze different aspects involved in building health and social protection policies.

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Guest editors