

Equity as a policy

One of the premises that integrate the universal public health system is its capacity of absorbing the demands arising from society, historically formed in the strength of social relations that organize and shape social dynamics.

CEBES renews its role as integral part of the sanitary movement, working on the search and construction of a society in which health is understood as one of life dimensions and results from the democracy grounded on the society's equality of relations.

Currently, are vivid and growing the wish and the need for resumption of political bases and principles of *Sanitary Reform* as a project for a society that promotes and respects the social and human rights of their groups and collectives. Social and human rights' movement re-emerged powerfully in the popular demonstrations occurring in 2013, and CEBES has been following and participating closely by means of the conjuncture analysis and political action.

The construction of the Brazilian *Health System* faces growing challenges in the implementation of access and quality of services. During the last two decades, the issue regarding health of black population has been characterized by demands for the improvement in health and care rendered to social disadvantaged population segments. This unfavorable condition is generated also by unequal economic relations as by structural and symbolic racism, both culturally and historically installed in Brazilian society, pervading all areas of human activity, including health.

The articles that make up this thematic issue of *Revista Saúde em Debate* bring to discussion surveys, assessments and experiences about health of the black population and the persistence of inequalities and ethnic and racial inequities. More than a field of research, health of the black population is not solely restricted to the question of knowledge production about a real problem. It is a craving for the improvement of living and health conditions that requires a health care system capable to fully meeting the specificities manifested within the population. Such specificities are associated with practices and attitudes marked by ethnic and racial exclusion, often considered as nonexistent. However, the structural visibility achieved by such yearning in recent years, also in social movements as in academia and in government policies, must be credited to the strength and political organization of its actors.

The racialization that black movement and academic groups incorporated into their analyses is historical in nature. It is not an invention transplanted from elsewhere, but a secular historical process of events and debates that culminate in more feasible and broadened policies of affirmative action. It may be difficult to

compare more than a century of achievements of the Brazilian black population with two decades of affirmative action in Brazil. However, the racialization that now pervades the health area is the path Brazilian society segments chose to pursue, even not being free of mistakes or successes, what justifies the need for further study, discuss and learn.

There are, among Brazilian theorists, those who hold critical positions to the racialization of the Brazilian society resumed in 1990 with the multiplication of policies pro black populations. The main argument holds that historical model of ethnic-racial relations in Brazil is different from that lived in America or in South Africa; that it embodies multiple racial classifications not strictly concerning to the duality blacks-or-whites.

Ethnic and racial complexity of Brazilian society, however, did not exempted it from a perverse social hierarchy of a long lasting cultural impact, producing privileges and exclusions, reinforcing social and economic inequalities, generating, in the end, clear impact on forms of illness and death to these populations who are today well investigated. Access and quality of health services still reveal different treatments to non-blacks and blacks as if they were citizens of first and second categories.

It urges to respect the experiences and senses of those who are self-classified as blacks in Brazil. It's not a mere classification, but a political position taken upon life experience that allows them choosing the path desired for themselves and their collectives. It is the right to political and cultural self-determination towards the achievement of fairer patterns. Therefore, it is essential to build an agenda capable of promoting research on health of black population and institutional racism so that universal health care system absorb the demands of the population.

Some articles in this number also analyze the access to health services as an assessment indicator of the system fairness. Despite the advances over the past decade in the expanding and offering of services, the practical conditions favoring the attendance – named accessibility by some authors – still show great fragility, especially as for the presence of health professionals, attendance waiting time, availability of complementary tests and the important work of care involving promotion, prevention and recovery. The service still lacks consistent policies to achieve sustainability.

It is important to reaffirm that access is not the mere opening of a new service; it requires structural and epidemiological planning, service staff training, liaison with health local network, as well as the demands arising from the involvement of the organized civil society. Access is a joint of decisions, funding and measures that require political and organizational culture changes.

CEBES was born in the midst of social and popular movements and continues to dialogue with the society and its demands so to transform structures and enable the equity design for Brazilian society. In its path towards Sanitary Reform, CEBES has carefully reviewed the events and health problems. This issue emphasizes the theme Health of Black Population, reinforcing, once again, the alliance with the segments living under inequality and exclusion in any of their possible historical dimensions. This is the democracy we have been after and that can produce real social changes and health.

Nelson Mandela lives. Viva Mandela!

Cebes' National Board.