

Editorial

The right to health enshrined in the Federal Constitution of 1988 has, since the beginning of its implementation, been clashing with political interests of social groups opposed to universal policies and to the State's presence in social policies. The result of the presence and strength of these groups is expressed in the fact that, by the late 1990s, the Brazilian health system created to be unified and governed by the public interest was frankly fragmented, and with a private sector strengthened and expanded.

The scenario has not changed over the past few years and, since the beginning of 2015, we could see changes in the direction of the public policies consolidated in Brazil over the last two decades. The crisis installed in the country has different dimensions, among which it stands out a political crisis that puts into question the coalition that supported the governments in the last 12 years. Albeit under the contradictory effects of the two ongoing projects – the coexistence of neoliberal and interventionist forms of State action –, that coalition allowed, through redistributive policies and raise of the minimum wage, the reduction of poverty and income inequalities of the population.

The conviviality among those political parties and their respective ideologies seems to have reached the condition of extreme tension, and the demands are made explicit in the changes that have been made in the set of social rights enshrined in the Federal Constitution, among which health stands out.

The economic policy that prevailed as a result of that tense scenario is one that favors the financial markets with high interest rates, fiscal adjustments and, consequently, the shrinking of public investments. Unemployment and the intensification of inequalities are reflexes and immediate repercussions of that policy, which in health translates into the worsening of mortality and morbidity patterns.

In the scope of the Unified Health System (*SUS*), which has already been suffering a chronic underfunding, the tendency is that there is an even further aggravation, and that means there is the risk of a throwback in the advances achieved. The best scenario is one which will hardly include the advances necessary for its consolidation as a universal and quality system.

But what is the role of research and the production of knowledge of the area of Policies, Planning and Health Management (*PPG*) at the moment? The trajectory of *PPG* area overlaps with the construction of the very field of public health, described in the literature as a hybrid of knowledges and practices. This area is distinguished by the ethical and political engagement of the studies conducted, in view of proposing alternatives to improve the systems and services for the consolidation of health as a right of all citizens.

At this point, there are new expectations of contributions of research undertaken in policy, planning and management, in different contexts (international, national, regional, and local) for the understanding and confronting of the problems experienced in the *SUS*. And it is with that spirit of call for debate, critical reflection, and proposal of alternatives that the journal '*Saúde em Debate*' brings in this supplement important works of the academic post-graduation in public health in Brazil.

Enjoy your reading!

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