

## Tackling Social Determinants Of Health In Brazil: A Multidisciplinary Approach

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### Abstract:

*Socially determined diseases (SDDs) in Brazil, including infectious and parasitic diseases prevalent in impoverished communities and non-communicable chronic diseases (NCDs) increasingly affecting vulnerable populations, reflect the profound social and economic disparities present in the country, exacerbated by extreme poverty and lack of access to basic health services. Launched in 2023, the Healthy Brazil program marks a significant milestone in Brazilian public health by promoting health equity and addressing the underlying social causes of SDDs, including NCDs. This initiative aligns with the UN Sustainable Development Goals (SDGs) and PAHO's disease elimination program. Achieving the goal of significantly reducing SDDs requires comprehensive public policies that address social determinants of health, promote social inclusion, and guarantee universal access to quality healthcare. Implementing holistic and inclusive strategies is essential to create healthier and fairer societies, where everyone has equitable opportunities to achieve their maximum health and well-being potential.*

**Keyword:** Health Equity; Public Policies; Social Determinants of Health; Social Disparities in Health; Social Vulnerabilities

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### I. Introduction

Brazil's high prevalence of Socially Determined Diseases reflects its deep social and economic inequalities. Extreme poverty and lack of essential services like clean water, sanitation, and healthcare fuel infectious and parasitic diseases in underserved communities. Malnutrition, especially among children and the elderly, remains a serious issue.

Furthermore, non-communicable chronic diseases (NCDs) are on the rise, particularly vulnerable populations. Limited health education, poor diets, and restricted access to preventive care contribute to increased cases of diabetes, hypertension, and cardiovascular diseases.

Socioeconomic inequalities contribute to mental health disorders, with higher rates observed in disadvantaged communities, both urban and rural, where access to mental healthcare services is limited.

Social determinants of health in Brazil mirror the persistent social and economic injustices in the country. Comprehensive approaches are needed that not only manage the symptoms of these inequities but also tackle their underlying causes.

On February 7, 2023, Brazil, spearheaded by its Ministry of Health in collaboration with 13 other ministries, pioneered the Healthy Brazil program, a specific initiative aimed at eliminating and controlling socially determined diseases. This comprehensive program incorporates preventive measures, early diagnosis, appropriate treatment, and actions designed to address social disparities. Marking a significant milestone in Brazilian public health, the Healthy Brazil program tackles social determinants of health, and ultimately improves healthcare access for all citizens.

## **II. Method**

In an academic essay on socially determined diseases in Brazil, methodology plays a crucial role in the analyzing and understanding these health conditions. A robust methodological approach may involve combining quantitative and qualitative methods to examine the complex relationships between social determinants and health. This may include the analysis of demographic and epidemiological data to identify patterns of disease incidence and prevalence in different social groups, as well as qualitative studies that explore the experiences and perceptions of affected communities. Additionally, participatory and collaborative research with marginalized individuals and groups may be essential for understanding the social and cultural contexts that shape health disparities. By adopting a comprehensive and inclusive methodology, researchers can significantly contribute to identifying effective policies and interventions that address the social roots of diseases and promote health equity in Brazil.

(As this is a free academic essay, the bibliographic references used for thematic elucidation are located at the end of the text, rather than inserted within the body of it).

## **III. Results And Discussion**

Social determinants of health (SDH) are complex factors that significantly influence the health of populations in different social contexts, playing an even more critical role in countries like Brazil, characterized by profound social, economic, and healthcare access inequalities. Firstly, socioeconomic conditions, such as income, directly impact people's ability to access nutritious food, adequate housing, and quality healthcare services. Individuals with low income often face difficulties in obtaining preventive medical care and proper treatment, leading to a higher incidence of preventable and chronic diseases.

Additionally, the physical environment significantly influences community health. In densely populated urban areas lacking basic infrastructure such as adequate sanitation and clean water, rates of infectious diseases tend to be higher. Air and water pollution can also contribute to the development of adverse health conditions, such as respiratory diseases and skin problems. These challenges are especially exacerbated in regions where the populations live in conditions of social vulnerability, such as slums and remote rural areas.

The social support network is another key determinant of health. Family, friends, and community support play a crucial role in people's emotional and mental well-being. In communities with strong social fabric, individuals are more likely to receive emotional and practical support during challenging times, mitigating the negative impacts of stress and adversity on health.

Lifestyle and health behaviors are also important determinants of health. Habits like a balanced diet, regular physical activity, and abstention from smoking and excessive alcohol consumption are associated with better health outcomes. However, factors like access to healthy food, safe spaces for exercise, and advertising of unhealthy products can negatively influence people's health choices, particularly those facing social vulnerabilities.

Therefore, the SDH in Brazil are multifaceted and interconnected. Addressing these determinants necessitates a holistic approach that extends beyond the traditional healthcare system and encompasses public policies that tackle socioeconomic inequalities, improve living conditions, and promote healthy environments and strong social support.

Through this program, Brazil establishes an international milestone, aligned with the WHO, global goals established by the United Nations (UN) through the SDGs of the 2030 Agenda, and the initiative of the Pan American Health Organization (PAHO) for the elimination of diseases in the Americas.

The SDGs are a global agenda adopted by the United Nations in September 2015, consisting of 17 goals and 169 targets to promote sustainable development worldwide by the year 2030. These goals represent a comprehensive and integrated vision that recognizes the interconnection between the social, economic, and environmental challenges faced by humanity.

The SDGs cover a various thematic areas, including eradication of poverty, zero hunger, health and well-being, quality education, gender equality, clean water and sanitation, affordable and clean energy, decent work and economic growth, reduced inequalities, sustainable cities and communities, responsible consumption and production, climate action, life below water, life on land, peace, justice, and strong institutions, and partnerships for the goals.

Each goal is accompanied by specific targets that act as measurable indicators to monitor progress towards achieving the SDGs. United Nations member states have pledged to achieve these goals at the national level, adapting them to their own realities and priorities.

The SDGs represent a landmark achievement in promoting sustainable development, aiming to balance the economic, social, and environmental dimensions of human progress. They highlight the urgent need to address issues like poverty, inequality, environmental degradation, and climate change through interconnected and cooperative efforts.

In the Brazilian context, the SDGs provide a crucial framework to guide government policies and actions, while also mobilizing civil society, the private sector, and other stakeholders to achieve a more just, prosperous, and sustainable future for all. This progress requires sustained dedication to the implementation of effective policies, strategic investments, in key areas such as renewable energy and sustainable infrastructure, and ongoing international cooperation.

*Malnutrition and poverty-related diseases:*

Malnutrition and poverty-related diseases represent a serious public health problem in many parts of the world, affecting mainly the most vulnerable and marginalized populations. Malnutrition can manifest in various forms, from under nutrition, characterized by inadequate intake of calories and essential nutrients, to deficiencies of micronutrients like iron, vitamin A, and iodine. These conditions can lead to a range of health complications, including stunted growth and development in children, compromised immune system, and increased susceptibility to infectious diseases.

In areas of extreme poverty, where access to nutritious food is limited and living conditions are precarious, malnutrition is often exacerbated by a range of factors such as lack of basic infrastructure, low education levels, unemployment, and food insecurity. Additionally, lack of access to clean water and adequate sanitation increases the risk of waterborne diseases such as diarrhea and cholera, worsening the malnutrition and weakening community health furthermore.

Childhood malnutrition, especially, has long-term consequences for children's physical and cognitive development, affecting their school performance, employment opportunities, and quality of life in adulthood.

To effectively address this problem, comprehensive approaches are needed that combine nutritional interventions, access to safe and nutritious foods, health education, and strengthening of healthcare systems in areas affected by poverty and inequality. Only through coordinated and collaborative efforts involving governments, non-governmental organizations, and the wider community can we overcome malnutrition and improve the health and well-being of the most vulnerable populations.

Socially determined diseases are those whose incidence and prevalence are influenced by social, economic, and environmental factors beyond individual biological factors. They can include a wide variety of health conditions that are more common in specific social groups due to their life circumstances, access to resources, and exposure to certain environments. Some examples of socially determined diseases include:

*Infectious Diseases:*

Infectious diseases like Chagas disease, trachoma, filariasis, schistosomiasis, onchocerciasis, and geohelminthiasis disproportionately affect communities struggling with poverty and limited access to healthcare. Early diagnosis and effective treatment are crucial to prevent severe complications and fatalities, yet these communities often lack qualified medical professionals and essential resources. Furthermore, overcrowded living conditions and inadequate sanitation in urban and rural areas exacerbate the transmission of these diseases, perpetuating a cycle of poverty and ill health.

Diseases like HIV/AIDS, tuberculosis, malaria, viral hepatitis, syphilis, and HTLV also exhibit strong links to socioeconomic and environmental factors. In communities with limited access to preventive healthcare and proper treatment, these diseases can spread rapidly. Additionally, factors like migration, poverty, gender inequality, and lack of health education increase populations' vulnerability and complicate control and prevention efforts.

For better understanding:

1. Chagas Disease: The transmission of Chagas disease is associated with poor housing conditions and lack of basic sanitation, common in rural and peri-urban areas. Public policies aim to improve housing, vector control, and promote access to treatment and diagnosis;
2. Trachoma: Trachoma is prevalent in communities with limited access to clean water and inadequate hygiene. Public policies to combat this disease include health education campaigns, antibiotic distribution, and improvements in water and sanitation infrastructure;
3. Filariasis: Transmitted by mosquitoes, filariasis is common in areas of low socioeconomic development. Public policies focus on drug distribution, vector control, and improvements in living conditions;
4. Schistosomiasis: Schistosomiasis is associated with lack of basic sanitation and clean water, commonly found in tropical and subtropical regions. Public policies include mass treatment, vector control, and improvements in sanitation infrastructure;
5. Onchocerciasis: Prevalent in poor rural areas, onchocerciasis is fought through drug distribution programs, vector control, and efforts to improve living conditions in affected communities;

6. Geohelminthiasis: Closely linked to poverty and lack of sanitation, geohelminthiasis are addressed by implementing policies that aim at health education, drug distribution, and improvement of basic sanitation conditions;
7. HIV/AIDS: Influenced by social, economic, and behavioral factors, HIV transmission is address by public policies that include health education, access to condoms, antiretroviral treatment, and combating stigma and discrimination;
8. Tuberculosis: Common in marginalized populations, affected by poverty, lack of access to healthcare services, and poor living conditions, tuberculosis is tackled by policies emphasizing early diagnosis, proper treatment, and measures to reduce transmission;
9. Malaria: Prevalent in tropical and subtropical areas, malaria is influenced by poverty and lack of access to healthcare services. Public policies focus on vector control, distribution of insecticide-treated mosquito nets, and ensuring access to effective treatment;
10. Viral Hepatitis: Linked to socioeconomic factors like lack of sanitation and limited healthcare access, viral hepatitis is addressed by public policies that prioritize prevention, vaccination, testing, and treatment;
11. Syphilis: Syphilis influenced by socioeconomic and behavioral factors, requires policies that promote sexual education, expand access to condoms, testing, and proper treatment;
12. HTLV: Associated with risky behaviors like unprotected sex and needle sharing, HTLV transmission is tackled by public policies that emphasize health education, increased access to condoms, testing, and treatment.

To tackle effectively SDDs, a comprehensive approach addressing both the biological and underlying socioeconomic and environmental factors is needed. This requires investments in healthcare infrastructure, access to clean water and sanitation, health education, promoting gender equity, and poverty reduction. Additionally, ensuring good living conditions and universal healthcare through impactful policies is crucial to reducing the spread of SDDs and improving the well-being of communities burdened by them. Only through coordinated and collaborative efforts involving governments, non-governmental organizations, and communities can we eradicate SDDs and build a healthier and more equitable future for all.

#### *Non-communicable Chronic Diseases (NCDs):*

Non-communicable chronic diseases (NCDs) are long-term conditions that progress slowly and require management but cannot be cured. They encompass a diverse group of illnesses like diabetes, cardiovascular diseases, hypertension, obesity, cancer, and chronic respiratory diseases. These diseases are often caused by factors such as lifestyle, genetics, environment, and age, and pose serious health risks in the long term. NCDs constitute a significant public health challenge in Brazil, affecting millions of people across the country. According to data from the Ministry of Health, approximately 9.1% of the Brazilian population lives with diabetes, 25.4% have hypertensive, and 20.4% are obese, and 30% suffer from some chronic disease. Additionally, cardiovascular diseases and cancer contribute to about 60% of all deaths in Brazil. These statistics highlight the seriousness of the NCDs problem and the urgent need for effective strategies for prevention, treatment, and control of these conditions.

Access to healthcare for patients with NCDs is often hindered by various factors like financial limitations, long waiting times in healthcare services, and inadequate healthcare infrastructure. Many patients face challenges in obtaining early diagnosis, proper treatment, and continuous monitoring due to these factors. Additionally, these disparities are further worsened about healthy habits, which can hinder adherence to treatment and increase the risk of NCD complications such as heart attacks, strokes and amputations. Groups facing socioeconomic disadvantages are significantly impacted by the spread of non-communicable diseases (NCDs) due to poor living conditions, limited access to healthy foods, polluted environments, and lack of access to quality healthcare services. Furthermore, factors like race, gender, and geographical location affect their risk of developing NCDs and accessing proper treatment, widening social disparities in health. To address the challenge of NCDs and reduce social inequalities in health, comprehensive and integrated public policies addressing the social determinants of health are needed. This includes initiatives to promote healthy habits such as awareness campaigns about balanced nutrition and physical activity, implementation of policies for smoking and excessive alcohol consumption prevention, expansion of access to preventive healthcare services and quality treatment, and implementation of monitoring and evaluation strategies to ensure the effectiveness of interventions. Additionally, it is crucial to invest in education, employment, and economic development to reduce social disparities that contribute to the emergence and worsening of NCDs.

#### *Mental Health:*

Mental health is a fundamental aspect of human well-being, encompassing not only the absence of mental disorders but also the emotional, psychological, and social balance of an individual. Mental disorders, like depression, anxiety, and stress, are complex conditions shaped by various social, economic, and environmental factors.

Poverty, for instance, fosters mental health risks due to financial strain, housing insecurity, and restricted access to basic needs. Discrimination based on race, gender, sexual orientation, or disability can significantly harm mental health, leading to marginalization, social exclusion, and psychological trauma. Exposure to violence, physical or emotional abuse, and interpersonal conflicts can trigger or worsen mental health challenges, perpetuating a cycle of suffering and emotional imbalance.

Social isolation and a lack of strong support networks are key social factors contributing to declining mental health. They exacerbate feelings of loneliness, helplessness, and hopelessness. Additionally, the scarcity of accessible and high-quality mental healthcare services presents a significant barrier to treating and recovering from mental disorders, leaving many individuals without the crucial support they need to manage their conditions. Therefore, addressing the social determinants of mental health is essential to promote the psychological and emotional well-being of communities. Interventions must go beyond treating individual symptoms to tackle the underlying social conditions that contribute to their development and persistence. This necessitates public policies aimed at reducing social inequality, promoting inclusion and diversity, ensuring universal access to high-quality mental healthcare services, and bolstering community support networks. Additionally, it is crucial to invest in mental health education programs, combat stigma and surrounding mental disorders, and promote self-care and emotional resilience strategies throughout society. By recognizing and addressing the social factors that influence mental health, we can create healthier and more supportive environments where all individuals can flourish and reach their full mental and emotional potential.

#### **IV. Conclusion**

These are some examples of socially determined diseases and conditions. The list may vary and sometimes be longer, depending on geographic, institutional, organizational, and other contexts related to SDH.

Recognizing SDH is crucial for informing effective and efficient public policies that address health inequalities and promote the well-being of all populations. Minimizing and even eradicate socially determined diseases, a continuous commitment to implementing comprehensive and integrated strategies is necessary. This includes investments in education, employment, and affordable housing to reduce poverty and socioeconomic disparities that fuel the occurrence of these diseases.

Furthermore, strengthening healthcare systems, is essential to ensure universal access to quality preventive and healthcare services, especially for marginalized and vulnerable groups. Promoting health equity also requires policies that address structural issues such as racism, gender discrimination, and inequalities in access to resources. Additionally, we need measures to strengthen community support and social participation in the formulation and implementation of health policies.

By adopting a holistic and inclusive approach, we can create healthier and more just societies where everyone has the opportunity to achieve their full potential for health and well-being.

#### **References**

- [1]. Albuquerque, G. S. C., & Silva, M. J. S. (2014). On Health, Determinants Of Health And The Social Determination Of Health. *Saúde Debate*, 38(103), 953-965.
- [2]. Almeida Filho, N. (2011). *O Que É Saúde?* Rio De Janeiro: Editora Fiocruz.
- [3]. Arellano, O. L., Escudero, J. C., & Moreno, L. D. C. (2008). Los Determinantes Sociales De La Salud: Una Perspectiva Desde El Taller Latinoamericano De Determinantes Sociales Sobre La Salud, *Alames. Medicina Social*, 3(3), 323-335.
- [4]. Buss, P. M. (2000). Promoção Da Saúde E Qualidade De Vida. *Ciência & Saúde Coletiva*, 5(1), 163-177.
- [5]. Buss, P. M., & Pellegrini Filho, A. (2007). A Saúde E Seus Determinantes Sociais. *Physis*, 17(1), 77-93.
- [6]. Campos, L., Saturno, P., & Carneiro, A. V. (2010). *Plano Nacional De Saúde 2011-2016: A Qualidade Dos Cuidados E Dos Serviços*. Lisboa: Alto Comissário Da Saúde.
- [7]. Carvalho, A. I. (2012). Determinantes Sociais, Econômicos E Ambientais Da Saúde. In Fundação Oswaldo Cruz. *A Saúde No Brasil Em 2030: Diretrizes Para A Prospecção Estratégica Do Sistema De Saúde Brasileiro*. Rio De Janeiro: Fiocruz.
- [8]. Central Intelligence Agency Of The United States Of America. (2014). *Country Comparison Of Infant Mortality Rate*.
- [9]. Centro Brasileiro De Estudos De Saúde. (2011). *O Debate E A Ação Sobre Os Determinantes Sociais Da Saúde: Posição Dos Movimentos Sociais*
- [10]. Commission On Social Determinants Of Health. (2008). *As Causas Sociais Das Iniquidades Em Saúde No Brasil*. Recuperado De [Url]
- [11]. Fleury-Teixeira, P. (2009). Uma Introdução Conceitual À Determinação Social Da Saúde. *Saúde Em Debate*, 33(83), 380-387.
- [12]. Foladori, G. (2001). *Limites Do Desenvolvimento Sustentável*. Campinas: Unicamp; São Paulo: Imprensa Oficial.
- [13]. Garcia, J. C. (1989). *História Das Idéias Em Saúde*. In E. D. Nunes (Org.). *Juan César García: Pensamento Social Em Saúde Na América Latina* (Pp. 1333-1358). São Paulo: Cortez; Rio De Janeiro: Abrasco.
- [14]. Granda, E., & Breilh, J. (1989). *Investigação Da Saúde Na Sociedade: Guia Pedagógico Sobre Um Novo Enfoque Epidemiológico*. São Paulo: Cortez; Rio De Janeiro: Abrasco.
- [15]. Gov.Br (2024). <https://www.gov.br/saude/pt-br/assuntos/noticias/2024/fevereiro/brasil-e-o-primeiro-pais-a-lancar-programa-para-eliminacao-e-controle-de-doencas-socialmente-determinadas>
- [16]. Hoefel, M. G. L., Amate, E. M., Loiola, A. A., & Carneiro, F. F. (2015). Determinantes Sociais Da Violência Na Saúde De Populações Da América Latina. *Revista Eletrônica Gestão & Saúde*, 6(2), 1786-1804.
- [17]. Jacques, C. O., & Leal, G. M. (2017). Determinantes Sociais E Território Em Sua Inter-Relação Com As Famílias E Os Processos De Saúde Doença. *Revista Sociais & Humanas*, 30(1), 75-89.